

Beyond symptom classification: Analyzing subjectivity of people diagnosed with obsessive compulsive disorder through Lacanian Discourse Analysis perspective

Sinem Baltacı¹ , Sevda Sarı² , Tülin Gençöz³ 

Keywords

subjectivity, OCD, obsessional neurosis, diagnostic discussion, Lacanian discourse, discourse analysis, critical discourse analysis

Abstract

Intrusive thoughts and repetitive behaviors are manifested in numerous forms, however regarding the symptom-based system, people with such diverse forms of symptoms are diagnosed under the same category, named obsessive-compulsive disorder (OCD). The social constructivist approach, that have an increasingly substantial impact on psychotherapy research, emphasizes the subjectivity of individuals since the therapeutic field focuses on one-to-one work. Although studies on psychotherapy and the use of language are expanding, to the best knowledge of authors the subjectivity of people diagnosed with obsessive-compulsive disorder has not yet been studied using a combination of qualitative, discursive, critical, and language-based perspectives. The main purpose of this study was to critically evaluate the symptom-based diagnosis in the therapeutic process, with a particular emphasis on the subjectivity of people with OCD symptoms and their discursive practices. For this aim, interviews were conducted with six participants who were diagnosed with OCD and selected via the purposive sampling method. As for the qualitative analysis, critical and Lacanian Discourse Analysis perspectives were utilized. Considering the concepts of this perspective, the analysis revealed that though all participants were diagnosed under the same category, namely OCD, their basic signifiers, positioning, and relationships with the Other were quite distinct. Furthermore, differentiated patient discourses and gender differences emerged as crucial issues that were discussed in the light of Lacanian psychoanalytic literature. These findings suggested that individuals should be carefully listened to within their own subjectivity and psychological structures instead of being broadly categorized on the basis of symptom similarity. Based on the findings, the current study presents a diagnostic debate and key clinical implications.

Anahtar kelimeler

öznellik, OKB, obsesyonel nevroz, tanı tartışması, Lacanyen söylem, söylem analizi, eleştirel söylem analizi

Öz

Semptom bazlı sınıflamanın ötesinde: Obsesif kompulsif bozukluk tanısı alan kişilerin öznelliğinin Lacanyen Söylem Analizi perspektifiyle incelenmesi

İstenmeyen düşünce ve tekrarlı davranışlar oldukça farklı görünümlere sahiptir; ancak semptom bazlı sınıflama sisteminde bu denli farklı belirtilere sahip kişilerin tamamı obsesif-kompulsif bozukluk (OKB) tanısı altında sınıflandırılmaktadır. Psikoterapi araştırmaları üzerinde etkisi giderek artan sosyal inşacı bakış açısı, psikoterapi alanının birebir çalışma alanı olması nedeniyle bireylerin öznelliğine vurgu yapmaktadır. Öte yandan, psikoterapi ve dilin kullanımı üzerine yapılan çalışmalar artsa da özellikle obsesif-kompulsif bozukluk ile etiketlenen kişilerin öznelliği henüz söylemsel, eleştirel ve dil temelli bir bakış açısının kombinasyonu içinde incelenmemiştir. Bu araştırmanın temel amacı, insanların öznelliğine ve söylemsel pratiklerine özel bir vurgu yaparak, terapötik süreçte semptom temelli tanıyı eleştirel bir bakış açısı içinde incelemektir. Bu amaçla, amaçlı örneklem yöntemiyle seçilen ve OKB tanısı almış olan altı katılımcı ile görüşmeler yürütülmüştür. Nitel analiz çerçevesi içinde, eleştirel ve Lacanyen Söylem Analizi perspektiflerinden yararlanılmıştır. Bu yaklaşımın kavramları göz önüne alınarak yürütülen analiz sonuçlarına göre tüm katılımcılar, OKB ismi altında aynı teşhis ile sınıflandırılmış olmalarına rağmen, temel gösterenleri, konuları ve Başka ile ilişkileri oldukça farklılaşmıştır. Ayrıca kişilerin farklılaşan (öznel) söylemleri ve cinsiyet farklılıkları Lacanyen psikanalitik alanyazın ışığında tartışılan diğer önemli konular olarak belirmiştir. Bulgular, bireylerin semptomlarının benzerliklerine göre kategorize edilmelerinin yerine, öznelikleri ve psikolojik yapıları içinde dikkatle dinlenmeleri gerektiğini ortaya koymaktadır. Mevcut çalışma tanısasal bir tartışma ve klinik çıkarımlara ilişkin öneriler sunmaktadır.

To cite: Baltacı, S., Sarı, S., & Gençöz, T. (2024). Beyond symptom classification: Analyzing subjectivity of people diagnosed with obsessive compulsive disorder through Lacanian Discourse Analysis perspective. *Journal of Clinical Psychology Research*, 8(1), 114-124.

✉ **Sinem Baltacı** · sinem.baltaci@yalova.edu.tr | ¹Asst. Prof., Yalova University, Department of Psychology, Yalova, Türkiye; ²Asst. Prof., Haliç University, Psychology Department, İstanbul, Türkiye; ³Prof., Middle East Technical University, Psychology Department, Ankara, Türkiye.

Received Sep 26, 2022, Revised Mar 24, 2023, Accepted Mar 31, 2023.



Intrusive thoughts and ritualistic acts, known as obsessions and compulsions, have been seen in daily life in various kinds of forms. Although such a wide range of symptoms can be interpreted as an abnormal mental state in some cases, features such as tidiness, punctuality, emotional control, and moral character are also highly valued in society. In addition to the differences in daily usage, there are also different approaches to defining, conceptualizing, and handling obsessions and compulsions. According to the general tendency, if these features become excessive and disturbing, people are quickly and easily diagnosed under the psychopathology category called obsessive-compulsive disorder (OCD). However, the definitions of categories in the well-known manuals have also been constantly revised and changed countless times, even within the last 50 years. The most recent version of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), that was first published in 1952 with 106 diagnoses, has included more than 300 diagnoses with 952 pages (as cited in Futrell, 2014). Currently, the name of the OCD category was changed to "Obsessive-Compulsive and Related Disorders" (OCRD) in the DSM-5 (American Psychiatric Association [APA], 2013). With this update, the category is now expanded to include body dysmorphism, hair-pulling (trichotillomania), hoarding, eating, impulse-control problems, skin picking (excoriation), and other tic disorders, Tourette's syndrome, and addictions. Relying on such taxonomy-based manuals, many people receive the same diagnosis on the basis of symptom similarities. But through this method individual differences have been ignored, which is a critical feature especially in psychotherapy, where the process is carried on in a one-to-one relationship. Consistent with this argument, there are contemporary critics of symptom-based diagnosis.

Contemporary Criticisms of the Positivist Diagnostic Approach

The symptom-based diagnostic approach dates back to Kraepelin's model (as cited in Berrios & Hauser, 1988), which proposes that "mental situations could be observed and measured just like natural science, and if a mental condition is observed, it could also be predicted regardless of any researcher's influence" (Balnaves & Caputi, 2001; Lutz & Knox, 2014). Kraepelin's ideas led to the first diagnostic guidelines, which are still used to diagnose people based on their symptom frequencies, similarities, and differences (Davison & Neale, 2004; Gallagher, 2011).

There are, however, many critiques of symptom-based diagnosis. The first criticism concerns the procedure for determining the *cut-off point* of the categories. Verhaeghe (2008, p. 32) asks why having a disorder requires, for example, five or more diagnostic criteria but not fewer. The diagnosis appears to have arbitrary boundaries, which causes *reliability* and

validity problems. The second criticism concerns the growing number of diagnoses and their combinations. Accordingly, Romanowicz and Moncayo (2014) specified this criticism with the view that because of the updating issue, the DSM has been revised or changed five times, with each version adding more and more new diseases, resulting in a total of over 300 categories without combinations. The third criticism was put forward by Parker et al. (1995) about the *labeling issue*. They proposed that not only patients are pathologized by the diagnostic classification itself, but they are further pathologized when they do not fit the diagnosis. The fourth criticism emphasizes the constitutive structure of categories. According to Hepworth and Griffin (1990), after anorexia nervosa was discovered in the nineteenth century, a large number of people were quickly diagnosed with this disorder (as cited in Parker et al., 1995, p. 39). And lastly, another issue on diagnostic systems was *undervaluing the subjectivity of people*, which was the main topic of the current research, and covered in detail below. Thus, it can be argued that these broad categorizations tend to label people by using these vague categories and provide no advantage in the psychotherapy process. The therapy process aims at understanding the subjective nature of the experiences of the individuals; thus, only by means of individual based evaluations people can make use of the therapeutic process. A symptom has a specific cipher (secret message) for each individual, and the aim of the psychotherapeutic process should be to uncover this individual specific meaning; that is the reason why people with the same symptom may have quite different reasons to pursue that symptom.

Symptom as a Signifier: Lacanian Clinical Approach and Obsessional Neurosis

With the rise of relativist, social constructivist, structuralist, and language-based approaches in social fields at the end of the twentieth century, psychoanalyst Jacques Lacan (1964/1998, p. 20-21) declared his studies to be a "return to Freud" movement and criticized the symptom-based diagnostic approach and Anglo-American psychoanalysis. Lacan indicated mainly that a symptom is not a sign like Saussure's theory, but rather a signifier of one's unique structure; thus, psychoanalysis should focus on the person's subjectivity rather than on the severity of the symptom (Lacan, 1964/1998, p. 11). Specifically, the praxis of psychoanalysis should focus on the process of subjective formation instead of strengthening the subject's ego by releasing the symptoms. Additionally, Lacan emphasized that the object of psychoanalysis should be the unconscious, which can only emerge in the language (Lacan, 1964/1998). Thus, clinical psychodiagnostics has focused on carefully listening to the patient's speech rather than measuring certain general parameters via objective criteria (Verhaeghe, 2008). In line with this argument, Lacan proposed a different clinical

approach¹, which is language-based, structuralist, and discursive.

Intrusive thoughts and rituals are also accepted in the Lacanian psychoanalytic approach as symptoms indicating signifiers of the subject's own subjective formation (Gallagher, 2010; Miller, 2003, 2005; Vanheule, 2001). In other words, according to the Lacanian perspective, intrusive thoughts and repetitive acts are some signifiers representing another signifier on the subject's structural chain. Additionally, anxiety is a signal to take a subject's attention (Lacan, 1962/2014). Within this frame, the current study aimed to critically evaluate the symptom-based diagnosis in the therapeutic process by putting a particular emphasis on the subjectivity of the participants diagnosed with OCD.

Aim of the Study

The goal of this study, which is part of a larger research project, was to critically evaluate the symptom-based diagnosis in the therapeutic process, with a focus on people's subjectivity. Although studies on psychotherapy and language use are expanding, the subjectivity of people diagnosed with obsessive-compulsive disorder has not yet been studied using a combination of qualitative, discursive, critical, and language-based perspectives. Specifically, this research relied on language-based movement, Lacanian psychoanalytic theory, discursive and critical psychology perspectives to draw attention to speech as the research object.

Methodology

Background of the Study: Language-Based Analysis and Psychotherapy Research

The "turn to language" movement, which promotes the use of language as a key concept in social research (Georgaca & Avdi, 2009), has had a significant impact on psychotherapy research by highlighting the overlap between psychotherapy and language-based analysis (Avdi & Georgaca, 2018; Georgaca, 2000). According to the opinion behind this perspective, there is no way to reveal or directly observe unconscious factors, attitudes, beliefs, or memories other than language (Bilic, 2006; Harper, 1999; Potter, 1996; Wetherell et al., 2001). Wittgenstein summed up this perspective as "words are always more than words" indicating a complex interactional activity (as cited in Bilic, 2006). As a result, language-based and discursive analyses are now widely employed in psychotherapy research (Geo-

gaca & Avdi, 2009).

Lacanian Discourse Analysis Perspective

There are numerous types of discourse analysis that differ according to the focus of the analysis or the theory on which they are based (Harper, 1999; Parker, 1998). Lacanian Discourse Analysis (LDA) approach was put forward by Ian Parker (2005a, 2005b) as a theoretical and methodological perspective on discourse analysis based on Lacanian psychoanalytic theory. Parker defines discourse as a powerful image of self and world, and it demonstrates how the language of the subject's speech is organized by itself (Pavón-Cuéllar & Parker, 2014). He especially emphasizes that discourse analysis should be centered on *contradiction* rather than similarity (see Parker, 2005b, p. 89; Pavón-Cuéllar & Parker, 2014). In particular, this analysis looks at how certain words are different from others instead of how similar they are (Lara Junior et al., 2017; Parker, 2005b, p. 89), focusing on signifiers, metaphors, repetition, unspoken points, relationships to knowledge, clinical structures, and perspective deadlocks (Parker, 2005a; Pavón-Cuéllar, 2014).

Parker argues that the LDA perspective is not simply a technical method but rather a comprehensive methodology with a theoretical background. If it is converted into a procedure, such as a systematic analysis, it loses the main features of the qualitative perspective. Parker did not coincidentally combine Lacan's theory and discourse analysis (Baltacı & Gençöz, 2019; Negro, 2014; Parker, 2005a). Lacan re-read Freud's works by criticizing mainstream psychology and psychoanalysis (Lacan, 1964/1998), influenced by numerous philosophers such as Saussure, Jacobson, Husserl, Heidegger, Hegel, and Descartes. Additionally, he gave particular attention to language, discourse, and the subject positioning process within context, as well as language in relation to the Other (Fink, 1996). As a result of these features, the Lacanian perspective has been referred to as critical and language-based because it is connected to power, struggle, and culturally dominant discourse (Parker, 2005a). In this methodological approach, the researcher is not considered an authorized subject of knowledge; therefore, the objective is not to investigate the underlying meaning of the words. Instead, the researcher acts as an intermediary, opening the structure of the Other's discourse in the subject's language (Pavón-Cuéllar, 2014). In his article *Lacanian Discourse Analysis with the Seven Theoretical Elements*, Parker (2005a) proposed using Lacanian work to provide a theoretical and methodological perspective for discursive analysis from the psychosocial perspective.

¹ According to the Lacanian Structural Clinical Model, human beings are constituted in two moments, which are defined as alienation and separation (Evans, 2006, p. 9; Fink, 1996, 1997). During alienation and separation, the subject's formation process

produces different structures. These structures are psychosis, perversion, and neurosis, with their three different mechanisms, named foreclosure, disavowal, and repression, respectively (Lacan, 1961/2010, p. 196, p. 200; Fink, 1997, p. 76).

Table 1. Demographic Information of Participants

| Code name | Age, Gender | Education | Symptoms | Duration of Interviews |
|-----------|-------------|------------|---|---|
| Hayal | 32, Female | Primary | Blasphemy (swearing to God); repetition of swearing | Pilot Interview 1 st > 73.02 m 2 nd > 55.30 m |
| Kadir | 30, Male | University | Bad/malignant thoughts; biting his tongue | 1 st > 61.10 m |
| Şule | 25, Female | Graduate | Doubt about becoming ill; searching | 1 st > 58.10 m |
| Gözde | 45, Female | Primary | Control and order | 1 st > 42.42 m |
| Fatma | 42, Female | Primary | Thoughts on becoming dirty; cleaning compulsions | 1 st > 54.08 m |
| Başak | 28, Female | Graduate | Thoughts on sexually transmitted diseases; cleaning compulsions | 1 st > 75.41 m |

Sampling, Participants, and Procedure

Purposive sampling was used to examine cases with the greatest potential to yield ample qualitative information (Bannister et al., 1994; Elliott et al., 1999; Lutz & Knox, 2014; Yin, 2011). Thus, having previously been diagnosed with OCD, and referred to the research along with the opinion of the specialists were determined to be the selection criteria.

All ethical and institutional permissions were obtained from Middle East Technical University (28620816/536; 2017-SOS-166), AYNÄ Clinical Psychology Support Unit, and Eskişehir Osmangazi University Psychiatry Services (14866), and then meetings were scheduled. Participants were referred to the current study by specialists at two different metropolitan cities' institutions. We recruited 6 participants (five females and one male), between the ages of 25 and 45 (for details see Table 1). Even though there were many male OCD patients on the waiting list, most of them refused to participate in the study. Furthermore, while three male patients assured their medical doctor that they would attend the interview, only one showed up for the scheduled appointment. Consequently, it appears that gender is a significant factor in determining participation in such a study. In the discussion, gender issues will be explored in more detail.

Semi-structured interviews were conducted with the participants who declared to have been diagnosed with OCD in a mental health system. The interviews were conducted with the main research questions based on the research aim, which were open-ended and determined by the research team. Apart from the informed consent forms, the interviews consisted of questions mainly focusing on the details of any symptom of intrusive thoughts, ritualistic acts, and feelings of anxiety that the participant would like to report. Participants were encouraged to express themselves freely. Follow-up questions, summarizing statements, demonstrating contradictions, inquiring about gaps, and emphasizing repetitions in the participants' speech were all used to encourage in-depth responses. The participants' personal information was anonymized to provide confidentiality.

The Process of Analysis

As for the transcription process, a total of 419.43 minutes of recording was obtained from seven interviews across six participants. After the recordings were transcribed, the transcripts were coded using the nine notations included in Jefferson's list (Georgaca & Avdi, 2009; Jefferson, 2004). The notations were chosen based on the aim of the research. Thus, only notable events such as brief intervals, loud and mild sounds, or cut-off points in the conversation were coded since this analysis focused on differences in speech. Each transcript was re-read several times to ascertain the meanings underlying the text. During the readings, the questions "From what position is the participant/analysand speaking?", "Who is s/he addressing?", "Whose words are the participants using/copying?", and "Which languages/discourses is s/he employing?" were kept in mind (Parker, 2005b). During the analysis, seven key theoretical elements of Parker's Lacanian Discourse Analysis approach were considered. It was investigated how certain words differ rather than examining how similar they are to others (Lara Junior et al., 2017; Parker, 2005b, p. 89) by focusing on signifiers, metaphors, repetitions, unspoken points, relationships to knowledge and power, clinical structures, and perspective deadlocks (Parker, 2005a; Pavón-Cuéllar, 2014). Following the completion of the first phase of the analysis, the extracts were translated into English, and uppermost attention was given to capture the original Turkish meanings as accurately as possible.

Analysis

Three themes based on the focal points of the current analysis were determined as "Uniqueness of Symptoms", "Absence and Emphasis in Speech", and "The Role of the Other".

1. Uniqueness of Symptoms

In the current study, all subjects reported different symptoms, such as intrusive thoughts of blasphemy, malicious/damaging thoughts, anxiety about being dirty,

about becoming ill, and repetitive behaviors of hand-washing, controlling, checking, biting tongue, and not talking in front of a microphone.

For example, Hayal repeatedly curses God (Allah) in her mind. These obsessive thoughts came to her mind after she was fired from her job. She shared her story of being harassed by her coworker, who was the nephew of the boss. However, after this event came to light, she was dismissed. Then, she initially began cursing her own family, but later directed her negative thoughts and curses to God, rather than directly focusing on the dismissal itself. *The repetition of the thought of swearing appears as a specific signifier.* In Hayal's structure, *blasphemy appears to exist as a metaphorical substitute for the master signifier.*

Extract 1:

326 H: "Yeah, am I guilty? as if I was guilty. ↓ After I came, after that ↓ (fired from her job) the feeling of swearing, **nothing** has made me so sad, as much as cursing God. ↓ (cursing to) **the others don't make me so sad, like swearing at family, etc.** My only obsession is swearing at God. I got depressed at home. I mean, the sudden thought of swearing at my family, then God".

Kadir (the male participant) has malignant thoughts, particularly those that are unacceptable to him and society. Because his job requires him to speak in front of a microphone, he is concerned about whether or not he has verbalized these thoughts on this platform. To stop it, he bites his tongue or closes his mouth with his hand.

Extract 2:

67 ... *whatever I am sensitive to concerning society, that which especially I am sensitive to, I think malignant thoughts about. Things that any person can experience, these are **delusions**. They began entering my mind (.) this is my problem ↑... this thought that is entirely foreign to me (.) (.) I can't help **biting my tongue** (.) because I am in doubt as to whether I did or didn't (.)*

Şule is worried about becoming ill, having cancer, stomach or intestinal illnesses, or bone problems, and thus her loved ones would be sad. She feels keeping these thoughts under control if she educates herself enough. While her primary symptom is fear of becoming ill, the repeated action is keeping it under control by obtaining knowledge.

Extract 3:

38. Anything, I mean, anything can happen. I can't see it here and now, but various bruises and such appear. Of course, because we are human, we bump into things, but all of this means something to me (0.1) Generally cancer, something that develops as a phobia, I mostly focus on cancer. But sometimes I would think, I don't know, that it

might be related to my stomach or intestines. (0.1) Umm, at one point, I don't know, I would think of everything, I thought may be oh yes there is probably a problem with my bones. Everything comes to mind, everything ... and if I don't read and investigate, I feel like I am defenseless against these illnesses.

Gözde exhibits several symptoms related to cleanliness and order (e.g., stove-plug control, the order of sheets, whether something has spilled on the carpet, and if there is any dust around). Even though the contents of these symptoms appear to be related to house organization, it was observed that Gözde's anxiety about not being able to control the environment lies at the heart of these contents.

Extract 4:

10 I also check if it's all right or if the windows are open or closed, faucets, oven, I mean whatever is at hand ... I mean I ask the same thing, get the same things done, and do the same things, to feel comfortable, umm, it's like some sort of anxiety that I have (Ø)...

22 Umm ↑I keep fiddling with it, is it ok or not, and then I wonder if someone will touch it, go into it, I mean I memorize things, I have numbers and stuff

Fatma is concerned about getting dirty. She claims that she has been obsessed with cleaning for the past ten years. The following are some examples of her statements:

Extract 5:

33 ... The laundry, it's like a small laundry room, I use the washing machine 2-3 times a day, even turning on of the machine is a ritual. Even pouring the detergent is a ritual. Meanwhile, I throw in the dirty laundry, wash my hands, pour the detergent into the machine, then wash my hands again because I touched the buttons, I can't touch door handles, I can't touch plugs. ... it's different with me, just cleaning the floor takes all day. My hand washing, a 750 mg Pril (a brand of soap) finishes in 1,5 days just because I use it to wash my hands. ↓

Başak has a contagious wart disease in her genital area. This disease is mostly transmitted through sexual contact, but she believes she contracted it through her hands since she has not been sexually active. She avoids touching her genital regions and stomach area, avoids interacting with any objects outside, and washes her hand and genital region repeatedly for extended periods of time.

Extract 6:

12 I had (.) condyloma (.) though ... ↓ I saw it when I read-read it there.... this is a 90% sexually transmitted disease but this situation is impossible for me ↑ **this time it intrigued me even more** I mean where could I

have caught this? I started reading articles ... I started to suspect my hand ... it must have been transmitted via my hand, there were warts on my hand as well but they are not the same type (.) this means I must have caught it from somewhere, transmitted it to myself, I need to wash my hands well ↑ ... thus I developed a (.) habit of constantly washing my hands ↑ (.) umm it used to be really white ... like it was covered in flour (.)

This detailed analysis indicated that all participants exhibited a different type of symptomatology (i.e., obsessive thoughts about swearing to God and sleeping to stop them; malignant thoughts that are not accepted by society and biting the tongue not to talk; doubt of becoming ill; anxiety concerning control and order; anxiety concerning getting dirty and repetitive cleaning; anxiety concerning spreading a virus and extended handwashing); even though they were classified by the medical healthcare system as having the same pathology, namely obsessive-compulsive disorder. As a result of the analysis, participants diagnosed with OCD illustrated their distinctive and peerless appearance with the symptoms. The importance of subjectivity in the psychotherapy field and the uniqueness of symptoms will be evaluated in the diagnostic discussion.

2. Absence and Emphasis in the Speech

During the interviews, some participants attempted to use some specific words, insisted on using specific phrases or removed some information from their speech. For example, Gözde lost her sight at the age of twenty due to an illness. Despite her visual impairment, her frequent use of vision-related expressions and idioms in her speech was quite remarkable (see Extract 7). Even though her psychological position appeared to be affected by her visual impairment, she never referred to it in the context of obsessive thoughts.

Extract 7:

174 (0.2) *"I mean umm, they (her husband's siblings) had a problem. Our, I mean me and my partner, what we did for them- we didn't see from them, ↓like kindnesses"*

194 *"Earthly belongings stay on earth and humanity is not satisfied ('Gözü doymak' is an idiom in Turkish, literal translation is "humanity's eye did not get satisfied"; hence it had a relevance to vision.)"*

274 *"Sometimes I do it (controlling and checking) outside (of the home) and, but neighbors are watching me, so, I want my husband to look to see if anyone's around"*

Similarly, Hayal especially emphasized her obligation to continue working for two years at the place where she was harassed. As can be seen in Extract 8, right after the first sentence in which Hayal mentioned the abusive relationship with a coworker, she says,

"that is why I did not leave the job." But she did not provide a specific rationale for why she uttered "that" exists in her speech. Additionally, when asked about the basis of this obligation, she insisted on the phrase "for money feelings" (in Turkish, "*para duy-gusuyla*"). The concept of "money-feeling" is clearly an absurd definition in her original language too. Rather than "for money feelings", the phrase "to make money or earn money" would be common usage, however, she preferred the word "feelings". When the meaning of this absurd phrase was asked, Hayal *suddenly tried to convince the interviewer that she had no positive feelings and no desire to continue working there*, she had to keep working just for money. As a result, her insistence on having no emotions toward that place appears to have turned into hostile thoughts toward God.

Extract 8:

F318 *There due to things at work, I was exposed to the man's harass-, but there was no touching, or rape, or things like that. ↓ THAT IS WHY I couldn't leave the job. I had to continue, ↓ I continued. As I said, I was going and coming without really wanting to, but I had my obligations. ↓ ... I worked for two years, and two years later ↓ they fired me due to his brother noticing this situation at work. ↓ As if I was the one at fault.*

In addition, Kadir had a fear of talking about his malignant/devil thoughts (in Turkish, for malignant he used the word "habis") in front of a microphone. He expressed his fear as *"I have a fear of imprisonment"* (by referring to his fear of enclosed spaces, for imprisonment he used the word "*hapis*" in Turkish. "Hapis" and "habis" are two words that are pronounced very similarly, only with a single-letter difference. While "hapis" refers to imprisonment, "habis" refers to malignant in Turkish. The similarity in phonetics between "habis" and "hapis" (imprisonment) illustrates the repeated metaphorical signifiers.

This language-based analysis has conclusively shown that participants' use of the language and phrases is crucial. In psychotherapy research, the similarity of the words, as well as the absence of particular topics in the participants' conversations, should be carefully considered.

3. The Role of the Other

Some participants assumed that the Other (In the Lacanian theory, the Other with a capital O refers to The Big Other, which is another subject that represents a radical alterity in symbolic systems such as language and law) possessed the power and knowledge, while some other participants disagreed (refused this position). There are two sub-themes which are (a) Refusing the Other's Position: "Beard-Show", "So-called Religious Man", "No Others at Home: Not Accepting to Host Others at Home", and (b) The Other Assumed to Have Power and Knowledge: "Teacher", "Sir", "Mas-

ter”.

a. Refusing the Other’s Position: “Beard-Show”, “So-called Religious Man”, “No Others at Home: Not Accepting to Host Others at Home”

Among the six participants, Kadir and Fatma rejected the Other’s position of authority and power. As quoted in Extract 9, Kadir believed that at home “the court belongs to his father” (in Turkish: mahkeme ona -babasına- ait, onun mahkemesi). According to Kadir’s analogy, his father owned all the people in the court, such as the prosecutor, lawyer, and so on, and they used unfair force against him.

Extract 9:

121 K: “((deep breath))... I think he (his father) is the person I hate the most in the world anyway (...) because I have been tormented a lot as a child. I have been tormented, I have been tortured, I have a phobia of closed spaces because sometimes our father would lock us up. He would lock us up when he got angry at something. I have a fear of imprisonment. ... Punishments take shape depending on the scale of the mistake (.) but my father doesn’t have this (.) the greatest punishments for the slightest mistakes, no forgiveness↑.

191 “You can’t explain it because he is the judge, he is the prosecutor, he is the lawyer, the court belongs to him, he is even the bailiff↑ what will you tell him, how will you oppose him↑ it’s like the country’s current situation, and so (.) this is an interesting man↑ (.)”

However, Kadir refused to place his father in this mastery position, which was shown in the statements related to his father, the “so-called religious man” (in Turkish “sözde dindar adam”) and the “beard-show” (in Turkish “bilirsiniz, sakal şov”), he described his father as a religious man having a long beard). Thus, it is probable that when Kadir was “locked up” by his father as a child, as he got used to these punishments, he began to devalue his father’s unfair attitude and rejected his father’s dominant role in his thought. Being exposed to these experiences in his childhood, he was currently concerned about his own attitudes, like “whether or not he spoke a malignant thought in front of a microphone.” His compulsions, including “biting his tongue” and “not speaking” seem to be preventing his malicious thoughts.

Extract 10:

312 K: My father is a tartuffe ((laughing)), classic (.) the kind that pretends to be religious but really isn’t↑... Beard show, there is a lot of it in trade, they call it beard show or man who swears up and down, you know like saying “I swear on my child’s life I bought this

for one lira”↑ ((laughs)) but there is no such thing↑ (not true)

Fatma also rejected the Other’s position. She experienced a sense of abandonment because her family chose her among her five siblings to send to her grandparents, who lived in a village. She often compared herself with her siblings and friends who had lived in the city, but she was especially careful not to blame her parents for her feelings of abandonment. Ms. Fatma even emphasized good manners, personality, and reasons for life choices of her parents. On the other hand, she remembered “an absence” she experienced by stating “having nothing” at the time when she had been living with her grandparents. She stated that when she thinks about having a desire, she realizes that she did not know how to have a desire, unlike her sisters. Thus, she had the idea that she was different from the others (i.e., siblings or other friends). This idea seemed to be reinforced through negative experiences she had at school as well. As a student, when Fatma was queuing in a line at her school, her teacher called her “you little parasite” and asked her to “stand still in the line”. During the interview, Ms. Fatma repeatedly questioned whether she was wrong, and different from the others or not, but after this questioning, she found her teacher had been unfair. Today, Ms. Fatma does not accept anyone at her home and lives in a sort of isolated place from other people. Thus, eventually, she refused to assign power or knowledge to the Other’s position.

b. The Other Assumed to Have Knowledge and Power: “Teacher”, “Sir”, “Master”

The other four participants (i.e., Hayal, Şule, Gözde, and Başak) were eager to assign power and knowledge to the Other’s position. In their speech, they referred to Allah, Doctor, and Clergymen as the ones “who knew” and “who held power and authority”. They generally promoted these people to the status of mastery, and addressed them as “teachers”, “sir”, “master,” and so on. Specifically, Hayal assumed that she would be saved by the Other, and Gözde used religious reference, Şule addressed to the medical system and practitioners as the mastery position; without them, she would have felt weak in the face of diseases. Finally, Başak believed that the patriarchal system gave some people more power than others and her father (and society in general) did not treat men and women equally.

Some of Hayal’s phrases in Extract 11 are clear examples of hysterical discourse, which Lacan defined as one of the discourses that includes demand of knowledge from the Big Other. As can be seen in line 1 of the conversation, Hayal started the conversation with a question as soon as she came into the room. Throughout the interviews, she frequently interrupted the discussion, asked questions to the interviewer, and spoke with an attitude of demanding information.

Extract 11:

- 1 "Will I be seeing you from now on?"
 179 "You know, because it (cursing to God) is against my character. Normally, I am not this kind of person ↓ but even I don't know where it (swearing) comes from, how it comes to my mind. ↓ This worries me a lot. What was your name by the way?"
 221 "I want to go back to my old self, Ms. ... (name of the Interviewer). ↑ Will I be able to?"
 228 "Yes, I can't ↓ my husband takes care of my daughter's homework, he takes care of everything right now. (0.10) Do you think I can get better, Ms. ... (name of the Interviewer)?

Overall, this theme indicated that, while some participants assumed the Big Other knew everything, other participants refused this position of Other in their phantasm but appeared to surrender to the Other. All the findings will be discussed considering the critics on diagnosis.

Diagnostic Discussion

Three themes, based on the focal points of the current analysis, were determined as "Uniqueness of Symptoms", "Absence and Emphasis in Speech", and "The Role of the Other".

The first theme, "Uniqueness of Symptoms", demonstrated that even though all participants had been diagnosed with OCD, it was obvious that the symptoms of each participant and the way they had been suffering from these symptoms were considerably different from one another. Hence, the nature of each subject's symptoms was unique. In other words, participants who were diagnosed with OCD and treated as if they had the "same" problem demonstrated their distinctive sufferings, because the symptoms were significantly distinct from one another.

Second theme, "Absence and Emphasis in Speech", showed the importance of language usage. During the interviews, participants attempted to use some specific words, insisted on using specific phrases, or removed some information from their speech. Gözde's usage of vision-related expressions and idioms, Hayal's emphasis on had no positive feelings and no desire to continue working, and the similarity between "hapis" and "habis" in Kadir's sentences exemplified the significance of language usage.

Third theme, "The Role of the Other", has two sub-themes which are (a) Refusing the Other's Position: "Beard-Show", "So-called Religious Man", "No Others at Home: Not Accepting to Host Others at Home", and (b) The Other Assumed to Have Power and

Knowledge: "Teacher", "Sir", "Master". These themes revealed participants' relations to the Other as an authority position. Specifically, some participants assumed the Other possessed power and knowledge, while other participants refused to accept this position.

In the light of the obtained findings, we aimed to display a wide range of symptoms and tendencies with various backgrounds, and within this framework, present a diagnostic debate criticizing commonly employed symptom-based methods. Accordingly, these results could be firstly interpreted by considering the terms "subject" and "subjectivity." In the psychology field, the issue of subjectivity is still under debate. According to the mainstream model, the self is described as a "stable, internally consistent, and self-contained entity" (Avdi & Georgaca, 2018). However, because of the issue of subjectivity, this focus has started to be questioned. For example, Avdi and Georgaca (2018) characterized the subjectivity as "situated, contextualized, varied, and shaped by ideology and power dynamics, yet also effectively charged, private, and intimately personal". Additionally, in contrast to the medical paradigm that considered symptoms as signs with fixed meanings in Saussure's terminology; the Lacanian perspective did not associate symptoms with a definitive interpretation/diagnosis. Subjectivity is a component of the subject's formation process (Georgaca, 2005) and articulates in the gap/hole among the signifiers (Dor, 1998; Fink, 1996; Lacan, 1961/2010, p. 201). Thus, symptoms, dreams, and slips should all be analyzed in the context of the *subject's own structure* (Lacan, 1964/1998, p. 67).

'Symptoms are as always polyvalent, superimposed, overdetermined, and finding symbols is as complex as a poetic phrase whose tone, structure, puns, rhythms, and sound are crucial' (Lacan, 1953/2013, p. 17).

The term "repetition" is defined by Lacan as "the insistence of signifiers." He indicated that specific signifiers continue to return to the subject's experience, and every repetition includes something "new" (Lacan, 1964/1998, p. 68; Parker, 2015a, p. 244). Additionally, Lacan (1962/2014) viewed anxiety² as a signal that indicates some important signifiers related to partial drives and a way of maintaining the desire. Therefore, the analyst/psychotherapist must focus on this repetition and anxiety within a specific subjective history during the therapeutic process.

Third, in this study, though some participants assumed the Big Other knew everything, others refused *the Other position* in their phantasm but still appeared to surrender to the Other. In the Lacanian Structural Model, the differentiation of structures (i.e., psychosis, perversion, and neurosis) is identified through

² The concept of anxiety was explained by Freud (1905) "as without an object", but Lacan (1962/2014) defined it "as not without an object, simply having a different kind of object²

that cannot be symbolized in the same way as all other objects" (p. 131-133).

considering the person's relations, positioning with the Other and language, and main questions of subjects (Lacan, 1964/1998). On this basis, Lacan states that obsessional neurosis is characterized by the rejection of the Other position (refusing the desire of the Other in their phantasm), but the hysterical structure accepts the Other's desire (Fink, 1997, p. 199; Verhaeghe, 2008, p. 383). More specifically, hysterical structures demand the relief of their sufferings from the Other because they accept the Other as the authority possessing the power (Fink, 1997; Parker, 2005b). On the other hand, obsessional neurosis is characterized by the rejecting the desire of the Other, thus in their phantasm they keep the authority and control on themselves via the assumption that "satisfying the Other causes disappearance" of their subjectivity (Fink, 1997, p. 199; Verhaeghe, 2008, p. 383). Within this perspective, even though all the subjects in this study were classified under the OCD category, only two (i.e., Kadir and Fatma) displayed characteristics of the obsessive structure, and the remaining subjects were noted as being closer to the hysterical structure, based on the Lacanian structural model.

Finally, throughout the evaluation of the neurotic subject's positioning, gender differences and sexualization emerged as other crucial issues. As previously stated, although there were several male participants diagnosed with OCD, they were less enthusiastic about participating in the study than females. In fact, although four men agreed to attend the interview, three did not show up. However, all females who were asked to participate in the interview agreed and completed the process. Additionally, according to the analysis reported above, one female and one male participant were noted as having an obsessional structure, while the other four female participants were noted as having a hysterical structure. When examining this gender issue in Freud and Lacan's writings, it is obvious that both Freud and Lacan used the subject pronouns "he" to refer to obsessional structures and "she" to refer to hysterical subjects. Even Lacan (1966/2006) shifted the topic from hysteria to obsessional neurosis by saying, '*Leaving the lady [dame] there now, I will return to the masculine about the subject of the obsessive strategy*' (p. 378). On the other hand, Lacan (1964/1998, p. 379) also suggests that women do not have to be hysterical, and men do not have to be obsessive, because these structures are unrelated to biology; the structures are just related to the subject's positioning. Later studies focused on women with obsessional structures and their difference from male obsessional neurosis as well (Gagua & Baltacı, 2017; Gherovici & Webster, 2014; Miller, 2005; Soler, 2006; Strauss, 2014). In addition, hysterical structures appear to be more open to explaining and expressing themselves (because they are defined by accepting the Other's position) than obsessive structures (who are defined by rejecting the Other's position). As a result,

overall, the current study revealed that one male and one female participant seemed to have an obsessive structure, while the other four females were identified more closely with hysterical neurosis. Obsessional neurosis is generally associated with masculine rejection, whereas hysterical neurosis is more likely to be associated with feminine demanding. Hence, the sexualization issues should be assessed as culturally constructed positioning (femininity-masculinity) rather than biological products (male-female).

The current study provides some important clinical implications and recommendations. When practicing in clinical settings, symptoms should not be the only criteria for assessing a patient's mental condition; subjectivity should also be genuinely considered. The findings suggested that obsession and compulsion symptoms should try to be decoded as the repetition or insistence of signifiers and anxiety. Since "signifiers repeat where the subject is fixated" (Futrell, 2014), these repetitions and feelings of anxiety among participants should be examined in terms of their relationships with the Other and their desires within their own structures. Finally, the subject's questioning about his or her own existence should also be considered throughout the diagnosis process.

DECLARATIONS

Compliance with Ethical Standards All procedures were approved by the Ethics Committee of the Middle East Technical University (28620816/536; 2017-SOS-166), AYNA Clinical Psychology Support Unit, and Eskişehir Osman-gazi University Psychiatry Services (14866).

Conflicting of Interest There is no conflict of interest and no financial support in this article.

REFERENCES

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders (DSM-5) (5th ed.)*. American Psychiatric Publishing.
- Avdi, E., & Georgaca, E. (2018). Researching the discursive construction of subjectivity in psychotherapy. In O. Smoliak & T. Strong (Eds.), *Therapy as discourse: Practice and research* (pp. 45-69). Palgrave Macmillan.
- Balnaves, M., & Caputi, P. (2001). *Introduction to quantitative research methods: An investigative approach*. Sage.
- Baltacı, S. & Gençöz, F. (2019). Psikolojide Lacanyen söylem analizi yaklaşımı: Madde bağımlılığı ve yaşa ilişkisinin terapi sürecinde incelenmesi örneği. *AYNA Klinik Psikoloji Dergisi*, 6(1), 38-62.
- Bannister, P., Burman, E., Parker, I., Taylor, M., & Tindall, C. (1994). *Qualitative methods in psychology: A research guide*. Open University Press.
- Berrios, G. E. & Hauser, R. (1988). The early development of Kraepelin's ideas on classification: A conceptual history. *Psychological Medicine*, 18(4), 813-821.
- Billig, M. (2006). A psychoanalytic discursive psychology: From consciousness to unconsciousness. *Discourse Studies*, 8(1), 17-24.

- Davison, G. C. & Neale, J. M. (2004). *Abnormal Psychology* (7th ed.). I. Dağ (Trans.). Türk Psikologlar Derneği Yayınları.
- Dor, J. (1998). *Introduction to the reading of Lacan: The unconscious structured like a language*. Other Press.
- Elliott, R., Fischer, C. T., & Rennie, D. L. (1999). Evolving guidelines for publication of qualitative research studies in psychology and related fields. *British Journal of Clinical Psychology*, 38, 215-229.
- Evans, D. (2006). An introductory dictionary of Lacanian psychoanalysis. Routledge.
- Fink, B. (1996). *The Lacanian subject: Between language and jouissance*. New Jersey.
- Fink, B. (1997). *A clinical introduction to Lacanian psychoanalysis: Theory and technique*. Harvard University Press.
- Freud, S. (1905). The psychopathology of everyday life. In I. Smith (Ed. and Trans.), *Freud-complete works* (p. 1213). Hogarth Press (2010).
- Futrell, J. L. (2014). *Beyond symptom accumulation: A Lacanian clinical approach to obsession a case study and theoretical exposition* (Unpublished doctoral dissertation). Duquesne University, ProQuest Dissertations Publishing (3620360).
- Gagua, N. & Baltacı, S. (2017). Histeri ve obsesyon nevrozunda cinsiyetlenme üzerine. *AYNA Klinik Psikoloji Dergisi*, 4(3), 1-10.
- Gallagher, C. (2010). Religion and obsessional neurosis. <http://www.lacaninireland.com/web/wp-content/uploads/2010/06/Religion-and-Obsessional-Neurosis-Cormac-Gallagher.pdf>
- Gallagher, C. (2011). Psychological object or speaking subject: From diagnosis to case representation. <http://www.lacaninireland.com/web/wp-content/uploads/2010/06/Psychological-Object-or-Speaking-Subject.pdf>
- Georgaca, E. (2000). Reality and discourse: A critical analysis of the category of 'delusions'. *British Journal of Medical Psychology*, 73, 227-242.
- Georgaca, E. (2005). Lacanian psychoanalysis and the subject of social constructionist psychology: Analysing subjectivity in talk. *International Journal of Critical Psychology*, 14, 74-94.
- Georgaca, E., & Avdi, E. (2009). Evaluating the talking cure: The contribution of narrative, discourse and conversation analysis to psychotherapy assessment. *Qualitative Research in Psychology*, 6, 233-247.
- Gherovici, P., & Webster, J. (2014). Observations from working with female obsessionals. *The European Journal of Psychoanalysis*, 2. http://www.journalpsychoanalysis.eu/observations-from-working-with-female-obsessionals/#_ftnref1
- Harper, D. J. (1999). *Deconstructing paranoia: An analysis of the discourses associated with the concept of paranoid delusion* (Unpublished doctoral dissertation). The Manchester Metropolitan University, Manchester England.
- Hepworth, J., & Griffin, C. (1990). The 'discovery' of anorexia nervosa: Discourse of the late 19th century. *Text*, 10(4), 321-338.
- Jefferson, G. (2004). Glossary of transcript symbols with an introduction. In G. H. Lerner (Ed.), *Conversation analysis: Studies from the first generation* (pp. 13-31). John Benjamins.
- Lacan, J. (1953/2013). *On the names-of-the-father* (1953-1963). B. Fink (Trans.). Polity Press.
- Lacan, J. (1961/2010). *Identification: The seminar of Jacques Lacan, Book IX 1961-1962*. (C. Gallagher, Trans.). www.lacaninireland.com/web/translations/seminars/
- Lacan, J. (1962/2014). *The seminar of Jacques Lacan. Book X: Anxiety* (A. R. Price, Trans.). Polity Press (Original work published 1962-1963).
- Lacan, J. (1964/1998). *The four fundamental concepts of psychoanalysis: The seminar of Jacques Lacan, Book XI 1964*. (J. A. Miller, Ed., & A. Sheridan, Trans.). Norton.
- Lacan, J. (1966/2006). *Écrits: The first complete edition in English* (B. Fink, Trans.). Norton. (Original work published 1966).
- Lara Junior, N., Kist, A. U., Correa Oliveira, F., & Boardmann, J. (2017). A contribution: On the 'prescriptive place' to Lacanian Discourse Analysis. *Annual Review of Critical Psychology*, 13.
- Lutz, W., & Knox, S. (2014). Quantitative and qualitative methods for psychotherapy research: Introduction. In W. Lutz & S. Knox (Eds.), *Quantitative and qualitative methods in psychotherapy research* (pp. 1-6). Routledge.
- Miller, D. (2005). Obsession: A name of the super-ego. *The Symptom*, 6. www.lacan.com/symptom6_articles/obsession-nameofsuperego.html
- Miller, J. A. (2003). H20: Suture in obsessionality. *The Symptom*, 4. <http://www.lacan.com/suturef.htm>
- Negro, M. A. (2014). From the superego to the act: Analysis of the modalities if the subjective position in discourse. In I. Parker, & D. Pavón-Cuéllar (Eds.), *Lacan, discourse, event: New psychoanalytic approaches to textual indeterminacy* (pp. 101-108). Routledge.
- Parker, I. (1998). *Social constructionism, discourse and realism*. Sage.
- Parker, I. (2005a). Lacanian discourse analysis in psychology: Seven theoretical elements. *Theory & Psychology*, 15(2), 163-182.
- Parker, I. (2005b). Discourse. In *Qualitative psychology: Introducing radical research* (pp. 88-105). Open University Press.
- Parker, I., Georgaca, E., Harper, D., McLaughlin, T., & Stowell-Smith, M. (1995). *Deconstructing psychopathology*. Sage.
- Pavón-Cuéllar, D. (2014). From the word to event: Limit, possibilities and challenges of Lacanian Discourse Analysis. In I. Parker, & D. Pavón-Cuéllar (Eds.), *Lacan, discourse, and event: New psychoanalytic approaches to textual indeterminacy* (pp. 325-337). Routledge.
- Pavón-Cuéllar, D., & Parker, I. (2014). Introduction: Lacanian theory, discourse analysis and the question of the 'event'. In I. Parker, & D. Pavon-Cuéllar (Eds.), *Lacan, discourse, event: New psychoanalytic approaches to textual indeterminacy* (pp. 1-14). Routledge.
- Potter, J. (1996). *Representing reality: Discourse, rhetoric and social construction*. Sage.
- Romanowicz, M., & Moncayo, R. (2014). How could Lacanian theory contribute to DSM-5? Discussion of diagnosis of bipolar disorder and the controversy around grief versus clinical depression. *European Journal of Psychoanalysis*. journal-psychoanalysis.eu/how-could-lacanian-theory-contribute-to-dsm-5-discussion-of-diagnosis-of-bipolar-disorder-and-the-controversy-around-grief-versus-clinical-depression-3/

- Soler, C. (2006). *What Lacan said about women: A psychoanalytic study*. Other Press.
- Strauss, M. (2014). On female obsessional neurosis. *The European Journal of Psychoanalysis*, 2. www.journal-psychoanalysis.eu/on-the-female-obsessional-neurosis/
- Vanheule, S. (2001). Inhibition: 'I am because I don't act'. *The Letter*, 23, 109-126.
- Verhaeghe, P. (2008). *On being normal and other disorders: A manual for clinical psychodiagnostics* (2nd ed). Other Press.
- Wetherell, M., Taylor, S., & Yates, S. J. (2001). *Discourse as data: A guide for analysis*. SAGE Publications.
- Yin, R. K. (2011). *Qualitative research from start to finish*. Guilford Press.