

THE CONSTRUCTION OF ADULT PHOBIAS: A STUDY THROUGH
DISCOURSE ANALYSIS

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DISCOURSE ANALYSIS**

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ABSTRACT

THE CONSTRUCTION OF ADULT PHOBIAS: A STUDY THROUGH DISCOURSE ANALYSIS

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In this study, the aim of the research related to how adults with phobias construct the phobia in their language is given briefly. Discourse analysis specific to Discursive Psychology was used to achieve the research's goal. Each of the ten adults who indicated that they had phobia experiences took part in the interviews only once. The transcription of the interview was coded via the software MAXQDA 2020 Plus. The analysis was accomplished based on the interpretative repertoires and the positions. Eight interpretative repertoires were found as follows: 1. The Relationship with the Phobia Object through Control, 2. Detailed Depiction Focusing on Fragments of Phobia Objects, 3. Preoccupation with The Phobia Object, 4. The Gaze of the Phobia Object, 5. Bodily Symptoms Associated with Phobias, 6. The Contact with Phobia Objects, 7. The Gain Through Phobias, 8. Escape from the Phobia Object. As a result of the analysis, three positions were found as follows: 1. Positioning the Phobia Object as Harmful, 2. Mother's Presence as a Part of the Phobic Experience, 3. Father's Presence as a Part of the Phobic Experience. In the discussion part, eight

interpretative repertoires and three positions were handled separately. Subsequently, the clinical implications of the study, the strengths and limitations of the study, the suggestions for future studies, and the general conclusion of the study were covered.

Keywords: Phobia, Discourse Analysis, Interpretative Repertoire, Position

ÖZ

YETİŞKİNLİK ÇAĞI FOBİLERİNİN İNŞASI: BİR SÖYLEM ANALİZİ ÇALIŞMASI

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Bu çalışmada yetişkinlerin fobiyi dillerinde nasıl inşa etikleri ile ilgili olan çalışmanın amacına kısaca değinilmiştir. Çalışmanın amacına ulaşabilmek için Söylemsel Psikoloji'ye özgü olan söylem analizi yöntemi kullanılmıştır. Bu çalışma kapsamında fobisi olduğunu belirten on katılımcı ile birer görüşme yapılmıştır. Görüşmelerin yazı dökümleri MAXQDA Plus 2020 isimli yazılım ile kodlanmıştır. Analiz sonucunda sekiz tane açıklayıcı repertuar tespit edilmiştir. Bunlar; 1. Fobi ile Kontrol Üzerinden Bir İlişki, 2. Fobi Nesnesinin Parçalarına Yönelik Detaylı Tasvir, 3. Fobi Nesnesi ile Meşguliyet, 4. Fobi Nesnesiyle İlişkili Olarak Bakış, 5. Fobi ile İlişkili Olarak Bedensel Semptomlar, 6. Fobi Nesnesiyle Temas, 7. Fobi Üzerinden Kazanım, 8. Fobi Nesnesinden Kaçış. Ayrıca, analiz sonucunda üç tane pozisyonun kullanıldığı görülmüştür. Bunlar; 1. Zarar Veren Olarak Konumlanan Fobi Nesnesi, 2. Fobi Deneyiminin Bir Parçası Olarak Annenin Varlığı, 3. Fobi Deneyiminin Bir Parçası Olarak Babanın Varlığı. Tartışma kısmında sekiz açıklayıcı repertuar ve üç pozisyon, birbirinden bağımsız olarak, tartışılmıştır. Sonraki kısımda ise çalışmanın

linik sonuçları, çalışmanın güçlü yönleri, sınırlılıkları ve gelecek çalışma önerileri ile çalışmaya dair genel sonuçlar yer almaktadır.

Anahtar Kelimeler: Fobi, Söylem Analizi, Açıklayıcı Repertuar, Pozisyon

For every single person and everything in my life

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CHAPTER 1

INTRODUCTION

1.1. General Overview

Many symptoms may come to mind when human psychology is evaluated. The concept of "disorder" enters the story while approaching psychology with mainstream psychology. According to this approach, if one has some symptoms, her behaviors might fall into a specific disorder category. If one has a combination of symptoms, another disorder category may describe her symptoms and behaviors. However, in psychoanalysis, symptoms are treated as expressions of the unconscious. Additionally, symptoms are treated as activating formations as they carry a person into the psychoanalytic process. It is seen that symptoms or symptom groups exclusively do not make sense while human psychology is assessed from the psychoanalytic perspective.

Phobia is seen as an anxiety disorder in the mainstream psychology literature. According to the psychoanalytic theory, a phobia is treated as a symptom of a person. However, some sources treat phobia as a subcategory of neuroses, as a structure such as hysteria or obsession.

In clinical sessions or interviews, people with a phobia usually report a story about their phobia mostly experienced in childhood. In those accounts they usually have a traumatic encounter with a phobia object in their childhood, and phobia is interpreted through these traumatic moments. On the other hand, for some people, there is no such interpretation. After all, not every traumatic encounter causes a phobia, or not every phobia is tied to a traumatic story.

The following questions were asked about the subject of phobia:

- a) What is a phobia?
- b) Why do some people have phobic symptoms while others don't?
- c) Can a phobia have a function in the lives of people? If there is any function, what is it?
- d) Does a phobia indicate something about subjects? What does it point to?

The research principally focuses on phobias. It shall be first discussed how the phobia issue has been handled in mainstream psychology to examine the phobia issue comprehensively. In the next section, the subject of phobia is discussed from a psychoanalytic standpoint. In that section, the first issue discussed is how phobias have been handled according to Freudian Psychoanalysis. Then, it is expressed how phobias have been handled from the perspective of Lacanian Psychoanalysis. In the last section of the introduction, the aim of the study is explained.

1.2. Phobia in Psychology Literature

Conditions called "psychological" have been categorized by The American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM). The most current version of this booklet, the DSM-5, includes Anxiety Disorders. Here, Anxiety Disorders are divided into sub-classes. These are Separation Anxiety Disorder, Selective Mutism, Specific Phobia, Social Anxiety Disorder, Panic Disorder, Agoraphobia, Generalized Anxiety Disorder, Substance/Medication-Induced Anxiety Disorder, Anxiety Disorder Due to Another Medical Condition, and Unspecified Anxiety Disorder.

This booklet states that the common points of Anxiety Disorders are fear and anxiety (American Psychiatric Association, 2013, p. 189). The situation is called fear if there is an existing or perceived threat, and anxiety if there is an anticipated threat situation in the future (American Psychiatric Association, 2013, p. 189). Whereas there is an existing or perceived target for fear, there is no such target to which anxiety is attached. Avoidance, in some cases, is employed to alleviate anxiety or fear (American Psychiatric Association, 2013, p. 189).

If an anxiety disorder seen in childhood is not treated, this anxiety disorder may manifest at different ages for individuals (American Psychiatric Association, 2013, p. 189). To diagnose/understand an anxiety disorder, it is necessary to determine whether the individual is under the influence of substances/drugs or has a medical condition (American Psychiatric Association, 2013, p.189).

In the DSM-V, the subject of phobia is discussed under the topic of Specific Phobia. In the DSM-III and DSM-III-R, phobias are discussed under the title of Simple Phobia. In the DSM-IV, the concept of specific phobia is used instead of Simple Phobia (LeBeau, 2010).

The origin of phobia comes from the word “phóbos” from ancient Greek, which means “fear” (Etymonline, n.d.). Phobia is defined as "extreme" fear of something by the Cambridge Dictionary. In the Oxford Learner's Dictionary, phobia is defined as a "strong" unreasonable fear of something. Fear is an emotion that one experiences when one is in danger. When a person is in danger, it is natural for her to fear. Pathological fear, however, is a type of fear in which a person feels under intense threat when there is nothing to be afraid of. Pathological fear is called phobia (Tözün & Bababoğlu, 2016). The unreal feature of phobia is the key quality that distinguishes phobia from fear (Denis, 2007, p.7). Here, the point meant by the word unreal is that people with a phobia feel fear of an object or a scenario of which most people are not afraid.

When a specific object or situation causes extreme fear, it is known as Specific Phobia (American Psychiatric Association, 2013, p.198; Singh & Singh, 2016). It is called phobia when fear is accompanied by “significant emotional distress” and “functional impairment” (Beidel, Bulik, & Stanley, 2012, p. 128-129). When people face these objects/situations causing fear, or when there is a possibility of an encounter, they feel intense anxiety and try to avoid them (Evans, 1996, p. 147). These efforts may also be life-restricting for people with some phobic symptoms (Evans, 1996, p. 147).

Throughout the evaluation of what phobia objects are, it is seen that many things can be phobia objects and that they vary from person to person. The common point of all these objects is that people with phobia perceive phobia objects as dangerous. The

names of phobia types have been obtained, in the language, by adding the "phobia" suffix at the end of objects or situations. Nyctophobia (fear of dark or night), ornithophobia (fear of birds), xenophobia (fear of strangers or foreigners), and zoophobia (fear of animals) are such examples (Ward, 2001, p. 26-27).

There are abundant stimuli/factors that could trigger phobia (Bennett, 2006, p.177). Specific phobia is divided into five sub-classes, in the DSM-5, according to an object or situation that causes extreme fear. These sub-categories are constructed based on the followings:

- a) Animals - feeling fear for cats, dogs, etc.
- b) Nature/environment - feeling fear for water, heights, etc.
- c) Blood/injection/injury - feeling fear for needles, dentist, etc.
- d) Situations - feeling fear for airplanes, closed places, etc.
- e) Other - feeling fear for anything that causes avoidance of situations resulting in vomiting, choking, etc. (American Psychiatric Association, 2013, p. 198)

It is indicated that specific phobia has a high comorbidity rate (Kendlar, Myers, Presscott, & Neale, 2001). This means that people may associate phobia with more than one object/thing or situation/scenario that causes intense fear.

It is stated that the most common anxiety disorder is phobia (Kessler, Berglund, & Demler, 2005; Wardenaar et al., 2017). It is also remarked that there is a relationship between the specific phobia and impairment (Wolitzky-Taylor, Horowitz, Powers, & Telch, 2008). Mainly, it is reported that throughout the worst episodes of phobia, there is severe impairment in the daily routines of young adults (as cited in Wolitzky-Taylor et al., 2008). In addition, it is significant to state that phobic symptoms can be very extreme. People who have less severe episodes may even experience disruptions in their daily lives due to phobic symptoms (Singh & Singh, 2016). Avoidance is one of the main characteristics that is associated with phobia symptoms. Avoided objects

or situations may increase over time. Namely, other things related to the avoided objects and situations may be avoided in the future (Singh & Singh, 2016).

The prevalence rate of phobia in the United States is around 7%-9%, and this rate is around 6% in Europe (American Psychiatric Association, 2013, p. 199). While the prevalence rate is between 3% and 5% in the elderly, it is approximately 5% in children (American Psychiatric Association, 2013, p. 198). The age group with the highest prevalence rate is 13-17, and the prevalence rate is closely 16% (American Psychiatric Association, 2013, p. 199). It is stated in the literature that specific phobia is more common in women than in men (American Psychiatric Association, 2013, p. 199; Wardenaar et al., 2017). The incidence of specific phobia in women is two times higher (American Psychiatric Association, 2013, p. 199).

Experts, firstly, attempted to study phobias by classical conditioning. The Little Albert experiment study was an example of classical conditioning related to fear. In this experiment, an 11-month-old boy Albert - who heard disturbing sounds - saw a rat and associated the rat with the disturbing sounds (Watson & Rayner, 1920). Similar experiments were also carried on by exposing Albert to rabbits. Consequently, Albert started to fear rats and rabbits (Watson & Rayner, 1920). Since, in the experiments, experts read phobia through classical conditioning, they thought that the solution to phobias had links to classical conditioning. Accordingly, if the phobia objects are associated with neutral or positive stimuli, the phobia disappears (Ollendick & Muris, 2015).

Post Traumatic Stress Disorder (PTSD) and phobias appear to have some similarities. Some phobias (e.g., the onset of dog phobia resulting from dog bites, the onset of claustrophobia after being stuck in an elevator) emerge from traumatic experiences (Menzies & Clarke, 1995). The shared point of phobia and PTSD is that both have a specific stimulus in their target (Jongh & Broeke, 2007). Although an initiating incident on the phobia axis causes an emotional response, the response in the case of PTSD is substantially more severe than in the case of phobia (Jongh & Broeke, 2007). Furthermore, in the case of phobias, sleep disturbance is not particularly noted (Jongh & Broeke, 2007).

Exposure Based Therapy is one of the most widely utilized therapy models for treating phobias (Singh & Singh, 2016). In this therapy model, people with phobias are exposed to phobic objects or situations. As a result, by utilizing this method, it is envisaged that people would become desensitized to phobic objects or situations. The most effective exposure strategy is in vivo exposure (Thng, Lim-Ashworth, Poh, & Lim, 2020). Imaginal exposure, systematic desensitization, eye movement desensitization, and reprocessing (EMDR) are the exposure methods used in virtual reality therapies (Thng et al., 2020). Moreover, exposure is a technique applied in other therapy models such as Cognitive Behavioral Therapy.

1.3. Phobia in Psychoanalytic Literature

1.3.1. Phobia in the Freudian Psychoanalysis

It is necessary to revise the statements of Freud to comprehend phobia in terms of psychoanalysis. The phobia, according to Freud, could be seen as an "anxiety hysteria" (Freud, 2018, p. 125). Although "conversion hysteria" and "anxiety hysteria" accompany each other, he pointed out that these two might not always be seen together at the same time (Freud, 2018, p. 125). He, therefore, called phobias "anxiety hysteria". Yet, there is ambiguity in what Freud says about phobias. In other words, Freud views phobias as not only a symptom but also an underlying clinical entity (Evans, 1996, p. 149).

When we consider the history of psychoanalysis, we can recognize that Freud discussed the phobia in the Little Hans Case in greater depth. The book "Analyse der Fobie eines fünfjährigen Knaben (Der kleine Hans)" - written by Freud in 1909 - handles the Little Hans Case in particular. It is the first example of child analysis that has been documented and occupies an essential place in the history of Psychoanalysis. In the Little Hans Case, the analyst was the father of Hans, and he received supervision from Freud for the regular notes he had about Hans (Freud, 2018, p.25). The father started to take notes about Hans from January 1908 until May 1908 (Quinodoz, 2019, p. 93). In addition, Freud devised the treatment plan/strategy. Freud and Hans met for once.

The first notes about Hans belong to the period before he was three years old. At that time, Hans had a keen interest in his organ, which he called the "pee device". One

day, Hans asked his mother whether she had a pee device or not. His mother said yes and asked him about the reason for his question. Hans answered, "There is no reason, I only asked." (Freud, 2018, p. 27). On another day, he used - for a cow - the expression "Look, milk is coming from the pee device." (Freud, 2018, p. 27). At the age of 3.5, while Hans was playing with his penis, his mother told him not to play with it again, adding that she would take him to a doctor and the doctor would cut his pee device. Then, she asked him how to pee in that situation (Freud, 2018, p. 27). Hans answered, "With my butt.". Freud concluded that Hans's behaviors indicated no signs of guilt, adding that this scene created a castration threat for Hans (Freud, 2018, p. 27-28). Freud specified that before Hans's phobias emerged, the threat of castration was conveyed to Hans by his mother and father (Freud, 2018, p. 28).

At the age of 3.5, Hans stated the following sentence - indicating that he had started to distinguish alive organisms from non-living things: "The dog and the horse have a pee device, but the table and the chair don't have any." (Freud, 2018, p. 29). At a similar age, Hans was watching his mother undressing. His mother asked him what he was looking at (Freud, 2018, p. 29). Hans answered, "I'm looking to see if you have a pee device." (Freud, 2018, p. 29). His mother said, "Yes, I have one.", and asked him if he didn't know that (Freud, 2018, p. 29). Upon receiving his mother's reply - Hans remarked, "No. I thought that your pee device would be as big as a horse's device. Because you are so big." (Freud, 2018, p. 29). It is unclear, in her reply, whether Hans's mother meant the pee device or the penis (Quinodoz, 2019, p.94-95). Hans also asked his father whether he had a pee device. His father answered, "Yes, I have one.", and asked him what he was assuming (Quinodoz, 2019, p.94-95).

When Hans was 3.5 years old, his sister Hanna was born. Before she was born, Hans made inferences about his mother's and father's pee devices. According to later reports, he also made inferences about Hanna's pee device. For example, he once said the following, "Her pee device is small. Her pee device will grow as she grows larger."(Freud, 2018, p. 31). Once when Hans noticed a horse while walking on the road, he told his father, "Look, the horse has a pee device like me." (Freud, 2018, p. 33).

When Hans was four years old, he watched his sister having a bath. He was meanwhile laughing. When asked why he was laughing, he said that he laughed at Hanna's pee device. When asked again why he was laughing, he replied, "Because it is wonderful." (Freud, 2018, p. 39). It is the moment that Hans first noticed the differences between sexual devices. In other words, Hans did not reject the difference between the female genitalia and the male genitalia and accepted it (Freud, 2018, p. 39).

In January 1908, Hans was 4.5 years old. Once, Hans approached his mother and his father while he was crying. His mother asked him why he was crying. Hans said, "When I slept, I thought that you left me and that I wouldn't have a mother to love me anymore." (Freud, 2018, p. 42). According to the statements of Hans's father, Hans was using expressions like, "What if my mother wouldn't exist, if my mother leaves me?" (Freud, 2018, p. 42). His father also added, "When Hans is sad and worried, unfortunately, his mother rests /sleeps with him to calm him down." (Freud, 2018, p. 42).

According to the reports, Hans started to cry while going to the city park with his babysitter on January 7 and meanwhile, he remarked that he wanted to return home and hug his mother. Hans was asked about his reluctance to go to the park and why he cried. He, however, remained silent about his cry. On January 8, his mother wanted to go on a trip with Hans. Hans reportedly refused to go but then went for a walk with his mother.

It is stated that, on the way, Hans was afraid and that while returning home, Hans told his mother, "I was afraid that the horse would bite me." (Freud, 2018, p. 42). Hans, who had another fit of fear in the evening, said this time, "The horse will come to the room." (Freud, 2018, p. 42). According to the reports, on the same day, his mother asked Hans if he was holding his pee device. Hans replied, "Yes, I hold it every night when I go to bed.". Hans, reportedly, was warned not to hold the pee device again. When asked, on the next day, if he again had held the pee device, he responded, "For a short time." (Freud, 2018, p. 42).

Freud says that these parts are where both anxiety and phobia began for Hans. He adds that Hans experienced anxiety when there was no object yet. Before Hans's fear

about horses began, his worries that had no object yet had been observed in his behaviors and statements. Meanwhile, Hans did not want to be on the streets but to be with his mother (Freud, 2018, p. 43). Also, during this period, Hans was crying and wanted to cuddle with his mother. At the time, the cause behind this remained unknown. Hans was known to have spoken nothing regarding the cause. Hans was reported to have been masturbating in that period. Furthermore, there is information indicating that Hans slept with his mother on occasion due to his worries at the time (Freud, 2018, p. 44). There were no horses on the stage yet when all this was going on.

Freud cites the following parts in his book: Hans's father remarks that his wife gives Hans extreme affection and is always ready to take him to her bed (Freud, 2018, p. 45). The father accuses her by stating that all this led to the onset of neurosis for Hans (Freud, 2018, p. 45-46).

His father - in the following time - told Hans that girls and women did not have pee devices like those of men. Additionally, during this period, Hans's fear of horses and the outside of home increased and decreased from time to time. One day, Hans went to the zoo with his father. On that day, he felt fear towards animals which he was not afraid of before. These animals were large animals such as giraffes and elephants. Hans felt scared of big animals, but not of small animals, and he enjoyed being next to their cages (Freud, 2018, p. 50). His father told Hans that his fear of big animals was because of their large pee devices. Hans said that he had never seen their pee devices. However, his father stated that he had seen the pee device of the horse and that the horse was one of those large animals (Freud, 2018, p. 50).

In later parts of the book, it specifies that on one of the evenings, Hans wanted to sleep next to his parents. When his parents asked him why he wanted to do so, he stated that he would tell the reason the following morning. When his father asked him the reason again in the morning, Hans said, "There was a big and wrinkled giraffe in the room at night. The giraffe was screaming. Because I had taken his wrinkles from him. Then he stopped, and I rode on the crumpled giraffe." (Freud, 2018, p. 53). The book continues with the details that Hans kept on coming to his parent's bed every morning during those days and that his mother was taking Hans to

their bed for a short time every morning and sleeping with Hans in that short time (Freud, 2018, p. 53).

Hans said respectively that one day he went out with his mother, they went ice skating and went to a cafe, bought cardigans, went to a candy store. He finally added that they passed through the city park (Freud, 2018, p.65).

Hans expressed that he saw a horse - which was a part of a horse-drawn carriage - fall to the ground on that day and that the horse made a fuss. He remarked that he was terrified because the horse reacted in that way (Freud, 2018, p. 64-65). His mother confirmed that all these happened and that his fears began on that day (Freud, 2018, p. 65). The fallen horse was black, large, and fat (Freud, 2018, p. 66). At this point, Freud claims that there is no fear of horses at the root of Hans's phobia, that the fear is only transferred to horses, and that Hans related his fear with the fear of horses in appropriate conditions (Freud, 2018, p. 66). Freud states that the fall of a "large and overweight" horse and Hans's thinking that the horse was dead could be Hans's desire associated with his father's falling and dying (Freud, 2018, p. 66).

Hans first stated that he was afraid of horses that belonged to horse-drawn carriages, then all horses, and then the carriages of horses carrying goods (Freud, 2018, p. 65). Following, his phobia of the horses that pulled carts changed its direction and turned into train phobia. Over time - besides his street phobia - his train phobia started to emerge (Freud, 2018, p. 94). Hans later described his fears as follows:

“I'm not afraid of phaetons or phaetons with a horse. I am afraid of cars that carry passengers and freight cars when they are full. I am not afraid of them when they are empty. If there is only one horse and the cart is too heavy, I feel scared. But if there are two horses and the cart is too heavy, I don't feel scared.” (Freud, 2018, p. 100).

Freud remarked that Hans's fear was not only about being bitten by horses. He signified that Hans was afraid of freight cars and passenger cars and that he was also scared of large, black horses that moved fast (Freud, 2018, p. 134). In short, for Hans, horses that fell and everything that made it easier for horses to fall had become a phobia (Freud, 2018, p. 134).

In time, Hans's sister, Hanna, also entered his narratives. Hans's father remarked that Hans disliked Hanna and that Hans was extremely affectionate toward her to hide it (Freud, 2018, p. 81). Freud indicated that his phobia started with his thoughts and desires about his sister's birth (Freud, 2018, p. 86). Additionally, in his book, Freud stated the similarities between Hans's fears about loaded cars and his mother's situation of being "loaded" while she was pregnant for Hanna (Freud, 2018, p. 100-101). At the end of his notes, Hans's father stated that Hans knew that it was his mother who gave birth to Hanna - awhile, Hans was saying that storks brought Hanna - and that Hans had no exact conclusions about the place of his father in this scene (Freud, 2018, p. 108).

In the first part of his book - about the Little Hans Case - Freud gives information about Hans and his processes. Freud signifies his thoughts on the case in the second part. Freud wrote that Hans was a "real little Oedipus" who wanted to stay with his mother, sleep with her, and get rid of his father to achieve these (Freud, 2018, p. 121). Hans's wishes started during summer vacation. During this vacation, his father was with them on occasion, and at other times he was not (Freud, 2018, p. 121). Hans began to develop a fear of being bitten by a white horse during this process (Freud, 2018, p. 121). Freud stated that when his father was staying with him, Hans wanted him to leave forever - that is, he wished him to be dead - and that because of his thoughts about his father, Hans began to fear his father (Freud, 2018, p. 122). Freud expressed that every young child desires his father to die and that it is part of the normal oedipal state (Quinodoz, 2019, p. 95). Freud made it clear that when this desire becomes too intense, as in the case of Hans, it causes various symptoms (Quinodoz, 2019, p. 95).

Freud remarked that Hans had suppressed feelings of hostility towards his sister (Freud, 2018, p. 122). Additionally, Freud stated that Hans subconsciously compared his father and his sister in the same way, specifying that Hans felt that his father and his sister prevented him from uniting with his mother. According to Freud, Hans felt disturbance due to them when he was together with his mother (Freud, 2018, p. 122). Moreover, while Hans could not say anything about his father directly, he could directly say his desire for his sister's death (Freud, 2018, p. 122). However, when the topic was about his father, Hans could say negative things about him. These indicate

that Hans suppressed the ambivalence he felt towards his father (Quinodoz, 2019, p. 95).

Freud named that the blackness on the mouths and around the eyes of horses pointed to the glasses and mustache of Hans's father (Freud, 2018, p. 134). In other words, Freud identified that horses represented Hans's father. Freud said that Hans's fear of horses had deep roots in horses' falling (Freud, 2018, p. 136). He pointed out that horses that fell and bit represented his father, whom Hans feared would punish him. In addition, Freud indicated that Hans's hostile feelings toward his father aimed to cover his sexual feelings for his mother (Freud, 2018, p. 147).

In this case, Freud stated that Hans had anxiety. However, Hans did not direct this anxiety to any object before his fear of horses appeared (Evans, 1996, p. 148). He pointed out that this anxiety later turned into the fear of horses or that initial anxiety was replaced by fear (Evans, 1996, p. 148). It means that Hans's anxiety, which firstly had no object, turned into fear when he found horses as an object. In the light of all these, it seems that phobia had emerged for him to deal with anxiety.

According to Freud, Hans's bond with his mother and his sexual excitement toward her were the causes of his anxiety (Evans, 1996, p. 148). He stated that horses represented his father (Evans, 1996, p. 148). Namely, Freud indicated that his fear of horses was indeed the fear related to his father. More precisely, Hans's fear is a fear of being castrated by his father.

Freud, in this case, remarked that he did not learn more than he learned from his adult patients (Freud, 2018, p. 156). Freud said that adult patients had some confusion related to their childhoods (Freud, 2018, p. 156). The confusion stems from the fact that the issues of adult patients regarding their childhoods are handled retrospectively. However, in Hans's case, it was possible to deal with existing issues at the time.

In 1926, Freud re-examined the Case of the Little Hans in his article entitled "Inhibitions, Symptoms, and Anxiety.". Before this work, Freud specified that anxiety is the result of suppression, and he accordingly evaluated the Little Hans Case. In his book, Freud formulated his views as follows: "It is anxiety that produces repression, and it is not repression that produces anxiety, as I thought before."

(Freud, 1981 p. 108). In the book, Freud defined that the engine of repression is castration anxiety in the cases of Wolfman and the Little Hans (Freud, 1981 p. 108). He pointed out that the fear of being bitten by wolves and by horses - in the cases of the Wolfman and the Little Hans, respectively - are substitutes for castration fear by the father (Freud, 1981 p. 108). In other words, Freud made it clear that repression, for Hans, is caused by the threat of being castrated by the father, and for Hans, the return of the suppressed appears through the fear of horse bites.

1.3.2. Phobia in the Lacanian Psychoanalysis

Lacan divided the neurosis into two parts, namely hysteria neurosis and obsession neurosis, and at this point, handled phobia as a symptom (Lacan, 1994, p. 285). However, at some points, he accepted phobia as a sub-class of neurosis, like hysteria and obsession (Lacan, 1994, p. 321). In his recent work, Lacan did not consider phobia as a separate structure, yet he supposed phobia as something that is on its way to transforming into something else (Grose, 2017). Phobia is often a preliminary phase of obsession or hysteria (Grose, 2017).

Some Lacanian analysts see phobia as the third type of neurosis (Rouselle, 2017). Moreover, Melman indicates significant confusion in the apprehension of the structure of phobia, and he writes that we cannot directly say that phobia is a neurosis or psychosis (Melman, 1998). He also says that phobia is primarily related to the subject's relationship with space (Melman, 1998).

Lacan also stated that there could be a link between phobia and perverse structure. In the phobia case, a person is initially the imaginary object of her mother. However, later, the father is expected to enter the scene through the phobia (Fink, 1997, p. 163-164). Phobia and perversion are similar in this respect. However, while the paternal function comes into play in phobia, it is not so in perversion. Therefore, the phobia is compared to a turntable (Horne, 2002). The reason why phobia is associated with a turntable is related to the fact that the phobia may lead to hysterical/obsessive neurosis, or be a pathway to perversion (Horne, 2002).

Lacan focused on anxiety (*angoisse*) in his 10th Seminar, called Anxiety. Lacan accepted that anxiety is an emotion (Lacan, 2014a). According to Lacan, emotion, depending on the signifier, changes its place in the chain of signifiers. It means that

emotion shifts from one signifier to another. However, anxiety does not shift from one signifier to another like other emotions. Namely, at the point/moment of anxiety, there is no shift in the chain of signifiers (Lacan, 2014a). Lacan places the anxiety on the real register. Consequently, he says anxiety is the only real emotion. Other formations can regulate anxiety because of the features of anxiety. Phobia formation causes a fixation on an object, and a person experiences fear on the axis of the connected object. Therefore, it causes the dissipation of one's anxiety, and the anxiety is regulated.

Lacan talks about the Little Hans in detail in the Object Relations Seminar. He also conveys his views on phobia in that seminar. Lacan, in the seminar, expresses that phobia has a function that regulates anxiety and stabilizes the life of the subject (Grose, 2017). Therefore, as Freud puts forth, Lacan states that first anxiety occurs, then a phobic object emerges as a defensive formation. Anxiety, at that point, transforms into fear and accumulates in an object (Lacan, 1994, p. 207). Unlike Freud, Lacan remarks that - for Hans - the "horse" has not only associations that relate to "the father" (Lacan, 1994, p. 283). In the Little Hans case, the "horse" is specified as a signifier and connected to different signifiers. These signifiers are as follows: "The father, the mother, Hans, Hanna, some of Hans's friends, shit, babies." (Grose, 2017). Lacan states that the connection of the "horse" to other signifiers varies according to the moments of Hans's relationships with the "horse" (Lacan, 1994, p. 307). For instance, Hans, for a while, feels afraid that horses will bite him. In another period, however, Hans feels terrified that horses fall. In conclusion, a phobia is an imaginary signifier and connected to all other signifiers in the subject's life (Evans, 1996, p. 148). Additionally, as the imaginary weaves it, it can be associated with everything else in the subject's life (Lacan, 1994). In this manner, Hans relates horses, which are the objects of his phobia, sometimes to his father, sometimes with his mother, and sometimes with his sister (Lacan, 1994).

Lacan states that the position of Hans's father at home was insufficient for Hans's castration (Grose, 2017). When Hans gets very excited about his mother, masturbates, and creates fantasies, he gets anxious, and his anxiety comes into view around the following questions:

- a) What does his mother want from Hans?
- b) Will he be able to give what his mother wants?
- c) What will happen to him if he gives his mother what she wants?
- d) Is it going to hurt him or his mother?
- e) What will his father do? (Grose, 2017).

At this point, if the father's symbolic castration could have stepped in, Hans would have been able to overcome his anxiety (Evans, 1996, p. 148). Nevertheless, Hans had to find a substitute, which was a phobia in his case, because his father could not provide symbolic castration (Evans, 1996, p. 148). His phobia provided a symbolic function for Hans, thanks to the signifier of the horse, which was an imaginary object (Lacan, 1994, p. 230, 245, 284). In this way, Hans could register for the symbolic order from the imaginary (Lacan, 1994, p. 230, 245, 284). After all, Hans's horse phobia led to castration for him. In other words, the horse phobia did what his father could not do (Grose, 2017). The horse as a signifier attended as the third one amidst Hans and his mother. That signifier also organized Hans's relationships with other people whom Hans had linked with that signifier (Hook & Neill, 2008). However, although phobia supports paternal function, it is not a permanent solution (Lacan, 1994, p. 83).

Phobia has the function to respond to a problem related to the construction of the father metaphor (Lacan, 2015). Hans's phobia is an attempt to support the paternal function. This attempt is also explained as making the Other pronounce the law (Fink, 1997, 174-175). Lacan states that although separation from the mother causes anxiety in certain aspects, it results in a deep level of relaxation (Fink, 1997, 174-175). Hans talks about his fears that his mother will abandon him. However, this is the part seen at the level of consciousness. In the unconscious, Hans, to some extent, wants to keep his distance from his mother (Fink, 1997, 174-175). Hans's separation anxiety towards his mother is related to his desire to continue to receive certain pleasures from his mother (Fink, 1997, 174-175). The situation here corresponds to what Lacan calls *jouissance*. Hans wants to continue to receive *jouissance* in his relationship with his mother. However, he wants to put a limit on it. There is a paternal dysfunctionality, in the Hans case, that makes it difficult for Hans to be separated from his mother, and it causes anxiety for him (Fink, 1997, p. 162-163).

Hans's anxiety subsides upon the onset of his phobia. The horse show at the center of his phobia is a substitution of the paternal function, and it comes into play through this signifier (Fink, 1997, p. 162-163).

Lacan says that anxiety is the lack of lack (Lacan, 2014a). The common belief in society about children is that children feel anxious when their mothers are absent. However, Lacan says that a child's anxiety happens due to the lack of lack (Lacan, 2014a). Lacan specifies that if a mother is always available for a child, there becomes no space for the child to experience deficiency. Therefore, the child becomes anxious. At that point, the intervention of a father results in the dissolution of the child's anxiety.

It is misleading to treat phobia solely as a symptom (Merlet, 2004) as it has two different sides, like two sides of a coin. On the one side, there is a fear of the chain that contains the phobia. On the other side, there is something creating anguish in the subject, and it, at the level of consciousness, does not take place towards the object to which the phobia is directed (Merlet, 2004). In other words, phobic symptoms relate to a causal memory which is not an apparent memory or a causal gap (Merlet, 2004). One of the best examples of this is Freud's case named Emma, and Lacan mentioned this case in the Ethics Seminar.

Lacan states that the subject tells a lie at an unconscious level just before addressing the case and points out that it is the way of telling the truth (Lacan, 1986, p. 739). Later, he talks about the case of a young woman called Emma. He remarks that Emma had a phobic symptom of not entering shops alone because she was afraid that people would make fun of her clothes (Lacan, 1986, p. 73).

Analysis of Emma reveals two crucial points (Merlet, 2004). She entered a shop when she was twelve years old in the first situation. After, the shop workers made fun of her clothes (Lacan, 1986, p. 74). In the second situation, however, it is stated that - when she was eight years old - Emma was sexually assaulted by one of the shopkeepers, namely, an elderly shopkeeper who had touched her under her clothes (Lacan, 1986, p. 74). It is expressed that being sexually assaulted by one of the workers is associated with Emma's memory of when she was eight years old (Lacan,

1986, p. 74). Below all, these indicate that she had a causal memory of what happened to her before (Lacan, 1986, p. 74).

All of these are attached to the phobic symptoms and reactions of Emma. It declares itself by being afraid of entering shops alone and feeling afraid of being laughed at in her clothes. However, the reason behind the symptoms is masked (Lacan, 1986, p. 74). Through the second event, it is possible to have some comprehension of the first. Yet, there is a deceitful transformation (Lacan, 1986, p. 74). In other words, in her older memory, the older man sexually assaulted her by touching her under her clothes. However, in her more recent memory, it was replaced by a phobia of going to stores alone, being laughed at because of her clothes, and being assaulted by the people by whom she was afraid of being laughed at (Lacan, 1986, p. 73-74).

Consequently, Emma's phobia is a masked version of another event that happened to her in the past. There is a causal gap under the symptom that declares itself as a phobia for Emma, and it is the memory of the repressed truth she experienced at the age of eight.

Lacan states that a signifier points to another signifier for the subject (Lacan, 1977). Furthermore, Lacan remarks that only a signifier can point at the subject, not another subject can (Camadan, 2020, p. 15). These correspond to the fact that only the subject signifier chain could give clues about the subject. The subject can describe herself through words, expressions, pauses, intonation, and pronunciation in the language area that is the place of the Other. The subject's symptoms arise in the language, which is the area of the Other, and point to clues about the subject. In his early studies, Lacan states that symptoms are a message to the Other (Lacan, 1961). This message finds a meaning/place for itself through the language of the Other and says something about the subject.

As we review the example of Little Hans, we see that Hans first made various interpretations over his pee device. He then, in the process, asks various questions to his mother and father. Later in the process, Hans's horse phobia emerges. From this point of view, it is possible to say that Hans's pee device served as a signifier that helped him organize his universe, and, in the following time, his phobia of horses emerged (Camadan, 2020, p. 21).

As practiced in some therapy schools, Lacan does not suggest desensitizing the subject suffering from a phobia or not simply explaining who or what that phobic object represents in a person's life (Evans, 1996, p. 149). Instead, he opens an opportunity to work on the subject's signifier chain (Evans, 1996, p. 149). It helps the subject develop her myth and exhausts all combinations of signifying aspects that enable a resolution to the phobia (Lacan, 1994, p. 402).

1.4. The Aim of the Study

In people's discourses, everything in their lives finds a direct or indirect place. Similarly, if there are themes about phobia in a person's history, then these themes will find a place in their discourses. Exploring how a subject constructs her experiences related to a phobia from a discourse analysis perspective could give valuable insights into the "reality" of the phobia and the subject's experience. Discourse analysis will be used to achieve the aims of the study. Discourse analysis is a type of analysis that focuses on language and its use (Van Dijk, 1985). This study focuses on the language to find the discourses that have been used. Therefore, it is thought that the most practical methodology for analyzing data is discourse analysis.

The two main questions of the study were as follows:

- 1) How does a person with a history of phobia, construct a meaning for her phobia in the language?
- 2) How does she position herself? Throughout the construction, what does she say about the phobia and others?

CHAPTER 2

METHOD

2.1. Discourse and Discourse Analysis

There is no simple/easy way of defining what the concept of discourse corresponds to (Edley, 2001). Indeed, attempting to describe the discourse will be against the essence of the discourse (Arkonaç, 2014). Conversely, drawing a general/broad framework to be on the same page about discourse is critical. For this matter, in this context, Parker's definition of discourse appears to be useful. Parker characterizes discourse as “Discourse is a set of statements construct/form an object.” (Parker, 1992, p.5). Another researcher portrays discourse as “Discourse is built on the set of understandings, images, metaphors, and stories produced about an event, a person or a group of people.” (Arkonaç, 2014).

There is no standard way to explain discourse analysis, just as there is no standard way of designating the concept of discourse. Discourse analysis, or discourse studies, comprises entirely different standpoints and approaches as per conventional psychology. Also, because they have different paradigms, discourse analysis has different conceptualizations than psychology (Arkonaç, 2014).

Unlike conventional psychology, the main points discourse analysis covers are not people's cognitions, perceptions, or psychological processes. Instead, discourse analysis is a type of analysis that mainly focuses on language and its use. Language focuses on the features of spoken or written discourse, the words used, and the meanings that words represent (as cited in Arkonaç, 2014). The language meant here is not a language that directly reflects reality; on the contrary, it is a language that constructs reality.

Discourse analysis, rather than being a single technique, can be conceptualized as a collection of methods and approaches that share some key characteristics. Many versions of discourse analysis fall under the umbrella of discourse analysis in different disciplines. Discourse analysis is utilized in psychology most commonly in three versions. These are Discursive Psychology, Critical Discursive Psychology (or Foucauldian Discourse Analysis), and Critical Discourse Analysis.

2.2. Discursive Psychology and Discourse Analysis

When it comes to discourse analysis specific to Discursive psychology, it can be said that there are two basic categories which are Discursive Psychology and Critical Discursive Psychology (referred to as Foucaultian Discourse Analysis in some sources) (Arkonaç, 2014). Discursive psychology focuses on the talk itself (Morgan, 2010). It assumes that “meaning, reality, identity and responsibility in daily and institutional settings” are constructed via language (as cited in Georgaca & Avdi, 2012; Morgan, 2010). Focus is mainly on what actions the expressions used in the current interaction perform and how they perform during a speech in discursive psychology (Arkonaç, 2014). For example, when someone says that he/she is furious, some points could be examined. These points are how the person who said this constructed it during the speech, what he/she does with that construction (such as justifying itself), or what s/he tries to prevent with that construction (for example, to block the accusations that will come).

While looking at all of these, in discursive psychology, the background ideology, power relations, etc. are not considered. On the other hand, when based on Critical Discursive Psychology, an analysis is done by taking the background ideology and power relations into account (Arkonaç, 2014). In other words, the point where these two approaches diverge from each other most clearly is that one does an analysis that includes the background things (such as ideology and power relations) while the other does not take this into account. Similarly, the analysis to be done using the Discursive Psychology approach limits itself to the text of the interaction that it transcribes, so it is impossible to get out of the text by the analysis done here (as cited in Arkonaç, 2014). However, since Critical Discursive Psychology takes the

background issues into account, it is possible to get out of the text in the analysis methods based on this approach.

The framework of discourse analysis is drawn by discursive psychology (Goodman, 2017). According to Discursive Psychology, the cognitions, or perceptions of individuals (Goodman, 2017) or their psychological processes are not considered (Avdi & Georgaca, 2007). Instead, discourse analysis focuses on the "language in use" (Georgaca & Avdi, 2012) or discourses (Edley, 2001, p. 190). One of the main questions could be what we do with language and what language does to us (Branney, 2008). The language meant here is not a language that directly reflects reality. On the contrary, it is a language that builds reality. This is where Discursive Psychology differs from mainstream psychology and qualitative methods (Goodman, 2017).

There are three epistemological assumptions of discourse analysis. One of them is the relativist view. It claims that there is no objective basement to prove claims of the truth, and it assumes that the value of knowledge should be appraised according to other criteria like usefulness and clarity (as cited in Georgaca & Avdi, 2012). The other one is the critical realist position, briefly, which claims that social processes mediate knowledge (as cited in Georgaca & Avdi, 2012). The other epistemological assumption of discourse analysis is social constructionism. It claims that both reality and identity are systematically constructed, and their continuation occurred via systems of meaning and social practices (Georgaca & Avdi, 2012). It also claims that the self and the world are constructed by individuals' speech acts that occur in a historical and cultural context (Pedersen, 2011). The current study has a social constructionism stance because it is interested in how an individual's speech constructs reality about phobia.

There are some key concepts of discourse analysis. One of them is construction and function (Georgaca & Avdi, 2012). This means that it is assumed that language does not directly reflect reality. Instead, it constructs reality (Morgan, 2010). Another key concept of discourse analysis is that language is a form of social action (Georgaca & Avdi, 2012). That is, people attain some goals with the language (Georgaca & Avdi, 2012). Those goals are interpersonal goals like "attribute blame" or "refute blame"

(Georgaca & Avdi, 2012). As Potter and Wetherell (1987) indicate, those key concepts show that discourse analysis looks at how people construct certain phenomena in their accounts and how they are variable (as cited in Georgaca and Avdi, 2012). Also, they show that the discourse analysis aims to find rhetorical aspects and functions of speaking in any interaction (as cited in Georgaca and Avdi, 2012). Another key concept of discourse analysis is subject positions used in all kinds of talking (Georgaca & Avdi, 2012). Shortly, subject positions could be defined as the assignment of positions both for the self and others in a specific context and all kinds of discursive practices (Arkonaç, 2012). Another key concept of discourse analysis is the mutuality between discourses and institutions. Institutions have developed all kinds of discourses and have been spread by institutions (Georgaca & Avdi, 2012). As a result, the institutions give legitimization and maintenance of discourses (Georgaca & Avdi, 2012). Moreover, there is an intertwined relationship between power and discourses. This means that discourses create mainstream reality and marginalized reality related to power (Georgaca & Avdi, 2012).

In the current study, interpretative repertoires and positions through language will be examined through Discursive Psychology. Therefore, the most appropriate method for this study is thought to be the discourse analysis specific to Discursive Psychology. There will be two main points to focus on discourse analysis. The first will be to identify the interpretative repertoires used by the participants. In discourse studies, structures called "discursive devices", "rhetorical strategies / resources", "interactional strategies / interactional resources" are identified (Goodman, 2017). The researcher can name them differently depending on the research question and what they are examining (Goodman, 2017). In this study, the point examined by discourse analysis will be named as "interpretative repertoires". Interpretative repertoires are described as "basically a lexicon or register of terms and metaphors drawn upon to characterize and evaluate actions, and events" (as cited in Edley, 2001, p. 198). The same people in the transcript construct interpretative repertoires, and they are repeated among the texts. The purpose of legitimizing, apologizing, supporting, and persuade is the explanatory repertoire functions, themes, metaphors, images, and explanation frameworks created (Potter & Wetherell, 1987, p. 138, 149). Arguments could become stronger and more persuasive by interpretative repertoires.

Thus, those repertoires could be identified in a speak or text (Goodman, 2017). Additionally, interpretative repertoires could be regarded as a “relatively coherent way of talking about the objects and events in the world” (Edley, 2001, p. 198). The second point that will be focused on in this study will be to determine what kind of positions that the participants used during their talking. These positions briefly could be defined as the assignment of positions both for the self and others in a specific context and all kinds of discursive practices (Arkonaç, 2012). There are no fixed positions; rather, they change through the talking.

2.3. Participants

After taking approval from Human Subjects Ethical Committee, the study was shared on two Facebook groups. The name of Facebook groups was Yüzüncüyıl Evleri and Ayrancı Ahalisi, which had a high number of participants. There is the announcement for this study shared in these groups in appendix A.

In the announcements of this research, two points about the participant profile were declared. The first point was that the interviews would only be conducted with the people who had phobia-related experiences. The second point was that only people between the ages of 18 and 60 would be able to participate in the study.

In the beginning, the participants sent an e-mail to the researcher. Some of the people who sent e-mails stated that they heard about the study from their Facebook group. Some of them stated that they wanted to participate in the study without mentioning this part. Also, some people who sent e-mails mentioned their phobias. The researcher asked for information on this subject from people who did not specify what their phobias were. One of the people who sent an e-mail stated that he had an antipathy towards toads in the past, fear and anger towards them, but such a situation does not exist at the moment. This person was not interviewed because he did not call his condition a phobia. Another person stated that he had a phobia of holes (tryphobia). The researcher did not interview this person because he thought that his phobia was not a phobia of objects. Also, two participants sent an e-mail to participate in the current study, but they did not reply to the researcher’s e-mail.

As a result of the mailing process with the participants, the date and time of the interview with the people who were thought to have object phobia were determined. The criterion in determining the participants was that the participants called their situation as phobia on their account. In addition, another criterion was whether the phobia described by the participants was evaluated in the category of object phobia by the researcher.

The interview date and time were determined for the participants who were decided to be interviewed within the scope of the study. Meanwhile, participants signed the Informed Consent Form (See Appendix B). Afterward, interviews were held at the specified time.

All the interviews were conducted via Skype. A recorder recorded all the interviews. Within the scope of this study, each of ten participants was interviewed once. The duration of the interviews varies from 39 minutes to 89 minutes. Basic information about the participants can be found in the table below:

Tablo 1 Demographic Information About Participants

	Name	Object of Phobia	Age	Gender	Duration of the Interview	Go to a psychologist or psychiatrist
1st participant	Ms. D.	Claustrophobia (Small Elevator, Flying, Toilet)	31	Woman	78' 30''	Both Psychologist and psychiatrist
2nd participant	Ms. R.	Cats	29	Woman	70' 32''	Only psychologist
3rd participant	Ms. E.	Dogs	32	Woman	66' 12''	No
4th participant	Ms. B.	Injection	22	Woman	53' 52''	Only psychiatrist
5th participant	Mr. H	Claustrophobia	25	Man	72' 55''	No
6th participant	Ms. Y.E.	Bird phobia	21	Woman	39' 58''	No
7th participant	Ms. N. M.	Insect	34	Woman	58' 26''	No
8th participant	Ms. H.	Spider	28	Woman	70' 56''	No
9th participant	Mr. M.	Height, plane, darkness, rats	28	Man	89' 06''	Only psychologist
10th participant	Ms. F.	Cats	51	Woman	81' 03''	Only psychiatrist

2.4. The Information about Participants

In this part, demographic information about participants is briefly mentioned.

Moreover, the onset times of their phobias and their motivation to participate in this study are briefly mentioned.

2.4.1. Information about Ms. D

Ms. D. is 31 years old, a married woman. She works as a lawyer. She has a one sibling, a younger sister. The duration of the interview conducted with her is 78 minutes.

Ms. D. mentioned that she has claustrophobia. She said that once she was stuck in in an elevator with her father when she was a child. She said that's when her phobia has started. She also stated that she does not close the door while using the toilet due to the fear of being stuck in.

Ms. D. explained her motivation for participating in the study like that: "Maybe this kind of study could offer a solution to people having the phobia. I want to help people who have phobias."

2.4.2. Information about Ms. R.

Ms. R. is 29 years old. She is a pre-school teacher. She is the eldest of four siblings. The duration of the interview conducted with her is 70 minutes. She stated that she has a phobia against cats. Her phobia started when she was a little child (5-7 years old). Her phobia started when her cousins threw kittens at her. Regarding this, she said: "They squeezed me out in the apartment and threw on me, so it's a bad joke, kittens stuck to me, they couldn't go away from me, I couldn't touch them.

When asked what her motivation for participating in the study was, she said, "I mean, I saw a psychologist twice, but I decided not to see him again, since I felt so bad.". She later stated that she had met with two different psychologists and did not continue with them. Afterward, she used the phrase "... I thought if I could take a break for a while and find a psychologist I could trust, then I would go. And when I saw that study, I was thrilled, to be honest.".

2.4.3. Information about Ms. E.

Ms. E. is 32 years old married woman. She works in a bank. She has a younger sister. She stated that her mother and father divorced approximately fifteen years ago, and she and her sister stayed with her mother. The duration of the interview conducted with her is 66 minutes.

She expressed that she has a phobia against dogs. She pointed to memory happened while she was a 9-year-old as the trigger of the phobia and said: "I wasn't such a fearful person, but then I didn't like it very much when a dog comes to near me. Maybe this fear started with my birth. I felt that I should be afraid of them. I ran away at first, and as I ran away, it came to me. There was a light brown dog his tail was cut off. It was a bit active and an aggressive animal, it was not an animal that slept a lot, it was an animal running and running all the time. Of course, I heard that the other children warns against this dog since it's an aggressive one, and I was passing away from him, one day, I was going to take a minibus, it started to come to me, and I was terrified because the animal jumped on me and threw its paws on me and we came face to face like this, it came to my face, then my mother intervened and chased the animal. It was momentary but I cannot get this memory out of my mind":

When she was asked regarding her motivation to be participated in the study, she gave the following answer: "There is no restriction explained to me, I feel free talking on my phobia".

2.4.4. Information about Ms. B.

Ms. B. is 22 years old. She is a university student. She has a sister older. She lives with her family. The duration of the interview is 53 minutes.

She expressed her motivation to participate in the current study like that: "I have always been interested in psychology and I wanted to help-this study if there is anything I can do".

Ms. B. had an injection phobia. She specified that she sewed her hand on the sewing machine when she was little. That time, she indicated that her parents were terrified. She also remarked that she often went to the hospital and gave blood because there

was some suspicion about her health. Regarding this, she used the following statements: “I was experiencing the same fear every time, but I never fainted, what can I say other than that, when I gave blood, I had a laughing crisis when I experienced that crisis, my body was shaking, my arm was bruised, I was suffering from it, apart from that, I encountered a laughing reaction twice, in fact, when I went to the dentist, I had a laughing crises when they injected drugs, but they said that this could be a side effect of narcosis, maybe it effects nerves”.

2.4.5. Information about Mr. H.

Mr. H. is 25 years old. He is a university student. He has a sister older. His parents live in another city. The duration of the interview conducted with his is 72 minutes. He shared the following points about his motivation for the study: “Frankly, I wanted to help you, and I thought that I would be able to overcome it a little, so I wanted to learn about my phobia.”

He said he has claustrophobia. He explained this with the following words: “I get very uncomfortable in the closed areas. This does not necessarily mean that the environment is closed, especially, if the place is where I cannot move freely, I feel so stressful”.

2.4.6. Information about Ms. Y. E.

Ms.Y.E. is 21 years old. She and her parents live in the same city but in the separate houses. She stated that her mother and father divorced almost fifteen years ago. The duration of the interview conducted with her is 39 minutes

She expressed her motivation about participating in the current study as follows: “I have been affected by phobia and bird phobia for a very long time since my childhood, so I wanted to help because there are many people with phobias, but I observe that there are not many people with serious phobias like me. People do not know much about this issue, so I wanted to help.”

Her phobia started when she was 5-6 years old, her mother and father separated at that time. She stated that one day, while she was on the balcony of his grandmother's house, a bird got caught in the rope on the balcony. Her grandmother was trying to save the bird, however, the bird crashed five floors down and died. She stated that

she was afraid of birds before, but with this memory, she started to have a fear of birds. She also indicated that she was afraid of flapping wings, and she conveyed this as follows: "For example, I am terrified of something like flapping wings, not only birds, for example, when a big butterfly flaps its wings, that effect also scares me."

2.4.7. Information about Ms. N. M.

Ms. N. M. is 34 years old married woman. She works in a bank. She has a brother older than her. The duration of the interview conducted with her is 58 minutes.

She shared the following points for motivation to participate in the study: "So here is the thing, I am afraid of insects, I am trying to overcome my fear of insects. I thought my mind would open".

She explains her phobia as follows: "I avoid insects; however, I don't want to abstain anymore, but I'm still afraid by their photos, dead or alive. I'm afraid of all of them and this is the only nightmare I've ever had; this is probably the most terrifying nightmare I've ever had. I usually wake up with bugs from my sleep. There's nothing I've ever experienced similarly, other than insects."

2.4.8. Information about Ms. H.

Ms. H. is 28-year-old. She graduated from university. Also, she is currently studying at her second university. She has 11 siblings, and she is the 10th child. She said that "We are nine sisters and I have three older brothers, but the gender order is as follows: Boy, girl, boy, girl, boy, and after 6 girls were born."

Ms. H. has spider phobia. She explained this with the following words, "As I said, this fear is a fear that I knew long ago. But the people around me were constantly expressing my exaggerated reactions. They said that it was just a spider. For example, I started to think about this, why I don't give such reaction to a grasshopper or why I don't give this reaction to another animal or an object, it's just this animal and when I researched it, I realized that it was a phobia."

She shared the following points as the motivation to participate in the study: "I've been researching about phobia these days. On the other hand, I felt lucky to have seen this study. Frankly, explaining these things to an expert and listening to her

answers made me feel lucky. I'm lucky. I saw this as a luck factor because when you tell laypeople, they oversimplify it. They said that how I am afraid of a small animal. This makes me sadder. After all, if a lion or another animal turns on the road, maybe I'm not afraid that much. They are not that much. Why does this little animal scare me so much...? What is the reason of my fear? As a result of trauma, am I have that fear...? I would like to know the answers to those questions.”.

2.4.9. Information about Mr. M.

Mr. M. is 28 years old. He is a master's level student. He has nine siblings, and he is the youngest one. He decided to start a new job in another city. As a result, he left his family house where he lived before and started living alone. The duration of the interview conducted with him is 89 minutes.

He shared the following points to indicate his motivation for the study: “Well, I have many phobias. So, I thought I could contribute to this study.”.

He said that he has acrophobia (height fear), and phobias related to planes, darkness, and rats. He specifically talked about the time that his acrophobia started. He said that when he was a child, he went to the funfair with his brothers. He said that he got into a vehicle called a ballerina there and that he was afraid of falling from there.

2.4.10. Information about Ms. F.

Ms. F. is 51 years old married woman, and she has a son. She works on a project. She has a sister older. Her mother died 15 years ago. The duration of the interview conducted with her is 81.03 minutes.

Ms. F. explained how her phobia started: “There is a story like this... my cousin's uncle's daughter had many cats, and she still had five cats at home... I guess I was in primary school between the ages of six and eight... She did a favor for me. She said that I could stay in her bed... When I slept there, a few cats came to the bed in that morning. Then I screamed and got out of bed”

She expressed her motivation about participating in the current study like that: “It's an opportunity to think about the phobia. I have cat phobia since a certain period of my childhood. However, there is a strange thing, for example, I never hate cats, I

hesitate... Especially recently, for some reason, maybe in the last five years ... I always read books about cats as there is an opportunity to think about them. I researched to understand their nature and the similarities between human and cat behaviors. I read whatever you can think of, such as novels about cats. I'm obsessed with them. So, I thought that an expert could create a moment of enlightenment or something about it.”.

2.5. Procedure

Interviews were focused on a few core questions and themes (See Appendix D & Appendix E). Throughout the interviews, based on the statements of the participants, the researcher's role was to encourage them to express their feelings/thoughts further. In the initial steps, the participant was asked to introduce herself. Then, she was questioned about how and why she decided to take part in the study. The expressions of the participant were tracked carefully. With the help of the tracking approach, it was evaluated if the participant ever used the word "phobia" up to that current point, and the question about why she named her situation a phobia was asked. If the participant did not mention the word phobia herself, it was stated that the study was about the people with the phobia experiences, and she was asked why she called her situation a phobia. Then, the question about how the phobia entered her life was asked. Following that question, the interview proceeded with the core themes.

The themes were as follows: 1. The onset and the process of the phobia 2. The attributions to the phobia 3. The memories and the dreams about the phobia 4. The encounters with the phobia object 5. The descriptions of the object 6. Thoughts of the family members, friends, and other people in the subject's life 7. The effects of the phobia on the relationships 8. The best approaches that suit the subject and the worst ones that never worked. Finally, 9. The impacts of the object on the subject's life.

The themes-related questions were not asked in any specified order. Instead, if the respondent talked about a designated theme or mentioned a theme that was similar in significance to the ones described, some more questions were asked to induce her to express more. If the participant did not talk about specific themes, then the researcher brought those themes to the agenda and created some questions or

markings for the participant to describe further. When the talks about the themes were over, the participants were asked two more questions. These questions were as follows:

1. Have you had any treatment history? Have you ever applied to a psychologist or psychiatrist? If you did so, how were your experiences? Did anything change for you? Did you recognize any improvement in your situation? Can you tell me more about your experiences?
2. Is there anything else you want to share or add?

2.6. Data Analysis

After each interview, transcriptions were completed. During each transcription, related notes were taken. Then each transcription was read several times. Through those readings, distinct interpretative repertoires and distinct positions were identified. Then a software named MAXQDA 2020 Plus was used to code interpretative repertoires and positions. In the beginning, the transcription of the first participant was coded. Then, this was done for the second participant. There were similar and different coding for these participants. Then a similar procedure was used for all participants. As coding was done with different participants, it was seen that different interpretative repertoires and positions emerged. For this reason, after coding was done with all the participants, the coding was started from the first participant again. In this process, some new coding that did not appear in the first process were made, or some of the coding made were placed under different titles. After the termination of the coding process, each code was examined. In that examination, it was seen that some of them were similar even they were coded differently. Therefore, some codes were combined at that point. The codes were examined, and they constituted interpretative repertoires and positions. Then, they were analyzed. The interpretative repertoires and positions identified before the coding process were checked and were used during the analysis process. As a result, some identified interpretative repertoires and positions were detected which were not obtained in all transcriptions

The extracts included in the interpretative repertoires and positions were coded by the notations taken by Jefferson (2004). Not all notations of Jefferson were used for

this study. Only some of them were selected. These are notations for pauses, overlapping, drop and rise in intonation, loud words, and incomprehensible expressions (See Appendix F).

2.7. Trustworthiness of the Study and Reflexivity

Like other qualitative research methods, the researcher affects all study processes, including the analysis process (Willig, 2001). Mainly, the subjectivity of the researcher could affect the whole process. That subjectivity includes the personal history and the professional orientation of the researcher. Subjectivity inevitably affects qualitative studies. The significant matter is that the researcher should capture the points that emerge from her subjectivity (Berger, 2013). The ability of a researcher to handle these points arising from herself is called reflexivity (Avdi and Georgaca, 2007).

When I look at my personal history, I realized that I had some fear in my past. When I was a child, I had an intense fear of darkness, spiders, and insects. Specifically, I had an intense fear of spiders and insects during the night whenever the lights were off. During the darkness, small animals were changing into giant creatures in my imagination. I could title my intense fear toward those things as childhood phobias. Also, until my adult years, I feared cats and dogs. However, this fear was not as intense as my childhood fears.

I could say the following about my professional orientation: I was a bachelor student in the Psychology Program of Middle East Technical University (METU) between 2008-2013. I was a master's degree student at METU between 2015-2017 in the same department. I have been a doctoral student of Clinical Psychology Graduate Program at METU since 2017. I have been conducting sessions as a clinical psychologist and taking supervision since 2016. My clinical orientation has been on Lacanian Psychoanalysis for the last five years. I go through my analysis process based on this orientation, I attend control sessions, training, and events related to Lacanian Psychoanalysis. My clinical orientation affects my point of view in life. Therefore, everything I encounter in my life has also been affected by my orientation. I could say that every part of my thesis was affected by my orientation. Principally, for me, it has had an influence when determining the subject of the

current thesis, meeting with the participants, coding transcripts, and analyzing them. My orientation has also influenced the way how I have been writing within the scope of this thesis.

One of the ways that the researcher could notice the points that stem from her subjectivity is to work with a research team. From the beginning to the end of this study, the supervisor and co-supervisor were informed regularly at each step. As a result, the related arrangements were made in the study according to their feedback. Additionally, the committee of the thesis monitoring met four times, and the study was shaped based on their feedback. In the final step, the study has taken its current form according to the feedback of the Examining Committee Members.

CHAPTER 3

THE ANALYSIS

3.1. Interpretative Repertoires and Positions

As a result of the interviews with the participants, the interpretative repertoires and positions were determined and indicated in the table below. The latter A used for the researcher, and B used for the participant in the extracts.

Tablo 2 Interpretative Repertoires and Positions

1. Interpretative Repertoires	1.1. The Relationship with the Phobia Object through Control
	1.2. Detailed Depiction Focusing on Fragments of Phobia Objects
	1.3. Preoccupation with The Phobia Object
	1.4. The Gaze of the Phobia Object
	1.5. Bodily Symptoms Associated with Phobias
	1.6. The Contact with Phobia Objects
	1.7. The Gain Through Phobias
	1.8. Escape from the Phobia Object
2. Positions	2.1. Positioning the Phobia Object as Harmful
	2.2. Mother's Presence as a Part of the Phobic Experience
	2.3. Father's Presence as a Part of the Phobic Experience

3.1.1. Interpretative Repertoires

The analysis revealed that eight interpretative repertoires were used by the participants. These were: 1. The Relationship with the Phobia Object through Control, 2. Detailed Depiction Focusing on Fragments of Phobia Objects, 3. Preoccupation with The Phobia Object, 4. The Gaze of the Phobia Object, 5. Bodily

Symptoms Associated with Phobias, 6. The Contact with Phobia Objects, 7. The Gain Through Phobias, 8. Escape from the Phobia Object

3.1.1.1. The Relationship with the Phobia Object through Control

Except for Ms. E. (who has dog phobia) and Ms. B. (who has injection phobia), all other participants have an interpretative repertoire titled as control.

Ms. D. mentioned claustrophobia phobia like that:

B: Galiba (.) hareket edememek edememeye geliyor böyle sanki üstüme ÇÖKMÜŞ bir şey var ve ben hareket edemiyorum klostrofobi de aynı şeye varıyor dediğiniz gibi hani istediğim anda nefes alamıycam↓ ve istediğim anda o kapıyı açamıycam↓ yani istediğim anda çıkamıycam (.) Hollanda da şeyde çok kötü olmuşum bir kere şeyde mesela ben tuvalete gittiğim zaman kapıyı kilitlemem (.) tutarım kapıyı (.) Hollanda da da arkadaşımın evine gitmişim o da böyle apartman baya yüksek bir katta (.) neyse işte çıktım bir şekilde asansörle kardeşim de vardı elini tuttum bir şey yaptım şarkı söyledim ama yukarda (.) bir anda şey geldi allahım ben burdan istediğim zaman inemiycem çıkamıycam ben burdan tekrar asansöre binmek zorundayım binemiyorum bilmem kaç kat ben burda sıkışıp kaldım çıkamıycam paniği yaptım mesela (.) çok oluyordu o ara

Ms. D. said that: “I felt I wouldn’t be able to take a breath whenever I wanted, and I wouldn’t be able to open the door. That is, I was feeling like I wouldn’t be able to leave the place whenever I wanted.”. Then, she continued by explaining her experience in an elevator: “I was feeling like I wouldn’t be able to get out of the elevator when I wanted. I knew that I would need to use the elevator again, but I was feeling that I could not do this again. I felt that I was stuck there. I have had those kinds of panic experienced in the past.”. In her expression what Ms. D pointed out is that she feels she will not be able to do things whenever she wants. When she feels in this way, she says she feels being stuck and she thinks she will not be able to go away from there.

Ms. D. also stated the followings:

B: fobi nesnesi olan şey sadece asansör diyemiycem (.) bence şey (. 8) KAPALI (.) ha mesela şöyle anlatabilirim size böyle saçma (.) ben bir yere girdiğim zaman tuvalete mesela (.) ilk şeye bakarım burdan çıkılabilecek bir yer var mı (.) yani bir cam var mı sığar mıyım kesinlikle buna bakarım şeyse mesela (.) bir tuvalette (.) kadınlar tuvaletinde eğer ki arada paravanlar olur ya üst tarafı açıksa (.) ben çok rahatım (.) en kötü

tırmanırım biri ip atar bir şey yapar kurtulurum yani (.) ama üstü kapalı bir şey tamamen kapalıysa ben ordan çıkamıycam diye çok (.7) şey oluyorum (.) işte o zaman kötü hissediyorum (.) panik oluyorum (.) çünkü duygularımı ifade etme konusunda pek iyi değilim↓ de panik olmak herhalde ya da (.) çaresiz hissediyorum kendimi aslında (.12) ne sormuştunuz

Ms. D. said that she did not have only elevator phobia. She also expressed that when she went somewhere, she first tried to understand whether she could exit from there or not or how she could get out from there. She gave an example about her experiences in ladies' toilets. She said as the worst scenario, she could use a rope to escape from that place. "Escaping" was a noteworthy word in her speech. She said that when she was in a closed place, she thought she would not be able to get out from there. In addition, she stated that she felt terrible because of these thoughts, and she experienced panic.

When the whole interview with Ms. D. was considered, it was seen that Ms. D. experienced phobia in the closed places due to the possibility of not doing what she wanted whenever she wanted. She experiences these in an elevator, in an airplane, or in a toilet. It was understood that Ms. D. had some issues about being/not being able to do things when she wanted or having/not having some control of that process. The situations where she felt she was not in control were the areas in which she experienced phobia.

Mr. H., who has claustrophobia, said these:

B: (.) nasıl yerler (.) dar yerler örneğin (.) örneğin (.) bazen işte youtube da videolar izliyorum (.7) mağaranın içerisinden geçmeye çalışıyorlar veya işte (.) biri su kaynağının ortasında bir (.8) oluk var ordan girip başka yerden çıkıyorlar bunları izlerken (.) ben kendimi hayal ettiğim zaman bunları yapamayacağımı düşünüyorum (.) geriliyorum (.) geçen gün asansörde kaldım (.) bir üç dört dakika kadar o zaman epey gerilmiştim (.7) o temel sebebi (.) hareketlerim kısıtlanıyor ve (8) bu durumdan kurt kurtala kurtulamayacağımı veya işte (.) kendi imkan imkanlarım dışında kurtulamayacağımı düşündüğüm için aslında bir yerde

A: hı kendi imkanlarınız dışında kurtulamıycaksınız bunu biraz açabilir misiniz önemli bir şey gibi duruyor

B: (.7) nasıl anlatabilirim örneğin asansör örneği veriyim (.) içerden o an benim yapabileceğim bir şey yoktu çünkü asansör tepki vermiyordu

A: [tek başınıza mıydınız]

B: [olursa bir müdahale dışarıdan gelicekti]

A: [tek başınıza mıydınız]

B: evet

In the beginning, Mr. H. mentioned that he was watching videos of people who traveled in caves. He said that during watching the videos he imagined he would not be able to travel to that place. He stated that during that imagination, he was experiencing tension. Then, he expressed that he was stuck in an elevator recently and he felt much tension. Both the experience of imagination and the reality of being stuck in a place resulted in tension for him. He stated that he felt his movements were restricted, and he thought he would not escape from that situation or would not get himself out of there. As a result, he was experiencing tension. Like Ms. D., Mr. H. verbalized his phobia experience based on “escaping”. Then, he said that when he would not exit from the elevator by himself, and he needed help from others. Even there was nothing he could do and there should have been intervention from outside, this resulted in too much tension for him.

Ms. Y. E., who has bird phobia, talked about these:

B:... mesela (.) şeyden falan çok korkarım mesela kanat çırpma (.) şeyinden hani sadece kuşlar değil mesela büyük bir kelebek falan da kanat çırpı çırpıtığı zaman o efekt de beni korkutuyor o hareket

A: peki biraz açabilir misiniz sesi korkutuyor o hareketin sadece kuşta değil bir kelebeğe de mesela büyük bir kelebeğe de olunca ya da kanatlı başka bir şeyde

B: sesi korkutuyor ilk olarak (.) o çırpma yani sesi beni korkutuyor

A: çırpma sesi

B: onun dışında ona benzer sesler de korkutur (.) illa kuşta olmasına gerek yok yani o sesi hızlı bir şeyin çırpma sesini duymak beni korkutuyor (.7) onun dışında (.10) bir de ÇOK HIZLI VE ANİ OLMASI sen senin kontrol edebileceğin hiçbir şey yok (.) hani diğer hayvanlarda belli bir şekilde hareketlerini kontrol edebiliyorsunuz ama kuşlar çok hızlı kanat çırpmaları (.) ve bana çarpabileceğinden korkuyorum sanırım biraz kanatları

Ms. Y. E. said that she was so afraid of the sound of flapping wings. However, she stated that she was not only afraid of birds flapping their wings but also a giant butterfly flapping its wings. She stated that what she was afraid of was the sound of flapping wings. Afterward, she said that birds' flapping wings were very fast and sudden, and not under her control. At this point, she stated that although the movements of other animals can be controlled to a certain extent, this is not the case for birds. She said that because the wings flapping of the birds is very fast, they cannot be controlled. Then, she expressed that she was afraid of them because they could hit her. In summary, from Ms. Y.E.'s narration in the above excerpt; it is understood that Ms. Y.E. feels she has no control over the birds, the objects of her phobia, this frightens her. One point that needs to be underlined here is that Ms. Y.E. used the expression "too fast and too sudden" for birds while they flap their wings. Like Ms. Y.E., some participants defined phobia objects as being fast and having sudden movements. For example, Ms. H., who has a phobia of spiders, said the following:

B: o hayvanın bir yandan zehir bazı zehirli türleri var (.) bildiğim kadarıyla ve hangisinin zehirli olup olmadığını bilmediğim için (.8) bir ısırığı falan (.) ne biliyim felç falan bırakabilir mesela (.10) ve çok hızlı hareket ettiği için ben onu kontrol edebileceğimi zannetmiyorum omzuma ya da bir tarafıma konduğu zaman çok hızlı değişken bir şekilde hareket edebiliyor (.) onu kontrol edemeyeceğim için (.) mümkün mertebe o hayvandan uzak duruyorum

In the beginning, Ms. H. stated that there were poisonous types of spiders and that as she did not know which were poisonous, she felt that all types would be dangerous. Then, she said that "I can't control it as it moves fast". Afterward, she stated that the spider could move very fast, and it was not stable. She said she stayed away from it since she thought that she could not control it.

Additionally, Ms. H. said the following:

B:... geçen yastığı kaldırdım halının kenarından bir tane örümcek çıktı (.) koştum hemen kardeşim evde zaten dedim gel uzaklaştır (.) huylanıyorum işte saçımı kontrol etti sırtımı kontrol etti (.) falan zaten göremediğim zaman yani mesela o hayvanı atıyorum gördüm ve odadan çıktığını gördüm... onun ordan güvenli bir şekilde dışarıya atılması uzaklaştırılması ve bu şeyi benim görmem lazım kendim görmediğim

zaman iyice huzursuz oluyorum yine gelicek nereye saklandı böyle bir elektriklenme tabii şey oluyorum

Ms. H. said that once she saw a spider, she asked for help from her brother. Then, she said her brother checked her hair and back. Then, she stated that she wanted to see the animal was out of the room, otherwise, she said she felt irritated and thought that the animal would come back.

It is understood that as Ms. H. cannot control her phobia object, she stays away from it. In addition, when a spider contacted her, she wanted her brother to control her body. In other words, as the spider was out of her control, she asked her brother to control her body. In the following excerpt, Mr. M. mentioned one of his phobias, which was plane phobia:

B: ya şimdi orda mesela (.) uçağa bindiğim andan itibaren bu sorular aklıma gelmeye başlıyor işte mesela ya (.) elektrik mühendisi kontrolleri iyi yapamamışsa (.) ya da işte (.) pilot ya (.) yanlış bir hamle yaparsa bunların hiç birini ben kontrol edemiyorum (.) kendi kendime pilot olamam tabii ayrı mesele de (7) demek istediğim şey yani benim hayatıma birileri karar veriyormuş gibi hissediyorum burda (.) yani işte birisi (.) uçağı kaldırıyor o an modu düşükse mesela şey olursa hatırlarsanız yakın zamanda (.10) bir psi bir pilot intihar etmişti işte uçakla (.) beraber bütün yolcuları öldürmüştü ↑mesela düşünüyorum diyorum ya arkadaş bu pilot benim de pilotum olabilirdi yani o an (.) eşiyile kavga etmişti ne biliyim (.) bir şeye canı sıkılmıştır (.) öldürebilir yani bizim bir kontrolümüz ya da (.) o gün elektrik mühendisi uçak mühendisi (.) son kontrolleri yaparken dalgındı bir şey kaçırdı (.) anlatabiliyor muyum yani bunların hepsi benim kontrollerim dışında gerçekleşen şeyler (.) birileri benim hayatıma (.) karar veriyormuş gibi hissediyorum

Mr. M. stated that he did not have any control over anything related to the plane. At this point, he declared: "What I mean is that I feel like as if someone gives decisions about my life". Afterward, he stated that some related people had control over the things related to the plane, but it was not him. Lastly, he used the phrase, "I mean, these are all things that are out of my control, I feel like someone is deciding for my life."

Establishing a relationship with the phobia object through control was a repertoire in the speeches of most participants. Ms. D and Mr. H. use that repertoire when they speak about situations that they cannot overcome with their possibilities. Mr. M has a

plane phobia, and he says that he does not have control over planes he travels by. When the phobia object is an animal, participants refer to the phobia objects as moving quickly and suddenly. As a result, they state that they have no control over their phobia objects. Ms. H. said that when a spider contacted her, she asked her brother to control her body. That is, when Ms. H. did not have control over the object of the phobia, she gave control to someone else who could use it.

When the phobia object is an animal, the participants state that they have no control over this animal as it moved too quickly and suddenly. In other words, it is understood that they think the control is in this animal and not in them. On the other hand, when the object of phobia is a place like an elevator and an airplane, control is not portrayed under these places themselves. Instead, the control is attributed to other people associated with these places. For example, when the person with an elevator phobia is stuck in the elevator, s/he has no control over the situation. Only someone else can save her/him. Also, when the object of phobia is an airplane, the person who makes or uses that airplane is the person in control. The person with a phobia of airplanes thinks that he/she has no control over the object of the phobia. It can be said that when the object of the phobia is a living thing - for instance, an animal - the control is transmitted from the phobic person to the phobia object. However, when the phobia object is inanimate, people other than the phobic person have control.

3.1.1.2. Detailed Depiction Focusing on Fragments of Phobia Objects

Except for Ms. D. (who has claustrophobia), Ms. R. (who has cat phobia), and Mr. H. (who has claustrophobia), other participants give detailed descriptions about their phobia objects.

Ms. H., who has spider phobia, talked about features of spiders:

B: ... hayvanın boyutuna göre de bu korku değişiyor mesela çok küçük (.10) örümcek gördüğüm zaman yine korku var ama böyle (.) panik atak derecesinde bir korku değil fakat mesela örümceğin (.) şekli büyüklüğü (.) yapısı falan (.) kalınlaşıp rengi koyulaştıkça korkumun arttığını farkettim ya da mesela bu tarantula türünü bilirsiniz tüylü (.) o tüylü ve (.) siyah türler herhalde öyle bir şey görsem kalp krizi ↑ falan geçiririm o derece (.) bir de şey örümceğin gözleri falan (.7) bilmiyorum çok bana↑ itici geliyor (.10) böyle (.) kafa şekli falan (.) tüyleri rengi (.) gördüğüm zaman çok huylanıyorum tiksiniyorum korku (.) üç hissi birden yaşıyorum

Ms. H. expressed that her experience related to her phobia changed according to the size of the spiders. For instance, when she sees a tiny spider, she experiences less fear than the bigger one. Similarly, she stated that her spider fear changes according to its structure. She said that her fear increased when the spider's structure thickened, and its color sharpened or when the spider was a hairy and black one. Moreover, she stated that the spider's eyes were very repulsive to her. Furthermore, she used the phrase, "When I see that kind of head shape, colors, or feathers, I get angry, I feel scared and disgusted. I experience all these at the same time."

Ms. E. talked about dogs:

C: gözleri siyah ve parlak olur genelde gözleri (.) böyle kocaman (.7) ve böyle koku sürekli koku alabiliyormuş gibi (.5) dişleri (.) dişlerinden çok korkuyorum (.) dediğim gibi şu ağız renginden çok korkuyorum (.) ağız özellikle siyahsa (.) çok korkuyorum boynu (.) boynu inceyse biraz böyle (.) tedirgin oluyorum yani sanki boynu inceyse daha hareketli (.) daha saldırgan bir hayvanmış gibi geliyor (.) ince yapılı köpeklerden de aslında korkuyorum ↑aslında daha çok korkuyorum (.7) ee hareketli (.) saldırgan (.) köpeklerden koyu renkli köpeklerden (.) korkuyorum (.7)

A: [peki]

C: [ve yanıma geliyorsa]

In the beginning, Ms. E. spoke about the eyes of dogs stating that their eyes were black, bright, and huge. Then, she continued her speaking underlining the sense of smell and teeth of the dogs. Afterward, she said: "I am very scared of them." In addition, she said that she was so afraid of the color of mouth of a dog, especially if it was black. She added that if the neck of a dog was thin, then it caused nervousness for her. She said that when a dog had thin neck, for her it meant the dog was too aggressive. She also said that she was more afraid of thin dogs. Finally, she said that she felt scared if an aggressive and dark colored dogs came near her.

As seen, Ms. E.'s fear of dogs varies according to the characteristics of a dog. In other words, Ms. E. feels differently about dogs with specific characteristics. As a result, she feels varying degrees of scare based on these specific characteristics.

It is understood that both Ms. H. and Ms. E. gave a detailed description of their phobia object. During these descriptions, they talked about eyes of their phobia object stating that they were afraid of them.

Ms. F., who has cat phobia, said the following:

B: ... mesela tüyleri falan beni çok rahatsız ediyor ama köpeklerin (.) işte kuşların aklınıza gelebilecek tüylü koyunların tüyleri hiç rahatsız etmiyor (.) halbuki aynı şey yani bir köpeğin kılıyla kedinin kılı arasında ne fark var (.) daha da korkunç bir şey var aslında felek hanım ölü kedi beni daha da korkutuyor (.)

Ms. F. stated that the hair of furry animals such as dogs and birds did not bother her. Then, she asked the question: "What is the difference between a dog's hair and a cat's hair? They are, in fact, similar.". Although Ms. F. asked this question on a conscious level, she pointed out that cat hair had a different meaning for her. She questioned the difference between them. Then, she said, "There is something even scarier" and stated that a dead cat frightened her more.

Similarly, Ms. Y. E., who has a bird phobia, said:

B: canlı kuşlarda uzaklaşabiliyorum biraz hani daha böyle kendimde oluyorum kendimi kontrol edebiliyorum ama (.) gerçekten ölü bir kuş gördüğüm zaman (.) böyle dediğim gibi (.) res resmen sistemim kapanıyor ve (.) donuyorum tepkisiz kalı (.) tepki verememeye başlıyorum (.) ve onun etkisinden bir süre çıkamıyorum (.) durmadan onu düşünüyorum o görüntüyü kafamda durmadan canlandırıyorum

Ms. Y. E. expressed that she was able to move away when there was an alive bird and to control her fear. She however said that when she saw a dead bird, her system went "shut down". She added that she felt "frozen" and "unresponsive". Finally, she stated that she continuously visualized the bird image she saw.

Both participants have phobia objects that are animals. Similarly, when they see that their phobia objects were not alive, their experiences change significantly. For instance, Ms. F. said, "I feel too scared when I see that it is not alive.". In another example, Ms. Y. E. expressed that "I feel frozen.... I constantly visualize that image."

Ms. B. had a phobia toward an inanimate object, namely an injection:

B: iğne(.) yani iğne dışında hiçbir şeyden korkmuyorum (.) mesela ameliyata girmekten (.) de korkmuyorum vücuduma (.) bıçak olursa korkmuyorum ama iğnenin (.) ince uzun (.) olması ve biraz (.7) garip geliyor yani (.) mesela bir ameliyat sırasında (.) bıçakla neşterle bir yeri kesersin (.) ama o bir yer açar ama iğne direk (.) açmadan vücudumuza giriyor gibi hissediyorum

A: bir giriş var orda

B: evet

Ms. B. started her speaking about what she was not afraid of. She said that she was afraid neither from magnetic resonance nor injection that inserted into her body. However, she pointed out her fear for injections that are thin, tall, and deep. Afterward, she referred to her body being cut by a knife and having an injection during an operation. Then, she used the following expression: "I felt like it was going inside without opening it directly."

Unlike the participants mentioned above, Ms. B.'s phobia object is an inanimate object. Therefore, it is unlikely that there will be an elaboration on "death" here. Nevertheless, in the cases of Ms. F. and Ms. Y. E., whose phobia objects are living things, seeing phobia objects as dead has a special meaning for them.

Ms. N. M. described her insect phobia as follows:

B:... böyle mesela bir böcekle karşılaştığımda doğada (.) biraz daha (.) şey az tepki gösteriyorum ↓ya da az korkuyorum gibi geliyor (.) ya da örümceklerle böceklerden ikisinden de (.) aynı şekilde rahatsız olurum (.) şimdi örümceklerden bir tık daha az korkuyor olabilirim beni rahatsız eden↑şey biraz bacakları (.) o yüzden örümceklerde o bacaklardan var (.) hatta uğur böceğinde bile çok yakından bakınca (.) ya da bir kelebeğe o ince bacaklarına çok yakından bakınca rahatsız oluyorum (.) ama işte bir tık örümceklerden ↓ ya da hani doğada daha (.) olmasına alışkın olduğumuz şeylerden (.) daha az korkmaya başladım diyebilirim

In the beginning, Ms. N. M. stated that she gave less reaction and was less scared when she confronted her phobia object in nature. Also, she said that both insects and spiders disturbed her similarly in the past. However, currently she said she felt less disturbed for spiders. Then, she used the expression: "I am disturbed by their legs.". Moreover, she said that other animals having that kind of legs disturbed her, too. Additionally, she stated that she started to feel less afraid when she saw her phobia animal in nature and that she was used to see them in nature.

Ms. N. M. indicated that her reactions toward the spiders changed according to their leg characteristics and to places where she saw them. All this information is the point where Ms. N. M. gave remarkable details about her phobia object.

Mr. M. mentioned his rat phobia:

B:... belki (.) o faredeki şey de olabilir (.) tikslenme ben çok tiksindiririm fareden (.) bu da olabilir ↓ belki onu da bilemiyorum (.) o farenin kemiksiz yapısı (.) ne biliyim belki midemiz bulanıyor ama

A: yoo devam edin siz aklınıza ne geliyorsa

B: dediğim gibi (.) (.) şey yani o kemiksiz yapısı (.) ne biliyim sesi (.) çok iğrenç bir hayvan gibi geliyor bana hatta şeyde abimin düğününde de (.) apartmana fare girmişti (.8) böyle yukarıya çıktım ikinci kata çıktım (.) ayaklarımın arasından fare çıktı böyle hızlıca yanımdan geçti aşırı korktuğumu ↑hissediyorum kuzenim mesela hiç korkmaz (.) ben tam tersi diyorum ya esnek yapısı (.) hızlılığı (.) vs tiksindiriyor açıkçası (.) bilmiyorum yani

Mr. M. said that he felt disgusted by rats. Then, he pointed to the boneless body structure of rats. Afterward, he used the following phrase: "That boneless structure of it, and its sound are both very disgusting.". At the end of his excerpt, he used the phrase: "To speak frankly, its flexibility and speed are both disgusting."

This repertoire shows that some participants focused on the specific features of the phobia objects. These specific features are associated with more intense feelings and reactions for them. When the statements of all the participants mentioned above are examined, it is seen that the participants have a very subjective view about their phobia objects. In other words, the points where the participants describe the phobia objects in detail are the points where the participants' subjective perceptions of the phobia objects emerge.

3.1.1.3. Preoccupation with The Phobia Object

Mr. H. (who has claustrophobia), Ms. Y. E. (who has bird phobia), Ms. N. M. (who has insect phobia), Ms. H. (who has spider phobia), Mr. M. (who has high, darkness, flying, rat's phobias), and Ms. F. (who has cat phobia) have interpretative repertoire titled Preoccupation with Phobia Object.

Mr. H. mentioned his phobia:

B: kesilebilir (.) ben daha çok haberlerde ↑kendim araştırıp (.) buluyordum öyle bir huyum var benim (.) herhangi bir sorunla ↑ durumla karşılaşınca (.) araştırma yapıyorum ve kendimi genelde bulduğum şeylere işte genelde internet hastalığı (.) tarzı işte atıyorum başınız ağrıyor (.) gittiniz o (.) bir şey kanseri gibi (.) böyle şeylere ben (.) biraz şey yaptığım için (.) o şekilde ilerlediğim ↑için hani asansörlerde (.) kalan insanların düşen kaza durumlarını filan görünce (.) korku oluşmuştu bende ↑ama (.) kullanmama bir engel değil

Mr. H. said that when he was confronted with a problem, he firstly did researches to find a solution for it. As an example, when he researched for headaches, he said he found its relationship with cancer. Later, he used the following statement: "I was concerned when I saw the accident about elevators, but it is not an obstacle for me to use it.". In that quotation, he started his narrative by stating that he researched for a problem when he encountered it, and then his mentions about the news for elevators indicated that Mr. H. was doing (or had been doing) research on all these. On the other hand, Mr. H. stated that although he experienced fear regarding elevators, it did not prevent him from using them. Mr. H. has been conducting research when faced with a problem and a similar process happened with his phobia. All these can also be read through the fact that Mr. H. has a preoccupation related to the object of the phobia.

Like Mr. H., Mr. M. mentioned about one of his phobias as follows:

B: son uçuşta özellikle (.) erivandan döndükten sonraki türbülansın sonra (.)7) ↑uçaklara karşı bir korku başladı bende (.) ↑bu dönemde aynı zamanda şeyleri de izlemeye başladım hani ↑uçak kazalarını aynı zamanda ↑pilotların kahramanlıklarını (.) uçak (.) böyle (.) uçak böyle kendime bir şey diyorum

In the above excerpt, Mr. M. firstly talked about his fear of planes. He stated that when his fear of planes started, he started watching plane crashes and heroic videos of pilots. It is noteworthy that while he was afraid of planes, he was interested in planes.

Both Mr. H. and Mr. M. follow certain things about their phobias. That is, both are preoccupied with their objects of the phobia.

Mr. M. added the following:

B: hep böyle yani (.) arabaya binerim (.) şoförün uyuyacağını hesaplarım (.) mesela (.) bu da ↑çok düşük bir ihtimal (.) ama bu düşük ihtimal bana hep daha gerçekçi geliyor böyle (.) olacak kaza olacak sürekli bu endişe de yaratıyor (.) ve (.) bu endişe hali (.) beni çok (.) çok rahatsız ediyor (.) normalde şey ↑bir insanım (.) ↑böyle ortamlarda işte (.) espri yapar (.) güldüren (.) kendisi de gülen (.) anlatıp kendi kabuğuma çekiliyorum (.) farklı bir dünyada gibi olduğumu hissediyorum kendimi (.) farklı bir dünyanın içine giriyormuşum gibi hissediyorum (.) sanki düşüncelerimin içinden belki ↑çıkılmak için mücadele ediyorum (.) (.) mücadele ediyorum ara ara yolumu yitiriyorum gibi hissediyorum (.) iki bin on yediden sonra bu çok (.) daha ciddi olmaya başladı

Mr. M. said that when he was in a car, he was concerned that the driver would fall asleep. He said that although it was unlikely that the driver would fall asleep, it always seemed more realistic to him. Mr. M., who used the expression "It will happen, there will be an accident, I always feel worried about this." expressed how this state of anxiety bothered him. Mr. M. said that although he was a funny person who made jokes in public, he withdrew into his shell and felt like he was in a different world. He also stated that although he struggled to get rid of his thoughts, he lost his way from time to time.

In the above excerpt taken from the interview with Mr. M., it is understood that Mr. M. is worried, and this is such a process that it makes him experience introversion. When all these are evaluated in terms of his phobias, it is understood that Mr. M.'s phobias take up significant place in his life. In addition, unlike many interviewees within the scope of this study, Mr. M. has more than one phobia object. He specified his phobias as acrophobia, rat, plane, and darkness phobias. The fact that Mr. M. has more than one phobia object can also be considered as an indication that his phobias occupy a significant place in his life.

Ms. F. says the following about cats that are the object of her phobia:

B:... farklı bir şeyler üzerine (.) ve kendi üzerime daha fazla ↑düşünme imkanı ortaya çıktığı için (.) ↑hep böyle (.) kedilerle ilgili kitap okuyorum (.) kedi sever insanların yazdığı kedilerin işte (.) şeyi ne biliyim (.) doğal yapıları (.) ve ↑insan ↑davranışlarına ↑benzer ↑yanları falan (.) aklınıza ne gelirse hep böyle şeyler (.) ↑romanlar da dahil (.) bir de onlara kafayı takmış durumdayım o yüzden dedim ki ↑yaşasın (.) işte dedim bir uzman birisi bana (.) belki kendimle ilgili bir aydınlanma anı (.) yaratabilir (.) falan dedim

Ms. F. expressed that she read some books about cats. Then, she said: "I am obsessed with them.". Afterward, she talked about her motivation for attending this study. She said that an interviewer could help her to understand something about her phobia. Although Ms. F. noted in the interview that she was afraid of cats, that she read books about cats, and openly stated that she was obsessed with them; it indicates that Ms. F. maintains her relationship with the object of phobia through all these. At the same time, the fact that Ms. F. is so preoccupied with the object of phobia can be read in a way that she brings the object of phobia closer to herself instead of pulling it away at an intellectual level.

Ms. H., who has a spider phobia, said:

B: korkmamak değil de (.) bu tepkileri vermem (.) onların tabiriyle benim tepkilerim ↑abartılı (.7) yani şöyle bir şey (.) hayvanat bahçesine gittim ↑mesela orda da bir sürü (.7) vahşi hayvan gördüm ama (.9) yani belki (.) bir profesyonelle (.) o hayvanı okşayabilirim (.7) hayvanlardan örnek verdiğimiz için (.) ben aslanı belki ↓örnek verdim ya da başka bir hayvan (.7) bir profesyonelle (.) o hayvanı okşayabilirim (.) ama mesela bana nasıl desem (.) uzman da gelsin (.) ya da (.) bunun karşılığında belki çok büyük paralar da versinler (.) bir tarantulayı okşamak istemiyorum (.) yani okşayabileceğimi de düşünmüyorum (.) şuan bunun ↑düşüncesi bile ↑beni ↑geriyor tüyleri ve o rengi (.) ve o gözleri filan çok ürkütücü geliyor bana

Ms. H. stated that she would be able to caress with a wild animal - for instance, a lion- in a zoo by the help of a professional caretaker. However, she stated that she did not want to touch spiders, which are the object of her phobia, even if she was given large amount of money. She said that even thinking about touching a spider made her nervous. She continued her words saying that hairs, color, and eyes of a spider were frightening.

It is crucial that the idea of caressing spiders, which is the object of phobia, came to the mind of Ms. H. It is critical to underline that she imagines the phobia object through caressing, an action that will bring the distance between her and the phobia object closer. She used the following phrase: "I don't want to caress that animal, I don't think I can caress it either, even if they give me a lot of money.". It is important to point out the fact that she is visualizing herself while caressing the phobia object in her imagination. While imagining herself and the phobia object, she stated the

expressions like "I don't want to caress." and "I don't think I can caress.". Another important point is that the expressions such as caressing a spider emerges from Ms. H. herself. She raised the issue and then said that she would not be able to do it. Ms. H. is doing something while saying all these. What she does is to imagine herself in a close relationship with the phobia object, although it comes through negations.

Ms. N. M. talked about her insect phobia as follows:

B: ben koluma falan gelen bir böceği böyle (.) bir saniye içinde atmışımıdır görmeden (.) ama öyle ↑uzun uzun(.) ↑hatta bazen şey düşünüyorum (.) işkenceye uğrasam (.) ↑en ↑çok ↑canımı ↑yakıcağ ↑şey ne olurdu diye birisi (.) üstümde böcek gezdirse (.) ne yaparım acaba falan diye (.) düşüncem oluyor (.) işkence yöntemi olarak böcek düşünüyorum

Ms. N. M. stated that if there was an insect on her arm, she would have thrown it instantly. Later, she expressed that she sometimes thought about torture. She said that the thing that would hurt her most during torture would be insects walking on her body that were put by someone. At this point, she asked herself questions like "I wonder what I would do, I wonder how torture would be.". Ms. N.'s thoughts about the torture through the object of phobia in her imagination indicates that she has preoccupation with the object of the phobia.

Ms. N. M. also said:

B:bi de ↑konfor da bozuluyo (.) yani evde tek kişiysem ve bir ↑böcekle ↑karşılaşmışsam ya o odaya hiç girmeme ya işte komşuyu çağırıp (.) o böceği ↑benim için ↑almasını ↑isteme falan ↑öyle aslında hayatımın akışını ve konforunu (.) bozan şeyler de var (.) ya çadırda kalmayı çok seven biri için çok iyi bir şey değil ↑böcekten ↑korkmak o yüzden ↑bazen kendimle uğraşmaya çalışıyorum ↑gözümün önüne ↑böcek ↑getirip üstümde yürüdüğünü düşünüp (.) ↑tepki vermemeye çalışıyorum ↓falan ama çok olmuyo

Ms. N. M. said that her comfort was disturbed when she encountered an insect. She stated that when she saw an insect in a room, she either did not enter the room or asked for help from her neighbor. She also expressed that being afraid of insects is not very good for her as she is a person who likes to stay in a tent. Later, she mentioned that she sometimes tried to cope with her phobia by imagining an insect walking on her body, and that she was not very successful as she was reacting to it. It

is noteworthy that Ms. N. M. thinks about the insect on a phantasy level. Although Ms. N. M. exposes herself to the phobia object at an imagination level, it is understood that this does not work well for her. Here, it is not clear the function of imagining insects walking on her body.

Phobia, briefly, is defined as an extreme fear toward an object. It can be assumed that people having phobic symptoms may have the tendency of running away from the feared object. It is an attitude seen in people with a phobia. On the other hand, it is understood from the statements of some participants that they are too busy with the phobia object. At an imaginary level, this can be interpreted as approaching the phobia objects rather than avoiding them. It is understood that both Mr. M. and Mr. H. were busy with phobia objects by both doing research on phobia objects and thinking about possible bad scenarios. Ms. F., who has a cat phobia, reads books about cats and is busy with them. In examples of animal phobias, Ms. F. dreams of caressing spiders, while Ms. N. M., on the other hand, dreams of being tortured by someone using insects. This indicates how these participants were preoccupied with the objects of the phobia.

3.1.1.4. The Gaze of the Phobia Object

In the interviews conducted with some participants, it was observed that there was an interpretative repertoire about the gaze.

In the following excerpt, Ms. E. mentioned the eyes of dogs:

A: ne çağırıyor gözleriyle size

B: takip ederse (.) ↓gözüyle ↓beni bulduğu anda (.) ↑neler çağırıyor (.) işte (.8) beni yakaladı (.) beni o anda işte yakaladı falan (.) ↑kendimi ↑suçlu ↑gibi ↑hissediyorum ya bilmiyorum anlamı çok şey ↓yok ↓aslında ↑ben ↑hani bir ↑kötülük yapmışım da (.) sanki (.) işte beni ↑yakaladı hani aslında o iyi (.) ben kötüyümüşüm (.) gibi ama aslında (.) ben öyle olduğunu düşünmüyorum (.) o hayvan kötü o anda ben ↑iyiyim (.) ↑ama hani ↑sanki işte ↑iyiler ↑cezasını çekmeli ↓tarzı belki de (.) diyim (.) yani

Ms. E. expressed that if the phobia object followed her with its eyes, it meant that she was caught/found by it. After that, she used the expression "I feel like I am guilty". Afterward, she revealed that she had a thought as if she had done a bad thing and was caught by it. Meanwhile, she said that the phobia object represented the

good, she herself represented the bad. Afterward, she used the expression: "I do not think that the animal is bad, or I am good at that moment. However, it is as if the good people should be punished". In other words, she first gave a good position to the phobia object and a bad position to herself, later she swapped the positions. She then mentioned the punishment that good people had to face up. This construction of meaning which started with the eyes of the phobia object resulted in her punishment. Meaning that she was found, caught, and ultimately punished by the phobia object that followed her with its eyes.

In the following quote, Ms. E. spoke about eye contact with the phobia object:

A: peki bu konuya dair anılarınız nedir diye sorucam zaten dokuz yaşı getirdiniz gayet detaylı anlattınız onu var mı başka anınız

B: başka anım (.) da şöyle zaten (.) hani (.) korku olduktan sonra ↑da (.) çok sıklıkla (.) korktuğum için hayvanlar da (.) üstüme geliyor mıknaş gibi çekiyorum (.) çok ↑göz ↑göze ↑geldiğim ve çok böyle insanların üzerine attığım zor durumda ↓kaldığı insanların oldu (.) mesela (.) kendimi kaybediyorum yanımdakinin üzerine (.) ↑atabiliyorum ↑hayvanı (.) hani ↑direk ↑ısırmasa da direk üzerime değmese de (.) öyle hissediyorum (.) hani ↑yaklaşacak (.) ↑beni ısırıcak (.) ↑beni kapıcak (.) falan öyle hissediyorum yani (.) yani ↑saçma ↑geliyor bir ↑aslanla ↑farkı ↑yok (.) bana göre bir köpeğin (.) hani

Ms. E. expressed that she was afraid of animals and attracted them to like a magnet. Afterward, she mentioned that she came eye to eye with the animals a lot and lost herself at that point. In other words, Ms. E. stated that she lost herself when she encountered the gaze of the phobia object. Although the dogs did not bite her, even they did not touch her, she said that she felt the phobia object could approach her and would bite her. She later said that there was no difference between the lion and the dog, her object of phobia. It was understood that this whole process started with her encounter with the gaze of the dogs.

Ms. R. talked about her phobia object, which were cats, as follows:

B: evet (.) olabilir (.) yani (.) ↑ben ↑biraz ↑araştırma ↑yaptım kendimce ve hani şey dedim (.) kedi bana baktığı zaman daha fazla korkuyorum (.) ama böyle ↓yürüyüp ↓gittiği zaman (.) çok aşırı korkmuyorum (.) kedinin ↓bakışları (.) beni ↑daha fazla ↑korkutuyor

Ms. R. expressed that she was more afraid when the cats looked at her. She stated that when the cat walked away, that is, when she did not meet the cat's gaze, she was "not terribly scared", but the cat's gaze frightened her more.

In the excerpt below, Ms. R. explained that she looked at the phobia object "in any case":

A: peki kedilerle karşılaştınca neler oluyor sizde

B: kediyle karşılaştınca (.) bana bakmıyorsa (.) herhangi bir şey düşünmüyorum (.) uzak bir mesafeden (.) yanından geçip gidiyorum ve bitiyor benim için (.) ama durup da bana bakıyorsa çünkü ben onlara her halükarda bakıyorum (.) kontrol etmek için bana mesafesi bana doğru geliyor mu gelecek mi ↑bunları ↑kontrol ↑etmek ↑için ↑ben mecburen bakıyorum (.) ben bakınca onlar da bakıyor genellikle (.) hani bir şey mi vericem diye belki (.) o bana baktığında böyle durup bana baktığında kendime diyorum (.) şuan benim aklımı mı okuyor (.) şuan düşüncelerimi okuyor (.) plan mı yapıyor (.)bana yaklaşır mı korktuğumu anladı mı (.) bunları düşünüyorum

Ms. R. mentioned that if she encountered a cat and if the cat did not look at her, then she could walk away from the cat by putting some distance between herself and the animal. However, she stated that if the cat was aware of her and looked at her then she spoke herself with statements like: "Does it read my mind now? It reads my thoughts, it makes plans, and it understands that I am scared". Furthermore, Ms. R. said that she "compulsorily" looked at the cat when she met a cat to check its distance from her and to check whether it was coming towards her. It was understood that in the mind of Ms. R, many fictional thoughts related to the eyes of cats were formed. It was also understood that it is her gaze that is always on cats.

Ms. R. gives some additional details as follows:

B: yani bana bakınca (.) sanki benimle ilgili bir şey planlıyor (.8) bilmiyorum (.) yani (.) bakışları korkunç geliyor bana (.)

A: [bakışları korkunç geliyor]

B: [kediler bana bakmadan] yanından şurdan geçip gitseler çok korkmıycam (.) ama durup (.) odaklanıyorlar ya (.) durup gözüne odaklanıyor senin hani ben baktığım için oluyor (.) diye düşünüyorum (.) çünkü ↑kedilere ↑bakıyorum (.) hepsini kontrol etmek zorundayım (.) çünkü ya bana dğerse diye ben (.) yolda yürürken (.) sürekli kedi kontrol ediyorum (.) arabaların altındaki kedileri görüyorum (.) bir gün

arkadaşım şey dedi (.) sen nasıl görebiliyorsun oranın altındaki kediyi (.)
↑algıda ↑seçicilik ↑görüyorum yani hani (.) bütün kedileri görebiliyorum
(.) çok uzaktaki karanlıkta bile (.) çok uzaktaki bir kediyi (.)
görebiliyorum (.) çünkü görmek zorundayım ↑ona ↑göre ↑yürümem
↑lazım (.) ↑çöp ↑kutularına ↑yaklaşmıyorum (.) ↑arabalara ↑yaklaşmadan
↑yürüyorum (.) ↑kendi ↑arabama ↑binerken ↑önce ↑altına ↑bakıyorum
uzaktan kedi var mı (.) varsa binmiyorum (.) birini bekliyorum (.) kovsun
diye (.) bu şekilde biniyorum (.) yani hayatım baya bir (.) (.) kısıtlıyor (.)
onun için hayatımı özellikle kapalı alanda gördüğümde (.) ↑çok
↑kötü ↑oluyorum (.) yani açık alanda o kadar değil (.) yani açık alanda
kaçacak yerim vardır diye düşünüyorum (.) ya da hani bana yaklaşmaz (.)
ama kapalı alanda (.) çok fazla korkuyorum (.)

A: [bir şekilde]

B: [aşırı tepki veriyorum] yanımda biri varsa canını yakarak (.) ↑bir ↑ara
↑arkadaşımın ↑kolunu baya bir kanattım yani sıkarak tırnaklarım uzun
olduğu için (.) o an onu sıkarak (.) kanattım yani

Ms. R. said that she was not afraid when cats walked away without looking at her. However, she said if cats looked at her, she started to think that they were planning something about her. Ms. R. also stated that the eyes of cats were terrible for her. Ms. R. said that she needed to see all the cats around her and she had to plan her walk according to them. She said the following: “I can see all cats, I can see cats that are far away even in the dark because I have to see them, I have to walk accordingly.” Ms. R. also mentioned that she was walking in the streets without getting too close to cars. She said that before she got into her own car, she was also looking for a cat under it and acting accordingly. Ms. R. stated that she was more terrified of encountering cats indoors as she could not escape much, compared to outdoors. It could be said that the gaze of Ms. R. was constantly looking for the phobia object. Encountering the phobia object’s gaze prompted her to do something. Consequently, she tried to escape from the phobia object's gaze.

Ms. N. M. talked about object of her phobia:

A: hı hı peki fobi nesnesi ile karşılaşınca neler oluyor

B: bazen donup kalıyorum (.) gözümü ayıramıyorum (.) böcekten (.8)
sonra bakmıyım falan diyorum (.) mesela ↑bugün (.) ↑bugün iki şey oldu
(.) bu ara ↓heralde ↓yakında bir çam ağacı var o yeşil böceklerden bu
ara çok var (.) balkonda teller var kedilerden dolayı ama ↓tellerin
altından giriyorlar sanıyorum (.) bugün bir tane şeyde gördüm (.)
↓balkonda balkonda ters dönmüştü (.) ve şey (.) düz dönmek için

↓çırpınıyordu (.) işte (.) eşimi çağırdım (.) yardım edelim düzeltelim diye hayvana ama ↑asla ↑bakmıyorum (.) dokunmuyorum (.) ama onu böceği düzeltmesi için çağırdım (.) o da korkmadığı için böceği düzeltti o var (.) bir de ↓salonun camına (.) ama dışardan (.) konmuş bir böcek var (.) yine ↑aynı ↑böcek ilk gördüm (.) bu tarafta mı (.) dışarı tarafta mı (.) anlamadım (.) ↑sonra işte o (.) karnını (.) ve bacaklarını (.) gördüm (.) o ↑zaman ↑dışarıda ↑olduğunu ↑ anladım ama (.) mesela (.) şey yapamadım (.8) bir süre gözümü ayıramadım (.) yaniböcekten (.) ↑kilitleniyorum sonra bakmıyım bari falan diye diyorum sonra (.) ↓biraz ↓kımıldayınca ↓cama vurdum (.) sonra gitmedi sonra ben ↑ordan ↑uzaklaştım kaçtım şey yapamadım

Ms. N. M. said that sometimes she felt frozen when she faced an insect and that she was unable to take her eyes off it. Ms. N. M. stated that she saw an insect turned on its back on the balcony on the day of the interview. She indicated that she asked her husband for help to turn the insect straight. Meanwhile, she used the phrase "But I never looked at it, I didn't touch it.". She also said that she saw another insect on the same day. Afterward, she used the following expression: "For a while, I was unable to do anything, I was unable to take my eyes off it.". She stated that she had hit the window to make the insect move away and that the insect did not move away. Then, she expressed that she escaped from there.

In Ms. N. M.'s talking, there were no expressions about the phobia object's gaze, but there were expressions based on her own gaze at the phobia object. She even said that she was not able to take her eyes off the phobia object. For her gaze towards the phobia object, she used the expression, "I feel frozen/paralyzed.".

The interpretative repertoire related to "The Gaze of the Phobia Object" was found in the speeches of Ms. R., Ms. E., Ms. N.M., Ms. H., and Ms. F. Alive animals were the object of phobias for all of them. In the interviews with those participants, there were expressions about the gaze of those animals. However, only Ms. N. M. talked about her own gaze towards insects. That is, she did not talk about the gaze of insects. The other participants mentioned above highlighted the gaze of the phobia objects but did not talk about their own gaze. The participants having inanimate phobia objects revealed no discourse about gaze during their interviews. In other words, a discourse about gaze emerged when the phobia object was a living thing.

3.1.1.5. Bodily Symptoms Associated with Phobias

All participants talked about their bodies during the interviews.

In the excerpt below, Ms. R. talked about one of her experiences when a cat touched her foot and that she fainted afterward:

B: yine de (.) kapalı ortamda özellikle gördüğümde çılgılık atıyorum (.) kötü oluyorum (.) daha önce temas oldu (.) yani bundan (.) bir beş altı yıl önce kedi ayağıma çarptı ve ben bayıldım

A: nasıl çarptı ayağınıza

B: işte bir eve misafirlikteydik (.) bana söylemediler (.) ve o bacağımın arasından geçti ben düştüm (.) yani bayıldım (.5) orda ve günlerce rüya görmeye başladım (.) yenmeyi çok istiyorum daha geçenlerde evimi değiştirdim sırf bu yüzden (.) apartmanda kedi besleniyor diye (.) bir çözüm de bulamayınca (.) evimi değiştirdim

Ms. R. expressed that she screamed when she saw a cat, especially in closed places. She stated that she had a “contact” with a cat during a visit 5-6 years ago. Subsequently, she used the phrase: "The cat hit my foot and I passed out". Afterward, she spoke of her dreams about this incident. Finally, she stated that she wanted to "overcome" her fear. After these statements, she also added that she moved to another apartment just because her neighbors feed cats in the apartment and because she was unable to find a proper solution for this.

The body of Ms. R. enters the stage while screaming when she is in a closed environment with cats that are the objects of her phobia. Also, she pointed out that she fainted when the cat contacted her. When the phobia object touched Ms. R.'s body, this affected her in a way that she gave a fainting reaction, which was a situation experienced over her body in return. In other words, Ms. R.'s contact with the phobia object resulted in a symptom that emerged in her body.

In the injection phobia of Ms. B., since the injection was injected into her body, that is, the injection "entered" her body, her phobia was experienced entirely over her body. In the following quote, Ms. B. talked about her relationship with the phobia object:

B: ...önceden (.) iğneye çok duyarlıyken (.) iğne kelimesini duyunca sanki (.) kolunun damarını açarlar ya (.) sanki orası sızlıyor sanki oraya

iğne giriyor gibi o anda hissediyorum hani olmadı aslında ama oluyormuş gibi hissediyordum kolumda bir ağrı oluyordu bir acı oluyordu (.) bir şey ↓ batıyor ↓ gibi ↓ hissediyordum (.10) aslında genel olarak çok korktuğum zamanları kafamdan silmişim (.) en korktuğum zamanlar (.8) ailevi sorunlardan dolayı

Ms. B. declared that when she heard the word “injection” in times that she was very sensitive to the injection, she felt that an injection was entering her arm and she felt the pain as if something were pricking in her body. She then stated that in her mind she deleted things related to the times she felt terrified. She mentioned that the times when she felt terrified were related to her family problems.

In the quote below, Ms. B. says that she did not faint:

B: Bir hemşire (.) çok sıra var (.) güçlü ol (.) bayılırsan git başka sandalyede bayıl (.) bugün çabuk bitirelim işlemler falan filan demişti ben de tamam demiştim böyle çabucak bitirmiştik orda (.10) öyle diyebilirim

Ms. B. remarked that when she was about to have an injection once, a nurse told her the following: “Be strong. If you are going to faint, go faint in another chair. Let us finish the procedure quickly today.”. Afterward, she stated that she did not faint, and the process was completed very quickly. From the excerpt here, it was understood that -different than this time- Ms. B. fainted before during the injection processes. On the other hand, Ms. B. expressed that she did not faint on that day because the nurse told her not to do so.

As seen in the two quotations above, both the phobia object was experienced through her body, and the relationship that Ms. B. had with the phobia object was through her body.

While explaining her phobic symptoms, Ms. D. -in her talking- included expressions related to her body as well:

B: Birincisi şöyle (.) nefes alıp vermem (.) çok hızlanıyor böyle kalbim çok hızlı atıyor (.) aşırı hızlı (.) tam böyle panik atak şeyi galiba bilmiyorum (.) aşırı hızlı atıyor (.) ↑ tak ↑ tak ↑ tak bir noktada (.) kalp krizi geçiriyormuşum gibi geliyor (.) birkaç kere bu her seferinde olmadı ama sanki böyle kalbime elektirik veriliyormuş gibi böyle (.) bızıt bızıt böyle bızıt (.) o oluyor (.) ama ↓ her ↓ seferinde olan tam bu karın boşluğumda (.) nasıl anlatayım ya (.) o sırada karın boşluğumu içeri

ittirsem bastırırsam bir tık rahatalayacakmışım gibi ama (.) nasıl anlatayım onu

A: hıhı hıhı

B: Yani (.) nasıl bir his (.) anlatamıyorum (.) boşluk var sanki karın boşluğumda böyle bir şey patlıycak gibi mi acaba bir şişip ve Jordan bir şey patlıycak ve bütün vücuduma yayılacak gibi mi (.) anlatabilirim (.) ne zamandır yaşamadım çok şükür

Ms. D. talked in the above quote that her breathing and heart rate accelerated when she was in the elevator, and she compared her situation to a panic attack. She also pointed out that every time the phobia object came into play, she felt a swelling in the abdominal cavity as if something would explode and would spread throughout her body.

Mr. M. talked about his bodily symptoms related to phobia:

B: yani ben dediğim gibi bunları oldukça arkadaşlarımla paylaşmıyorum (.) yani benim çok yakın arkadaşım (.) kardeşim dediğim insanlara (.) bile bunları (.) anlatmıyorum mesela o iki bin on beş senesinde diyor ki arkadaşım (.) mesela sen neden bu kadar gerginsin (.) çünkü mideme bir ağrı oluşuyor bir an (.) korktuğum zaman (.) o ağrı geçmiyor (.) yani normalde (.) o an korkarsınız geçer (.) benimki geçmiyor (.) saatlerce devam ediyor (.) ben anlatıyorum (.) kardeş böyle böyle ağrı oluşuyor (.) gereksiz bir endişe var diyorum falan filan ama genel olarak ruhsal durumumla ilgili hani böyle tutup (.) bir arkadaşım (.) a dan z ye konuştuğumu hatırlamıyorum (.) hani dönemsel olaylar üzerinden olabilir mesela atıyorum (.) bir fare geçtiğinde ya da ben fareden korktuğumda (.) ya da ne biliyim yükseklikle alakalı (.) olabilir ama şöyle tutup (.) ya ben şöyle iyi hissediyorum şöyle kötü hissediyorum (.) ben şundan şundan dolayı kötü hissediyorum bundan bundan dolayı iyi hissediyorum gibi böyle

Mr. M. said that he did not share certain things with his friends. On the other hand, he said that in 2012 a friend asked him, "Why are you so nervous?". He said that when he was afraid, he had a stomachache, and this pain did not go away. On the other hand, he said that he did not talk to his friends about his psychological state. He stated that he could say what he felt when sudden things occurred, like seeing a rat or having a problem related to height.

Just like Ms. D., Mr. M. also talked about some bodily symptoms occurring due to phobia. Although Mr. M. said that he did not talk about these somatic symptoms to

his friends, it is understood that he can talk about his feelings when a momentary situation occurs regarding the phobia objects.

Ms. Y. E. mentioned that:

A: sizin için fobi nesnesi kuşlar kuşlarla karşılaşınca neler oluyor

B: genel olarak (.) ilk önce kalp atışımda ilk önce hızlanma hissediyorum onu hiçbir şekilde kontrol edemiyorum zaten (.) daha sonra ben kendimi biraz şey yapıp mantıklı olmaya çalışıyorum yani (.) kaçma (.) bir sakın ol (.) bekle (.) bir plan yap kafamda durmadan...

Ms. Y. E. said that when she encountered birds, her heart rate accelerated, and she could not control it. She then expressed that she was trying to calm herself.

It is understood that Ms. D., Mr. M., and Ms. Y. E. have somatic symptoms with the phobia object.

Ms. E. talked about her body as follows:

B: başka anım da şöyle zaten hani korku olduktan sonra da (.) çok sıklıkla (.) korktuğum için hayvanlar da üstüme geliyor (.) ↓ mıknaş ↓ gibi ↓ çekiyorum (.) çok göz göze geldiğim (.) ve (.) çok böyle insanların üzerine attığım (.) zor durumda kaldığım (.) insanların oldu (.) mesela kendimi kaybediyorum (.) yanımdakinin üzerine atabiliyorum (.) hayvanı hani (.) direk ısırmasa da direk üzerime değmese de (.7) öyle hissediyorum

Ms. E. explained that she was afraid of animals and that therefore she attracted their attention. Ms. E. stated that she felt in that way even if “the animal” did not bite or touch her. Even if there is no real contact with the object of her phobia, Ms. E.'s body can come into play. There was a similar situation in the statements of Ms. R.

In summary, Ms. B. experiences the injection phobia over her body, and as a result, some symptoms occur in her body. According to Ms. D., on the other hand, physical symptoms occur because of contact with the phobia object. In the situation of Ms. R., somatic symptoms related to her phobic situation occur. Furthermore, like Ms. E., Ms. R. has constructed the phobia object as a threat to her body.

For all participants mentioned above, symptoms experienced over their bodies were included in their expressions in constructing meaning for phobic symptoms. For

some participants, symptom-like things that occurred on their bodies resulted from real or imaginary contacts with phobia objects.

3.1.1.6. The Contact with Phobia Objects

Except for the interviews with Ms. D., and Mr. H., who was having claustrophobia, other participants had expressions about the contact with the phobia object. For example, Ms. B. said the following:

A: bir yerde şey dediniz ya iğneyle münakaşaya girince o ne demek iğneyle münakaşaya girmek ne demek

B: ııı (.7) iğneyi (.) görmek (.) dokunmak (.8) iğneyi içimde hissetmek iğnenin (.) damarıma girmesi iğnenin damarımdan çıkması onunla ilgili her aşamayı demek istedim aslında

Ms. B. expressed her discussion with the injection in terms of touching it and feeling it entering or coming out of her veins. All these things that Ms. B. described are related to the contact of the injection.

Ms. E. pointed out the following:

B: ...çok böyle (.) insanların üzerine attığım zor durumda kaldığı insanların ↓ oldu (.) mesela kendimi kaybediyorum (.) yanımdakinin üzerine (.7) atabiliyorum hayvanı hani direk ısırmasa da (.) direk üzerime değmese de (.8) öyle hissediyorum hani ↑yaklaşacak (.) beni ısırıcak (.) beni kapıcak (.) falan (.) öyle hissediyorum yani (.12) yani saçma geliyor ama (.) bir hani aslanla farkı yok bana göre (.) bir köpeğin (.) hani

Ms. E., on the other hand, stated that even though dogs did not bite or touch her she felt that way. In other words, Ms. R. expressed that she felt a contact even if she was not in contact with the phobia object.

Ms. R. declared the following points:

B: ya bana değmesi yeterli yani zaten ↓zarar ↓vermiyceğini biliyorum ama ↓bana ↓değmesi ↓dokunması yeterli yani çok kötü hissediyorum (.) şuanda konuşuyoruz ya kediyle ilgili (.) arkamda var mı falan böyle şey oluyorum (.) evin içinde olmadığını biliyorum ama (.) ↑bazen böyle bakıyorum konuşurken

A: peki dokunması değmesi o korktuğunuz şeyin size dokunması değmesi nasıl bir şey ki bir şekilde bu yetiyor size

B: bilmiyorum (.) yani çok kötü oluyorum hani korkunç (.7) çok korkunç

Ms. R. specified that she knew that cats would not harm her. However, she said that for her to feel terrified it was sufficient that the phobia object touched her. As for the phobia object touching her, she declared the following: "I don't know, I am feeling really bad, you know it is terrible".

Mr. M. said that

B: ya şöyle (.) zaten onun sonrası yok (.) yani yere düşünüyorum uyanıyorum vs (.) dolayısıyla rahatlıyorum açıkçası (.) o rüyamda yükseklikten atladım (.) fareyi elime aldım (.) rüyada olduğumu hissediyorum o an (.) rahatlıyorum bir rahatlama oluyor (.) böyle bir his rüyanın rüya olmadığını farkındaysam o kabusu dönüşüyor (.) düşmek bir kabus benim için (.) ya da ne bileyim ↓fareyi ↓elime ↓aldığım zaman yılanı elime alınca vs

Mr. M. said that he had jumped from a height in his dream and "picked up" the mouse. He stated that he realized that he was in a dream during this time and was relieved. He stated that if he did not realize that it was a dream, this process turned into a nightmare. Afterward, he said that falling and picking up a mouse or snake was a nightmare for him.

Mr. M. dreamed of heights and rats, which are his phobias, but he felt relief as soon as he realizes that it was a dream. He was able to contact the phobia objects when he realized that it was a dream and relaxed seems to point to the relationship Mr. M. established with the phobia objects. Similarly, when he did not understand that it was a dream, he interpreted this process as a nightmare related to the relationship with the objects of the phobia. The interesting point here is that when he realized that it was a dream, he contacted the phobia objects instead of getting away from them, and this led to relief in himself. It is a question mark as to what makes him feel comfortable there.

Ms. F. mentioned that:

B: yüksek düzeyde korkuyorum (.) uçak gibi de değil (.) uçaktan da korkuyorum (.) uçağa biniyorum böyle (.) de geride böyle geriliyorum ama ↑böyle ↑kediye (.) asla kucağıma alamam alıyım diyemem (.) yani uçak korkarım ama binerim diyorum

A: yani aradaki fark nedir

B: birisi (.) hani ölürüm de yapmam denir ya yaparsam (.) gerçekten ruh sağlığım bozulcak bir daha eskisi gibi olamam (.)

A: [ne nasıl]

B: [öbüründe] indiğim zaman (.) o korku geçiyor (.) bir dahakine kadar idare edebiliyorum

A: peki o nasıl bir korku yaparsanız eskisi gibi olamam ruh sağlığım bozulur dediğiniz yani kediyi kucağınıza alırsanız mesela ne olur diye düşünüyorsunuz ne olacak da eskisi gibi olamayacaksınız

B: yani (.7) ↓ ay ↓ bilmiyorum ne olacak (.) düşünmek bile istemiyorum açıkçası galiba elektrik çarpmış gibi bir şey benim için (.) birkaç kere ayağıma deyip geçti (.) bağırp (.) masayı devirdiğimi hatırlatırım (.) şöyle bir hikâyem var bilmiyorum önemli mi (.) anlatayım

M s. F. stated that although she was afraid of planes, she could board the plane, but she could not hold them in her arms. She stated that the difference was that her fear would go away after she got on the plane, and that would not be the case for touching the cat. In part about touching cats, she said: "I'm told that I will not do it even if I die, or if I do, my mental health will deteriorate, and I will never be the same again". Next, the researcher asked what he thought would happen when she holds the cat. Ms. F. said that she did not know and did not even want to think about it. She also said that it could be something like an electric shock. Ms. F. said that a cat once stomped on her feet while shouting and knocking over the table.

When Ms. F. compares her fear of planes with her fear of cats, it is seen how hard it is to even think about contact with a cat. In addition, it is noteworthy that he used an intense expression about holding the cat in her arms, such as "I will die if I do, or if I do, my mental health will deteriorate". As can be understood from this, for Ms. F., the phobia object greatly influences her.

Ms. Y. E. said the following about bird phobia:

B: genel olarak bana dokunması fikrine katlanamıyorum bir kuşun yani hem böyle (.) sanki (.) dediğim gibi böyle pismiş gibi düşünüyorum kafamda (.8) hem de (.) o böyle aslında (.) o doku aslında vücudunun o dokusu tüyleri (.) kanatları (.) benimle temas etmesi fikri beni kötü etkiliyor

A: bu peki bunu nasıl açıklıyorsunuz bu nereye gidiyor sizde bir şekilde temas

B: bu (.) yani (.12) genel olarak belki kafamdaki kuş figürü hep böyle (.) böyle kuşlarla ilgili olduğu için anılarımı (.) onla bağdaştırmış olabilirim belki ↓pis ↓olduğunu ↓düşünmem de o ↓yüzden ↓olabilir ya da işte hani ↓ölü bir nesneye kimse dokunmak istemez (.) kafamda yani kuşlar çok kırılğan bir kere (.) bana dokunduğu zaman (.) bir kere kendisinin kırılacağından da korkuyorum (.) ona zarar verme düşüncesi de beni bir anlamda korkutuyor (.) bana dokunması da (.) aynı şekilde vücut dokusunu hissetmek de beni korkutuyor

Ms. Y. E. stated that he could not bear to be touched by the bird. Also, Ms. Y. E. expressed that she thinks the birds are dirty and that the contact of the birds with her affects her badly. While describing the bird's touching her body, she mentioned the bird as follows: "Actually, the idea of that tissue touching me, that tissue of its body, feathers, wings, affects me badly." The researcher asked Ms. Y. E. how she explained them. Ms. Y. E. first said that she might have thought so because their bodies were dirty. She further stated that no one would want to touch a dead object. Ms. Y. E. mentioned that she was afraid that she would hurt it and harm it if she touched it. She also stated that feeling its body tissue scared her.

Although Ms. Y. E. said that "no one wants to touch a dead object", it is understood that she was referring to a living bird rather than a dead bird. In this part, she stated that she is afraid of hurting it and feeling its body tissue if she touches a bird. There is also a meaning construction in Ms. Y. E.'s narration that she does not want to touch the birds because they are dirty. All these show that Ms. Y. E. touching birds, which are the object of her phobia, has connections that go to many different things rather than one thing.

Based on most participants' expressions, it was understood that their contact with phobia objects occupied their minds considerably. Although there was no direct contact with the phobia objects for some of them, it was observed that these participants constructed this contact on their own in their imagination. Also, some of them experienced real contact with their phobia object, and they had some imagination based on their past experiences.

3.1.1.7. The Gain Through Phobias

In the interviews with all participants, it was noteworthy to see that phobia was built over a gain. For example, Mr. H. pointed out the following:

A: nasıl bir yardımdan bahsediyorsunuz

B: (.5) nasıl bir yardım örneğin (.4) ben (.) asansörden korkuyorum (.) ama (.) mesela bir arkadaşım korkmuyor (.6) benimle binebileceğini söylüyor (.) yenmemi sağlıyor hani yüzleşmemi sağlayacak hareketler olabiliyor (.) ben de yapıyorum

Mr. H. stated that he was afraid of elevators. He specified that once a friend who was not scared of elevators got into the elevator together with him and that this helped him confront his phobia. Here, Mr. H.'s relationship with a friend over elevators, which is the object of phobia, and the fact that he received help from his friend in this relationship can be seen as a dynamic way. His way of establishing a relationship with his friend through the phobia object and getting help from him can be seen as Mr. H. obtained gain from the phobia object.

Ms. E. said the following about her relations:

A: peki arkadaşlarınız düşünceleri söyledikleri tepkiler nelerdi neler oldu neler oluyor

B: genellikle (.) bir gördüğümde o anda kaçtığımda mesela bir arkadaşımın koluna giriyorum ya da (.) en köşeye geçiyorum falan (.) gülüyorlar ama (.) hani beni pek kediyle korkutmaya çalışmıyorlar tabi ki (.7) genellikle kedi sever (.) insanlar bu arada benim arkadaşlarım (.5) öyle yani anlıyorlar (.) bu konuda ama şey (.) komik de geliyor yani onlara

In the above quote, Ms. E. said that when she ran away from dogs, she kept her friend's arm. Elsewhere, Ms. E. said the following:

B: ...yine kendi kendime başımın çaresine bakıyorum (.) hani mutlu olmadan da ama mesela mutlu bir gün değil ama (.) yine başımın çaresine bakabiliyorum ama yine kaçıyorum tabi ki (.) yine mesela (.8) mutsuz bir dönemimdeysem (.) bir (.) işe gidiyorum mesela işe geç kalsam da ↓ apartmandan ↓ çıkamıyorum mesela birilerini arıyorum (.) beni şuraya götürür müsünüz (.) şuraya bindirin falan diyebiliyorum (.8) hayvan da mesela yanımdan ayrılmıyorsa hani (.5) uzaklaşıp gittiye ya da (.) bir kenarda yattıysa (.3) çıkıp gidebiliyorum (.5) ama (.) hayvan da bekliyorsa ki bazen bekliyor (.5) çıkmamı (.) göz göze geldiysek (.5) ↓ hani ↓ ordan ↓ ben ↓ çıkamıyorum (.6) saatlerce çıkamadığım oluyor (.) birlerine arıyorum (.5) yine baş edemediğim de oluyor yani (.) yardım zorla yardım aldığım da çok oluyor (.) işten atsalar beni (.) ben ordan çıkıp yürüyemiyorum (.) öyle söyliyim

Ms. E. said that she was unable to leave the apartment due to the presence of the phobia object outside when she was unhappy and that she was looking for help from someone. Here, Ms. E. explained that she got help from "others" over the phobia object. On the other hand, she stated that she received this help because she was unhappy. It was understood that Ms. E. was much more affected by her mood rather than the object of her phobia. Also, according to her mood, she had relationships with others over her phobia. In the language of Ms. E., the phobia object was constructed as if it had a function in her life in relating her to others.

In the excerpt below, Ms. R. mentioned what happened when she and her partner were together outside in a cafe:

A: peki ilişkilerinize etkisi nasıl ya da şöyle söyliyim ilişkinizi etkiliyorsa nasıl etkiliyor

B: tek bir kez etkiledi o da kediyi seven biriydi (.) ve bir yerde oturucaktık şey dedi (.6) işte içerisi çok kötü (.) dışarıda ben de burda kedi olur burda oturmamalım (.3) dedim işte çalışan elemana sorduk (.3) biz o da şey dedi kedi geliyor dedi buraya (.) isterseniz içeriye geçin (.) dedi (.) arkadaşım şey dedi (.4) hayır dedi burda oturalım (.) gelirse gideriz (.5) hani ↓ beni ↓ hiç ↓ anlamadı ↓ orda ve kedi geldi (.) sandalyenin altına girdiğ anda çok yakındık (.) kediye değmedi ama (.6) çığlık attım sandalyenin üzerine çıktım (.) sonra kediyi kovdular (.) içeriye geçtik (.) bunu yaşamama gerek var mıydı dedim (.) benim yaşamama şu anda (.) ondan sonra ondan ayrılmayı düşündüm (.8) hani sonra şey dedi (.) bu kadar korktuğunu (.) bilmiyordum falan dedi (.) ama yine (.) kedileri çok severdi (.) yani hiç (.) gel beraber bunu yenelim yenebilirsin (.) hiçbir şey söylemedi bana (.) çok önemsemiyordu

A: ilişki diyince böyle bir ilişki özel ilişki geldi aklınıza dimi

B: evet (.15) hani otorite (.) mi kurnaya çalışıyor bir şey söylediğinde (.) ilişkilerde ama (.) kadın erkek fark etmez (.) kız erkek arkadaşlarımda da öyle (.) ama kediyle ilgili bilmiyorum (.) yani bilemiyorum (.) çok kalabalık (.) sosyal arkadaşlarım çok samimi olmadığım (.) onlarda etkiliyor çünkü onların oturmak istediği yerlerde (.) ben oturamıyorum (.) ve gitmiyorum (.4) ↓ geriliyorum

In the above quote, Ms. R. is talking about a partner from the past. She said that her partner "did not understand her at all", through cat phobia in the situation mentioned above. Also, she stated in her words that although her partner loved cats very much, he did not ask the following: "He did not ask me to overcome it together. He did not tell me that I can overcome it. He didn't say anything to me. He didn't care too

much." Here, Ms. R. had built her partner's disregard for herself based on cat phobia and her partner's position towards her phobia. Ms. R. also stated that her relationships with some of her friends, for whom she was not very sincere, were also affected by her phobia. She expressed that she sometimes could not sit where those people wanted, and therefore, she did not spend time with them as it created tension for her. Through cat phobia, Ms. R. constructed her "not spending time" with her friends and her "not maintaining" some of her relationships.

Ms. Y. E. indicated the following:

B: genel olarak (.) her şeylerini bana göre planlamalarını tabi ki beklemiyorum (.) ama hani daha anlayışlı (.) ha tamam (.) sıkıntı yok ya da (.) mesela ilk söylediğim zaman (.) aa öyle mi (.) demesi benim için hiç sıkıntı değil ama sonrasında işte (.5) dalga geçen insanlar gerçekten benim için katlanılmaz yani (.) dediğim gibi (.4) işte (.) işte genelleyen sen hani kuştan korkuyorsun sen o zaman her şeyden korkarsın sen bütün hayvanlardan korkarsın düşüncesinde olan insanlar (.) beni çok rahatsız ediyor (.) ama benim için iyi olan hani söylediğim hatırlattığım (.3) zaman a tamam sen o zaman (.) oraya geç ya da işte (.) rahatsız oluyorsan şurda oturabilirsin hiç sıkıntı değil (.4) demesi (.) insanların benim için (.) daha hani anlayışlı oldukları (.) şeyini çiziyor

Ms. Y. E. expressed that it bothered her a lot when people made fun of her due to her phobia or when people had the general thought that she was afraid of all animals. On the other hand, her statements about people who were considerate about her phobia indicate some people seem more understanding for her about her phobia.

The point that emerges from the expressions of Ms. Y. E. is that she considers people more understanding if they treat her in more privileged ways due to her phobia. On the contrary, making fun of her because she has a phobia or generalizing her phobia makes her very uncomfortable. On the one hand, as she has a phobia, she is in a more privileged position. However, on the other hand, she falls in the opposite position due to the same reason.

It was understood that phobias of some participants had a function in their relationships. Ms. B. did not explain the function of her phobia from a relational point:

B: mesela arkadaşlarımdan (.) veya aileden (.) birisinin kolunda iğneden sonra (.) yapıştırılan bantı görünce (.) şey gibi geliyordu bana (.) ne kadar

garip geliyordu (.) hani (.) iğne olmuş (.) gelmiş dışarı çıkıyor (.) eve geliyor (.) işine devam ediyor hayatına devam ediyor (.) ama bana gazi gibi geliyordu

A: ne gibi geliyordu size

B: gazi gibi (.) geliyordu (.) ne biliyim çok kötü bir olay yaşamış (.) gibi geliyordu o yüzden hayatına normal bir şekilde devam etmesi (.) bana garip geliyordu (.) o yüzden ben de (.) iğne olduktan sonra falan (.) normal hayatıma (.) dönmeye çalışıyorum (.10) öyle diyebilirim

Ms. B. said that she found it strange for them to continue their lives when a friend or family member had an injection. She stated that she "tried to return to her normal life" after the injection. In other words, it was understood that Ms. B.'s injection phobia prevented her from continuing her everyday life.

Ms. D. said the following:

B: İniş (.5) kalkışta şöyle yapabiliyorum (.) yapabiliyordum hani (.) önüme bakıp (.) kimseyi görmemeye çalışabiliyordum ama iniş anında (.) şey yapamıyorum (.) toparlayamıyorum kendimi (.) hani ordan gitmem lazım (.) o yüzden ben bu arada uçağa binmeden söylerim (.) ben en önde oturmak istiyorum çünkü (.) klastrofobim var (.8) çünkü ilk inmem lazım (.) bunu lütfen yanlış anlamayın (.) diye anlatıyorum allahtan inebiliyorum ama

Ms. D. said that she had claustrophobia and she could only travel via plane if she sat in the front seat. Ms. D.'s phobia was constructed as giving her an excuse or a privilege to sit ahead on the plane.

There were points in the languages of all participants that indicated that their phobia had a function in their lives. Moreover, the common point in their languages was that their phobia gave them a privilege or an excuse for some things. Furthermore, for most of the participants, phobia was resulted with some gains in their relationship.

3.1.1.8. Escape from the Phobia Object

Ms. E., Ms. R., and Ms. B. talked about a relationship with phobia objects through running away.

In the following excerpt, Ms. E. mentioned that she run away from dogs:

A: hayvanlara dediniz değil mi sadece köpeklere değil hayvanlara

B: yok köpeklere özellikle kedilere falan o kadar değil (.) yani ↓ sıçrarsa ↓ falan ↓ kediden de biraz (.) şey yaparım ama yine oturduğum yerden kıpırdamam yani (.7) köpeklerden kaçıyorum genelde hani bulunduğum yere (.) arabaya binip pikniğe mesela yazın gidemiyorum (.) ya da tatilimi yazın yarıda kesebiliyorum

B: ... hani çok uzun zamandır öyle bir şeyle karşılaşmadım ama üzerime doğru gelirse kaçacak bir yerler arıyorum (.) bulmaya çalışıyorum hani hiçbir şey demiyorum ya git gelme hoş (.) git şurdan falan filan desem de gitmiyor zaten (.) aslında bazen (.) demek istiyorum desem de gitmediğini görünce ben kaçmaya başlıyorum (.) hani arabanın önüne bile atlayabilirim (.) o an çünkü şuur olmuyor (.) yani hani denize bile atlayabilirim hatta (.) çok korkuyorum

Ms. E. generally mentioned that she run away from dogs. In connection with this situation, she stated that due to fear of dogs she could not go on a picnic or when she went to a vacation, it could be interrupted. Afterwards, she stated that if she encountered with dogs and if they came at her, she was looking for places to escape. Even though she said something to dogs to keep them away from her, she stated that it did not work and eventually she started to run away. She said that during this escape, she "had no consciousness" and that she could jump in front of a car or even jump into the sea. She attributed all these to her fear by saying "I am very scared".

Ms. R. said similar things:

B: hani hep şey derim böyle (.) bir ara istanbulda yaşıyordum ben şeyden depremden (.) korkardı o dönem insanlar ben depremden değil ben bir enkazda (.) sıkışırsam (.) ya kediyse bir yerde sıkışırsam ne yaparım diye düşünüyordum (.) yani deprem olur ölürüm bunu bile (.) düşünmüyordum ben kendimi (.) kediden kaçıp arabanın önüne atmış bir insanım yani (.) araba durdu ben tabi o dönem (.5) daha şiddetliydi korkum

A: hangi dönem hangi süreçten bahsediyorsunuz hangi dönem

B: ↓ergelik ↓dönemimden yani yanından geçerken şuanda da muhtemelen bir yere kaçarım ama arabanın önüne atar mıyım kendimi (.) bilmiyorum ama kesinlikle (.) kaçarım özellikle yavru kedi görünce (.) koşuyorum yani büyük kediyse geçebiliyorum bir şekilde (.) ordan (.) sokak genişse geçiyorum (.) ama yavru kedi görürsem (.) kesinlikle onun görüş alanına girmemeye çalışıyorum (.) ve ordan koşarak kaçıyorum (.) üzerime atılıcak (.) diye korkuyorum

Ms. R. started to explain her situation by expressing that other people were afraid of an earthquake, but she was not afraid of an earthquake. On the other hand, she talked

about her fear of being stuck together with a cat in wreckage because of an earthquake. She expressed that she thought what she would do if such a thing happened. She stated that while thinking about these, she could not think anything about being killed by an earthquake. She stated that she once ran away from a cat and threw herself in front of a car during her adolescence while her fear was severe. Ms. R. said that she would run away if she saw a cat right now. She stated that if there was a big cat in a wide street, she could pass there. However, she said that she could run from there if there was a kitten. At the end of her speech, she used the expression: "I'm afraid that it will jump on me".

Both Ms. E. and Ms. R. mentioned about their relationship with their phobia objects by using the expression of "running away". While they were in the position of "escaping", the position left to the phobia objects seems to be the "catcher". While they are in a position of escaping from phobia objects, they are in a position of "moving away". The position that remains to the phobia objects seems to be a position of "approaching towards them".

Ms. B. talked about running away in the following point:

B: aslında (.7) bu kadar iğneyle haşır neşir bir hayatım olmasaydı belki bunun farkında olmıyaktım (.) ama çok fazla iğneyle temas ettim ve her şekilde (.) eğer olmak zorunda değilsem zaten her seferinde (.) kaçıyorum

Ms. B. stated that she had too much contact with the injection. She stated that if she did not have to have an injection, she would escape. Ms. B. also talked about the escape in relation with her dreams:

A: peki korkularınızla iğne korkularınızla ilgili rüyalarınız oldu mu şimdiye kadar hatırladığınız bir şeyler var mı

B: aslında (.) yok çünkü benim rüyalarım hep aynıdır (.) bu arada çok fazla rüya görürüm (.) rüya günlüğü tutuyordum bir ara genelde (.) rüyalarım da kaçış oluyor (.) veya (.) birisiyle tartışıyorum onun dışında pek farklı rüya görmüyorum konu olarak hep farklı ama kaçış (.) yani (.) birisinden kaçmak ya da kovalanmak oluyor genelde iğne ile ilgili rüya gördüğümü hatırlamıyorum görsem hatırlardım (.) muhakkak

Although the contents of Ms. B.'s dreams were different, she stated that there were common points in her dreams such as running away from someone or being chased.

On the other hand, she stated that she was not dreaming about the injection. The escape that takes place in her dreams is an escape related to her relations. Although she mentions about an escape that is based on her relations, she continues her talk saying that she did not remember that she dreamed about injections. Here, she uses the negative form of the word "remembering" when she relates her dreams to injections. This can indicate that she also has an escape-based relationship with the object of phobia.

Ms. D. stated that she missed the plane in her dreams:

A: peki bu konuyla ilgili rüyalarınız var mı hatırladığınız ya da bunu hatırlatan rüyalar

B: Şöyle (.10) bende hollandaya gitmeden dönem başlamıştı (.) bir şeylere başlamadan sürekli ama uçaktan da korkmaya başlamıştım şey yapıyordum (.) amerikaya gitçem ve uçağı kaçırıyorum (.) her seferinde son anda (.) uçağı kaçırıyorum koşa koşa gidiyorum ordan atlıyorum işte metroyla gidiyorum (.) aralardan gidiyorum neyse ama asla o uçağa binemiyordum (.) hep bunu görüyordum

Ms. D. stated that she started to feel the fear towards flying before visiting the Netherlands and she said that she most of the time missed her plane at the last moment in her dream. She mentioned that although she tried different ways, she could never get on "that plane". Ms. D.'s dream about missing the plane seems like a way for her to escape from flying. Her not being able to catch the plane in her dreams could be read as her escape from her phobia object.

Mr. H spoke about his dream as follows:

B: fobiyle alakalı rüyam (.12) var (.8) küçük yaştan beri gördüğüm (.) şöyle hatırlıyorum (.) seneler farklı oluyor da genelde birinden kaçırıyorum bir yerde işte (.) ailem olsun ya da o an bana yardım edebilecek bir tanıdığım (.) biri olsun bir yerde duruyor (.) örneğin (.) ben salondayım ya da kendi evimdeyim (.) karşı apartmanda (.5) bana yardımcı olabilecek bir insan var ve ben (.) birinden kaçırıyorum (.) farazi bir örnek (.) veriyorum o sırada ben bana yardım edecek kişiye ulaşmaya çalışırken genel takılıyorum (.) düşünüyorum (.) bir yere çarpıyorum ve kalıyorum orda hareket edemiyorum ve o tehlike bana yaklaşıyor (.) ve ben (.) şeye ulaşamıyorum (.) bana yardımcı olabilecek beni (.) bu durumdan kurtarabilecek duruma (.) veya kişiye (.) yaklaşamıyorum genelde (.) böyle durumlarda uyanıyorum

....

B: yani örneğin bazen işte (.) kendi evimizde alt kattayım (.) en alt kattayım üst kata çıksam kurtulucam (.) yani üçüncü katta oturuyoruz biz üçüncü kata çıksam (.) kapıyı açsam kurtulucam ama kapıyı açamıyorum orda kalıyorum (.) bir sürü farklı farklı durumlarda (.) farklı farklı şeyler yaşadım

Mr. H. talked about a dream he was having continuously starting from an early age. He expressed that he was escaping in this dream. The expression he used here was as follows: “I usually run away from someone, in somewhere. My family or someone I know who can help me is standing somewhere.”. Here the phrase “somewhere” is repeated twice. The first place where the expression "somewhere" is used indicates that he escaped somewhere and that his family is somewhere. In the continuation, he points out that his family or someone he knows who can help him is somewhere. He says that when he tried to reach the person who would help him, he tripped and fell off. At this point, he stated that he remained “there” unable to move and that the danger was coming towards him. After speaking for a while, Mr. H. stated that he was downstairs in the dream and that he and his family lived on the 3rd floor. He stated that he could be saved if he could reach the 3rd floor. However, he pointed that he remained downstairs unable to open the door.

Mr. H. has claustrophobia. He stated that he was running away from someone in the dream and that he fell off and was stuck there. He expressed that if he was able to get out of there, he would reach the person who could help him. However, he stated that as this did not happen, the danger was approaching him. Similarly, he indicated that if he was able to go from the downstairs to the 3rd floor, he would escape, but because this did not happen, he remained there. These statements indicate that he cannot move away from the object of the phobia but rather is stuck in the place where the phobia object is.

Ms. Y. E. spoke of the following:

A: sizin için fobi nesnesi kuşlar kuşlarla karşılaşınca neler oluyor

B: genel olarak kalp atışımda ilk önce (.) hızlanma hissediyorum onu hiçbir şekilde (.) kontrol edemiyorum zaten (.) daha sonra (.) ben kendimi biraz şey yapıp mantıklı olmaya çalışıyorum yani kaçma (.5) bir sakin ol bekle (.) bir plan yap kafanda (.8) durmadan mesela yürürken de şey (.) yaparım planlama yaparım şurdan geçersen şöyle olur (.) mesela bazen şey yaptığım da oluyor (.) çok yakınımıdaysa eğer işte (.) zıplayıp

(.) hepsini kaçıtırıp (.) ondan sonra yürümeye devam ettiğim zamanlarda oldu (.10) ama genel olarak mesela kaldırımdaysam (.) kaldırımdan inip yoldan yürüyorum uzaklaşmak için ama aslında tehlikeli bir şey (.) yaptığım (.) mantıklı bir şey değil ama o an mantığımla hareket etmiyorum en yapabileceğim en uzaklaşabileceğim seçeneği seçmeye çalışıyorum (.8) o şekilde

Ms. Y. E. started her narrative by talking about the changes in her body when she saw the phobia object. She then proceeded that she was trying to be reasonable. She explained how she spoke herself as follows: “Don't run away, calm down, wait, make a plan in your mind.”. Following this, she stated that whenever she was confronted with her phobia object, she was trying to plan what to do. She said that she sometimes leaped whenever the phobia object was near and that made them run away. She, as an example, pointed out that if the phobia object was on the pavement, she left the pavement to move away from them. She stated that what she did was dangerous, she was unable to use her logic at that moment, and that she was only able to think of moving away from them.

In Ms. Y. E.'s account, it is seen that she is trying to make birds move away from her. She makes it clear that she herself also tries to move away from them. Therefore, when they do not go away, she moves away from them.

For all the participants, “the escape” from the phobia object found itself in their expressions, directly or indirectly. When the phobia object is a living being such as an animal, the position left to the phobia object may be “the catcher”. When a phobia object is an inanimate object such as a plane, a place, and a needle, those objects remain passive. Namely, a position like "catching" in living things is out of the question for a phobia object that is an inanimate object. Furthermore, in Ms. Y. E.'s account, she both escapes from the object of the phobia and forces the object of the phobia to escape from her. The interpretative repertoire of the phobia objects on the axis of "escape" in the speeches of participants indicates that these participants keep distance between themselves and the phobia objects.

3.1.2. Positions

The analysis indicated that the participants used three positions related to their phobia objects. Namely: 1. Positioning the Phobia Object as Harmful, 2. Mother's

Presence as a Part of the Phobic Experience, 3. Father's Presence as a Part of the Phobic Experience.

3.1.2.1. Positioning the Phobia Object as Harmful

In the interviews with Ms. R., Ms. E., Ms. B., Ms. Y. E., Ms. N.M., and Ms. F., it is seen that phobia objects were given a position to harm them by the participants. Ms. B. described her encounter with the phobia object "needle" as follows:

A: peki iğne sizin fobi nesneniz iğne ile karşılaşınca neler oluyor

B: (.5) iğneyle karşılaşınca (.25) iğneyi görmemek istedim (.) çünkü görürsem onun bana yapabileceklerini sanki o (.) naylon koruyucu poşetin içinden çıkıp bana saldıracak bir yerime saplancak (.) gibi hissediyorum (.15) zaten (.) normal kan vermede veya aşı yapıldığında (.) vs bu oluyor (.) hani bana batıyor sonuçta (.) o iğne o iğnenin bana batması (.8) ↓ vücuduma ↓ zarar ↓ veriyor ↓ gibi hissediyorum ve kendimi kasmamak ama bu dürtü ile daha çok kasıyorum

Ms. B. stated that she felt that the injection would come out of its bag and would attack and would be stuck on her body. She stated that she felt the injection would harm her body when she had it.

Ms. B. stated that she felt the injection -the object of her phobia- harms her. Namely, her placing the phobia object in a position that would hurt her is a fictional construction.

In the following excerpt, Ms. E. mentioned her phobia object, which was a cat:

B: evet belki o hayvan beni öldürmeyecek (.) bunu biliyorum (.) çoğu insan bir şey yapmaz diyo hani bir şey yapmaz cümlesi kadar da saçma bir şey (.) yok yani şu hayatta bana göre (.) ben de biliyorum (.) bir şey yapmıyacağımı (.) ama bana bir şey yapıcakmış gibi geliyor (.8) ve (.) kendi kendime çözemiyorum ben bu durumu

A: peki ne yapıcakmış gibi geliyor

B: ısırıcak gibi geliyor (.) bir etimi koparacakmış (.) gibi geliyor (.) öyle yani (.) zarar vericek kuduz olucam (.) ↓ bir ↓ yerlerimi ↓ ağrıttıracakmış gibi dişleri (.) etime geçirecek ve (.) bir yerlerimi ağrıttıracak hani o hayvanın teması (.) bile beni rahatsız eder yani

Ms. E. said she knew that "that animal" would not kill herself and would not do anything to her. Ms. E. used negations when she used the words "killing" and "doing

anything". The negative records of those words indicated that she had a thought about those points. Although Ms. E. knew that the cat would not do anything to her, she used the expression "I feel like it will do something to me". In other words, even though Ms. E. consciously knew that the phobia object would not do anything to her, she didn't feel in the same way. Afterward, Ms. E. said that she felt that the cat would bite her and would tear off her flesh. Namely, she described her phobia object as if it would harm her. After saying these, she used the expression "even the physical contact with the animal bothers me".

Ms. E. expressed similar expressions in another moment of her interview as follows:

A: ve geliyor hani gelirse diye bakıyorsunuz ya gelirse ne olacak diye düşünüyorsunuz

B: gelicek (.) ısırıcak (.) hani acı çekicem (.) ↓ bir ↓ yerlerim ↓ ağrıyacak kuduz olucam (.) hani ne biliyim (.) parçalıyacak beni bir yerlerimi (.) öyle korkuyorum

In that extract, Ms. E. first talked about the phobia object could bite her. Then, she mentioned that she would suffer, some parts of her body would be in pain, the rabies virus would infect her, the phobia object would rupture herself. Finally, she used the expression "I'm so scared" which means that her narrative starting with being bitten ended with her fear.

In the following excerpt, Ms. R. mentioned her phobia object in a similar way how Ms. E. defined it:

B: evet kedilerden (.) ↓ ama kedi ↓ aslan büyük ben aslandan korkmuyorum mesela aslana bakınca (.) fotoğrafına bakınca (.) korkmuyorum (.) sadece kediye karşı (.) kediye benzeyen hayvanlardan korkmuyorum yani (.) genelleme yapmıyorum

A: bunu nasıl açıklıyorsunuz peki kendinize ya da nasıl açıklarsınız

B: yani bilmiyorum gerçekten hani (.) neden bu kadar korktuğumu (.) ama anısal olabilir yani üzerime atıldığı için bilinçaltımda böyle (.6) bir korku olabilir yani (.) hani bilmiyorum çünkü

A: e yani şey dediniz ya ona benzeyen başka bir şeylerden ya da aslandan korkmuyorum sadece kedi sadece kedi olması niye sadece kedi acaba bir şey geliyor mu aklınıza bununla ilgili

B: çünkü çok korkunç (.4) yani bana çok korkunç geliyor

A: size çok korkunç geliyor peki size niye çok korkunç geliyor sizce

B: nedenini bilmiyorum (.) inanın

A: aklınıza bir şeyler geliyor mu peki bir çağrışım yapıyor mu

B: yani sinsiler kötüler sanki onlar zarar vermek istiyorlar aslında (.) kedilerle ilgili (.) böyle düşüncelerim var ama bunların gerçek olmadığını da biliyorum (.) aslında zararsız ↓ hayvanlar ↓ olduğunu ↓ da biliyorum (.) ama böyle hissediyorum (.) onlarla karşılaştığımda ya da bana özellikle baktıklarında gözlerinden korkuyorum bakışlarından bana baktığında benim ne düşündüğümü biliyormuş (.) gibi yani onlardan korktuğumu biliyorlarmış gibi hissediyorum

In this excerpt, Ms. R. mentioned that while she was afraid of cats, she was not afraid of lions. That is, she was not afraid of cat-like big animals. However, while saying these she used the expression: "But, the cat lion is big, I am not afraid of lions.". It was noteworthy that the expressions "cat-lion" and "fear" were used in a negation form like "I'm not afraid of cat-lion.". She said that there might be a subconscious fear regarding her fear of cats. Subsequently, she used the following expression for cats: "Because it is very scary, it sounds terrible to me.". When asked why this was terrible, she said that she did not know the reason. When asked whether something came to her mind or not, she used the expression: "That is, they seem insidious as if they have intentions to harm". Afterwards, she stated that her thoughts about cats were not compatible with the reality, and even though she knew that they would not harm her, she felt in this way. Finally, she used the expression: "When I somehow encounter them, I feel like they already know this.".

Both Ms. E. and Ms. R. give a position to their phobia objects as if these objects would harm them. The fear towards those objects is related to the harm that would be potentially caused by phobia objects from their point of views. By giving the phobia objects a position that has the potential to harm, they position themselves as "being harmed". Also, both participants stated that they knew that the phobia objects were not able to "harm" them, however they did not feel in that way. Meaning that even though they know this consciously, at an unconscious level they "feel" that phobia objects would harm them. Like these participants, some other participants additionally expressed that they knew that phobia objects would not harm them. For example, Ms. Y. E. signified the following:

B: evet aslında onlar biraz şey diye düşünüyorlar (.) ölü zaten (.) ne yapabilir ki sana ama ben zaten (.) başından beri kuşların bana bir şey yapacağını düşünmüyorum (.) onu anlatamıyorum (.) kuş sana zarar veremez diyorlar (.) ben zaten (.)öyle bir iddiam yok benim (.) korktuğum şey de o değil hani

Ms. Y. E. stated that people around her pointed out that those birds were dead, and they would not be able to harm her. Ms. Y. E. declared that she knew this, too and that what she was afraid of was not related to the harm that birds would give her.

Like Ms. E. and Ms. R., Ms. Y. E. also said that she did not think that the object of the phobia could harm her. In Ms. Y. E.'s account, the people around her made it clear that birds were harmless. She said that she knew it by referencing their indications.

Ms. H. expressed the following:

B: ... mesela eskiden (.) hemen öldürün falan derdim (.6) çok normalde hayvanlara zarar vermek isteyen biri değilim (.) fakat onun orda yok edilip atılması (.) sanki benim için tehlike ortadan kalmış gibi geliyordu (.) ama şuan mesela (.) öldürmekten ziyade onu alıp (.) uzaklaştırın (.) yani hani yine tiksiniyorum yine korkuyorum ama onun da yaşama hakkı var diyorum (.) benden uzak dursun (.) yaşasın

Ms. H. remarked that when she saw spiders - the object of the phobia - in the past, she used to say to those around her, "Kill it immediately." Then, she said that she was not someone who wanted to harm animals in normal conditions. On the other hand, she indicated that when the phobia object had been destroyed, it had seemed for her that the danger had disappeared. However, now she has stated that she only wanted them to be removed, not killed. Regarding this, she used the phrase, "I say it has the right to live, let it stay away from me, let it live."

Ms. H. says that when the phobia object is destroyed, the danger for her disappears. This points out that Ms. H.'s phobia object poses a danger to her. Just as the danger here is, it is understood that when the phobia object is killed, the danger disappears for herself. In other words, she gives harm to the phobia object in order not to get harm.

Moreover, Ms. R. stated that she was afraid of harming people that are close to her:

B: yani şöyle bir şey hani (.4) daha önce kendi yaptığım (.) aslında belki anlatsam (.) olabilir (.) normaldir (.) diyebileceğiniz ya da değil şeylerdir (.) ben onlarla ilgili kendimi çok suçluyorum yani (.) hep böyle mükemmeliyetçi bir yapım vardır normalde hayatımda da *ben* kimseye zarar vermiyim ben-zarar görürsem (.) sorun değil uzaklaşırım (.5) önemli olan benim kimseye zarar vermemen olmuştur normal arkadaş ilişkilerimde de ben zarar vermiyim (.) zarar vermekten korkuyorum (.) ↓ birini ↓ acıtmaktan incitmekten ben korkuyorum özellikle birini derken aslında (.) sevdiğim insanlardan bahsediyorum yani yakın (.) aile

Here, Ms. R. used the expression: "I do not harm anyone. If I am harmed, it is not a problem, I go away. The important thing is that I do not harm anyone". She then stated that she was afraid of harming or hurting someone. She stated that when she said "someone", she meant people she loved, such as close friends and family members.

Besides giving the phobia object a position that has the potential to harm, Ms. R. also gave herself such a position. She stated that besides fearing the phobia object, she was also scared of harming "someone". On the one hand, there is a position between "her" and "her phobia object" based on the relation of "fear" and "harm". On the other hand, there is a position between "her" and "her relationships" based on the relation of "damage" and "fear".

When all the interviews are examined, it is seen that the participants positioned themselves and/or their phobia objects over "harm". Some participants positioned the objects of the phobia as harmful to them. Others declared that although they knew that the phobia objects would not harm them, they still felt that they would get harmed. One of the participants, Ms. Y. E., said that she knew that the object of the phobia would not harm her. Some participants stated that they damaged the phobia objects.

As seen, there is a positioning that includes different combinations of the phobia objects and the "harm". In addition, except for the injection phobia of Ms. B., the phobia objects of all participants - who make positioning based on "harm" - are animals.

3.1.2.2. Mother's Presence as a Part of the Phobic Experience

All participants referred to their mothers during their interviews. Some of them included their mothers in their speech, especially when talking about the phobia objects. Particularly, it is noteworthy that some participants mentioned that their mothers were also afraid of similar phobia objects or some other objects. For instance, Ms. N. M. pointed out the following:

B: genelde çok bir şey demiyolar annem şey diyo ıı o da korkuyormuş bu arada annem de

A: hıı o da korkuyormuş niye öyle dediniz

B: aynen ben de korkuyodum (.) ama siz çocukken (.) evde böcek olduğunda (.) atıyodum (.) sizin görmemeniz için (.) anlatıyo

A: ha siz o zaman bilmiyodunuz onun korktuğunu

B: yok hani sonra öğrendim (.) hatta annemin bir böcek görüp (.) korktuğu bir anım yok genelde o (.10) şey yapıyo yani (.) çok hani (.) olumlu ya da olumsuz (.) çok şey yorumları yok (.) bunu kabul edip (.) ıı konu böcek olunca (.) hani (.) onu görmemek üzerine destek oluyo bana ya da işte (.6) anneme arkadaşımın abisinin böcekten korktuğu gün (.) ya o da ordaydı (.) ya da hani anlattım mesela o sürekli işte (.) o olaydan sonra iyice korkmaya başladın diye iddası var (.) anemin ama yani şey yapmıyor (.) niye korkuyosun (.) işte (.) böcekten korkulacak bir şey yok demiyolar

Ms. N. M. explained that her mother was also scared of insects, and she said that when Ms. N. M. and her brother were children, her mother was getting rid of insects in the house to prevent them to see insects. Ms. N. M. proclaimed that she later learned that her mother was also scared of insects. However, she said that she had no memory of her mother being afraid of insects. Ms. N. M. stated that her mother supported her for ignoring the phobia object. She stated that her mother pointed to an event as the beginning of her phobia. However, she used the phrase, "I mean, she doesn't do anything, she doesn't ask why I am scared or not say there is nothing to feel scared of insect.". While talking about her mother, she started to use plural expressions.

Similarly, the mother of Mr. H. has an elevator phobia:

A: şey dediniz ya fobiye dönüşmesin diye dönüştüğü bir dönem oldu mu yoksa

B: 111 (.) oldu mu (.6) şöyle aslında benim annemin asansör fobisi var kendisi de kullanıyor gerçi asansörü küçükken (.) örneğin (.) bizim apartmanda asansör yok bursadaki (.) örneğin asansörlü bir yere (.) gittiğimiz zaman annem genelde merdivenleri tercih ederdi (.) ben de (.) onunla beraber merdivenleri (.) tercih ederdim

A: siz niye onunla beraber merdivenleri tercih ederdiniz

B: daha güvenli geliyor

A: daha güvenli geliyor

B: evet

A: nasıl daha güvenli

B: annemin söylediklerine göre daha güvenli geliyordu sonra ben (.) kendim kullanmaya başladım (.) asansörü ama hep (.) aklımın bir yerinde o düşünce vardı

Mr. H. shared that his mother also had an elevator phobia. He said that when he was a child, he remembered his mother preferred the stairs instead of elevators and that he used the stairs together with his mother. When the researcher asked why Mr. H preferred the stairs, Mr. H. used the phrase, "It is safer.". Mr. H. specified the stairs when he said, "It is safer.". On the other hand, this expression can also be read as that he felt more confident when he was with his mother. Finally, he stated that he used the elevator later. However, he stated that the thought of safety was always somewhere in his mind.

Ms. R., on the other hand, remarked that her mother had an object of fear that was different from her object:

B: eskiden ne var (.) ↓ bu ↓ kadar ↓ korkucak ↓ böyleydi ↓ genellikle ama annem beni anlıyor (.) çünkü annem de fareden çok korkar (.) çok korkunca beni anlıyor yani ben de (.) ona söylüyorum yani aynı ben de (.) kediden aynı şekilde tiksiniyorum korkuyorum diyorum anlıyor (.) kardeşlerim de öyle (.) bunun için (.) beni (.) korkutmazlar ya da işte şakalaşmazlar anlıyorlar annem ve kardeşlerim (.) anlıyorlar

Ms. R. said that her mother used to take a position like "What's so scary?". Later, she made it clear that her mother understood her because her mother was also terrified of rats. She said that her mother understood her as she knew the feeling of terrified.

Then, she shared the following points: "I mean, I tell her, I hate cats in the same way,

I say that I am scared, and she understands me.”. Finally, she added that both her mother and her siblings understood her.

The participants quoted above stated that their mothers also had objects of fear. Ms. N.M. and Mr. H.'s mothers are afraid of the same objects as their children. Ms. R.'s mother is afraid of a different animal than Ms. R. is afraid of. For these three participants, the fact that their mothers also have objects of fear indicates that these mothers experienced processes like those of their children and that they understand them.

Ms. B. said the following about his mother:

B: aslında (.) ↓ biraz (.) ↓ tahmin ↓ usulünce ↓ yaklaşık (.) ben çocukken bilirsiniz dikiş makinaları vardı (.) pedallı yandan çevirmeli ben bir kere (.) o makinada (.) elimi dikmişim (.) tabi bunu bana (.10) anıyı biraz yanlış hatırlıyorum elimi oradan çıkarıp anne (.) özür dilerim diye gözümde bir damla yaş geldiğini hatırlıyorum ama öyle olmamış (.) iğne (.) parmağımdan geçmiş annem ve babam çok panik yapmış çünkü o sırada (.) hangi tarafa çevirmeleri gerektiğini (.) unutmuşlar o panikle (.5) sonra çıkarmışlar (.) falan filan derken heralde o zamandan beri annem anneme sizinle görüşeceğimi (.) bahsettiğimde (.) zaten (.) çocukken de (.) hastane görünce (.) iğne olacağımı anlayıp (.) kaçmaya çalıştığımı falan (.) anlattı

Ms. B. declared that she sewed her hand on the sewing machine when she was a child. However, she specified that she misremembered this memory. Ms. B. narrated the part she remembers as follows: “I remember that I took my hand out of the machine and a tear came to my eye. Then, I apologized to my mother.”. Later, she stated that this was not the case. She expressed that her parents were in panic and that they tried to get the needle out of her hand. In the continuation of the conversation, Ms. B. reported that she told her mother that she would attend this meeting. She said that her mother, in return, told her that whenever she saw a hospital when she was a child, she thought that she would get an injection and that she tried to escape.

It is essential to point out that while Ms. B. includes her mother in this memory, she excludes her father from it. Additionally, it is important to note that she apologized to her mother in the version that she remembers this memory. In reality, she said that

her mother and father were there at that time. Although Ms. B. refers here to her father, she started to talk about her mother again right after.

Ms. B. shared the following points as well:

B: En son yazın gelmişti başıma (.10) orda da yine hafif (.8) korku içinde biraz böyle (.) kendimi çok kasmıştım kendimi üniversite çağında pek iğne (.) olmadım bir hafta boyunca belimden iğne olup gelmişim (.) her seferinde yanımda birini istedim (.) annem olur arkadaşım olur elini sıktım (.) elini sıkamak iyi geldi aslında (.) aslında elini ne kadar iyi sıkarsam o kadar kolay atlatacağımı düşündüm bir yandan da (.) o yüzden yanımda birinin olması iyi oluyor

Ms. B. explained that she had an injection in her waist for a week and that she always wanted someone to be with her at that moment. Then, she used the phrase, "I wanted my mother or friend with me at that time. While I had an injection, I shook my mother's hand/my friend'd hand. It was good for me to feel her/his hand.". She added that she "thought the better she can squeeze her/his hand, the easier it would be to get over it.". For this reason, she expressed that she wanted someone to be with her.

Ms. B. made it clear that she wanted someone with her while she was getting an injection. The people she refers to as "someone" are her mother or her friends. It is noteworthy that she uses the singular expression as "someone" here and that she uses a singular expression to continue the sentence. Additionally, it is important to note that she only includes her mother and her friends to refer to the people with whom she wants to be - while having an injection - and that she excludes anyone else. In the previous quote, Ms. B. stated that she only remembered a memory containing her father. However, she spoke of it as if she was only with her mother at that moment. It is crucial that in this quote, she refers to her mother and friend as the person she wanted to be with while she was getting the injection, but she did not mention her father here again. This indicates the place of her mother regarding her phobia. Ms. R. commented on her dream as follows:

B: geçen rüyamda aynı kediyi gördüm buraya kapının önüne yemek için gelen kediyi gördüm (.) ve ben buraya gelmeden önce diyarbakırdayken bir kabus gördüm (.) sarı bir kedi görüp çılglık attım (.) büyük sarı kedi (.) sonra buraya geldiğimde (.) o kedinin aynısı buraya yemek istemeye falan geldi (.) bu nasıl bir şey (.) ya dedim (.)

daha bir gün önce rüyamda gördüm çekiyor muyum acaba (.) annem de dedi ki buraya hiç kedi gelmiyor dedi sen geldin (.) ve kedi geldi hani ben (.) ↓ nasıl ↓ olur ↓ falan dedim böyle tesadüf (.) diye değerlendiriyorum

Ms. R. stated that a day before she returned to her family home, she saw a big yellow cat in her dream and that she screamed. She indicated that she saw the same cat in front of the door of her family's house in Diyarbakır. She informed that she shared the following points with her mother: "I just saw it in my dream a day ago, I wonder if I'm attracting them.". She stated that her mother gave a response to her as follows, "Cats don't come here. You came then the cat came."

It is remarkable that Ms. R. sees a cat in her dream, and that she sees the same cat near her family's house, and that the dialogue about it takes place between her and her mother. It is also important to note that her mother responds in a way that supports the thoughts of Ms. R. about cats. This extract shows that while Ms. R. talks about her phobia object, she includes her mother and that she describes the situation through her mother.

Mr. M. indicated the following points:

B: sadece (.) ↓ bu ↓ diğer ↓ diğer ↓ korkularım ↓ için de böyle (.) mesela karanlık korkusu ben bir dönem (.) çocukluğumda depremden sonraki dönem (.) tek başıma yatamıyordum (.8) tek başına yatan insanları gördüğümde hep şey diyordum

A: kiminle yatıyordunuz peki

B: annemle

A: sadece anneniz ve siz mi yoksa aynı odada başka birileri de oluyor muydu

B: aynı oda da bazen başkaları olurdu bazen (.) olmuyordu (.) yani genelde annemle yatardım annem nereye ben oraya mantığındaydık (.) uzun bir süre

A: yani aynı yatakta mı farklı yataklarda mı

B: genelde aynı yatakta olurdu sonra işte (.) on yaşını on bir yaşını geçmeye başlayınca (.) farklı farklı yataklarda (.) yine aynı odada

A: peki kaç yaş aralığındaydı bu

B: yani şöyle doksan dokuz depremine ben (.) altı yaşındayken (.) altı yaşından on bir on iki yaşına kadar (.) tahminen böyle geçti

A: on bir on iki peki babanız nerde uyurdu o zaman

B: babam (.) biraz şeydi böyle despot bir adamdı (.) ya istediği olmadığı için sık sık da anneme küserdi (.) farklı odalarda yatardı şey değil babam biraz (.) küskün bir yapısı vardı (.)kolay kolay dövmez şey yapmazdı ama küserdi (.) mesela aynı odada olurdu (.) bazen olmazdı böyle biraz karıştıktı oralar

A: peki oralarda yalnız uyuyanları bir düşünürdünüz bazıları yalnız uyuyor ben uyumuyorum biraz orayı açabilir misiniz

B: yani şöyle (.) bu arada bu depremden önce şeyi de hatırlıyorum ilk defa ilk gece (.) annemler (.) uzak bir yerde uyucam (.) bu depremden önce (.) ama (.) hayal meyal hatırlıyorum abimler şey yapıyor böyle (.) bir korkum yok o an ilk defa böyle heyecanlıyım falan ablalarım abim onların arasında yatıcam filan (.) abim korkutmaya başladı beni işte (.) gece yılanlar geliyor (.) şu geliyor (.) bu geliyor belki de ilk kırılmayı (.) orda da yaşamış olabilirim bu arada tek başıma uyumayla alakalı

Mr. M. specified that he was unable to sleep alone from the age of six till eleven or twelve. Also, he said that he was sleeping in the same bed together with his mother that period. After that period, he declared that he slept in the same room with his mother but in different beds. He expressed that the earthquake - which took place in 1999 - was the starting point for him to sleep with his mother.

He stated that he was unable to sleep alone after this earthquake had happened. Before talking about all these, he also pointed out his fear of the dark. Mr. M. indicated that his father often got angry with his mother and that they slept in different rooms. Moreover, regarding his father, Mr. M. used the following expression: "For example, sometimes he was sleeping in the same room with my mother, sometimes he wouldn't, it was a bit confusing for me." In the continuation of his speech, Mr. M. said that he slept in a bed far from the bed of "his mother" and that he slept together with his brothers and sisters for the first time before the earthquake. He pointed out that he had no such fear at that time. He expressed that his brother was trying to scare him by saying, "Snakes are coming." He indicated that these kinds of behaviors of his brother might be a turning point for him regarding sleeping alone.

Mr. M. remarked that he could not sleep alone after the earthquake had happened and that he started to sleep together with his mother. Mr. M. said that before the earthquake, he slept separately from his mother and that he slept among his brothers and sisters for the first time. He indicated that his brother scared him at that period and that because of this, he experienced a breaking point about sleeping alone. It is understood from Mr. M.'s statement that Mr. M. was sleeping together with the members of his family before the earthquake as well. After the earthquake, he also slept with them until he was 12 years old. He stated that he experienced a breaking point about sleeping alone after the earthquake. However, any statement indicating that he slept alone before the earthquake could not find a place in his narrative. In addition, it is not fully understood what Mr. M. meant when he said, "I was sleeping with my mother.". It is not precisely understood whether he spoke about his father and his mother or his mother and his siblings. Although it is not clear what he means exactly while using the word "my mother", that explanation already includes "mother".

As seen from the quotes above, these two participants stated that their mothers were also scared of similar phobia objects like them. One of the participants stated that her mother's object of fear is different than her object. Considering their objects of the phobia, these participants give their mothers positions that are similar to their own positions. According to Ms. B., on the other hand, her mother is the person who helps her deal with the fear object. In Ms. R.'s speech, her mother has a position pointing out that the phobia object is in the same place where Ms. R. is. In the case of Mr. M., he explained his mother's position as he slept with his mother due to his fear of the dark and his inability to sleep alone. In conclusion, during the interviews, the speeches of all participants contain their mothers.

3.1.2.3. Father's Presence as a Part of the Phobic Experience

Some participants associated the phobia object with the "father". For example, Ms. R. mentioned her father and cats as follows:

B: geçmişten gelen bir otoriteye karşı (.) bir şey var hani (.) bende (.) otorite olsun istemiyorum mesela ben (.) bir yerlere gitmek istedim ama babamdan izin alacağımı almam gerektiğini bildiğim için (.) gitmezdim izin almamak için (.) otoriteyi kabul edemiyorum (.) kedinin bakışlarında

bir otorite hissi geliyor (.) hani dediniz ya siz ne düşünüyorsunuz diye (.) bana

Ms. R. mentioned that she needed permission from her father to go somewhere. However, she stated that she did not go anywhere to avoid getting permission from her father. In relation to this, she used an expression as "I do not want to have an authority." When the words "I don't want" was removed from this expression, the part "let me have an authority" remained. The statement of Ms. R could also be read in a way that she wanted her father to be an authority for her. After the statement "I cannot accept authority", she used the following expression: "There is a sense of authority in a gaze of a cat". It was understood that while Ms. R. was saying these, in the construction of meaning, she compared cats and her father to each other in relation to the authority. The fact that the cat's gaze gave her a sense of authority could be read as establishing a connection between authority and gaze.

In the interview, Ms. R. asked if it was, in fact, an authority phobia:

A: siz fobiye neye bağlıyorsunuz nasıl açıklıyorsunuz kendinize düşünceleriniz neler bu konuda

B: ben düşünsem ne düşünürdüm bilmiyorum ama şimdi araştırdığım için (.) işte bu olabilir mi şu olabilir mi diye düşündüm otorite fobisi olabilir mi (.) aslında diye düşünüyorum (.) kendime böyle açıkladım (.) çünkü otoriteye babam çok otoriter bir insandı (.) hiçbir yere gitmeme izin vermezdi (.) evde olduğu sürece ama evde olmadığı sürede (.) rahattım (.) o anlamda (6) izin alsam da vermiyeceğini bildiğim için izin almazdım (.) o otoriteyi hissetmek rahatsız ediyordu (.) beni işte bana su getir dediğinde götürmezdim (.) getirir misin dersin getiririm derdim bunlara takıntım vardı (.) benim şunu yap bunu et (.) bunlardan rahatsız olurum genellikle normalde de öyleyimdir (.) idarecilerime de hep bunu söylemişimdir yap değil yapar mısın (.) çok hani rahatsız olduğum şeylerdir acaba diyorum (.) otorite fobisi mi aslında

In the above quote, Ms. R. stated that her father was authoritarian. She stated that when her father was at home, she could not go anywhere. She said that even if she asked him for permission, he would not let her, so she did not ask for permission. She expressed the following: "But we were comfortable as long as he was not home.", meaning her father's not being at home. Until this point of the quotation, Ms. R. used singular expressions. However, at that point, her expression was pluralized. In other words, she was not the only person who was uncomfortable with the father, but also other members of the family were uncomfortable with him. Ms.

R. also stated that she was obsessed with expressions containing orders such as "Bring me water.". When her father used those expressions, she did not do what he wanted. She stated that she "brought" water to his father if he said, "Can you bring it?". Ms. R. stated that she also had the same attitude towards her administrators in the workplace. At the end of this statement, she asked a question: "Is it actually an authority phobia?". At that point, she associated cat phobia with authority phobia. In other words, she associated her father, who was an authority figure for her, and cats, the object of phobia of her.

In the first minutes of the interview, Ms. D. used the following expression while trying to explain her profession:

B: ...babam (.) da benim avukat (.5) ama şu anda (.) avukatlık yapmıyor

In the next minutes of her speech, she said the followings to express how her phobia started:

B: Şöyle (.) çocukluktan beri (.) şöyle ben küçükken hatırladığım kadarıyla babamla asansörde kaldık hatırladığım kadarıyla (.) şöyle bir andı (.) ya şunu çok iyi hatırlıyorum (.) sadece o zaman sanki böyle ben asansörleri böyle halat gibi şeyle çekiyorlardı (.) ya babamın birinin ismini bağırdığını (.) o herhalde babamın iş yerindeki apartmandaki asansörde kalmıştık (.) işte bilmem ki halatı çek mi dedi bir şey yaptı ama şey gibi (.) bir korku hani bunu da yine psikologla konuştuğum (.) için söylüyorum hani biraz sonuçta seni kurtarmasını beklediğin (.) adam da panik olduğu için herhalde ekstra bir panik mi yaşadım (.) öyle bir panik olduğunu düşünüyorum

In the first minutes of the interviews with Ms. D., she stated that her father was a lawyer like herself. Then, she talked about her memory of being stuck in a small elevator with her father. She stated that it was her first memory related to an elevator phobia. She mentioned that it was an elevator in her father's workplace. Ms. D. expressed in the following line that her father was also in panic at those moments: "I think I had an extra panic because the man I expected to save me was also in panic.". It is noteworthy that her father was present at that moment when Ms. D. described as the beginning point of her phobia. In addition, other noteworthy points were that she gave her father the role of "savior" and she panicked more as she observed her father was also in a panic.

Like other participants, in her interview, on the axis of phobia, Ms. B. also mentioned her father:

B: aslında (.5) annem iğne olmaktan hiç korkmaz babam da iğne olmaktan nerdeyse (.) benim kadar korkar (.) ben (.5) genelde babamla iğne olmaya gittim (.) ve babamın korkusuyla dalga geçtiğini gördüm (.) seninki de çok acıyacak diye beni de korkutuyordu (.) odadan çıkar mısın (.) diyordum kendim atlatmak istiyorum yoksa hep korkuyorsun diyordum (.) yani bilmiyorum etrafımdaki insanlar (.) hep beni korkuttu iğneyle ilgili hiç güzel bir şey hatırlamıyorum (.) ve her an zararlı sonuçlar açabilecek (.) gibi hissediyorum

Ms. B. expressed that her father was afraid of having an injection while her mother was not afraid of having an injection. About this, she used the phrase: "He is scared almost as scared as me.". She also stated that her father scared her by saying "It will hurt you, too ". She stated that she said the following to her father: "Will you please leave the room? I want to overcome it on my own, you are always scared."

Afterward, she stated that the people around her always scared her. Here, the expressions "my father is afraid of the injection", "my father scares me", "the people around me scare me" came one after another. Ms. B. said that the people around her were scaring her because her father scared her.

Some participants spoke about their fathers over their absence. For example, in the excerpt below, Ms. R. described how her father was rarely at home when she was four or five years old:

B: ...genelde eğlence gezme seyahat yurt dışı (.) ora bura (.) çok az evde bulunurdu (.) evde olduğu zamanlarda da (.) genellikle kızıp kovduğu için ne işin var burda gibi beş yaş (.) dört yaştan bahsediyorum hani ben bu adam kim neden bizim evimize geliyor (.) kim bu hani (.) öyle düşünüyordum tamam biliyorum o eve de gelmesi gerekiyor ama kim neden geliyor gelmese daha iyi gibi yani (.) annemi de oyun arkadaşı olarak görürdüm oyun arkadaşımı benden alıyor (.) gibi geliyordu bizim eve gelip ilerleyen yaşlarda tabi ki anladım (.) hani artık babam olduğunu

A: nasıl anladınız anladım ilerleyen zamanlarda dediniz ya

B: yani (.) çünkü hani büyüyörsünüz artık (.) onun kim olduğunu biliyorsunuz (.) yani bir anne var bir baba var (.) o şekilde yoksa bir baba gibi davranmıyordu hiçbir zaman

Ms. R. stated that her father was rarely at home when she was four or five years old. However, when he was at home, he was angry and was keeping her away from himself. Afterward, she said, "I was thinking about who this man was, about why he was coming our home. I was asking myself who he was?". It is understood from this statement that Ms. R. did not "accept" her father at that time. Similarly, these expressions pointed to the "lack" of her father in Ms. R.'s life. Subsequently, she expressed that her father came home and stole her playmate's mother from her. Ms. R. stated that she understood that he was her father at later ages.

Ms. R. said in the following quote that she did not communicate with her father:

B: babamla anlaşamayız biz şuanda (.) şuanda da konuşmuyoruz hani iletişim kurmuyorum (.) annemden (.) kardeşlerimden kaynaklı geliyorum gene buraya (.) o zamanlarda da (.) hani (.) çocuklukta gelen (.) bir şey vardı zaten (.) çocukluğumda da (.) babam olduğunun farkında değildim (.) çünkü çok fazla uzakta şehir dışında olurdu (.) geldiği zaman da (.) çok iyi davrandığını (.) hatırlamıyorum

Ms. R. said that she could not get along with her father, did not talk or communicate with him, and just went to her family's house to see her mother and siblings. Ms. R said, "You know, there was something stemming from my childhood. I was not aware that he was my father when I was a child.". She associated her lack of awareness with her father's being mostly out of their home city. That unawareness about having a father could be interpreted as a lack of her father in her life. Similarly, Mrs. R said the following about her father:

B: arada düşünüyorsunuz (.) tabi eskilere gidiyorsunuz düşünüyorsunuz (.) niye böyle oldu niye şöyle oldu tabi şuanda (.) çok düşünmüyorum artık bir yıldır (.) pek düşünmüyorum (.) yokmuş gibi hayatımda hiç tanımamışım gibi

Ms. R. said that she lived as if she "never knew" her father and as if "he didn't exist" in her life. These expressions can be read as Ms. R. did not know her father as a father.

Ms. D., on the other hand, stated that she did not spend much time with her father:

A: Siz ama sevmiyordunuz o içinde bulunduğunuz şeyleri

B: Yani (.) yoo aslında Cumartesi-Pazar şeylerini seviyordum (.) sadece şey diye söyledim annem haftaiçi yapamadığı şeyleri (.) ilgilenemediği için haftasonu kompanse etmek için bizi bir yerlere götürüp (.) ilgileniyordu diye (.) düşünüyorum ama *babam hayatımızda çok yoktu*

A: Bu kurslar peki haftasonu muydu

B: evet

A: anneniz de mi katılıyordu sizinle beraber yoksa sadece bırakıyor muydu

B: Yok (.5) sadece bırakıyordu (.) alıyordu ama şey sonrasında (.) şey yapardı (.) ya işte (.) istediğimiz yerde yemek yedik (.) takılırdık (.) güzel vakit geçiriyorduk

A: Babanız yoktu öyle anlarda

B: Ya (.) babam (.) biraz babam çok yoğun çalışıyordu (.) gerçekten ben liseye kadar (.) babam çok yoğun çalışıyordu ondan sonra babamla da (.) şey hatırlarım (.) çok şey bir hayat anlattım (.) bu kadar çok şey değil ama böyle Pazar günleri (.) bazen babamla bowling oynardık (.) gidip bilkentte sonra sinemaya giderdik sonra da footcord da yemek yedik ve böyle (.5) şöyle hatırlıyorum sadece o kadar (.) bence nadir (.) oluyordu ki çok övünerek anlatırdım (.) babam böyle yaptı diye ama muhtemelen (.) senede beş kere falan olmuştur

After Ms. D. mentioned that she spent time together with her mother and her sibling on weekends, for his father she expressed: "I did not have a father.". She used this expression just before she stated that her father was unable to spend enough time with them as he was very busy with his work. Afterward, she stated that she rarely spent time with her father and boasted about those moments. It is noteworthy that Ms. D. used the expression "I did not have a father" while talking about her father. Ms. Y.E. remarked that:

B: yani (.) evet (.) orayı görüyorum her zaman olayın önce orda gerçekleşmesi (.) büyük ihtimal etkili hem de o dönem (.) yani o bahsettiğim çocukluk döneminde (.) babaannem bana bakıyordu (.) annem çalıştığı için (.) hep o evin içindeydim hep (.) bir şeyleri (.) orda yaşıyordum (.) büyük ihtimalle o eve o yüzden geri gidiyorum

A: yani tüm gün mü ordaydınız günün belirli saatleri mi yani günleriniz hep orda mı geçiyordu yoksa akşam mesela anneniz alıyor muydu

B: annem (.) belki (.) yedi gibi evden çıkıyordu belki yedi sekiz gibi (.) geliyordu

A: ha geliyordu almaya

B: babam zaten (.) o dönem çok yoktu (.) ortalıkta öyle olunca (.) hani gündüzleri (.) babaannem bakıyordu akşamları ve hafta sonları (.) evdeydim

To indicate the beginning of her phobia, Ms. Y. E. explained that a bird caught on a rope on her grandmother's balcony and that the bird fell from the balcony to the ground and died. The above quote refers to this event that first occurred. She stated that her grandmother took care of her at that time as she lived in the house of her grandmother. She pointed out that after her mother left work in the evenings, she came to pick her up. In the continuation of her speech, Ms. Y. E. used the phrase, "My father was not around much at that time. So, I stayed with my grandmother during the day, and I stayed at my home in the evenings and on the weekends."

In the entire conversation with Ms. Y. E., she frequently talked about her grandmother. However, she talked less about her mother. During the interview, the single point that Ms. Y. E. speaks about her father is the part at the end of the quotation above. Ms. Y. E. mentioned her father here with the following phrase, "My father wasn't around much at that time anyway.". Therefore, Ms. Y. E.'s mentioning of her father was based on his absence. During the interview, there was no place in Ms. Y. E.'s talking about her father other than declaring his absence.

Ms. N. M. indicated the following:

A: peki yani arkadaşlık ilişkileriniz bir şekilde geldi aile ilişkileriniz nasıldı sizin aile üyeleriyle ilişkiniz nasıldı o dönem için

B: aile ilişkimiz (.) şöyle abimle genelde (.) yakın bir ilişkimiz yoktu (.) yani (.) ben liseye gidene kadar (.) şuan (.10) ilişkilerimiz iyi yani (.) liseden itibaren daha yakın (.) olduk ama o zamana kadar (.) çok birbirimizle iletişim kurmadığımız işte genelde (.) 11 abisinden (.) dayak yiyen küçük kardeş olarak geldi (.) onun dışında (.) babam (.) genelde (.) evde yoktu

The researcher asked Ms. N. M. about how her family relations were. Ms. N. M. stated that she did not have a close relationship with her older brother until high school and that before high school, they did not communicate with each other. Additionally, she said that her position with her older brother - before high school - was like "the younger sibling whom her older brother beats.". In the continuation of

this speech, she used the following phrase to indicate her relationship with her father: "Other than that, my father was usually not at home."

Based on the expressions of Ms. N. M., it is possible to conclude that her father was usually not at home physically. The researcher also asked her about her family relations. She answered that question by starting to talk about her relationship with her brother. Then, she expressed that her father was usually not at home.

In the interviews with Ms. R., Ms. D., and Ms. B, one of the people they mentioned the most were their fathers. For these three participants, their fathers are included in their speech based on their phobias. The position given by Ms. R. to her father is related to the authority, and she explained her cat phobia through the authority phobia. In the speeches of Ms. D. and Ms. B., their fathers are in the position of being uneasy or afraid of phobia objects that remind their own positions. For some participants, their fathers have positions based on their physical absence. These positioning were found in the speeches of Ms. R., Ms. D., Ms. Y. E., and Ms. N. M.

CHAPTER 4

DISCUSSION

4.1. Discussion Regarding Interpretative Repertoires

In this section, eight interpretative repertoires will be discussed. These are: 1. The Relationship with the Phobia Object through Control, 2. Detailed Depiction Focusing on Fragments of Phobia Objects, 3. Preoccupation with The Phobia Object, 4. The Gaze of the Phobia Object, 5. Bodily Symptoms Associated with Phobias, 6. The Contact with Phobia Objects, 7. The Gain Through Phobias, 8. Escape from the Phobia Object

4.1.1. The Relationship with the Phobia Object through Control

“The Relationship with the Phobia Object Through Control” is an interpretative repertoire used by most participants. In this interpretative repertoire, it is observed that participants with claustrophobia experience and those with animal phobia had distinct interpretations of their phobia experiences.

The participants whose phobia objects were elevators or airplanes expressed that they believed they could not leave these environments on their own. At this point, they can only get rid of these places with the help of other people. For these participants, the issue of control was attributed to other people associated with these places. For instance, the person with an elevator phobia thinks that he has no control over the situation and only other people could save him from being stuck in the elevator. In another example, the person with airplane phobia thinks that he has no control over the phobia object, only the person who makes or uses that airplane is the person in control.

The participants with phobia object of an animal specified that because the animal moves quickly and suddenly, they had no control over it. In other words, it is understood that they think that the control is in this animal and not in them.

This points out that when the object of the phobia is alive (e.g., animal), that alive object is attributed to have control. When the phobia object is inanimate, control is attributed to other people. Lack of control is a crucial fundamental concept for people with phobia experiences.

For instance, Ms. D. said the following: "For me, not being able to move is a feeling like there has been something collapsing on me which prevented me from moving. Claustrophobia also means the same thing as you said before. I feel that I won't be able to breathe when I want, and I won't be able to open the door when I want. As a result, I feel that I won't be able to go out whenever I want.". Mr. H. stated the following: "I don't know how to explain it. Let me give an elevator example. At that moment, there was nothing I could do when I was inside the elevator as it was not working or responding. Some intervention would only be possible from outside of it.". Moreover, Ms. Y. E. expressed that: "Birds are speedy and sudden. There is nothing that I can have control over their movements. I may control the movements of other animals in a certain way. However, birds flap their wings very fast. I am afraid that they might hit me with their wings."

As seen from the expressions of the participants who describe their phobias through control, the participants have no control over the situation they describe. In other words, in terms of these participants, there is an actual situation in which they cannot actively do anything. Here, the following questions were asked: Why are these situations described by the participants formulated as control issues and what is the function of thinking that they "have no control" over their phobia objects?

It is important to mention three concepts that Lacan distinguishes as imaginary, symbolic, and real. Although Lacan talks about these three concepts in the first years of his studies, he started to talk about them as registers in 1953 (Evans, 1996, p. 134-135). Lacan called these three concepts as register because he thought that these concepts had intersections with each other (Evans, 1996, p. 135). On the other hand, these concepts point to different points of psychoanalytic practice (Evans, 1996, p.

135). Also, these three registers indicate points to how Lacan formulates psychical subjectivity (Johnston, 2018).

Lacan discusses these registers in the topology of the Borromean knot in his 1972 seminar (Gürsel & Gençöz, 2019). These three registers are called rings. As a result of removing any of these three rings, the knot in the Borromean knot is untied, and these three rings are separated from each other (Gürsel & Gençöz, 2019).

The real register (*le réel*) belongs to the prelinguistic period in which a baby sees herself and her mother as a whole. Therefore, there is no separation between the baby and the mother yet (Evans, 1996, p. 162-164). Since this register does not belong to a stage when a baby expresses herself in the language system and comprehends the language system, things about the real register point to things that cannot be conceptualized and expressed with language. The real register is incomprehensible, and the real's comprehension is impossible (Johnston, 2018). For this reason, it is an area outside of symbolization (Evans, 1996, p. 162). Throughout Lacan's work, "the real" has been dealt with in many ways and connotations (Johnston, 2018). The real pinpoints "libidinal negativity, material meaninglessness both linguistic and non-linguistic, contingent traumatic events, unbearable bodily intensities, anxiety, and death" (Johnston, 2018).

The Imaginary register (*l'imaginaire*) is structured in the Mirror Stage. The period that Lacan calls the "Mirror Stage" coincides with when children are 6-18 months old (Lacan, 1949, pp. 94-95). Until the mirror stage, the child experiences himself as parts, not a whole. In the mirror phase, the alienation process and ego development begin. It is the result of the identification process with her holistic image. Here alienation also refers to the child's alienation in language. Signifier points to the symbolic, while signified points to the imaginary. The signified is briefly defined as meaning. The meaning varies from subject to subject; as a result, it does not have a fixed meaning. The imaginary register is inevitable for every speaking subject (Johnston, 2018). Psychoanalysis does not abolish the imaginary field. It is neither possible nor desirable to eliminate this area (Johnston, 2018). In short, the imaginary register is a part of the subject's psyche.

The symbolic (la symbolic) belongs to the sphere of the language. Nevertheless, we cannot say that language equals the symbolic register. The signifiers in the language are where the symbolic is (Evans, 1996, p. 203). The symbolic also refers to laws, institutions, customs, norms, and rules. (Johnston, 2018). Among three registers, the symbolic is the closest register to psychoanalysis. Psychoanalysts perform the symbolic function (cited by Evans, 1996, p. 203). Lacan states that psychoanalysis should work on the symbolic order (Evans, 1996, p. 203). In addition, he states that if analysts work on the symbolic order, there may be changes in the subjectivity of analysands (Evans, 1996, p. 203).

Expressions of the participants about their phobias as areas that they cannot control indicate the imaginary aspects of the phobic objects. For example, one of the participants - namely Mr. H. - said that he watched the videos of people walking in a cave while imagining that he was the one traveling there. Afterward, he mentioned the case where he was in the elevator for about 3-4 minutes and that he was very nervous while he was in the elevator. In other words, he stated that he was tense while imagining himself in the cave example, he also felt tension when he was in the elevator in real life. It is a real moment for Mr. H. to feel stuck in the elevator. While Mr. H. watches a video about the people walking in the cave, he reminds himself of a real moment on an imaginary level. Based on the example of Mr. H., it is seen that participants interviewed within the scope of this interview talked about both real encounters with phobia objects and imagining such a real encounter at an imaginary level. Participants remember real encounters with phobia objects and develop fantasies about these moments. The question is what kind of function this has. Participants stay in the contact with phobia objects by reminding themselves of possible encounter scenes with them. On the other hand, the position they give themselves in this repetitive recall is one where they have no "control" over the objects of the phobia. The participants repeatedly remind themselves of an area that they have no control.

This point indicates that these participants think they control other areas of their lives, apart from their objects of the phobia. Phobia objects, on the other hand, destroy these ideas about themselves. The concept of "omnipotent" can explain participants' beliefs that they control their lives. The concept of omnipotent can be

briefly defined as the assumption that a person has “complete” or “unlimited power” (Merriam-Webster, n.d.). On the other hand, this concept refers to the period before the mirror stage, in which a child sees herself and her mother as a whole, which is the prelinguistic phase and is characterized by the real register.

Reminding themselves that they have no control over the phobia objects is a point where the participants repeatedly break their omnipotent perception about themselves. The participants, for example, have no control over the objects of the phobia because the participants are not omnipotent. They are “deficient”. At this point, it can be said that; the lack of control of the participants over the phobia objects is an area in which the participants remind themselves that they are “deficient subjects”. Participants are not omnipotent. On the contrary, they are people with lack. Lack is a signifier of castration (Melman, 2009). In the preoedipal stage, the child perceives that the mother is searching for the phallus and tries to be the phallus for the mother (Evans, 1996, p.23). Afterward, the imaginary father intervenes through the incest prohibition (Evans, 1996, p.23). Finally, “the real” father shows the child that he has a phallus, and the child accepts that the mother cannot have a phallus and withdraws (Evans, 1996, p.23). This point is where the Oedipus complex is resolved for the child. These are also the points where the child accepts that the mother's gaze is on the father. Both the mother and the child have a lack here. The gaze of the mother is towards the father. This castration point is both the process in which the child accepts that he is lacking and the point where the child's desire is formed towards the area where the mother's gaze is directed.

Thoughts of participants on that they have control over everything may indicate their beliefs that they cannot be castrated. However, as the participants remind themselves that they are in an area where they have no control over their lives, they remind themselves of being castrated. In other words, while the participants say that they have no control over the phobia objects, they point out that they are deficient, meaning they are castrated.

On the other hand, not everyone constantly reminds herself of castration, or people who remind themselves of castration do not do so in similar ways. Regarding the sessions, it has always been noteworthy when people try to remind themselves of the

castration by remembering that they have no control over the phobia object. It is crucial to discuss functions of control in the lives of subjects. In addition, it is also significant to address why the subjects have preferences to create a relation between the phobia object and the control over it - although there have been possibly many other different methods.

The following questions are worth asking:

- a. Why are some subjects fixed on phobia objects - specifically on their lack of control over them - although it is possible to focus on many different symptoms/points associated with symptoms?
- b. Why do subjects develop symptoms that force them to confront what they cannot control?

In sessions, subjects should be encouraged to talk about where the control topic fits in and where it relates to their lives. Namely, therapists should talk to people - who have narratives about their inability to control their phobia objects - about if there exist other points in their lives that they would describe in similar ways.

Considering all these will make it more understandable for participants to explain their phobia of objects over the subject of control. In other words, in this way, the place and the functions of these symptomatic situations in their lives will be more visible. Additionally, if subjects talk about these issues, they may have the space/opportunity to figure out - with the help of language, which is the symbolic field - phobias experienced in real or imaginary ways. It alleviates symptoms of subjects and opens space to other life-related issues.

4.1.2. Detailed Depiction Focusing on Fragments of Phobia Objects

Some of the participants made detailed descriptions of the phobia objects. Each participant pointed to specific points about the phobia object during these descriptions. These points are not the points where the phobia objects are considered whole. Rather, participants focused on some parts of the phobia objects. Each point contains different subjective experiences that belong to the participant.

For example, Ms. H, who has a spider phobia, declared that her fear changes according to the size of the spider. She also specified that the spider's eyes were repulsive to her and that the head shape of a spider and its feathers made her feel irritable, disgusted, and frightened.

On the other hand, Mr. M., who has rat phobia, referred to the bony structure and voice of the rat. Immediately afterward, he stated that rats were very disgusting animals. Ms. N. M. indicated that her reactions towards spiders changed according to their leg characteristics and according to places where she saw them. It is seen that these participants do not talk about an ordinary phobia object. Instead, they talk about parts of the phobia objects that "affect" them. It is observed that participants did not point out a fixed or common point about the phobia objects. On the contrary, they talked about the striking points of the phobia objects for them.

Some participants did not say that they completely felt terrified of the phobia objects. Contrarily, they stated that they felt more/less scared depending on if the phobia objects had some specific characteristics. Here, the following question was asked: Why don't they have a similar attribution to all the objects their phobia targets? According to the characteristics of the phobia objects, their references to phobia objects and their experiences change.

When the expressions of some participants are considered, it is possible to think that the meanings they construct for the characteristics of the phobia objects seem arbitrary. For example, Ms. E., who has a dog phobia, said: "I feel a little bit more nervous if its neck is thin, so if its neck is thin, it seems like a more active, more aggressive animal.". What Ms. E. said about thin-necked dogs that seemed more active and more aggressive to her is related to Ms. E.'s subjective evaluation of the phobia object. The following is another example about what N. M. with insect phobia said: "What bothers me more about some insects is their legs. I mean spiders have that kind of legs. I even feel uncomfortable when I closely look at the slender legs of ladybugs or of butterflies.". Like Ms. E., Ms. N. M. specifies the object of the phobia. Ms. N. M. stated that the legs of spiders bothered her and that when she looked very closely at the legs of ladybugs or of butterflies, she also felt disturbed. Just like Ms. E., Ms. N. M. did not say that she completely felt uncomfortable with

all animals that were the object of the phobia. Rather, she expressed her discomfort with a specific feature of the phobia object. Ms. Y. E., who has a bird phobia, pointed out the following: "I can move away from birds that are alive. I know it. I am aware of it. I have control of myself. However, when I see a dead bird, my system shuts down. I feel paralyzed, as I said before. I constantly imagine that dead bird image."

Like these participants, some other participants talked about phobia objects - not superficially - in a way that contains detailed descriptions of phobia objects. All participants conveyed their thoughts about the phobia object and pointed to certain parts in these descriptions. In other words, in the interviews, it is observed that the participants constructed the phobia objects in a way that covers many different elements.

In the scope of this study, all participants stated that they had a phobia. Therefore, they all have 'phobias'. Moreover, there are common elements in the narratives of participants. However, the points that affect them most and that lead to the formation of phobic symptoms are unique to each participant.

In other words, when the topic is viewed from afar, a general phobia concept may be observed. Yet, if the experiences of the participants with a phobia are considered, it is observed that it is a personalized phobia, not a general one. It means that it is possible to talk about a particular phobia, which is specific to the subject, rather than a phobia concept in general. It is considered that phobia is a singular trajectory. The reason for this singularity is for the imaginary dimension of each subject. Even though there are some common points among the experiences, a phobia is like a fingerprint due to the imaginary dimension of each subject.

It is a personal place for all participants to describe their phobias and phobia objects. Rather than describing something generalized, they were describing their own subjective experiences. Some participants had a relatively more general description of their experience. Meanwhile, some were particularly specific about the phobia.

People say a lot when they start to speak. However, people who have not been or are not involved in an analytical study cannot trace the unconscious about what they say

and cannot realize the unconscious formations that occur while talking. It is observed that many important details are pointing to the unconscious in the interpretative repertoire titled "Detailed Depiction Focusing on Fragments of Phobia Objects".

The main points where the unconscious reveals itself are slips of tongues, clumsy acts, dreams, and fantasies. All of them are revealed themselves through the language. The unconscious formation visible in the interpretative repertoire titled "Detailed Depiction Focusing on Fragments of Phobia Objects" is concerned with fantasies. In Lacanian psychoanalysis, fantasy (*fantasme*) is at the center of the concept of subjectivity (Ruti, 2010).

When we talk about fantasies, we must first refer to Freud. Because Freud, the discoverer of the unconscious, stated that memories of seduction are based on fantasies rather than a real event in some cases. The real event meant here is a situation related to sexual trauma. Freud points out that there is no sexual trauma, in reality, in some cases, but that the person is in fantasy as if something like this had happened. On the other hand, in the early years of Freud's studies, before the concept of fantasy was on his agenda, he tended to hear what his patients told him as real-life memories instead of reading them as their fantasies. Meaning that in the first years of his professional life, Freud thought that the reason why his patients suffered from hysteria and other mental problems was a sexual trauma that his patients experienced in their childhood (Gay, 2006, p. 392-393). After a short time, Freud started to doubt whether his patients told were scenes that happened or scenes that patients dreamed of (Quinodoz, 2019, p. 27). Afterward, he thought that the traumatic elements in the understanding of the patients were related to phantasy and drive rather than the reality of a sexual scene (Quinodoz, 2019, p. 27). In addition, Freud stated that a real event or a fantasy could affect a person in a similar way (Gay, 2006, p. 392-393). At the same time, Freud emphasized that events in the past had been constantly reshaped by unconscious desire in the following years. Consequently, a memory that a person remembers is not a factual recall. However, it is rather a reshaping by the unconscious desire and is remembered with this new version. Similarly, symptoms are not based on objective things. However, they are based on specific things woven by fantasies (Evans, 1996, p. 60-61). Freud's explanation of the concept of fantasy includes the concepts of imagination and unconscious desire (Evans, 1996, p. 61).

On the other hand, Lacan grounds Freud's formulation on the concept of fantasy and underlines that fantasy has a protective function (Evans, 1996, p. 61). The protective function indicated here is that fantasies are defenses developed against castration. In the Object Relations Seminar, Lacan associates the representation of fantasy in the imagination to paused images in movies (Lacan, 1956-1957). In the case of movies, people can pause the movie at any time. For instance, a subject may pause the movie in a traumatic scene not to be traumatized. Here, the function of stopping the film is to avoid the traumatic scene. At this point, Lacan says that the fantasy scene in the subject is also a defense that prevents the castration of the person (Lacan, 1956-1957). This analogy between the motion picture and fantasy expressed by Lacan indicates that fantasy has a fixed and immobile quality.

Lacan explains three clinical structures. These are psychosis, perversion, and neurosis. There are different fantasies in these three clinical structures to cover the lack in the Other. For example, the critical question of the neurotic about the Other is "What does the Other want from me?".

Formulations related to the fantasy spot common points in fantasies of the subjects with similar structures (Evans, 1996, p. 61). Furthermore, each subject has its specific areas in fantasy. It is essential to recognize the scenarios of fantasy that have clues specific to the singularity of each subject. Subjective scenarios pointing to the fantasy of the subject indicate jouissance of the subject. However, this pointing is in a distorted form. (Evans, 1996, p. 61).

Lacan speaks of "fundamental fantasy", which is unconscious. Analyzing fantasies are an essential point in psychoanalysis. During psychoanalytic sessions, the fantasies of analysand are reconstructed. They are getting used to being aware of unconscious materials via the analytical process. It follows that they could trace elements in their lives. Through the psychoanalytic process, the analysand "traverses the fundamental fantasy" (as cited in Evans, 1996, p. 61). Specifically, the analysis process changes the primary defenses of the subject and jouissance style (Evans, 1996, p. 61).

Lacan is aware that images are an integral part of fantasies. (Evans, 1996, p. 61). Additionally, Lacan points out that these images occur in the symbolic structure.

Concerning this, he used the expression “fantasy is a set of images that will always work in a signifying structure” (Lacan, 1977).

The points where the participants specifically mention the phobia objects are filled with their imaginations and, therefore, their fantasies. For example, one could be afraid of dead birds rather than birds, or one could feel fear of the legs of insects/animals rather than insects/animals. Hereby, we can ask the following question: Why are the phobia objects of the participants so diverse? How is the object of the phobia can be so personal?

Lacan says that there is no psychoanalysis and that psychoanalysis is unique to the person. It means that everyone has a unique history and a unique structure. The phobia that emerges in this originality is also very personal. That is the reason that many phobia objects and phobia experiences exist.

Therefore, although there are common names for phobias (such as x-phobia), we see a great variation in how people experience phobia. For example, one participant particularly highlighted dead bird phobia instead of bird phobia. The bird phobia becomes very singular when the adjective "dead" is added.

Then what does all this tell us? We need to look at mainstream psychology and psychoanalysis to answer this question. Symptoms are central to mainstream psychology, and many current therapy models focus on eliminating these symptoms. In terms of psychoanalysis, the situation is different. Removing symptoms is not a fundamental aim of psychoanalysis. Even the symptoms may disappear during the psychoanalytic process. Nevertheless, psychoanalysis makes no promise of removing symptoms. The symptoms are also important for psychoanalysis. However, the importance here is that the symptom is seen as the return of the repressed. The symptom is essential because it is an unconscious formation that gives information about the subject and the material that has been repressed in the subject. Symptom - like slips of the tongue, clumsy actions, jokes, and dreams - is a field where the unconscious makes itself visible. Therefore, symptoms are seen as necessities in psychoanalysis. Because the symptom of every person is so singular, psychoanalysis is not concerned with categorizing symptoms. It has been possible to see this singularity in the interviews held within the scope of this thesis.

In summary, because of the analysis that emerged in this repertoire, it is concluded that the phobia experience of each subject is singular rather than a generally accepted one. At the same time, this singular area is where the subject's fantasy comes to light and contains clues about some points of the subject's fantasy. Like other unconscious formations, fantasy is a field where the unconscious manifests itself momentarily. Over and above that, when the psychology literature is examined in general, it is seen that although there are different categories of phobias regarding the choice of phobia object, it is not indicated that each participant can focus on a specific part of the phobia object. The mainstream psychology literature misses the singularity of the subject's phobia experience.

Detailed Depiction Focusing on Fragments of Phobia Objects is related directly to phantasms of patients. In therapy sessions and analysis interviews, therapists should pay attention to what comes before and after statements and what this issue relates to when patients have such piece-oriented narratives. Thence, it will be possible to determine what other phantasmatic elements are connected. It may reveal clues about phantasms of patients or may give a general picture of a patient.

4.1.3. Preoccupation with Phobia Object

The interpretative repertoire of “Preoccupation with the Phobia Object” is discussed based on the statements of Mr. H. and Mr. M. about their research for accident events related to their phobias.

The fact that Mr. H. conducted research on elevator accidents/news about people stuck in elevators and that Mr. M. followed news about plane crashes and heroism of pilots indicates their investments in their phobia objects. Also, Mr. M. has more than one phobia. The situation that Mr. M. had many phobia objects is very crucial to point out the size of the space occupied by the phobias in his life.

Ms. F., who has cat phobia, stated that she read books about cats and was “obsessed” with them. The intellectual preoccupation of Ms. F. with the object of the phobia can be considered a construction process. On the other hand, although Ms. F. tries to stay away from cats in real life because of her phobia, she is intellectually not away from them. From the statements of Ms. F., it is seen that Ms. F. is too busy with them.

This is read through that she intellectually keeps them close to her. Similarly, Ms. N.

M., who has an insect phobia, said the following: "Sometimes I try to deal with myself, I try not to react when I think of an insect walking on me, but it is mostly not happening in that way.". No matter how much Ms. N. M. says that this method does not work very well, it follows from her explanation that she continues to apply this method. It is an important question to ask about the function of her keeping imagining the phobia object walking on her body even she thinks it does not work well. Like other participants, Ms. N. M. stated that she was afraid of insects, which were the object of her phobia, and did not want them near her. Her imagining about insects walking on her body in her dreams can be read through zooming instead of pulling them away at the level of imagination.

Similarly, Ms. H said that she did not want to touch spiders, which were the object of her phobia, even if someone prizes her with money because of that touch. On the other hand, she said that she would even be able to stroke an animal in a zoo with the help of a professional. Together with the analogy of stroking an animal, it is noteworthy that the idea of stroking spiders came to the mind of Ms. H. It is also essential to underline that she imagines the phobia object through caress, an action that will bring the distance between hers and the phobia object closer, instead of imagining herself from a more neutral position towards the phobia object.

According to the DSM-5, a person experiences different amounts of fear depending on the proximity to a phobia object or a situation (2013, p.198). Proximity to a phobia object or a situation can be anticipation or an actual encounter with that specific phobia object or the situation (American Psychiatric Association, 2013, p.198).

A phobic person actively tries to escape from a phobia object and experiences intense fear or anxiety if that person is in a situation that is unavoidable encounter (American Psychiatric Association, 2013, p.198). Active avoidance here means that the person stays away from the phobia object with conscious movements (American Psychiatric Association, 2013, p.198). For example, someone with a dog phobia drives a car instead of walking on the roads to actively avoid the phobia object.

Parallel to the literature, in the interviews conducted within the scope of this thesis, discourses indicating that the participants avoided the phobia object emerged.

However, it is understood from the statements of some participants that they were too busy with the phobia object. At the imaginary level, this can be interpreted by getting closer to the phobia objects instead of escaping them. In other words, the participants avoid the phobia objects in real terms. Instead, they engage with the phobia objects imaginatively.

In one respect, "Preoccupation with the phobia object" could be interpreted as a way of processing what the subject experiences in the axis of phobia or as phobia objects are the process of trying to understand what it is. In that preoccupation, the subject tries to make sense of the experiences about the object of the phobia (Mathelin-Vanier, 2009). It is not an easy process. Therefore, the subject gets occupied repeatedly with similar things. Even the subject tries to understand the process; this is not happening for some reason.

The areas in which the unconscious is momentarily visible are dreams, clumsy acts, slips of tongue, fantasies, and symptoms. At these moments, when the unconscious is momentarily visible, there is a stumble, and Freud searches for the unconscious precisely in these moments that are seen as stumbling (Lacan, 2014b, p. 31).

In other words, the unconscious always manifests itself as a stagger of interruption in the subject (Lacan, 2014b, p. 34). Looking at what the participants said on that axis, it is remarkable that they were busy with the phobia objects. Their preoccupation with the objects of fear is almost a kind of interruption in their narratives. Although they are unaware of this interruption, it is understood when their sayings are heard. This is precisely where the unconscious dictates itself for a moment. The moment in which a participant says that she has read books about the phobia object is a moment of stumbling. Because while it is expected to cut off all kinds of contact with a fear object at the rational level, being in contact with the phobia object at the mental level seems to be an unexpected situation. Therefore, a pause occurs there. This pause point is a point that specifies that the unconscious is included in the seemingly conscious speech of the participant.

If someone talks about their phobia, they also talk about how they avoid the phobia object. The same goes for the participants. In addition, there are points where they get closer to the phobia object they had escaped. This part of the phobic experience is

not on the surface and does not reveal itself immediately. The surface part of the phobia is where the object of the phobia is avoided. Here, we can give an example of a coin. The coin has two faces, called heads and tails. Therefore, if there is a coin, we know by default that this coin has two faces. In like manner, if there is avoidance spoken off, we can say that there is also a convergence there. It means that there is proximity towards something somewhere that it is tried to be avoided. Here, we can give the Mobius strip as another example. Inside and outside are intertwined in the Mobius strip. What seems like the interior of the strip is the outer and what seems like the outer of the strip is the interior. The subjects of avoidance from a phobia and approaching it are the interior and the outer. Namely, each concept exists because there is the other concept. In this way, both concepts are intertwined. Consequently, the object of the phobia is an object that is avoided on the surface or at the conscious level but is engaged in at the unconscious level.

The interpretative repertoire named “Preoccupation with the Phobia Object” is a repertoire that reveals the relationship established with the object of the phobia. The object of the phobia is described as an avoided object in the literature. This interpretative repertoire demonstrates that this avoidance occurs in the real field. In the imaginary level, there is a preoccupation with the object of the phobia.

Patients present with a symptom when they consult a therapist or an analyst. During the application and primarily in interviews, they tell how much they suffer from their symptoms. These parts contain discourses that patients are already accustomed to. Some clues start to emerge with the narratives of patients starting from the beginning of the process. As an example, Ms. F. says that she reads too many books about her phobia object. Another example is the words of Mr. H., who says that he searches for situations that he does not want to encounter in real life. Namely, in clinical interviews, it is crucial for clinicians to hear these and to encourage patients to talk curiously about them upon catching these details. These narratives, in which patients do not fixedly talk about their symptoms, give important clues about the phantasms of patients and, therefore, their subjectivity. It is more beneficial for patients to start wondering about new parts and making inquiries about new areas instead of constant/fixed talks about their symptoms.

4.1.4. The Gaze of the Phobia Object

The participants having inanimate phobia objects revealed no discourse about gaze during their interviews. Nevertheless, a discourse about gaze emerged when the phobia object was an alive animal. For example, Ms. E., who has a dog phobia, expressed that if the phobia object followed her with its eyes, it meant to her that she was caught/found by it. Also, she stated that she felt lost when she encountered the gaze of the phobia object. Although dogs did not bite her, even they did not touch her, she said she felt that the phobia object could approach and bite her. Another participant, Ms. R., who has a cat phobia, specified that she feared more when cats looked at her. She stated that when a cat moved away from her, that is, when she did not meet a cat's gaze, she was "not terribly" scared. However, an encounter with a gaze of a cat frightens her more. Only Ms. N. M. talked about her own gaze (towards insects) among the participants. That is, she did not speak of the gaze of insects. The other participants mentioned above highlighted the gaze of their phobia objects. However, they did not point out anything about their gaze towards phobia objects.

“Gaze” is an essential point in human life. The areas where the gaze takes place are relationships. “Human communication and interaction” (as cited in Clifford & Palmer, 2018) are meant by relationships here. In psychology, the topic of the gaze is basically presented by developmental psychology and cognitive psychology. In clinical psychology, the gaze often comes up when the subject of "social phobia" is discussed. If the phobias in question are not in the topic under social phobia, the gaze is not discussed in the literature. Whereas, in psychoanalysis, it is possible to encounter extensive literature on the gaze because the gaze is a fundamental concept in psychoanalysis.

Lacan talks about the gaze as a part object (objet partial). Before Lacan, the breast, the feces, the phallus, and the urinary flow were considered as part objects (Evans, 1996, p. 138). Lacan included the gaze, the phoneme, the voice, and nothing to these part objects (Evans, 1996, p. 138). Defining these body parts as part objects is not relative to biology; it is related to the meaning system of the language (Evans, 1996, p. 138). These part objects do not have specular images (as cited in Evans, 1996, p. 138). In the later years of Lacan's work, with the introduction of the object petit a concept, which is defined as the cause of desire, these part objects became objects

because the subject treats them as objects of desire (as cited in Evans, 1996, p. 138). However, Lacan talks about four partial objects as “the voice, the gaze, the breast, and the feces” in his later, progressive parts of the work (Evans, 1996, p. 138).

The gaze underlined by Lacan is the gaze of the Other (Evans, 1996, p. 73). The mirror stage is the point at which the gaze is involved in a child’s life. The mirror stage coincides with the lives of babies when they have been approximately 6-18 months old (Lacan, 1949, p. 94-95). Before this stage, babies cannot see themselves as a whole. However, they can perceive partial parts of their existence. In the mirror stage, they reach the perception of wholeness about themselves. At some point in this phase, when a child looks in a mirror, she sees that her mother is looking at her in the mirror. The mother then confirms the integrity of the child by telling her that "It is you." (Gürsel and Gençöz, 2019). The integrity of the child is affirmed with the approval accompanied by the mother's gaze. The other's gaze and the mother's call to the child give the child integrity. Therefore, the place of the gaze in the history of people originates from relationships between people and their caregivers.

Lacan used the expression "I can see from one point. However, I am looked at from all the sides in my existence." (Lacan, 2014b, p. 80). The point that is understood with these words is when a person realizes that the person is being looked at. It is a moment that she realizes that she does not have much control over the field of the vision (Ümer, 2018). This point is a failure for the subject, and this encounter with the gaze results in a void that overturns her dominance over this area (Özen Barkot, 2013). Regarding the interviews within the framework, for some participants, the moment of encountering the gaze of the phobia object is defined as a frozen moment in a movie scene. The moment of the gaze is experienced as if it was a long passage of time. Encountering the gaze of the phobia object is an uncanny moment that Freud calls the "unheimlich". In other words, the subject experiences the uncanny due to the gaze of the phobia object. Here, on the one hand, the object of the phobia is “familiar” because the object of the phobia repeatedly occurs in the subject’s life (Quinodoz, 2019, p. 184). At the same time, the object of the phobia “points to what is hidden, insidious, even dangerous” (Quinodoz, 2019, p. 184). The same phobia object is the object of the subject's gaze. However, when it comes to the phobia object's gaze, the subject is now reduced to an object from its point of view. The

subject cannot see herself as a whole without the help of an object like a mirror. The closest moment to see herself as a whole is the moment when she looks at herself in front of a mirror. Yet, another gaze can see her as a whole from its perspective.

The gaze of the subject related to the gaze of the object - which seems to be directed towards the subject - "symbolizes the deficiency that creates castration anxiety" (Lacan, 2014b, p. 81). In other words, the subject is castrated or has an experience close to castration in the face of the gaze. The object of the phobia is an object that takes place repeatedly in the subject's life. Consequently, the gaze of this object is also experienced repeatedly by the subject. In this case, the subject repeatedly experiences castration or constantly reminds herself of castration.

At this point, when the gaze-related expressions about the phobia object appear in sessions, patients mostly talk about the subject without knowing that what they are describing may be related to castration. Clinicians need to hear these kinds of narratives with their relations to castration. As clinicians realize that the gaze leads to a connection with castration, they will realize that what patients say has many meanings and that what they say has more than one layer. In other words, even if patients only describe how afraid they are due to the gaze of the phobia object, clinicians will be able to realize that these are not the only things that patients talk about. Herein, clinicians may ask ambiguous questions, pointing to the polysemy of what patients say and emphasizing what patients say. Namely, in this way, patients will have the motivation to keep talking. Clinicians should add some punctuation marks to the narratives while patients keep speaking. It means that patients may realize that their narratives are interrupted and can hear the polysemy of their expressions.

4.1.5. Bodily Symptoms Associated with Phobias

The bodily symptoms experienced by some participants concerning the phobia objects are part of their phobia experience. The physical symptoms of the participants in question are related to different points. For example, Ms. B. experienced phobia in her body, and as a result, some symptoms occurred in her body. For Ms. D., physical symptoms occurred because of contact with the phobia object. For Ms. R., somatic symptoms related to her phobic situation occurred.

Furthermore, Ms. E. and Ms. R. constructed their phobia objects as a threat to their bodies. These participants included these symptoms that they experienced in their bodies in their expressions while constructing meaning for phobic symptoms. For some participants, symptom-like signs on their bodies resulted from real or imaginary contact with their phobia objects. Also, some bodily symptoms occurred in some participants due to their objects of phobia.

A phobia is a state of experiencing extreme fear, and due to this fear, people may experience some symptoms in their bodies. For instance, Ms. D. said that her breathing and heart rate accelerated when she was in the elevator. She also stated that every time the phobia object came into play, she felt a swelling in the abdominal cavity as if something would explode and spread throughout her body. The literature talks about similar issues, such that the phobia experiences of some participants contain somatic symptoms. People who encounter a phobic stimulus begin to display anxiety symptoms (Singh & Singh, 2016). In an encounter with a phobic stimulus, people may give an immediate anxiety response or may experience a panic attack (American Psychiatric Association, 2013, p.198-199). Besides, phobias may cause intense physical and psychological reactions if people experience them for a long time (Singh & Singh, 2016). For some people, to encounter a phobic situation producing bodily symptoms is a part of a phobia experience.

Nevertheless, not every person who experiences a phobia expresses the physical symptoms in their narratives. Alternatively, not everyone experiencing a phobia has the same bodily symptoms. People experience bodily symptoms in different ways. The issue of whether people with phobias experience bodily symptoms - or not - or the types of symptoms they feel is a singular one. For example, Ms. R stated that she had “contact” with a cat during a visit 5-6 years ago. After that, she said: "The cat hit my foot, and I passed out.". Freud's hysterical patients had physical symptoms. Freud also had patients with fainting symptoms. The bodily symptoms in hysterical patients have been interpreted as the return of the repressed. Here, it is what repressed returns to the body. For instance, while the repressed in hysteria comes back through the body, there is a return over the mind in obsessions (Fink, 1997, p.115). Since everyone's repressed material is different, there is a return on the body in different ways. “It plays the role of a language in which neurotic symptom repression can be

expressed.” (As cited in Fink, 1997, p.114), and it is a message to the Other (Fink, 1997, p.114). The body is a physical part/area that we occupy in life/space and the object of the gaze of others. Therefore, whenever the body enters the scene, others enter the scene, too. When a symptom occurs in the body, it can be a symptom that others could see in some cases. Furthermore, the fact that others could observe the symptoms imposes a communication function on them (Leader & Corfield, 2015, p. 53). Here, the communicative function also implies the presence of a person understanding the situation expressed by the symptoms. As we view the participants within the scope of the study, we observe that whenever some bodily symptoms appear, others also come into view. For example, Ms. E. signified that she frequently made eye contact with animals because she was afraid of them. For these situations, she pointed out the following: "For example, I lose myself, I can throw the animal next to me. I feel in that way even if it doesn't directly bite me, even if it doesn't directly touch me.". The bodily symptom that arose from Ms. E. directly includes other people.

Briefly, when people have physical symptoms, these symptoms are the points where the return of the repressed is visible. It is good to remember that if there is a physical symptom, it is a message to the Other. In particular, the presence of others in the scene points out where the message is going when a physical symptom arises. Moreover, the timing and the location of the physical symptoms are essential clues for deciphering the message (Leader & Corfield, 2015, p. 124). Therapists and analysts should listen to patients carefully to understand when a bodily symptom accompanying the phobia occurs and read what comes from patients as a return of the repressed and a message to the Other.

4.1.6. The Contact with Phobia Objects

Contact with the phobia object is something that many participants think about intellectually. Although some participants do not directly contact the phobia object, they construct this contact in their imaginaries. Additionally, some participants had real contact with the phobia objects, and their own past experiences were the bases for their imaginaries.

In the definition of phobia, it is specified that the severity of fear and anxiety experienced varies as regards the proximity to phobia objects (American Psychiatric Association, 2013, p.198). Here, intimacy may mean an actual encounter with the phobia object or the possibility of encountering it (American Psychiatric Association, 2013, p.198). Additionally, as soon as people encounter the phobia object, they may feel anxiety or fear immediately (American Psychiatric Association, 2013, p.198).

Some participants brought examples of their experiences related to their contact with phobia objects. Most of the participants expressed that they had imaginary contact with phobia objects. It indicates that they had been investing in this area. Although - in real life - they experience this type of contact very rarely, they implicitly imagine themselves in the contact with phobia objects at a higher rate than they genuinely do. It seems that there are continuously repeating scenes at an imaginary level. At the same time, these scenes frighten them at the conscious level and cause them to develop fear-related symptoms. When the participants talk about the contact with phobia objects, they state the kinds of anxiety and fear reactions this situation causes in them. Namely, this staging causes anxiety and fear in the participants, the repetitive continuation points to an area where the unconscious is visible. Specifically, there are two points: The first one is that they avoid an object with which they don't desire to contact. The second is that they dream of contact related to the same object.

Mr. M. states the following: "I fell on the ground. Then, I woke up. So, I felt relieved. Frankly, I jumped from a high place in my dream. I took a rat in my hand. I felt like I was in a dream. Then, I felt relieved at that moment. It turns into a nightmare for me when I am not aware that I am dreaming. Falling is a nightmare for me. I don't know. Likewise, seeing I take a rat or snake in my hand is relieving if I am aware that I am dreaming." According to Mr. M., the contact with the phobia object that he sees in his dreams is relieving. It is noteworthy.

Therefore, it is crucial to ask the following questions: In a dream, how and why does contact with a phobia object relax a person? What is the place of the phobia object in a person's life if a contact in a dream is comforting? According to Mr. M., touching a rat is something more than a relief. Being not afraid of a rat is the direct opposite of

being afraid of it. However, if someone feels relief in this scenario, then it seems there are some other things/games here.

According to the interpretative repertoire of contact with the phobia object, it is possible to evaluate it as an attempt to approach the feared object. Namely, people define phobia objects as the most unwanted objects to contact. However, they may have the desire to be close to them.

Ms. B. talked about her contact with the phobia object: "I meant every stage of it, seeing the needle, touching it, feeling it inside me, having it into my vein, and having it out of my vein.". If we remove the word "needle" from her speech, we perceive what is told here as talking about sexuality rather than a phobia. Likewise, Ms. Y. E. talked about her object of phobia as follows: "... I mean that birds are very fragile. Once they touch me, I feel afraid that they feel broken. The thought of hurting them frightens me. Similarly, I feel scared when I think of feeling the texture of their bodies.". Here, her rearranged statements are also expressions that create a sexual connotation: "The idea that they touch me, and the idea of feeling the texture of their bodies scares me.". One of the connotations of the word sexuality is contact.

Like Ms. B. and Ms. Y. E., some other participants talked about their objects of phobia in a way that brings the mind the sexuality. The primary example case of the phobia subject described in detail in the psychology literature is the case of Little Hans. In this case, Little Hans first points out the differences between the genitalia of males and females. Subsequently, he starts to compare the sexual organs of horses, one of the objects of his phobia, and the genitals of humans. Hans begins to talk about sexuality with all this. Later, the followings take part: Hans's relationship with his mother, his saying that "I can't sleep without my mother.", his sleeping next to her, the mother who does not turn him down, and his conflict with his father. All these points had loaded with sexual connotations. Hans's interest in the differences between the genitalia of males and females and comparing the genitals of horses with those of humans provides a kind of connection between sexuality and the phobia object. In addition, if Hans's father cannot impose limits on the prohibition of incest, these limits are created for Hans thanks to his fear of horses (Abrevaya, 2004, p. 39). These limits put limits on Hans's proximity to his mother. The subject of phobia is

directly related to sexuality. Additionally, when we examine human psychology, we see that sexuality is at the center. Consequently, the moments when patients directly talk about sexuality or when they indirectly talk about it without being aware are essential points. Therapists should emphasize and observe those parts when patients directly or indirectly talk about sexuality.

If we consider the literal meanings of what the participants say, then we interpret that the participants do not want to encounter/contact phobia objects. Points that do not comply with this approach are read as defense or compensation mechanisms for the participants. Yet, it would be to miss the subjectivities of the participants to reduce their detailed narratives to these points. It is crucial to follow what the participants express to see their subjectivities. If we follow it, we see that what the participants tell contains much more than a superficial reading. In the case of Mr. M., to figure out what touching rats in a dream and feeling comfortable means requires much more than just superficial reading. These are areas where the "return of the repressed" defined in psychoanalysis makes itself somehow/a little bit visible. Because - in what the participants tell - there are expressions that make the subject who hears them pause. A subject consciously thinks that she talks about her phobia object. However, her statements may indicate that she, in the background, talks about other subjects. It is essential - for therapists - to address these in sessions whenever they catch other related issues.

4.1.7. The Gain Through Phobias

Regarding all the interviews of the study, it is interesting to realize that the participants constructed their phobias around benefits. There are indicators in their languages pointing out that their phobia had some functions in their lives. Moreover, the common thread extracted from their narratives is that their phobia gave them a privilege or constituted an excuse in some cases. Furthermore, for most participants, the phobia made them gain some benefits in their relationships.

Although it is apparent from what the participants said that they gained some benefits from their phobias, the participants themselves did not raise this issue. In other words, the participants did not state that their phobia had a function in their own lives during the interviews. Even though the participants did not directly talk

about it, it is observed that their phobias lead to gains for them, according to what they said. For example, Ms. E. said that she kept her friend's arm when she moved away from dogs. Ms. E. was not consciously emphasizing that she benefited by saying that. Though, it is significant that she took her friend's arm because of her phobia.

Gains/benefits through symptoms is a topic that is discussed generally in psychology. The concepts that correspond to this subject in the literature are “the primary gain” and “the secondary” gain. Neurotic symptoms are formed due to unconscious conflicts in the primary gain. As a result, the related person avoids anxiety and conflicts (APA Dictionary of Psychology, n.d.). The secondary gain is described as “the advantage obtained secondarily due to a declared or real illness” (Davidhizar, 1994).

The secondary gain is not obtained upon a causal factor but via the help of the attitudes of other people toward the neurotic symptom (APA Dictionary of Psychology, n.d.). Within the clinical context, symptoms are perceived as gains. Because a symptom is functional in people's lives, its presence continues. However, it is not a function that people can see in most cases. People describe their symptoms as complaints or suffering. Nevertheless, their descriptions display that there is more than complaints and pain.

Even if people with symptoms complain about their symptoms and say they want to change, that is not the case. If someone develops a symptom and experiences similar things several times, then they over-invest in that symptom in their life (Fink, 1997, p.3). Namely, the related person conceives a life in a manner to maintain her symptom. Although she says she wants to get rid of her symptom, in fact, she sets up her actions to preserve the symptom.

Most people deny that they get pleasure or satisfaction from their symptoms (Fink, 1997, p.9). However, people do not immediately seek help to get rid of their symptoms. Instead, they seek help when their life is greatly affected by their symptoms or when they experience an associated crisis. They decide to stop seeking help when their relationship with their symptoms turns from a crisis to a state that they have been used to from their past habits.

It is because their symptoms have a place in their lives. They do not want to be freed of their symptoms because their symptoms have a function in their lives. Yet, they continue to express their complaints about how much they suffer from their symptoms through language.

Lacan explained the function of symptoms with the notion of *jouissance*. This concept is defined as a "painful pleasure" in the shortest form. Lacan said "Jouissance is suffering." (Evans, 1996, p. 93). The notion of *jouissance* refers to the paradoxical satisfaction received from the symptom. At the same time, satisfaction is a source of suffering (Evans, 1996, p. 93). This word characterizes the excitement one gets from punishing oneself by doing something pleasurable enough to hurt or doing something painful enough to give pleasure to oneself (Fink, 1997, p. 8-9). *Jouissance* is not a thought; its existence depends upon the body (Gürsel & Gençöz, 2019, p. 7). On the other hand, *jouissance* is linked to and built on language (Gürsel & Gençöz, 2019, p. 7).

Humans are social beings. Social ties link all people. Some points are common in interpersonal relationships, while others are not. A partnership upon a phobia is not formed with many people, because phobia as a topic is not that common among people. Even though the subject of phobia has a place in some people's lives, claiming that phobia as a topic is a specific one in social networks is not an unwarranted finding. In other words, a phobia is a subject that singularizes people in their social networks. Someone who says that she avoids doing certain things because of her phobia, for example, is separated from other people due to her phobia. Namely, in this case, the phobia grants the person a privileged position in the network of relationships in which she lives.

However, a person with phobia symptoms is not aware that her phobia offers her some privileges, that her phobia serves a purpose in her life, or that she is in a state of *jouissance* experienced because of her phobia. It is crucial to catch such points that may arise and to be able to address them in interviews. In sessions, it is essential to put punctuation between their conversations and encourage them to talk about these issues when patients talk about "gaining through phobia". The subjects they

discuss, their phobias, and their relationships with their phobias transform as patients talk in sessions.

4.1.8. Escape from the Phobia Object

“The escape” from the phobia object found a place for itself in all the participants' expressions, either directly or indirectly. The position left to the phobia object is “the catcher” when it is a living being such as an animal. The phobia object remains passive when it is an inanimate object such as a plane, a place, and a needle.

The object of the phobia is the source of fear for people who suffer from it. Therefore, these people avoid any potential encounters with their phobia objects. A possible encounter causes these people to avoid the situation or to make changes regarding the situation. If they are unable to avoid the situation, then they experience great/intense fear or anxiety (American Psychiatric Association, 2013, p.198).

In addition to avoiding phobia objects, people also have some avoidance strategies they develop (Evans, 1996, p.147). However, these avoidance methods can take place in people's lives to the extent that is restricting their lives (Evans, 1996, p.147). For example, Ms. E. generally expressed that she ran away from dogs. In connection with this situation, she stated that she was unable to go on a picnic, and her vacation was sometimes interrupted because of her fear of dogs. It means that her daily life is affected by her phobia, and she must take her phobia into account while making decisions.

Escaping from the phobia object may also lead to the continuation of fears or anxieties of people (Singh & Singh, 2016). People, who are initially triggered by a stimulus, may start to develop alike fears, concerns, and avoidance methods in response to different stimuli over time (Singh & Singh, 2016).

The presence of a repertoire on the axis of "escape" in their languages indicates that participants try to put a distance between themselves and the phobia objects. In other words, avoiding the phobia object is an attempt to create a barrier between oneself and the phobia object. It implies that the person feels near the phobia object or to the circumstances that it represents. She wants to get away from the phobia object exactly because of this intimacy.

Some participants stated that when they encounter phobia objects, they sometimes may enter dangerous situations to escape from the phobia objects. For example, Ms. E. said the following: “When I see that dog does not walk away, I start to run away. I may even jump in front of a car at that moment. Because I have no consciousness. I may even jump into the sea as I feel terrified.”. Alternatively, Ms. Y. E. pointed the following out: “In general, for example, if I'm on the pavement, I get off the pavement and walk on the road to get away from birds. But I am aware that it's not a logical thing and that I'm doing something dangerous. I only try to choose an option that helps me move away as quickly as possible.”. It is observed that both participants use methods that are not rational to avoid the phobia objects. These participants seem to lose their reality suddenly when they encounter phobia objects. The phobia objects occupy a critical place in their lives as they find themselves in dangerous situations when they try to move away from phobia objects. For these two participants and for other participants, the positions of their phobia objects - that force these participants to make dangerous decisions to flee the phobia objects - should be questioned.

At this point, what it means to escape from the object of the phobia, what kind of a story or stories and history take place in the background of the person's life should be expressed by the subjects. Briefly, the question is what happens in a person's life so that the person intensely avoids certainly a particular object. Some people's need for avoidance is so intense that they are too immersed in that fear to evaluate the reality they are in. Subjects need to talk about these matters so that clinicians understand where these correspond in the structuring of subjects. As subjects express what is in their minds, they will reveal what lies behind the background about avoiding phobia objects.

4.2. Discussion Regarding Positions

In this section, three positions will be discussed. These are: 1. Positioning the Phobia Object as Harmful, 2. Mother's Presence as a Part of the Phobic Experience, 3. Father's Presence as a Part of the Phobic Experience

4.2.1. Positioning the Phobia Object as Harmful

In the interviews, a positioning emerged over the harm as well. The points at which each participant made sense of the harm over the phobia differed from each other. Some participants remarked that they knew that the phobia objects were not in a position to “harm” them. However, they did not feel that way. It means that even though they know this consciously, they have fears. For example, Ms. R. specified that her thoughts about cats were not compatible with reality and that even though she knew that they would not harm her, she felt that way. In addition, in the statements in which this positioning existed, most participants presented things that they think may happen in the future rather than something that has already happened. For example, Ms. E. first expressed that the object of her phobia may bite her. Then, she expressed that she may suffer, that the rabies virus may infect her, as a result, that some parts of her body may be in pain, and that the phobia object may rupture her. Furthermore, besides giving the phobia object a position that has the potential to harm her, Ms. R. also gave herself a comparable stance. She indicated that she was afraid of hurting “someone”, in addition to the phobia object.

Dictionaries emphasize a strong fear intended for the phobia object to define the phobia. Dictionaries define fear as “An unpleasant emotion caused by being aware of the danger: a feeling of being terrified.” (Merriam-Webster, n.d.). As stated above, the phobia object appears for the person to put her in a perilous scenario. People experience phobic symptoms due to these objects. However, as everyone's attribution to any object is different, not everyone has a similar attribution of danger to a phobia object of a specific person. Namely, an object finds its place in a position of a phobia object not because it is dangerous but because it appears to be dangerous to a specific person. Here, the imaginary issue is clearly at the scene. People's attribution to the same object is different from each other.

For example, Ms. R. pointed out that while she was afraid of cats, she was not afraid of lions. She speculated that there might be a subconscious fear regarding her cat phobia. Subsequently, she used the following expression for cats: "Because it is very horrifying, it sounds terrible to me.". In this example, Ms. R. compared lions, which may be extremely harmful to humans, to cats, which are generally not dangerous for humans. She stated that she was horrified due to cats as opposed to lions. This

example demonstrates how subjective the perception of threat toward the phobia object is. As a result, the sense of being at risk of damage from an object appears to be highly subjective. People may be afraid of lions because almost everyone thinks that lions are threatening to humans as lions are not pets and can harm people. In contrast, cats are domesticated, and they rarely harm humans. Namely, Ms. R.'s cat-related fear is not a widespread issue. It is about Ms. R., rather.

In the period that Lacan calls the "Mirror Stage", a child who sees her image in a mirror meets her mother's gaze through the mirror. Her mother confirms the child's integrity by saying, "That is you." (Gürsel and Gençöz, 2019). Starting from birth, the eyesight of a child gradually increases. In the sixth month, the vision of a child has developed significantly. However, development regarding the control over the body movements is the slowest (Evans, 1996, p. 118). As a result, when a child can sense her image in a mirror as a whole, she is not yet capable of controlling the movements of her body. In other words, the child sees in a mirror a picture of herself, who has attained integrity. However, unlike her image, she has a physical body that does not have integrity yet (Evans, 1996, p. 6). Eventually, the mirror phase is the point where the aggression emerges.

Concerning phobia, the phobia object is a potentially threatening object for the person suffering from the phobia. According to these people, the phobia object can risk their integrity. Therefore, the person perceives the phobia object as harmful. As the phobia object threatens the person's integrity, the person labels the phobia object as aggressive/violent. For instance, Ms. H. expressed that she used to tell those people around her to "kill them immediately" for spiders, which are the object of her phobia. She claimed that she was not typically someone who wanted to harm animals. However, she pointed out that after the phobia object was destroyed, the threat seemed to vanish for her. Later, she signified that she preferred spiders to be moved away, not killed. Here, Ms. H. believes that spiders will hurt her and - in response - claims to have harmed spiders. Ms. H., in this spot, possesses the position of the object of the phobia positioned as harmful. In another example, Mr. R. remarked that he was afraid of being harmed by animals and that he was also scared of harming other people. On the phobia axis, Mr. R., the subject who positioned himself as the one getting harmed, switches to the position that causes harm. It is

crucial to define the transition from one position to the next. Namely, it is observed that while the language incorporates constant expressions of fear of being harmed, the unconscious points to direct opposite situations. Here, getting damaged is read through the person's desire to harm.

The expressions of participants in clinical interviews should not be accepted directly as the exclusive truth. For instance, clinicians should not adopt a participant's expressions directly when she expresses fear of being harmed by an object. As people speak to their interlocutors, they consciously try to convey something. Nevertheless, subjects are humans that have parts split into conscious and unconscious. Accordingly, every spoken phrase from the consciousness carries a component that points to the unconscious. Therefore, clinical interviewers should keep in mind that when people point something out repetitively in clinical interviews, the opposite of what they say may also be valid for them. Clinical interviewers should invite patients to discuss these issues in greater depth. Clinicians should keep a close eye on their patients' words, expressions, and discourses while they speak. This kind of approach provides clinicians with information about their patients as well as the points that patients are unaware of. It also provides crucial information for clinicians to identify the points on which patients unconsciously avoid speaking. In other words, these are “the return of the repressed” (Lacan, 2006). It is essential to pay attention to what patients say - in terms of returning the repressed - being aware that when patients say one thing, they may indicate something else - in most cases, the opposite of what they say. Such listening is necessary to see that when patients present themselves and their interlocutors in a particular position, these positionings can change places with each other. The significant aspect here is that therapy/analysis processes address the reasons why patients are fixated on a specific subject. For example, if a patient provides materials about the phobia object that harms her, it is essential to recognize that the position of suffering from harm can be read as the subject's desire to harm. In addition, throughout sessions, such a reading should be carefully considered to determine why a subject is concentrated on the issue of harm.

4.2.2. Mother's Presence as a Part of Phobic Experience

During the interviews, all the participants mentioned their mothers. Some participants included their mothers in their narratives, especially when talking about phobia objects. Some participants stated that their mothers also had phobias related to the same object. For example, Ms. N. M. signified that her mother, like herself, feared insects. She expressed that when she and her older brother were small children, her mother threw out insects she saw in the house so that Ms. N. M. and her brother would not see them. Mr. H., for instance, remarked that his mother had a fear of elevators and that when he was a child, his mother preferred stairs instead of elevators. He said that he also preferred stairs. The shared phobias of these two participants with their mothers suggest that they have constructed similar identification with their mothers.

The concept of identification is fundamental in psychology and psychoanalysis. In its most basic form, identification is defined as associating the self with others and with the characteristics and perspectives of others (APA Dictionary of Psychology, n.d.). Identifying with another person or some aspects of her is also considered a defense mechanism (McWilliams, 2010, p. 164). The structuring of the subject crosses through relations, and the relationships proceed through identifications. As mothers usually have the primary caregiver roles, children first identify with their mothers. In addition to giving primary care, mothers are an essential other at every stage of a person's life. Accordingly, mothers are essential/significant others with whom people first experience identification. To identify with someone implies having some partnership with that person. These partnerships can be fictitious, and partners may have similar phobias, as seen in the case of a phobia. As demonstrated in the examples of Ms. N. M. and Mr. H., the cooperation/partnership on fear with the mothers has a place in their relationships with their mothers. For instance, the fact that Ms. N. M.'s mother threw bugs out before she and her brother noticed them, and Mr. H.'s preference for stairs over elevators reveal clues about the participants' relationships with their mothers. It also alludes to the relational space between them.

Participants who had a phobia experience like their mothers were somewhat identified with their mother's phobia. However, in another example, Ms. R. pointed out that her mother was afraid of rats, not cats as she was. It is worth noting that Ms.

R.'s phobia objects are cats whereas her mother's phobia objects are rats, and in general, cats are creatures that prey on rats. Therefore, the phobia object-choice of Ms. R. is an unconscious rather than a random one. As a result, it is possible to make various interpretations regarding the position that Ms. R. took according to her mother.

Additionally, Ms. R. stated that before she went to her family's house, she had a dream in which she saw a large yellow cat and screamed. She claimed to have seen the same cat in front of her family's house. In response to this coincidence, she stated what she said to her mother: "How can this happen? I just saw it in my dream a day ago. I wonder if I attract cats towards me."

She pointed out what her mother had said to her: "Normally, cats don't come here. You got here, then the cat came." Here, Ms. R.'s mother indicates a link between Ms. R. and the cat. The following expression that Ms. R. made over her mother's statements has loads of meanings, "She said that cats didn't come here. She said I came, and the cat came." The types of implications that this expression has for an analytical study and what it suggests is a subject that a patient/analyst participating in an analytical study can communicate. At this point, an analyst or a therapist is the person who calls attention to this issue by emphasizing it and asking questions.

One of the participants, Ms. B., on the other hand, revealed that she had a sewing needle sank in her hand when she was a child and that she apologized to her mother for it. She expressed that her parents told her that the incident did not take place as Ms. B. said. According to what her parents presented, she stated that her parents were quite concerned about the needle prick and attempted to remove the needle from her hand. The highlight here is Ms. B. apologizing to her mother. Furthermore, she solely addressed her mother while talking about her memory. However, the father was also present in the scene. Here, two questions are posed: a) What was the reason for Ms. B.'s apology to her mother? b) Why did she leave her father out of the situation? Ms. B.'s apology to her mother in her memory points to her phantasm. It also contains details regarding Ms. B., her relationship with her mother, and her approach towards her relationship with her mother.

Mr. M. stated that following the 1999 earthquake in Turkey he started to sleep with his mother. He added that it corresponded to when he was 6 to 11 years old. He remarked that his father sometimes got angry with his mother, and, at those times, his father slept in a separate room and at other times with his mother. Therefore, Mr. M. slept with his father and mother on occasion. Mr. M. continued his statement by expressing that before all this, while sleeping with his brother and sisters one day, his brother scared him, adding that his troubles with sleeping alone may have begun then. Namely, Mr. M. has been fearful of sleeping alone because of this incident. He started sleeping with his mother as he felt scared of being alone. Meanwhile, Mr. M.'s fear/anxiety drove him to sleep with his mother. During these times, his father slept with them on occasion.

In the case of Little Hans, the mother is the one who cares the most for him. For example, when Hans asks, his mother takes him to bed. Here, a picture emerges indicating that the boundaries of a mother-child bond are exceeded in their interactions. In the case of Hans, Hans's father does not appear in the scene until the interviews with Freud. Similarly, in Mr. M.'s relationship with his mother, the mother is the focal point. In his relationship with his mother, his father has the position of a neutral element. He sleeps with his mother because he is terrified. Yet, his father does not always share the same bed with his wife. There appears to be no father role regulating their relationships, namely between him and his mother. On the contrary, Mr. M.'s fears caused him to become closer to his mother.

Sharing a bed with the mother is a direct reference to sexuality in - the cases of Little Hans and Mr. M. - both examples. The father is the one who should share a bed with the mother. Only the mother and father are allowed to sleep in the same bed. Sharing a bed for a child and a mother is a situation that impedes the development of a child and undermines the child-mother separation. Consequently, it is an undesirable situation. Also, leaving a father out of the scene is risky. Because the father - or anyone that serves the paternal role - stands between the mother and child relationship and shields the child from the mother. In other words, he allows the child to grow apart from the mother. If the father is not present or does not intervene between the mother and the child, the child finds something to fill the paternal role

for himself. Phobias are one of the structures found for attempts to perform this purpose.

It is necessary to figure out with whom people participating in a therapy or analysis work identify. The mother is the essential person with whom people identify themselves. Hereby, information regarding mothers should be attentively listened to in therapy or analysis interviews. Additionally, in some cases, special attention should be devoted to information expected to be associated with mothers but is not heard. For example, when a person does not mention her mother during interviews, it is also crucial to note that the mother is absent in the person's language. If information about the mother comes in, therapists or analysts should encourage people to give information in greater depth. In other aspects, while any symptom that develops in a person seems to be current, its roots are founded on the entire history of the related person. History does not begin with a person's birth. It even starts with environmental aspects, also with dreams, hopes, and fantasies of the mother, father, and relatives about the person before she is born. It is also applicable for phobias. If a person presents with a phobic symptom, every detail revealed in sessions is a contribution to understanding the puzzle of the person's configuration and the role of the phobia within that configuration. Since mothers have a critical role in the subjects' lives, everything expressed or not expressed about them is crucial. Analysts/therapists should well hear these sections/parts.

In all therapy or analysis processes, people talk about their mothers and their relationships with them or relationships with not them. However, each subject talks about these from different positions/perspectives. Along with the therapy or analysis processes, people experience transformations related to places/roles they put others in their lives. It can be observed in their narratives. Therefore, people do not have narratives that proceed in a straight line. On the contrary, they have stories/narratives that change with time. For instance, (for a while) they can chat about how nice their mothers are. However, (after a while) they can switch to different/new narratives about their mothers. These transitions happen at any time throughout a session or as the process progresses.

Mothers have essential positions in all structures and symptoms. In addition, the mother-child relationship is critical in the subjects' life. People may begin therapy or analysis processes with phobic symptoms or may begin a process for another reason and then begin to discuss their fears. In this instance, it is crucial - for therapists/analysts - to interrogate or highlight certain aspects of their conversation while people talk about their mothers. Here is the important point: Rather than solely/particularly focusing on the subject's phobia symptom and the mother herself, it is significant to focus on the position where the mother fits in the subject's life. Because any symptom provides a limited amount of information on the subject. A study focusing on a person's whole life spans an area wider than the one pointed out by a study focusing solely on symptoms.

4.2.3. Father's Presence as a Part of Phobic Experience

In the interviews, one of the people that Ms. D., Ms. B, and Ms. R. cited most was the father, and their narratives cover their fathers from a place related to their phobias.

Ms. D. expressed that she and her father were stuck in the elevator at his father's office. She specified that it was the beginning of her elevator phobia. She pointed out that her father was in a state of panic at that moment, adding that she perceived her father as a rescuer before this event and that she gradually panicked more as she observed her father's panic. Additionally, her father and Ms. D. are lawyers and work together. The shared points of her with her father are Ms. D. is a colleague of her father, they work together, she has a memory of him at the beginning of her phobia, and their panic.

These partnerships indicate that Ms. D. has an identification relationship with her father. The followings are critical considerations: a) In contrast to her expectations, her father was in a panic. b) However, she anticipated him to be a rescuer in that situation, and it caused her to feel even more panic. Here, before the event, she gave her father the position of a savior. Yet, as her father did not perform according to her expectations, she left him out of that role. She stated that her father's distress - not acting in harmony with the position she gave to him - made her panic even more. Specifically, she demonstrates her father as the reason for her panic. Therefore, the

statements of Ms. D. have the following implication: The catalyst and the cause of the emergence of her phobia is her father's panic.

Ms. B. expressed that while her father was terrified about having an injection, her mother was not. "He is nearly as terrified as I am.", she said. Related to getting an injection, she added that her father was scaring her by stating: "It will hurt you, too.". Ms. B. shares a partnership with her father around the fear object. However, for her, there is no partnership with her mother, implying that her mother is outside of this partnership. Here, the object of the phobia leads to a dual relationship between Ms. B. and her father while the mother is out of doors.

Another example is related to Ms. R., who associated her father with authority. She used the phrase: "There is a sense of authority in a cat's gaze.". Here, she also associated cats, the object of her phobia, with authority. Then she linked her cat phobia to authority phobia and expressed the following when she discussed her relationship with authority: "Is it a phobia of authority?". In other words, she linked her father, an authority/power figure for her, and cats, the object of her phobia.

Interestingly, Ms. R. identifies her father with the object of phobia in her narrative. It is a topic that Ms. R. attempts to avoid, but it is also one that she appears to be mentally preoccupied with. When she identifies the phobia object and her father, her references to the phobia object also contain her father. At the same time, the positions taken by Ms. R. and by the phobia object also allude to the ones taken in the relationship between her and her father.

When we review the construction stages of the subject, we can observe that a "father" has a very central function. According to the psychoanalytical perspective, the father's role is to adjust the relationship between a mother and a child. Accordingly, there is a dual relationship between the mother and the child - even if it is reduced to one in infancy. The child and her mother are the same; she is a part of the mother, or the mother is a part of her. Over time, the relationship between the child and her mother evolves into a two-person relationship. On the other hand, the father carries this dual relationship into a triple one. The father reminds the child: "Your mother belongs to me, not to you.", or "You and your mother are not a whole.".

Around here, the father shatters the child's ideal of being whole with the mother. The father meant here does not refer to the physical presence of a father. It is the position allocated to the father in the mother's language. Lacan states that the "Father's No" intervenes in the relationship between the child and the mother, organizes their relationship, and assures the child's dissociation from the mother (as cited in Evans, 1996). Here, "Father's No" provides the "alienation (Fink, 1997). The "no" from the father leads the child to enter the symbolic order through language and become a subject. The critical point in alienation is the child's recovery from psychosis. In the case of psychosis, imaginary elements occupy the mind, which creates problems regarding language and controlling impulses (Fink, 1997).

In the stage that comes after alienation, the signifier the "Name-of-the-Father" comes into play. It sets limits to the urges of the signifying subject and the jouissance she gets from them (Redmond, 2013). As a result, the subject's unconscious is organized through the signifier (Redmond, 2013). The most critical movement in separation is the child's acceptance - thanks to the signifier of the "Name-of-Father"- of her mother's deficiency. Here, the subject begins following her desire instead of compensating for her mother's absence (Swales, 2002). In cases where there is no separation, the structuring of the subject is knitted around perversion. When there is split, the subject is structured neurotically and leaves a large part of jouissance in the name of symbolic elements (Fink, 1997).

In many families where a mother and a father give primary care, the father is linked to the symbolic father. Here, the symbolic functionings of the paternal roles that interfere in the relationship between the mother and the child and that arrange their relationships are realized through the father. Sometimes the paternal function does not work or is not compelling enough. In the Little Hans Case, Little Hans's father could not intervene in Hans's life as the person representing the incest prohibition (Abrevaya, 2004, p. 33). Hereby, he could not castrate Hans enough and was unable to interfere in the relations between Hans and his mother. Hans continued his relationship with his mother in an uncastrated way, which caused Hans to feel anxiety. The father takes place in the Oedipus complex as a symbolic father, representing the prohibition of incest (Abrevaya, 2004, p. 34). The symbolic father function disrupts the narcissistic and imaginary bond between a mother and a child.

Hans's father could not fulfill this function at first, and Hans tried to put forth the paternal function in the scene through his phobia. The paternal function began to be supported by the help of the process with Freud, and Hans's phobia began to dissipate.

In other words, the father's function is to go between the child and the mother and draw the dual relationship into a triple relationship. Consequently, the mother can be detached from the child and the child from the mother. It creates a certain distance between the child and the mother. The child's subjectivity begins to be established with the detachment from the mother. The father also castrates the child, limiting the child's pleasure. The father's absence means that all or some of these stages are interrupted. Naturally, the father here is the father in the mother's language, not the actual father. Likewise, the father's absence is understood in the mother's language.

The associations related to the father on the phobia object suggest that the father's paternal function is also reduced. For instance, as Ms. D.'s father panicked in the elevator - but before this event, she considered her father as the savior - it implies that the position that Ms. D. put her father in is shaken. There is a vertical relationship between her and her father as she sees him as the rescuer. It is like a representation of the Other for her. Yet, her father's panic indicates that her relationship with her father is flattened. Namely, the father is placed in the minor other position. As soon as the father sits in the less important other position, the father's paternal function is shaken.

Some participants gave place to "the deficiency of the father" in their speeches. The participants also talked about their fantasies about their father's absence meantime. If the father is absent, they maintain the dual relationship with their mothers, their primary caregiver, as in infancy. To be specific, if the father is absent, it means that there will be nobody that limits them. In other words, at this point, the jouissance of subjects will not be limited.

Additionally, if the father is unavailable and there is no third person to organize the bilateral relationship between the individuals and their mothers, a third person or something is to be created to fill the paternity function. Here, phobias come into play

in the configuration of some people. The construction of the object of the phobia is an attempt to attain the paternal function that castrates the person.

One of the participants, Ms. R., stated that her father was rarely at home when she was four or five years old. She expressed the following: "I was thinking about who this man was and why he was coming to our house. I was asking myself who he was.". Furthermore, she signified that she lived as if she "never" knew him and "he did not exist" in her life. Ms. R.'s words suggest that she did not "accept" the father at the time.

Ms. D., on the other hand, declared that she did not spend much time with her father and added that she spent time together with her mother and her sibling on weekends. For her father, she remarked: "I did not have a father.". She used this expression just before she specified that not every father would spend enough time with children and added he was very busy with his work. Afterward, she again pointed out that she rarely spent time with her father and was proud of those moments.

The fathers of Ms. R. and Ms. D. existed. They spoke of the absence of their fathers, even though they were alive. Although they indicate it, they expressed the presence of their fathers by pointing them out. Statements of both participants about the deficiency of fathers reflect their fantasies. In other words, both participants seemed to desire this deficiency regarding the fathers. The lack of a father means that they do not have a third person to regulate their relationships with their mothers.

Ms. Y. E. declared that she stayed with her grandmother in the initial period of her phobia. In respect of that period, she used the following expression: "At the time, my father was not around much.". During the interview, in her narratives, there was no other place where she talked about her father apart from pointing out his absence. It is worthy to note that she described her father's absence referring to the early stages of her phobia. The fact that her father was not around much during that period may suggest that there is a link between her phobia and her father.

In psychoanalytic literature, it is remarked that the father and the elements that represent the father play a critical role in structuring the subject. Elements related to the father are incorporated in the structuring of the subject as a third thing - like

rules, laws, and ideals - and are recognized by the subject. The emphasis is on the paternal function/role if the topic is phobic symptoms. In a study conducted with a patient who talks about her phobic symptoms in a therapeutic process, it is crucial to catch the elements from the patient's narratives that suggest paternity or not and work on these elements. Therapists should review the positions in which people speak of their fathers and their relationships with their fathers to capture these elements. The other fundamental point is to understand through the signifiers they construct their expressions during narrations. For all these, when patients discuss their fathers in sessions, therapists/analysts should ask questions about the father. With this approach, patients feel more encouraged to converse about their fathers. As patients speak, indicative clues about the father's place in the subject's story will arise.

CHAPTER 5

CONCLUSION

5.1. Clinical Implications of the Study

The interpretative repertoires, which have been formed throughout the research, served to understand that the phobia object, for the participants, has a character/personality. For instance, the phobia object has a gaze, and this gaze causes subjects when they meet this gaze to experience anxiety and fear. The phobia object has distinct/specific characteristics and qualities. The related individual constantly thinks of her phobia object from a control perspective and makes a mental effort/struggle on trying to control it. Together with all interpretative repertoires studied, we notice that the object of phobia acquires a personality. In other words, the participants humanize phobia objects. Here, additionally, a depiction of the Other rises. This other is sometimes portrayed as "other" and sometimes as "the Other". What matters here is that there is always an Other. Consequently, a phobia is not just a phobia. It is a critical structure/formation that provides information about how the relationship with the other must be ordered and handled. This formation finds its body as the phobia object, and it helps the person position herself according to essential figures in her life.

The positions that the participants granted to phobia objects are related to being harmful. Namely, the phobia object is harmful. What they say, however, should not be admitted as the singular truth. On another level, for instance, the fear of taking damage suggests the desire to cause damage, such as some of the participants' statements which demonstrate that they were sitting in the positions of causing harm while they labeled their phobia objects as harmful/violent. Every single statement/word expressed consciously possesses a component that points to the unconscious. That is why the statements of subjects should not be adopted in the first

sense. These parts should be appreciated by considering the unconscious desires of subjects.

The shared phobias of some participants with their mothers specify that they have an identification relationship with their mothers. Participants who had a phobia experience similar to their mothers were somehow identified with the phobia of the mother. Since mothers have a critical role in subjects' lives, everything either expressed or not about mothers is crucial/essential. It is indispensable to conclude with whom people participating in a therapy or analysis study identify. The mother is the person whom the fundamental identification is built with. For this reason, information about the mother should be tracked carefully in sessions. In some cases, attention should be devoted to information that is not carried over concerning the mother.

When we take a close look at the construction stages of a subject, it is detected that the "father" has a very central function. From a psychoanalytic point of view, the function of a father is to coordinate the relationship between a mother and a child. The shared experiences with the father about the phobia object cause the father's paternal function to be diminished. Some participants incorporated "the deficiency of the father" in their speeches. When the participants speak of their father's absence, they also give voice to their fantasies about his absence. Particularly, if the father is unavailable and there is no third person to compensate for his functions related to the organization of the bilateral relationship between the individuals and their mother, then a third person or something can be created to fill the gap in the paternal function. Here, phobia enters the configuration of some people. The phobia object is an attempt to attain the paternal function that castrates the person.

In a study conducted with a patient speaking of her phobic symptoms in a therapeutic process, it is critical to capture the elements pointing to either paternity or not regarding the patient's narratives and to work on these elements. 1. One of the main points to review is the statements revealing the positions in which the person speaks of her father and herself while talking about their relationship. 2. It is also critical to track the factors in the patient's statements that represents the father and point to the law. 3. The other significant point is to understand which signifiers she uses in her

expressions to build these expressions. For these purposes, therapists/analysts should ask questions regarding the father when the patient gives voice to her father in sessions. This approach encourages the patient to give more voice to her feelings/thoughts concerning the father. As the patient speaks more, she clarifies more, and the clues about the father's place in the subject's story come into view.

Patients tell their stories in specific forms. For instance, they say they have had phobias for 'x' years, they are afraid of phobia objects, and they run away/escape from 'xx', etc. Patients reveal these points at the consciousness level. However, clinicians should be able to capture their expressions on a discourse base. In this way, it is only possible to go beyond the discourse that patients consciously use. The interpretative repertoires and positionings formed within the scope of this study are significant for carrying further the stories consciously conveyed by the participants. For example, the interpretative repertoire of “Preoccupation with The Phobia Object” is remarkable as it points to the further side of what patients speak of. Because here is a picture of an object on which subjects are fixated and constantly remember at the imaginary level, rather than a depiction of a frightening object causing subjects to escape. These points are unfamiliar to the participants, and they can only hear these points while rising in their languages through a therapeutic process. Gaining the ability to hear them is crucial to see their subjectivities in their symptoms. Their symptoms appear not as foreign entities but as formations containing information about them.

Symptoms occupy a place in the lives of subjects and their psyches. In the case of phobias, the subject's fears are concentrated on the axis of the phobia. Therefore, the area occupied by phobias in the subject's life is about fear; at least at the level of consciousness, such a picture comes into the open. On the other hand, investigating the phobia issue from this perspective only reveals the upper side of the iceberg, meaning it is superficial. As subjects speak and reason, it is better understood what sort of coordinates their phobias take part in their lives and what type of space and functions they occupy. If subjects speak freely - namely, whatever comes to their minds - then these points find their ways to be revealed. Subjects spoke through interviews made within the scope of this study. Considering their speeches, many different repertoires and positions come out. The findings in this research

demonstrate that the subject of phobia and its objects are much more than a subject that they are afraid of and avoid encountering as subjects describe.

Providing a space for the subject to talk about her symptoms, thoughts, and stories opens new doors for her. The subject's entering a therapy/analysis initiates a process of construction and repair on its own. Through this process, there opens a space in the subject's life that reshapes the fundamental fantasy underlying what goes through the subject's mind. As a result, the subject's adventure of becoming a subject begins. As the subject speaks, her narratives begin to change over time, and with this change, the subject's story, and the places she positions herself in her life are all transformed.

Attributions to phobia experiences and objects differ from person to person. It is understood that the subject of phobia is a subject filled with imaginary. Therefore, phobias are issues of imagination, meaning the things knitted around the phobia axis are full of imaginary elements. An analytical setting, however, has a symbolic function. An analytical environment is a place in which imaginary elements are pruned and dropped over time. In other words, as long as the person is present in analytical work and can describe herself with words in this environment, the imaginary world she creates collapses. Exactly at this point, a space is opened for the desire and its regulation.

Some therapy methods for phobias suggest exposing the person to the related phobia object. Many people experience a reduction in their phobic symptoms or relief due to exposure. This exposure causes the person's imagination of the phobia object to collapse. Consequently, a slight decline in the severity of symptoms takes place. The real issue, however, is not only to achieve the disappearance in symptoms - or a decline in the severity - but also to prevent new ones to replace the previous. Therefore, the aim should be to address the area that these symptoms occupy in the person's life in an analytical setting in which the person's entire history is studied and observed. One must speak in an analytical setting as only in this way patients can find a place to realize some transformations in their lives.

Some therapy approaches tend to eliminate symptoms of people who need help with their symptoms. However, symptoms are formations/structures arising from people's subjectivities. The presence of symptoms points to much more information about the

subject compared to sole symptoms. Rather than focusing solely on eliminating symptoms, it is more critical to focus on their place and functions in subjects' lives. As a result, it is essential to listen to the story of the symptoms that the related subject is suffering from. Additionally, it is necessary to give space for the subject to freely express herself. Instead of intervening to eliminate symptoms, as applied in some therapy approaches, therapists should encourage subjects to speak of the background of their symptoms and, indeed, their whole life story. It is a good approach to ensure that a curiosity directed by subjects towards themselves is aroused. With this curiosity, subjects who start their self-discovery journeys can go forward to achieve radical changes in positions in their lives.

This kind of study/approach is vastly different from efforts aiming to alleviate patients' symptoms. The goal of eliminating a symptom tells that that symptom seems to be extreme and should not occur. If a subject has a symptom, it does not necessarily mean that the symptom was formed recently. On the contrary, this symptom is woven by and integrated into the whole history/story of the subject. Therefore, if they are studied, then symptoms may provide significant information about the subjects. Specifically, if patients present to therapists with symptoms, it is important to assess the symptoms in the context of patients' individuality rather than considering them as universal categories. For clinicians to recognize the uniqueness of their patients, it is vital to offer an environment in which patients can safely express themselves.

The reality - when faced by the subject - is symbolized. Language is the only way to represent that symbolization. Talking about an event that occurred in real is intervened with the subject's fantasy (Mathelin-Vanier, 2009). Similarly, the participants of this study spoke of their memories of the phobia in a phantasmatic way. In clinical sessions, patients convey what they want to say as a fantastic story. Namely, when patients converse about something, they don't talk about the pure actual situations. Clinical psychologists need to assess what patients express from this perspective. This type of listening allows clinical psychologists to hear things beyond the speeches of patients. As a result, this kind of attempt provides a wealth of information about patients.

People's conversations contain many fantasy elements/factors. Regarding the interpretative repertoires of “Detailed Depiction Focusing on Fragments of Phobia Objects”, “Preoccupation with Phobia Object” and “The Contact with Phobia Objects” born in the scope of this thesis, it is quite easy to catch fantasy elements in patients' speeches. In addition, the interviews with the participants comprise fantasy elements as well. The primary way to catch fantasy factors is by carefully reviewing the items people bring from their imaginary fields. In an analytical study, patients may give voice to many different fantasies over the years. At the beginning of the process, patients express their thoughts without realizing what they talk about is fantasy. As the process continues, they become aware of fantasy elements. Lacan specified that almost all the subject's fantasies originate from the same place. The root is the fundamental fantasy. The fundamental fantasy contains the subject's most basic relationship with the Other and the subject's positioning against the Other (Lacan, 1977). The analytical process aims to reshape the fundamental fantasy through language.

In the literature, the object of the phobia has been considered an object that is avoided contact by people with a phobia of the same object. In other words, according to the mainstream psychology literature, the presence of a phobia means that people suffering from it avoid that specific object. However, the interpretative repertoire indicating imaginary preoccupations of participants with phobia objects has arisen in this study. Even though people with phobia experiences avoid phobia objects in daily life, they try to keep their phobia objects close to them in their minds. Namely, we trace that people with phobia experiences are interested in their phobia objects at the imaginary level. In that way, they keep the phobia objects close to them. The literature does not speak of these specific aspects of phobias, meaning that they might have been overlooked in the literature. In therapy sessions, the practical part of clinical psychology, this preoccupation can find a place for itself in the speeches of patients. Therapists should encourage patients to describe it and related associations in greater depth if such a situation arises. Briefly, this type of possible preoccupation is a critical topic that needs to be addressed in therapy sessions.

The gaze in the axis of phobia is a topic that has received little attention in mainstream psychology. However, in psychoanalysis, the gaze is a principal subject,

and it is intended as people's gaze when the gaze is in question. If phobias are in question, then the gaze of the phobia object steps into play. The matter of the gaze of objects has emerged within the scope of this research. The gaze meant here is an unsettling one that makes people nervous. Additionally, as phobias are recurring issues for those who have phobia experiences, the gaze of the objects is also a persistent subject. In psychoanalysis, the gaze is linked to castration. Therefore, the gaze of the phobia object is a matter related to castration. It is significant to formulate the gaze with its relation to castration while bringing the phobia object's gaze in sessions.

Similarly, participants' thoughts demonstrating that they believed they would control everything may point out that the participants might not be castrated. However, they found themselves in an area in which they had no control when they reminded themselves of castration. When they expressed that they had no control over phobia objects, they revealed that they were deficient. It means that they were castrated.

In sessions, clinicians need to devote attention to the topic regarding castration when they hear descriptions of phobia objects through gaze and control. Whenever clinicians grasp that these issues have connections with castration, they can realize that what patients say has loads of meanings and that what they say has layers. At this point, clinicians can ask critical questions that point to the polysemy of what patients say and emphasize their related expressions. It helps encourage patients to keep talking and describing. As clinicians put punctuation marks in patients' speech, patients feel interrupted and, in those gaps, they have the opportunity to hear the polysemy of their expressions. Additionally, speaking about these issues in sessions helps patients make sense of their phobias through language, which is the symbolic field. This approach alleviates their symptoms and opens space for them to other issues concerning their lives.

In psychoanalysis, the symptom has named the return of the repressed. It is possible to see the "return of the repressed" in the findings of this study. For instance, when participants talk over bodily symptoms related to their phobias or make a statement through the contact with phobia objects, it is observed that it can have relations with repression. When such points are caught, it is crucial to pay attention to what they

say and encourage them to proceed with their narratives at that moment. Consequently, a space opens for subjects to process their repressed materials.

5.2. Strengths and Limitations of the Study and Suggestions for the Future Studies

The theoretical part of this study aims to provide information about how a phobia is handled and studied in psychology and psychoanalytic fields. There is not so much difference between child and adult phobia studies in psychology in the literature. Whereas, it has been observed that the studies that aim to approach phobias from a psychoanalytic perspective primarily focus on childhood phobias. This study focuses on phobias seen in adulthood. Additionally, very few studies in the literature combine clinical psychology and discourse analysis. The focus of this study is to observe how a phobia is built on and finds a place for itself in the language of people. Therefore, it is thought to be a study that contributes to Clinical Psychology literature by combining pathology and discourse analysis.

Conducting interviews with the participants within the thesis scope allowed the participants to speak about the axis of phobia. These interviews have provided rich content about the phobia experiences of participants. On the one hand, examining the interviews together with discourse analysis opened a window to observe that the participants used similar discourses and that they were in similar positionings. On the other hand, these interviews disclosed that the expressions of each participant were unique. In mainstream psychology, survey-based studies have been widely used. In these types of studies, participants are expected to give specific answers to specific questions. In survey-based research, even if it gives a particular framework for the subjects examined, the singularity of each participant is overlooked. However, the studies conducted by interviewing techniques allow researchers to capture the singularities/individualities of participants. This research reveals that mainstream psychology concepts such as phobias cannot fit into a universal pattern. This study demonstrates that it is possible to observe individual aspects and singular points in phobias when subjects are given a space to speak freely.

In this study, interviews were done with open-ended questions. In the interviews, the participants presented numerous subjects in depth. Each participant, however, took

part in one interview, and this situation is a limitation of the study. A considerable number of interviews with participants are required to demonstrate the signifiers employed by participants, their principal defenses, the role of their phobias in their lives, and so on. Conducting more interviews with each participant is an excellent strategy for future research. Furthermore, in addition to therapy/analysis processes to utilize as case studies, exploiting therapy/analysis sessions conducted with participants having phobic symptoms is a good way for further assessments. In this way, it is possible to collect more comprehensive and enlightening information on phobia.

5.3. General Conclusion

Freud compares the psychoanalytic process to playing chess (Freud, 1958, p.123). In his analogy, he says that a chess game is not learned via a book and expresses that learned only by practice. He states that only the beginning and the end of the game are set in a specific scheme based on the knowledge found in a book. He adds that the rest of the game contains many possibilities. Therefore, it is not placed in a particular deterministic scheme. The following points are pointed out about all these: a) There are specific rules for the game of chess. b) People know the beginning and the end of the game. c) Every single game is shaped by encounters between related people at that moment (Freud, 1958, p.123). Consequently, every game is a unique game played by two players. In the conducted interviews within the scope of this thesis, the participants initially indicated that they had phobias and were included in the study. They also talked about their phobias during the interviewing process. In addition, interpretative repertoires and the positions have been obtained by conducting interviews. These parts are common for all participants. However, even if people experience similar situations, each person experiences those situations uniquely, as referred to in Freud's chess analogy. This uniqueness and individuality emerge whenever participants begin to speak. In other words, even though participants have common points in their speaking, each statement is unique to the person. The speeches of each of them have a place in their history.

The uniqueness of each speaking reveals the following: Phobia, like any other structure or symptom, is not universal. Instead, it is a matter that should be addressed

in the light of a person's background. Even if standard interpretative repertoires and positionings form from the narrations of participants; upon assessing these narrations, it is observed that each participant tells a unique history in an inimitable way. As well, each participant constructs meanings over the language, and each of these constructions is a subjective/unique process. As a result, talking about phobia as a common standard experience and giving a common prescription to people with a history of phobia is out of the question. Lacan asserts, "There is no psychoanalysis; everyone has their psychoanalysis." From this perspective, we can say that "Phobia only has a place in people's history." or "Phobia is a highly personal experience." A phobia as such a subjective experience can only be dealt with within a sphere that allows space for the subjectivity of each person. This space for each subject is recognized by psychoanalysis.

In phobia, object selection is subjective. The subject's phantasm is the focus of this subjective field. Similarly, it is full of the subject's imagination, implying that full of one's fiction/fantasy. All these are areas that provide clues about the subject's unconscious. The subject has a phobia on the surface. Yet, the story is not limited to this. As in Freud's metaphor of an iceberg, the part over the ice takes up a tiny space in one's psyche compared to the part under the ice. Even though people claim that they suffer from their phobias, they say this based on their conscious perceptions/impressions. Most think that the story is limited to this. Moreover, psychoanalysis sheds light on points that are not visible to the conscious eye. At the same time, psychoanalysis aids one in the detection of the unconscious elements in the statements consciously expressed by people. The ability to catch the clues about the self-unconscious of the subject can be improved by a psychoanalytic study, a process in which the subjects have a chance to discover themselves. In this process, the focus is no longer on the part of the iceberg visible from the surface but always on the part underneath the iceberg.

A phobia can be defined as an intense fear of a specific object. The object is avoided when it comes to an object that is the source of such tremendous fear. In the literature, the definition of phobia comprises avoiding it. The interviewees within the scope of this study also claimed that they avoided phobia objects as described in the literature. In other words, the position they assume in the face of the phobia is

marked/characterized by avoidance. Some of the requests of consciousness lead to a desire to avoid the contact with phobia objects. However, even though the object of the phobia is avoided in real, there is a preoccupation with the object of the phobia at the imaginary level.

While encounters of participants with phobia objects are actual, images of these encounters are experienced at an imaginary level. On the one hand, participants maintain the contact with phobia objects by recalling possible encounter scenes with these phobia objects. On the other hand, the position that they give themselves in this repetitive recall is the one in which they have no "control" over the objects of the phobia. The participants repeatedly remind themselves of an area they have no control over. Their involvement in this area where they have no control over their lives is an area that they remind themselves of castration. Namely, while the participants claim that they have no control over the phobia objects, they point out to be deficient, meaning they are castrated. Similarly, the focus of participants upon the gaze of the phobia objects is also a subject that points to castration. Because the gaze is a subject that addresses castration, people with phobia experiences remind themselves of being castrated through the gaze of the phobia object.

Whenever the issue of castration arises, the father appears in the scene. Whenever the father is on the scene, so is the mother. From a psychoanalytic point of view, the father's function is to carry the relationship between mother and child from a dyadic to a tripartite relationship. The father's intervention - between the mother and the child - limits the mother-child relationship and forces it to be rearranged. If the paternal function does not work is the case of a phobia. Namely, the presence of a phobia is an attempt to support the paternal role. People experience everything in their subjective stories, and they need to give voice to those subjective stories to reconstruct them. That is why, during sessions, people need to be able to put what they have in their minds into words. Furthermore, people need to cope with their expressions by assessing their responsibilities instead of referring to external factors. However, their statements should not be adopted literally without questioning (Lacan, 2014b). It is critical to hear beyond what the subject consciously tells and to make punctuation accordingly, to shake the subject's existence that is familiar/routine for her, and to mediate the start of a new process for her.

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APPENDICES

A. THE ANNOUNCEMENT FOR THE STUDY

Merhaba,

Doktora tezi kapsamında bir nesneye yönelik fobisi olduğunu belirten kişilerle birer görüşme yapılacaktır. Çalışmanın amacı, kısaca, fobik yakınmaları olan yetişkinlerin fobiyi dillerinde nasıl inşa ettikleridir. Görüşme süresinin 40 dakika ile 180 dakika arasında sürebileceği öngörülmektedir. Çalışma için 18 ile 60 yaş arasındaki kişilerle görüşülecektir. Çalışmaya katılabiliyorsunuz ve/veya duyurunun farklı ortamlarda yayılmasını destekleyerek çalışmaya katkıda bulunabilirsiniz.

Çalışmaya katılmak ya da çalışma hakkında daha fazla bilgi almak için ODTÜ Psikoloji Bölümü Klinik Psikoloji Programı doktora öğrencisi Felek Yoğan (E-posta: felekyogan@gmail.com) ile iletişime geçebilirsiniz.

Teşekkürler,

Uzm. Psk. Felek Yoğan

B. INFORMED CONSENT FORM

ÇALIŞMAYA GÖNÜLLÜ KATILIM FORMU

Bu araştırma, ODTÜ Psikoloji Bölümü Klinik Psikoloji Doktora Programı öğrencisi Felek Yoğan tarafından Prof. Dr. Tülin Gençöz danışmanlığındaki ve Dr. Öğr. Üyesi Sevda Sarı Demir eş danışmanlığındaki doktora tezi kapsamında yürütülmektedir. Bu form sizi çalışma ile ilgili bilgilendirmek için hazırlanmıştır.

Çalışmanın Amacı Nedir?

Bu çalışmanın amacı, fobik yakınmaları olan kişilerin dillerinde fobinin nasıl inşa edildiğini incelemektir.

Sizden Nasıl Yardımcı Olmanızı İsteyeceğiz?

Çalışmaya katılmayı kabul ederseniz, sizinle yaklaşık olarak 60 dakika ile 180 dakika arasında sürmesi planlanan bir görüşme yapılacaktır. Görüşme esnasında size açık uçlu bazı sorular sorulacaktır ve bazı temalar ekseninde konuşma devam edecektir. Görüşme ses kayıt cihazı ile kaydedilecektir. Sonrasında konuşma araştırmacı tarafından analiz edilecektir.

Sizden Topladığımız Bilgileri Nasıl Kullanacağız?

Çalışmaya katılımınız tamamen gönüllülük temelinde olmalıdır. Verdiğiniz bilgiler eğitim amacıyla ve/veya bilimsel yayınlarda kimlik bilgileriniz verilmeden kullanılacaktır.

Katılımla ilgili bilmeniz gerekenler:

Görüşme genel olarak kişisel rahatsızlık verecek sorular ya da konular içermemektedir. Ancak, görüşme esnasında kendinizi rahatsız hissederseniz görüşmeyi sonlandırabilirsiniz. Böyle bir durumda sizinle görüşmeyi yapan kişiye görüşmeyi sonlandırmak istediğinizi belirtmeniz yeterli olacaktır.

Araştırmayla ilgili daha fazla bilgi almak isterseniz:

Görüşmenin sonunda, bu çalışmayla ilgili sorularınız cevaplanacaktır. Bu çalışmaya katıldığınız için şimdiden teşekkür ederiz. Çalışma hakkında daha fazla bilgi almak için ODTÜ Psikoloji Bölümü doktora öğrencisi Felek Yoğan (E-posta: felekyogan@gmail.com) ile iletişim kurabilirsiniz.

Yukarıdaki bilgileri okudum ve bu çalışmaya tamamen gönüllü olarak katılıyorum.

(Formu doldurup imzaladıktan sonra araştırmacıya geri veriniz).

Ad Soyad
İmza

Tarih

C. APPROVAL OF THE METU HUMAN SUBJECTS ETHICS COMMITTEE

UYGULAMALI ETİK ARASTIRMA MERKEZİ
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17 ŞUBAT 2021

Konu : Değerlendirme Sonucu

Gönderen: ODTÜ İnsan Araştırmaları Etik Kurulu (İAEK)

İlgi : İnsan Araştırmaları Etik Kurulu Başvurusu

Sayın Prof. Dr. Tülin GENÇÖZ

Danışmanlığınızı yaptığınız Felek YOĞAN'ın "Construction of Adults Phobias: A Study of Discourse Analysis" başlıklı araştırması İnsan Araştırmaları Etik Kurulu tarafından uygun görülmüş ve 042-ODTU-2021 protokol numarası ile onaylanmıştır.

Saygılarımızla bilgilerinize sunarız.


Prof. Dr. Mine MISIRLISOY
İAEK Başkanı

D. ENGLISH VERSION OF THE QUESTIONS AND THEMES FOR INTERVIEWS

Initial Questions:

- Could you please introduce yourself?
- How and why did you decide to take part in this study?
- Why have you named your situation a phobia?
- How did your phobia enter your life?

The Themes:

- *The onset of the phobia:* When did it start? How was your life throughout that period?
- *The course of the phobia process:* Has it been getting more severe or milder from time to time? What has changed over time?
- *The attribution to the phobia and the subject's thoughts on it:* What do you correlate with your phobia? What are the attributes/relations among them?
- *The memories related to the phobia:* Have you had memories of it? If so, what are they?
- *The dreams about the phobia:* Have you been dreaming about it? If so, how do you describe them?
- *The encounters:* What happens when you encounter the phobia object? How have you been feeling due to these encounters?
- *The descriptions:* Can you describe the phobia object? What does it suggest? What does it mean for you, and what does it remind you?
- *Thoughts of the family members:* What do your family members talk about it? What are their reactions to it?
- *The thoughts of the friends:* What do your friends talk about it? What are their reactions to it?
- *The thoughts of the people around the subject:* What do people around you talk about it? What are their reactions to it?

- *The effects on the relationships:* Has it affected your relationships? If so, how and in what ways has it affected your relationships?
- *The approaches:* What is the best approach that suits you? What is the worst one that never works for you?
- *Impacts on the life and the limitations it brings:* Has it ever limited your life? If so, can you describe/express these limitations?

The Final Questions:

- Have you had any treatment history? Have you ever applied to a psychologist or psychiatrist? If you did so, how were your experiences? Has anything changed for you? Have you ever recognized any improvement in your situation? Can you tell me more about your experiences?
- Is there anything else you want to share or add?

E. TURKISH VERSION OF THE QUESTIONS AND THEMES FOR INTERVIEWS

İlk Sorular:

- Kendinizden biraz bahseder misiniz?
- Bu çalışmaya katılmaya nasıl ve neden karar verdiniz?
- Kendinizdeki durumu niye fobi olarak adlandırdınız?
- Fobi hayatınıza nasıl girdi?

Temalar:

- *Fobinin başlangıcı:* Ne zaman başladı? O süreçte hayatınızda neler vardı?
- *Fobinin seyri:* Zaman zaman azalıyor mu ya da artıyor mu? Zaman içinde neler değişti?
- *Fobiye yönelik atıflar ve açıklamalar:* Fobiyi neye bağlıyorsunuz? Nasıl açıklıyorsunuz? Bu konudaki düşünceleriniz neler?
- *Fobiye ilgili anılar:* Bu konuda anılarınız var mı? Varsa neler?
- *Fobiyle ilgili rüyalar:* Fobiyle ilgili gördüğünüz rüyalarınız var mı? Varsa açıklar mısınız?
- *Fobi nesnesi ile karşılaşma:* Fobi nesnesiyle karşılaşınca neler oluyor? Bu karşılaşma sonucunda neler hissediyorsunuz?
- *Fobi nesnesini tarif etme :* Fobi nesnesini tarif edebilir misiniz? Sizin için anlamı nedir? Size neler çağrıştırıyor?
- *Ailenizin düşünceleri:* Aile üyeleriniz bu konuyla ilgili neler söylüyor? Bu konudaki tepkileri neler?
- *Arkadaşlarınızın düşünceleri:* Arkadaşlarınız bu konuyla ilgili neler söylüyor? Bu konudaki tepkileri neler?
- *Çevrenizdekilerin düşünceleri:* Çevrenizdekiler bu konuyla ilgili neler söylüyor? Bu konudaki tepkileri neler?
- *İlişkilerinize etkisi:* İlişkilerinizi etkiliyor mu? Etkiliyorsa nasıl etkiliyor?
- *Yaklaşımlar:* Size en iyi gelen yaklaşım nedir? Size en kötü gelen yaklaşım nedir?

- *Yaşamınıza etkisi ve yaşamınız üzerinde yarattığı kısıtlamalar: Yaşamınızı kısıtlıyor mu? Eğer kısıtlıyorsa nasıl kısıtlıyor?*

Son Sorular:

- Bir tedavi geçmişiniz var mı? Psikologa veya psikiyatriste gitti mi? Eğer gittiğiniz bu konudaki deneyimleriniz neler? Sizin için bir şeyler değişti mi? Kendi durumunuzla ilgili bir gelişme oldu mu? Bu konudaki deneyimlerinizden biraz daha bahsedebilir misiniz?
- Paylaşmak ya da eklemek istediğiniz başka bir şey var mı?

F. JEFFERSON TRANSCRIPTION SYSTEM SYMBOLS

(.) A micropause - a pause of no significant length

(.8) A timed pause - long enough to indicate a time. Numbers in round brackets measure pauses in seconds in this case, 8 tenths of a second.

[] Overlapping speech

↓ drop in intonation after the arrow

↑ rise in intonation after the arrow

CAPITALS obviously louder than surrounding

() Transcriber doubt about the talk

G. CURRICULUM VITAE

Felek Yođan

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EDUCATION:

2017- 2022 Middle East Technical University / Ankara
Ph.D.: Clinical Psychology (3.84/4.00)

2015- 2017 Middle East Technical University / Ankara
MS: Clinical Psychology (3.68/4.00)

2013- 2016 İstanbul University / İstanbul
MS: Aging and Health (3.64/4.00)

2008 - 2013 Orta Dođu Teknik Üniversitesi / Ankara
BS: Psychology (3.43/4.00)

2004 - 2008 İbrahim Önal Anadolu Öğretmen Lisesi / Bursa
High School: (4.40 / 5.00)

EXPERİENCE:

- | | |
|----------------|--|
| 2019 - Present | AYNA Klinik Psikoloji Dergisi
(Editorial Board) |
| 2019 - 2021 | AYNA Clinical Psychology Unit /Turkey
(Supervisor) |
| 2018 - Present | Freud Lacan Psychoanalysis Association / Turkey
(Member) |
| 2017 - 2021 | AYNA Clinical Psychology Unit /Turkey
(Secretary) |
| 2016 - 2021 | AYNA Clinical Psychology Unit / Turkey
(Clinical Psychologist) |
| 2016- 2016 | Gülhane Military Medical Academy / Turkey
(Intern Psychologist) |
| 2016 - 2017 | METU Disability Support Office / Turkey
(Student Assistant) |

January 2014 - June 2014	Park Tarabya Kindergarten / Turkey (Intern Psychologist)
2013-2014	Gaziosmanpaşa Family Counseling Center / Turkey (Intern Psychologist)
June 2012 – 20 July 2012	Bakırköy Prof. Dr. Mazhar Osman Ruh ve Sinir Hastalıkları Eğitim ve Araştırma Hastanesi İstanbul/ Turkey Görev: (Intern Psychologist)

PUBLICATION:

- Bilik, M. Z. , **Yoğan, F.** & Maraş, A. (2021). Orhan Pamuk'un "Yeni Hayat" Adlı Romanının Lacanyen Psikanalitik Kavramlarla İncelenmesi . *Hacettepe Üniversitesi Edebiyat Fakültesi Dergisi*, 38(2), 308-323.
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FOREIGN LANGUAGES:

- | | |
|-------------|--------------|
| • Turkish | Native |
| • İngilizce | Advanced |
| • Fransızca | Intermediate |

H. TURKISH SUMMARY/TÜRKÇE ÖZET

GİRİŞ

1.1. Genel Değerlendirme

Bu çalışma fobi konusuna odaklanmaktadır. Fobiye dair kapsamlı bir araştırmanın fobi deneyimi olan kişilerin anlatımları üzerinden yapılabileceği düşünülmüştür. Bu nedenle bu tez kapsamında ucu açık sorular eşliğinde görüşmeler yapılmıştır.

1.2. Psikoloji Literatüründe Fobi

Ruhsal Bozuklukların Tanısal ve Sayımsal El Kitabı (DSM) tarafından “psikolojik” olarak adlandırılan durumlar kategorileştirilmiştir. Bu kitapçığın en güncel hali olan DSM-5’te Kaygı Bozuklukları başlıklı bir bölüm vardır. Burada Kaygı Bozuklukları alt başlıklara ayrılmıştır. Bunlar: Ayrılma Kaygısı Bozukluğu, Seçici Konuşmazlık, Özgül Fobi, Sosyal Kaygı Bozukluğu, Panik Bozukluk, Agorafobi, Yaygın Kaygı Bozukluğu, Madde veya İlaç Kaynaklı Oluşan Kaygı Bozukluğu, Başka Bir Sağlık Durumuna Bağlı Kaygı Bozukluğu, Tanımlanmış Diğer Bir Kaygı Bozukluğu ve Tanımlanmamış Kaygı Bozukluğudur.

Bu kitapçıkta Kaygı Bozukluklarının ortak noktalarının korku ve kaygı olduğu belirtilmiştir (APA, 2013, s. 189). Eğer ortada var olan ya da algılanan bir tehdit varsa bu durum korku olarak adlandırılmaktadır ve eğer gelecekte beklenen bir tehdit durumu varsa bu durum kaygı olarak adlandırılmaktadır (APA, 2013, s. 189).

DSM-5’te fobi konusu Özgül Fobi başlığı altında ele alınmaktadır. DSM-3 ve DSM-3-R’da fobiler “Basit Fobi” başlığı altında ele alınmıştır. DSM-4 ile beraber “Basit Fobi” başlığı yerine “Özgül Fobi” başlığı kullanılmaya başlanmıştır (LeBeau, 2010).

Özgül Fobi’de aşırı derecede korkuya yol açan bir obje ya da durum vardır (APA, 2013, s.198; Singh ve Singh, 2016). Bu korkuya önemli derecede duygusal bir stres ve

işlevsellik alanında yaşanan bir bozulma eşlik ettiğinde bu durum fobi olarak adlandırılmaktadır (Beidel, Bulik ve Stanley, 2012, s. 128-129). Birçok şey fobi nesnesi olabilmektedir. Tüm bu nesnelerin ortak noktası, fobi deneyimi olan kişilerin fobi nesnelerini tehlikeli olarak algılamalarıdır.

Fobiler en sık görülen Kaygı Bozukluğu türüdür. (Kessler, Berglund ve Demler, 2005; Wardenaar ve ark., 2017). Amerika Birleşik Devletinde fobinin yaygınlık oranı %7-%9 civarındadır ve Avrupa’da bu oran %6 civarındadır (American Psychiatric Association, 2013, s. 199).

Fobiler ilk olarak klasik koşullanma üzerinden anlaşılmaya çalışılmıştır. Küçük Albert deneyi klasik koşullanmayı korku üzerinden anlatan bir örnektir. Fobi bu deneyde klasik koşullanma üzerinden okunduğundan fobinin çözümü de klasik koşullanma üzerinden gelmektedir. Buna göre; eğer fobi nesnelere nötr ya da pozitif uyarılarla eşleştirilirse fobi de ortadan kalkacaktır (Ollendick ve Muris, 2015).

Fobilerle Travma Sonrası Stres Bozukluğu arasında benzerlik var gibi durmaktadır. Bazı fobiler (örneğin, köpek ısırması sonucu köpeklere yönelik fobisinin başlaması veya asansörde kaldıktan sonra klastrofobinin başlaması) kişilerin travmatik deneyimler yaşaması sonucu ortaya çıkmıştır (Menzies ve Clarke, 1995).

Fobiler için en sık kullanılan terapi türü Maruz Bırakma Terapisidir (Singh ve Singh, 2016). Ayrıca, fobiler için, maruz bırakma yöntemini başka terapi modelleri de kullanmaktadır. Bu terapi modellerinden bir tanesi de Bilişsel Davranışçı Terapidir.

1.3. Psikanaliz Literatüründe Fobi

1.3.1. Freudyen Psikanalizde Fobi

Fobi konusuna psikanaliz açısından bakıldığında ilk olarak Freud’un fobilerle ilgili ne dediğine bakmak önemlidir. Freud fobinin “anksiyete histerisi” olarak görülebileceğini belirtmiştir. Psikanaliz tarihine bakıldığında Freud’un fobi konusunu Küçük Hans ismini verdiği vakasında detaylı olarak ele aldığı görülmektedir. Bu vaka kaydedilmiş ilk çocuk analizi örneğidir, bu nedenle Psikanaliz tarihinde önemli bir yere sahiptir. Bu vakada analist rolünde Hans’ın babası bulunmaktadır. Ayrıca, Hans’ın babası Freud’dan, Hans ile ilgili, süpervizyon almıştır (Freud, 2018, s.25).

Küçük Hans Vakası ile ilgili Freud tarafından yazılmış olan kitabın ilk kısmında Hans'a ve Hans'ın sürecine yönelik bilgiler verilmiştir. Kitabın ikinci kısmında ise Freud'un Küçük Hans Vakası ile ilgili düşünceleri yer almaktadır. Freud Hans'ın annesinin yanında kalmak, onunla beraber yatmak isteyen ve bunlar için babasını bertaraf etmek isteyen "gerçek bir küçük Ödipus" olduğunu yazmıştır (Freud, 2018, s. 121). Hans'ın bu istekleri bir yaz tatili esnasında ortaya çıkmıştır ve bu tatil esnasında babası bazı zamanlar onların yanındadır bazı zamanlar ise orada değildir (Freud, 2018, s. 121). Bu süreçte Hans'ta beyaz bir at tarafından ısırılma korkusu başlamıştır (Freud, 2018, s. 121). Freud babasının yanlarında kaldığı bir zamanda Hans babasının tamamen gitmesini yani ölü olmasını istediğini fakat bu düşünceleri dolayısıyla Hans'ın babasından korkmaya başladığını belirtmiştir (Freud, 2018, s. 122). Freud her küçük çocuğun babasının ölmesine yönelik bir arzusu olduğunu ve bunun normal ödipal durumun bir parçası olduğunu ifade etmiştir (Quinodoz, 2019, s. 95). Hans'ın durumunda olduğu gibi bu arzu fazla şiddetlendiğinde ise bunun çeşitli semptomlara yol açtığını ifade etmiştir (Quinodoz, 2019, s. 95).

Freud ayrıca Hans'ın kız kardeşine dair bastırılmış düşmanlık duyguları olduğunu söylemiştir (Freud, 2018, s. 122). Freud Hans'ın hem babasını hem de kız kardeşini bilinçaltında aynı şekilde gördüğünü, ikisinin de annesini Hans'tan aldığını ve annesiyle yalnız kaldığında ikisi tarafından da rahatsız edildiklerini söylemiştir (Freud, 2018, s. 122). Öte yanda, Hans babasıyla ilgili şeyleri doğrudan söyleyemezken kız kardeşinin ölmesi ile ilgili arzusunu doğrudan söyleyebilmektedir (Freud, 2018, s. 122).

Freud Hans'ın atların ağızlarındaki ve göz çevrelerindeki siyahlık detaylarının Hans'ın babasının gözlükleri ve bıyığına işaret ettiğini söylemiştir (Freud, 2018, s. 134). Yani Freud atların Hans'ın babasını temsil ettiğini ifade etmiştir. Freud Hans'ın bir at tarafından ısırılma korkusunun derininde atların düşeceği korkusunun yer aldığını söylemiştir (Freud, 2018, s. 136). Düşen ve ısırılan atların ise kendisini cezalandırmasından korktuğu babasını temsil ettiğini söylemiştir. Ayrıca, Freud Hans'ın babasına karşı düşmanca duygularının annesine karşı duyulan cinsel duyguları kapatmaya yönelik olduğunu söylemiştir (Freud, 2018, s. 147).

Freud bu vakada yetişkin hastalarından öğrendiğinden daha fazlasını öğrenmediğini belirtmiştir (Freud, 2018, s. 156). Freud yetişkin hastalarının çocukluklarında bir takım karışıklıklar olduğunu söylemiştir (Freud, 2018, s. 156). Yetişkin hastalarda çocukluğa dair konular geriye dönük olarak sonradan ele alınırken Hans vakasında bazı mevzular o günlerde gündemken ele alınabilmiştir.

Freud, Küçük Hans Vakasını “Ketlenme, Semptom ve Kaygı” isimli 1926 yılında yayınlanan yazısında yeniden ele almıştır. Freud bu çalışmasından önce kaygının bastırma sonucu oluştuğunu söylemektedir ve Küçük Hans Vakası’nı da buna göre değerlendirmektedir. Freud bu kitapla beraber görüşlerini şu şekilde formüle eder: “Bastırmayı üreten kaygıdır ve daha önce düşündüğüm gibi kaygıyı üreten bastırma değildir” (Freud, 1981 s. 108). Freud bu kitapta hem Kurt Adam Vakası hem de Küçük Hans Vakasında bastırmanın motorunun kastrasyon kaygısı olduğunu belirtmiştir (Freud, 1981 s. 108). Kurt adam vakasında kurtlar tarafından parçalanıp yenilmenin, Küçük Hans vakasında ise atlar tarafından ısırılmanın baba tarafından iğdiş edilmenin ikameleri olduğunu belirtmiştir (Freud, 1981 s. 108). Yani Freud Hans’ta bastırmaya baba tarafından kastre edilme tehdidinin yol açtığını ve bastırılanın geri dönüşünün ise Hans’ta atların ısırması korkusu üzerinden olduğunu belirtmiştir.

1.3.2. Lacanyen Psikanalizde Fobi

Lacan, bazı noktalarda nevrozu histeri nevrozu ve obsesyon nevrozu olarak ikiye ayırmıştır ve bu noktada fobiyi bir semptom olarak ele almıştır (Lacan, 1994, s. 285). Öte yandan ise bazı noktalarda fobiyi, histeri ve obsesyon gibi nevrozun başka bir alt türü olarak kabul etmiştir (Lacan, 1994, s. 321). Lacan son çalışmalarında ise fobiyi ayrı bir yapı olarak ele almamıştır fakat başka bir şeye dönüşüm yolunda olan bir şey olarak ele almışlardır (Grose, 2017). Fobinin genellikle obsesyon veya histeriye gitme yolunda bir durak olduğu söylenmiştir (Grose, 2017).

Lacan Nesne İlişkileri Semineri’nde Küçük Hans’tan detaylı olarak bahsetmiştir. Burada ayrıca kendisinin fobiye yönelik görüşlerini de aktarmıştır. Lacan, bu seminerinde, fobinin anksiyeteyi düzenleyen ve yaşamı daha dayanılır kılan bir işleve sahip olduğunu belirtmiştir (Grose, 2017). Yani, Freud’un da belirttiği gibi, Lacan ilk olarak anksiyetenin ortaya çıktığını belirtmiştir. Sonrasında fobik bir nesnenin savunma oluşumu olarak ortaya çıktığını, bu noktada kaygının korkuya

dönüştüğünü ve bu nesnede toplandığını belirtmiştir (Lacan, 1994, s. 207). Freud'dan farklı olarak, Lacan "at" göstereninin sadece tek bir şeye, yani babaya bağlanmadığını belirtmiştir (Lacan, 1994, s. 283). Küçük Hans örneğinde "at"ın bir gösteren olduğunu belirtmişti. Ayrıca, "at" göstereninin "baba", "anne", "Hans", "Hanna", "Hans'ın bazı arkadaşları", "bebekler" gibi farklı gösterenlere bağlandığını belirtmiştir (Grose, 2017). Lacan "at" göstereninin farklı gösterenlere bağlanmasının ise Hans'ın "at" göstereniyle olan ilişkisindeki anlara göre değişkenlik gösterdiğini ifade etmiştir (Lacan, 1994, s. 307). Neticede, fobi imajiner bir gösterendir ve öznenin yaşamındaki diğer tüm gösterenlere bağlanabilme olasılığına sahiptir (Evans, 1996, s. 148).

Lacan Hans'ın babasının evdeki konumunun Hans'ın kastrasyonu için yetersiz olduğunu belirtmektedir (Grose, 2017). Hans annesine dair çok heyecanlandığında, mastürbasyonda bulunduğu ve fantaziler oluşturduğunda kaygıya kapılmaktadır. Kaygısı ise şu sorular etrafında oluşmaktadır: Annesi Hans'tan ne istiyordur? Annesine istediğini verebilecek midir? Eğer annesinin istediğini verirse ona ne olacaktır? Ona veya annesine bu yüzden zarar gelecek midir? Babası ne yapacaktır? (Grose, 2017). Bu noktada babanın sembolik kastrasyonu devreye girebilseydi, Hans kaygısından kurtulabilecekti (Evans, 1996, s. 148). Fakat babası sembolik kastrasyonu sağlayamadığı için Hans bir ikame bulmak zorunda kaldı, bu ise fobiydi (Evans, 1996, s. 148). Fobinin Hans'ta sembolik bir işlev sağlaması imajiner bir nesne olan at göstereni sayesinde olmuştur (Lacan, 1994, s. 230, 245, 284). Bu yolla Hans'ın imajiner'den sembolik düzene kayıt olması sağlanmış olmaktadır (Lacan, 1994, s. 230, 245, 284). Neticede, Hans'ın at fobisi onda kastrasyona yol açmıştır. Yani babasının yapamadığını at fobisi yapmıştır (Grose, 2017). At göstereni Hans ve annesi arasına girerek, orada 3. olarak, Hans'ın annesiyle olan ilişkisini düzenlemiştir. Aynı zamanda Hans'ın at göstereni ile bağlantılar kurduğu diğer kişilerle olan ilişkilerini de düzenlemiştir (Hook ve Neill, 2008). Fobi her ne kadar babasal işlevi desteklese de geçici bir çözümdür (Lacan, 1994, s. 83).

Fobi baba metaforunun inşa edilmesindeki bir soruna yanıt vermektedir (Lacan, 2015). Hans'ın fobisi de babasal işlevi destekleme girişimidir. Bu girişim Başka'ya yasayı telaffuz ettirme girişimi olarak da açıklanabilir (Fink, 1997, 174-175). Lacan anneden ayrılmanın belirli açılardan aksiyeteye sebep olsa da derin bir düzeyde rahatlama ile sonuçlandığını belirtmektedir (Fink, 1997, 174-175). Hans annesinin kendisini terk

etmesine yönelik korkularından bahsetmiştir. Fakat bu kısım bilinç düzeyinde görülen kısımdır. Bilinçdışı düzeyde ise Hans annesiyle arasına belirli bir mesafenin girmesini beklemektedir (Fink, 1997, 174-175). Hans'ın annesine yönelik ayrılık kaygısı yaşaması ise annesinden belirli hazlar almaya devam etme isteği ile ilgilidir (Fink, 1997, 174-175). Buradaki durum Lacan'ın zevk (jouissance) olarak adlandırdığı kavrama denk düşmektedir. Hans bir yandan annesi ile olan ilişkisinde zevk almaya devam etmek isterken bir yandan da bu zevke bir sınır getirilmesini istemektedir. Hans'ın durumunda babasal işlevde bir yetersizlik olduğu için Hans'ın annesinden ayrılması güçleşmiştir; bu ise Hans'ta anksiyeteye yol açmıştır (Fink, 1997, s. 162-163). Hans'ın fobisinin başlamasıyla anksiyetesi düşmüştür; çünkü fobisinin merkezindeki at gösterini bir tür babasal işlevin ikamesidir ve babasal işlev bu gösteren aracılığıyla devreye girmiştir (Fink, 1997, s. 162-163).

Lacan kaygının eksikliğin eksiki olduğunu söylemiştir (Lacan, 2014). Çocuklarla ilgili toplumun genel kanısı annenin yokluğunda çocuğun kaygılı hale gelmesiyle ilgilidir. Lacan ise anne çocuk için her an mevcut olduğunda çocuğun eksiki deneyimleyebilmesi için bir alan olmadığını ve bu nedenle çocuğun anksiyeteli bir hale geldiğini söylemiştir. Bu noktada babanın devreye girmesi ise çocuktaki kaygının dağılması ile sonuçlanmaktadır.

Küçük Hans örneğine bakıldığında Hans'ın ilk olarak çiş aygıtı üzerinden çeşitli anlamlandırmalarda bulunduğu anlaşılmaktadır. Bu süreçte Hans annesine ve babasına çeşitli sorular sormaktadır. Bu sürecin devamında ise Hans'ın atlara karşı olan fobisi ortaya çıkmaktadır. Buralardan hareketle şöyle denebilir; Hans'ın çiş aygıtı Hans'ın evreninin düzenlenmesine yardımcı olan bir gösteren işlevi görmüştür ve bunun devamında da Hans'ın atlara karşı olan fobisi ortaya çıkmıştır (Camadan, 2020, s. 21).

Lacan, bazı terapi ekollerinde olduğu gibi fobiden mustarip özneler için duyarsızlaştırma içeren bir müdahale önermez ya da fobik objenin kişinin hayatında kimi/ neyi temsil ettiğini basitçe açıklamaz (Evans, 1996, s. 149). Tüm bunlar yerine, öznenin fobik gösterenini içeren tüm gösterenler üzerine çalışmasına olanak sağlar (Evans, 1996, s. 149).

1.4. Çalışmanın Amacı

Kişilerin söylemlerinde yaşamlarındaki her konu kendisine doğrudan ya da dolaylı olarak yer bulur. Benzer şekilde, bir kişinin tarihçesinde fobiye dair temalar varsa, bunlar bu kişinin söylemlerinde kendisine yer bulacaktır. Öznelerin fobiyle ilgili deneyimlerini nasıl inşa ettiklerinin söylem analizi ile keşfedilmesinin fobinin “gerçekliğine” dair önemli bilgiler sunabileceği düşünülmüştür. Bu amaca ulaşabilmek için bu çalışmada söylem analizinin kullanılmasına karar verilmiştir. Söylem analizi dile ve dilin kullanımına odaklanan bir analiz türüdür (Van Dijk, 1985). Bu çalışmada da dile odaklanılmaktadır.

Bu çalışmanın iki temel sorusu bulunmaktadır. Bunlar:

- 1) Tarihçesinde fobi bulunan kişiler fobiye dair nasıl bir anlam inşasında bulunurlar?
- 2) Bu anlam inşası esnasında kendilerini, fobiyle alakalı anlattıkları şeyleri ve diğerlerini nasıl konumlandırırlar?

2. METOD

2.1. Söylem ve Söylem Analizi

Söylemin ne anlama geldiğini ifade etmenin kolay bir yolu yoktur (Edley, 2001). Benzer bir şekilde söylem analizini tanımlamanın da tek bir yolu yoktur. Söylem analizi ana akım psikolojiden farklı bir paradigmaya sahiptir (Arkonaç, 2014).

2.2. Söylemsel Psikoloji ve Söylem Analizi

Psikolojiye özgü söylem analizi denildiğinde ortaya iki temel kategori çıktığı söylenebilir. Bunlar: Söylemsel Psikoloji ve Eleştirel Söylemsel Psikoloji (Bazı kaynaklarda Foucaultcu Söylem Analizi olarak geçmektedir)’dir (Arkonaç, 2014). Söylemsel psikolojide konuşma esnasında o sıradaki etkileşim bağlamında kullanılan ifadelerin ne gibi eylemleri nasıl icra ettiği üzerine odaklanılır (Arkonaç, 2014). Eleştirel Söylemsel Psikoloji ise analiz yaparken arka plandaki ideolojileri ve güç ilişkilerini dikkate alarak bir analiz yapar (Arkonaç, 2014).

Bu çalışmada temel olarak dile ve dil üzerinden söylemlere bakılacaktır. Bu nedenle bu çalışma için en uygun yöntemin söylemsel psikoloji yöntemine özgü söylem analizi

olduđu düşünölmüştür. Bu çalışmada iki nokta ekseninde analiz yapılacaktır; bunlar açıklayıcı repertuarlar ve pozisyonlanmalardır.

2.3.Katılımcılar

İlk olarak ODTÜ İnsan Araştırmaları Etik Kurulu'ndan etik onay alınmıştır. Sonrasında çalışmanın ilanı iki tane Facebook grubu üzerinden paylaşılmıştır. Bu gruplar üzerinden araştırmacıya mail üzerinden ulaşan ve fobisi olduğunu belirten on tane katılımcı ile birer görüşme yapılmıştır. Görüşmeler yapılmadan önce her bir katılımcı, mail aracılığıyla, imzalamış oldukları Gönüllü Katılım Formu'nu araştırmacıya yollamıştır. Bütün görüşmeler Skype aracılığıyla yapılmıştır. Tüm görüşmeler ses kayıt cihazı ile kayıt altına alınmıştır. Görüşme süreleri 39 dakika ile 89 dakika arasında deđişkenlik göstermiştir.

2.4. Katılımcılara Ait Bilgiler

Bu kısımda katılımcılara ait demografik bilgiler yer almaktadır. Ayrıca, bu kısımda katılımcıların fobilerinin başlangıç zamanları ile bu çalışmaya katılmaya yönelik motivasyonlarına kısaca değinilmektedir.

2.5.Prosedür

Görüşmeler belirli sorular ve temalar ekseninde yapılmıştır. Görüşme esnasında araştırmacı katılımcıları konuşmaları yönünde teşvik edici bir yerde durmuştur.

2.6. Data Analizi

Görüşmelerden sonra görüşmelerin yazı dökümü yapılmıştır ve devamında yazı dökümleri birçok kez okunmuştur. Bu okumalar esnasında bazı açıklayıcı repertuarlar ve pozisyonlanmalar tespit edilmiştir. Devamında MAXQDA 2020 programı yardımıyla kodlamalar yapılmıştır. Bu kodlamaların sonucunda açıklayıcı repertuarlar ve pozisyonlanmalar ortaya çıkmıştır. Bu çalışma kapsamında kullanılacak olan alıntılar Jefferson tarafından geliştirilen noktalama işaretlerinden bazıları ile kodlanmıştır.

2.7. Çalışmanın Güvenilirliği ve Refleksivite

Bütün nitel çalışma yöntemlerinde olduğu gibi araştırmacı araştırmasına dair tüm süreç üzerinde bir etkiye sahiptir (Willig, 2001). Araştırmacının kişisel hikâyesi ve mesleki yaklaşımı bütün bu süreci etkilediği varsayılmıştır.

Kişisel tarihçeme baktığımda özellikle çocukluk yaşlarımda birçok korkumun olduğunu belirtebilirim. Mesleki yaklaşımım ile ilgili olarak 2008-2013 yılları arasında ODTÜ Psikoloji Bölümü'nde lisans eğitimime ve 2015-2017 yılları arasında ODTÜ Klinik Psikoloji Yüksek Lisans Programı'nda eğitimime devam ettiğimi belirtebilirim. 2017 yılından itibaren ise ODTÜ Klinik Psikoloji Doktora Programında eğitime devam etmekteyim. 2016 yılından itibaren klinik psikolog olarak görüşmeler yapmakta ve bu görüşmelerle ilgili süpervizyon süreçlerine devam etmekteyim. Lacanyen Psikanaliz yöntemi çerçevesinde çalışmaktayım. Bu tezin her aşamasının benim çalışma yöntemimden etkilendiğini söyleyebilirim.

3. ANALİZ

3.1. Açıklayıcı Repertuarlar ve Pozisyonlanmalar

Bu kısımda, çalışma sonucunda elde edilen açıklayıcı repertuarlar ve pozisyonlar farklı başlıklar altında açıklanmaktadır

3.1.1. Açıklayıcı Repertuarlar

Bu çalışmada, katılımcılar tarafından kullanılan, sekiz tane açıklayıcı repertuar elde edilmiştir. Bunlar: Bunlar; 1. Fobi ile Kontrol Üzerinden Bir İlişki, 2. Fobi Nesnesinin Parçalarına Yönelik Detaylı Tasvir, 3. Fobi Nesnesi ile Meşguliyet, 4. Fobi Nesnesiyle İlişkili Olarak Bakış, 5. Fobi ile İlişkili Olarak Bedensel Semptomlar, 6. Fobi Nesnesiyle Temas, 7. Fobi Üzerinden Kazanım, 8. Fobi Nesnesinden Kaçış.

3.1.1.1. Fobi ile Kontrol Üzerinden Bir İlişki

Fobi nesnesi ile kontrol üzerinden bir ilişkinin kurulması katılımcıların çoğunun dilinde yer alan bir repertuar olmuştur. Fobi nesnesi bir hayvan olduğunda katılımcılar bu hayvan üzerinde bir kontrolleri olmadığını, bu hayvanın hızlı ve ani hareket ettiğini belirtmiştir. Yani kontrolün bu hayvanda olduğuna kendilerinde olmadığını düşündükleri anlaşılmaktadır. Öte yandan fobi nesnesi asansör, uçak gibi mekânlar

olduğunda ise burada kontrol sanki bu mekânların kendisinde olarak resmedilmemiştir. Aksine, kontrol mevzusu bu mekânlarla ilişkili olan diğer insanlara atfedilmiştir. Örneğin asansörde kalmak söz konusu olduğunda, asansör fobisi olan kişinin bu durum üzerinde hiçbir kontrolü yokken kendisinin kurtarılması başka birilerine bağlıdır. Ya da fobi nesnesi uçak olduğunda o uçağı yapan ya da kullanan kişi kontrol sahibi kişidir. Uçak fobisi olan kişi ise fobi nesnesi üzerinde bir kontrolü olmadığını düşünmektedir. Burada şöyle bir ayırmadan söz edilebilir: fobi nesnesi hayvanlar gibi canlı bir nesne olduğunda kontrol fobisi olan kişiden bu fobi hayvanlarına geçmektedir. Fobi nesnesi cansız olduğunda ise kontrol mevzusu başka insanlara atfedilmektedir.

3.1.1.2. Fobi Nesnesinin Parçalarına Yönelik Detaylı Tasvir

Bu repertuar bazı katılımcıların fobi nesnelerinin belirli özelliklerini mercek altına aldıklarını ve bu belirli özelliklerin kendilerinde daha yoğun çağrışımlara ve/ya tepkilere yol açtığını göstermektedir. Bu repertuar içerisinde verilen alıntılara bakıldığında katılımcıların fobi nesnelere nasıl da öznelenmiş oldukları görülmektedir. Yani katılımcıların fobi nesnelerini detaylı olarak tasvir ettikleri noktalar aynı zamanda katılımcıların fobi nesnelere yönelik öznel algılarının ortaya çıktığı noktalardır.

3.1.1.3. Fobi Nesnesi ile Meşguliyet

Bir nesneye yönelik bir fobi dediğimizde o nesneye yöneltilmiş aşırı bir korkudan bahsedilmektedir. Böylesine korkulan bir nesneden kaçmak fobisi olan kişilerde görülen bir tutumdur. Öte yandan, bazı katılımcıların fobi nesneleriyle fazlasıyla meşgul oldukları anlaşılmaktadır. Bu ise, imajiner düzeyde, fobi nesnelere kaçmak yerine onlara yaklaşmaları üzerinden yorumlanabilir. M. Bey ve H. Bey'in fobi nesnelere üzerinden hem araştırmalar yaparak hem de olası kötü senaryoları düşünerek fobi nesnelere ile meşgul oldukları anlaşılmaktadır. Kedi fobisi olan F. Hanım ise kediler ile ilgili kitaplar okuyarak onlarla meşguldür. Hayvan fobileri olan F. Hanım örümcekleri okşadığını hayal ederken, N. M. Hanım ise böcekler üzerinden kendisine işkence yapıldığını hayal etmektedir. Tüm bunlar, bu katılımcıların fobi nesnelere ile nasıl da meşgul olduklarını göstermektedir.

3.1.1.4. Fobi Nesnesiyle İlişkili Olarak Bakış

Fobi nesnesiyle ilişkili olarak bakışla ilgili açıklayıcı repertuar şu katılımcıların konuşmalarında ortaya çıkmıştır: R. Hanım, E. Hanım, N.M. Hanım, H. Hanım ve F. Hanım. Tüm bu katılımcıların fobi nesnesi canlı birer hayvandır. Bu katılımcıların anlatımlarında fobi nesnelerinin bakışına yönelik ifadeler yer almaktadır. Fakat sadece N. M. Hanım kendisinin fobi nesnesine yönelik bakışından bahsetmiştir ve fobi nesnesinin kendisine yönelik bakışına değinmemiştir. Yukarıda belirtilen diğer katılımcılar ise fobi nesnesinin bakışından bahsetmiştir fakat kendilerinin fobi nesnesine yönelik bakışına değinmemiştir. Cansız fobi nesnesine sahip katılımcılar ise fobi nesnelere ile ilişkili olarak bakıştan bahsetmemiştir. Başka bir deyişle, yalnızca fobi nesnesi canlı olduğunda bakışa yönelik bir repertuar ortaya çıkmıştır.

3.1.1.5. Fobi ile İlişkili Olarak Bedensel Semptomlar

Bazı katılımcıların fobik semptomlarını anlatırken anlatımlarına bedensel semptomlar da dâhil olmuştur. Bazı katılımcılar için ise bedensel semptomlarının oluşmasının fobi nesnelere ile gerçek ya da imajiner bir temastan sonra ortaya çıktığı anlaşılmıştır.

3.1.1.6. Fobi Nesnesiyle Temas

Fobi objesiyle temas birçok katılımcının ifadesinden anlaşılacağı üzere, onların zihinsel olarak düşündüğü bir konudur. Her ne kadar bazı katılımcıların fobi nesnesiyle doğrudan bir teması olmasa da, bu katılımcılar bu teması kendi imajinerlerinde inşa etmektedir. Ayrıca, bazı katılımcılar fobi nesnelereyle gerçek bir temas içinde olmuştur ve bu kişilerin imajinerleri kendilerinin geçmiş deneyimlerine dayanmaktadır.

3.1.1.7. Fobi Üzerinden Kazanım

Bütün katılımcıların dilinde fobilerinin yaşamları üzerinde bir fonksiyonu olduğuna dair ifadeler yer almıştır. Katılımcıların dilindeki ortak nokta fobilerinin kendilerine bir ayrıcalık ya da bir gerekçe sunması ile ilgilidir. Ayrıca, birçok katılımcı için fobilerinin kendilerine ilişkilerinde bir kazanım sağladığı anlaşılmaktadır.

3.1.1.8. Fobi Nesnesinden Kaçış

Bütün katılımcılarda fobi nesnesinden “kaçmaları” doğrudan ya da dolaylı olarak anlatımlarında kendisine bir yer bulmuştur. Fobi nesnesi hayvanlar gibi canlı bir varlık olduğunda, fobi nesnesine “kovalayan” şeklinde bir atıf yapılmaktadır. Fobi nesnesi uçak ve iğne gibi cansız birer nesne olduğunda ise o nesnelere pasif bir atıf yapılmaktadır. Yani canlı nesneleredeki “kovalayan” gibi bir atıd, cansız bir nesne olduğunda söz konusu olamamaktadır. Katılımcıların dillerinde “kaçma” ekseninde bir repertuarın bulunması bu katılımcıların kendileriyle fobi nesnelere arasında bir mesafe koymalarına işaret etmektedir.

3.1.2. Pozisyonlanmalar

Analiz sonucunda katılımcıların üç tane pozisyonlanmayı kullandığı görülmüştür. Bunlar; 1. Zarar Veren Olarak Konumlanan Fobi Nesnesi, 2. Fobi Deneyiminin Bir Parçası Olarak Annenin Varlığı, 3. Fobi Deneyiminin Bir Parçası Olarak Babanın Varlığı.

3.1.2.1. Zarar Veren Olarak Konumlanan Fobi Nesnesi

Katılımcılarla yapılan tüm görüşmeler incelendiğinde, katılımcıların kendilerini ve/ya fobi nesnelere “zarar” üzerinden konumlandıkları görülmüştür. Bazı katılımcılar için fobi nesnelere onlara zarar veren olarak konumlandırılmıştır. Bazıları ise her ne kadar onların kendilerine zarar vermeyeceğini bilseler de yine de onlardan zarar görebileceklerini hissettiklerini söylemiştir. Katılımcılardan Y. E. Hanım ise fobi nesnesinin kendisine zarar vermeyeceğini bildiğini söylemiştir. Bazı katılımcılar ise kendilerinin fobi nesnelere zarar verdiğini ifade etmiştir. Görüldüğü üzere fobi nesnesi ile “zarar” arasında farklı kombinasyonlar içeren bir konumlanma mevcuttur. Ayrıca, B. Hanım’ın iğne fobisi dışında, “zarar” üzerinden bir konumlandırmada bulunan tüm katılımcıların fobi nesnelere hayvandır.

3.1.2.2. Fobi Deneyiminin Bir Parçası Olarak Annenin Varlığı

Tüm katılımcılar, kendileri ile yapılan görüşmede annelerinden bahsetmiştir. Bazı katılımcılar, özellikle fobi nesnelere bahsederken anlatımlarına annelerini dâhil etmiştir. Özellikle, bazı katılımcıların annelerinin de kendileri gibi benzer fobi nesnesinden ya da başka bir nesneden korktuğundan bahsetmesi dikkat çekicidir.

Buralarda, fobi nesnesi ekseninde, annelerine de kendilerine benzer bir pozisyon vermişlerdir.

3.1.2.3. Fobi Deneyiminin Bir Parçası Olarak Babanın Varlığı.

Bazı katılımcılar babalarından sıklıkla bahsetmiştir. Bu katılımcılar için babaları fobileriyle ilişkili bir yerden anlatımlarına dâhil olmaktadır. R. Hanım'ın anlatımında babasına verdiği pozisyon otoritedir ve kedi fobisini de otorite fobisi üzerinden açıklamıştır. D. Hanım ve B. Hanım'ın anlatımlarında babaları kendileri gibi kendilerinin fobi nesnesi karşısında tedirgin olan ya da korkan pozisyonundadır. Ayrıca, bazı katılımcıların anlatımlarında babalarının “yokluğu” üzerinden bir anlam inşası vardır.

4. TARTIŞMA

4.1. Açıklayıcı Repertuarlarla İlgili Tartışma

4.1.1.Fobi Nesnesinin Kontrol Ekseninde Anlatımı

Bu görüşme kapsamında görüşülen katılımcılar hem fobi nesnelere ile olan gerçek karşılaşmalardan hem de hayali bir düzeyde bu tip gerçek bir karşılaşmayı hayal etmelerinden bahsetmişlerdir. Yani katılımcılar fobi nesnelere ile olan gerçek karşılaşmaları hatırlamakta ve bu gerçek anla ilgili fanteziler geliştirmektedir.

Katılımcılar bu fobi nesnelere ile olası karşılaşma sahnelerini kendilerine tekrarlı olarak anımsatarak kendilerini fobi nesnelere ile temas içinde tutmaktadır. Öte yandan, bu tekrarlı olarak hatırlamanın içinde kendilerine verdikleri pozisyon fobi nesnelere üzerinde “kontrollerinin” olmadığı bir pozisyonudur. Yani katılımcılar tekrarlı olarak kendilerine kendilerinin kontrollerinin olmadığı bir alanı hatırlatmaktadır.

Katılımcıların, örneğin fobi nesnelere üzerinde bir kontrolleri yoktur, çünkü katılımcılar her şeye gücü yeten kişiler değildir aksine katılımcılar eksik kişilerdir. Katılımcıların fobi nesnelere üzerinde kontrolleri olmayışı, katılımcıların “eksik” oluşlarını kendilerine anımsattıkları bir alandır. Yani katılımcılar her şeye gücü yeten kişiler değildir; aksine eksikleri olan kişilerdir. Eksik ise kastrasyonun bir gösterenidir (Melman, 2009). Yani katılımcılar fobi nesnelere üzerinde bir kontrollerinin

olmadığını söylerken aslında kendilerinin eksik olduklarına yani kastre olduklarına işaret etmektedir.

Seanslarda fobi nesnesi üzerinde kontrolün olmadığının hatırlanması yoluyla kişinin kendisine kastrasyonu hatırlatmaya çalışmasının altı çizilmelidir. Kontrol konusu geldiğinde bunun öznelere yaşamında nasıl bir işleve sahip olduğu ele alınmalıdır. Kontrol konusunun öznelere hayatlarında nerelere oturduğu, nerelerle bağlantılı olduğu üzerine seanslarda öznelere konuşması teşvik edilmelidir

4.1.2. Fobi Nesnelere Parçalarına Odaklı Detaylı Tasvir

Katılımcılar genel geçer bir fobi nesnesinden bahsetmemektedir. Aksine bir fobi nesnesinde kendilerini “etkileyen” parçalardan bahsetmektedirler. Yani katılımcıların fobi nesnelere dair sabit veya ortak bir noktaya işaret etmedikleri, aksine fobi nesnelere kendileri için çarpıcı olan noktalarından bahsettikleri görülmüştür.

Fobi gibi genel bir kategori olsa da fobi tekil bir yoldur. Fobi deneyimleri arasında ortaklık olsa da fobiler imajiner olarak örüldükleri için kişiye özeldir. Bu tekil alan ise öznenin fantazminin gün yüzüne çıktığı ve öznenin fantazminin bazı noktalarına dair ipuçları içeren bir alandır. Fantazm de tıpkı diğer bilinçdışı oluşumlar gibi bilinçdışının anlık olarak kendisini gösterdiği bir alandır. Öte yandan genel olarak psikoloji literatürüne bakıldığında her ne kadar fobi nesnesi seçimine göre fobilere dair farklı kategoriler olsa da farklı kişilerin fobi nesnesinin belirli bir parçasına odaklanabileceğine işaret edilmediği görülmüştür. Yani genel psikoloji literatürü öznenin fobi deneyiminin tekilliğini ıskalamaktadır.

Bu açıklayıcı repertuar doğrudan hastaların fantazmları ile ilgilidir. Terapi/analiz görüşmelerinde bu tip parça odaklı anlatımlar geldiğinde hastaların bu anlatımlarından önce ve sonra nerelere geldiğine ve bu konuların nelerle ilişkili olarak geldiğine dikkat edilmelidir. Bu yolla bu fantazm unsurlarının başka nelerle bağlandıkları tespit edilebilecektir. Bu ise hastaların fantazmlarına dair ipuçları ya da hastaya dair genel bir tablonun ortaya çıkmasına alan sağlar.

4.1.3. Fobi Nesnesi ile Meşguliyet

Literatürle uyumlu bir şekilde, bu tez kapsamında yapılan görüşmelerde, katılımcıların fobi nesnesinden kaçtıklarına yönelik söylemler ortaya çıkmıştır. Öte yandan, bazı katılımcıların anlattıklarından fobi nesnesiyle fazlasıyla meşgul oldukları anlaşılmaktadır. Bu ise, imajiner düzeyde, fobi nesnelere kaçmak yerine onlara yaklaşmaları üzerinden yorumlanabilir. Yani katılımcılar gerçekte fobi nesnelere kaçmaktadır fakat imajiner olarak fobi nesnelere meşgul olmaktadır.

Bu repertuar, fobinin nesnesi olan nesne ile kurulan ilişkiyi ortaya çıkaran bir repertuardır. Literatürde fobi nesnesi kaçılan bir nesne olarak tasvir edilir. Bu açıklayıcı repertuar bu kaçınmanın gerçek yaşamda gerçekleştiğine işaret etmektedir. Öznelerin kurgusal yaşamlarında ise fobi nesnesiyle bir meşguliyet söz konusudur.

Klinik görüşmelerde hastaların fobi nesnelere ilgili meşguliyetlerinden bahsettiklerinde, klinisyen tarafından bunların duyulması ve hastaları bu konular üzerinden konuşmaya teşvik etmesi önemlidir.

4.1.4. Fobi Nesnesi ile İlişkili Olarak Bakış

Bakış insan iletişimi ve etkileşimde önemlidir (aktaran Clifford ve Palmer, 2018). Bakış; psikanalizde temel bir kavramdır. Lacan'ın altını çizdiği bakış Başka'nın bakışıdır (Evans, 1996, s. 73). Bakış mevzusunun çocuğun yaşamına dâhil olduğu nokta Ayna Evresi'dir. Bu evrenin bir anında çocuk aynaya bakarken annesinin de ayna üzerinden kendisine baktığını görür ve annesi çocuğuna "bu sensin" diyerek onun bütünlüğünü onaylamış olur (Gürsel ve Gençöz, 2019). Yani çocuğun bütünlüğü annenin bakışının eşlik ettiği onay ile beraber tasdiklenmiş olur. Çocuğa bütünlüğünü veren annenin bakışı ve annenin çocuğa seslenişidir. Dolayısıyla bakış konusunun kişilerin tarihçesindeki yeri kişilerin kendilerine bakım veren kişilerle aralarındaki ilişkiden köken almaktadır.

Lacan "ben bir noktadan görebilirim, ama varoluşumda bana her taraftan bakılır" şeklinde bir ifade kullanmıştır (Lacan, 2014, s. 80). Bu söz ile ulaşılabilecek bir nokta kişinin kendisine bakıldığını fark ettiği bir an, görme alanına o kadar da hâkim olmadığını fark ettiği bir andır (Ümer, 2018). Bu nokta özne açısından bir başarısızlıktır ve öznenin bir bakışla karşılaşması bu alan üzerindeki hâkimiyetini alt üst eden bir boşlukla karşılaşmasıdır (Özen Barkot, 2013). Tüm bunlar çerçevesinde

görüşmelere bakıldığında, bazı katılımcılar için fobi nesnesinin bakışı ile karşılaşma anı tekinsiz bir andır. Yani özne fobi nesnesinin bakışı karşısında tekinsizlik deneyimler.

Fobi ekseninde bakış konusu genel psikolojide pek ele alınmayan bir konudur. Psikanalizde ise bakış konusu temel bir konudur. Bakış dendiğinde çoğunlukla kişilerin bakışından bahsedilir. Söz konusu fobi olduğunda ise devreye fobi nesnesinin bakışı girmektedir. Bu çalışma kapsamında nesnelere bakışı mevzusu ortaya çıkmıştır. Buradaki bakış ise tekinsiz bir bakıştır; yani kişiyi tedirgin eder. Öte yandan, fobi deneyimi olan kişiler için fobi mevzusu tekrar eden bir konu olduğu için nesnelere bakışı da tekrarlı olarak gündeme gelen bir konudur. Psikanalizde bakış kastrasyonla ilişkilidir. Dolayısıyla fobi nesnesinin bakışı kastrasyona işaret bir konudur. Fobisi olan kişilerle yapılan görüşmelerde fobi nesnesinin bakışından bahsedildiğinde bunu kastrasyonla ilişkili formüle etmek önemlidir.

4.1.5. Fobi ile İlişkili Olarak Bedensel Semptomlar

Bazı katılımcıların fobi nesnelere ile ilişkili olarak yaşadıkları bedensel semptomlar fobi deneyimlerinin bir parçasıdır. Öte yandan, fobi deneyimi olan herkesin anlatımında yaşanan bedensel semptomlar yer almamaktadır. Ya da fobi deneyimi olan herkes aynı bedensel semptomlara sahip değildir. Aksine, kişilerin yaşadıkları bedensel semptomlar birbirlerinden farklıdır. Yani, fobi deneyimi olan kişilerin bedensel semptomlarının olup olmaması ya da ne tür bedensel semptomlara sahip oldukları tekil bir konudur.

Kısacası kişilerde fiziksel semptomlar olduğunda bu semptomlar bastırılanın geri dönüşünün görünür olduğu noktalardır. Bir fiziksel semptom olduğunda orada Başka'ya bir mesaj olduğu hatırlanmalıdır. Özellikle bir fiziksel semptom ortaya çıktığında, sahnede yer alan diğerlerinin varlığı mesajın gittiği yerlere işaret etmesi açısından önemlidir. Ayrıca fiziksel semptomun zamanlaması ve yeri de mesajın şifresini çözebilmek için önemli ipuçlarıdır (Leader ve Corfield, 2015, s. 124). Terapistler/analistler fobi ile ilişkili olarak bir bedensel semptom geldiğinde bunları göz önünde bulunduracak şekilde hastaları dinlemelidir ve hastalardan gelenleri bastırılanın geri dönüşü ve Başka'ya mesaj olarak okumalıdır.

4.1.6. Fobi Nesnesiyle Temas

Fobi objesiyle bir temas birçok katılımcının zihinsel olarak düşündüğü bir konudur. Her ne kadar bazı katılımcıların fobi nesnesiyle doğrudan bir teması olmasa da, bu katılımcılar bu teması kendi imajinerlerinde inşa etmektedir. Ayrıca, bazı katılımcılar fobi nesneleriyle gerçek bir temas içinde olmuştur ve bu kişilerin imajinerleri kendilerinin geçmiş deneyimlerine dayanmaktadır. Katılımcıların zihinsel olarak fobi nesneleri ile teması düşünceleri bu alana yönelik bir yatırımları olduğunu göstermektedir. Fobi nesnesiyle temas ile ilgili ortaya çıkan açıklayıcı repertuar, korkulan nesneye yaklaşma teşebbüsü olarak değerlendirilebilir. Yani bir yandan fobi nesnesi bir arada olunmanın en istenmediği nesne olarak tarif edilirken, bir yandan da ortada ona yakın olma mevzusu vardır.

B. Hanım fobi nesnesi ile temastan şu şekilde bahsetmiştir: “ııı iğneyi görmek dokunmak iğneyi içimde hissetmek iğnenin damarıma girmesi iğnenin damarımdan çıkması her aşamayı demek istedim aslında”. Bu konuşmadan iğne kısmı çıkarıldığında burada anlatılanların fobiden ziyade cinselliği çağrıştırdığı söylenebilir. Benzer bir şekilde Y. E. Hanım fobi nesnesinden şu şekilde bahsetmiştir: “...yani kuşlar çok kırılgan bir kere bana dokunduğu zaman bir kere kendisinin kırılacağından da korkuyorum ona zarar verme düşüncesi de beni bir anlamda korkutuyor bana dokunması da aynı şekilde vücut dokusunu hissetmek de beni korkutuyor”. Burada Y. E. Hanım’ın “bana dokunması da aynı şekilde vücut dokusunu hissetmek de beni korkutuyor” ifadesi cinsellik çağrışımı olan ifadelerdir. Cinsellik kelimesinin çağrışımlarından birisi de temastır.

Fobi konusu cinsellik konusuyla doğrudan bağlantılı bir konudur. Ayrıca, insan ruhsallığına bakıldığında cinsellik bu ruhsallığın merkezinde yer almaktadır. Dolayısıyla hastaların cinselliğe dair doğrudan anlattıkları ve cinsellikten bahsettiklerinin farkında olmadan cinsellikten bahsettikleri noktalar önemli noktalar. Bu kısımlardan hastalar bahsettikçe bu kısımların üzerinde durulmalıdır. Örneğin, M. Bey’in rüyada farelere dokunup rahatlaması yüzeysel olarak yapılacak bir okumadan çok daha fazlasını gerektirmektedir. Aslında bunlar psikanalizde bahsedilen “bastırılanın geri dönüşünün” kendisini birazcık görünür kıldığı alanlardır. Bu tip ifadeler öznenin bilinç düzeyinde fobi nesnesinden bahsettiğini zannederken

arka planda başka mevzulardan bahsettiğini göstermektedir. Bu başka mevzular yakalandıkça bunların seanslarda ele alınması önemlidir.

4.1.7. Fobi Üzerinden Kazanım

Her ne kadar semptomu olan kişiler semptomlarından şikâyetçi olsalar ve değişmek istediklerini söyleseler de durumun aslı böyle değildir. Eğer kişide bir semptom geliştirse, kişi tekrarlı olarak benzer şeyler yaşıyorsa bunun nedeni kişinin yaşamında bu semptomu çok fazla yatırım yapmış olmasıdır (Fink, 1997, s.3). Yani kişi semptomunu sürdüreceği şekilde bir yaşam kurar. Kişi her ne kadar bu semptomdan kurtulmak istediğini söyleseler de aslında yaptığı hamleler bu semptomu sürdürmek üzerinedir. Ana akım psikolojide birincil ve ikincil kazançlar kavramları ile Lacanyen Psikanaliz'deki zevk kavramı semptomlardan alınan kazanç ile ilgilidir.

Kişilerin semptomlarının yaşamlarında bir fonksiyonu vardır; bu nedenle semptomlarından kurtulmayı istemezler. Öte yandan, dil üzerinden, semptomlarından ne kadar mustarip olduklarına yönelik şikâyetlerini de belirtmeye devam ederler. Görüşmelerde ortaya çıkabilecek bu tür noktaları yakalayabilmek ve bunları görüşmelerde ele alabilmek önemlidir.

4.1.8. Fobi Nesnesinden Kaçış

Katılımcıların dillerinde “kaçma” ekseninde bir repertuarın bulunması bu katılımcıların kendileriyle fobi nesnelere arasına bir mesafe koymaya çalıştıklarına işaret etmektedir. Buradan ortaya çıkan sonuç şudur: demek ki kişi fobi nesnesiyle ya da fobi nesnesinin temsil ettiği durumla fazlasıyla yakın bir ilişkidir. Tam da bu yakınlıktan dolayı fobi nesnesinden kaçmak istemektedir.

Fobi nesnesinden kaçmanın ne demek olduğu, kişinin yaşamının arka planında nasıl bir hikâyenin veya hikayelerin ve bir tarihçenin yer aldığı kişi tarafından dile dökülmelidir. Kısacası kişinin yaşamında ne olmaktadır ki kişi tam da belirli bir nesneden yoğun bir şekilde kaçmaktadır. Hatta bazı kişiler için bu kaçma o kadar yoğundur ki kişi içinde olduğu gerçekliği değerlendiremeyecek kadar o korkunun içine gömülmüş durumdadır. Tüm bunların kişinin yapılanmasında nereye denk düştüğünü anlayabilmek için öznelerin konuşması gerekmektedir. Kişiler akıllarında geçenleri

dile döktükçe fobi nesnelere neden kaçtıklarına dair arka plan bilgisi ortaya çıkacaktır.

4.2. Pozisyonlanmalarla İlgili Tartışma

4.2.1. Zarar Veren Olarak Konumlanan Fobi Nesnesi

H. Hanım örümceklerden kendisine bir zarar geleceğini düşünüp kendisi örümceklere zarar verdiğini iletmiştir. Yani burada zarar veren olarak konumlandırılan fobi nesnesinin bu konumu H. Hanım'a geçmektedir. R. Hanım ise hayvanların kendisine zarar vermesinden ve kendisinin başka insanlara zarar vermesinden korktuğunu söylemiştir. Burada da fobi ekseninde zarar gören olarak pozisyonlanan özne, zarar veren pozisyonuna geçmiştir. Burası pozisyonlar arası geçişe işaret etmesi açısından önemlidir. Yani şöyle denebilir; dilinde sürekli olarak zarar göreceği ifadesi bulunan bir kişinin bilinçdışı düzeyde işaret ettiği nokta tam tersidir. Burada zarar görmek kişinin zarar verme arzusu üzerinden okunabilir.

Klinik görüşmelerde katılımcıların söyledikleri doğrudan kabul edilmemelidir. Hastalarının söylediklerinin “bastırılanın geri dönüşü” açısından dinleyerek hastaların bir şeyi söylerken başka şeyleri ve çoğu durumda söylediklerinin tersine işaret ettiklerinin farkında olarak dinlemek önemlidir. Böyle bir dinleme hastalar kendilerini ve muhataplarını belirli bir pozisyonda sunduklarında aslında bu pozisyonların birbiriyle yer değiştirdiğini görebilmek açısından önemlidir.

4.2.2. Fobi Deneyiminin Bir Parçası Olarak Annenin Varlığı

Tüm katılımcılar, kendileri ile yapılan görüşmelerde annelerinden bahsetmiştir. Bazı katılımcılar, özellikle fobi nesnelere bahsederken anlatımlarına annelerini dâhil etmişlerdir. Bazı katılımcılar annelerinin ve kendilerinin aynı nesneyle ilgili fobileri olduğunu belirtmiştir. Bazı katılımcılar ise annelerinin kendilerinden farklı bir fobi nesnesine yönelik fobilerinin olduğunu söylemiştir. Özdeşleşme kavramı Psikoloji ve psikanaliz alanlarının temel bir kavramıdır. Bu kavram en temel haliyle benliği diğerleriyle ve diğerlerinin özellikleri ve bakış açılarıyla ilişkilendirme süreci olarak tanımlanmaktadır (APA Dictionary of Psychology, n.d.). Katılımcıların fobileri üzerinden anneleriyle yaşadıkları ortaklık anneleriyle özdeşim kurduklarına işaret ediyor gibi durmaktadır.

Tüm yapılarda ve semptomlarda anneler önemli bir yerdedir. Fobi semptomuyla terapi ya da analiz sürecine başlayan ya da başka bir nedenle sürecine başlayan fakat süreç içinde fobilerinden bahsetmeye başlayan kişiler annelerinden bahsettiğinde buralara dair terapistin/analistin sorular sorması ya da bazı noktalara işaret etmesi önemlidir. Burada önemli bir nokta; öznenin fobik semptomuna ve bu semptomu özelinde annesine odaklanmak yerine annesinin genel olarak öznenin hayatında ne tür pozisyonlarda yer aldığına odaklanmak önemlidir.

4.2.3. Fobi Deneyiminin Bir Parçası Olarak Babanın Varlığı

Öznenin kurulum aşamalarına bakıldığında “baba”nın çok merkezi bir işleve sahip olduğu görülmektedir. Psikanalitik açıdan babanın fonksiyonu anne ve çocuk arasındaki ilişkiyi düzenleyen kişi olmasıdır. Küçük Hans Vakası’nda Küçük Hans’ın babası ensest yasağını temsil eden kişi olarak Hans’ın yaşamında devreye girememiştir (Abrevaya, 2004, s. 33).

Fobi nesnesi üzerinde babayla ortaklaşmalar olması ise babanın babalık fonksiyonunun düşürülmesine ya da sarsılmasına işaret etmektedir. Bazı katılımcıların ise anlatımlarında babanın yokluğu yer almıştır. Katılımcılar babalarının yokluğundan bahsettiklerinde bir anlamda kendilerinin babalarının yokluğuna dair fantazmlarından da bahsetmektedirler.

Terapotik bir süreçte fobik semptomlarından bahseden bir hasta ile yapılan çalışmada hastanın anlattıklarından babalık işlevine işaret eden ya da etmeyen öğeleri yakalayabilmek ve bu öğeler üzerine çalışabilmek önemlidir. Bu öğeleri yakalayabilmek için bakılacak temel noktalardan bir tanesi kişinin babasıyla ilişkisinden bahsederken babasını ve kendisini hangi pozisyonlar üzerinden anlattığı olacaktır.

5. SONUÇ

5.1.Çalışmanın Klinik Bulguları

Bu çalışma kapsamında ortaya çıkan açıklayıcı repertuarlar ile fobi nesnelere bir karakter/kişilik kazanmıştır. Fobi Başka ile kurulan ilişkinin ne şekilde düzenleneceği, ele alınacağıyla ilgili bilgi veren önemli bir oluşumdur. Katılımcıların fobi

nesneleriyle ilişkilerinde fobi nesnelere verdikleri pozisyon fobi nesnelere zarar veren olması üzerinedir. Bilinçli olarak söylenen her şey bilinçdışına gönderme yapar. Bu nedenle hastalar bir şey söylediğinde söylenenler ilk anlamları ile ele alınmamalıdır. Bu noktalar hastanın bilinçdışı arzuları göz önünde bulundurularak değerlendirilmelidir.

Hastalar hikâyelerini belirli formlarda anlatırlar. Örneğin, x yıldır fobileri vardır, fobi nesnesinden korkarlar, kaçarlar gibi. Hastalar bilinç düzeyinde bunları anlatırlar. Fakat klinisyen hastaların bu anlattıklarını söylem bazında yakalayabilmelidir. Ancak bu yolla hastaların bilinçli olarak kullandıkları söylemin ötesine geçilebilir. Bu çalışma kapsamında ortaya çıkan açıklayıcı repertuarlar ve pozisyonlanmalar katılımcılarının bilinçli olarak aktarmaya çalıştıkları hikâyelerinin ötesine geçebilmek açısından önemlidir. Örneğin, “Fobi Nesnesi ile Meşguliyet” açıklayıcı repertuarı hastaların anlattıklarının ötesine işaret etmesi açısından dikkat çekicidir. Çünkü burada korkulan ve kaçılan bir fobi nesnesi tasvirinden ziyade imajiner düzeyde sürekli hatırlanan bir nesne tasviri yer almaktadır.

Fobi durumunda öznenin korkuları fobisi ekseninde yoğunlaşmıştır. Dolayısıyla fobinin öznenin yaşamında kapladığı alan korku üzerinedir; en azından bilinç düzeyinde ortaya böyle bir tablo çıkmaktadır. Öte yandan, fobi konusuna böyle bakmak buz dağının görünen kısmıdır; dolayısıyla yüzeyseldir. Özneler konuştuğu fobilerinin yaşamlarında nasıl bir koordinat üzerinde yer aldığı, yaşamlarında nasıl bir alan kapladığı ve bu alanın yaşamlarındaki fonksiyonları anlaşılabilir. Fobi mevzusu öznelere anlattığı gibi kendilerinin korktuğu, kaçtığı bir mevzudan çok daha fazlasıdır. Fobi deneyimine ve nesnesine yönelik atıflar kişiden kişiye göre farklılaşmaktadır. Buradan fobi konusunun imajiner ile doldurulan bir konu olduğu anlaşılmaktadır. Kişilerin konuşmaları birçok fantazm ögesini barındırır. Bu tez kapsamında ortaya çıkan “Fobi Nesnesinin Parçalarına Yönelik Detaylı Tasvir”, “Fobi Nesnesi ile Meşguliyet” ve “Fobi Nesnesiyle Temas” açıklayıcı repertuarlarında hastaların fantazm ögelerini yakalayabilmek oldukça kolaydır.

Fobi nesnesinin bakışı ve fobi nesnesi üzerinde kontrolün olmayışı kastrasyona işaret etmektedir. Literatürde fobi nesnesi kaçılan bir nesne olarak tarif edilmektedir. Fakat

imajiner düzeyde fobi nesnesine bir takılma hali mevcuttur. Bu ise fobi nesnesinin imajiner düzeyde kişiye yakın olmasına yol açmaktadır.

Psikanalizde semptom bastırılanın geri dönüşü olarak tarif edilmektedir. Bu çalışmanın bulgularında “bastırılanın geri dönüşünü” görebilmek mümkündür. Örneğin, katılımcılar fobileriyle ilişkili olarak bedensel semptomlarından bahsettiklerinde ya da fobi nesnelere ile temas üzerinden bir anlatımda bulduklarında ortada bir bastırmanın olabileceği görülmektedir.

5.2. Çalışmanın Güçlü Yönleri ve Sınırlılıkları ve Gelecekteki Çalışmalar İçin Öneriler

Bu çalışma yetişkinlik çağında görülen fobilere odaklanmaktadır; literatürde bu konuyu nitel olarak çalışan az sayıda çalışma olduğu için bu çalışma önemli bir yerdedir. Literatürde Klinik Psikoloji ve söylem analizini bir araya getiren az sayıda çalışma bulunmaktadır; bu açıdan da bu çalışma önemlidir. Ayrıca, bu çalışma kapsamında yapılan görüşmeler katılımcıların her birinin kendisine özgünlüğünü ve tekilliğini ortaya çıkarması açısından önemlidir.

Bu görüşme kapsamında açık uçlu sorular eşliğinde görüşmeler yapılmıştır. Yapılan görüşmelerde katılımcılar birçok konuya detaylı olacak şekilde değinmiştir. Öte yandan tüm katılımcılarla birer görüşme yapılmıştır. İleride yapılacak çalışmalarda her bir katılımcıyla daha çok sayıda görüşme yapılabilir. Ayrıca, fobik semptomu olan katılımcılarla yapılan terapi görüşmeleri incelenebilir ya da bir terapi/analiz süreci vaka incelemesi olarak ele alınabilir. Bu yolla fobi konusunda daha kapsamlı ve ufuk açıcı bulgular elde edilebilir.

5.3. Genel Sonuç

Fobi de, diğer tüm yapılar ya da semptomlar gibi kişinin tarihçesine bakılarak ele alınabilecek bir konudur. Katılımcıların anlatımlarında ortak açıklayıcı repertuarlar ve konumlandırmalar ortaya çıksa bile bu ortak noktalar incelendiğinde bütün katılımcıların ne kadar kendilerine özgü bir tarihçe içinde, birbirinden ne kadar farklı şekilde bunları anlattıkları görülmektedir.

Ayrıca, tüm katılımcılar dil üzerinden bir anlam inşasında bulunsalar da bu anlam inşaları her bir katılımcı için öznel olarak inşa edilmektedir. Bu nedenle fobi gibi genel geçer bir şeyden bahsetmek ve tarihçesinde fobi bulunan kişilere genel bir reçete vermek söz konusu değildir.

Fobideki nesne seçimi öznedir. Bu öznel alan öznenin fantazmı ile ilgilidir. Benzer bir şekilde, bu alan öznenin imajineri ile yani kurguları ile dolu bir alandır. Tüm bunlar ise öznenin bilinçdışına dair ipucu veren alanlardır. Görünürde öznenin fobisi vardır. Fakat görünür olmayan, öznenin bilinçdışında ise hikâye bununla sınırlı değildir.

Fobi en kısa tanımıyla belirli bir objeye yönelik yoğun bir korku olarak tanımlanabilir. Literatürde fobi tanımının içinde fobi nesnesinden kaçılmaya çalışıldığına değinilmektedir. Öte yandan bu çalışmada katılımcıların söylemlerinden ortaya çıkan nokta şudur: Gerçekte fobi nesnesinden kaçılrsa da imajiner düzeyde fobi nesnesiyle bir meşguliyet vardır.

Katılımcıların fobi nesnelere ile karşılaşmaları gerçekte yaşanan bir anken, bu karşılaşmaları hayal etmeleri imajiner üzerinden yaşanmaktadır. Katılımcılar fobi nesnelere ile olası karşılaşma sahnelerini kendilerine tekrarlı olarak anımsatarak kendilerini fobi nesnelere ile temas içinde tutmaktadır. Öte yandan, bu tekrarlı olarak hatırlamanın içinde kendilerine verdikleri pozisyon fobi nesnelere üzerinde “kontrollerinin” olmadığı bir pozisyonudur. Katılımcılar fobi nesnelere üzerinde bir kontrollerinin olmadığını söylerken aslında kendilerinin eksik olduklarına yani kastre olduklarına işaret etmektedir. Ayrıca, katılımcılar fobi nesnesinin bakışından bahsettikleri anda kastrasyondan bahsetmektedirler.

Kastrasyon konusu gündeme geldiği anda sahneye baba girmektedir. Sahnede baba var ise bu annenin de o sahnede olduğu anlamına gelmektedir. Psikanalitik açıdan babanın fonksiyonu anne ve çocuk arasındaki ilişkiyi ikili ilişkiden üçlü ilişkiye taşıyan bir pozisyonda olmasıdır. Babanın üçüncü olarak anne ve çocuk arasındaki ilişkiye girmesi ise anne ve çocuk arasındaki ilişkiyi sınırlayarak orada bir düzenleme yapılmasına yol açmaktadır. Fobi söz konusu olduğunda ise babasal işlev işleyemez. Bu noktada fobi babasal fonksiyonunu bir destekleme girişimi olarak görülmektedir.

Kiři her Őeyi 6znel bir hik6ye iinde yařamaktadır. 6znel hik6yenin yeniden inřası iin o 6znel hik6yenin dile d6k6lmesi gerekmektedir. Bunun iin 6znelerin seanslarda akıllarından geenleri dile d6kebilmeleri 6nemlidir. Ayrıca dile d6kt6klerini dıřsal gerekelerle aıklamak yerine “benim buradaki sorumluluęum nedir” 6zerinden ele almaları 6nemlidir. 6te yandan 6znenin anlattıkları harfi harfine 6znenin anlattığı gibi ele alınmamalıdır (Lacan, 2014). 6znenin bilinli olarak anlattıklarının 6tesini duyabilmek ve buna g6re bir noktalamada bulunabilmek 6znenin alıştığı varoluřu sarsması ve yeni bir s6recin bařlamasına aracı olması aısından 6nemlidir.

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