

MIGRAINE AND UNCONSCIOUS: PERSONAL AND RELATIONAL
EXPERIENCES OF MIGRAINE PATIENTS

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EXPERIENCES OF MIGRAINE PATIENTS**

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ABSTRACT

MIGRAINE AND UNCONSCIOUS: PERSONAL AND RELATIONAL EXPERIENCES OF MIGRAINE PATIENTS

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The current thesis aims at understanding the personal and relational experiences of migraine patients. To comprehend the subjective experiences of the migraine qualitative method was chosen. Semi-structured interviews were conducted with six participants who have a diagnosis of migraine. Interpretative Phenomenological Analysis was applied to analyze the data. In the current thesis, results yielded five superordinate themes that are (1) ambivalent feelings for painkillers, (2) migraine attacks in relation to authority, (3) relational aspects of migraine, (4) methods for coping with migraine, and (5) describing migraine like a person. These emerging themes were discussed from a Lacanian psychoanalytical view.

Keywords: Migraine, Unconscious, Interpretative Phenomenological Analysis, Lacanian Psychoanalysis

ÖZ

MİGREN VE BİLİNÇDİŞİ: MİGREN HASTALARININ KİŞİSEL VE İLİŞKİSEL DENEYİMLERİ

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Mevcut tez, migren hastalarının kişisel ve ilişkisel deneyimlerini anlamayı amaçlamaktadır. Migrenin öznel deneyimlerini anlamak için nitel yöntem seçilmiştir. Migren tanısı alan altı katılımcı ile yarı yapılandırılmış görüşmeler yapılmıştır. Verileri analiz etmek için Yorumlayıcı Fenomenolojik Analiz uygulanmıştır. Mevcut tez için (1) ağrı kesiciler için ikircikli duygular, (2) otorite ile ilişkili migren atakları, (3) migrenin ilişkisel yönleri, (4) migrenle başa çıkma yöntemleri ve (5) migreni kişi gibi tarif etmek olmak üzere beş üst tema ortaya çıkarmıştır. Ortaya çıkan bu temalar, Lacanyen bir psikanalitik bakış açısıyla tartışılmıştır.

Anahtar Kelimeler: Migren, Bilinçdışı, Yorumlayıcı Fenomenolojik Analiz, Lacanyen Psikanaliz

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CHAPTER 1

INTRODUCTION

1.1. Conceptualization of Migraine

Migraine is a disabling neurological disorder that is quite common worldwide (Alizadehfard, Khalili & Saffarinia, 2017). According to the International Headache Society (IHS), diagnostic criteria for migraine include four to seventy-two hours of headache attacks characterized by local pain, pulsating, increasing severity during physical activity, and associated with nausea, vomiting, photo, and phonophobia (2018). The impact of migraine on the sufferers' lives and psychological triggers like anxiety and stress invites psychological studies and techniques for understanding the migraine (McGrath, 1999). Studies revealed that stress has a crucial role as the onset of headaches and as a triggering factor (Mollaoğlu, 2013). Sauro and Becker (2009) claimed that stress has a crucial role in transforming migraine into a chronic daily headache. In addition, the literature suggests that there is an association between migraine and psychological disorders like anxiety and depression (Tomé-Pires, Solé, Racine, Galán, Castarlenas, Jensen, & Miró, 2016). Thus, the difficulty of migraine and pain experience requires coping mechanisms that lead to an area of research for clinical psychology (Brown, Newman, Noad, & Weatherby, 2012). Psychological interventions provide resources to migraineurs for coping with the difficulty of frequent ambiguous experiences of pain (Ciere, Snippe, Padberg, Jacobs, Visser, Sanderman, & Flear, 2019). Migraine does not only affect the person in terms of the headache itself, but it also brings about a lot of difficulty in the sufferers' livings since it is found that migraine impairs the daily functions of people; thus, in turn, it impacts the quality of life (Freitag, 2007). Johari-Fard and his colleagues suggested that migraine disturbs many areas of the life of the patients consisting of education, occupation, and relationships with close others (Johari Fard, Goli, & Boroumand, 2014).

Even though literature suggests many associations between psychological concepts and migraine, pain is a subjective process built upon earlier experiences (Linton & Shaw, 2011). It is suggested that the uniqueness of the pain for every person calls for different angles of investigating the experience of pain (Large, 1996; Coghill, 2010). Pain experience constitutes the intersection of mind and body, so it is crucial to discuss multiple factors involving the process, especially in chronic diseases like migraine (Guidetti, Cerutti, Faedda, & Natalucci, 2019). Not only pain itself but also the precipitating factors invite a more subjective conceptualization regarding the experience of migraine. For example, stress is a subjective reaction, which is one of the most frequently mentioned psychological concepts in the literature regarding its interdependent relationship with migraine. As long as the person experiences a situation that way, the experience itself will be stressful for the person (Birk, 2021).

Although etiological roots seem to be organic for pain, sufferers relate with their symptoms through words and relationships with others (Perlman, 1996). Since pain communicates distress through the body, migraine is associated with interpersonal factors like attachment styles. Verbalization and expression of the needs during a migraine attack are shaped by ambivalence or avoidant attachment style (Tarantino et al., 2017). Blau (1985) revealed that a significant emotional experience accompanies the onset of migraine, and patients have an emotional narrative behind the first attacks. He also pointed that these experiences constitute a precipitating quality for the following migraine attacks. In studies of hysteria, Freud and Breuer (1895) also analyzed a migraine patient. They concluded that the first occurrence of migraine is linked to the conflicts of life at that time, and the pain later became a mnemonic symbol of the conflict in the unconscious. They also realized that even though migraine has an organic origin, it accompanies the neurosis of the patients. Studies also reveal that the onset and prognosis of migraine relate to different environmental and subjective factors. Examples of these factors include family dynamics, traumatic experiences, personality traits, family background regarding migraine or other painful conditions; coping mechanisms, and psychiatric disorders, which indicate a very subjective narrative for each migraineur's dynamics behind the migraine (Guidetti, Cerutti, Faedda, & Natalucci, 2019). Up to now, a general profile of the quantitative literature of the intersection between psychology and migraine has been displayed. However, all these subjective components regarding the experience

of pain, history of the person, personal aspects regarding migraine require qualitative research, especially in terms of a psychoanalytical interpretation. However, few qualitative studies exist in the literature regarding migraine experience. Also, psychoanalytical interpretations of migraine are based on case analysis which yields quite different constructions. There are no qualitative studies in the Turkish context of migraine patients to my best knowledge. Thus, this study will be the first to examine the experiences of migraine patients from a psychoanalytical view in the Turkish context. In the following section, qualitative research based on migraine will be summarized. After that, psychoanalytical literature for migraine is going to be mentioned. Finally, although there is no direct conceptualization of migraine in the Lacanian psychoanalytical theory, the related notions for the relationship between migraine and unconscious will be discussed.

1.2. Qualitative Research on Migraine

As mentioned before, there are limited numbers of qualitative research on experiences of migraine patients in the literature. Existing studies include specific aspects like pain management, patients' perceptions regarding the techniques and medications for migraine, and their approach to the treatments. In this section, the results of these studies will be summarized.

Peters and his colleagues (2004) investigated the coping strategies of migraine patients and their reflective opinion regarding these strategies. They found that apart from relying on medical help from drugs or their physicians, they applied other strategies like using herbal mixes, which felt them more secure about using them rather than taking a medicine. In addition, they found that sharing their experiences with friends or family regarding migraine was a helpful method for dealing with them (Peters, Abu-Saad, Vydelingum, Dowson, & Murphy, 2004).

One qualitative research examining the effects of migraine on sufferers' lives found that migraine affects relationships, occupations, and academic aspects of life. Migraine brings about restrictions to the accomplishments, which cause distress and aggressivity for patients. In terms of relationships, participants with children reported that they could not engage in their children's lives because of the migraine (Ruiz de Velasco, Gonzalez, Etxeberria, & Garcia-Monco, 2003).

Belam and her colleagues (2005) carried out a qualitative study regarding the impact of migraine to contribute to the professional approach in practitioners. They found that the impact of migraine in participants' lives is unique in social, career and family life. The authors stated that participants either relinquish or attempt to get help for their conditions from non-professional agencies since they thought that medical help did not concern them sufficiently (Belam et al., 2005).

Another study aimed to investigate the migraineurs' experiences regarding the postdrome. They found that participants have difficulty getting rid of the effects of postdrome symptoms since they influence their capacity to carry out their small chores and responsibilities. They had difficulty falling asleep, maintaining daily conversation and attending to work (Ng-Mak et al., 2011).

Palacios-Ceña and colleagues (2017) conducted a qualitative study in Spain to examine women's migraine experiences. They found that migraine's invisibility makes them feel ashamed because when they apply for medical help, others have to rely on their verbal expressions. Their thoughts about treatment include doubts, and they expect rapport from the physicians.

In another qualitative study looking at the experiences of migraine sufferers who attended CBT sessions as an intersection of clinical psychology and migraine experience, researchers found that participants benefited from psychotherapy and used coping methods such as relaxation techniques that they learned in the sessions (Morgan, Cousins, Middleton, Warriner-Gallyer, & Ridsdale, 2016).

Finally, in a study including female migraine sufferers, researchers discovered that one of the participants' common expressions regarding migraine is invisibility, unexpectedness, and uncertainty. They discovered that similar to other studies; participants were concerned that others would suspect their illness because of these features of migraine (Rutberg & Öhring, 2012).

As it can be seen, most of the qualitative research on migraine involves the scope of patients' engagement of migraine through treatment perceptions and methods for managing the pain. Accordingly, their results are directed to establish practical contributions to the medical approach. Thus, there is no qualitative study in the scope

of practical implications regarding clinical psychology. In addition, to my best knowledge, there is no qualitative study of migraine in the Turkish context.

1.3. Psychoanalytical Literature

Sigmund Freud introduced migraine's investigation from a psychoanalytical view. Freud's approach to migraine alters in his various works. At the beginning of his early psychoanalytical writings, he explained the pathogenesis of migraine around a physiological basis. In these writings, he associated the harm to meninges as an inability to discharge the sexual stimulation (Karwautz, Wöber-Bingöl, & Wöber, 1996). In his studies on hysteria, he drafted the migraine as a hysterical conversion symptom because of the pain's recollective quality for a psychic conflict, especially related to the oedipal complex. The purpose of the bodily transformation of the psychic conflict was to keep the conflict in the unconscious. He also emphasized the repression of the sexual tension, and migraine's similarity to penetration is a part of the wish fulfilment in terms of a sexual sense (Breuer & Freud, 1895). In his later writings, he barely mentions migraine apart from its tendency to ease forgetting and parapraxis (Karwautz, Wöber-Bingöl, & Wöber, 1996).

In later works, migraine was considered a personality trait that portrays narcissistic tendencies and repressed aggressive drives (Karwautz, Wöber-Bingöl, & Wöber, 1996). Fromm-Reichmann suggested that the location of migraine reveals itself as a headache. Pain in the head justifies an interpretation about the narcissism of intelligence. He claimed that migraine patients avoid castration regarding others' intelligence and have envious feelings about others' "brain", so the aggressive feelings turn into self in the form of a headache (Fromm-Reichmann, 1937). Derivatives of other psychoanalytical works include hostility, perfectionism, sadistic drives, ambivalent feelings, and repression, which are inconclusive (Schnarch, 1974).

1.4. Lacanian View

As it is mentioned, Lacanian psychoanalysis does not specifically tackle migraine. However, the Lacanian approach discusses a wide context for the subject including body, culture, and interrelationships. It is suggested that in the Lacanian approach migraine is a symptom that is originated from the pain of a psychic conflict which relates it to the unconscious (Nasio, 2012). This idea is consistent with the Lacanian definition of the symptom. Lacan has a broader conceptualization regarding

symptoms than the medical approach. For him, the symptom is something that can be analyzed (Lacan, 1957-1958). For instance, Fink (2011b) reported that during a session one of his analysands who had migraine attacks for a long time complained about not being realized at work as well as by her parents and the analysis revealed that the migraine attacks led her father to realize her. Hence, there is a link between her migraine attacks and her desire to be recognized by her father as her analysis yielded. In another work, Fink (2013) interpreted one of his analysands' migraines in terms of the association between her engagement with her workplace in a masochistic position and her parent's punishment. Case analysis and other literature findings regarding migraine demonstrate that migraine is something analyzable through the discourse of the subject. Thus, the scope of this study interests the unconscious processes of migraine from a symptomatic perspective. To comprehend migraine and its relation to the unconscious from the psychoanalytical approach, joint notions in Lacanian psychoanalysis will be conferred. Based on this stance, the Lacanian concept of the unconscious, real, imaginary, and symbolic, as well as the Other, allows a psychoanalytical interpretation for the underlying mechanisms regarding migraine.

1.4.1. Unconscious

Although the term "unconscious" was used in the literature before, Freud was the first theoretician to conduct a rigorous study and discover techniques to analyze the unconscious. In his article titled "Unconscious", he claimed that justification of the unconscious lie behind the inadequacy of conscious clues in explaining the psychical processes like dreams, symptoms, slips, and parapraxis and also daily living incidents like thinking, joking or recalling of a memory (Freud, 1915). Freud studied the unconscious in various ways like dreams, jokes, somatic symptoms and slips of the tongues. He argued that repression relates to the unconscious in the function of keeping something away from consciousness (Freud, 1915), but the unconscious is a broader concept, so repression is not equivalent to the unconscious; it constitutes an element of it (Freud, 1915). In *Psychopathology of Everyday Life*, Freud concentrated on the "return of the repressed" by analyzing the unconscious manifestations of daily life like forgetting, accidents, and unintentional pronunciations, and he claimed that although these parapraxes are considered as "faults" in the consciousness, they are successful acts in the unconscious (Freud,

1901). In *Interpretation of Dreams*, which is his masterpiece, Freud presented that dream formation is an unconscious process involving repressed thoughts and repressed drives during the early years of life. Dreams have latent content due to censorship regarding the fulfilment of a repressed wish, so they cannot be interpreted utilizing concrete symbolism. In his examples of dream analysis, he specifically emphasized the importance of free association of the owner of the dream, since the dream work is built upon the visual representations of a person's readily associations that were originated from letters or syllables which was exposed to censorship (Freud, 1900). He also assigned two processes as condensation and displacement in the dream work, which Lacan later considers linguistic features of the unconscious (Lacan, 1957-1958). For Freud, repression is the foundation of the unconscious, and the first repression is the repression of incest desire. In his work, Freud analyzed the various cultures regarding incest taboo and claimed that the prohibition of incest actualized the initiation of the civilization. He formulates this around the murder of the primordial father. The primordial father possesses all the women and power in a tribe. After his murder, sons in the tribe ate his meat to share his power, and they decided that no one would ever own that power. Eating makes them identify with the primordial father. This decision also leads to exogamy in the tribe, resulting in the prohibition of incest and civilization (Freud, 1912). Lacan admits Freud's conceptualization of the unconscious, but he contributed to the linguistic structure of the unconscious (Uçar & Gençöz, 2019). He stated that through repression, signifiers and signified have a cut, implying that subjects can never fully express themselves and always remain divided. Lacan contributed to Freud's concept of the unconscious which Freud discovered in the symptoms, dreams, and parapraxis as mentioned by emphasizing their linguistic qualities as signifiers (Özbek-Şimşek, Bulut, Baltacı, & Gençöz, 2019) which led him to the famous formulation: "Unconscious is... structured like a language..." (Lacan, 1957-1958, p. 311). Lacan carried his psychoanalytical stance from the point of returning to Freud. Returning to Freud means returning to the Freudian unconscious that implies the supremacy of the signifiers that positions the subject through discourse. He contributed to Freud's concept of condensation and displacement of dreamwork by translating them to linguistic terms, metaphor and metonymy, respectively. In his approach to the importance of the language structure in the unconscious, Lacan formulates the

Saussure's structure of the signifier that is the acoustic image and the signified that is the concept by reversing them as placing the signifier to the top, which demonstrates the supremacy of the signifier. In his notion, Lacan defines the metaphor as sliding of one signifier to the relationship of another signifier divided by the signified. In metonymy, the new signifier is introduced, which stands in continuous relation to an earlier signifier that is replaced. They rule the unconscious processes corresponding to symptoms, dreams jokes, and the subject's desire (Dor, 1998). As mentioned, this study will tackle the relationship between the unconscious and migraine in the scope of participants' discourse. This theoretical background justifies the crucial value of the participants' wording in the scope of this thesis. Since the signifiers acquired from the Other and subject is a constant relation with the Other through the three orders of the psyche, the concept of Other and three orders of Lacan will be mentioned. Personal and relational aspects of migraine require an introduction of imaginary, real and symbolic. Bodily symptoms constitute the real order of the subjects. Through signifiers, the unconscious processes generate the symbolic aspect linked to the imaginary and real orders. In the following sections, these interrelations will be briefly introduced.

1.4.2. Other

The term Other should be emphasized to understand migraine's unconscious processes, especially the relational aspect from a Lacanian view. In Lacanian Psychoanalysis, the concept of Other denotes the law, culture, language, and symbolic order. Before the formation of the subject, the mother is the first Other. The child situates in the field of jouissance in terms of being "one" with the mother. In his seminar, Lacan states that to assign a divided subject, to be nominated by the Other, and in the field of the desire, the Other should have lack and divided as well (Lacan, 1962-1963). The concept of lack in the Other initiates from the mother's desire other than the child. Mother's desire for something else accentuates a child's lack. This desire constitutes the imaginary phallus as an object of it. To posit there is lack, one needs to refer to a presence. This reference to lack actualizes the phallus as a signifier of the Other's desire. To fill this desire and becoming the phallus provokes anxiety for the subjects because they are engulfed by the jouissance (Evans, 2006). For the realm of desire, subjects have to accept castration and accept their lack, meaning limiting the jouissance and refusing to be the phallus (Verhaeghe,

1996). The subject's relation with the Other structures around this dialect, and they interrelate with the desire, which is the Other's desire (Özkan & Baltacı, 2020). The most prominent aspect of the Other in Lacanian terms is Other's position as an engraving in the speech. Speech emanates from the Other, as the mother assumes to be the first Other who is the agency to transform the baby's crying as signifiers (Evans, 2006). In Lacanian theory, Other occupies a constructive role for the subject. As mentioned earlier, the subject's ego condenses around the parents as the assumed position of the Other's reflections on his image. The naming from the Other concerning the subject involves the linguistic structure and therefore carries a symbolic level (Fink, 1997b). In the subject's life, representations of the Other can be seen in their relationship with authority figures like institutions or teachers (Uçar & Gençöz, 2019). In the imaginary level, the subject's ego constitutes an object for himself and narcissistic junction in attempting an ideal portrayal that is interpreted from the Other, which may involve an illusion (Fink, 1997b). Further conceptualizations of the Other will be discussed in the following section.

1.4.3. Three Registers of Lacan

Lacan constructed three registers for the subject: real, imaginary, and symbolic. History of the imaginary went back to the mirror stage. The mirror stage corresponds to the infant's realization of their own body, and their surroundings reflect the mirror as a unit. Other nominates this image and point that as the baby. After this realization, the infant forms identification with this image of unity which later constitutes the basis for jealousy and competition of the subject (Lacan, 1977b). The imaginary order is characterized by mirror image and identification. Identification with the mirror image results in the formation of the ego. Realizing mirror image is both mastery and disappointment for the baby since it implies alienation and a moment of awareness of the discrepancy between this image of the body and what is felt (Fink, 1997a). From this point of view, imaginary occupies the subject with the image of the body:

...this results from the simple notion of the Imaginary, in so far as the starting point for it is the reference to the body and to the fact that its representation, I mean everything that for it is represented, is only the reflection of its organism. It is the least of the suppositions that the body implies (Lacan, 1974-1975, p.8).

Through the imaginary order, the subject tries to sustain the original identification with the specular image and reflect them in their relationships. Imaginary is the realm of primary narcissism, and it conceives the “ideal-ego” which promises to the deceptive subject completeness (Bowie, 1993). Lacan’s L Schema can explain the relationship between the subject, ego, and the Other (see Figure 1). In this schema, S stands for the subject; o’ stands for little other who is similar, o stands for “me”, “ego” (Fliche, 2015). Two different axes here display that the subject’s interaction with the Other will always be disturbed by an imaginary relation (Evans, 2006), which also means that the imaginary axis prevents the unconscious discourse of the Other from reaching the subject directly (Fliche, 2015).

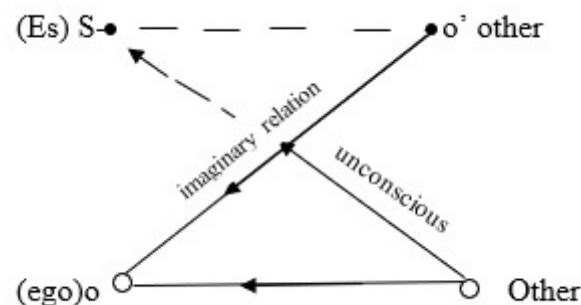


Figure 1. Schema L

Symbolic is the register of order and law. Symbolic stands for crucial realm for the psychoanalytical work in terms of relationship with the Other and the unconscious (Evans, 2006). Lacan assigns the term “Name-of-the-Father” as the constructive agency of the symbolic order. Name-of-the-Father sets the limits, punishes, and prohibits the incest desire for the subject in the culture. It is a symbol of authority. It represents the restrictions in the child’s lust and brings castration into terms in case of a transgression of the law (Bowie, 1993). Name-of-the-Father performs the law, cause the primary repression, and generates the signifier chain by becoming the master signifier (Gürsel & Gençöz, 2019). That is why the symbolic order is the territory of the unconscious (Bowie, 1993), and it can be found in “between the lines” (Lacan, 1974-1975).

For Lacan, real constitutes the order that inevitably escapes from the signification and locates outside of the symbolic, which is nearly impossible and undefinable. He resembled the real as the sound that interrupts the dream, or something hits the head

abruptly (Bowie, 1993). Real corresponds to the period before the introduction of the symbolic realm. At the organism level, the body situates in the real. In parallel with his, jouissance means simultaneous pleasure and pain experienced in the body. One example of jouissance is the subject's enjoyment of their illness (Homer, 2005).

Jouissance and desire are contradictory in the sense that jouissance aims at satisfaction, whereas desire asks for the continuity of the desire (Soler, 1995).

In his Real, Symbolic, and the Imaginary Seminar, Lacan topologically displayed the relationship between these three orders. In the subject's position, these three orders were knotted with each other to support themselves (Lacan, 1974-1975). Even though analytical work emphasizes the importance of the symbolic plane, it acknowledges the necessity and the formative function of the imaginary order for the symbolic and immanent operation of the real order in the symbolic (Bowie, 1993). It can be seen that psychological literature deals with the real aspect of migraine as its organic associations and its effects on the subject. In this thesis, I seek to evaluate the personal and relational aspects of migraine by examining the participants' imaginary relations regarding their body and others, as well as the real aspect of the pain that might include jouissance, participants' relationship with the Other and their signifiers that constitutes the symbolic plane. These approaches will guide to uncovering unconscious processes behind migraine.

1.5. Problem Statement and Research Question

The central aim of this study is to investigate the personal and relational experiences of migraine patients. Utilizing this aim, I attempt to explore unconscious mechanisms regarding migraine. Studying how they describe their symptoms with possible signifiers and relational outcomes of migraine leads to an understanding of their relationship with the Other.

CHAPTER 2

METHODOLOGY

2.1. Qualitative Research and Interpretative Phenomenological Analysis

The qualitative approach adopts intersubjectivity for understanding how humans make sense of their world, perceive around and themselves, and have shared feelings, thoughts, and beliefs. Qualitative methods allow researchers to expand on people's narratives of a lived experience. In qualitative research, the tool is characterized by the language to depict the study's data (Biggerstaff, 2012). It establishes a thorough examination based on the participants' wording and explains why and how people experience a phenomenon in terms of the subjective and relational realm (Austin & Sutton, 2014; Kisely & Kendall, 2011). It is suggested that there is a growing interest in qualitative research in the psychology literature (Kidd, 2002; Willot & Larkin, 2012). This interest, especially in terms of clinical area, is because qualitative studies present explicit material of a subject's understanding, experience, feeling, and thoughts about the exciting topic from the participant's world. This critical data about subjective understanding comes in handy for clinicians' practice because data consists of the description of subjective experience itself. The divergence and uniqueness of the subjective experiences and the subjective reality of participants are recognized in a qualitative study. Accordingly, concentration was given to language and interviews to collect data are similar to clinical interviews (Silverstein, Auerbach & Levant, 2006). The quantitative study consists of numeric values corresponding to the study's research question through a controlled environment with structured tools. In contrast, a qualitative study implies an interaction between the researcher and the participant. Through interviews and observations, the researcher's subjective position about the topic of the study is associated with it (Rutberg & Bouikidis, 2018).

Smith in the 1990s revealed interpretative Phenomenological Analysis (IPA) as a qualitative research method, and its reputation has increased since then (Clarke, 2010). IPA attempts to elaborate in-depth analysis of lived experiences and people's way of making sense of these experiences (Smith & Shinebourne, 2012). Its essential qualities consist of experience, idiography, and interpretation. In IPA, participants situate as the agency for experiential data. Experience is considered unique and idiographic, so small sample size and semi-structured interviews suit IPA (Eatough & Smith, 2008). Its approach is based on phenomenology to inquire about the experience, hermeneutics to interpret, and symbolic interactionism as a contact to a person's understanding of the phenomenon (Biggerstaff & Thompson, 2008). The phenomenological basis of the IPA takes its roots from Husserl's phenomenology. Husserl argues that experience is understood by conscious expressions of individuals since they are the agency to know their experience. Experience and knowledge situate around an object as it appears to us in consciousness. In IPA, this phenomenological stance evolves to understand how the experience is lived and interpreted. A rigorous examination of the person's narrative describes the experience itself. With the help of this work, characteristics of the lived experience can be found (Smith, Flowers & Larkin, 2009).

Eatough and Smith (2008) claimed that the understanding experience eventually necessitates interpretation, and this idea carries hermeneutics as another origin for IPA. This aspect forms the double hermeneutics process for interpretation as a critical feature of IPA. Double hermeneutics infer that the researcher interprets what the participants say about the experience and their meaning, which is also an interpretation about the phenomenon of participants him or herself. In IPA, the researcher should remind that while analyzing the data, it is vital to display flexibility during the different stages of the study, like conducting the interviews and making interpretation. Husserl points out that we must set our familiar mean-making processes like biases and prejudices to accomplish grasping things itself and understanding the core of the experience, going back to "things themselves" pass-through reductions (Eatough & Smith, 2008). While conducting IPA, this idea corresponds to the researcher's role and effect on the study. IPA acknowledges that there is an interaction between participant and researcher as well as the researcher's conceptions while interpreting the experience. A researcher conducting IPA accepts

that the researcher will have an impact on the study, and this is inevitable. However, these effects should be acknowledged via the reflexive stand. Husserl's reductionist approach leads to the idea of bracketing. Bracketing is the process of the researcher to leave aside their beliefs, values, assumptions, personal experiences, and knowledge about the phenomenon being studied (Chan, Fung, & Chien, 2013). However, it is impossible to extinguish these pre-conceptions throughout the study altogether. The crucial point here is that the researcher should attend and acknowledge their position through all study phases (Eatough & Smith, 2008). There are several ways to actualize the practice of bracketing in qualitative research. Writing down notes about phases of the study, researcher's own developing theoretical ideas around the purpose of the study and corresponding observations, reflexive journals, and bracketing interviews to a colleague to recognize the biases and fore claims of the chosen topic are examples of it. Researchers register reflexive journals to declare their motivation, engagement, and thoughts about the study throughout the study, which constitute a constant reflexivity practice since it reflects the researcher's engagement to the study. Bracketing interview is conducted during, before, and after the data collection with an outside colleague to reveal former understanding, biases, and acknowledging possible obstacles for the researcher to hear or address particular aspects that participants may mention during the interview (Tuffor & Newman, 2012). Amongst these bracketing techniques, reflexive journals and interviews with a colleague are used in this study.

2.2. Reasons to Choose Qualitative Research for Studying Experience of Migraine

Qualitative research adopts various approaches from different epistemological intellectuals and methods to discover beliefs, identities, values, and experience-based conceptions (Willot & Larkin, 2012). In qualitative methods, the study is conducted with homogenous, various groups and idiosyncratic experiences analyzed profoundly, resulting in rigorous data. Qualitative query employs a comprehensive, open-ended technique like semi-structured interviews with no pre-specified issues. This approach amplifies an open field for the participant to mention crucial points on the subject matter. Recognition of subjectivity for both participants and the researcher necessitates a reflective character. In qualitative research, subjectivity and the role of the researcher are highly emphasized thus, in turn, acknowledged. In

contrast, there is a positivist approach in quantitative research and accepts an objective reality that is agreed to be tested, hypothesized, and generalized. Quantitative methods are frequently applied in psychology literature for practical reasons like time-saving, recruiting a large sample, and reliability. However, translating the data to numerical value misses an in-depth knowledge about the experience, whereas qualitative methods employ a highly rigorous knowledge about the experience itself (Choy, 2014). My aim for this study is to explore migraine patients' personal and relational experiences. By this aim and the shortage of studies on migraine experience in the literature, a qualitative approach for this study was selected. IPA as a qualitative method allows room for the idiosyncratic nature of the experience and how people make sense of them (Eatough & Smith, 2008). Also, IPA is suggested to be a fruitful approach, especially in terms of highly affectionate states that are difficult to put into words like pain because pain directs attention. It allows for participants to associate vivid experiences during the interview. IPA's interpretative aspect is coherent with such a complicated and challenging experience using a detailed examination (Smith & Osborn, 2015). In addition, as a psychoanalytically oriented psychologist, Freudian works about deciphering the language of bodily symptoms and Lacanian conceptualization of body as inscribed by the signifiers attracts my attention. To explore the unconscious resonance of migraine, it seems to be appropriate to adopt a qualitative approach since, as Soler (1995) pointed for the body that "...the only thing that can be approached by psychoanalysis, in so far as one talks about it there, is this object, which we can describe as real" (p. 14).

2.3. Participants and Sampling Method

Participants of this study were recruited via the purposive sampling method compatible with IPA instructions (Smith, Flowers & Larkin, 2009). Participants were patients who had been diagnosed with migraine and applied to Gazi University Headache Clinic. Inclusion criteria for participation in this study were specified as age range and having a diagnosis of migraine. Participants were decided to be in the age range between 18-65. Although the IPA procedure suggested that the subjective nature of the experience requires a homogenous sample (Eatough & Smith, 2008), there is a practical reason for this study to avoid exclusive criteria. Coronavirus COVID-19 pandemic broke out during this thesis, and access to health care is

restricted. Restrictions contain most of the clinics, which challenge migraine patients (Chowdhury & Datta, 2020). In Gazi University Headache Clinic, migraine patients were able to attend to the hospital only on Mondays and Thursdays to see a physician, which constitutes a threat to access potential participants for this study. That is why the inclusion criteria were limited to the only diagnosis of migraine, and the age range was decided to be wide. Literature suggests that migraine's prevalence, duration, intensity, and frequency of attacks are higher in women, and women experience more migraine-related symptoms like nausea and phonophobia than men. Also, these differences intensify with a certain age. Although these findings may suggest a more homogenous sample for studying the experience of migraine, there is no valid and sufficient explanation for these differences regarding the intensity of the experience. Lastly, all these variables consist of numeric values, which might generate an artificial criterion for a subjective experience like pain (Bolay et al., 2015). To the best of my knowledge, there is no qualitative study that displays subjective characteristics that might represent a homogenous sample for migraine experience.

A small sample size was used in this study which is coherent with IPA instructions (Smith, Flowers & Larkin, 2009). Participants' ages ranged between 19-49, and the age that they had been diagnosed with migraine is ranged from 14 to 35 (see Table 1). Interviews last approximately fifty minutes (see Table 1). Participants who have applied to Gazi University Headache Clinic were invited verbally by the co-advisor of this study. Those who accepted to participate in this study contacted the researcher. Seven participants were volunteers. One of the participants withdraw from the study before the interview due to a funeral.

Table 1. Information About the Participants

<i>Participant</i>	<i>Age</i>	<i>Gender</i>	<i>Job</i>	<i>Diagnosis of Migraine</i>	<i>Interview Duration</i>
<i>Ayşe</i>	19	F	University Student	At the age of 14	39 minutes
<i>Yiğit</i>	25	M	IT Personnel	At the age of 23	48 minutes
<i>Beril</i>	21	F	Unemployed	At the age of 20	1 hour

Table 2. Information about the Participants (cont'd)

<i>Gözde</i>	49	F	Architect	At the age of 35	1 hour 13 minutes
<i>Kevser</i>	42	F	Nurse	At the age of 32	1 hour 13 minutes
<i>Ceylin</i>	25	F	Student	At the age of 25	28 minutes

2.4. Procedure

There are two ethical permissions for this study. The initial approval was taken from Middle East Technical University Human Research Ethics Committee (APPENDIX A). The second approval was taken from Gazi University Ethics Committee (APPENDIX B). Participants were recruited via Gazi University Headache Clinic. Hospital policy requires that a physician must be involved as a coordinator to conduct this study because of the COVID-19 Pandemic. Thus, the co-advisor of this study was assigned in recruiting participants. Patients who attended the clinic were verbally invited by the co-advisor to participate in this study. If they got volunteered, they signed the informed consent and contacted the researcher (APPENDIX C). Due to Coronavirus COVID-19 Pandemic interviews were decided to be conducted online. When they contacted the researcher, the researcher introduced herself, and further information about the study was provided. An appointment was formed by their availability for an interview. Before the interview, participants were asked to fill the demographic form (APPENDIX D). Interviews were actualized as one-to-one and online. Interviews started with brief information about the interview. Participants were told that they would talk about their experience of migraine as detailed as possible as they wished. They were also assured that they were free to withdraw from the study anytime they wished without further consequences. In addition, it was assured that as the informed consent says, their demographic information will not be matched with the information they provided during the interview. The interview was conducted as semi-structured consisting, of ten open-ended questions (APPENDIX E). Questions started with asking introduction about themselves and their relationship with their family to get an insight about the nature of the relationship with their close others. Questions continued with the first time they experience their migraine attack followed by what else did they experience during that time of their

life and additional questions were asked following their attributions to having an attack by life events and stress-related explanations. After that, when and in what situations they have their attacks and how do they experience migraines were asked. If they feel so, they were told that they would talk about a memory. Questions included what they experience before and after they have a migraine attack. Additional questions were asked regarding their experience of postdrome and prodrome symptoms like sensitivity to light, voice, and vomiting. Regarding their attacks, their coping strategies, and how do they end up with these strategies were asked. Finally, what do their close others like family, friends, spouses, or partners if any do during their attacks and how migraine affects their life were asked. At the end of the interviews, participants were appreciated and thanked for their contributions to this study, and an Informative Form (APPENDIX F) was sent to their e-mail addresses. To ensure confidentiality, participants' names were converted to nicknames. All data collection process lasted about thirteen weeks.

2.5. Data Analysis

Interviews were done mostly via Skype. The first and the fourth participant did not have a Skype account and they prefer to meet via other platforms that they have an existing account, so these interviews occurred via Zoom and Google Meet, respectively. Interviews were audio-recorded and transcribed afterward. Each interview has a sufficient duration for transcription and case-by-case analysis during the process. During the transcription process, I used the margins of the document to write down my observations, thoughts, additional questions that seem to be necessary for further interviews, comments about their memories regarding their experiences, conceptualizations, emotions as well as participants' slip of the tongue, misunderstandings, repetitive wordings, language they used especially in terms of choice of words while describing their feelings about migraine. To strengthen the engagement to the texts, I printed the transcripts and re-read them using highlights for sentences, phrases, and words. During re-reading the first transcript, I converted notes and highlights to emerging themes. Afterward, I sorted the emerging themes and gather them by their association. In this phase, I assign superordinate themes and place themes that I thought embodied by the superordinate theme underneath them. To stay connected with what participants are saying, I applied IPA instruction for being iterative and checked the material (Biggerstaff & Thompson, 2008). Later, I

move to the second transcript and repeated the same steps. After each transcript was analyzed and interpreted, I enlisted superordinate and subordinate themes for each participant. I classified and clustered the themes by their concurrency and disparateness. During these phases, I consulted my advisor. At the final step, I identified main themes that I thought represented the data sufficiently rich.

The double hermeneutic nature of the study due to the researcher's part on the interpretation makes it important to practice bracketing. I made interpretations of participants' narratives while converting what they said. This process is prone to subjectivity, and it is crucial to set back biases, forethoughts about the issue. During these processes, I kept reflexive journals and conduct bracketing interviews with my peers for bracketing practice to avoid narrowing down the texts to my expectations and preconceptions.

2.6. Trustworthiness of the Study

Qualitative studies claim that there is not a solid objective reality, reality is structured subjectively in multiple layers by one's uniqueness and involvement in a social context through numerous channels. In the qualitative study, the relationship between participants and the researcher, the impact of the researcher's role, and engagement to the subject being studied will be involved during the study (Williams & Morrow, 2009). This foundation leads to the idea that the researcher also has a subjective reality, and this should be acknowledged. As Williams and Morrow (2009) stated the subjectiveness of the researcher conducting a study initiate the research question. That is why the researcher should carry a reflective position in which one's expectations, biases, and fore conceptualizations are identified. Trustworthiness in qualitative research allows this acknowledgment and subjective association of the researcher to the study by remaining faithful to the data. This understanding necessitates a third eye in the study for ensuring trustworthiness. There are several techniques like member checking, peer checking, and triangulation. Member checking is a procedure in which data analysis is checked and discussed with the participants whereas in peer checking data analysis is discussed with a colleague (Gunawan, 2015).

In this study, peer checking, reflexive journal, and bracketing interviews are used as a reflexivity practice. As the researcher, my interest to study a bodily symptom

initiated with my experience. During the college exams in high school, I had a stomachache that causes me to miss school and study. I was not diagnosed, and the physician said it was related to stress. I have always wondered how the mind affects the body. As a psychoanalytically trained psychologist, Freud's and Lacan's conceptualization of the body and its relation to language always attracts my attention. During my psychoanalysis, the deciphering of my bodily reactions to words also enhanced my interest in this topic. In terms of my curiosity about studying migraine comes from my family. All my family members have migraines and experience headaches. I have always wondered what my family experienced during their headache. I have observed that whenever my sisters get nervous or stressed about their school or work, they got migraine attacks and whenever my parents get angry or upset, they experience a headache. Their similar reactions and repetitive occasions of having a headache generate my curiosity as a member of this family. I believe I had rarely experienced a headache like theirs. My starting point was to compare different bodily reactions involving multiple diseases but discussion with my advisor lead me to narrow down my interest to a specific disease, so I decided to study migraine. Upon the bracketing interviews, I have realized that my engagement to this topic also related to being a "different one" in my family.

My engagement with this research question also leads a confusion during my thesis. In the first interview, I had difficulty positioning myself. I found it confusing to conduct the interview and found myself asking the question that "Am I a researcher or a therapist now?". I knew that the interview will be alike a session but without leading, punctuations, and interpretation. However, I had a difficulty in what questions to ask to extend participants' narrative. I discussed with my peers and my advisor this issue to go through the interview to handle this confusion.

CHAPTER 3

RESULTS

This study consists of five super-ordinate themes after the Interpretative Phenomenological Analysis. The super-ordinate themes are (1) *ambivalent feelings for painkillers*, (2) *migraine attacks in relation to authority*, (3) *relational aspects of migraine*, (4) *methods for coping with migraine*, and (5) *describing migraine like a person* (Table 2).

Table 2. Emerging Themes of the Current Study

-
1. Ambivalent Feelings for Painkillers
 - a. Waiting for the Pain to Become Unbearable
 - b. Adopting Other Ways to Cope with the Pain
 - c. Both the Poison and the Cure
 - d. Fear of Addiction

 2. Migraine Attacks in Relation to Authority
 - a. Facing the Requirements from the Authority
 - b. I want my effort to be seen: Concerning About Self-Representation
 - c. Trying Hard to Fulfill Responsibilities
 - d. Insecure Feelings and Blaming the Authority

 3. Relational Aspects of Migraine
 - a. Being Whatever is Needed: Change of Roles
 - b. Avoidance of Interaction to Block the Aggression
 - c. Feeling Gratitude for Support

 4. Methods for Coping with Migraine
 - a. Personal Remedies for Migraine
 - b. Destruction and Hostility towards Pain
 - c. Submission to Conditions of Migraine
 - d. Seeing the Glass Half Full
-

Table 2. Emerging Themes of the Current Study (cont'd)

-
5. Describing Migraine Like a Person
 - a. Attributing Personality to Migraine
 - b. An Aggressive and Domineering Character
-

3.1. Ambivalent Feelings for Painkillers

The first superordinate theme represents participants' feelings about using painkillers. Participants described ambivalent feelings regarding the use of painkillers. Painkillers act as a cure and a relief for most participants, yet they had second thoughts about intaking them. Their conceptions about painkillers were polarized by their effects on them as well as their thoughts about using them. Subordinate themes for this superordinate theme are *waiting for pain to become unbearable, adopting other ways to cope with the pain, both the poison and the cure, fear of addiction.*

3.1.1. Waiting For Pain to Become Unbearable

Most of the participants reported that they decided to take painkillers when the pain became unbearable for them. They stated that the side effects of pain killers push them to hesitation and patience for intake because they need to protect their bodies. Yiğit pointed that he prefers to delay or use half dosage of a painkiller to protect his body:

Y: You know, every time I have a migraine, I do not take painkillers. I have some medium level of migraine pain; I am taking half of the medicine. I take half of a painkiller, although it soothes or does not relieve the pain, I do not prefer to take the other half, only if it increases too much, I prefer to take it. You know, you inevitably want to protect your body. While protecting your body, this painkiller is harmful, I do not want to take it on purpose.

Original

Y: Hani her migrenim tuttuğunda ben ağrı kesici tüketmiyorum. Biraz orta seviye migren ağrım var, ben yarım ilaç tüketiyorum. Yarım ağrı kesici tüketiyorum bu yatıştırırsa da ağrıyı yatıştırmasa da ağrıyı ben diğer yarıyı tüketmeyi tercih etmiyorum veyahut bu çok artarsa tercih ediyorum. Hani insan ister istemez bedenini de korumak istiyor. Bedenini de korurken hani bu ağrı kesici zararlı ben bunu bile bile tüketmek istemiyorum.

While describing this, the choice of words was interesting regarding the layers of pain. His levels regarding his pain, like medium or high, were reflected in his way of taking pain killers as half or full. However, he prefers to take the full as a desperate remedy.

Ayşe also shared a similar experience in terms of delaying taking painkillers. She said that she waits until the other methods do not work:

A: Let me put it this way, when my first pain started, I don't use painkillers because I don't like to take medicine. When I have my first pain, I put myself in a warm shower and put ice cubes on my temples and close my eyes and go to sleep. If they do not go away, that is, if my pain does not go away, I take medicine on a full stomach in the following hours, I try to sleep and rest somehow.

Original

A: Şöyle söyleyeyim ilk ağrım başladığında ben ilaç içmeyi sevmediğim için ağrı kesici kullanmıyorum. İlk ağrım olduğu zaman hani direk kendimi ılık duşa sokup u bu şakaklarıma bir de enseme buz kalıpları koyarak gözlerimi kapatıp yatıyorum. Eğer geçmezlerse, yani ağrılarım geçmiyorsa ileriki saatlerde tok karnına ilaç içiyorum, bir şekilde uyuyup dinlenip geçirmeye çalışıyorum aslında.

She also stated that she refuses to take painkillers until the pain overwhelms:

A: I was taking medicine if I have pain, you know, when it came to an unbearable stage, I take it to relax.

Original

A: Ağrım oldukça ilaç içiyordum, hani dayanamayacak evreye geldiği zaman rahatlamak için içiyordum.

Beril pointed that she does not want to take a painkiller even if the pain is too much.

She said that she takes the painkiller unwillingly and mention it as if it is an obligation to her:

B: Sometimes migraine comes like that, my head as if there is a ton of weight. I can't lift my head, or sometimes the pain hits my eye, I can't open my eyes. I can't look. I don't want any noise around me. After that, I said earlier, something was killing my day all the time, or I couldn't adapt myself to anything. I couldn't focus on anything when that pain came. You know, it is not clear where it will come from, it is not clear when it will come, it comes in the most unexpected place. For example, I do not want to take painkillers, but after a while, I was constantly pushing myself to take painkillers.

Original

B: Ya şöyle bazen migren öyle bir geliyor ki kafam sanki böyle tonluk ağırlık varmış gibi üstümde. Kafamı kaldıramıyorum ya da bazen gözümde vuruyor ağrısı gözümü açamıyorum. Bakamıyorum. Sesleri şeyim çok fazla oluyor yani ses istemiyorum etrafımda. Daha sonrasında dediğim gibi günümü öldüren bir şey oluyordu sürekli ya kendimi hiçbir şeye adapte edemez olmuştum. Böyle hiçbir şeye odaklanamıyordum o ağrı geldiği zaman. Hani bir de nereden geleceği de belli olmuyor ne zaman geleceği de belli olmuyor en olmadık yerde bir anda geliyor. Mesela ağrı kesici almak istemiyorum ben ama sürekli ağrı kesici almaya itiyordum kendimi bir süre sonra.

Gözde reported her hesitation similar to Beril's. She said she waits to see the intensity of her pain so that she prefers when it became an obligation:

G: I wonder if it will intensify before the attacks. I say should I take the medicine or not, maybe it will go away. I think I can stand it this time. After that, as it gets more and more severe, I take painkillers for example. If it goes away, you know, there is still such drowsiness after that pain goes away, but sometimes it lasts for two days, three days, or even four days because it goes away. When it goes away, I am very happy, my energy is very high, I think I can do anything, but otherwise, I really try to do what is necessary, I do what I have to do.

Original

G: Atakların öncesinde acaba şiddetlenecek mi diye düşünüyorum. İlaç alsam mı almasam mı u belki geçer diyorum. Hafif geçer bu sefer dayanabilirim diye düşünüyorum. Ondan sonra u sonra gittikçe şiddetlendikçe mesela ağrı kesici alıyorum. O geçirirse hani yine de böyle o ağrının geçirdikten sonra böyle sersemlik oluyor ama geçtiği için de bazen hani iki gün üç gün hatta dört gün sürdüğü oluyor. Geçince çok mutlu oluyorum enerjim çok yükseliyor hani şey olarak her şeyi yapabileceğimi düşünüyorum ama öbür türlü gerçekten hani sadece gerekli olanları yapmaya çalışıyorum zorunlu olduklarımı yapıyorum.

Overall, participants tended to wait until their pain became unbearable to them. They use the painkillers as a last resort. Although they know or question the severity of the pain, their relationship with the painkillers consists of hesitation and doubt. This hesitation is part of the ambivalent feelings towards intaking them to their body.

3.1.2. Adopting Other Ways to Cope with the Pain

Participants adopt several ways to avoid painkillers and to relieve pain. They prefer to prevent the pain or isolate themselves from the pain-inducing stimulants. Thus, they do not end up taking a painkiller. Ayşe stated that she does not like to take a

painkillers, and she tries resting, keeping herself away from the TV and other devices that have a screen.

A: I mean, actually, I don't like to take drugs, so until now, I haven't gone to the doctor every time I have a headache. By myself, at home, my mother is a nurse, with the help of her, you know the cold application, you know rest; I make my pain go away by not looking at the television, computer, phone screen and being in a quiet environment as much as possible. In fact, in this process, my doctor told me that I need to take medicine now. After taking my medications regularly, I will go for a check-up again, if it will be beneficial and if it will continue for my good, I will prefer to use drugs from now on.

Original

A: Yani aslında ben ilaç kullanmayı sevmiyorum o yüzden bu zamana kadar hani her baş ağrım olduğunda doktora gitmedim. Kendim evde bir şekilde annem hemşire onun da yardımıyla hani soğuk uygulama, hani dinlenme; televizyon, bilgisayar, telefon ekranına bakmama, olabildiğince sessiz ortamlarda bulunarak geçirdim ağrılarımı. Aslında bu süreçte de doktorum şimdi ilaç kullanmam gerektiğini söyledi. İlaçlarımı düzenli bir şekilde aldıktan sonra tekrar kontrole gideceğim eğer faydası olacaksa ve benim iyiliğim için devam edilecekse ilaçlara kullanmayı tercih edeceğim bundan sonra.

Some participants mentioned that they take the painkillers if it seems to be mandatory to them. Until that, they try other ways to avoid using the medicine. Yiğit stated he adjusted his diet following the triggers of migraine, and if the pain was severe, he decided to take drugs because there is no other solution as far as he knows:

Y: How do I deal with migraine; I try to keep my life standards high. I increase fluid consumption as follows, I try to reduce smoking; I try to keep the consumption of coffee, chocolate, caffeine, carbonated drinks at a low level. I don't consume oily or salty, you know, because there is a blood pressure patient at home, everything is salt-free anyway. I never use salt. Actually, I don't like to eat oily products either. I actually try not to eat. If the migraine is already very severe, after the migraine phase, one will inevitably take painkillers. And I'm trying to get medical help, I'm going to the doctor or something. You know, I'm researching myself to see if there is any other development that can be done or if there is another known solution, you know, it seems like it doesn't exist right now. I continue this way.

Original

Y: Migrenle nasıl başa çıkıyorum, hayat standartlarımı yüksek tutmaya çalışıyorum. Şöyle sıvı tüketimini artırıyorum, u sigarayı azaltmaya çalışıyorum; kahve, çikolata kafein, gazlı içecek tüketimini alt seviyede tutmaya çalışıyorum. Yağlı, tuzlu tüketmiyorum hani evde tansiyon hastası olduğu için zaten her şeyimiz tuzsuz. Tuzlu hiç tüketmiyorum. Aslında yağlı ürünler yemeyi de sevmiyorum. Aslında yememeye de çalışıyorum. Migren sonrasında da zaten migren aşamasında çok ağır geçiyorsa ağrı kesici

meburen alıyor insan ister istemez. Bir de işte tıbbi yardım almaya çalışıyorum, doktora falan gidiyorum işte. Hani başka bir yapılabilecek bir gelişme var mı ya da bilinen başka bir çözüm yolu bulmuş mu diye kendimce de araştırıyorum hani şu an yok gibi. Devam ediyorum bu şekilde.

In a similar way, Beril talked about doubts and unwillingness to take medicine. Thus, she also avoids migraine triggers and engages in books and movies to clear her head:

B: For example, reading a book or watching a movie so that it will reduce it, so that my head will be dispersed. On a low volume setting. Umm like this, so I'm not doing anything else extra.

R: Well, how did the book and the movie distract you, what kind of effect did it have on you?

B: I'm watching something, even if I'm not talking, I'm watching something. I am moving to a different area at that moment. You know, I'm entering a different world, I guess it's a little bit. Or so I was always in the dark. I don't know if staying in the dark was a bit of relief or I thought it was that way.

Original

B: Kitap okumak mesela ya da ne bileyim u film izlemek hani azaltsın diye, kafam dağılsın diye. Düşük ses ayarında. Imm bu şekilde yani başka ekstradan bir şey yapmıyorum.

R: Peki kitap, film nasıl dağıtıyordu kafanızı, hani nasıl bir etkisi vardı sizde?

B: Ya şöyle bir şey izliyorum hani konuşmasam bile bir şey izliyorum. Farklı bir alana geçiyorum o anda. Hani farklı bir dünyaya giriş yapıyorum o galiba biraz da. Ya da böyle karanlıkta kalıyordum sürekli. Karanlıkta kalmak da bir tık böyle dindiriyordu ya da ben öyle olduğunu düşünüyordum bilmiyorum.

Gözde avoids the triggers of her headache and expressed concerns about the side effects of pain killer, too. She thought that her workplace caused her migraine attacks, so she avoided being there:

G: I keep myself away from this thing, this heavy atmosphere. I do sports, I try to take a walk. The last time I went, they said that a gluten-free diet might have an effect. I pay attention to that. I am careful about sleep deprivation, you know, I try to live by paying attention to all things.

Original

G: Bu şeyden hani kendimi uzak tutuyorum bu gergin ortamdan. Spor yapıyorum hani yürüyüş yapmaya çalışıyorum. En son gittiğimde hani beslenmemle ilgili glutensiz beslenmenin etkisi olabileceğini söylediler ona dikkat ediyorum. Uykusuz kalmamaya dikkat ediyorum hani bütün şeylere dikkat ederek yaşamaya çalışıyorum.

Consequently, participants adopt several ways that keep them distracted from the pain, so they do not “have to” use the painkiller. They know or assume some reasons for their migraine attacks. They strive to prevent the attacks by their assumptions.

3.1.3. Both the Poison and the Cure

Although participants rely on the fact that the painkiller is the most accurate solution to their pain, they had second thoughts about taking it. Most participants talked about their concerns about the side effects of the drugs. They are unwilling to take the painkiller because they hesitate to use it unnecessarily due to fear of harming their body. Even though they know the painkiller will help them. Ayşe had an interesting wording about that skeptical feeling:

A: I think feeling the pain because I have a very general pain. You know, it's not just the temple, you know, I want to relax because the pain goes down to my neck. Let the drugs work as soon as possible, may the things I try work. It bothers you too, so you take medicine, you poison yourself at some point, but your pain doesn't go away. You apply cold water to yourself after a while, even it hurts you because of the cold, but your headache still does not go away.

R: How does it feel to you that the pain does not go away?

A: So, I'm saying that nothing I do is working, it won't go away, I take painkillers for nothing, it will last for a day, okay, I got used to it. It will last for a day, arrange a day accordingly.

Original

A: Ya acı hissetme sanırım çünkü çok genel bir ağrı oluyor bende. Hani sadece şey şakak değil hani ensem kadar ağrım indiği için geçsin de rahatlayım istiyorum. Bir an önce ilaçlar işe yarasan dendiğim şeyler işe yarasin. İnsanın o da canını sıkıyor yani ilaç içiyorsun kendini zehirliyorsun bir noktada ama senin ağrın geçmiyor. Kendine soğuk su uyguluyorsun bir süre sonra o bile hani soğukluktan dolayı senin canını acıtıyor ama yine de baş ağrın geçmiyor.

R: Ne hissettiriyor size o acının geçmemesi?

A: Yani diyorum yaptığım hiçbir şey işe yaramıyor geçmeyecek boşu boşuna ağrı kesici içmeyim bir gün boyunca bu sürecek artık tamam hani bunu alıştım. Bir gün boyunca o sürecek bir gününü ona göre ayarla o şekilde.

It was also interesting that she referred to taking medicine as intoxicating, poisoning the body. Yiğit also share similar concerns, and he makes meaning of his behavior by establishing a similarity between smoking and taking drugs:

R: You said about painkillers that you are waiting for a while then you take it in case there is more severe pain, can you expand more about that?

Y: Actually, I said that as a reaction. I mean, I do not want to hurt myself, I do not wait for the pain to increase to hurt myself. I think that painkillers are harmful to the body, and the studies show that, too. Studies show that it is actually harmful, and doctors also say that when you constantly take a painkiller, the body gains resistance against it. You need to increase the dose of the painkiller you use. You know you took one today, a year later it does not suffice one, you take one and a half, you take two. I prefer not to use painkillers or use less so that this level does not increase. There is something that is already known, it is harmful to kidney functions, I prefer to use it less than that, otherwise, it is not a personal thing.

Original

R: Ağrı kesici için şey dediniz biraz bekliyorum öyle içiyorum daha ağır bir ağrı olduğunda diye onu biraz açabilir misiniz?

Y: Aslında ben tepki olarak söyledim onu. Şöyle hani kendime zarar hani kendime zarar vermek için veyahut ağrının boyutunun yükselmesini beklemiyorum. Ağrı kesicilerin vücuda karşı zararlı olduğunu düşünüyorum hani yapılan çalışmalar da bu yönde olduğu görüşünde. Yapılan çalışmalar da aslında zararlı olduğu görüşünde ve doktorlar da şunu diyor devamlı bir ağrı kesiciyi içtiğiniz zaman vücut ona karşı bir direnç kazanıyor. Sizin ağrı kesici kullandığınız ağrı kesicinin dozunu artırmanız gerekiyor. Hani bugün bir tane içtin bir sene sonra o bir tane kesmiyor bir buçuk tane içiyorsun iki tane içiyorsun. Bu seviye artmasın diye hani ben ağrı kesiciyi kullanamamayı veyahut az kullanmayı tercih ediyorum. Zaten bilinen bir şey de var böbrek fonksiyonlarına zararlı hani ondan böyle az kullanmayı tercih ediyorum yoksa kişisel bir şey değil bu.

He emphasized that painkillers are harmful to the body so he will use them only in certain circumstances. When I asked him to talk more about that, he said this was not a personal issue. To protect his body, he waits to ingest the “cure” to not “poison” his body.

Analogically to Ayşe’s expression about painkillers as “poison”, Beril explained that the reason she did not want to take painkillers was that the painkiller was “chemical” that is something intoxicating for the body:

B: Well, because the drug is a chemical substance, I am a person who prefers to recover from it naturally. I used a migraine stone even managed it very well for a while so that it would go away. However, it became so unbearable that I used to tie a scarf or something so that it would go away, but even that didn't work, it was more of suppression, and I had to take medicine in the end.

Original

B: Ya çünkü şöyle ilaç kimyasal bir madde ben doğal yollarla geçirmeyi tercih eden bir insanım. Migren taşı falan kullandım hatta geçsin diye bir

dönem onda da çok iyi idare ettim. Ama o kadar dayanılmaz bir hal alıyordu ki artık ya eşarp falan bağılıyordum geçsin diye ama o bile işe yaramıyordu daha çok baskılıyordu ben de en sonunda ilaç almak zorunda kalıyordum.

Gözde also had concerns about hurting her body because of the overuse of medication although she mainly relies on taking painkillers as relieving the pain. Her wish to make her life pain-free and worry about taking too many painkillers and causing organ damages generates her ambivalent feelings regarding painkillers:

G: I think I've consumed too many painkillers. It also affects my livers and something, after all, it is harmful to use painkillers that much. I do not want to use it too much because of the kidneys, but I do not want to have a painful life. I worry and think should I take it or not, if it goes away without painkillers.

Original

G: Ya çok fazla ağrı kesici tükettiğimi düşünüyorum. O da benim karaciğerlerimi falan etkiliyor sonuçta zarar veriyor ağrı kesiciyi o kadar kullanmak. Böbreklere yani ondan dolayı çok fazla kullanmak istemiyorum ama ağrılı da bir hayatım olsun istemiyorum. O onun endişesini duyup hani alsam mı almasam mı ağrı kesicisiz geçer mi diye şey yapıyorum.

To sum, participants want to get rid of the pain, and they thought the most convenient way to accomplish this is taking painkillers. However, they worry about the side effects of painkillers because they use them too much and the content of the medicine itself is a chemical and harmful substance for the body. Thus, their conceptualization of the painkiller generates polarized feelings. They refuse to recover from their pain by focusing on the “poison”. Getting rid of their pain with painkillers represents an exchange that they do not want to, so they avoid using painkillers by focusing on side effects and adopting other methods, even if painkillers offer a definitive solution.

3.1.4. Fear of Addiction

One pole of the ambivalence was about fear of addiction. Some participants feels and hesitate about painkiller because they were afraid that they become addicted to them. They share an understanding about getting used to dosage so that painkillers will not suffice for them in the future. For instance, Yiğit draws a comparison between smoking and painkillers, although he distinguished painkillers in terms of his ability to stop intaking them:

Y: You are hurting your body on purpose. So is smoking, but at least I can stop the painkiller. You know, I will endure the pain even if I take it halfway or not. You know, you are actually trying to hold back, so that your body gets used to half a painkiller, does not want more, whether it goes or not. If it wants more, after one, one and a half, two, the painkiller will not stop the pain any longer. You will change its brand, or the pain will not stop so you go to the hospital. That's why you force yourself to consume half a painkiller.

Original

Y: Bilerek de vücuduna zarar veriyor. Aslında sigara kullanmak da öyle ama en azından ağrı kesiciyi durdurabilirim. Hani yarım içip geçerse de geçmezse de dayanırım ağrısına diye. Hani aslında insan tutmaya çalışıyor kendini geçse de geçmese de yarım ağrı kesiciye bedenim alışsın, daha çoğunu istemesin. Hani daha çoğunu isterse bir, bir buçuk, iki sonra ağrı kesici kesmeyecek. Markasını değiştireceksin veyahut ağrın durmayacak hastaneye gideceksin. Onun için insan kendini zorluyor aslında yarım ağrı kesici tüketmek için.

He was afraid of the fact that when he uses the painkillers in the amount that he needs, he will need more dosage and that will cause eventually that the painkiller will not suffice him anymore.

Beril had similar worries about her body getting used to the painkiller:

B: For example, I do not want to take painkillers, but after a while, I was constantly pushing myself to take painkillers.

R: Why didn't you want to take it?

B: Since the body tolerates it after a while, I did not want my body to get used to it. Also, I am still young, I wanted to not use the medicine.

Original

B: Mesela ağrı kesici almak istemiyorum ben ama sürekli ağrı kesici almaya itiyordum kendimi bir süre sonra.

R: Niye almak istemiyordunuz?

B: Ya şöyle vücut bir süre sonra tolerans gösterdiği için yani bunu vücudum alışsın istemedim bu yüzden. Bir de daha yaşım genç hani ilaç kullanmayım istedim.

Her second thoughts about pain killers stem from both fear of dependence and addiction to the painkiller.

Even though fear of addiction associates a negative pole of this ambivalence, in participants cases, it also acknowledges the fact that painkillers will help them and provide a recovery from their headache. Thus, fear of addiction is also about fear of getting used to the relieving from the pain since they prefer to prolong their suffering.

3.2. Migraine Attacks in Relation to Authority

Participants talked about their memories of migraine attacks that are involved an authority figure like a teacher, boss, chief, principal of the school, or a family elder that seems significant for their lives. Their background of migraine started with pressure and worry due to a feeling of obligation to perform the order of an authority. There were salient emotions regarding the fear of failure against the requirement and advice from an authority figure. Apart from this, there were also concerns about the representation of themselves for the institutions under the relation with their academic life or occupational realm. In addition to this, participants mentioned insecure feelings and a tendency to blame authority figures for putting so much pressure on them even though not the authority itself but their perception about authority lead them to be nervous about their performances or hard work. From this perspective, subthemes of this superordinate theme are *facing the requirements from the authority, I want my effort to be seen: concerning about self-representation, trying hard to fulfill responsibilities, insecure feelings, and blaming the authority.*

3.2.1. Facing the Requirements from the Authority

During the interviews, participants recalled moments they encountered an authority figure's explicit, imagined, or indirect requirements that triggered their attacks. Ayşe said that her first migraine attack occurred when she tried to maintain her sports and academic life together. She said that this was pressure on her. Her goal was to pursue a career that included both sports and academic accomplishments. This goal was appeared to come from two different authority figures in her life: a teacher and a family elder. During the interview, she indicated that her first severe headache was at the time that she tries to achieve both in sports and academics, and she said that this was a burden to her: "You know, the burden these put on me, there were periods when I had some difficulties in terms of my classes, sports, academic and social life, I was tired, it was due to them. [*Hani onun u üzerimde oluşturduğu yük hem derslerim hem spor, akademik açıdan, sosyal hayatım açısından birazcık zorlandığım dönemler olmuştu yoruluyordum bunlara bağlıydı.*]" When I asked her how come these impose a burden on her, she replied that because of her wish to achieve in both sports and academics so that she forced herself. The reason she wanted to achieve both is linked to some advice from her grandfather:

R: Why was it important for you to be successful at both?

A: So, let me tell you, I was raised by my grandfather with the disposition that a girl should study and have her profession in the future. Since I thought like that, sports were an activity for me, but it was not something that could be my source of income in the future. That is why I had to hold onto it academically somehow. I had to get into college somehow. That's why I concentrated on my lessons.

R: What influence did your grandfather have on this academic process?

A: My grandfather was always my supporter, he says as long as you study, we do everything we can, I grew up that way.

Original

R: Neden önemliydi bu sizin için ikisinde de başarılı olmak?

A: Yani şöyle söyleyeyim ben hep hani u kız çocuğu okumalı ilerde kendi mesleği elinde olmalı yapısıyla büyüdüm dedem tarafından. Böyle düşündüğüm için hani spor evet benim için bir aktiviteydi ama ilerde gelir kaynağım olabilecek bir şey değildi. O yüzden hani akademik açıdan da bir şekilde ucundan tutmalıydım. Bir şekilde üniversite kazanmalıydım. O yüzden hani derslerime de yoğunluk vermişim.

R: Dedenizin nasıl bir etkisi oldu bu akademik süreçle ilgili?

A: Dedem de hep destekçimdi hep böyle sen oku yeter ki biz elimizden gelen her şeyi yaparız o şekilde büyüdüm yani.

In Ayşe's story, her migraine attacks' association with authority was grounded by a family elder's order of "study" and support regarding her academic life. The career goal she wanted to pursue was shaped by her relation to an authority figure in her life and her first migraine attack was at the time that she forced herself to achieve this task.

Beril recalled a memory related to her migraine attack that coincided with the time that the school principal attended a lecture for her class. She pointed that at an exam she felt so tightened that she got an attack:

B: So that was the first thing that came to my mind. I bothered myself in an exam. I was so stressed that I should get a high mark on that. I constantly bothered myself and then cried because I would get low on the exam. You know, I remember it was intense back then.

Original

B: Yani ilk aklıma gelen şey oldu. Bir sınavda kendimi çok sıkmışım. Çok streslenmişim ondan yüksek almalıyım diye. Kendimi sürekli sürekli sıkıp daha sonrasında düşük alacağım diye ağlamışım. Hani o zaman yoğun olarak gelmişti onu hatırlıyorum.

When I asked her what the reason is for feeling that way she explained:

B: I had to get high in this exam in order not to lower my grade point average. Also, the principal of the school was directly attending our lesson. That is why I did a little something so that I can get a high grade so that I do not lower my grade. Also, the teacher's exams were difficult, I strained myself hard.

R: What effect did it have on you that the principal of this school attended?

B: Well, I thought it would be good if I got a high grade in his class. After all, I thought he was the principal of the school and had such an effect.

R: Could you please explain a little more, what was the significance of him being the principal of the school, you say it would be good, if I get a high grade from his class, from what point of view did you think that?

B: Well, the teacher was a bit too hard on us, you know, you have to get high, like that. He gave a speech as you have come this far; you are my students. I guess this made me feel a little bit pressured. I mean, if you do this, I will force you, you have to get it, if you do not get it, I will fail you, so I forced myself a little.

Original

B: Şöyle bu sınavdan yüksek almam gerekiyordu not ortalamamı düşürmemek için. Bir de dersimize okulun müdürü giriyordu direk. Bu yüzden de ben biraz şey yaptım hani yüksek alayım düşürmeyim notumu diye. Bir de zor oluyordu hocanın sınavları ı iyice kastım kendimi.

R: Bu okulun müdürünün girmesinin nasıl bir etkisi vardı sizde?

B: Ya şöyle hani onun dersinden yüksek alırsam hani iyi olur gibi düşündüm. Hani sonuçta okulun müdürü diye düşünüp o şekilde bir etkisi oldu.

R: Biraz daha açabilir misiniz okul müdürü olması nasıl bir önemi vardı, iyi olur diyorsunuz ya yüksek alırsam onun dersinden ne açıdan böyle düşündünüz?

B: Ya şöyle biraz hoca bize yükleniyordu hani yüksek almanız gerekiyor şöyle böyle. İşte siz bu zamana kadar gelmişsiniz, benim öğrencilerimsiniz tarzında bir konuşma yapmıştı. Bu galiba biraz beni şey yaptı baskıladı. Yani ı demek ki bunu yaparsanız ben sizi zorlayacağım almak zorundasınız almazsanız bırakırım şeklinde şeyi olduğu için biraz zorladım kendimi.

It was an interesting point that she felt that she had to be successful in this exam because it was an exam prepared by the school principal. She felt so much pressure to get a high mark on his exam because of his order about it. As facing the order from an authority figure, she felt pressure and afraid of failure like Ayşe. Her attribution about the reason for getting a migraine attack in this exam coincides with her encountering such an order of a powerful authority figure in her eyes.

Kevser said that she was having the worst attacks in her life twenty-five days in a row after she got promoted. Initially, she did not want this promotion because it

would be too difficult for her. However, she accepted it because this promotion was a request from her boss, as she explained:

K: Our bosses there said something like that, I am in the special center, no, Kevser, there is no problem, come and you be the head nurse. I started as head nurse. After that, my stress increased more because my responsibility increased, looking after the other staff, the head nurse, looking after the nurses.

Original

K: Oradaki patronlarımız falan dediler ki, hani ben özel merkezdeyim, yok Kevser hani sıkıntı olmaz gel sen ol. Ben baş hemşireliğe başladım. Ondan sonra benim stresim daha çok arttı çünkü ne oldu, sorumluluğum arttı diğer işte personelle ilgilenmek, baş hemşire hemşirelerle ilgilenmek.

Concordantly, she decided to be a nurse by her uncle's advice in the first place as she explained:

K: I did not decide to become a nurse by wanting my profession at first. At the insistence of my uncle, he insisted that I take the exam by saying, "Become a professional at this time". My sister is also a nurse, so I took the exam and was successful. I am a vocational high school graduate and that is how I started, but basically, I love my job. I also love to take care of patients, but of course, it is a little bit backbreaking.

Original

K: Ben mesleğimi esasında ilk başta isteyerek esasında hemşireliğe karar vermemiştim. Dayımın ısrarıyla esasında bir meslek sahibi ol o dönemde u böyle bir meslek sahibi ol diyerek sınava girmemi çok ısrar etmişti. Ablam da hemşire benim öylelikle sınava girdim ve başarılı oldum. Meslek lisesi mezunuyum ve öylelikle başladım ama mesleğimi seviyorum esasında. Hastalarla ilgilenmeyi de çok seviyorum ama tabi yıpratıcılığı var mı var birazcık da.

Interestingly, like Ayşe, Kevser's path choosing her occupation, a family elder's word, advice, and wish were salient as she reported. Since they had the origins of their engagement to their profession from an authority figure in their lives, their current migraine attacks caused by their school or work-related reasons. This interrelation involved a relationship with the authority figure in these intuitions.

Yiğit also talked about his family attachment related to his cultural background:

Y: I am a Kurd by ethnicity. Because of that, we see in our family, you know, uncle, my mother is Laz. My father is Kurdish. Iı family structure, you know, we grow up very close culturally. Since we grew up very close, the distant members of the whole family are like siblings. They are not estranged from family members. Our distant relatives are also close or very close, that is, not

in the medium distance. There are some very close ones that we consider as close. For example, our first-second-third-degree relatives are close, very close. Their relatives are also close to us. In this way, what I call family ties, our family ties are tight.

R: How does it feel to you that your family ties are like this?

Y: Our family ties are sometimes good, sometimes bad, frankly. On the good side, in my environment, there are no people they can talk to, here is the situation. In our country, there is the idea that the more crowded we are, the better the future of the country. You know, there is someone behind me, I think the logic is wrong. You know, it's nice to have that feeling, but it's bad to have someone known everywhere and to be known everywhere. You know, sometimes you want to live in a city where they do not know you.

Original

Y: Etnik köken olarak kürdüm ben. Ondan kaynaklı bizim ailemizde gördüğümüz itibariyle bizde hani, amca, annem Laz benim. Baba tarafım Kürt. İa aile yapısı hani bizim kültürel olarak çok yakın büyüyoruz. Çok yakın büyüdüğümüzden dolayı da bütün ailenin uzak fertleri kardeş gibi. Aile fertlerinde yabancılık çekmiyor. Bizim uzak akrabalar da yakın yahut çok yakınlar yani orta uzaklıkta değil. Yakın diye değerlendirdiğimiz biraz da çok yakın olanlar var. Mesela birinci ikinci üçüncü dereceden akrabalarımız yakındır, çok yakındır. Onların akrabaları, bizim için onlar da yakındır. Aile bağları dediğim bu şekilde hani aile bağlarımız sıkı.

R: Peki size nasıl geliyor böyle olması aile bağlarınızın?

Y: Aile bağlarımız yani bazen iyi bazen kötü açıkçası. İyi olduğu kısımlarda hani insanlarda konuşabilecekleri insanların olmadığı, bir çevremde şöyle bir durum vardır. Bizim ülkemizde hani u ne kadar kalabalık olursak ülkenin geleceği iyidir düşüncesi var. Hani arkamda birileri var mantığı yanlış bence. Hani o duygunun verilmesi güzel ama her yerde bir tanıdığın çıkması, her yerde tanınmış olmak da bazen kötü oluyor. Hani insan bazen hiç kimseyi tanımadığı bir şehirde de yaşamak istiyor.

He had contradictory feelings about his family background's necessity to be close with each other. He both admires this but also, he talked about discomfort to be in view. His explanation regarding migraine attacks during college corresponds to being distant from his family:

Y: It is difficult, so it was not a very difficult process related to the other process. You were not just going to high school, you were going to university, I had changed the city I lived in. There was a change of environment. You were away from your family, you know, that is the difference between that process and the others.

Original

Y: Zor yani şey diğer süreçle alakalı çok zor bir süreç değildi. Sadece liseye gitmiyordun üniversiteye geçiyordun il değiştirmiştin. Ortam değişikliği vardı. Aileden uzaktın hani o sürecin diğerlerinden farkı bu.

The time that he regarded difficult was about being distant to his family in which bonds were supposed to be close. Even though there is not one authority figure that orders to be close subtly, family background and culture require to be close and represent the perception of an authority.

Consequently, an authority figure's apparent requirements regarding an achievement or a career path turned out to be significant in participants' lives. There were sequent lines between participants recalling their migraine attacks in terms of a stressful, overwhelming situation regarding threats to jeopardize these necessities they attribute to an authority figure. In the discourses of the participants, there were quotes from important authority figures who left a mark on participants' lives. In these sentences, on the one hand, participants were positioned ideally. For example, being an exemplary student by studying hard or being committed to his family culture by not being distant from them. According to their explanations, when there was a situation in their academic or work-related lives that would shake their ideal position in these sentences, the stress or overwhelming feelings they experienced caused them headaches.

3.2.2. I want my effort to be seen: Concerning about Self-Representation

Participants' relation with authority also corresponds to concerns about their misrepresentation. There were salient doubts about their effort or achievement will be seen. This concern of misrepresentation is mostly aggregated around "to be seen" by an arch person or institution. Participants mostly mentioned migraine attacks, which they said were caused by reasons such as "stress", "pressure" etc. It seems that behind these migraine attacks, there are concerns that their hard work will be invisible or that their representations will be flawed. Ayşe said that she mainly got stressed and became upset because she wanted to achieve in sports and academia. She talked about how these efforts impose a burden on her. When I asked about how her interest in sports started, she responded that her interest in sports was initiated with a teacher's observation and appreciation:

A: I started taking physical education classes in the third grade. I was a very active child. When I was a kid, I was actually chosen due to the observations of my physical education teacher when I was playing dodgeball. My physical education teacher chose me, and then I went to the training sessions with my elders and progressed like that. Then I played in his school team, I played in clubs that way.

Original

A: Ben üçüncü sınıfta beden eğitimi dersi görmeye başladım. Çok hareketli bir çocuktum. Küçükken de yakar top oynarken beden eğitimi öğretmeninim gözlemleriyle aslında seçildim. Beden eğitimi öğretmenim seçti ondan sonra kendimden yaşça büyüklerle antrenmanlara gidip geldim öyle ilerledi. Sonra işte kendi okul takımında oynadım, kulüplerde oynadım o şekilde.

She explained that she was dedicated to accomplishing things that makes her happy and because of her personality, she became anxious when things do not go well related to her sports career:

A: For example, if I say in terms of sports, I would get angry when we lose to a team that is much lower than us. I would like my other friends to do their best because I play team games outside of my responsibility. Maybe that would stress me out a bit, as they made me think I was just trying myself.

Original

A: Ya mesela spor açısından söylersem hani çok bizden düşük seviyede olan bir takıma yenildiğimizde sinirlenirdim. Hani benim sorumluluğum dışında takım oyunu oynadığım için diğer arkadaşlarımın da elinden geleni yapmasını isterdim. Bu belki beni biraz strese sokardı hani sadece kendim çabalyormuşum gibi düşündürüyorlardı.

Her aggression towards failure in terms of sports seems to generate a contradictory image of her in the eyes of her teachers since she was noticed and led to exercise with seniors and when she loses to “lower-level” people who were lower than her standards, she becomes angry.

Beril also mentioned her worries about people thinking wrong about her. When I asked her, what happened during the period she had her first migraine attack, she sorted two reasons that she thought the two sources of stress that caused migraine:

B: I had a problem with a friend of mine. This pissed me off a little. An attempt was made to make me look like a person I am not. Well, that hurt me a little, frankly, so I bothered little myself. It was a time that I was hurt, I stressed myself.

R: Well, you said that someone was trying to make you look like someone you are not, could you elaborate a little more on this? What happened?

B: Of course, like this, for example, I do not do any harm to someone, but it is like I am doing harm to someone harm, or talking behind someone's back, or as if I did not want to help them, as if they were always doing me a favor, but I did them a favor. They did something like this behind my back, so they were someone who wanted me to be bad with people.

Original

B: Şöyle ı bir arkadaşımın bir problemimiz oldu. Bu da benim biraz canımı sıktı hani. Benim olmadığım bir insanmış gibi gösterilmeye çalışıldı. İm bu da beni biraz yaraladı açıkçası bu yüzden de biraz kendimi sıktım. Strese soktum hani kırıldığım bir dönemdi.

R: Peki sizi olmadığınız biri gibi göstermeye çalıştığını söylediniz burayı biraz daha detaylandırabilir misiniz ne olmuştu?

B: Tabi ya şöyle ıı mesela ben hani birine kötülük yapmıyorum ama bana sanki birine kötülük yapıyormuşum gibi ya da birinin arkasından konuşuyormuşum gibi ya da ben ona yardımcı olmak istemiyormuşum gibi sürekli o bana iyilik yapıyormuşçasına ama ben u ona iyilik yaptım. Arkamdan böyle bir şey yaptı yani benim insanlarla kötü olmamı isteyen biriydi.

This was the first reason for having a migraine attack as she sought. The other reason was her effort to make an honor roll:

B: I am a person who always thinks too much about everything at school. At that time, I bothered myself a little, thinking how this will be, how this will be, I have to take this course from that lesson, I have to do this and that. To get into the honor roll, I was already on the honor roll, I bothered harder to raise myself even more.

R: Why did you bother for this, to get yourself into the honor roll?

B: Because I wanted to see myself in better places. I wanted to be better. That's why I wanted an advantage in recruitment.

Original

B: Okulda derslere ben sürekli böyle her şeyi çok düşünen bir insanım. İşte bu nasıl olacak, şu nasıl olacak, şu dersten şunu almam lazım, şöyle yapmam lazım diye diye biraz kendimi sıktım o dönemde. Biraz da onur listesine girmek için böyle zaten onur listesindeydim kendimi daha fazla yükseltmek için daha çok sıktım.

R: Neden sıktınız bunun için kendinizi onur listesine girmek için?

B: Çünkü kendimi daha iyi yerlerde görmek istedim. Daha iyi olmak istedim. İşe alımlarda hani bir artım olsun istedim o yüzden.

These two concerns overlap under her representation. The first concern she experienced was others' conception of her as "bad" even though she favors people. The other one regarding future job opportunities, her ideals to see herself in better places leads her to a tight mind about failures and flaws, as she explained. The significance of the honor roll for her comes from the fact that the honor roll is the result of her effort. Likewise, doing much favor is an effort to look good. These were the two reasons she sorted as having a migraine attack for the first time in her life, and both of them are related to her hardworking, good portrait. During the interview,

she complained about her tendency to worry about everything and asked me for suggestions as a psychologist:

B: I think I am too emotional, I think I upset myself too much, you know, I should not do this much, but I cannot help it, I cannot change it, do you have any suggestions about it, for example, about not thinking so much?

Original

B: Ya çok duygusal olduğumu düşünüyorum, hani fazla fazla kendimi bir şeylere üzdüğümü düşünüyorum, hani bu kadar yapmamam gerekiyor ama bir de benim elimde değil hani yapım bu değiştiremiyorum da sizin bu konuda bir öneriniz var mı peki yani bu kadar düşünmeme konusunda mesela?

That was an interesting point because she was also curious about the results of this study and asked when this study will be published at the end of the interview. She again wanted to see her representation in this study.

A similar situation about curiosity regarding representation in this study occurred during the interview with Kevser. She was recalling a migraine attack that happened during the vacation that she had a hard time curing herself on the beach. While talking about this she said: “That's what I experienced. I don't know if the other female friends are the ones you're talking to, but I don't know if they're experiencing these, but I don't know if I'm the most severe either. [*Böyle ya bunları da yaşıyorum. Ben bilmiyorum diğer bayan arkadaşlar mı artık sizin konuştuklarınız ama bunları yaşıyorlar mı bilmiyorum ama ben en ağırı mıyım onu da bilmiyorum.*]” That was a parallel reaction to Beril's. As participants of this study conducted with the university hospital, an institution, they were wondering about their representation in this study.

Gözde also shared these concerns in her relationship with the institution she worked at. She was telling that her headaches' frequencies increased because of a crisis at work:

G: The quality of the work was very bad for the contractor firm. I was in control of it. Despite all our efforts, we could never increase that quality. You know nothing happened, it couldn't do a good job. Therefore, since all the mistakes made by the contractor were reflected as my fault, it was also a project that we care about very much, it was a good project, the workmanship was very bad. So, the business became more and more awful. It also made me very sad. It was a project that I really liked, I designed it. You know, everything was supposed to be good, but the result was a disappointment.

Original

G: İu şöyle u yüklenici firma işin niteliği çok kötüydü. Ben de oranin kontrolüydüm. Tüm şeylerimize rağmen o niteliği bir türlü u artıramadık. Hani şey olmadı, iyi bir iş çıkaramadı. Dolayısıyla müteahhidin yaptığı bütün hatalar sanki benim hatam olarak yansıdığı için bir de bizim çok önemsedığımız bir projeydi, güzel olacak bir projeydi, işçilik çok kötüydü. Dolayısıyla iş gittikçe çok berbat bir hale geldi. O da benim mesela çok üzülmemeye neden oldu. Benim çok böyle beğendiğim bir projeydi, ben tasarlamıştım. Hani güzel olacaktı her şey ama sonuç hüsran oldu.

When I asked her the importance of this project, she specifically emphasized her role and responsibility in this work. She was upset about a mistake that she did not make that has been seen as hers: “So after all, I want it to finish smoothly because it's my job. I want it to finish well, I don't want it to finish badly. That's why I don't want to be perceived as such, I don't want to be perceived as an irresponsible person. [*Yani sonuçta benim işim olduğu için temiz bitmesini istiyorum. Güzel bitmesini istiyorum, kötü bir şekilde bitmesini istemiyorum. Bundan dolayı hani u öyle algılanmak istemiyorum, hani sorumsuz bir insanmış gibi algılanmak istemiyorum.*]” Her discourse about the relation with institutions she worked mainly consisted of situations she was attending to her representation, her superiors' perceptions about her. She was also complaining about times that her efforts were not seen, noticed, and appreciated. When I asked her, what is the meaning of “seen” “noticed” for her, she replied that this would be important for everyone. I persisted and asked again what the reason for her is, she took a defensive stance this time:

G: So, after all, something you work on is yours. I think that the most important thing for a person, and what you value, is your work. You're wasting time, your foresight, your experiences; something emerges from it. That's why it needs to be seen, I think it shouldn't be overlooked. You know, I think we should be given our rights, you know, individually as well. That's why it's important to me, that is, what I'm doing is being seen and recognized.
R: Well, this being seen and being noticed by someone, what do you think about it, you know, being seen by whom?
G: Well, I don't have a big ego, but I think that my work needs to be seen or noticed, or I think that this should be done and should be realized by my professional group. You know, not as a thing, not as me, as a person, I want it to be something, you know, I think that this work should be seen, I see it that way.

Original

G: Yani sonuçta emek verdiğiniz bir şey u sizin. İnsanın en önemli şeyi de bence kıymet verdiği şeyi de emeği diye düşünüyorum. Zaman harcıyorsunuz sizin ön görüleriniz, sizin tecrübeleriniz; onun üzerinden bir şey ortaya

çıkıyor. Hani dolayısıyla bunun da görülmesi gerekiyor, u atlanılmaması gerektiğini düşünüyorum. Hani şey olarak hakkımızın verilmesi gerektiğini düşünüyorum hani bireysel olarak da. Ondan dolayı benim için önemli yani yaptığım şeyin görülmesi, farkına varılması.

R: Peki bu görülmesi farkına varılması u bunun hani biri tarafından nasıl bir şey düşünüyorsunuz bununla ilgili, hani kim tarafından görülmesi mesela?

G: Ih yani şey u ya benim egom yüksek değil sonuçta ama hani emeğimin görülmesi ya da o işin farkına varılması gerekiyor diye düşünüyorum ya da bunun benim meslek grubum tarafından hani yapıldığının ve yapılması gerektiğinin farkına varılması gerektiğini düşünüyorum. Hani şey olarak değil benim kişi olarak değil, şey olmasını istiyorum hani u o işin görülmesi gerektiğini düşünüyorum, ben öyle bakıyorum.

She was uncomfortable with my questions because she was again worried about her representation, and she needed to explain herself and felt necessary to emphasize that she does not have a big ego as if something wrong with her wishes to be seen and noticed.

Gözde also talked about her decision to change her profession. This decision was rooted in the thought that her effort did not be seen by others as a nurse:

G: No, I think that when you are a nurse, nothing you do is worth anything. It does not appear; you do not appear as a person. It is perceived that the doctor does all the things, but you know, this professional group... In other words, your work doesn't be noticed at all, because of that. I think this influenced me, so I changed my profession.

Original

G: Yok bence şey u şöyle hemşireliği yapıyorsunuz yaptığınız hiçbir şeyin kıymeti yok. Gözükmüyor, u kişi olarak gözükmüyorsunuz. Hani şey olarak orada sadece olan ve bütün şeyleri yapan sanki doktor gibi algılanıyor u ama hani bu ara meslek grubu şey oluyor. Yani hiç gözükmüyor yaptığınız işler. Verimliliğiniz şeyiniz ondan dolayı. Onun beni etkilediğini düşünüyorum ondan dolayı değiştirdim.

She was insecure about her position as a nurse because doctors seemed to be superior and chief of her. This was a similar relationship with her current job where again her effort was not seen, and others' mistakes remained on her.

In conclusion, participants recalled memories of migraine attacks that were related to distress that triggered their headaches. Amongst these triggers, participants had shared concerns about how others perceive them and how they represent themselves to others, especially in the presence of an authority figure like a boss, teacher, or principal, and during the interviews, some of these concerns recurred in the presence

of a researcher. They did not have a tolerance regarding a flaw in their representations so one of the reasons behind curiosity regarding their position in this study comes from the concerns about their self-representation.

3.2.3. Trying Hard to Fulfill Responsibilities

One of the commonalities between participants' experiences of migraine is their struggle to resist their headache to prevent it from failing them to fulfil their responsibilities. Participants as students or employees reported their attempts to resist headaches because of their duties related to work or school. Even though participants' discourses do not reveal an address to an authority figure, these duties stem from institutions and schools assigned by an authority figure or evaluated within a system like exams. That is why effort to accomplish these duties also reflect a relationship with authority. Kevser pointed that she got promoted in her job three years ago, and even though she felt like she could not handle the position, she took the promotion because her boss said so. She said that she was continuing her job for a long time even though her headaches lasted every day for a year because of the difficulties she experienced due to her position's necessities. She felt guilty about delaying quitting because her family was affected by her situation:

K: I blamed myself this time. This time, I blame myself at this time, why did I allow this so much? Why am I experiencing so much stress, but why did I reflect so much stress at work to my home? Why did I wait so long, why did I take this long? I mean, what was there to burn me out so much? Let it go, look after your children, you will not be born again. They will not be at this age again; I will not be at this age again.

Original

K: Ben kendimi suçlar oldum bu sefer de. Benim bu sefer de kendimi şu dönemde şu anda kendimi suçluyorum ki ben niye buna bu kadar izin verdim? Neden ben bu kadar stresi yaşıyorum da neden ben iş yerinde bu kadar stresi yaşayarak evime yansıttım? Niye bu kadar işi beklettim, niye uzattım bu kadar? Yani bu kadar kendimi yıpratacak ne vardı diyorum. Bırak yani bırak çocuklarına bak bir daha dünyaya gelmeyeceksin. Bir daha onlar bu yaşa gelmeyecek ben bu yaşa gelmeyeceğim bir daha.

She felt remorse and guilt against her family because holding her job that requires responsibility and handling difficulties as she said. Even though she acknowledges that these responsibilities caused her headaches and resulted in neglecting her family, she made an extreme effort to fulfill them.

Similarly, Beril strives to proceed to study for school even if there is a headache. She stated that:

B: I mean, for example, when I was studying for the exams, this affected me a lot, I started to study for the lessons all of a sudden. As I started working with stress, it directly suppressed my pain, and I was trying to work with that pain even while I was working. It also affected me negatively.

R: Huh-huh, how negative?

B: I didn't understand what I was reading. For example, I was disinclined to study because of those words.

R: Did this, you're not studying and your inability to focus have an impact on your lessons?

B: I was actually trying not to let it affect it like that.

R: How?

B: I was trying to prevent it myself as best I could. Yes, I had pain, but I was trying to rule it out. I was trying not to think about it somehow, I was trying to suggest that it would go away, or when a period came, I would rub that migraine stone and take the painkiller and start again as soon as it is gone. I made sure it didn't affect it that way.

Original

B: İu şöyle yani mesela sınavlara çalışırken bu beni çok etkiliyordu, derslere bir anda çalışmaya başlıyordum. Zaten ben çalışmaya başladığım anda stresle başladığım için o direk ağrımı baskılıyordu ve çalışırken bile o ağrıyla çalışmaya çalışıyordum. O da beni olumsuz yönde etkiliyordu.

R: Hı-hı nasıl olumsuz?

B: Okuduğumu anlamıyordum. Mesela hani o kelimeler sanki büyüyordu gözümde, yani çalışma isteğimi de kaçırıyordu.

R: Bu ders çalışmamanız odaklanamamanız, bunların derslerinize bir etkisi oluyor muydu?

B: Ya şöyle etkilemesine aslında izin vermemeye çalışıyordum

R: Nasıl?

B: Elimden geldiğince kendim önüne geçmeye çalışıyordum. Evet ağrım vardı ama onu ekarte etmeye çalışıyordum. Bir şekilde düşünmemeye çalışıyordum hani geçecek şeklinde telkin vermeye çalışıyordum ya da bir süre geldiğinde o migren taşını sürüp ağrı kesiciyi alıp hani geçtiği anda tekrar başlıyordum. O şekilde etkilememesini sağladım.

Interestingly, she was not waiting for the pain to vanish because she wants to relief, but she was waiting for it to be cured so she can continue studying.

Gözde also expressed that she waits to take the time of until she unable to fulfill her responsibilities at workplace because of the pain: "Actually, I withdraw, I mean I try to do my work as much as possible, I try to fulfill my responsibilities, but when it is so unbearable, I say it, I do something and for example I go home. [*Aslında çekiliyorum yani mümkün olduğu kadar hani işlerimi yapmaya çalışıyorum, u hani*

sorumluluklarımı yerine getirmeye çalışıyorum ama çok böyle dayanılmaz olduğunda hani şey yapıyorum söylüyorum ve mesela eve gidiyorum.]” Like Beril and Kevser, she was hesitating to report her condition to an authority figure. On the contrary, they were making every effort to prevent their pain to be a barrier to fulfill their duties.

Distinctly, Ceylin stated that her attempt to fulfill responsibilities even in the presence of migraine consists of house chores:

C: So, when I walk around a lot, for example, if I get tired of myself, if I walk a lot, or I live alone at home, sometimes I have to clean the house, I have to do something. When I do housework, my headache starts especially after that.

R: And how do you feel about doing housework?

C: So, as I said, that's why I either tire myself too much and endure that headache and try to finish things that way, or after a while, I can't stand it, I quit. I have to spread it out over several days. I can't finish it all at once, so I'm disrupting it a bit.

Original

C: Yani şöyle çok fazla gezdiğim zaman mesela kendimi çok yorduysam çok yürüdüysen u ya da evde tek başıma yaşıyorum evi bazen temizlemem gerekiyor, bir şeyler yapmam gerekiyor. Ev işleriyle uğraştığım zaman özellikle bundan sonra başlıyor baş ağrım.

R: Peki ev işleri yaparken olması nasıl geliyor size?

C: Yani dediğim gibi genelde o yüzden ya kendimi çok fazla yorup o baş ağrısına da tahammül edip o şekilde bitirmeye çalışıyorum işleri ya da bir yerden sonra dayanamıyorum, bırakıyorum. Birkaç gününe yaymak zorunda kalıyorum. Bir anda bitiremiyorum bu şekilde aksatmış oluyorum yani biraz.

Even though she was living alone and her feelings for obligation about doing chores were seemingly unrelated to an authority figure, that was still interesting that she had strict thoughts about not completing her duties. She said she thought she was delaying chores and felt bad about that because she had a migraine attack. That was a similar reaction with other participants' tenseness. This tendency was related to a sense of duty, which is still part of the conceptualization of authority.

All in all, participants had a mutual tendency to endeavor duties and responsibilities even if they were in pain because of migraine. They reported sustaining their tasks until they became unable to do them. Their motivation to keep working or studying was mainly addressed to authority. Thus, it portrayed how they form and maintain a relationship with authority in a system like a school or a workplace.

3.2.4 Insecure Relations and Blaming the Authority

Participants' relation with the authority that engages in migraine attacks also aligns with their insecure feelings regarding authority. They shared a mutual worry and doubts about authority's gaze and evaluation of themselves negatively, which also led participants to blame the authority figure for their orders, teaching, or leading styles that put them a pressure. Ayşe reported that when she had a migraine attack for the first time in her life, she had a problem with her school enrollment due to her coach. She was registered for a sports club in the city she lived in, and this club arranged another city. Other students in the club moved since her coach did not engage in this deal; his team stayed. She declared that this was her coach's choice. However, she blamed him for letting her down: "Our coach was different, so we were not chosen. We did not go to Mersin. We had to stay in Bursa. It happened that way. You know, it was actually the choice of the coach, it was like he let me down. [*Bizim antrenörümüz farklıydı o şekilde biz seçilmedik. Biz Mersin'e gitmedik. Bursa'da kalmak durumunda kaldık. O şekilde oldu. Hani antrenörün aslında seçimiydi biz de yarı yolda bırakmış gibi bir şey oldu aslında.*]" It was an interesting point that she regards the coach's choice as if it was a betrayal to her and therefore, she felt resentment and blamed her coach.

Like Ayşe, Beril experienced a migraine attack in relation to her teacher. She said she was ambitious about getting a high grade from a class that the principal of the school was teaching. She reasoned her migraine attack because of the pressure and stress. When I asked her what the reason was, she thought she had to get high marks on this exam. She explained that she felt that way because the class teacher was also the principal of the school. She thought that this teacher was insensitive to his students: "Frankly, I see him as someone who is very tough and a bit unsympathetic towards students. We were also doing internships at that time, when the internships, exams, and courses were constantly overlapping, this teacher's attitude made it a bit difficult, frankly. [*Açıkçası çok sert yapılı ve biraz öğrencilere karşı anlayışsız biri olarak görüyorum açıkçası. Biz o dönemde bir de staj görüyorduk u stajlar sınavlar dersler sürekli üst üste üst üste gelince bir de bu hocanın böyle tavırları biraz zorladı açıkçası.*]" She also blamed the principal because of his lack of support as a teacher to a student:

B: As I said, he was unsympathetic. How to say, he couldn't understand a student's situation. This was making us a little tired, frankly, it was exhausting us. You know, he did not support us at all. He always sees things on his side. You know, he was like I am assigning this, you have to do this. If I lecture this class, you have to understand this. That was it.

Original

B: Dediğim gibi anlayışsız yani öğrenci şeyine inemiyordu nasıl diyim bir öğrencinin durumunu anlayamıyordu. Bu da bizi biraz yoruyordu, yıpratıyordu açıkçası. Hani desteklemiyordu hiçbir şekilde. Hep kendi tarafından bakıyordu. Hani ben bunu veriyorum siz yapmak zorundasınız. Ben bu dersi veriyorsam siz bunu almak anlamak zorundasınız şeklinde bir şeyi vardı bu yüzden.

Gözde claimed that her workplace causes her migraines because of the stressful environment. She considers the reason for this stressful environment as mismanagement of her superiors:

G: As a result, there is a tense environment due to injustice. In other words, there is such a setting in general, and you have to work in this setting. In other words, I think that the only source of my migraine is my workplace. Before I entered this industry, I didn't have a headache or it doesn't affect me that much, it was very rare, but after entering this industry and being exposed to mismanagement, it's increased more and more.

Original

G: Sonuçta hani adaletsizlikten kaynaklı u gerginlikler oluyor. Yani şey olarak u böyle yani genel olarak u böyle bir ortam var ve bu ortamda da sizin çalışmanız gerekiyor. Yani aslında migrenimin tek kaynağının ben iş yerinin olduğunu düşünüyorum. Daha önceden bu sektöre girmeden önce benim baş ağrım yoktu ya da hani u şey değildi, bu kadar etkili değildi, çok nadirdi ama bu sektöre girdikten sonra ve kötü yönetimlere de maruz kaldıkça bu artıkça arttı.

She felt injustice in her workplace. She explained her feelings about authority:

G: Well, after all, it affects negatively because of this management style. You know, even if the trouble is not caused by you, you know because it is reflected as if you are responsible for it. So, you are getting restless.

Original

G: İı yani şey u sonuçta bu yönetim şeklinden dolayı da olumsuz yönde etkiliyor. Hani sıkıntı sizden kaynaklı olmasa bile hani bunun sorumlusu sizmişsiniz gibi yansıtıldığından dolayı u ya da iş dönüp dolaşıp size geliyor o konuda ı şey oluyor. Yani huzursuz oluyorsunuz.

She was nervous and she complained that the mistakes made in the workplace remained on her and that the people in the managerial position cause this. She felt

like there is injustice in the workplace and she did not trust her superiors about it.

This also causes her to blame the superiors for misconduct.

From a different perspective, Kevser was an authority in the workplace herself. She had worries about being misunderstood by her inferiors. That thought also represents her insecurity about the authority position itself.

K: As you are in the administrative department, no matter how hard you try to tell them, they always think that you have bad intentions because you are in the administrative position. They don't want to understand you. That's why, after you are promoted to be a head nurse, you conflict with your nurse friend with whom you work normally.

R: What kind of conflict is this?

K: Let's say you assign a guard duty at work, there is no nurse. You have to work on this duty, I can't work there. But you have to do this, like that. That is where the conflict begins.

Original

K: İdari bölümde olduğunuz için siz ne kadar onlara anlatmaya çalışsanız da siz idari konumda olduğunuz için onlar hep kötü niyetli olduğunuzu düşünüyor herhalde. Anlamak istemiyorlar sizi. O yüzden de yani normal çalıştığım hemşire arkadaşımın normal çalıştığım hemşire arkadaşımın bir müddet sonra sen baş hemşireliğe geçmiş oluyorsun çatışmaya giriyorsun.

R: Nasıl bir çatışma bu?

K: Nasıl çatışma işte nöbet yazıyorsun atıyorum dedim ya işte hemşire yok yani burada çalışman gerekiyor senin e ben orada çalışmam ya çalışman gerekiyor işte hemşire yok yani burada çalışman gerekiyor oluyor sana işte bir çatışma orada sıkıntıya başlıyor yani.

Kevser's insecurity about authority is also revealed by her position. Even though she was the authority herself, her representation of authority in her mind includes a conflict with the inferior even in a simple situation like assigning a duty. Thus, she was reflecting her conception about authority to her relationship with her inferiors.

Consequently, participants shared an insecure relationship with authority figures and tended to blame them. This relation is associated with their migraine attacks because their migraine attacks occurred due to a stressor related to work or school. They explain the reason for having migraine attacks by their insecure feelings that the authority supposed to understand and appreciate them does not give credit to them. They thought that authority's orders overwhelmed them, which also related to their tendency to blame the authority. These feelings of insecurity and tendencies to blame are also linked to their relationship with authority and their intense efforts to enforce orders from authority. Even though they have questions about whether they can

fulfill the requirements from the authority, their commitment to fulfill them for the sake of creating an ideal image shakes the balance in the relationship and brings these accusations.

3.3. Relational Aspects of Migraine

Participants reported their relationship dynamics with close others in a changing way. It seems that their symptoms regarding their migraine attacks modify their interaction with their close others in terms of getting care, asking them to establish a proper environment like being quiet. They both expect others to care, respect, and understand their current situation. The response they receive from close others regarding these expectations led to a change in their dynamics. If they thought the proper conditions could not be supplied during a migraine attack, they avoided social interaction because they would hurt someone's feelings. Subthemes of this superordinate theme are *being whatever is needed: change of roles, avoidance of interaction to block the aggression, feeling gratitude for support*.

3.3.1. Being Whatever is Needed: Change of Roles

Having migraine attacks is difficult to handle, especially in a non-controlled environment outside of the house. Most participants reported that they need a quiet and dark place to feel better because stimulants like smell, light, or noise make the pain worse. Their close others who witness these attacks are generally reported to be the ones who understand their situation and act by their needs. This situation brings about a change in the dynamics of dyadic interaction. For instance, Ayşe describes her mother's role at the times of her attacks as a nurse while explaining the cold application to her head: "Because my mom is a nurse, she did this. I realized that the cold was good so that we could put an ice cube. [*Annem hemşire olduğu için annem şey yapmıştı. Buz kalıbı koyalım diye öyle hani soğğun iyi geldiğini anlamıştım.*]"

Like Ayşe Beril also pointed a change of roles in her family by her need:

B: Usually my mother is with me. If she is not, my sister is. You know, they're constantly rubbing, you know, they bring painkillers at that moment because I can't get up. Well, they support it that way, or they do their best not to make a sound when I sometimes go to sleep. You know, they watch TV silently, they support me in that way.

Original

B: Genellikle annem varsa yanımda annem yoksa ablam. Hani sürekli olarak, hani ağrı kesici getiriyorlar o anda çünkü ben kalkamayacak durumda oluyorum. İu onlar o şekilde destek oluyorlar ya da ben bazen geçip uyduğumda hani ses yapmamak için ellerinden geleni yapıyorlar. Hani televizyon onlar da sessiz izliyorlar o şekilde bir destek oluyorlar bana.

She emphasizes the fact that her sister takes over her mother's role as a caregiver.

Change in the roles of family members evolves from the support needed by the participant at the time of a migraine attack.

Gözde mentioned that after she gave birth to her child, her migraine attacks become more frequent, and she needed support:

G: Oh yes, I mean, they were good, after all, they took care of me. They were very interested in that period. Well, before I started this treatment, I had vertigo. After vertigo, my migraine treatment has started, actually. At that time, everyone helped a lot, my husband, my husband's mother, everyone.
R: How did they help, for example, can you give an example or recall a memory?

G: So, they let me rest. Thanks to them, I did not have to do chores. You know, they took care of the baby more, so I did not get exhausted. They did things with the child; I think they did their best. I think I could only do so much if I were them.

Original

G: Ha evet, yani şey iyilerdi sonuçta ilgilendiler benimle. Hani şey olarak u bayağı bir ilgilendiler o dönem için. Şey olarak bu tedaviye başlamadan önce vertigom oldu benim. Vertigodan sonra aslında migren tedavisine başladım. Ya o zaman da gerçekten herkes çok yardımcı oldu şey olarak eşim, eşimin annesi, herkes.

R: Nasıl yardımcı oldular mesela bir örnek ya da bir anı getirebilir misiniz?

G: Yani dinlenmemi sağladılar. İş yapmamamı şey yaptılar. Hani kendimi yormamamı u sonra hani u bebekle daha fazla ilgilendiler. Çocukla u şey yaptılar hani ellerinden geleni yaptıklarını düşünüyorum. Hani ben de olsam ancak o kadar yapabilirdim diye düşünüyorum.

She underlined that her close others take care of her baby so that they took over the necessities. Her close others' approach to her seems to be an exact response to her needs so that she compares their caring for the baby to herself as a mother and she expressed that she would do as they do. There is an intersubjectivity for both parties in this interaction. She expressed her need for someone to take over her role as the mother, and the close others responded exactly as she needed.

More subtly, Kevser explained how her daughter and husband fulfill her needs in the relationship realm. She said that her attacks are so severe that she needles herself at home which affects the entire family, mostly her children:

K: My child is crying in front of me, she is crying loudly. She says mom, you are suffering. A ten-year-old girl is crying in front of me. My child is crying, saying mom please don't do it. The child takes care of the mother, instead of the mother who should take care of the ten-year-old child. The kid is cooking because I haven't looked after the house properly for a year. My husband is cooking, the children are cooking; The children are washing the dishes, the children are laying the laundry. The children took all the responsibility for the house. This time the children became completely mothers, I became a child.

Original

K: Ağlıyor çocuk karşımda, hüüngür hüüngür ağlıyor. Anne acı çekiyorsun diyor. On yaşındaki çocuk karşımda ağlıyor. Anne ne olursun yapma diye ağlıyor çocuk ya. On yaşındaki çocuğa anne bakması gerekirken çocuk anneye bakıyor. Çocuk yemek yapıyor çünkü ben bir senedir doğru düzgün eve bakmamaya başladım. Eşim yemek yapıyor, çocuklar yemek yapıyor; çocuklar bulaşık yıkıyor, çocuklar çamaşır seriyor. Evin bütün sorumluluğunu çocuklar aldılar. Bu sefer çocuklar tamamen anne oldu, ben çocuk oldum.

Kevser's migraine attacks were severe, frequent, and disabling a lot for her, as she pointed during the interview. That is why her entire family dynamics altered since her duties and responsibilities were fulfilled by other family members. Here the discomfort she experienced was witnessed by the whole family members as she gave an injection to herself at home conspicuously. This act signals a need to hand over her role as the mother, so her husband and children wear that role.

Participants' interaction with close others at times of their headaches is altered by their needs so that the people around them become whatever is needed. This situation changes the dynamics, as the most obvious example of Kevser's displayed. Her child became the mother because she needed care. Participants situate themselves in a position that requires care so that their close others wear this role. In conclusion, migraine attacks have a regulatory role in participants' relationships. They expressed their needs by their discomfort and their discomfort communicate their need for a change in their role, especially in the family dynamics.

3.3.2. Avoidance of Interaction to Block the Aggression

Nearly all participants reported avoiding social interaction with others during their migraine attacks because they are afraid to hurt others' feelings. They especially thought they might say something that could offend or hurt the person nearby them because of the pain. They thought that since they were in pain, they do not concern for others or cared about their feelings. That is why they thought they might hurt them. Interestingly, while participants described themselves, they said that they always avoid expressing their aggression due to fear of hurting others independent from a headache. Also, the shared feeling for participants was aggression when they have a headache. Their headaches make it difficult to maintain their tendency to hide their aggression so that they do not interact with others while they are in pain. For instance, Ayşe reported that she always tries to be cheerful around people, and when she has a headache, she has difficulty maintaining this tendency:

A: I prefer not to talk to my friends when I have this headache because when I have a headache, I am unhappy because I have pain. My interaction with the person nearby me gets worse after a while.

R: How?

A: For example, if there is an event to go out, for example, because I have a headache, I say no, I do not want to come. Because I do not want it to happen, you know, when I have a headache, I usually do not tell my friends or reveal that I have a headache.

R: What do you think when you reveal?

A: I mean, when I have a headache, I feel really low and I don't want to interact with my friends when I have a headache, because I always try to talk to people with a smile on my face, so I don't talk to my friends when I have a headache.

Original

A: Arkadaşlarımla bu baş ağrım olduğu zaman konuşmamayı tercih ediyorum çünkü baş ağrım olduğu zaman mutsuz oluyorum ağrı çektiğim için.

Karşımdaki insanla bir süre sonra iletişimim tersleşiyor öyle söyleyim.

R: Nasıl tersleşiyorsunuz?

A: Mesela dışarı çıkalm olayı oluyorsa mesela baş ağrım olduğu için hayır ben gelmek istemiyorum diyorum. Bunun olmasını istemediğim için de hani baş ağrım olduğunda genelde arkadaşlarıma anlatmam ya da belli etmem baş ağrım olduğunu.

R: Ne düşünüyorsunuz da belli etmek istemiyorsunuz?

A: Yani hani ben baş ağrım olduğunda gerçekten moralmen çok düşük oluyorum ve hani hayatım boyunca da insanlarla hep güler yüzlü konuşmaya çalıştığım için böyle somurtkan bir haldeyken onlarla iletişim kurmak istemiyorum, o yüzden arkadaşlarımla baş ağrım olduğunda görüşmem konuşmam

Like Ayşe, Yiğit said that he avoids people during his attacks, too:

Y: So, when my migraine pain increased, I can't mind anyone. If you are having a very severe attack, you ignore others. You know, you shut yourself up in a room without light or try to stay in a dim environment. As I said before, after migraine, people continue their routine life because they get used to it. You know, there is no disruption in his work, neither in his relationship nor his standard of living, such a person gets used to migraine. In the next period, people try to communicate as little as possible. You know, it doesn't take long, anyway, migraine pain sometimes lasts for two hours, sometimes for three hours. At worst, it takes four to five hours. That's why he tries to stay behind people for four or five hours, because he doesn't want to break anyone's heart at that time or when he has a migraine. The less communication, the better.

R: Why do you think you will break people's hearts?

Y: It is like a person doesn't care much about others' feelings while they are in pain. It's like that.

Original

Y: Yani şöyle migrenin baş ağrımın yükseldiği zaman zaten ben gözüm kimseyi görmüyor. Şöyle çok yüksek bir atak geçiriyorsanız insanın gözü kimseyi görmüyor. Hani kapatıyor kendini bir odaya ışıksız bir ortamda ya da loş bir ortamda durmaya çalışıyor. İki migrenden sonrası da dediğim gibi insan alıştığı için hani rutin hayatına devam ediyor. Hani işinde de bir aksama olmuyor, ilişkisinde de hayat standardında da mecbur böyle insan alışmış oluyor migrene. Sonraki dönemde de zaten olabildiğince az iletişim kurmaya çalışıyor insan. Hani çok uzun sürmüyor zaten migren ağrısı bazen iki saat sürüyor, bazen üç saat. En kötü dört beş saat sürüyor geçiyor. Onun için dört beş saat yani o anda da migrenin tuttuğu anda da kimsenin kalbini kırmak istemediği için biraz geride durmaya çalışıyor insanlardan aslında. Hani o sırada ne kadar az iletişim o kadar iyi.

R: Niye kalbini kıracağınızı düşünüyorsunuz insanların?

Y: Öyle insan kendi canı yanarken karşısındakinin canını çok önemsemiyor gibi, öyle demiyim. Aslında öyle gibi.

Similarly, Beril emphasized that she always avoids hurting people and prefer to be get harmed rather than hurting others:

B: Well, I'm a little bit quiet and shy. When someone asks for something, I immediately say yes, I do not say no. I mean, I don't know how to say no, well they don't get hurt but I do. I'm someone who thinks it's not a problem. I guess I'm a little discouraged this way.

Original

B: Ya şöyle ben biraz daha sessiz çekingen biriyim. Biri bir şey istediği zaman hemen evetçiyim hiç hayırım yok. Yani hayır demeyi bilmiyorum, şey onlar kırılmasın ama ben kırılmayım. Sıkıntı olmaz şeklinde düşünen biriyim. Bu şekilde biraz cesaretsizim galiba.

In a parallel way, she also avoids interacting with others during her attacks:

B: As I said, either a friend of mine sends a message or I don't want to talk to him or even text him, at that moment I can't mind anything, I go straight to bed.

R: How do you explain that you can't mind anything?

B: Because I am in pain there and how can I say, I don't do anything until that pain goes away, I just stop. As if it would go away once it stopped. It's hard for me.

Original

B: Dediğim gibi u ya en ufağından bir arkadaşım bir mesaj atıyor ya konuşmak ona mesaj atmak bile istemiyorum hani o anda gözüm hiçbir şeyi görmüyor direk yatıyorum.

R: Neyle açıklarsınız bunu hani gözünüzün hiçbir şeyi görmemesi?

B: Çünkü canım orada ve u nasıl diyim o ağrı geçene kadar hiçbir şey yapmıyorum, duruyorum. Sanki durunca geçecekmişçesine. Ya zor geliyor bana.

Her migraine attacks make it difficult to maintain her positive behaviors towards others all the time. She does not say no to others due to fear of hurting them and she prefers to get hurt instead. Thus, she avoids interaction to hide her aggression during the migraine attack because she could not endure her general attitude of putting others ahead of herself.

Kevser also shared this tendency:

K: I'm a bit obsessed, I get upset about everything. I feel very sorry for people. When a person says something to me, it eats my heart out, I mean I get offended because of why they said what they said. I have a heart of glass. I consider what is best for everyone, but when the other party says such a small bad thing, I get very upset when they make a wrong move against me. I don't show my reaction directly, but it eats me up too.

Original

K: İm ben biraz çok u takıntılıyım, üzülürüm hani her şeye. İnsanlara çok üzülürüm. Böyle birisi bana bir şey söylediğinde içim içimi yer, yani niye böyle söyledi diye kırılırım. Çok kırılğan bir yapıya sahibim esasında. Herkesin esasında iyiliğini düşünürüm ama karşı taraf böyle u küçük bir şey söylediğinde böyle kötü, kötü demeyim de um nasıl anlatayım bana karşı yanlış bir hareket yaptığında çok üzülürüm. Öyle diyim tepkimi direk göstermem ama içim içimi de yer.

She does not express her aggression toward others since she is concerned much about other people as she explained. Like other participants, Kevser is also unwilling to interact with others during her migraine attacks. She talked about a period when

she had severe migraine attacks one month in a row and did not come out of her room. She described that period following:

K: It was the period when these headaches were so severe and lasted twenty, twenty-five days of that month. It was the period when I started to have a lot of pain. It was the time when I had a headache every day. At the time when I said I couldn't take it anymore, I suddenly had a crying fit. I mean, it happened all of a sudden, I started crying all the time because I couldn't stand it. All of a sudden, I didn't want to go anywhere, I started crying. I didn't want to leave the room like that for two or three days. Insomnia started, I didn't sleep at all, that was the period.

Original

K: Ben bu baş ağrılarının çok şiddetli olduğu işte bu ayın işte yirmi günü yirmi beş günü dediğim dönemdi. İki çok ağrılarım olmaya başladığı dönemdi. Her gün baş ağrısı çektiğim dönemdi. Artık yeter dayanamıyorum dediğim dönemde birden ben ağlama krizlerine girdim. Yani birden oldu yani istem dışı sürekli ağlamaya başladım dayanamıyorum ben diye. Birden hiçbir yere çıkmak istememeye başladım, ağlamaya başladım. İki üç gün böyle odadan çıkmak istemiyordum. Uykusuzluk başladı hiç uyumuyordum o dönem oldu.

In sum, participants' migraine attacks were challenging because they usually prefer to hide their aggression and do not express it. After all, they worry about hurting other people's feelings. They thought they would hurt people because they are in so much pain that they ignore and could not care for others, contrary to what they always try to do. During the attacks, the more the pain increased, the more they thought they would hurt others. Pain weakens their kind and positive image about themselves that they always try to endure so they avoid interaction during a headache.

3.3.3. Feeling Gratitude for Support

As it is mentioned, participants tend to block their negative feelings. They had second thoughts about displaying their pain, and when they do, they feel gratitude for getting care. Other than their difficult time with an authority figure or a distant family member, they had a caregiver that supported them in times of migraine and other areas. For instance, Ayşe declared that her supporter was her mother:

A: I can talk about anything with my mother; my mother and I have no secrets. She provides me with moral and material support in every way. Since I am a student, she offers me everything and every opportunity.

R: What do you mean by moral and material support?

A: So I'm not employed, I'm a student. I do not receive a salary anywhere, so I do not have my income. My mother takes care of all my needs. My mother is the biggest supporter in my academic life. In other words, when I have problems in my school, psychologically, she does not ask why, she trusts me. My mother says that you will do it, you know, she doesn't put too much pressure on me about my grades.

R: How about your relationship with your father?

A: We are not close with my father. You know, we talk but we're not close. I mean, once a week, once every two weeks; like that, how are you, are you okay, that's all we talk. I do not receive any financial support from him, only from my mother.

Original

A: Her şeyi konuşabilirim hani öyle annemle gizlimiz saklımız yoktur. Öyle her şekilde bana destek olur maddi manevi. Öğrenci olduğum için her şeyimi her imkânı sunar öyle.

R: Maddi manevi destek olur derken neyi kastettiniz?

A: Yani şöyle ben çalışmıyorum, öğrenciyim. Herhangi bir yerde maaş almıyorum yani kendi gelirim yok. Bütün ihtiyaçlarımı annem karşılıyor. Okumamda da en büyük desteğim annem. Yani psikolojik olarak da derslerimde sorun yaşadığımda neden kötü oldu diye üstelemez bana güvenir. Sen illaki yaparsın der hani öyle çok bir üzerimde baskı kurmaz ders konusunda annem.

R: Peki babanızla nasıl bir ilişkiniz vardır?

A: Babamla yakın değiliz. Hani öyle konuşuruz öyle bozuk değiliz ama yakın değiliz. Yani hani haftada bir, iki haftada bir; o şekilde nasılsın iyi misin hâl hatır sormak için o kadar. Ondan herhangi bir maddi destek almıyorum sadece annemden.

In addition, Ayşe reported that her mother also helps her a lot during her attacks: “I always warn my mother of noise and light. She always helps me for my pain to go away. She provides a dark and silent setting. [*Annem ben onu zaten sürekli uyarıyorum. Anne ses olmasın, ışıkları açma. Mümkün olabildiğince annem zaten bir an önce geçmesi için hep bana yardımcı olur. Karanlık ortam sağlama sessiz ortam sağlama olsun.*]

Beril also mentioned a secure relationship with a close friend at the time of her first migraine attack. She regards that period as awful for her because she did not have someone to talk to. She narrated that she needed a friend that she can trust at that period:

B: Let's say something happened, for example, you want to talk, you want to share it, you want to discuss something, or, for example, you are taking exams, you want to talk about exams. You want to have a supporter by your

side. At that time, I don't know if it was the fear that it wouldn't happen or was it the fear that people misunderstood me.

Original

B: Ya bir olay oluyor mesela konuşmak istiyorsunuz paylaşmak istiyorsunuz hani iyisiyle kötüsüyle bir şeyleri görüşmek istiyorsunuz, en kötü ya da mesela sınavlara giriyorsunuz sınavlar hakkında konuşmak istiyorsunuz. O şekilde yanınızda bir destekçi olmasını istiyorsunuz. O dönemde hani o olmayacak korkusu mu oldu artık bilmiyorum ya da insanlar beni yanlış tanıdı korkusu mu oldu o mu tetikledi.

This difficult time led her to isolated from people and she feels better when a friend of her back up for her:

B: At that time, I really started to not trust anyone, and I started to withdraw from people. Later, when a friend of mine realized what she did and supported me, I started to get closer to her, and let's say we supported each other.

Original

B: O dönemde gerçekten kimseye güvenmemeye başladım ve hani insanlardan kendimi geri çekmeye başladım. Daha sonrasında bir arkadaşım da onun yaptığını fark edip bana destek olduğu zaman u onunla daha yakın olmaya başladım ve hani birbirimize destek olduk diyelim.

She also mentioned her relationship with her mother. This relationship was also similar to this interaction:

B: It's more like a close friend relationship, yes, or sometimes an older sister relationship.

R: How would you describe it when you say like a friend?

B: So, I can share everything, I can talk about everything when I have a problem, I can consult her and solve some of my problems, or when I am bored, I can talk with her so I am relieved.

R: How is your relationship with your father?

B: Well, there is a little less sharing, usually it's normal.

Original

B: Daha çok um arkada arkadaş ilişkisi gibi yani evet ya da bazen abla ilişkisi gibi.

R: Nasıl yani arkadaş gibi derken nasıl tarif edersiniz bunu

B: Yani her şeyimi paylaşabiliyorum, her şeyimi konuşabiliyorum u bir sorunum olduğunda u ona danışıp bazı sorunlarımı öyle giderebiliyorum ya da canım sıkıldığı zaman ona bir şeyleri anlatıp hani rahatlama sağlayabiliyorum o şekilde.

R: Peki babanızla nasıldır ilişkiniz?

B: İu biraz daha az paylaşım oluyor genellikle normal o da.

Kevser recalled a memory that she went a vacation and had a severe headache in which her closest friend supported her and be with her until she feels better:

K: I felt very bad there. We went there for a day, I got sick on the way. I had a nurse friend, and we went with her family. I have a needle, I forgot to take an injector. We went for two days. My God, we went to the beach, I got sick, and the pharmacy is far away, so I'm going crazy again. I've already had the attack thing, so I can't lift my head, I feel so bad. The husband of my nurse friend asks the people staying on the beach one by one. Finally, they found a man who has an injector. They found the injector after that by the beach. My friend came and gave me the injection. This is how I slept. Believe me, when the sun went down in the evening, I opened my eyes. It was only then that I saw the sea and when I got up, I said that the sun had set, my friend, I saw the sea, we came back without even putting my feet in the water that day, but that day I said to my friend that there is nothing to do, I feel better barely, there is nothing to do. So, what should I do, I hit my head and slept on the side of the beach until the evening, at least my children swam. In other words, what I felt at that moment, I swear I didn't feel anything, I minded my health, I didn't mind anything else, Ms. Duygu. I mean, even though I was fine, I didn't do anything else, but my friend was very upset with me. In other words, my friend did not go swimming because I was sick. So, my friend said what will happen to you, pity the girl, she became very upset. I mean, because she saw me like that, I said, my friend, don't worry, I am going through all this every day. There's nothing to do.

Original

K: Çok kötü oldum orada. Günübirlük gitmiştik biz oraya ben yolda rahatsızlandım. İı hemşire arkadaşım da vardı ailesiyle birlikte gittik. İı bende iğne var enjektör almayı unutmuşum. İı günübirlük gittik. Allah'ım gittik sahile ben rahatsızlandım ve eczane uzak yani yine ben çıldıracağım artık. Zaten tam atak şeyi oldum ben yani kafamı kaldıramıyorum o kadar kötüyüm. Hemşire arkadaşımın eşi böyle sahilde bir sürü prefabrik kalan kişiler var prefabriklere girip girip çıkıyorlar artık enjektör arıyorlar herkeste var mı acaba falan diye. En sonunda prefabrikten bir amcada varmış da buldular yani düşünün. Sahil kenarında ondan sonra enjektörü buldular. Geldi arkadaşım iğneyi yaptı bana sahil kenarında. Yeşillikte ben böyle yattım. İnanın saat akşama kadar akşam güneş battığında ben gözümü açtım. Denizi ancak o zaman gördüm ve ben kalktığımda güneş batmıştı dedim ki arkadaşım ben denizi gördüm suyu ayağımı suya bile sokmadan geri dönüş yaptık biz o gün ama ben o gün dedim ki yapacak bir şey yok arkadaşım ben tek iyi olayım da yapacak bir şey yok. Yani ne yapayım çocuklarım girdi en azından ben vurdum kafayı yattım akşama kadar sahil şeyde kenarda. Başka yani ben o anda ne hissettim vallahi hiçbir şey hissetmedim ben sağlığa baktım başka hiçbir şeye bakmadım Duygu Hanım. Yani ben iyi olayım da başka hiçbir şey yapmadım ama arkadaşım çok üzüldü benim adıma. Yani arkadaşım ben öyle olduğum için kendisi de girmedi denize. Yani dedi ki arkadaşım ne olacak senin bu halin diye yazık kız yedi bitirdi kendini. Yani beni o halde gördüğü için dedim arkadaşım üzülme yani

ben bunu her gün çekiyorum böyle. Yapacak bir şey yok böyle ya bunları da yaşıyorum ben.

She felt gratitude for her friend being there for her all day even though it was a one-day vacation. She emphasized that for her and her friend, the only thing that mattered was Kevser's health. Like Ayşe and Beril there was a reliable supporter for Kevser who care for her and provide her the help she needed to feel better during a severe headache.

Gözde narrated the first time she got a migraine attack in a parallel way. She was grateful for her family because they encouraged her to get treatment and even take her to a doctor's appointment themselves. She defined the people around her as "not carefree" about her condition:

G: They thought it was a problem for me to resist. So, they encouraged me more, you know, to get treatment. You know, my husband, especially, he arranged appointments and stuff. That's how we solved it. Well, you know, they weren't carefree.

Original

G: Dayanmamın sıkıntı olduğunu düşündüler. Yani onlar beni daha çok teşvik etti hani git tedavi ol. Hani şey olarak eşim özellikle hani o ayarladı hani randevuları falan. O şekilde hani çözdük. Şey, hani ka kaygısız olmadılar o ağrılara u yazık.

In conclusion, participants need supporters and a caregiver they trust to provide them with a secure relation during their difficult migraine times. In terms of the relational aspect, the person nearby them shares their trouble and takes responsibility for providing participants' necessary care. Getting this care makes participants feel gratitude for their caregivers as opposed to a challenging authority and a difficult headache that threatens their representation.

3.4. Methods for Coping with Migraine

Participants reported several different methods to cope with migraine. All of them represent a relational dimension along with a subjective aspect. Their unique coping mechanisms were associated with their relations to others, feelings about migraine, and how do they perceive the pain for themselves. The subthemes for this superordinate theme are *personal remedies for migraine, destruction, and hostility towards pain, submission to the conditions of migraine, seeing the glass half full.*

3.4.1. Personal Remedies for Migraine

The ways participants adopt to cope with migraine varies between their subjective experiences. Their adoption of personal methods seems to be related to their occupation, primary supporter, and approach to migraine. During the diagnosis and later periods, they mentioned researching methods for healing pain and deciding on their methods by trial and error. Every participant has unique ways to deal with their attacks. There are different methods like tying a scarf to the head, using migraine stone, having massages, applying cold water or ice. For instance, Beril said that she tried several methods to heal the pain:

B: The first thing that comes to my mind is, for example, recently I had a pain, it was an incredible pain. My mother brought a scarf to tie the scarf to my head. We tried that and it didn't work. She gave me a massage constantly; it didn't work so she brought me to medicine. We tried that but the pain continued. My mother tried massage again, but it didn't work, unfortunately.

Original

B: Ya şöyle ilk aklıma gelen mesela geçenlerde bir ağrım oldu inanılmaz bir ağrıydı yine geldi annem mesela eşarp getirdi eşarp bağlayalım hani diye u onu denedik yok geçmedi, geçmedi bekliyoruz annem masaj yaptı sürekli geçmeyince ilaç getirdik artık öyle çözüm denedik daha sonra yine devam etti annem tekrar mesajla ovdu ama maalesef geçmedi yine atağım.

When I asked her that how she discovered these methods, she replied that since she studied at the medical department, she searched for them:

B: I was doing a lot of research on the internet. Also, since I was studying in the medical department, I was more or less interested in such things. Afterward, there is applying ice, but I did not want to try applying ice.

Original

B: Şöyle internette çok araştırıyordum. Bir de zaten ben de sağlık bölümünde okuduğum için az çok böyle şeylerde hani ilgim oluşmuştu. Daha sonrasında hatta buz uygulamak var ama buz uygulamayı denemek istemedim.

Beril's remedy for migraine seems to be related to her profession, her interest, and her research on medical issues. As she indicated she did not want to try other methods even though she knew about them. Thus, there is a subjective preference for methods to cope with headaches which takes shape from her background.

Ayşe indicated that she applies cold water and ice to her eyes. She claimed that the effect of migraine on her does not resemble effects on other people, so she developed her methods in respect to her pain:

A: Other than that, when I have pain, people say that their temples hurt, mine's not like that it's one of the biggest migraine things as my doctor said, in general, my whole head and neck hurts. It doesn't work immediately when you take a painkiller. it really pushes me until the painkiller takes effect, you know, I take a cold shower, because I have eye pain, I put ice cubes on it, I try to sit in a quiet and dark environment as much as possible.

Original

A: Onun haricinde ağrılarım olduğunda hani genel olarak hani insanlar der ya hani şakaklarım ağrıyor benim öyle olmuyor aslında doktorumun da söylediği en büyük migren şeylerinden birisiymiş genel olarak bütün başım ve ense omuzlarım ağrıyor öyle bir etkisi oluyor bir ağrı kesici içince de hemen etki etmediği için o ağrı kesici etkisi gelene kadar beni çok zorluyor aslında hani soğuk duş alıyorum buz kalıpları koyuyorum bir şekilde göz ağrım olduğu için olabildiğince sessiz ve karanlık bir ortamda oturmaya çalışıyorum.

In Ayşe's condition, she was preferring her subjective methods according to her pain areas. Unlike Beril, she preferred mostly the cold application to her body.

Like Beril, Gözde also got massages from a family member:

G: For example, my daughter brings me things from the freezer when I have a headache. We're doing things to my head, putting ice on it. And then she's giving a massage or something. We do such things.

Original

G: Mesela kızım başım ağrıdığına bana buzluktan şeyleri getiriyor. Başıma şey yapıyor, buz koyuyoruz. Sonra masaj yapıyor falan. Böyle şeyler yapıyoruz.

Kevser's method to cope with migraine was compatible with her profession. She was very grateful that she was a nurse so she can handle the headaches at home without needing to go to the emergency:

R: How do you deal with migraine?

K: Well, I can't deal with migraines (laughs). I can cope with migraines with medication, but I cannot cope with it any other way. Well, I'm dealing with migraines with needles. I don't know how I would have handled it if I hadn't been a healthcare professional. I wish God to make it easy for people who are not healthcare professionals and have migraine attacks like me. I think that I am lucky in one way because I am a healthcare professional. It's a big problem, my sister is also a migraine patient, she handles it just like me. I

mean, it's a big problem, I can inject myself, if I couldn't, we would probably be in the ED every day. We are constantly coping with the needle. I mean, I made a bag you know, believe me, I'm walking around with drugs in my bag. I went on vacation, we looked for an injector on the beach at the resort, so I'm traveling that way. In other words, as I said, it does not heal without needles anymore. The pills do not work. They said fennel tea, calms down, it is good. I said let's give it a shot, it did not work.

Original

R: Migrenle nasıl başa çıkıyorsunuz?

K: Valla migrenle başa çıkamıyorum (güliyor). Migrenle ilaçlarla başa çıkabiliyorum başka bir şekilde başa çıkamıyorum. Valla migrenle iğneyle başa çıkıyorum. Valla sağlıkçı olmasaymışım nasıl başa çıkarmışım onu da bilmiyorum. Valla sağlıkçı olmayan ve benim gibi migren atağı geçiren insanlara Allah kolaylık versin diyorum gerçekten. Ben sağlıkçı olduğum için bir yönde şanslıyım diye düşünüyorum gerçekten. Çok büyük bir sıkıntı benim ablam da migren hastası benim gibi kullanıyor o da. İy yani çok büyük sıkıntı ben kendi kendime iğne yapabiliyorum eğer yapamasaydım her gün acildeydik herhalde. Sürekli iğneyle duruyoruz. Yani ben bildiğiniz çanta yaptım kendime çantamda ilaçlarla geziyorum inanın. Tatile gittim, tatil beldesinde şey sahilde enjektör aradık yani öyle öyle bir hallerde geziyorum. Yani en dediğim gibi iğne yapmadan geçmiyor artık. Haplarla filan baş edemiyoruz. Rezene çayı dediler, sakinleştiriyor, iyi geliyor. Onlarla şey yapayım dedim yok faydası yok yani.

In conclusion, participants have their unique ways to cope with migraine. Even though they know several other standard methods, they apply the ones compatible with their background, profession, type, or area of pain they experience. Their personal remedies associate with their subjective experiences regarding pain. These remedies also cure something in their relationships as well. It can be seen that, these methods also include physical contact from someone or cause family members to attend and pay attention to them. These remedies increase proximity in their relationship both in a physical and an emotional way so it can be concluded that there is a contribution of these methods to their relationship which also explains the uniqueness of each method and the phase of trial and error. Thus, the subjective aspects that determine the selection of the personal remedies associate with a relational orientation as well.

3.4.2. Destructiveness and Hostility towards Pain

During the interviews, some of the participants claimed that they would prefer to hit or pressure the part that suffers from the migraine pain or another part of their body to not feel the headache. Making another part of the body hurt or treating

aggressively to the painful side is a hostile way to deal with the pain. Their discourse about pain consists of anger, destructiveness, and hostility. Yiğit described a wish to hit another part of his body so that he could forget the headache:

Y: So, when a person has a migraine attack, I mean I don't always have a very painful migraine attack. Sometimes there is a slight headache, but when it is severe, sometimes you say that you hit another part of your body so that you forget that pain. When it is very severe, when there is a slight pain that is rare, you do not care much. When it is severe, it hurts a lot. You think one side of your head is throbbing. You think the pain comes from somewhere. You know you want to crush that point. Just like a toothache, when a person has a toothache, it is as if their whole head hurts, and when a person has a migraine, he does not feel the whole of his head. Frankly, it seems that one does everything in his power to stop him.

Original

Y: Yani şöyle insan migreni atağı tuttuğu zaman yani ba ba her zaman çok ağrılı migren atağı geçirmiyorum. Bazen hafif bir baş ağrısı oluyor da yüksek olduğu zaman insan diyor ki başka bir yere şöyle başka bir yere vurup insan o ağrısını unutası bile geliyor bazen açıkçası. Çok ağır geçirdiğinde seyrek olduğu hafif bir ağrı olduğu zaman insan çok önemsemiyor aslında da o bazen hani u çok ağrıyor. Kafanızın bir tarafının zonkladığını düşünüyorsunuz. Ağrının bir noktadan geldiğini düşünüyorsunuz. Hani insanın o noktayı ezip bitiresi geliyor. Şöyle diş ağrısı gibi hani insanın diş ağrıdığı zaman sanki bütün kafası ağrıyor, insanın migreni tuttuğu zaman da kafasının bir bütününü hissetmediği oluyor. Onu durdurmak için insan elinden gelen her şeyi yapası geliyor açıkçası.

His way of speaking about pain and imagining ways to do something about pain is associated with anger and destructiveness.

Similarly, Kevser said that she wants to suppress the sore side and wants to sleep on it:

K: I suddenly get sick and it's one-sided only, that is, the temple part and behind the ear and the neck has one-sided pain. So, it's like I'm going to squeeze it in like this. So I'm just going to squeeze it one-sided like that, I'll just lie there. I can't sleep on the other side, it should be that side.

R: You mean lying on the side with the pain, right?

K: I want to lie on this, yes.

R: What is this like?

K: When I say what it is, I actually want to lie down there to suppress it.

Original

K: Ben birden fenalaşıyorum ve tek taraflı sadece yani şakak kısmı ve ense kulak arkamdan ve ense şey şakak kısmım tek taraflı bir ağrı. Yani sanki böyle orayı sıkacağım. Yani sadece sıkacağım böyle tek taraflı sadece oraya

yatacađım. Onun üstüne yatacađım o tarafa yani kesinlikle öbür tarafa yatıp uyumam mümkün değil.

R: Bu ağrı olan tarafın üstüne yatmak diyorsunuz değil mi?

K: Yatmak istiyorum, evet.

R: Bu nasıl bir şey?

K: Bu nasıl bir şey derken, orayı bastırmak için oraya yatmak istiyorum esasında.

Like Yiđit Kevser's choice of words is associated with destructive feelings towards the pain. Participants explained these feelings with the fact that the pain is unbearable to them. However, preference to hurt another part of the body or destruct the painful part is not about relieving the pain but making it worse or replaced by another problem. Even though they claimed that this is a way to stop it, it actually signals a need to destruct something that migraine defines for themselves.

3.4.3. Submission to the Conditions of Migraine

One of the shared experiences regarding coping with migraine is their displaying submissiveness to restrictions and conditions of migraine. Some participants even reported that they were thankful that migraine is not a lethal disease even though the pain is worst. For instance, Yiđit claimed that migraine does not bother him that much because it is not cancer or kidney disease:

Y: Well, actually, migraine doesn't bother you because it is not a fatal disease. Frankly, it would be better for this to happen rather than cancer, or kidney failure, or similar, life-threatening diseases, God forbid. It is like the least bad, you know. People do not think about how long they will live with migraines, they think that they will have to live.

Original

Y: Ya şöyle aslında migren hayati bir risk oluşturmadığı için çok insanın canını sıkıyor. Açıkçası hani Allah korusun bir kanser hastası veyahut bir böbrek yetmezliđi ve yahut benzeri hani hayati risk yaşatan hastalıkların olmasındansa bunun olması daha iyi. Kötünün iyisi gibi bir şey aslında hani. İnsan çok migrenle ne kadar uzun süre yaşayacađım diye düşünmüyor mecbur yaşayacađım diye düşünüyor.

His gratitude about not having a lethal disease brings about submission to the migraine. During the interview, he also explained that he is deceiving himself with that coping mechanism because he needed to do so since migraine does not have a permanent cure:

Y: As I said at the beginning, I like to be thankful. Well, thank God, here is the situation. People like to console themselves as it might have been worse when they see worse. You know, like thank God I don't have a serious disease. Everyone has one. I don't have a serious disease so I can console myself, I handle it by consoling myself.

R: Why do you console yourself; how would you explain it?

Y: So, in fact, people should themselves. In other words, for them to maintain their life, people need to move on by consoling themselves. We have to move on.

Original

Y: Ya en başta da demiştim, ben şükretmeyi severim. Hani çok şükür, insan şöyle bir durum var aslında kötülükleri görüp kendini avutmayı seven bir yapıya sahip olduğu için daha kötüsü gelmediği için avutuyor. Hani çok şükür böyle bir kötü bir hastalığım yok falan, herkesin kötü bir hastalığı vardır. Benim kötü bir hastalığım yok kendimi avutabiliyorum, avutmakla geçiyor açıkçası.

R: Niye avutuyorsunuz acaba hani nasıl açıklarsınız bunu?

Y: Yani niye avutur insanların u kendilerini kandırmaları lazım aslında. Yani hayatını devam ettirebilmeleri için işte insanlarda kendilerini avuka avutarak hayatlarını devam ettirmesi gerekiyor. Mecburen devam ettiriyoruz hayatımızı.

He was submissive to migraine because it could be a worse disease, and he thought that people need to deceive themselves to carry on with their lives. His method of dealing with migraine requires a consolation like that.

Beril thinks that her submission to the restrictions is similar to a disabled person:

B: Let me tell you, I feel the way a person who can't move at all feels because when I get up or when I bend over, my pain becomes worse, so I wanted to just lie down all the time. At one point or another, I never wanted to walk around the house, I don't know.

Original

B: Ya şöyle söyleyim hani gerçekten hiç hareket edemeyen bir insan nasıl hissederse öyle hissediyorum çünkü kalktığım anda ya da eğildiğim anda ağrılarım baskılandığı için sürekli böyle yatıp kalmak istiyordum. Bir yerde, bir noktada hani hiç böyle ne bileyim evin içinde bile dolaşmak istemiyordum.

More discretely, Kevser felt like she could not care a thing when she had the pain.

Her submission consists of dissociation from the world because of the pain:

K: I, pain, when I have pain, the world ends for me, so I'm disconnected from the world. I don't care if they say that the world is collapsing here.

Original

K: Ben ağrı ben ağrım olduğumda dünya bitiyor benim için yani ben dünyadan kopuyorum yani şurada dünya yıkılıyor deseler umrum olmuyor bitiyor yani o anda

In sum, one of the shared methods to cope with migraine was participants' submission to it. It is not easy to accept that they have a migraine as they feel angry because of the restrictions, and migraine disables them with its conditions. They agreed to migraine restrictions in a submissive way which feels them disabled, so that they justified this submission by appreciating the fact that it was not a more severe or lethal disease.

3.4.4. Seeing the Glass Half Full

One of the interesting methods of dealing with migraine is seeing the glass full since participants emphasized that the migraine's positive contributions to their lives during the interview. Since they avoid using too much caffeine, cigarettes which they know triggers their attacks, and try to sleep regularly; they took this as a positive outcome of having migraine.

Even though that was not a part of the interview question, some of the participants needed to specify a bright side of having migraine. Yiğit said during the interview that he has to live carefully and take precautions for preventing the attacks. When I asked him how these precautions affect his life, he responded that they affect him positively:

Y: The precautions have a positive effect. So, when you live carefully, you have fewer migraine attacks. For example, when you do not live your life carefully, you increase your coffee consumption, you increase your cigarette consumption; migraine attacks affect your life negatively when you are exposed to high-intensity light, loud noise or when you start worrying about for nothing. Indeed, that is why you try to take precautions.

Original

Y: Önlemler pozitif etkiliyor. Yani şöyle dikkatli yaşadığın zaman daha az migren atakları geçiriyorsun. Hayatını dikkatli yaşamadığın zaman örnek veriyorum kahve tüketimini artırdın, sigara tüketimini artırdın; u yüksek ışık yüksek ses olan ortamlarda bulundun veyahut gereksiz şeyleri kendine dert etmeye başladığın zaman migren atakları hayatını olumsuz etkiliyor. Onun için önlem almaya çalışıyor insan tabii ki.

Likewise, Ceylin added a bright side of having migraine during the interview:

R: How does migraine affect your life?

C: So, it prevents me to do exhausting activities that I want to do because I think I will have severe headaches afterward. The aspect that it affects positively, that is, I am doing it just so that the frequency of my migraine attacks will decrease, but I have sort of put my life in order because I am trying to sleep regularly so that frequency of my migraine attacks will decrease. So, apart from that, when I have attacks, as I said, it reduces my quality of life a lot because I can't do anything else when I have a headache.

Original

R: *Migren hayatınızı nasıl etkiliyor?*

C: *Yani yapmak istediğim yorucu aktivitelerden beni uzaklaştırıyor çünkü sonrasında çok fazla başım ağrıyacağını düşünüyorum. Olumlu etkilediği yönü yani şu anda sırf ataklarım azalsın diye yapıyorum ama bir nevi hayatımı düzene sokmuş oldum çünkü uyku düzenimi sağlamaya çalışıyorum ataklarım azalsın diye. Yani onun dışında ataklarım olduğu zaman dediğim gibi hayat kalitemi çok düşürüyor çünkü başka hiçbir şey yapamıyorum başım ağrıdığı zaman.*

In conclusion, participants needed to emphasize the bright side of having a migraine. Migraine brings about a lot of restrictions and trouble to participants' live. Besides submission and hostility to these outcomes, participants try to see a bright side of having migraine as a method to deal with them.

3.5. Describing Migraine Like a Person

One of the most common contents between participants' discourse is describing their migraine. When they talked about migraine, their choice of adjectives, verbs, and pronouns were human specific as if they were describing a person. Specifically, they talked about an evil, troubling person who restricts, punish and makes them suffer. The sub-themes for this superordinate theme are *Attributing Personality to Migraine, An Aggressive, and Domineering Character*.

3.5.1. Attributing Personality to Migraine

When participants described migraine, they talked about it as if it were a person. They also attribute them a personality that intends harm to them. Their conceptualization of migraine is highly affecting this personalization. For instance, Yiğit's attribution of personality to migraine was the most accurate and subtle one. He resembled migraine to a person whom he does not like at all and has to live with him, which is competent with his emphasis on the fact that migraine cannot be cured permanently:

Y: Like a new member. If we personalize migraine, it would be this person who does not live in your house and move to you, obligately. You can't get rid of this person being moved, either. You move on with your life, so it becomes a new member. You don't like it, but you live, you know, you have to live with it in the same house.

Original

Y: Yeni bir üye gibi. Size şunu yani siz devamlı migrene bir kişilik verirsek evinizde yaşamayan bir insan var ama mecburen biri size taşıyor. Taşınan kişiyi de atamıyorsunuz. Hayatınıza devam ettiriyorsunuz yani yeni bir üye oluyor. Sevmiyorsunuz ama yaşıyorsunuz hani mecburen aynı evde barınıyorsunuz.

Yiğit expressed his experience regarding migraine by personalizing it. Having a migraine feels like an obligation to live with a person he does not like: “It feels like, I guess this migraine will be with me all my life. [*Herhalde bu migren ömür boyunca olacak benimle gibi geliyor.*]”. Interestingly, when I asked him about his family’s reaction after he diagnosed with migraine, he replied that: “They didn't react much, it was like a new person joined the family, it was like a person with migraine joined, actually there was not much difference for the family [*Çok bir tepki vermedi aileye yeni biri katılmış gibi oldu şöyle migrenli bir kişi katıldı gibi oldu aslında fark eden çok bir şey olmadı aile için.*]”. This expression regarding himself was similar to his description of migraine as a person.

When Beril was talking about her attack’s frequency, she was mentioning someone who tries to get revenge on her:

B: I mean, how can I say that you know when you want to take revenge on someone, and you hit them like you want to hurt them like you want to kill them.

R: You say that migraine is taking revenge?

B: Yes.

R: How would you elaborate here?

B: It is like that, look, I was gone, how am I coming now; like it's saying just wait and see. Let me say it that way, it's like it's saying, I was not around, see how I am here now.

R: And how does that sound to you?

B: Actually, it's annoying that something like this happens all the time; It's tiring to even think about it.

Original

B: İy Yani nasıl diyim hani birinden intikam almak istersiniz de vurursunuz ya böyle sürekli canını acıtmak ister gibi, onu öldürmek ister gibi o şekilde.

R: Hum migrenin bir intikam alması diyorsunuz.

B: Evet.

R: Nasıl detaylandırırısınız burayı?

B: Ya şöyle bak ben gelmedim, şimdi nasıl geliyorum; gör bak der gibi geliyor. O şekilde söyleyim ya da zamansız geldiği zamanlarda u bak ben yoktum ortalıklerde, nasıl geliyorum gör gibi.

R: Peki bu nasıl geliyor size?

B: Aslında can sıkıcı yani hani sürekli böyle bir şeyin olması ya da ne zaman gelecek ne zaman gelir; şöyle mi, böyle mi düşünmek bile yoruyor.

It was an interesting point that she was vocalizing her migraine attacks as if it was talking to her, and she felt like it was getting revenge on her after a long duration. She added to this that “You know, I’m doing something like, it is like I’m vocalizing my migraine. [*Hani ben kendi içimde hani öyle şey yapıyorum ya migrenimi seslendiriyor gibi oluyorum.*]” When I asked her what the reason would be to do that, she replied: “I’m trying to understand why. I’m trying to find out why it happened, how it started. Maybe I did something like this from him. [*Anlamaya çalışıyorum niye geldiğini. Neden olduğunu, nasıl başladığını gerçekten bulmaya çalışıyorum. Belki de ondan bu şekilde bir şey yaptım.*]” She was personalizing and vocalizing the migraine, which she regards as a punishment to herself to understand why she has this disease.

In conclusion, participants vocalized and personalized migraine during the interviews and they explained that they tried to figure out and make sense regarding migraine. Since these expressions, which vocalize and personalize migraine, convey their personalities, it can be interpreted as a reflection of themselves in these descriptions.

3.5.2. An Aggressive and Domineering Character

When talking about their pain, participants described the migraine as an aggressive and domineering character who wastes their time, leads their life, kills their day, etc. The pronouns do not distinguish a person and an object in the Turkish language. Thus, participants' wording and context regarding the description of their headache sound like they are talking about an aggressive character. For instance, Beril referred to headaches as “What it was something that killed my whole day in general. [*Ya şöyle genel olarak bütün günümü öldüren bir şeydi o.*]” The demonstrative pronoun “O” in Turkish, corresponds to “he”, “she”, and “it”. Thus, the pronoun “O” in Turkish is used for both people and other things. When it was used in a sentence with the verb “kill”, it was sound like she was talking about a person. She also regards migraine as someone who tries to take revenge on her:

B: I think, the frequency of migraine attacks was lower, and it was milder. It wasn't that intense but this period, as I said its frequency increased. Sometimes I do not have a migraine attack at all, but after that, it takes revenge on me.

Original

B: Bence daha az ataklı geliyordu yani daha hafif hafif geliyordu. Bu kadar yoğun değildi ama bu dönem dediğim gibi çok fazlalaştırdı kendini. Bazen hiç olmuyor, o bir gün olmadıysa bir gün hıncını çıkararak geliyormuş gibi.

Gözde also talked about migraine as someone possesses her time, cost her a loss and leads her:

G: Well, I think it is a lack. Well, those painful times mean having a bad time. You know, it's a waste of time, you can't shape an important part of your life because of pain. You can't spend it the way you want, it directs you, so it's a loss in my life.

R: You said it directs you.

G: I have to go to bed, for example, I don't want to go to bed. However, at that moment I want to read a book, but I can't. I want to look at the phone, but I can't. So, it directs me. I have to go to bed. That's why it's not under your control, so your life is controlled by migraine then.

R: What is it like for you to have migraine controls and directs you?

G: Well, after all, I think it was a time that was not yours, a period that was not yours.

Original

G: İy valla eksik bir şey diye düşünüyorum. Şey olarak u im ya o o ağırlı zamanınızın şey olması demek kötü bir şekilde gitmesi demek. Hani zaman kaybı işte hayatınızın önemli bir kısmına ağırlar nedeniyle şekil veremiyorsunuz. İstedığınız gibi geçiremiyorsunuz o sizi yönlendiriyor, o yüzden bir kayıp yani hayatımdaki.

R: Sizi yönlendirdiğini söylediniz.

G: Yatmam gerekiyor mesela ben yatmak istemiyorum. Halbuki o anda kitap okumak istiyorum ama okuyamıyorum. Telefona bakmak istiyorum ama bakamıyorum. Yani dolayısıyla beni yönlendiriyor. Gidip yatmam gerekiyor. Bu yüzden kontrolünüzde değil yani hayatınız başka migren kontrol ediyor o zaman.

R: Bu nasıl bir şey sizce migrenin yönlendirmesi kontrol etmesi sizi?

G: İy yani sonuçta sizin olmayan bir zaman, sizin olmayan bir dönem olmuş oluyor bence.

Ceylin also explained her migraine as someone withheld her from studying:

C: So, by wasting my time I mean I have to make time for it at some point because I have to wait for it to go away. I don't want to deal with anything else. It keeps me from doing the activities or studying at that time, so I think it is wasting my time.

Original

C: Yani zamanımı çalmaktan kastım ona vakit ayırmak zorunda kalıyorum bir noktada çünkü onun geçmesini beklemek zorunda kalıyorum. Başka hiçbir şeyle uğraşmak istemiyorum. O dönemde yapacağım aktivitelerden ya da ders çalışmaktan beni alıkoymuş oluyor o yüzden zamanımı çaldığını düşünüyorum.

Consequently, participants' way of describing migraine corresponds to a person in their mind who domineers and torture them and cause them to suffer by not allowing their wish to do something.

CHAPTER 4

DISCUSSION

In this chapter, the results of this current study will be discussed from a Lacanian Psychoanalytical perspective. Analysis revealed five super-ordinate themes, and each will be reviewed from psychoanalytical theory as well as practical implications will be discussed. Super-ordinate themes are (1) *ambivalent feelings for painkillers*, (2) *migraine attacks in relation to authority*, (3) *relational aspects of migraine*, (4) *methods for coping with migraine*, (5) *describing migraine like a person*.

4.1. Ambivalent Feelings for Painkillers

In psychoanalytical terms, ambivalence stands for contradictory feelings. It is a positioning that contains polarized ideas of an object which co-exists in the subject. It exists in all object relations because of the interrelation between love and hatred (Corradi, 2013). The current study revealed that migraine patients feel ambivalent about painkillers. They believe that painkillers are both the cure and the poison for their bodies. This belief is a reflection of the relationship between them and migraine. Participants acknowledged during the interviews that painkillers were a cure to their headaches. In fact, they are afraid of becoming addicted to painkillers. Fear of addiction stands for the one pole of the ambivalence whereas doubts and hesitations about intaking them due to side effects stands for the other. This hesitation results in adopting other ways to cope with the pain. Hesitating to take the painkillers is also hesitating about getting healed. Depriving themselves of the cure is associated with the unconscious migraine process for them. From a psychoanalytical view, unconscious body processes have been deciphered via signifiers of the subject since Freud (Soler, 1995). In Lacanian perspective, symptoms are signifiers that are the unconscious products and reveal themselves in language. Although the subjects say they want to get rid of their symptoms, they maintain them because of the

jouissance. Symptoms reflect the subject's unconscious and have a repetitive structure due to its relation to desire and the Other. Thus, it is prevalent in clinical practice to recognize that patients maintain their symptoms even if they declare that they want to change them (Uçar & Gençöz, 2019). In the current study, participants complained about the pain throughout the interview since it was unbearable, preventing them from doing whatever they wanted. It also prevents them from fulfilling their duties and costs them a waste of their time. Nevertheless, they also mentioned that they avoid using painkillers and still regard them as the cure for their headache. Contradictory feelings regarding painkillers demonstrate a symptomatic relationship with their migraine. They complain about migraine, and yet they have jouissance out of it. This dialect also explains the participants' choice of substitutes for painkillers. One of the shared substitutes of painkillers calls for a help of a caregiver who gives massages or brings something to cure them. This interaction portrays the early pre-oedipal symbiotic relationship between the mother and the child when the child was nurtured and received care from the mother before the paternal function takes place and limits the jouissance (Fink, 1997a). As Freud indicated, this early relationship with the mother, which is ruled by the pleasure principle, introduces the concept of loss since the mother and, therefore, the breast that gives them pleasure is separate from them as it is not always there. That association left a residue so that the subjects long for this loss object in their entire life (Freud, 1905). Considering this history for a subject, one of the dynamics behind participants refusing to take the painkillers and substitute them with receiving care can be the derivation of jouissance from their symptoms.

One of the interesting points regarding ambivalent feelings for painkillers is how participants bear the headache and wait for the pain to become unbearable before intaking the painkillers. Freud claimed that the refusal to recover from the illness in neurosis signals underlying unconscious guilt since the illness provides satisfaction to the guilt via torment and unconscious guilt traces back to the Oedipal Complex. The kernel of relief from punishment due to guilt is based on incest desire that is unconscious for the subject, and it constitutes the foundation of the practice of psychoanalysis (Freud, 1919). Since the subject's formation of super-ego and having a sense of morality stems from repression of sexuality, feeling guilt for having these drives remains repressed (Freud, 1923). According to Lacan, the subjects feel guilty

because they give up on their desire for the sake of doing moral “good” which gives them pleasure (Lacan, 1959-1960). On the grounds of this theoretical background, participants’ tendency to prolong their suffering, which derivates *jouissance*, so that pleasure and pain accompanied their symptoms may indicate an association of unconscious guilt and *jouissance*. In that case, migraine generates a punishment for them and, therefore, relieves their guilt.

Since participants have a symptomatic relationship with migraine, their feelings about painkillers were decided by their unconscious processes from a relational aspect of their symptoms. Even though theoretical explanations shed a light on this dynamic, theory should be built from the subject’s discourse. Thus, it is important to indicate this reflection of this relationship in the participants’ signifiers, like Yiğit’s wording about painkillers. He repetitively talked about taking half of a painkiller because it is harmful to his body. Half of a painkiller can be a signifier in the Turkish language from a phonetic resemblance (*yarım ağrı kesici- yârim ağrı kesici*). In the Turkish language, half (*yarım*) sounds like my lover (*yârim*). Here, the choice of words and the emphasis that painkillers are harmful may explain the basis of the ambivalent feelings for painkillers because, in these discourses, there are representations of the pre-oedipal relationship with the mother. This relationship explains the emphasis of harmful like “forbidden” and the signifying the word “lover”. In addition, the expression of unconscious guilt by maintaining the pain may also be related to these representations.

4.2. Migraine Attacks in Relation to Authority

As Freud indicated, during the Oedipal phase, children’s interest in their parents creates a conflict that can be resolved through identification with parents. The father’s power and authority forbid the incest desire in this phase. Father’s authority should be internalized by the child so that repression can be actualized, and the foundation of the super-ego can be constructed (Freud, 1924). Thus, authority is introduced to the child via castration. During this phase, the relationship with authority figures is shaped by parental dynamics. It resonates in the later life of the subjects, which can be seen in a child’s relationship with teachers at school (Freud, 1914a). In the current study, participants recalled several migraine attacks that were narrated around an authority figure. Their emphasis was being unable to fulfil

responsibilities, trying hard to obey an authority figure's orders and developing insecurity and tendency to blame them, worrying about how they are perceived and desire to be appreciated by institutions. These representations of the authority and influential figures correspond to the concept of the Other (Uçar & Gençöz, 2019). These dynamics invite the scope of this study to examine the relationship with the Other and the concept of ego formation in Lacanian terms. Lacan claimed that the formation of the ego went back to the mirror stage where the mother as the first Other for the infant nominates the infant. Nomination results in alienation and identification with the mirror image. In this stage, identity formation is initiated by the Other's signifiers and the subject's constant interaction with the Other in the locus of the Other's desire situates. This interaction with the subject and the Other presents itself in the subject's structure of the constant question of "What does Other want from me?". After the alienation process, there is a separation after which the subject's desire is structured in relation to the Other's desire. Since the Other's desire owns lack and can only be represented through signifiers, the subject will permanently be barred (Verhaeghe, 2019). In participants' narratives, significant authority figures led them to choose their professions like family elders or superior others. Their particular choices of professional or career path come from a salient requirement from an authority figure which constitutes a must for them. These choices render their relationship with the Other. Participants' especially the first attacks, were narrated around an encounter of the requirement of an authority. A statement from an authority figure leaves a mark on their psyche, and they acquire this statement like a must. They experience migraine attacks in situations where the imagined position of the participants in these statements is jeopardized. Migraine's causes or pathogenesis are not pertinent to the scope of this study. However, the question that arises from this point is how an organic disease like migraine relates to the subjects' relationship with the Other? The answer to this question can be found in one of Lacan's statements about how unconscious processes between real, imaginary, and symbolic orders: "Language has if you care to put it like that, a sort of retrospective effect in determining what is ultimately decided to be real" (Lacan, 1953, p.1). The body constitutes real for the subject but the body is speaking in terms of its history of being marked by the language of the Other (Canellopoulos, 2010). Thus, the relationship with the Other mediates the participants' migraine attacks.

In participants' relationship with the Other, it can be noticed that they cannot be flexible about requirements and difficulty handling their failures, inabilities, and flaws regarding these requirements. The reason they had a rigorous approach to these requirements and owned them as a "must" came from their concerns about their image. They try to fulfil the lack in the Other's desire by imaginary. That is why they chase around the duties and responsibilities even if there is no salient "must" or an authority present. Participants declared a wish to be noticed by their efforts and have migraine attacks in the cases that their image about themselves has reflected with flaws. Others' perceptions of how we are perceived are an issue of the ego and related to the imaginary register of the psyche. Imaginary is the core of the formation of "I" for the subject. It also constitutes an illusion for the subjects about their image. (Johnston, 2018). It is revealed that whatever breaks through this illusion for the participants in this study, they cannot tolerate it and have a migraine attack in the locus of this. For instance, one of the participants reported that she has migraine attacks in her workplace, and she defined the institution she worked as the place where others' mistakes are seen as hers. Participants' worry about others' perceptions about themselves and having migraine attacks coincides with Lacan's criticism about ego psychology. A strong ego is considered beneficial for the subject. Lacan thought that this strong ego makes the subject neurotic and defensive (Lacan, 1953).

Participants' engagement in the professional areas of their life either in academic terms or occupational terms largely situates around imaginary order since they compare themselves to others and want to be successful than others (Vanheule & Verhaeghe, 2005). For instance, one of the participants' narratives about her migraine attack during an exam can explain the imaginary engagement in participants' academic or occupational processes. She reported that she was too stressed because she thought she must get high grades. In the Turkish language, this sentence also sounds as she must get a *higher* grade than someone (*Çok streslenmişim ondan yüksek almalıyım diye*). This enunciation represents the fact that she was assigned a competition with an imaginary other in this exam. Similarly, one other participant reported that she was getting angry when she was defeated by an inexperienced team in sports. This type of engagement intersects with the imaginary axis of the subject. The distinction between ideal ego and ego ideal should

be discussed in this sense. According to Freud, the ego ideal is very similar to the superego, and its seeds have been planted by the prohibition from the father during the Oedipal phase. Father's authority and power of prohibition are internalized to repress the Oedipus complex for the sake of being like him and resulting in the structure of the ego ideal. However, this also generates castration for the child because he or she can be like their father but never become him. As the child grows old, his teachers and other authority figures take over the father's part. Thus, the ego-ideal constitutes a social and cultural association for the subject (Freud, 1924).

On the other hand, Freud claimed that the ideal ego is an immature ego related to primary narcissism (Freud, 1914b). Lacan's distinction between ideal ego and ego ideal is rooted in the imaginary and symbolic order. He claimed that the ego ideal appears as symbolic identification and positions subject to the law. However, the ideal ego regulates itself with the ego and emerges from the subject's first identification with the mirror image that promises an illusion (Evans, 2006).

Subjects' ego-ideal regulates their relationship with Other by leading the subject to be motivated and invest in targets that they thought ensure the Other's appreciation. The ideal ego interacts with the ego ideal in that these goals reflect the parts of the image to which the ego is attracted. (Vanheule & Verhaeghe, 2005). It can be seen that participants' progression to choose their goals is largely shaped by family background, culture, teachers, or elder and respectable members in their families. This background implies the ideal ego. Their ideal ego consists of successes and achievements, which makes it prone to the illusion of the specular image. However, this also leads to a strict position about their attributions of "must" in their lives, as it can be seen in Kevser's discourse. She accepted a promotion which her boss asked that she did not want to because she knew this would challenge her more than necessary and have consecutive migraine attacks within a month. Thus, migraine attacks seem to have occurred at this tense dynamic between the ideal ego and participants' limits of their bodies. This dynamic may explain the participants striving to be seen and recognized thanks to their effort and trying to fulfil responsibilities even in a migraine attack and absence of authority since these efforts have been made in relation to the Other. In addition, their disappointment when their self-representation can be judged as imperfect by themselves or others can be interpreted in this sense, too. They also blame the authority and develop insecure

feelings during this process which can be explained by the fact that ego-ideal sustain a balance in the relationship with the Other (Vanheule & Verhaeghe, 2005). They sacrifice the limits of their body to get approval from the Other. However, this sacrifice was not appreciated, so that they developed insecure feelings regarding the Other and blamed them.

All in all, participants tend to have difficulty accomplishing the authority's requirement and sustain a tense dynamic in their ego in terms of concerns about their image. They do not question an authority's or institution's orders whether or not these orders can be accomplished by themselves. Instead, they are constantly trying to sustain an ideal image of themselves which also transgresses the limits of their body. Their repetition regarding this relation results in sacrificing a part of the body as a migraine attack. They are strived to be seen and appreciated by the Other through these sacrifices. When this sacrifice is not appreciated, participants blame the Other.

4.3. Relational Aspects of Migraine

Results revealed that migraine has a regulatory role in participants' relationships with close others. It can be seen that participants' relations with others were reported as a challenging one for them during their migraine attacks because they thought they would hurt them. They stated that they tend to avoid social interaction during migraine attacks since they could not care about others' feelings and ignored them because of the pain. In terms of psychoanalytical interpretation, this thought implies aggressiveness. Participants expressed that they generally choose not to express their aggressiveness and try to be nice to others all the time. Thus, migraine attacks do not directly cause an avoidance from social interaction, but it makes it difficult for them to sustain their kind and positive image in others' eyes, even though some of them reported that interaction with others would make them feel better during a headache. Thus, it is not the problem of the migraine itself that causes this avoidance but the refrain from expressing aggressiveness towards others. Migraine's challenges to sustain this tendency imply a mechanism for migraine to reveal the participants' undesirable parts of themselves. That mechanism can be supported by Lacan's conceptualization of aggressive experience in psychoanalysis. The ambivalent nature of the subjects that interrelates the love and hatred can be deciphered by an

underlying aggressiveness in the altruistic behavior (Lacan, 1977a). Participants tend to hide this ambivalent nature to hide the negative parts of their images. This tendency makes it difficult for them to confront the aggressiveness. However, the subject is lacking, and the part of the self that they did not want to see because of the admiration they want to get from their good representation eventually tries to surface in their relations. From this point of view, intersubjectivity between their migraine symptoms and close others' positioning regarding being witnesses of these painful times stimulates a dynamic of reciprocity. Their migraine attacks also occur in places where they cannot express their aggression at workplaces or schools. They position the other as the object that satisfies their demands. Assigning others to this position results in a dual relation between them. The close others sacrifice themselves for the participants as Kevser's narrative indicated. Her friend did not enjoy the vacation because Kevser suffered from headaches. They put the participants as a priority and wear the role of whatever is needed. Children become the mother; friends become the caregiver. Their positions in their interaction revolve around the dynamics of receiving and giving care. The reciprocal relationship between participants and close others represents the primordial relationship between the mother and the infant. To comprehend the relational aspects between participants, their close others, and migraine Lacan's conceptualization of need, demand, and desire can be discussed. Lacan formulated these terms regarding the early years of human life. Need constitutes the biological necessities for the infant to survive (Evans, 2006). In infancy, dependency on a caregiver who comprises the first big Other for the subject eventually leads infants to express their needs. Before acquiring language, infants voice their needs by crying, kicking, etc. Caregivers of the infant verbalize these expressions of needs using speech (Are you hungry, you want water, etc.) which introduces the Other to the child. When these needs are expressed by the caregiver, they are translated as a demand of the child (Dor, 1998). By growing, infant acquires the language and engage in the discourse of the Other for their needs to be met. When the call of the infants for their needs is converted to the signifiers of the Other, need and demand become interlinked. In addition, meeting the needs of the child implies that the child constitutes a priority in parents' lives and validates the fact that they love them. This also intertwines love and demand (Johnston, 2013). Since the infant is exposed to the Other's signifiers, the Other's desire echoes in this dialect

(Dor, 1998). Lacan (1977a) claimed that this dialect also leads to alienation due to bearing the signifiers of the Other:

...to the extent that his needs are subjected to demand, they come back to him in an alienated form. This is not the effect of his real dependence (one should not expect to find here the parasitic conception represented by the notion of dependency in the theory of neurosis), but rather of their being put into signifying form as such and of the fact that it is from the Other's locus that his message is emitted (Lacan, 1977a, p. 579).

This dialect also implies a loss for the child because the acquisition of language and verbalizing the demand cannot fully correspond to what is intended. That is why the subjects desire for the original relation with the Other when they did not have to state for satisfaction (Dor, 1998). This pre-verbal phase of life becomes a fundamental loss and basis of the desire of the subject. From this perspective, participants' denial to express their feelings and positioning of the close others as whatever is needed demonstrates the seeking for the original satisfaction of the pre-verbal phase when the *jouissance* has not been limited. This interrelation can also be supported by the fact that during the migraine attacks, when participants receive the care, they feel gratitude for that. Also, some participants mentioned a distant father figure who in psychoanalytical terms introduces the law and the symbolic for the subject (Gürsel & Gençöz, 2019). The element of distant father can be considered as parallel with participants' avoidance of verbalization. They choose not to express their demand by words, instead, their body demonstrates it for themselves. The body is also constructed in the psyche of the subject through the locus of the Other's signifiers (Verhaeghe, 2001). That is why the attacks became self-selected by places like workplaces or homes where they do not prefer to express their aggression. It is not a coincidence in the findings of the literature suggest that there is an association between migraine, somatic complaints, and alexithymia (Cerutti, Valastro, Tarantino, Valeriani, Faedda, Spensieri, & Guidetti, 2016). Bodily symptoms are linked with verbalization in a reducing tendency. In this study, participants do not verbalize their demand by speaking, which is supposed to be the way to support the desire. Migraine attacks made them vulnerable, made them need care. They created a path to make others fulfil their demands, not as a speaking subject. Instead, they sacrificed their body to express this demand. It is important to note that this sacrifice also calls for a

tactile contact like massages from others. The sensual contact here also positions the participants and their close others in the locus of care.

4.4. Methods for Coping with Migraine

This finding revealed that participants have their subjective ways to cope with migraine and these methods are determined by their unconscious processes of migraine. One of the processes includes the fact that some participants' subjective ways have a function of getting closer to someone. Having massages, giving an injection, tying a scarf, applying ice invites others to approach both the participants and with each other in terms of requiring help or worrying the other regarding the difficulty of the experience. For instance, one of the participants gives an injection to herself at home during migraine attacks, which is seen by the whole family members and this provokes worry in the whole family resulting in begging her to stop.

As it is mentioned, migraine constitutes a symptomatic aspect in the scope of this study. Their ways to deal with migraine are in the service of this symptom. The symptom is a reflection of truth regarding the subject which can only be deciphered through signifiers (Lacan, 1977a). That is why the wording of the participants regarding these methods carries a crucial anchor to interpret them. For instance, Beril mentioned that she recently had a migraine attack that is related to some family matters. Her method for dealing with the pain was tying a scarf which corresponds to "eşarp" in the Turkish language. This word also sounds as "eş-harp" which is "spouse-war" in English. Her method was tying a scarf which also has a function to bring people together in Turkish culture. Thus, her method to deal with migraine was a reflection of solving an important issue in her life that caused her a migraine attack.

Participants' methods for coping with migraine are structured around avoidance and submissiveness with accompanying signifiers regarding the unconscious function of their migraine attacks. To begin with, one of the common methods was hostility and destructiveness towards the pain. Pain is an intrinsic stimulus, and Freud (1920) demonstrated that unpleasurable stimuli are projected to the external world within a hostility. However, from a holistic view, the headache was not the only agency of the pain that is projected in the participants' cases. Results indicated that experiences of migraine attacks were not restricted to the headache itself. There are dynamics, signifiers, intersubjectivity, and symptomatic meanings underlying the migraine.

These underlying structures intervene with the experience of pain, too. This unconscious course of migraine can be discovered within the participants' speech. Psychoanalytical hearing is crucial because the truth of the repressed subject can be heard "between the lines". Between the line corresponds here to the slips of the tongue, stammering, repetitive syllabus, and especially something that the subject did not intend to say. (Fink, 2011a). Repression structured the speech of the subject continuously in terms of ego talk and Other's discourse that signifiers reveal themselves. This Other's discourse that invades the speech all of a sudden constitutes the very truth about the subject (Fink, 1997b). One of the participants' statements which can be considered as having the quality of one of the mentioned "between the lines" shed light on the relationship between migraine and the unconscious. When a participant was talking about the pain, she made a slip of the tongue which revealed that the organism is not the only agency that suffers from the pain, but "I", which can be translated to "ego" in Lacanian terms also receives its share in this pain: "I, pain, when I have pain, the world ends for me, so I'm disconnected from the world. I don't care if they say that the world is collapsing here. [*Ben ağrı ben ağrım olduğumda dünya bitiyor benim için yani ben dünyadan kopuyorum yani şurada dünya yıkılıyor deseler umrum olmuyor bitiyor yani o anda.*]" The participant stumbled here and repetitively said, "I-pain (*ben ağrım*)". The stumbling and repetition may indicate the unconscious truth in the subject's discourse (Fink, 2011a). Thus, when the participants talk about migraine, headaches, and pain, they also refer to the ego's psychic pain, which is competent with the other interpretations of the findings. Participants presented themselves in a good image, and migraine attacks occurred when this image was jeopardized. Thus, the headache is intertwined with the psychic pain of the ego. They want to disconnect the unwanted parts about themselves from their ego. This disconnection is reflected upon their methods which include avoidance and submissive methods, destruction, and hostility to efface and ambivalent feelings regarding the painkillers since the migraine signals about something they wanted to disconnect from the part of their ego. The extension of this disconnection can be found in Kevser's method of overlying the heady part of her head. It can also be interpreted as her avoidance of hearing that part.

4.5. Describing Migraine Like a Person

Although their description does not correspond to a specific person in their life when asked, the description of migraine as a person may represent a figure in their life unconsciously. Results revealed that participants have deep concerns about their image from a holistic view. In their relation to the Other, they wanted to be appreciated and noticed by the Other through their efforts since they tend to employ themselves to maintain a good image. They cannot accept a lack, flaw in their image, which is inevitably there, and they dissociate that part of their ego. Thus, the very description of migraine as a person corresponds to a part of their ego. Freud's early works can explain the mechanism behind this process. In his studies regarding conversion hysteria, he realized that bodily symptoms and pain are associated with repressed memory. When traces of this memory are analyzed, the therapeutic effect can be seen. In his work, he conceptualized that the patients have splitting of consciousness due to unbearable psychic pain that overruns the ego because of an underlying idea of having a "bad" part in the self. This unbearable psychic pain provokes the repression so that underlying thought remains unconscious, and the psychic pain is reconstructed around bodily symptoms (Breuer & Freud, 1895). Repression made the unconscious thought alien to us, employing censorship from the consciousness (Freud, 1915). For Lacan, this process has been present and has a structuring function for the subject to enter the realm of symbolic order (Dor, 1998). He uses the term splitting from a different sense than Freud. For Lacan, subject splitting provides the formation of the subject, and this split takes place between the knowledge and the truth, the ego and the subject, conscious and unconscious, which make them separate but have the same root (Lacan, 1977a). He also adopts Freud's famous expression of "*Wo Es war, soll Ich werden*" in the locus of splitting. The ego and the object relations perform by the pleasure principle. There will be a constant tension to be discharged which generates mobility. The signifier chain of the symbolic order the subject engages provides a slippery realm to this tension while holding the subject anchored (De Kesel, 2009). This division between the subject and the ego brings about alienation for the speaking being. In the participants' cases, they do not consciously know that their description belongs to the part of themselves they did not want to acknowledge, which also explains the descriptions involving a bossy, revengeful, aggressive, and undesirable character. In addition, as it is mentioned

some participants also mentioned a distant relation with their father and a difficulty with authority figures, so this dissociation is also a reflection of a dissociated relationship. Accordingly, one of the participants described the migraine as a “new member” in his life. Interestingly he referred to himself as the “new member” of his family after being diagnosed with migraine since migraine was common in his family. A dissociated part of the self they were terrified to face was reflected onto in their description of migraine. Their preoccupation with the image of the self also interferes with their relationship with the Other. They sacrifice from their body and wait for approval from the Other. When they do not see this approval, they blame the Other. This also explains the hesitation to take painkillers which are also referred to as “cure” since pain situates around the dialect of not confronting a part of their ego.

CHAPTER 5

IMPLICATIONS, LIMITATIONS, AND FURTHER RESEARCH

This research is the first qualitative study to explore migraine patients' relational and personal experiences in the Turkish context. In addition, in the literature, there is no Lacanian psychoanalytical interpretation within the scope of qualitative research regarding the experiences of migraine patients. This study suggests practical implications about therapeutical work with these subjects regarding the importance of talking about their symptoms, occasions that they have migraine attacks, and their relation to the Other.

One of the limitations of this study includes the non-homogeneity of the sample. Although the literature does not specify an age range or gender regarding the experience of migraine, Interpretative Phenomenological Analysis requires a small homogenous sample. However, including criteria could not be narrowed because there was difficulty in reaching participants due to the COVID-19 Pandemic. In addition, participants were invited by the co-advisor of this study and interviews took place online. This could make it difficult to establish a relationship with the researcher which is an important component of a qualitative research. In terms of future studies, there were some indicators of gender in the interviews. Some female participants reported migraine attacks related to pregnancy or period. This relationship with the female body and migraine may imply a future study regarding the male patients' experiences and female patients' experiences combining the aspect of femininity. Furthermore, some of the participants reported that they have family members who are also migraineur which might imply an identification in terms of the symptoms. Thus, questions regarding the other family members' experiences that may indicate possible dynamics for identification could be included. For future studies, questions about family backgrounds with migraine could be comprehended. Lastly, some participants mentioned other bodily symptoms like nausea or vertigo.

To compare migraine and other bodily symptoms, these symptoms could be studied in future studies.

Interestingly, most of the participants reported a distant relationship with their father and implications regarding separation from the mother. It can be seen from their narrative that their migraine attack has a connective function for the family since they gather around a displayed discomfort. This could allude to future studies, including details regarding the father's role as well as issues to handle at therapeutical settings.

CHAPTER 6

CONCLUSION

To conclude, this study displayed migraine patients' personal and relational experiences. From a Lacanian psychoanalytical point of view, it is found that participants are occupied with their image in others' eyes. They always try to be evaluated as good in terms of their investment regarding necessities. In parallel with this, their experiences in institutions, workplaces, and schools portrayed their relationship with Other regarding their position pointed by a representation of Other, which generally initiates and triggers their migraine attacks followingly. It is also found that migraine patients cannot be flexible regarding a requirement because of their difficulty handling guilt and sacrifice themselves. This sacrifice relieves their guilt about their unconscious conflict so that their methods to cope with the pain signify this dynamic, which also explains their hesitation to cure their painkillers. They sacrifice a part of their body to avoid this conflict and wanted to be appreciated by the Other through this sacrifice. This dialect also is linked to their description of migraine as a person. Their description reflects a part of themselves that they want to dissociate that could be judged in their imaginary.

Migraine also serves the purpose of aggregating others around themselves and altering close others' roles in their relationship. Their emphasis of mother's proximity in this dynamic and a shared experience of distant father figure implies that the regulation of migraine as decreasing the distance also explains the method of coping with migraine.

In the therapeutical framework, migraine could be important in terms of patients' relationship with the Other. This study revealed that their coping mechanisms with migraine could be possible signifiers regarding their dynamics with their family members, which could be worked in the clinical setting and their functions can be

interpreted. In the frame of unconscious work, their occupation with the image of themselves and mentioned issues could be addressed through these signifiers.

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APPENDICES

A. APPROVAL OF THE METU HUMAN SUBJECTS ETHICS COMMITTEE

UYGULAMALI ETİK ARAŞTIRMA MERKEZİ
APPLIED ETHICS RESEARCH CENTER



ORTA DOĞU TEKNİK ÜNİVERSİTESİ
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Sayı: 28620816 /

18 MART 2021

Konu : Değerlendirme Sonucu

Gönderen: ODTÜ İnsan Araştırmaları Etik Kurulu (İAEK)

İlgi : İnsan Araştırmaları Etik Kurulu Başvurusu

Sayın Prof.Dr. Faruk GENÇÖZ

Danışmanlığınızı yürüttüğünüz Duygu SÖKMEN'in "*Migren ve Bilinçdışı: Migren Hastalarının Kişisel ve İlişkisel Deneyimleri*" başlıklı araştırması İnsan Araştırmaları Etik Kurulu tarafından uygun görülmüş ve **388-ODTU-2020** protokol numarası ile onaylanmıştır.

Saygılarımızla bilgilerinize sunarız.

Dr. Öğretim Üyesi Şerife SEVİNÇ
İAEK Başkan Vekili

B. APPROVAL OF THE GAZI UNIVERSITY ETHICS COMMITTEE

Sayı 02

Tarih: 01.02.2021

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Korolar

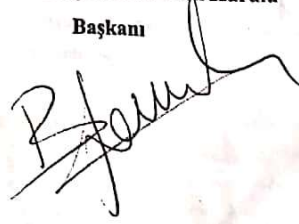
Konu: Toplantı Kararları

Sayın Prof. Dr. Tuşba Tunç
Proje Yürütücüsü

Gazi Üniversitesi Klinik Araştırmalar Etik Kurulu'nun 25 Ocak 2021 tarihinde yapmış olduğu toplantı kararı ekte sunulmuştur.

Bilgilerinizi rica ederim

Prof. Dr. D. Berrin GÜNAYDIN
GÜ Klinik Araştırmalar Etik Kurulu
Başkanı



B. APPROVAL OF THE GAZI UNIVERSITY ETHICS COMMITTEE

GAZI ÜNİVERSİTESİ KLİNİK ARAŞTIRMALAR ETİK KURULU GİRİŞİMSEL OLMAYAN ARAŞTIRMALAR KARAR FORMU						
ETİK KURULU İLETİŞİM BİLGİLERİ	ETİK KURULUNUN ADI	Gazi Üniversitesi (GÜ) Klinik Araştırmalar Etik Kurulu				
	AÇIK ADRES	Gazi Üniversitesi Tıp Fakültesi Dekanlık (GÜTF) Binası 06500 Beşevler/Ankara				
	TELEFON	0312 202 69 58				
	FAKS	0312 202 46 73				
	E-POSTA	tipetikkurul@gazi.edu.tr				
BAŞVURU BİLGİLERİ	ARAŞTIRMANIN AÇIK ADI	Migren ve Bilinçdışı: Migren Hastalarının Kişisel ve İlişkisel Deneyimleri				
	KOORDİNATÖR/SORUMLU ARAŞTIRMACI UNVANI/ADI/SOYADI	Prof. Dr. Tuğba TUNÇ				
	KOORDİNATÖR/SORUMLU ARAŞTIRMACI /UZMANLIK ALANI/ BULUNDUĞU MERKEZ	Nöroloji Anabilim Dalı / GÜTF				
	DESTEKLEYİCİ (Varsa)					
	ARAŞTIRMANIN TÜRÜ	Diğer: Yarı Yapılandırılmış Mülakat-Skype aracılığıyla - Yüksek Lisans Tezi				
ARAŞTIRMAYA KATILAN MERKEZLER	TEK MERKEZ	<input checked="" type="checkbox"/>	ÇOK MERKEZLİ	<input type="checkbox"/>	ULUSAL	<input checked="" type="checkbox"/>
					ULUSLARARASI	<input type="checkbox"/>
DEĞERLENDİRİLEN BELGELER	Belge Adı	Tarihi	Ver.No	Dili		
	ARAŞTIRMA PROTOKOLÜ	22.12.2020	1	Türkçe <input checked="" type="checkbox"/>	İngilizce <input type="checkbox"/>	Diğer <input type="checkbox"/>
	AYDINLATILMIŞ ONAM FORMU	22.12.2020	1	Türkçe <input type="checkbox"/>	İngilizce <input type="checkbox"/>	Diğer <input type="checkbox"/>
DEĞERLENDİRİLEN DİĞER BELGELER	Belge Adı	Açıklama				
	ARAŞTIRMA BÜTÇESİ	<input type="checkbox"/>				
	BIYOLOJİK MATERYAL TRANSFER FORMU	<input type="checkbox"/>				
	DİĞER	<input type="checkbox"/>				
KARAR BİLGİLERİ	Karar No: 52	Toplantı tarihi: 25.01.2021				
	Migren ve Bilinçdışı: Migren Hastalarının Kişisel ve İlişkisel Deneyimleri başlıklı başvuru dosyası ile ilgili belgeler araştırmanın gerekçe amaç, yaklaşım ve yöntemleri ile incelenerek uygun bulunduğuna GÜ Klinik Araştırmalar Etik Kurulu üyelerinin oybirliği ile karar verilmiştir.					
KLİNİK ARAŞTIRMALAR ETİK KURULU						
ETİK KURULUN ÇALIŞMA ESASI			İlaç ve Biyolojik Ürünlerin Klinik Araştırmaları Hakkında Yönetmelik İyi Klinik Uygulamaları Kılavuzu			
BAŞKANIN UNVANI / ADI / SOYADI			Prof. Dr. D. Berrin GÜNAYDIN			
Unvanı/Adı/Soyadı	Uzmanlık Alanı	Kuru mu	Cinsiyet	Araştırmayla İlişkisi	Katılım	İmza
Prof. Dr. D. Berrin GÜNAYDIN BAŞKAN	Anesteziyoloji ve Reanimasyon Anabilim Dalı Farmakoloji Bilim Dr.	GÜTF	E <input type="checkbox"/> K <input checked="" type="checkbox"/>	E <input type="checkbox"/> H <input checked="" type="checkbox"/>	E <input checked="" type="checkbox"/> H <input type="checkbox"/>	B. Tunç
Prof. Dr. Gülten TAÇOY BAŞKAN YARD.	Kardiyoloji Anabilim Dalı	GÜTF	E <input type="checkbox"/> K <input checked="" type="checkbox"/>	E <input type="checkbox"/> H <input checked="" type="checkbox"/>	E <input checked="" type="checkbox"/> H <input type="checkbox"/>	G. Taçoy
Doç. Dr. Murat UÇAR BİLDİRİMDEN SORUMLU ÜYE	Radyoloji Anabilim Dalı	GÜTF	E <input checked="" type="checkbox"/> K <input type="checkbox"/> E <input type="checkbox"/>	H <input checked="" type="checkbox"/>	E <input checked="" type="checkbox"/> H <input type="checkbox"/>	M. Uçar
Prof. Dr. Nevzat YÜKSEL ÜYE	Psikiyatri Anabilim Dalı	GÜTF	E <input checked="" type="checkbox"/> K <input type="checkbox"/> E <input type="checkbox"/>	H <input checked="" type="checkbox"/>	E <input type="checkbox"/> H <input checked="" type="checkbox"/>	N. Yüksel
Prof. Dr. Nesrin ÇOBANOĞLU ÜYE	Tıp Tarihi ve Etik Anabilim Dalı	GÜTF	E <input type="checkbox"/> K <input checked="" type="checkbox"/>	E <input type="checkbox"/> H <input checked="" type="checkbox"/>	E <input checked="" type="checkbox"/> H <input type="checkbox"/>	N. Çobanoğlu

B. APPROVAL OF THE GAZI UNIVERSITY ETHICS COMMITTEE

Prof. Dr. Mehmet Ali ERGÜN ÜYE	Tıbbi Genetik Anabilim Dalı	GÜTF	E <input checked="" type="checkbox"/>	K <input type="checkbox"/>	E <input type="checkbox"/>	H <input checked="" type="checkbox"/>	E <input checked="" type="checkbox"/>	H <input type="checkbox"/>	
Prof. Dr. Ö. Sezai LEVENTOĞLU ÜYE	Genel Cerrahi Anabilim Dalı	GÜTF	E <input checked="" type="checkbox"/>	K <input type="checkbox"/>	E <input checked="" type="checkbox"/>	H <input type="checkbox"/>	E <input checked="" type="checkbox"/>	H <input type="checkbox"/>	
Prof. Dr. Nuriye ÖZDEMİR ÜYE	İç Hastalıkları Anabilim Dalı	GÜTF	E <input type="checkbox"/>	K <input checked="" type="checkbox"/>	E <input type="checkbox"/>	H <input checked="" type="checkbox"/>	E <input checked="" type="checkbox"/>	H <input type="checkbox"/>	
Prof. Dr. Aylin SEPİCİ DİNCEL ÜYE	Tıbbi Biyokimya Anabilim Dalı	GÜTF	E <input type="checkbox"/>	K <input checked="" type="checkbox"/>	E <input type="checkbox"/>	H <input checked="" type="checkbox"/>	E <input checked="" type="checkbox"/>	H <input type="checkbox"/>	
Prof. Dr. Ebru ARHAN ÜYE	Çocuk Sağlığı ve Hastalıkları Anabilim Dalı, Çocuk Nöroloji Bilim Dalı	GÜTF	E <input type="checkbox"/>	K <input checked="" type="checkbox"/>	E <input type="checkbox"/>	H <input checked="" type="checkbox"/>	E <input checked="" type="checkbox"/>	H <input type="checkbox"/>	
Doç. Dr. Gökçe S. ÖZTÜRK FİNCAN ÜYE	Tıbbi Farmakoloji Anabilim Dalı	GÜTF	E <input type="checkbox"/>	K <input checked="" type="checkbox"/>	E <input type="checkbox"/>	H <input checked="" type="checkbox"/>	E <input checked="" type="checkbox"/>	H <input type="checkbox"/>	
Doç. Dr. Elçin ÖZGÜR BÜYÜKATALAY ÜYE	Biyofizik Anabilim Dalı	GÜTF	E <input type="checkbox"/>	K <input checked="" type="checkbox"/>	E <input type="checkbox"/>	H <input checked="" type="checkbox"/>	E <input checked="" type="checkbox"/>	H <input type="checkbox"/>	
Uzm. Dr. Emine AVCI ÜYE	Halk Sağlığı	Halk Sağlığı Genel Med.	E <input type="checkbox"/>	K <input checked="" type="checkbox"/>	E <input type="checkbox"/>	H <input checked="" type="checkbox"/>	E <input checked="" type="checkbox"/>	H <input type="checkbox"/>	
Araş. Gör. Dr. Fahri Erdem KAŞAK ÜYE	Hukukçu	Hacı Bayram Veli Univ.	E <input checked="" type="checkbox"/>	K <input type="checkbox"/>	E <input type="checkbox"/>	H <input checked="" type="checkbox"/>	E <input type="checkbox"/>	H <input checked="" type="checkbox"/>	Katılmadı
I. Nüket EKŞİ ÜYE	Sivil Temsilci	-	E <input type="checkbox"/>	K <input checked="" type="checkbox"/>	E <input type="checkbox"/>	H <input checked="" type="checkbox"/>	E <input type="checkbox"/>	H <input type="checkbox"/>	

C. INFORM CONSENT

GAZİ ÜNİVERSİTESİ“GİRİŞİMSEL OLMAYAN KLİNİK ARAŞTIRMALAR” İÇİN BİLGİLENDİRİLMİŞ GÖNÜLLÜ OLUR FORMU

Araştırma Projesinin Adı: Migren ve Bilinçdışı: Migren Hastalarının Kişisel ve İlişkisel Deneyimleri

Sorumlu Araştırmacının Adı: Prof. Dr. Tuğba Tunç

Diğer Araştırmacıların Adı: Duygu Sökmen

“Migren ve Bilinçdışı: Migren Hastalarının Kişisel ve İlişkisel Deneyimleri” isimli bir çalışmada yer almak üzere davet edilmiş bulunmaktasınız. Bu çalışmaya davet edilmenizin nedeni sizde migren hastalığının görülmüş olmasıdır. Bu çalışma, araştırma amaçlı olarak yapılmaktadır ve katılım gönüllülük esasına dayalıdır. Çalışmaya katılma konusunda karar vermeden önce araştırma hakkında sizi bilgilendirmek istiyoruz. Çalışma hakkında tam olarak bilgi sahibi olduktan sonra ve sorularınız cevaplandıktan sonra eğer katılmak isterseniz sizden bu formu imzalamanız istenecektir. Bu araştırma, Nöroloji Anabilim Dalında, Prof. Dr. Tuğba Tunç sorumluluğu altındadır.

Çalışmanın amacı nedir; benden başka kaç kişi bu çalışmaya katılacak?

Bu çalışmanın amacı migren tanısı almış kişilerin migreni nasıl deneyimlediklerini araştırmaktır. Bu doğrultuda çalışmaya tek merkezden 6-7 kişinin alınması planlanmaktadır.

Bu çalışmaya katılmalı mıyım?

Bu çalışmada yer alıp almamak tamamen size bağlıdır. Şu anda bu formu imzalarsanız bile istediğiniz herhangi bir zamanda bir neden göstermeksizin çalışmayı bırakmakta özgürsünüz. Eğer katılmak istemez iseniz veya çalışmadan ayrılırsanız, doktorunuz tarafından sizin için en uygun tedavi planı uygulanacaktır. Aynı şekilde çalışmayı yürüten doktor çalışmaya devam etmenizin sizin için yararlı olmayacağına karar verebilir ve sizi çalışma dışı bırakabilir, bu durumda da sizin için en uygun tedavi seçilecektir.

Bu çalışmaya katılırsam beni ne bekliyor?

Araştırma online olarak Skype Programı aracılığıyla ile yapılacaktır. Gazi Üniversitesi Hastanesine başvuran migren tanısı almış hastalar sözel olarak davet edilecek, katılmak isteyenler araştırmacının mail adresine (duygu.sokmen@metu.edu.tr) katılmak istediklerini belirten bir mail atacaktlardır. Katılımcılar ile yaklaşık 90 dakikalık bir mülakat düzenlenecektir. Mülakatlar ses kaydına alınıp daha sonrasında analiz edilmek üzere kullanılacaktır. Katılımcıların

demografik bilgileri ses kayıtları ile eşleşmeyecek, analiz ise arařtırmacı tarafından yapılacaktır.

Çalıřmanın riskleri ve rahatsızlıkları var mıdır?

Çalıřmanın herhangi bir riski veya vereceđi rahatsızlık bulunmamaktadır.

Çalıřmada yer almamanın yararları nelerdir?

Bu çalıřmada yer alacak olmanız klinisyenlerin migren hastalarının deneyimlerini anlamalarına yardımcı olacaktır. Bu çalıřma ile migren hastalarının hayat kalitesini yükseltmeye yönelik bulgulara ulařılması, psikoterapi hizmetlerinde migren hastalıđının nasıl ele alınacağına yönelik bilgilere ışık tutması beklenmektedir.

Bu çalıřmaya katılmamanın maliyeti nedir?

Çalıřmaya katılmakla parasal yük altına girmeyeceksiniz ve size de herhangi bir ödeme yapılmayacaktır.

Kişisel bilgilerim nasıl kullanılacak?

Çalıřma doktorunuz kişisel bilgilerinizi, arařtırmayı ve istatistiksel analizleri yürütmek için kullanacaktır ancak kimlik bilgileriniz gizli tutulacaktır. Yalnızca geređi halinde, sizinle ilgili bilgileri etik kurullar ya da resmi makamlar inceleyebilir. Çalıřmanın sonunda, kendi sonuçlarınızla ilgili bilgi istemeye hakkınız vardır. Çalıřma sonuçları çalıřma bitiminde tıbbi literatürde yayınlanabilecektir ancak kimliđiniz açıklanmayacaktır.

Daha fazla bilgi için kime başvurabilirim?

Çalıřma ile ilgili ek bilgiye gereksiniminiz olduđunuzda ařađıdaki kiři ile lütfen iletiřime geçiniz.

ADI : Duygu Sökmen
GÖREVI : Psikolog- yardımcı arařtırmacı
TELEFON : 0545 247 05 49

(Katılımcının/Hastanın Beyanı)

GÜTF Nöroloji Anabilim dalında, Prof. Dr. Tuđba Tunç tarafından tıbbi bir arařtırma yapılacağı belirtilerek bu arařtırma ile ilgili yukarıdaki bilgiler bana aktarıldı ve ilgili metni okudum. Bu bilgilerden sonra böyle bir arařtırmaya “katılımcı” olarak davet edildim.

Arařtırmaya katılmam konusunda zorlayıcı bir davranıřla karřılařmıř deđilim. Eđer katılmayı reddedersem, bu durumun tıbbi bakıma ve hekim ile olan iliřkime herhangi bir zarar getirmeyeceđini de biliyorum. Projenin yürütülmesi sırasında herhangi bir neden göstermeden arařtırmadan çekilebilirim. *(Ancak arařtırmacıları zor durumda bırakmamak için arařtırmadan çekileceđimi önceden bildirmemim uygun olacađının bilincindeyim)*. Ayrıca tıbbi durumuma herhangi bir zarar verilmemesi kořuluyla arařtırmacı tarafından arařtırma dıřı da tutulabilirim.

Araştırma için yapılacak harcamalarla ilgili herhangi bir parasal sorumluluk altına girmiyorum. Bana da bir ödeme yapılmayacaktır.

Araştırmadan elde edilen benimle ilgili kişisel bilgilerin gizliliğinin korunacağını biliyorum.

Araştırma uygulamasından kaynaklanan nedenlerle meydana gelebilecek herhangi bir sağlık sorununun ortaya çıkması halinde, her türlü tıbbi müdahalenin sağlanacağı konusunda gerekli güvence verildi. (Bu tıbbi müdahalelerle ilgili olarak da parasal bir yük altına girmeyeceğim).

Araştırma sırasında bir sağlık sorunu ile karşılaştığımda; herhangi bir saatte, Dr. Tuğba Tunç, 0505 622 10 22 telefon numarasından ve Gazi Üniversitesi, Tıp Fakültesi Dahili Tıp Bilimleri Bölümü adresinden arayabileceğimi biliyorum.

Bana yapılan tüm açıklamaları ayrıntılarıyla anlamış bulunmaktayım. Bu koşullarla söz konusu klinik araştırmaya kendi rızamla, hiçbir baskı ve zorlama olmaksızın, gönüllülük içerisinde katılmayı kabul ediyorum.

İmzalı bu form kağıdının bir kopyası bana verilecektir.

Katılımcı

Adı, soyadı:

Adres:

Tel:

İmza:

Tarih:

Görüşme tanığı

Adı, soyadı:

Adres:

Tel:

İmza:

Tarih:

D. DEMOGRAFIC FORM

DEMOGRAFİK BİLGİ FORMU

Katılımcı No:

Lütfen aşağıdaki soruları yanıtlayınız.

Yaşınız:

Cinsiyetiniz:

Kadın Erkek Diğer

Eğitim Durumunuz:

İlkokul Ortaokul Lise Üniversite

Medeni Durumunuz:

Evli Bekar Boşanmış Dul

Migren tanınızı ne zaman aldınız:

E. INTERVIEW QUESTIONS

YARI YAPILANDIRILMIŐ MÜLAKAT SORULARI

- 1) Kendinizi tanıtır mısınız?
- 2) Ailenizle ilişkinizden bahseder misiniz?
- 3) İlk migren atađınız ne zaman gerçekteőti?
- 4) Hayatınızın nasıl bir dönemiydi?
- 5) Hangi durumlarda baş ağrınız oluyor?
- 6) Migreni nasıl deneyimliyorsunuz?
- 7) Migren ataklarınızın öncesinde ve sonrasında neler deneyimliyorsunuz?
- 8) Migrenle nasıl başa çıkıyorsunuz?
- 9) Migren atađınız olduđunda etrafınızdaki insanlar (arkadaő, aile, sevgili, eő) ne yapıyorlar?
- 10) Migren hayatınızı nasıl etkiliyor?

F. INFORMATIVE FORM

KATILIM SONRASI BİLGİLENDİRME FORMU

Öncelikle araştırmaya katıldığınız için teşekkür ederiz.

Bu çalışma daha önce de belirtildiği gibi ODTÜ Klinik Psikoloji Yüksek Lisans öğrencilerinden Duygu Sökmen tarafından yüksek lisans tezi kapsamında ODTÜ Psikoloji öğretim üyelerinden Prof. Dr. Faruk Gençöz danışmanlığında ve Gazi Üniversitesi öğretim üyelerinden Prof. Dr. Tuğba Tunç eş danışmanlığında yürütülmektedir. Bu çalışmanın amacı migren tanısı almış kişilerin kişisel ve ilişkisel deneyimlerini araştırmaktır. Türkiye bağlamında araştırmacının bilgisi dahilinde migren hastalarının deneyimlerini, hastalıklarını ne ile ilişkilendirdiklerini araştıran nitel bir araştırma bulunmamaktadır. Bu anlamda bu araştırmada migren tanısı almış yetişkinler ile mülakatlar yürütülmektedir. Katılımcılardan görüşmeler sırasında değinilen konuları diğer katılımcılar ile paylaşmaması beklenmektedir.

Çalışma sonucunda elde edilecek ilk verilerin Nisan 2021 sonunda elde edilmesi beklenmektedir. Çalışmada elde edilen bulgular yalnızca bilimsel araştırma ve yazılarda kullanılacaktır. Çalışmanın sonuçları ile ilgili bilgi almak veya çalışma ile ilgili soru sormak istiyorsanız duygu.sokmen@metu.edu.tr adresi üzerinden araştırmacıya veya fgenco@metu.edu.tr adresi üzerinden Prof. Dr. Faruk Gençöz'e ulaşabilirsiniz.

Çalışmaya katkıda bulunan bir gönüllü olarak katılımcı haklarınızla ilgili veya etik ilkelerle ilgili soru veya görüşlerinizi ODTÜ Uygulamalı Etik Araştırma Merkezi'ne iletebilirsiniz.

e-posta: ueam@metu.edu.tr

G. TURKISH SUMMARY / TÜRKÇE ÖZET

MİGREN VE BİLİNÇDİŐİ: MİGREN HASTALARININ KİŐİSEL VE İLİŐKİSEL DENEYİMLERİ

1. GİRİŐ

1.1. Migrenin KavramsallaŐtırılması

Migren, tüm dünyada oldukça yaygın olan, kiŐiyi etkisizleŐtiren nörolojik bir hastalıktır (Alizadehfard, Khalili & Saffarinia, 2017). Ađrının etiyolojik kökleri organik gibi görünse de hastalar semptomlarıyla kelimeler ve başkalarıyla ilişkiler yoluyla ilişki kurarlar (Perlman, 1996). Ađrı, sıkıntıyı beden aracılıđıyla ilettiđinden, migrenin bağlanma stilleri gibi kiŐilerarası faktörlerle ilişkili olduđu bulunmuŐtur (Tarantino ve ark., 2017). Freud ve Breuer (1895) histeri çalışmalarında bir migren hastasını da analiz etmiŐ ve migrenin ilk ortaya çıkışının o dönemdeki bilinçdiŐ çatışmalarıyla bağlantılı olduđu ve daha sonra ađrının, yaşamdaki çatışmanın anımsatıcı bir simgesi haline geldiđi sonucuna varmıŐtır. Ayrıca migrenin organik bir kökene sahip olmasına rağmen hastaların nevrozlarına eşlik ettiđini fark etmiŐtır. Ađrı deneyimi, kiŐinin öyküsü, migrene ilişkin öznel yönler açısından tüm bu bileŐenler, özellikle psikanalitik yorum açısından nitel araştırma gerektirmektedir.

1.2. Migren Üzerine Nitel Çalışmalar

Migrenin hastaların yaşamları üzerindeki etkilerini inceleyen bir nitel araştırma, migrenin ilişkileri, meslekleri ve yaşamın akademik yönlerini etkilediđini bulmuŐtur. (Ruiz de Velasco, Gonzalez, Etxeberria & Garcia-Monco, 2003).

AraŐtırmacılar, migren hastalarını içeren bir çalışmada, katılımcıların migrenle ilgili ortak ifadelerinden birinin migrenin görünmezliđi, beklenmedik oluşu ve belirsizlik olduđunu keŐfettiler. Diđer çalışmalara benzer şekilde, katılımcıların migrenin bu

özellikleri nedeniyle başkalarının hastalıklarından şüpheleneceğinden endişe duyduklarını bulmuşlardır (Rutberg & Öhring, 2012).

Görülebileceği gibi, migrenle ilgili nitel araştırmaların çoğu, ağrıyı yönetmeye yönelik tedavi algıları ve yöntemleri kapsamaktadır. Buna göre, sonuçlar tıbbi yaklaşıma pratik katkılar sağlamaya yöneliktir. Dolayısıyla klinik psikoloji ile ilgili pratik çıkarımlar kapsamında nitel bir çalışma bulunmamaktadır.

1.3. Psikanalitik Literatür

Migrenin psikanalitik bir bakış açısıyla incelenmesi Sigmund Freud ile başlamıştır. Freud'un migrene yaklaşımı çeşitli eserlerinde değişir. Histeri üzerine yaptığı çalışmalarda, ağrının, özellikle Ödipal kompleksle ilgili psişik bir çatışmayı anımsama özelliğinden dolayı, migreni histerik bir dönüşüm semptomu olarak ele almıştır. Buna göre psişik çatışmanın bedensel dönüşümünün amacı, çatışmayı bilinçdışında tutmaktır (Breuer & Freud, 1895).

Fromm-Reichmann, migren hastalarının başkalarının zekasıyla ilgili kastrasyondan kaçındığını ve başkalarının “beyni” hakkında kıskanç duygular beslediğini, böylece başkalarına yönelik saldırgan duyguların baş ağrısı şeklinde kendilerine döndüğünü iddia etmiştir (Fromm-Reichmann, 1937). Diğer psikanalitik kavramsallaştırmaların türevleri arasında düşmanlık, mükemmeliyetçilik, sadist dürtüler, kararsız duygular ve bastırma yer alır. Bu bulguların genellikle sonuçsuz olma eğilimi gösterdiği görülmüştür (Schnarch, 1974).

1.4. Lacanyen Bakış

Lacanyen psikanaliz migreni spesifik olarak ele almaz. Ancak Lacanyen yaklaşım, beden, kültür ve karşılıklı ilişkiler dahil olmak üzere migrenin dahil olabileceği geniş bir bağlamı tartışır. Lacanyen yaklaşımda migrenin, onu bilinçdışına bağlayan psişik bir çatışmanın açısından kaynaklanan bir semptom olduğu ileri sürülmektedir (Nasio, 2012). Bu fikir, semptomun Lacanyen tanımıyla tutarlıdır. Lacan, semptomlarla ilgili tıbbi yaklaşımdan daha geniş bir kavramsallaştırma öne sürer. Ona göre semptom analiz edilebilir bir şeydir (Lacan, 1957-1958). Migren ile ilgili vaka analizi ve diğer literatür bulguları, migrenin konunun söylemi üzerinden analiz edilebilir bir şey olduğunu göstermektedir. Bu nedenle, bu çalışmanın kapsamı, migrenin bilinçdışı süreçlerini ilgilendirmektedir. Bu kapsamda psikanalitik yaklaşımdan migreni ve

bilinçdışıyla ilişkisini kavrayabilmek için Lacanyen psikanalizdeki ortak kavramlara değinilecektir.

1.4.1. Bilinçdışı

Freud, bilinçdışını rüyalar, şakalar, somatik semptomlar ve dil sürçmeleri gibi çeşitli şekillerde incelemiştir. Bastırmanın, bir şeyi bilinçten uzak tutma işlevi ile birlikte bilinçdışıyla bağlantılı olduğunu savunmuştur (Freud, 1915), ancak bilinçdışı daha geniş bir kavramdır, dolayısıyla bastırma bilinçdışına eşdeğer değildir, onun bir ögesini oluşturur (Freud, 1915). Freud, Günlük Yaşam Psikopatolojisinde unutmama, kazalar ve kasıtsız telaffuzlar gibi gündelik hayatın bilinçdışı dışavurumlarını analiz ederek “bastırılanın dönüşü” üzerinde yoğunlaşmış ve bu edimlerin bilinçte “hata” olarak görülmesine rağmen, bilinçaltında başarılı eylemler olduğunu öne sürmüştür (Freud, 1901). Lacan'ın daha sonra bilinçdışının dilsel özellikleri olarak kabul ettiği rüya çalışmasında yoğunlaşma ve yer değiştirme olarak iki süreç yer almaktadır (Lacan, 1957-1958). Lacan, Freud'un semptomlar, rüyalar ve parapraksislerde keşfettiği bilinçdışı kavramına, bunların gösterenler olarak dilsel niteliklerini vurgulamasıyla katkıda bulunmuştur (Özbek-Şimşek, Bulut, Baltacı ve Gençöz, 2019) ve onu ünlü formülasyona götürmüştür: “Bilinçdışı... bir dil gibi yapılandırılmıştır...” (Lacan, 1957-1958, s. 311). Bahsedildiği gibi bu çalışmada migrenin bilinçdışıyla ilişkisi katılımcıların söylemleri çerçevesinde tartışılacaktır. Bu teorik arka plan dikkate alındığında, katılımcıların söylemleri bu tez kapsamında önemli bir değer taşımaktadır.

1.4.2. Başka

Lacanyen Psikanalizde Büyük Başka kavramı yasayı, kültürü, dili ve simgesel düzeni ifade eder. Öznenin oluşumundan önce, anne ilk Başkadır ve çocuk, anne ile “bir” olma açısından jouissance alanında konumlanır. Lacan seminerinde bir özneyi bölünmüş olarak atayabilmek için; Başka'nın alanında tanımlanabilmesi için ve arzu alanında Başka'nın da eksik ve bölünmüş olması gerektiğini söyler (Lacan, 1962-1963). Özne için Başka'daki eksiklik kavramı annenin çocuğun dışında arzusundan başlamaktadır. Annenin başka bir şeye yönelik arzusu, çocukta bir eksiklik anlayışını vurgular. Bu arzu, imgesel fallusu onun nesnesi olarak oluşturur. Bir eksiklik olduğunu varsaymak için, bir mevcudiyetten de bahsetmek gerekir. Bu arzuyu doldurmak ve fallus olmak, özneler için kaygı uyandırır, çünkü bu konum jouissance

tarafından yutulmayı getirir (Evans, 1996). Arzu alanına girmek için öznelerin kastrasyonu kabul etmesi, kendi eksikliklerini kabul etmesi gerekir; bu da jouissance'ı sınırlamak ve fallus olmayı reddetmek anlamına gelir (Verhaeghe, 1996). Bu noktada öznenin Başka ile ilişkisi temelde Başka'nın arzusu olan arzu ile iç içedir (Özkan ve Baltacı, 2020). Lacanyen terimlerle Başka'nın en belirgin yönü, konuşmadaki konumudur. Annenin, bebeğin ağlamasını gösterenler olarak dönüştürme aracı olan Başka olduğunu varsaydığından, konuşma Başka'dan doğar (Evans, 2006). Öznenin yaşamında Başka'nın temsilleri kurum veya öğretmen gibi otorite figürleriyle ilişkileri görülebilir (Uçar ve Gençöz, 2019).

1.4.3. Lacan'ın Üç Düzeni

Lacan özne için gerçek, imgesel ve sembolik olmak üzere üç düzlem oluşturmuştur. İmgesel olanın tarihi, ayna evresinden başlar. Ayna evresi, bebeğin kendi bedenini ve çevresini bir bütün olarak aynaya yansıttığını fark etmesine karşılık gelir. Başka bu görüntüyü bebek olarak işaret eder. Bu farkındalıktan sonra bebek, daha sonra öznenin kıskançlığının ve rekabetinin temelini oluşturan bu birlik imgesiyle özdeşim kurar (Lacan, 1977b). İmgesel düzen, ayna görüntüsü ve özdeşleşme ile karakterize edilir. Bu görüntü ile özdeşleşme egonun oluşmasına neden olur (Fink, 1997a).

Sembolik, düzen ve yasanın kayıdır ve Başka ve bilinçdışı ile ilişkisi açısından psikanalitik çalışma için çok önemli bir alanda yer alır (Evans, 2006).. Otoritenin sembolüdür. Çocuğun şehvetindeki kısıtlamaları temsil eder ve yasanın çiğnenmesi durumunda kastrasyona yol açar (Bowie, 1993). Babanın Adları yasayı uygular, birincil bastırmaya neden olur ve gösteren zincirini oluşturur (Gürsel ve Gençöz, 2019). Bu nedenle simgesel düzen bilinçdışının alanıdır (Bowie, 1993).

Lacan'a göre gerçek, anlamlandırmadan kaçınılmaz olarak kaçan ve simgeselin dışında, neredeyse imkânsız ve tanımlanamaz olan düzeni oluşturur. Gerçek, sembolik alemin ortaya çıkışından önceki döneme tekabül eder. Organizma düzeyinde, beden gerçeğin içinde yer alır. Buna paralel olarak, vücutta yaşanan anlık zevk ve acı anlamına gelen jouissance terimi. Keyfin bir örneği, öznenin hastalığından zevk almasıdır (Homer, 2005).

Özne konumunda bu üç düzen, kendilerini desteklemek için birbirleriyle düğümlenmiştir (Lacan, 1974-1975). Psikoloji literatürünün, migrenin asıl yönünü organik bağlantıları ve kişi üzerindeki etkileri olarak ele aldığı görülmektedir. Bu

tezde, katılımcıların kendi bedenleri ve diğerleri ile ilgili imgesel ilişkilerinin yanı sıra Başka ile ilişkisini ve diğerleriyle olan ilişkilerini inceleyerek migrenin kişisel ve ilişkisel yönlerini değerlendirmeye çalışıyorum. Bu yaklaşımla migrenin ardındaki bilinçdışı süreçlerin ortaya çıkarılmasına sembolik düzlemi oluşturan gösterenler rehberlik edecektir.

1.5. Problem Tanımı ve Araştırma Sorusu

Bu çalışmanın temel amacı, migren hastalarının kişisel ve ilişkisel deneyimlerini araştırmaktır. Bu kapsamda migrenle ilgili bilinçdışı mekanizmaları keşfetmeye çalışıyorum. Semptomlarını olası gösterenlerle tanımlama yollarını ve migrenin ilişkisel sonuçlarını incelemenin, Başka ile ilişkileri hakkında bulgulara yol açacağını düşünmekteyim.

2. METODOLOJİ

2.1. Nitel Yaklaşım ve Yorumlayıcı Fenomenolojik Analiz

Nitel yöntemler, araştırmacıların, insanların yaşanmış bir deneyime ilişkin anlatılarını genişletmelerine olanak tanır. Nitel araştırmalarda araç, çalışmanın verilerini betimleyen dil ile karakterize edilir (Biggerstaff, 2012).

Nitel bir araştırma yöntemi olarak Yorumlayıcı Fenomenolojik Analiz (YFA), 1990'larda Smith tarafından ortaya konmuş ve o zamandan beri itibarı artmıştır (Clarke, 2010). YFA, yaşanmış deneyimlerin derinlemesine analizini ve insanların bu deneyimleri anlamlandırma yollarını detaylandırmaya çalışır (Smith & Shinebourne, 2012). YFA'da deneyim benzersiz ve idiografik olarak kabul edilir, bu nedenle küçük örneklem ve yarı yapılandırılmış görüşmeler uygulanır (Eatough & Smith, 2008).

2.2. Migren Deneyimini İncelemek İçin Nitel Araştırmaları Tercih Etme Nedenleri

Bu çalışmadaki amacım migren hastalarının kişisel ve ilişkisel deneyimlerini keşfetmektir. Bu amaç doğrultusunda ve literatürde migren deneyimi ile ilgili

çalışmaların azlığı nedeniyle bu çalışma için nitel bir yaklaşım seçilmiştir. Nitel bir yöntem olarak YFA, deneyimin kendine özgü doğasına ve insanların bunları nasıl anlamlandırıdığına yer verir (Eatough & Smith, 2008). Ayrıca, YFA'nın özellikle ağrı gibi kelimelerle ifade edilmesi durumlar açısından verimli bir yaklaşım olduğu ve katılımcıların görüşme sırasında deneyimleri ilişkilendirmelerine olanak sağladığı önerilmektedir. YFA'nın yorumlayıcı yönü, ayrıntılı bir inceleme kullanarak böylesine karmaşık ve zor bir deneyimde kullanılabileceği öne sürülmüştür. (Smith & Osborn, 2015). Bu çerçevede migrenin bilinçdışı rezonansını araştırmak için niteliksel bir yaklaşımı benimsemek uygun görünmektedir.

2.3. Katılımcılar ve Örneklem Yöntemi

Bu çalışmanın katılımcıları, YFA yönergelerine uygun olarak amaçlı örneklem yöntemi ile seçilmiştir (Smith, Flowers & Larkin, 2009). Katılımcılar, migren tanısı ile Gazi Üniversitesi Baş Ağrısı Kliniğine başvuran hastalardır. Bu çalışmaya katılma kriterleri, 18-65 yaş aralığı ve migren tanısı almış olmak olarak belirlenmiştir. YFA yönergeleri ile uyumlu olan bu çalışmada küçük örneklem kullanılmıştır (Smith, Flowers & Larkin, 2009). Katılımcıların yaşları 19-49 arasında değişmekte olup, migren tanısı aldıkları yaş 14 ile 35 arasında değişmektedir. Görüşmeler yaklaşık elli dakika sürmüştür. Çalışmaya yedi katılımcı gönüllü olmuş, bir tanesinin cenazesi olması nedeniyle çalışmaya katılmamıştır. Altı katılımcı ile görüşme gerçekleştirilmiştir.

2.4. Prosedür

Bu çalışma için iki etik izin vardır. İlk onay Orta Doğu Teknik Üniversitesi İnsan Araştırmaları Etik Kurulu'ndan alınmıştır (EK A). İkinci onay Gazi Üniversitesi Etik Kurulu'ndan alınmıştır (EK B). Katılımcılara Gazi Üniversitesi Baş Ağrısı Kliniği aracılığıyla ulaşılmıştır. Kliniğe başvuran hastalar, eş danışman tarafından bu çalışmaya katılmaları için sözlü olarak davet edilmiştir. Gönüllü oldukları takdirde aydınlatılmış onam belgesini imzalayarak araştırmacı ile iletişime geçmişlerdir (EK C). Araştırmacı ile iletişime geçildiğinde araştırmacı kendini tanıtmış ve araştırma hakkında detaylı bilgi verilmiştir. Görüşme öncesinde katılımcılardan demografik formu (EK D) doldurmaları istenmiştir. Görüşmeler bire bir ve online olarak gerçekleştirilmiştir. Katılımcılara istedikleri zaman araştırmadan çekilebilecekleri ve demografik bilgilerinin görüşme sırasında verdikleri bilgilerle eşleşmeyeceği

konusunda güvence verilmiştir. Görüşme, on açık uçlu sorudan (EK E) oluşan yarı yapılandırılmış mülakat olarak gerçekleştirilmiştir. Sorulara ilk migren atağı geçirdikleri zaman ve ardından hayatlarının bu döneminde başka neler yaşadıkları ile devam edilip yaşam olayları, ilişkiler ve stresle ilgili açıklamalarla atak geçirmeye yönelik atıfları sonrasında ek sorular sorulmuştur. Görüşmeler sonunda katılımcılara bu çalışmaya katkılarından dolayı teşekkür edilmiş ve e-posta adreslerine Bilgilendirme Formu (EK F) gönderilmiştir. Gizliliği sağlamak için katılımcıların isimleri rumuzlara dönüştürülmüştür. Tüm veri toplama süreci yaklaşık on üç hafta sürmüştür.

2.5. Veri Analizi

Görüşmeler ses kaydına alınmış ve daha sonra yazıya dökülmüştür. İlk dökümü yeniden okurken, notları ve vurguları ortaya çıkan temalara dönüştürdüm. Daha sonra ortaya çıkan temaları sıraladım ve çağrışımlarına göre düzenledim. Bu aşamada, üst temalar atadım ve üst temada somutlaştığını düşündüğüm temaları altlarına yerleştirdim. Katılımcıların söyledikleriyle bağlantıda kalmak için, yinelemeli olması için YFA talimatını uyguladım ve materyali kontrol ettim (Biggerstaff & Thompson, 2008).

Daha sonra ikinci transkripte geçtim ve aynı adımları tekrarladım. Her transkript analiz edilip yorumlandıktan sonra, her katılımcı için üst ve alt temalar listeledim. Temaları eşzamanlılık ve uyumsuzluklarına göre sınıflandırdım ve gruplandırımdım. Bu aşamalarda danışmanımla görüşmeler gerçekleştirdim. Son aşamada, verileri yeterince zengin temsil ettiğini düşündüğüm üst ve alt temaları belirledim. Bu süreç öznelliğe eğilimlidir. Bu açıdan metinleri beklentilerime ve önyargılarıma göre daraltmaktan kaçınmak için akran görüşmeleri ve günlük tutma yöntemlerini kullandım.

2.6. Çalışmanın Güvenilirliği

Nitel araştırmalar, katı bir nesnel gerçekliğin olmadığını, gerçekliğin kişinin benzersizliği ve sayısız kanal aracılığıyla sosyal bir bağlama dahil olmasıyla öznel olarak çoklu katmanlarda yapılandırıldığını iddia eder (Williams & Morrow, 2009). Nitel araştırmalarda güvenilirlik, araştırmacının verilere sadık kalarak bu kabulüne ve

araştırmayla sübjektif ilişkilendirmesine olanak tanır. Bu anlayış, güvenilirliğin sağlanması için çalışmada üçüncü bir gözü zorunlu kılmaktadır (Gunawan, 2015). Araştırmacı olarak bedensel bir semptomu incelemeye olan ilgim kendi deneyimimden gelmektedir. Psikanalitik anlamda bedensel semptomların gösterenlerle deşifre edilmesi kendi sürecimde de her zaman ilgimi çekmiştir.

3. BULGULAR

Bu çalışmada bulunan üst temalar: *ağrı kesiciyle ilgili ikircikli hisler, otorite ile ilişkili migren atakları, migrenin ilişkisel yönleri, migrenle baş etme yöntemleri ve migreni insan gibi tanımlama* olarak belirlenmiştir.

3.1. Ağrı Kesici ile İlgili İkircikli Hisler

Ağrı kesiciler, katılımcıların çoğu için bir tedavi ve rahatlama işlevi görürken katılımcılar onları almak konusunda tereddütleri olduğunu dile getirmiştir. Bu üst tema için alt temalar, *ağrının dayanılmaz hale gelmesini beklemek, ağrıyla başa çıkmanın başka yollarını benimsemek, hem ilaç hem de zehir, bağımlı olma korkusu* olarak belirlenmiştir.

3.1.1. Ağrının Dayanılmaz Hale Gelmesini Beklemek

Katılımcıların çoğu, ağrıları dayanılmaz hale geldiğinde ağrı kesici almaya karar verdiklerini bildirdi. Ağrı kesicilerin yan etkilerinin olması vücutlarını koruma düşüncesiyle tereddüt etmeye ittiğini belirtmişlerdir.

3.1.2. Ağrıyla Başa Çıkmanın Başka Yollarını Benimsemek

Katılımcılar ağrı kesicilerden kaçınmak ve ağrıyı hafifletmek için çeşitli yollar benimsediklerinden bahsettiler. Ağrıyı önlemeyi veya kendilerini ağrıya neden olan uyarıcılardan izole etmeyi tercih ettiklerini ve böylece ağrı kesici içmediklerini belirttiler.

3.1.3. Hem İlaç Hem de Zehir

Ayşe ilaç içmek istemeyişini farklı bir kelime seçimiyle belirtir. Bir tedavi olduğunu kabul etse de ilacı zehir olarak görür:

A: Ya acı hissetme sanırım çünkü çok genel bir ağrı oluyor bende. Hani sadece şey şakak değil hani enseme kadar ağrım indiği için geçsin de rahatlayım istiyorum. Bir an önce ilaçlar işe yarasın dendiğim şeyler işe yarasın. İnsanın o da canını sıkıyor yani ilaç içiyorsun kendini zehirliyorsun bir noktada ama senin ağrın geçmiyor. Kendine soğuk su uyguluyorsun bir süre sonra o bile hani soğukluktan dolayı senin canını acıtıyor ama yine de baş ağrın geçmiyor.

3.1.4. Bağımlı Olma Korkusu

Bazı katılımcıların ağrı kesici hakkında hissettiği ikircikliliğin bir kutbu, bağımlılık korkusudur. İlerde ağrı kesicilerin kendilerine yetmemesi için dozaja alışma konusunda ortak bir anlayışa sahiptirler.

3.2. Otorite ile İlişkili Migren Atakları

Katılımcılar, öğretmen, patron, şef, okul müdürü gibi bir otorite figürünün veya yaşamları için önemli görünen bir aile büyüğünün dahil olduğu migren ataklarına ilişkin anılarını anlattılar. Bu üst temanın alt temaları: *otoriteden gelen gereklilikler ile karşı karşıya kalma, çabamın görülmesini istiyorum: kendi temsiliyle ilgili endişelenme, sorumlulukları yerine getirmek için çok çabalamak, güvensiz hisler ve otoriteyi suçlamak.*

3.2.1. Otoriteden gelen Gereklilikler ile Karşı Karşıya Kalma

Görüşmeler sırasında katılımcılar, migren ataklarının olduğu dönemlerde bir otorite figüründen gelen açık, hayali veya dolaylı gerekliliklerle karşılaştıklarından bahsettiler.

3.2.2. Çabamın Görülmesini İstiyorum: Kendi Temsiliyle İlgili Endişelenme

Katılımcıların otorite ile ilişkisinde kendilerini yanlış tanıtmaya endişelerini de kapsamaktadır. Çabaları veya başarıları hakkında belirgin şüpheler vardı. Bu yanlış tanıma endişesi, çoğunlukla bir kişi veya kurum tarafından “görülme” etrafında toplanır. Gözde hemşirelik yaptığı dönemde migren atağı geçirdiğinden bahseder ve bu dönemi şu şekilde tarif eder:

G: Yok bence şey ı şöyle hemşireliği yapıyorsunuz yaptığınız hiçbir şeyin kıymeti yok. Gözüküyor, ı kişi olarak gözüküyorsunuz. Hani şey olarak orada sadece olan ve bütün şeyleri yapan sanki doktor gibi algılanıyor ı ama hani bu ara meslek grubu şey oluyor. Yani hiç gözüküyor yaptığınız işler.

Verimliliğiniz şeyiniz ondan dolayı. Onun beni etkilediğini düşünüyorum ondan dolayı değiştirdim.

3.2.3. Sorumlulukları Yerine Getirmek için Çok Çabalamak

Katılımcıların migren deneyimleri arasındaki ortak noktalardan biri, sorumluluklarını yerine getirememelerini önlemek için baş ağrılarına direnme mücadeleleridir.

3.2.4. Güvensiz Hisler ve Otoriteyi Suçlamak

Otoritenin bakışıyla ilgili kendileri hakkında olumsuz bir değerlendirme yapacaklarına dair ortak bir endişe ve şüpheleri paylaşırlar ve bu da katılımcıların emirleri, öğrettikleri veya kendilerini baskı altına alan liderlik tarzları için otorite figürünü suçlamalarına neden olur. Beril, okul müdüründen aldığı derste geçirdiği migren ataklarına ilişkin olarak müdürü suçlar:

B: Dediğim gibi anlayışsız yani öğrenci şeyine inemiyordu nasıl diyim bir öğrencinin durumunu anlayamıyordu. Bu da bizi biraz yoruyordu, yıpratıyordu açıkçası. Hani desteklemiyordu hiçbir şekilde. Hep kendi tarafından bakıyordu. Hani ben bunu veriyorum siz yapmak zorundasınız. Ben bu dersi veriyorsam siz bunu almak anlamak zorundasınız şeklinde bir şeyi vardı bu yüzden.

3.3. Migrenin İlişkisel Yönleri

Katılımcıların migren ataklarının ilişki dinamiklerini değiştirdiğine yönelik anlatıları olmuştur. Bu üst temanın alt temaları, *ihtiyaç duyulan her şey olmak: rollerin değişimi, öfkeyi engellemek için etkileşimden kaçınma, destek için şükran duymak.*

3.3.1. İhtiyaç Duyulan Her Şey Olmak: Rollerin Değişimi

Migren ataklarına sahip olmak, özellikle evin dışı gibi kontrolsüz bir ortamda baş edilmesi zor bir dönemdir. Katılımcıların çoğu, koku, ışık veya gürültü gibi uyarıcıların ağrıyı daha da kötüleştirilmesi nedeniyle kendilerini daha iyi hissetmek için sessiz ve karanlık bir yere ihtiyaç duyduklarını bildirdiler. Bu ataklara tanık olan yakınlarının genellikle durumlarını anlayan ve ihtiyaçlarına göre hareket eden kişiler olduğu belirttiler. Bunun katılımcıların söyleminde ikili etkileşimin dinamiklerinde bir değişiklik meydana getirdiği görülmüştür. Katılımcılar kendilerini, yakınları bu rolü üstlenmeleri üzerine bakım gerektiren şekilde konumlarlar. Sonuç olarak migren ataklarının katılımcıların ilişkilerinde düzenleyici bir rolü vardır.

3.3.2. Öfkeyi Engellemek için Etkileşimden Kaçınma

Neredeyse tüm katılımcılar, migren atakları sırasında başkalarının duygularını incitmekten korktukları için başkalarıyla sosyal etkileşimden kaçındıklarını bildirdi. Özellikle ağrı nedeniyle yakınlarındaki kişiyi incitebilecek şeyler söyleyebileceklerini düşündüler. Acı çektikleri için başkalarını umursamadıklarını veya duygularını önemsemediklerinden bahsettiler. İlginç bir şekilde, katılımcılar kendilerini tanımlarken, baş ağrısından bağımsız olarak başkalarını incitmekten korktukları için öfkelerini ifade etmekten her zaman kaçındıklarını söylediler. Baş ağrıları, öfkelerini gizleme eğilimlerini sürdürmelerini zorlaştırdığından etkileşimden kaçınmalarına neden olmaktadır.

3.3.3. Destek için Şükran Duymak

Daha önce de belirtildiği gibi, katılımcılar olumsuz duygularını engelleme eğiliminde olduklarını söylemişlerdir. Bir otorite figürü veya uzaktaki bir aile üyesiyle geçirdikleri zor zamanlar dışında, migren ve diğer alanlarda onlara destek olan bir bakım verenin olmasından oldukça şükran duyduklarından bahsettiler.

3.4. Migrenle Başa Çıkma Yöntemleri

Bu üst temanın alt temaları, migren için kişisel çareler, ağrıya karşı yıkım ve düşmanlık, migrenin koşullarına boyun eğmek, bardağın dolu tarafını görmektir.

3.4.1. Migren için Kişisel Çareler

Katılımcıların migrenle başa çıkmak için benimsedikleri yollar, öznel deneyimleri doğrultusunda farklılık gösterir. Kişisel yöntemleri benimsemeleri, meslekleri, birincil destekçileri ve migrene yaklaşımları ile ilgili görünmektedir. Teşhis sürecinde ve sonraki dönemlerde ağrıyı iyileştirme yöntemlerini araştırmaktan ve yöntemlerine deneme yanılma yoluyla karar vermekten bahsetmişlerdir. Her katılımcının ataklarla başa çıkmak için benzersiz yolları vardır. Başa eşarp bağlamak, migren taşı kullanmak, masaj yaptırmak, soğuk su veya buz uygulamak gibi yollar bulunmaktadır.

3.4.2. Ağrıya Karşı Yıkım ve Düşmanlık

Görüşmeler sırasında, bazı katılımcılar baş ağrısını hissetmemek için migren ağrısı çeken bölgeye veya vücudunun başka bir yerine vurmayı veya baskı yapmayı tercih edeceklerini belirtmişlerdir. Vücudun başka bir yerini incitmek veya ağrıyan tarafa

agresif davranmak, ağrıyla baş etmenin düşmanca bir yoludur. Ağrı hakkındaki söylemleri öfke, yıkıcılık ve düşmanlıktan oluşur. Örneğin Yiğit ağrıyan bölgeye yönelik yıkıcı hislerini şu şekilde dile getirmiştir:

Y: Çok ağır geçirdiğinde seyrek olduğu hafif bir ağrı olduğu zaman insan çok önemsemiyor aslında da o bazen hani 11 çok ağrıyor. Kafanızın bir tarafının zonkladığını düşünüyorsunuz. Ağrının bir noktadan geldiğini düşünüyorsunuz. Hani insanın o noktayı ezip bitiresi geliyor.

3.4.3. Migrenin Koşullarına Boyun Eğmek

Migrenle baş etme yöntemiyle ilgili paylaşılan deneyimlerden biri, migrenin kısıtlamalarına ve koşullarına boyun eğmeleridir. Hatta bazı katılımcılar ağrının daha kötü olmasına rağmen migrenin ölümcül bir hastalık olmadığına şükrettiklerini bile bildirdiler.

3.4.4. Bardağın Dolu Tarafını Görmek

Katılımcıların görüşme sırasında migrenin yaşamlarına olumlu katkılarının da olduğunu vurgulamışlardır. Ataklarını tetiklediğini bildikleri sigara ve kafein miktarını fazla kullanmaktan kaçındıkları ve düzenli uyumaya çalıştıkları için bunu migren olmanın olumlu bir sonucu olarak değerlendirmeleri başka bir baş etme yoludur.

C: Yani yapmak istediğim yorucu aktivitelerden beni uzaklaştırıyor çünkü sonrasında çok fazla başım ağrıyacağını düşünüyorum. Olumlu etkilediği yönü yani şu anda sırf ataklarım azalsın diye yapıyorum ama bir nevi hayatımı düzene sokmuş oldum çünkü uyku düzenimi sağlamaya çalışıyorum ataklarım azalsın diye. Yani onun dışında ataklarım olduğu zaman dediğim gibi hayat kalitemi çok düşürüyor çünkü başka hiçbir şey yapamıyorum başım ağrıdığı zaman.

3.5. Migreni bir Kişi gibi Tarif Etmek

Katılımcıların söylemleri arasındaki en yaygın içeriklerden biri migrenlerini nasıl tanımladıklarıdır. Migrenden bahsederken seçtikleri sıfat, fiil, zamir, sanki bir insanı tarif ediyormuş gibi insana özgü olarak ifade edilmiştir. Özellikle, onları kısıtlayan, cezalandıran ve acı çektiren kötü, rahatsız edici bir kişi olarak tarif edilmiştir. Bu üst temanın alt temaları *migrene kişilik atfetmek, saldırgan ve baskın bir karakter*.

3.5.1. Migrene Kişilik Atfetmek

Katılımcılardan bazıları migrene kişilik verme ve onu seslendiren bir söylemde bulunmuşlardır.

Y: Yeni bir üye gibi. Size şunu yani siz devamlı migrene bir kişilik verirsek evinizde yaşamayan bir insan var ama mecburen biri size taşıyor. Taşınan kişiyi de atamıyorsunuz. Hayatınıza devam ettiriyorsunuz yani yeni bir üye oluyor. Sevmiyorsunuz ama yaşıyorsunuz hani mecburen aynı evde barınıyorsunuz.

3.5.2. Saldırgan ve Baskın bir Karakter

Katılımcılar, ağrılarında bahsederken migreni, zamanını boşa harcayan, hayatını yönlendiren, gününü öldüren vb. saldırgan ve otoriter bir karakter olarak tanımlamışlardır. Türkçede zamirler kişi ve nesneyi ayırt etmez. Bu nedenle, görüşme sırasında katılımcılar, baş ağrısının tanımına ilişkin ifadeler ve bağlam, saldırgan bir karakterden bahsediyormuş gibi görünmektedir.

B: Bence daha az ataklı geliyordu yani daha hafif hafif geliyordu. Bu kadar yoğun değildi ama bu dönem dediğim gibi çok fazlalaştırdı kendini. Bazen hiç olmuyor, o bir gün olmadıysa bir gün hıncını çıkararak geliyormuş gibi.

4. TARTIŞMA

4.1. Ağrı Kesici ile İlgili İkircikli Hisler

Katılımcılar, görüşmeler sırasında ağrı kesicilerin baş ağrılarına çare olduğunu kabul ettiler. Ağrı kesici almakta tereddüt etmek aynı zamanda iyileşmekten de çekinmektir. Kendilerini tedaviden mahrum bırakmak, onlar için migrenin bilinçdışı süreci ile ilişkilidir. Lacanyen bakış açısına göre öznel semptomlarından kurtulmak istediklerini söylediler de jouissance sayesinde semptomlarını sürdürürler. Klinik uygulamada, hastaların semptomlarını değiştirmek istediklerini beyan etseler bile semptomlarını sürdürdüklerini görmek çok yaygındır (Uçar ve Gençöz, 2019). Mevcut çalışmada, katılımcılar ağrının dayanılmaz olması ve istediklerini yapmalarına engel olması nedeniyle görüşme boyunca ağrıdan şikâyet etmişlerdir.

Ađrı kesicilerle ilgili eliřkili duygular, migrenleriyle semptomatik bir iliřki gstermektedir. Migrenden řikyet ederler ama yine de aldıkları bir jouissance vardır. Bu aynı zamanda katılımcıların ađrı kesiciler iin ikame seimini de aıklar. Bu ikamelerinden biri, masaj yapan veya onları iyileřtirmek iin bir řeyler getiren bir bakım verenden yardım istemek olarak gelmiřtir. Bu, babalık iřlevi gerekleřmeden ve jouissance'ı sınırlamadan nce anne ve ocuk arasındaki erken dipal ncesi iliřkiyi tasvir eder (Fink, 1997a). Katılımcıların gsterenlerinde bu iliřkinin yansımalarını belirtmek nemlidir. rneđin Yiđit vcuduna zararlı olduđu iin ađrı kesicinin yarısını almaktan tekrar tekrar bahsetti. Bir ađrı kesicinin yarısı fonetik benzerlikten Trkede bir gsteren olabilir (yarım ađrı kesici- yrim ađrı kesici). Trkede yarım (yarım) kulađa sevgilim (yrim) gibi gelir.

4.2. Otorite ile İliřkili Migren Atakları

Otorite ve gl figrlerin temsilleri Bařka kavramına karřılık gelebilmektedir (Uar ve Genz, 2019). Katılımcıların zellikle ilk atakları bir otoritenin emri ile karřılařması etrafında anlatılmıřtır. Bir otorite figrnden gelen bir sz, piřelerinde iz bırakır. Katılımcılar bu sylemlerde hayal ettikleri konunun tehlikeye girdiđi durumlarda migren atakları yařarlar. İdeal egoları, bu sylemlerde duydukları bařarı ve bařarılardan oluřur ve bu nasıl grndkleri ile ilgili bir yerdedir. Katılımcıların abalarıyla grlmek ve fark edilmek iin abalamaları, migren atađı varlıđında bile sorumluluklarını yerine getirmeye alıřmaları ve takdir beklemeleri Bařka ile iliřkilerini aıklayabilir. Bu srete otoriteyi sularlar ve gvensiz duygular geliřtirirler ki bu da ego idealinin Bařka ile olan iliřkide bir dengeyi srdrmesi ile aıklanabilir (Vanheule ve Verhaeghe, 2005). Bařka'dan onay almak iin bedenlerinin sınırlarını feda ederler. Ancak, bu fedakrlık, Bařka'nın takdir etmediđi durumda Bařka'ya karřı gvensiz duygular geliřtirmeleri ve onları sulamalarına neden olur.

4.3. Migrenin İliřkisel Ynleri

Bedensel semptomlar, dillendirmeyi azaltma eđilimiyle bađlantılıdır. Bu alıřmada katılımcılar, onları savunmasız hale getiren, bakıma muhta hale getiren migren ataklarını konuřarak dile getirmezler; konuřan bir zne olarak deđil, bedenlerini kurban etmek taleplerini ifade etmek iin bir yoludur. Bu fedakrlık aynı zamanda bařkalarının masaj yapması gibi dokunsal bir teması gerektirir. Buradaki tensel

temas aynı zamanda katılımcıları ve yakınlarını birbirine yakınlaştırma işlevi görmektedir.

4.4. Migrenle Başa Çıkma Yöntemleri

Katılımcılar migren, baş ağrısı ve ağrı hakkında konuştuklarında, bulguların diğer yorumlarıyla paralel olan egonun psişik ağrısına da atıfta bulunurlar. Katılımcılar kendilerini iyi bir imajla sunma eğilimindeydiler ve bu imaj tehlikeye girdiğinde migren atakları meydana gelmektedir. Böylece baş ağrısı, egonun psişik acısıyla iç içedir. Kendileriyle ilgili istenmeyen yanları egolarından ayırmak isterler. Bu kopukluk, kaçınma ve boyun eğme yöntemlerini, yok etme ve yok etme düşmanlığını ve ağrı kesicilere ilişkin ikircikli duyguları içeren yöntemlerine yansır, çünkü migren onların egolarından koparmak istedikleri bir şeyi işaret eder.

4.5. Migreni bir Kişi gibi Tarif Etmek

Lacan'a göre özne bölünmesi öznenin oluşumunu sağlar ve bu bölünme bilgi ile hakikat, ego ile özne, onları birbirinden ayıran ama aynı köke sahip olan bilinç ile bilinçdışı arasında gerçekleşir (Lacan, 1977a). Özne ile ego arasındaki bu ayırım, konuşan varlık için yabancılaşmayı beraberinde getirir. Katılımcıların durumlarında, migren tanımlarının kendilerinin kabul etmek istemedikleri kısmına ait olduğunu bilinçli olarak bilmiyorlar ve bu da otoriter, intikamcı, saldırgan ve istenmeyen bir karakter içeren açıklamaları açıklıyor. Yüzleşmekten korktukları benliklerinin ayırmak istedikleri bir parçası, migren tariflerine yansımıştır. Benlik imajıyla bu meşguliyet, Başka ile ilişkilerine de müdahale eder.

5. SINIRLILIKLAR VE SONRAKİ ÇALIŞMALAR İÇİN ÖNERİLER

Bu araştırma, migren hastalarının ilişkisel ve kişisel deneyimlerini Türkiye bağlamında araştıran ilk nitel çalışmadır. Ayrıca literatürde migren hastalarının deneyimlerine yönelik nitel araştırma kapsamında Lacanyen bir psikanalitik yorum bulunmamaktadır.

Bu çalışmanın sınırlılıklarından biri örneklemin homojen olmamasıdır. Literatürde migren deneyimine ilişkin bir yaş aralığı veya cinsiyet belirtilmese de Yorumlayıcı

Fenomenolojik Analiz homojen küçük bir örneklem gerektirir. Ancak COVID-19 Pandemisi nedeniyle katılımcılara ulaşmakta zorluk yaşandığı için dahil etme kriterleri daraltılamamıştır.

Katılımcıların bir kısmı, migrenli aile bireylerinin bulunduğunu bildirmiştir ve bu durumun semptomlar açısından bir özdeşleşmeye işaret edebileceğini düşündürmektedir. Bu nedenle, sonraki bir çalışmada diğer aile üyelerinin deneyimlerine ilişkin olası özdeşleşmeleri gösterebilecek sorulara yer verilebilir.

6. SONUÇ

Psikanalitik çerçevede migren, hastaların Başka ile ilişkisi açısından önemli bir materyal olabilir. Bu çalışma, migrenle baş etme mekanizmalarının, aile üyeleri ile dinamiklerine ilişkin birer gösteren olduğunu ortaya koymuştur. Bilinçdışı çalışma çerçevesinde kendi imajlarıyla meşgul olmaları ve bahsedilen konular bu gösterenler aracılığıyla ele alınabilir.

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