

ISTANBUL BILGI UNIVERSITY
INSTITUTE OF SOCIAL SCIENCES
CLINICAL PSYCHOLOGY
MASTER'S DEGREE PROGRAM

UNDERSTANDING THE
INDIVIDUALS' OBSESSIVE
COMPULSIVE DISORDER
SYMPTOMS WITH RESPECT TO
TRIANGULATIONS IN FAMILY,
SYSTEM AND SUBSYSTEMS:
SYSTEMIC, PSYCHOANALYTICAL
AND EXISTENTIAL
EXPLANATIONS

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ABSTRACT

Obsessive Compulsive Disorder (OCD) is an important psychological problem, which causes extreme emotional stress, relational problems, and occupational problems. Each year, numerous people are diagnosed with OCD and start the pharmacological treatment besides psychotherapy. Understanding OCD in a detailed and more meaningful way then becomes a crucial necessity in the health area. This study aims at developing a broader and more detailed understanding on how individuals experience OCD, with the use of a semi-structured interview and a scale which determines the differentiation level of individual. Interview questions are analyzed through a detailed Thematic Analysis. At the end, all results are discussed by the use of different theories; Systemic Theory, Psychoanalytical Theory, Existential Theory to obtain a detailed explanation on phenomenon. Genograms, theoretical diagrams acknowledging how each case can be seen by using Systemic Theory and a final cumulative figure depicting the view from Existential Theory are included in the study, to satisfy an enriched content. Results show that 49 subthemes exists with a dominancy of 4 main theme, which all can be acknowledged by their relation to concept of “Dasein” itself. Last but not least, this study is the first with the development of five new concepts which are discussed in detail: Regressive Fantasy, Creative Fantasy, Persecution Inward, Persecution Outward and Transitory Persecution. Further psychotherapy interventions can then be based on these new findings; as the researcher suggests at the end.

Keywords:

Obsessive compulsive disorder, anxiety, family system, existential psychotherapy, psychoanalytic psychotherapy, systemic psychotherapy.

ÖZET

Her yıl birçok insan Obsesif Kompulsif Bozukluk (OKB) tanısı almakta, çeşitli farmakolojik tedavilere ve psikoterapiye başlamaktadır. Şu ana kadar gerçekleştirilen araştırmalar OKB'nin anlaşılmasına önemli ölçüde katkıda bulunmuş olsalar da, daha bütüncül incelemelerin gerekli olduğu da gözlemlenmektedir. Bu araştırma, alanında uzman bir psikiyatrist tarafından OKB teşhisi almış katılımcılar ile gerçekleştirilmiş olup, katılımcılardan görüşmeler sonucunda alınmış bilgilerin kullanımı analiz edilmiştir. Analiz sonuçları üç farklı teorinin –Sistemik, Psikanalitik, Varoluşçu- her birinde değerlendirilmiş, tüm değerlendirmeler sonucunda OKB'nin genel ve detaylı olarak anlaşılması amaçlanmıştır. Çalışma sonuçları, bu çalışma için OKB'nin 4'ü ana tema olmak üzere toplamda 49 temayı barındırdığını göstermektedir. Bununla birlikte bu araştırma sonuçları 5 yeni konseptin varlığını göstermektedir: Regresif Fantezi, Yaratıcı Fantezi, İç Merkezli Kaygı, Dış Merkezli Kaygı, Geçiş Alanı Merkezli Kaygı.

Anahtar Kelimeler:

Obsesif Kompulsif Bozukluk, Sistemik Teori, Psikanalitik Teori, Varoluşçu Teori

CHAPTER 1: INTRODUCTION

1.1 Aim of the Study and Decision of the Method

This research aims to acknowledge how Obsessive Compulsive Disorder (OCD) may be understood through different levels; intrapersonal, interpersonal and within multi-systemic views. To understand and explain the possible discussive points from a more interpretive and phenomenological view, the researcher set the research procedure on twenty-one open ended questions.

Answers to these open-ended questions are analyzed by the use of Template Analysis, which is a form of Thematic Analysis. It is very important not only to understand the personal experiences and the very subjective expressions of them through the research, but also to discuss it through Psychoanalytic, Systemic and Existential theories that have developed until now. The use of Template Analysis is then important; integrating the soon-occurring subjective expressions and themes at the end with the already existing concepts will be possible.

Obsessive Compulsive Disorder is a common disorder, causing intense distress, daily and functional problems besides the increased possibility of comorbid mood disorders and anxiety disorders (Ferentinos, Preti, Veroniki, Pitsalidis, Theofilidis, Antoniou, & Fountolakis, 2020). Even many studies have conducted to understand its complex nature and the potential effects of the disorder on people (Connor, 2008; Mendelowitz, 1995; Mendelowitz, 2007; Mulhall, Connor, Timulokova, 2019) this study aims to understand it within a personal and phenomenological perspective and consider its reflections in a broader way where systemic, psychoanalytic and existential views make a possible combination or merge. Trying to compose an integrative systemic discussion at the end, the study is aimed to make a detailed attribution to the literature.

1.2. Personal Reflexivity

Obsessive Compulsive Disorder has been a very special interest to me since when I started my clinical internship through my undergraduate education. Having seen clients who are diagnosed with OCD in pre-interviews, I have had a chance to observe how hard it could be for OCD to improve even when pharmacologic, therapeutic interventions combined, and how often the relapse could be. With a special encouragement that I had from my supervisors at that time, I started to focus on reading OCD and having interviews with clients who were diagnosed with OCD, in clinical settings.

Through those years, I have developed an understanding on human nature, development of human and psychopathology. It was always problematic for me to understand why some interventions do really succeed in mediating the symptoms where as others did not. Changing my way away from short-term therapeutic models such as Cognitive Behavior Therapy and Solution Focused Therapy, I could then understand the phenomena deeply by two very important and complex theories: Psychoanalytic and Existential Theories.

Starting my own psychotherapy process since my undergraduate education, and combining my personal experiences with the observations on clinical settings, I started to value the intrapsychic processes more; the evolution of self, the unconscious, defenses, authenticity, ontological anxiety and self-responsibility. Even those terms helped me to understand both my story and what clients might have been experiencing, a third option that enabled for a more healthier and well balanced vision came from another point: Systemic theory enabled me to see how relations affect the outcome, within a broader context. Within different systemic levels or within a relational concept I started to value how more intrapsychic developments might be occurring.

Having an intense education on all three theories; Psychoanalytic, Existential and Systemic, I now prefer to reflect on situations with a broader concept. From my point of view, no cases or situations can be better analyzed only using Systemic Theory, Psychoanalysis or Existential Theory. Rather I prefer to use them in a personally-combined manner; where the most strongest parts of those theories help me to understand the nature more. Thus, I prefer to use all three theories in my graduate thesis and try to understand OCD in a more clear way –as much as possible-. This is how my mind works; and through this study I try to help those minds that need more integration like me.

What I have been bringing to this study includes the following: The acceptance of unconscious and projection of the psychic problems on symptom formation, the importance of projection-introjection and projective identification, the importance of self-object needs that will be discussed in literature review, the importance of authenticity-freedom and responsibility. Additionally, valuing the triangulation process within family, I bring those issues and concepts into this research at the very beginning. The literature review will include all the mentioned issues more but will not be limited to those addressed here. I base the theoretical survey and research on those concepts that I highly value both in my personal life and professional career.

By giving this much knowledge, I try to reflect how I understand development of OCD and through which positions I try to draw my assumptions and conclusions. I base my theory and expectations on the following assumptions: Assumption 1: OCD is a condition where an authentic-self development is impaired (That all psychoanalytic and existential concepts support), Assumption 2: The impairment of authentic-self is caused by mostly unconscious and emotional introjection process which causes more unintegrated-beta elements to form the fragmented self (from Klein to Bion), Assumption 3: The involvement of malfunctioning triangulations take important place for the development of assumption 2 (Involvement of Systemic theory on how inter-psychic area affects

intrapsychic process), Assumption 4: Through the whole, clients form inauthentic ways of being and relating that affects their values in turn (emphasized by Existential Theories in the best way). For sure, the end result is unclear at the very beginning of the research since this qualitative research can not predict the subjective-phenomenological experiences and explanations before directly. At the end, I am sure the results will be very beneficial yet still limited and needs further studies.

CHAPTER 2: RATIONALE OF THIS STUDY

Studies show high rates of relapse in OCD, even when pharmacologic treatment and psychotherapy intervention are combined (Feusner, Moody, Lai, Sheen, Khalsa, Brown, Lewitt, Alger & O'Neill, 2015; Foa, & Kozak, 1996; O'Sullivan, Noshirvani, Marks, Monteiro & Lelliott, 1991). Besides the numerous other researches that show how OCD may be preserving despite the psychiatric and psychological interventions, my own observations and experiences support the same similar results: OCD is among the most resistant psychological problems. Pharmacologic agents are really beneficial in many cases, but the efficacy of them are not enough. There are some phases even when pharmacological help can serve for very little help and OCD symptoms still exists. Focusing my observations how behavioral therapy modes help to ameliorate OCD symptoms, I realize that behavioral changes are likely to occur for a limited time where the previous compulsive rituals turn back with a numerous new ones.

This study is done to just enlarge the window that we are looking to OCD. My first aim is to understand what other intrapsychic factors may be effective in the development of the symptoms. Rather than having a quantitative research, it is then better to use a qualitative one to see how individuals experience OCD and their life, the situations that may be affecting the development of symptoms. To

satisfy a better understanding, three types of questions are added in the survey: Systemic questions to understand family relations, relations surrounding family, triangles in systems. Psychoanalytically oriented questions are put to understand the developmental survey of clients and how they have internalized those experiences with many different ways. Lastly, questions that are oriented on understanding the Existential concepts are added to see how meanings, values, timeness and so on are influencing OCD. Through this research I would like to understand what other explanations may be possible for the development of OCD, else than what we have already learnt? Is it only about the “Hatching Period” and guilt as Mahler have stated (1975)? Is it enough to say individuation process can not be satisfied in OCD (Klein, 1946, 1948, 1952; Mc Williams, 2011)? Today we now know that failure of authenticity is somehow related with development of psychopathologies (Deurzen & Addams, 2010) but how OCD may differ from others? This study does not have strong arguments and predictions, but it is still a step to understand what other unidentified situations may be involved in the development of OCD and how we may set our further clinical attempts for therapeutic interventions.

My second aim is to identify what kind of systemic changes affect the situation. Rather than focusing on how the client is embedded in relations, this research tries to focus also on how the family is embedded in relations. Involvement of micro, exo, meso and macro systems for both client and family, I try to draw a three dimensional picture for the setting of OCD. Involvement of Existential theory to all, my main aim is to satisfy a deeper and richer understanding of the syndrome and being more beneficial for now and then clients.

OCD has always been interesting to me for many different reasons: Low insight level of clients, differences between obsessive thoughts, differences between compulsive rituals, treatment-resistant features of the problem and more are always in my attentional space. Having no OCD diagnosis in my life or for

individuals in my family, there is still much desire for me to learn on the issue and help to those who need more psychological guidance. Because I believe that there are no whites and blacks but also greys exist; I consider we all have an inclination for developing a severe OCD one day and we still have some obsessive anxieties now. This study is to give a support in mental field for all, where I value and accept its limitations.

CHAPTER 3: LITERATURE REVIEW

Although this research is specifically designed on the involvement of three different theories; Psychoanalytic, Existential and Systemic ones, I want to put some other information on OCD for the reader to give a detailed view. Its definition, further study results in “Related Features” and “Attachment Theory” are included to acknowledge the reader about how OCD is seen from different point of views. As the researcher and owner of this study, I think it will be meaningful for many people to see a general picture on OCD at first; most of whom will possible be students. The main explanation of literature review on the other hand is given in detail for Psychoanalytic, Existential and Systemic Theories.

The reader may ask the reason behind involvement of numerous psychoanalytic concepts and theorists within this study, changing from Freud (1895, to Klein (1946,1948,1952), Mahler (1975), Kohut (1971), McWilliams (2011) and more. It is very important to emphasize that these theories and theorists come together and form one important concept in my study; ways and how of the development of an integrative self. Each theorists describe one important aspect of the situation: For example Freud (1895, 1907, 1924a, 1924b) talks on the unconscious and defenses, Klein (1946,1948,1952) and Mahler(1975) on how these defenses are formed through relation, Kohut (1971) on which needs are important for the development of a cohesive self. Further theorists then give the next shape on the development of those psychoanalytic concepts. Readers will

find a summary at the end of psychoanalytic literature, that integrates the explanations. Similarly, the given theorists for Existential and Systemic Theories emphasized other important aspects that cannot be described by the psychoanalytic point of view.

3.1. OCD: Definition and Symptomatology

Obsessive Compulsive Disorder (OCD) is characterized by the occurrence of obsessions; the intrusive thoughts and images that the individual has been experiencing, and the emergence of the compulsive behaviors in a defensive way, in order to get rid of the psychological suffering the prior has been causing, in Diagnostic and Statistical Manual of Mental Disorders-V, as a new cluster of disorder named Obsessive Compulsive and Related Disorders (American Psychiatric Association, 2013). The disorder is subtyped in many different ways, according to general tendency in compulsive behaviors as cleaning, checking etc., according to the time of onset of the disorder or according to stimulating reasons of psychological or physical traumas (Taylor, 2005). Obsessive thoughts and compulsive behaviors are signified by their time consuming nature while causing significant malfunctioning in daily life (American Psychiatric Association, 2013). Regardless of the way how OCD is subtyped through the work of psychiatric authorities, more emphasis is given on the functional values of symptoms in the relational paradigm rather than the occurrence form of the symptoms then (Abramowitz, & Deacon, 2005).

3.1.1. OCD: Related Features

Studies reveal that development of OCD is highly related with the following features: Putting extremely high standards or goals to achieve, perfectionism, high criticism of the individual towards himself, an inability to tolerate the uncertainties and ambiguities, an intolerable desire to control the issues of life and the low level of self-respect and self-esteem (Doron & Kyrios, 2005; Doron, Moulding, Kyrios, Nedeljkovic, & Mikulincer, 2009; Zauszniewski

& Rong, 1999). In addition, excessive feelings of guilt is found to be dominating the obsessive-compulsive individual's life when compared to individuals who are not been experiencing OCD (Mancini & Gangimi, 2004). Acting as a source of social anxiety, a strong motivator against the possibility of social exclusion in the healthy developmental pattern of the individuals' life, the extreme feelings of anxiety, guilt and shame in the OCD may not be that adaptive (Baumeister, Stillwell, & Heatherton, 1994). Additionally, cognitive studies reveals that obsessions include some types of cognitive deficits including thought suppressions; activation of automatic thoughts cause a misinterpretation where thought-action fusion, increased anxiety, and the extreme mental energy given to persuade the ongoing monitoring process of the anxiety provoking thoughts are included (Rassin, 2005).

3.1.2. OCD: Attachment Issues

Beginning with the empirical research of childhood observations, the importance of prolonged-early separation and loss are found to be related with the attachment quality of the children, which in turn affects the psychological functioning and maladjustment (Bowlby, 1969 & 2008). The securely attached children are found to have increased autonomous functioning with a developed capacity to experience intimacy (Bowlby, 1988); where insecure attachment patterns cause either clinging or detachment behaviors either in childhood or adulthood lives (Holmes, 1996; Holmes, 2001; & Sable, 2010). The secure attachment is related to the constant maternal emotional regulation and the continuous availability of the mother when crisis occurs (Bowlby, 1988) where the mother represents a secure base and internalized with repetitive experiences (Bretherton, 1992; & Holmes, 2001).

Experiencing stable and recurrent relationships with parents who are capable of satisfying emotion regulation through childhood and adolescence will allow the development of a less alarming and fragile central nervous system in the

later years and thus acting as an obstacle for the development of OCD (Hilburn-Cobb, 2004; Wallin, 2007). The secure attachment experiences affect the neurological connections positively which in turn increase the resilience against stressful circumstances and even fasten the traumatic recovery (Johnson, 2004). On the other hand the insecure attachment experiences increase the vulnerability of mood and anxiety disorders including OCD (Atkinson, 2007; Mikulincer, & Orbach, 1995).

3.2.1. Psychoanalysis: First analysis and Freudian acknowledgment

Obsessions are first considered by Freud in his early paper as a defensive attitude in the face of anxiety, where increased feelings of doubt and anger are pushed to an unconscious level (Freud, 1895). Compulsive rituals carry a symbolic meaning with the repressed materials (Freud, 1907) in which the ego is under the attacks of superego (Freud, 1924a). Like in all symptoms, obsessive symptoms are there to avoid the reality, which is there to replace the unbearable stress and guilt (1924b). The first and main anxiety source is replaced with a metaphoric one (Freud, 1895), which is significantly marked by the mechanisms of undoing and isolating (Freud, 1935).

3.2.2. Psychoanalytic Theory: Development of Self and Integration of Ego and Kleinian Perspective

Ego development and psychological problems are found to be related in the psychoanalytic literature (Klein, 1946, 1948, 1952; Heiman, 1952; Mahler, Pine, & Bergman, 1975; Winnicott, 1958, 1960, 1965a, 1965b, 1969, 1971). To begin the literature review, Klein (1946) considers that the newborn's ego lacks the needed cohesiveness in the face of internal and external persecutory anxieties, which act as dissolving and distracting threats for child's ego development (Klein, 1948). The child, who has an internal and inborn capacity for ego cohesiveness needs repeated and prolonged exposure to an "external good object" (Klein,

1952), which will be internalized in the long term and act as a satisfier for the move from paranoid-schizoid to depressive state (Klein, 1948). The paranoid-schizoid state, which is marked with the flow of persecutory anxieties and the annihilated ego (Klein, 1948) can either be prolonged and kept remained in the face of repeated painful experiences for child which ruin the feelings of security and trust (Klein 1952). The child -for a well-balanced psychological health and normal development- needs to move towards depressive state where his ego is more integrated with the help of repeated exposure to good, caring and loved objects (Klein, 1952). Klein (1946) considers that the major function symbolizing good object is found to be the “love and understanding of the mother”.

3.2.3. Psychoanalytic Theory: Mahler and Importance of Catching Phase

A similar explanation for the development of a more unified self comes from Mahler, Pine and Bergman (1975) with primary emphasize on the importance of the “emotionally available and joyful mother”: The emotionally available mother enables the need symbiotic environment for the child, in which the child can develop his autonomous ego. The encouraging mother will prevent the regressive acts of child especially in rapprochement crisis where the dual desires of individuation and clinging should be handled carefully (Mahler, Pine & Bergman, 1975). Acting similar to Klein’s love-full object-mother (1946, 1948, 1952), Mahler’s mother enables the needed illusionary omnipotent fusion and enable the child “to gradually internalize positively caught inner image of the mother” for further life (Mahler, Pine & Bergman, 1975).

3.2.4. Psychoanalytic Theory: Kohut’s Perspective

Understanding psychopathology and symptoms, Kohut (1971) emphasized the failure of narcissistic needs which are normal and central to the development of individual rather than cathexis and conflicting unconscious wishes and grouped

these narcissistic needs as the mirroring need, idealization need and the twinship need (Kohut, 1971). The individual needs a merger; whom can be seen as a source of power and security with the possible other qualities of acting as a source of idealization for the child and become self-objects (Kohut, & Wolf, 1978). Rather than imaginary wishes and repressed urges, psychopathology is then considered as a direct result of failure of the parents' acting as the child's self-object in which the internal functions and emotional stability cannot be obtained in the repeated failure of parents (Baker, & Baker, 1987). Individual then develops some defensive mechanisms where the self is found to value either in an underestimated state, fragmented state or over-stimulated state (Kohut, & Wolf, 1978). Psychotherapists then assumed to become once needed self-objects who support the development of self-capacities of the individual (Baker, & Baker, 1987) and enable the client to find the therapist as an "empathic merger" (Gottesfeld, 1984).

3.2.5. Psychoanalytic Theory: Winnicottian and Bionian Perspectives

Highly parallel descriptions also come from Winnicott (1958, 1960, 1965a, 1965b, 1969, 1971), who emphasizes the importance of "good enough mothering" for the development of child's ego capacities: It is possible only in the presence of a "holding environment" in which child can use "transitional space" to develop an inner self-world with respect to the holding external world (Winnicott, 196b, 1969, 1971).

Bion (1962 & 1963) also emphasized the importance of mother function in the development of the more unified-integrated ego. Mother needs to act as a "container" for the unmentalized, unvalued, undigested cognitive and emotional experiences of child; the beta elements (Bion, 1962). Digesting and converting to a better form for further introjection, mother becomes the source for contained alpha elements of child; which in turn are introjected and become parts of child's ego (Bion, 1963).

3.2.6. Overall Psychoanalytical Summary on Ego Development and Anxiety

Revisiting Klein (1946, 1948, 1952), Winnicott (1958, 1960, 195a, 1965b, 1969, 1971) and Bion (1962, 1963) and the others, the importance of “mothering functioning” is highlighted in the development of a normal, healthy functioning, better unified ego of child and can be itemized as in the following: i) Mother need to be loveable, emotionally available and joyful (Klein, 1946, 1948), ii) Mother needs to act as “the good object” by gratifying physical and emotional needs of the child (Klein, 1948,1952,1958), iii) Mother needs to act as “the good object” by handling the anxieties of child (Klein,1948,1952,1958), iv)Mother needs to allow the child for further projections of bad experiences to neutralize the inner world from anxieties (Klein,1952, 1958, 2002), v) Mother needs to avoid from being the address of too much projection of good experiences besides avoiding from being the address of too much projection of good experiences for a well-balanced inner world meeting good and bad (Klein, 1952, 1958, 2002 & Heimann, 1952), vi) Mother needs to care child’s biological rhythms and act according to those rather than her own desires (Winnicott, 1960, 1969, 1971), vii) Mother needs to sustain her emotional involvement and caring in a stable and persistent way as long as the child needs so feelings of trust can be internalized (Winnicott, 1965a, 1965b, 1971), viii) Mother needs to accommodate and adapt to child’s changing needs rather than keeping a strict routine and existence (Winnicott, 1965b, 1969, 1971), ix) Mother needs to withdraw partially from child’s environment for encouraging the use of developing ego skills of child (Winnicott, 1965b, 1969, 1971), x)Mother’s withdrawing should be in a speed in which the child can still feel safe and be encouraged for solving his conflicts (Winnicott, 1965b, 1969, 1971), xi) Mother should hold the aggressive impulses of child and keep surviving both as an external and internal object for satisfying the required holding experience and ego integration for child (Winnicott, 1958, 1960, 1965a, 1969, 1971), xii) Mother needs to allow the child for projecting any

unmentalized data (Bion, 1962,1963 ; Moore & Fine, 1994), xiii) Mother needs to convert the unmentalized data into a mentalizable one and give back to child (Bion, 1962, 1963 ; Moore & Fine, 1994), xiv) Mother needs to contain not only the verbal but also the nonverbal material for the child and enable both for further internalization (Brown, 2007; Reiner, 2012).

Failure of the “mothering function” is observed to be related with extreme introjection of anxious states (Klein, 1948, 1952 & 2002; Heiman, 1952), and extreme introjection of defense mechanism that are used to overcome the persecutory anxieties of paranoid-schizoid position (Fonagy, 2001; Klein, 1948, 2002; Riviere, 1936), then develop into the psychological problems and symptoms in later life (Summers, 1997). The introjected-internalized states of extreme anxiety, despair and loneliness will be experienced as the chronic emotional states even the main incidences that trigger them can not be reached by the individual (Bollas, 1987). States that cause unintegrated memories cannot be digested mentally and cannot be internalized, that in turn will cause the unnamed and not meaningful experiences drowning the psyche of individual (French, 1999; & Grostein, 1979, 1991). Causing the night terrors from the flow of unconscious states (Ogden, 2001, 2004, 2009), the undigested psychic material will be reflected to dreams until they can be projected out to a containing source which will enable the individual to restructure and internalize the material in a healthier way (Bion, 1962; Cwik, 2011; Grinberg, 1987; Ogden, 1999, 2001, 2004, 2009).

In order to satisfy the normal development through paranoid-schizoid position to depressive position, the needed symbiotic state with the holding mother should be reestablished (Buckingham, 2012; Gordon, 1965; Klein, 1948, 1952; Mahler, Pine, & Bergman, 1975, Winnicott, 1960, 1965a, 1971), where the mother should exist in the case of all aggressive acts (Slochower, 1994 & 2013). These explanations are concordant with the explanation about OCD, where the experience of being harshly controlled by others -especially by parents- cause

increased feelings of rage and anger which then turn into as shame and anxiety and cause OCD symptoms (Mc Williams, 2011).

Overall explanation and conclusion shows a very parallel picture to what Kohut (1971) emphasizes in his developmentally sensitive theory: Psychopathology is the failure of a function; and the function is the responsibility of the parent who has to give enough space for a merging need to be mirrored, idealized and twinshiped. It is only possible with the help of such transformative nature which may be able to slowly internalized (Baker, & Baker, 1987) and affects our attachment styles and our possible psychopathologic tendencies (Kohut, & Wolf; 1978; Marmarosh, & Mann, 2014).

3.3.1. Systemic Theory and Acknowledgements

The functioning level of families and development of OCD is found to be related with a disturbed psychological state of harmony in the family system and thus the destroyed feeling of “sense of wholeness” in the individual (Killenger, 2010). On the other hand involvement of families in the OCD is found to be including the following common features: involvement of family members in the individual’s compulsive rituals, keeping the disorder as a secret in the family, grieving of family members’ as experiencing the loss of an imagined relationship with the patient or for the loss of an imagined life for the individual, experiencing a stigmatization fear for the patient, changing daily routines with respect to the patient’s compulsive rituals and taking over household responsibilities of the patient to decrease the suffering (Allen, & Palanti, 2011).

3.3.2. Systemic Theory: Relations, Distance and Closeness Balance

Experiences through the first months of life are thought to be critical in the development of anxious states, where the splits in the psyche create later perceptual and cognitive functional problems, causing a fixation in paranoid-

schizoid state (Waska, 2010). Through the work of therapy, a balance between the closeness and distance between the family members are aimed to be obtained, where the child is expected to be on a third position; developing further capacities to tolerate the togetherness of the parental couple with the perceived feelings of love and hate in his mind (Young, 2010). Low relational capacities that used to be experienced in the previous family of an adult individual has even thought to be affecting his future roles in the marriage and family, especially with the born of a new infant and then be re-experienced in the new system again (Klitzing, 2003).

3.3.3. Systemic Theory: Homeostasis and Cycles in Family

One of the most important observations in family systems is thought to be the dynamic functioning of it, where the system itself aims to satisfy homeostasis (Guttman, 1991). This dynamic functioning and search for a homeostatic family balance stems from the existence of cycles; the individual and family life cycles which will finally increase basic life crisis like individuation, anxiety and mourning (Carr, 2012). Through these occurrences of crisis, homeostatic functioning is both affected by and also tried to be controlled by many different features of the family: The problem solving patterns of the family, the communication patterns of the family, roles in the family, affective responses and affective involvement in the family, and behavioral control patterns in the family (Ryan, Epstein, Keitner, Miller, & Bishop, 2005). Considering the behavioral control issues on the other hand, psychologists observe that more rigid and chaotic patterns are found to be related with psychopathological tendencies in family (Ryan, Epstein, Keitner, Miller, & Bishop, 2005).

3.3.4. Systemic Theory- Maladaptive Triangulations and Fusions

Further therapeutic interventions of the systemic view include the identification and restructuring of the maladaptive triangulations in the family (Gehart, & Turtle, 2003). Even the existence of some adaptive triangulations in

the family is possible and necessary; these adaptive triangulations provide family shared feelings of intimacy and the flexibility of problem solving strategies in a sensible feeling of family unity (Zinker, 1994). Causing deformities in the structural system of families, inflexible and unhealthy triangulations are found to be an increasing factor in the development of psychopathology (Depeursinge & Favez, 2006; Peleg, 2014).

Systemic studies show important effects of triangulation in nuclear families that may cause high depressive symptoms in children especially when the fathers are dissatisfied by the marital relation and become an outsider in the family environment (Wang & Crane, 2001). Further studies reveal increased psychological problems in children of parents who are experiencing marital conflict as the mediating results show increased level of felt responsibility in the children (Buehler & Welsh, 2009). Besides, triangulation in the family is found to be correlated with behavioral problems of adolescent children especially in families with maternal depression (Franck & Buehler, 2007).

These researches support the idea that a tria or triad is a formation; or an attempt against the increased level of anxiety within a two person system and this situation may be problematic when the same triangulation system is fixed for an unfortunately long time to cause symptoms in any individual (Bowen, 1976). Self-differentiation as one of the most important developmental issues in person life can then be reflected on the triangulation through fusions or cut-off relationships (Brown, 2007).

Thus, involving family system in the treatment plan also required altering triangular arrangements in family, especially including the oedipal ones; where the child needs to see the unity of parental couple in harmony and should experience the triadic subplot from a distance (Scharff, & Scharff, 1941).

3.4.1. Existential Theory: Life Crisis, Responsibility, Autonomy

Existential psychotherapy on the other hand acknowledges the occurrence of symptoms not as the main source of problem, but as an indicator it: Symptoms exists as an evidence of the fact that the suffering person has important distortions in the way that how he has been experiencing his life (Deurzen & Adams, 2010; Groth, 1996; Holzhey-Kunz, 1996; Lander & Nahon 2005). These distortions are thought to be related with inescapable existence of crisis in life and the individual's possible harsh attempts to solve them (Deurzen, 1998a & 1998b; Laengle, 2018, Nindl, 2018; Rogers, 1995; Schneider, 2015). Appearance of unavoidable conflicts, multiple and at least dual options and positions that enforce the individual for a choice, a selection, a personal responsibility and for the occurrence of autonomy, existential crisis are involved in many aspects of life (Deurzen & Adams, 2010; Laing, 1969a, 1969b; Temple & Gall, 2018; Yalom, 1980). Coming through a loss usually, the existential crisis usually cause the collapse of perception of time and space, cause the individual to experience strong feelings and let him reconsider his attitudes toward life, if possible (Jacobson, 2007; Leontiev, 2015).

3.4.2. Existential Theory- Being in Time, Meaning and Values

Existential psychotherapy then does not concern too much for the presence or absence of the symptoms merely, but rather aims for individual to experience three main source; the life feeling, the life courage, and the life energy (Jacobson, 2007) with a conscious effort for feeling courage and trusting one's own choices even with an acceptance of the fact that these choices may be fallible (Marshall & Marshall, 2012). Concerning for major developments about increasing the awareness of being, valuing the present time rather than past and future, providing an existential space for development of further values and meanings besides an increased capacity of staying with ambiguity and crisis rather than compulsively solving them are among the important goals in existential psychotherapy (Dmitry,

2013; Laing, 1969a, 1969b; Laengle, 2018; Leontiev, 2015; Sayar, 2011; Schneider, 2015; Temple & Gall, 2018).

3.4.3. Existential Theory- Ontological Being, Existential Anxiety, Neurotic Anxiety

Integration of past, present and future of the individual with a more authentic standance in the world is thought to be the road to the ontological security, where individual (Laing, 1969a & 1969b; Leontiev, 2015; Temple & Gall, 2018) less uses strategies of engulfment, implosion and petrification. An increased ability to stay with the lived experience (Spinelli, 2006) where an increased unfolding capacity with less necessity of cause and effect analyses and interpretations (Cohn, 1996) which in turn cause a reflective change of the individual (Spinelli, 2006, 2007 & 2015) are valued in existential psychotherapy.

Living existential anxiety rather than the neurotic anxiety, the individual has to encounter with the limit situations in which the security illusion is distorted (May, 1950 & 1960). Rather than trying to forge for an obtainable-infinite secure place where no threatening events occur, the individual is encouraged to experience the reality of existence in all four dimensions of *umwelt*, *mitwelt*, *eigenwelt* and *überwelt* (Deurzen, 1998) in which the experiencing activity itself becomes the cure with a developed capacity to phenomenologically reflect (Deurzen & Adams, 2010). The anxiety affects and anxiety provoking situations then start to become an existential- experimental challenge in which the potential self-experiences a fullness and liveness rather than a total dissolution (May, 1950, 1960 & 1983) and the creation of meanings is valued after overall (Frankl, 1959).

3.4.4. Existential Theory- Symptoms, the value of anxiety and the courage

It is important to understand the existential acknowledgement on the experiences of any subject including the day time experiences, fantasies and dreams with respect to the relational bases (Laing, 1969a & 1969b; Spinelli, 2007), even the subjectiveness is not anything else than a form of being relatedness again and paradoxically according to the Dasein theory of Heidegger (1927). Any existence on the world, even the deep experiences of loneliness is a constructive form of “being with” the other; where “the other” is defined not as a totally different form of existence than the “me”, but rather as a rather more centeredness of the experience itself (Heidegger, 1927). Understanding this perspective, symptoms are then seemed as a form of selected experience either with total consciousness or not; but for both, they are the results of a relational base, the *mitwelt* either where one indesperately needs to find a balance between the oscillation of authentically engaging the other and the inauthentic way of engagement (Chessick, 1996). The authentic way of being and relating are then described in terms of taking the responsibility of choice with an owned involvement in life where the inauthentic way of being and relating is a form of detachment and dissociation from the owned choices and the possibility of creating meanings; by the cost of the creation of other forms of anxiety (Spinelli, 2007). Symptoms are then seen as an alternative-trial way of existence where the individual creates them for the sake of preserving some kind of pure existence and authenticity against the danger of non-existing (May, 1960). Existential psychotherapy then aims to open up a space for the individual in order to support him for considering and rediscovering his life for the all possibilities of existing, through the ownership of existential anxiety rather than the desperate efforts to leave it (Schneider, Galvin, & Serlin, 2009). An existential psychotherapist then allows and encourages the individual to work with conflicting and opposite sides of being (Deurzen, 1996), the session room becomes a place for developing meaningful connections with the help of phenomenology (Hafner, 2015) and making the unseen self to be seen (Laing, 1969a & 1969b).

CHAPTER 4- METHOD

Working through case analysis is found to be one of the most important techniques in psychological studies; where the descriptive and explanatory aims are valued rather than statistical ones (Eisenhardt, 1989). Qualitative researches are then used to deeply understand the subjective experience itself (Elliott, Fischer, & Rennie, 1999), in which establishing meaning and interpreting this subjective experience is prioritized than the scientific acknowledgement (Morrow, & Smith, 2000). These direct interviews and qualitative interpretations are thus among the most important tools of psychologists, and psychotherapists (Gilgun, 2005).

This thesis research is conducted through development of a feedback-revised method. Throughout all survey, the following steps have been experienced in the research:

1. Researcher carefully reads the various literature reviews about the development of self and obsessive compulsive disorder within different theories including Systemic, Psychoanalytic and Existential Theory.
2. Researcher develops a possible hypothetical understanding on the development of obsessive-compulsive disorder basing her views on literature reviews and observations from clinical field.
3. Researcher develops a qualitative method and interview, with a group of people who are diagnosed with OCD by a professional psychiatrist.
4. Researcher conducts a Pilot Study; revises the results and reflects on the strengths and weakness of the first study to develop a better strategy on Thesis Research then (More detail will be given in Pilot Study headline)

5. Researcher Conducts Thesis Research, with continuous back and forth reflections for each case and between the cases; trying to develop a better and broader understanding on the concept and discuss the results with various limitations.
6. Researcher works in collaboration with a more experienced clinician as a third eye, forming a “Triangulation process” while controlling and checking the evolved themes.

4.1. PILOT STUDY

Pilot study is conducted with a volunteer client who is male and in his early 30's. The client is diagnosed with OCD by a professional psychiatrist and has been both in pharmacological treatment and psychotherapy. The interview took approximately two and a half hour. Eighteen (18) questions are asked to take detailed answers for the occurrence of OCD symptoms, childhood history, family relations, extended family and common existential themes.

Questions that are directed to client in the Pilot Study are as the following:

“

- 1- Merhabalar. Obsesif Kompulsif Bozukluk teşhisi ile tedavi ediliyorsunuz. Rica etsem bana durumunuzdan bahsedebilir misiniz? Nasıl kaygılar yaşıyorsunuz?
- 2- Peki, kaygınızdan kaynaklanan, kompulsif- takıntılı olarak adlandırılan tekrar eden davranışlarınızdan da bahsedebilir miyiz?
- 3- Hatırladığınız kadarıyla çocukluğunuzdan bahsedebilir misiniz? İlk çocukluk anılarınız neler?
- 4- Peki, biraz yaşadığınız bu yoğun kaygıların ve tekrarlayan davranışların ne zamanlarda, siz hangi koşullar altındayken gerçekleşiyor olduğundan

bahsedebilir misiniz? Hayatınızda ne gibi olaylar olduğunda bu sorunları daha çok yaşıyorsunuz?

5- Biraz ailenizden bahsedebilir misiniz? Kaç kişi var, nasıl bir aile? Mümkünse sizden iki kuşak daha geriye giderek, bildiğiniz ve anlatmak istediğiniz kadarıyla geniş ailenizden de bahsetmenizi rica edeceğim. Aile tarihinizdeki önemli olaylarla birlikte anlatmanızı rica edeceğim.

6- Şu anki hayatınıza dönelim. Hayat ile ilgili şu aralar nasıl meseleleriniz var? Nasıl hedefleriniz, beklentileriniz, kaygılarınız var? Gündeminizden biraz bahsedebilir misiniz?

(Questions between 7-18) Şimdi size biz insanlar için farklı şeyleri çağrıştıran, farklı anlamları olabilen bazı kavramların isimlerini söyleyeceğim. Bu kavramlarla ilgili neler hissediyorsanız, onları nasıl değerlendiriyorsanız mümkün olduğunca açıklıkla kendinizi ifade etmenizi istiyorum: 7- Yaşam 8- Ölüm 9-Beden-Vücut 10-Güç-Kuvvet 11-Özgürlük 12- Zaman- 13-Para 14-Var Olmak 15-İlişki 16-Sevgi 17- Sınır 18- Anlam.”

Analysis of the results show that the following themes in the pilot study:

1-To calculate-classify-program, 2- Symptom duration and intensity, 3- Part-totality relation, 4- Consistency, 5- Control center- Who and where, 6- Responsibility Area, 7- Narcissist Needs (Kohut's (1971, 1978) Self Object Needs encoded for the study), 8- Reality-Fantasy, 9- Criticism, 10- Loss, 11- Anxiety, 12- Body-Physical World, 13-Time-Existence, 14-Love, 15- Loneliness, 16-To Relate, 17- Abuse, 18- Sorrow, 19- Support, 20-Self Awareness, 21-To Exist in-To Deeply Feel, 22-Meaning, 23-Power, 24-Freedom, 25-Joy. Even a detailed explanation on the analysis will not be done for the Pilot Study, still a graph that depicts the number of items within each theme is seen below (Graph 1). Narcissistic needs, Loss, Part-Totality relation, Control center, To Relate- Relational Theme, Love and Loneliness are seen among the themes that have highest score in the study.

Even some meaningful results are seen through the analysis of Pilot Study, some problems occur while evaluating and discussing the results. These problems can be summarized as the following:

Problem 1: Even the analysis of the pilot study is found to be relatively successful, some themes are found to be confusing since they may be describing more than one concept at a time. Examples may include the following: “Part-totality relation”: Does not acknowledge either the theme is about split or continuity, “Narcissistic Need”: Does not specifically identify which needs contribute to, Mirroring, Twinship or Idealization, “Consistency”: May be causing vagueness and a shared double meaning with the previous concept on continuity theme, “Reality-Fantasy”: Does not adequately describe which aspect is emphasized in the explanation; either fantasy or reality. Besides, some other themes should not be included directly in the thematic analysis since they are the basic questions directed to client, through the interview, such as: “Body-Physical World, Power, Meaning” and “Freedom”. Thus, a need to develop a better, more meaningful guide which supports a careful explanation on the research topic should be developed, basing these themes with respect to literature review and theories.

Problem 2: Understanding the direct effect and relation between the obtained results becomes a very difficult task because of the vagueness in the themes. For example, even the score on “Narcissistic Themes” is high, the exact meaning and relational value of which unique need is high or which is not. Furthermore, another difficulty arises for most of the themes: The coding strategy either for the existence or non-existence of the themes may not always be clear (For ex: Which items are coded for Relations? Either the existing and containing relations or the failed relations?). A better thematic design will possibly allow a detailed understanding on the subject.

Problem 3: Besides, there exists a need for further questions to understand the Triangulation processes in family in order to explain Systemic Theory.

Solution 1: For a better and detailed understanding of the Systemic, Psychoanalytic and Existential Themes, researcher satisfied from the literature reviews and created a special strategy to determine the “possible” themes with the following steps:

- a. Possible themes should be selected by a careful selection from all theories; Systemic, Psychoanalytical and Existential in a balanced way.
- b. All possible themes should be selected in a way that cannot cause any confusion, double meaning or vagueness with other themes.
- c. All possible themes should clearly depict only one phenomenon.
- d. Each phenomenon should only be acknowledged by one theme and that theme should describe the phenomenon in the best possible way.
- e. While Systemic theories should focus on the relational aspect within family and in other systems, Psychoanalytical concepts should focus on the internal phenomenon and Existential theory describing the remaining existential issues.

Solution 2: Two additional questions are put in the study to get a better description on the topic:

- 1- “Ailenizdeki ilişkilerden biraz daha bahsedebilir misiniz? Kimler kimlerle daha yakındır? Kimler arasında duygusal mesafeler olduğunu düşünüyorsunuz? Aile içinde çatışmalı ilişkiler var mıdır?”
- 2- “Sizi psikiyatrik ve psikolojik yardım istemeye yöneltten sıkıntılarınız ve OKB’yi yaşarken, ailenizden kimler nasıl bu sürece dâhil oluyorlar, bahsedebilir misiniz? Sürece kaygılarınızla herhangi bir şekilde dâhil oluyorlarsa nasıl dâhil oluyorlar, biraz açıklayabilir misiniz?”

Additional Design in Thesis Research: The last modification for the main research is the inclusion of a quantitative measure to study. This quantitative scale is called “Benliğin Ayrımlaşması Ölçeği” which is aimed to understand the possible differentiation of the client from the parents and other family members (Işık, & Bulduk, 2015). “Benliğin Ayrımlaşması Ölçeği” is a quantitative research form, including 20 questions on Likert Scale with a reliability of .74 and the validity of .81 (Işık, & Bulduk, 2015). Its theoretical base is grounded on Bowen Family systems theory, where patterns of family interaction is found to be among the most important determinants of psychological well-being. This scale aims to measure the balance between intimacy and autonomy, the differentiation level of self; as a supportive research tool besides the qualitative interview questions. As it is widely known, theories on the development of Obsessive Compulsive Disorder acknowledge the importance of “differentiation level of self” (Klein, 1946, 1948, 1958; Mahler, Pine, & Bergman, 1975; Winnicott, 1956, 1969, 1971.)

4.2. PARTICIPANTS

The participants of this study are eight adult individuals who are diagnosed with Obsessive Compulsive Disorder by a medical professional-a psychiatrist and who are accepted to the pharmacologic treatment besides the psychotherapeutic help. All individuals are between 25-35 years old whom four of them are female, and the remaining candidates for this research are male. Candidates are all living in Istanbul and all belong to the middle socio-economical status.

Approximately, all candidates are having their pharmacologic and psychotherapeutic help under the guidance of the psychiatric supervision over 2 years. Their psychotherapy sessions are occurring with a sequence of twice in a week, with a session time of 45 minutes for each meeting. Besides, their psychiatric treatment continues with one psychiatric meeting session in every 8 weeks. All participants are asked to sign the informed consent form after reading

the basic information about the survey. All candidates are taken for the interview with the researcher-psychologist. Eighteen (18) questions that are given below are asked in interview besides a twenty (20) item scale given. The transcript of the interview is then analyzed by the researcher according to Thematic Analysis standards.

4.3. MEASURES

This research will include two different kinds of measures a qualitative one; the semi structured interview (Appendix A) and a quantitative one; “Benliğin Ayırıştırılması Ölçeği” (Işık, & Bulduk, 2015), as previously planned. In order not to repeat the detailed information about both of the measures, no further description will be done under this subtitle. For the qualitative analysis, researcher will use Template Thematic Analysis.

Thematic Analysis is a Qualitative Research tool rather than a specific method, which focuses on thematizing meanings in different ways (Braun & Clarke, 2006). Brooks, McCusky, Turley & King, (2015) states that there are different ways to do thematic analysis and these ways may not even be obvious to researchers. Template Analysis (Brooks, McCusky, Turley & King, 2015) is among these methods where themes are determined prior the start of analysis.

Template Analysis is a form of Thematic Analysis which can be used to obtain more clear results especially when a absence of templates makes the analysis more difficult. According to the authorities, researcher can then create a list of codes called as “a priori” as a beginning template especially when the need to work with more concepts are seen (King, 2004). Besides there can be “Parallel Coding” where same statement or concept may be represented by different codes when needed; and adding the needed themes, deleting the unnecessary themes, changing the level and classification of themes are supported when there exists a need (King, 2004).

Vaismoradi, Trunnen and Bondas states that there are some similarities and differences between Thematic Analysis and Content Analysis and there can be confusion between two (Vaismoradi, Trunnen & Bondas, 2013). According to Vaismoradi et al., both of the research methods require description and interpretation with both inductive and deductive methods which has to be in nonlinear processes. Besides one major misconception about the use of templates about Template Analysis is found to be the misattribution of “templates”. Templates are encouraged to be studied in Thematic Analysis besides the Content Analysis with a major difference: The final templates or themes of the Template Analysis may be used in further Content Analysis only when the research continues by the latter (King, 2004). Still, authorities emphasize that boundaries between Thematic-Template Analysis and Content Analysis become so vague where they intersect in many points (Sandelowski, & Barraso, 2003).

4.4. PROCEDURE

After the Ethics Committee approves the study, data collection starts both by having interviews and the use of quantitative scale. Individuals are welcomed to the office where private clinical practice is done. Satisfying the needed privacy conditions, informed consent is read. Taking the approval of the client, the research interview starts. Participants are also welcomed and supported if they want to give any break during the interview. When all the interviews and scale scoring are completed, researcher will do analysis. Interviews will be analysed by thematic analysis where the scale measurement results will be calculated as it is described in the article (Işık, & Bulduk, 2015).

Thematic analysis is a specialized form of qualitative analysis that aims to understand patterns for the integration of a thematic map (Neuendorf, 2019). The perceptions and understanding of individuals are analyzed (Herzog, Handke, & Hilters, 2019) where patterns are meanings are turned into thematic maps at the end of the research (Braun, & Clarke, 2006). Thematic analysis is expected to take

more time than previously planned, since it is a highly dynamic process in which previous-completed analysis should be revised repeatedly, with needed revisions. In order to satisfy more meaningful and clear results, steps decided after the analysis of pilot study will be followed precisely.

4.5. INVESTIGATOR TRIANGULATION PROCESS

This study involves different procedures to satisfy more objective end results, as far as possible. Using both a 21 item qualitative questionnaire in the study beside the 20 item quantitative one satisfies “Data Triangulation” where as using three different theories (psychoanalytical, existential and systemic) at the theoretical base of the study enables “Theoretical Triangulation” (Heale & Forbes, 2013).

One other triangulation process known as “Investigator Triangulation” (Turner & Turner, 2009). Starting my supervision sessions with Dr. Ferhat Jak İçöz long before starting this thesis research, I get not only support and encouragement about my works in the area, but also the necessary academical criticism, which always include pros and cons of my performances. There are times that I had to face my failures, my attitude, my confusions and my lack of knowledge which inevitably helps me to develop my self both academically and mentally. Luckily enough, I have a chance to work with him through this research in the “Investigator Triangulation” part; considering the cases together for a long time. Even there is no study which does not include any piece of subjectivism, this research includes important arrangements to minimize it in a way that may be possible.

4.6. DATA ANALYSIS

I will try to explain how I have done the data analysis in this part, in order to satisfy a guide for those who want to understand the methodology better, who

want to replicate the study and revise the study in future to give a better shape. First of all I have to accept that this research required more energy, time and effort than I once expected. I have always had an idea that qualitative research requires detailed work and needs more hands on issues than quantitative one for some part, even they both have different advantages on each other. Still, I needed to spend more time on data analysis and in a compulsive way. Because of the fact that I prefer to work on three different therapy methods, working through themes got more difficult in data analysis. Below, I try to explain how I have done the data analysis.

First of all, I have noted some themes on coding list, before I started the coding procedure. These are my “a-priori” themes; the themes that I find it deeply meaningful while I try to understand the life, human psyche, symptomology. These a priori themes include all three theories; psychoanalytic, existential and systemic. As it is stated in “Pilot Study” part, these themes are selected in a way that does not cause any confusion. Each theme is selected in a way that it addresses one issue at a time, and each issue is addressed only by one theme. Thus, there exists no second theme in the a-priori list which explains a phenomenon that another theme does.

These a-priori themes are as in the following (Explanations of these a-priori themes are given in detail, with the necessary literature reviews in the research part. To prevent the unnecessary repetitions, only names of the themes are given in here):

A-Piori Themes of Systemic Theory: Clear Boundary, Rigid Boundary, Vague Boundary, Scapegoated Triangle Edge, Enmeshed Triangle Edge, Disengagement, Cut-off, Conflict.

A-Priori Themes of Psychoanalytic Theory: Mirroring, Twinship, Idealization, Split, Continuity

A-Priori Themes of Existential Theory: Umwelt, Mitwelt, Eigenwelt, Überwelt, Responsibility Taking, Limit Situation, Neurotic Anxiety, Existential

Anxiety, Neurotic Guilt, Existential Guilt, Engulfment, Implosion, Petrification, Doer-Done.

A priori themes are selected according to the following procedure: As the researcher, I have done the necessary literature review, starting long before the research itself began. Basing on my unsystemic observations and mostly gut feelings, I have decided which concepts may have a high possibility of becoming a theme. The ones that are selected among others are the predominant concepts in the literature review. For example, involvement of “Clear Boundary”, “Vague Boundary”, “Rigid Boundary”, “Conflict”, “Disengagement”, “Cutoff”, “Scapegoated Triangle Edge”, “Enmeshed Triangle Edge” are among the most obvious and key concepts of the Systemic literature (Kerr & Bowen, 1988; Minuchin, 1974). Just as in this example, other a priori themes are selected in the same way: The most dominant and key concepts of Psychoanalytic and Existential theories are selected to compose a list of “expected themes”. On the one hand this process is highly useful in satisfying a base for the research, it still does not mean that these expected “a-priori themes” should exist in the same face value for all clients. An example includes the following: Even “Vague Boundary” and “Rigid Boundary” are among the most dominant themes that are coded in this study among the a-priori themes, “Clear Boundary” is hardly coded through the interviews, but it is still somehow present in the thematic list. Clients hardly refers to it only about situations which they have either developed throughout the therapeutic survey –just like a newly evolved relation with mesosystem else than the microsystem-, or as -the once haven but now lost relational contexts after which they have developed more OCD symptoms-.

It should be remembered that the use of a-priori themes is just a starting point for the researcher: These themes can change, be modified, increased or decreased throughout the study. If once selected a-priori theme can not be observable and coded in the data analysis, the candidate-theme is then need to be discluded from the study. In reverse situations where one theme is not defined just

from the beginning of the study but appears to be evolved through the coding procedure, it is then added to the thematic list as the lately-developed one.

Rereading the interviews two times before I start coding, the initial coding process started. Finding a-priori themes were quite easy within the period, but there emerged another need by time: Clients were giving some other details by their interviews. These details were also very important in understanding how OCD developed by time. So, I started to code “lately-evolved” themes besides the “a-priori” ones: These new themes helped me to understand the whole picture better in my mind and that whole picture at the end is my desired result of this thesis study.

Re-reading and coding the new themes required more time with a back-and-forth study on the interviews. Since some themes are limited to and observable only in some interviews and others are available for coding in previously coded interviews, I had to repeat the coding procedure three times. The whole procedure with reviews, double checks and triangulation process took three months to study.

The lately evolved codes include some commonality: They can be described by either of the theories, and can even be modified to an already existing concept within the theory which was not chosen as a-priori theme by the researcher. These lately evolved themes include the following and will be explained in a more detailed way in the Result part: Punishment in the Family, Psychosis in the Family, Suicide Attempt in the Family, Abuse in the Family, Illness in the Family, Joy-Play, Regressive Fantasy, Creative Fantasy, Persecution from Inward, Persecution from Outward, Transitory Persecution, Reversed Idealization, Need for Reversed Idealization, Failed Reversed Idealization, Failed Mirroring, Failed Twinship, Failed Idealization, Failed Responsibility, Learning Difficulty, Anger.

These themes are then considered on in the “investigator triangulation process”. Results part includes detailed descriptions and explanation about the grouping of these themes.

CHAPTER 5: RESULTS

5.1- Themes

1- Major Theme: *Objects of Obsession*: This major theme constitutes the types of obsessions which are actually internal objects with somehow projected parts in the world. They identify different parts of obsessions. Even the internal object is a concept defined by Klein (1946,1948,1952) and further followers, this major theme and the minor themes attached to it are not directly stated by previous theorists. These themes are not selected as a-priori themes then, but come with the data analysis in this study.

Minor Themes:

1a- *Object of Concern*: Object of Concern, as the internal and fantasized object is the main source of anxiety for the client in which the client finds it as the most valnurable. Client is highly anxious about the potential damage that Object of Concern can get from the uncontrollable effects of the Evoked Object. It is possibly not directly the Evoking Object which destroys the Object of Concern but rather it is through the Evoking Object.

1b- *Evoking Object*: Evoking Object, as the internal and fantasized object is the main source of anxiety for the client in which the client finds it as the triggering object of threat. Client is highly anxious about the potential damage that Evoking Object can give to Object of Concern. It is possibly not directly the Evoked Object which destroys the Object of Concern but rather it is a mediator; a projected source of main threat.

1c- *Punisher Object*: Punisher Object, as the internal and fantasized object is the main source of anxiety for the client in which the client finds it as the man threatening object that gives harm. Client is highly anxious about the potential damage that Punisher Object can give to Object of Concern. Punisher Object is the most omnipotent object in the fantasy of client.

Examples:

-"Üstüme bulaşırsa, eve götürürsem, benim yüzümden hasta olurlarsa. Ölürlerse"

(Client 3, Evoking Object: Chemicals, Object of Concern: Beloved ones' loss, Punishing Object: Does not exist)

-"Zevk mi aldım, vajinamdan sıvı mı geldi? Hemen gidip abdest alıyordum"

(Client 4, Evoking Objects: Part of self-vagina, Object of Concern: Self- waited punishment: hell, Punishing Object: God figure)

2- Major Theme: *Triangulation Process through Time*:

Since the major aim of this study is to understand how Systemic phenomena is involved in OCD, the first attention of the researcher is inevitably on triangulation process within the family of clients who are diagnosed with OCD. Even there were no a-priori themes expected for and searched on the interviews, analysis parts focuses on understanding it. The lack of a-priori themes on this topic is possibly because it is still a new interest for research.

Still, three different minör themes are found in this study, all gathering and forming the major theme of: "*Triangulation Process and Time*".

Minor Themes:

2a-*Triangles Rapidly Shifting in Time*: There exist no stable triangulation in Microsystem but rather a speedy and continuous shift between Enmeshed Triangle Edge and Scapegoating Triangulation Edge exists. The subjects of this rapidly shifting triangulation process are always the same.

Ex: Client 1 expresses that he has been experiencing both Scapegoated Triangulation Edge and Enmeshed Triangulation Edge at the same time, within the family. The Scapegoated Edge involves the fusion of mother-grandparents and the Scapegoated client. On the other hand, when mother is alone at home and has high anxiety or depressive mood, she prefers to form an enmeshed relation with the client. Thus, the client experiences both triangulation type at the same time with her mother, in the same day, with no existing clue to predict which is coming. *The key element is no triangulation is lost, all is present in time and experienced simultaneously.*”

The statements include the following:

“Sonra mesela teyzemler, anneannemler de söylenmeyi başladı. İşte “Sen bu kadını hasta edeceksin” falan demeye başladılar. Evdekiler de işte şey diyordu, - Başka ne iş yaparsın sen, neye yararsın? Hep spor hep spor.- Annem de söyleniyor işte anneannem olsun, bazen dedem.”

“Sonra annemi üzüyorum, anneannemi üzüyorum, anneannemin tansiyonu benim yüzümden çıkmış diye. Mesela eskiden dedem bana şey derdi, sus bak konuşma sana şu kadar para vereceğim.” (Scapegoated Edge)

“Onlar kendi aralarında konuşur, çok çağırılmazlar. Gitsem de konuşma olmaz.” (Scapegoated Edge)

“Bazen biz annemle konuşuruz. O anlatır işte üzüntülerini falan. Dinlemek ve yardımcı olmak isterim.” (Enmeshed Edge)

“Ben –niye bana sormuyorsunuz dediğimde sen gel sen konuş diyorlar. Ama yani konuşmak istesem de olmuyor.” (Scapegoated Edge)

“Ama annemle mesela annemin o şey dönemlerini, regl, bana anlatmaması lazım. Yada belli başlı eşyalarının ortada olmaması lazım. Annem mesela kapıyı tıklatmaz, direk giriyor.” (Enmeshed Edge)

2b- *Triangles Continuous in Time:* Clients experience the first triangulation they have met without any change in time, especially within the Microsystem.

Ex: Client 2 has persistent relations with his parents, through his whole life, according to his interview. He experiences an enmeshed relation with his mother, who has a distant relation with her husband. The mother also experiences enmeshed relations with her younger sister and her own mother. Client 2 on the other hand experiences scapegoated relations with many other people, including his father, his girlfriends and his friends. In his interview, he states strong desires to push these people away. On the other hand, Client 2 is also scapegoated by the father; like her mother is done. According to his statements, all triangulation process is stable, never changed by time. People in the family show same disengagement, distant relations, same enmeshment without any change. Subjects of the triangulation process are stable. Enmeshed Triangulation edge is even invited to and participated in OCD relations for a long time.

“Ailemin mutsuz yani mutsuz olduğunu gördüğüm zamanlar. O zaman tabi kendimi çok büyük olmasan bile, küçükken bile ailemin atıştığını hissedebildim. Herkesin huzurunu kaçıtır gider. Mesela annemi hiç sevmediler halamlar, babaannem, dedem. Bir kere kızım bile demediler. Kendi ismini bile söylemediler, isim taktılar. Mesela halam, anneme bir kere daha yenge demez, ismiyle bile hitap etmez. Bana diyorlar ki biz senin anneni istemiyoruz, istemedik zaten. Annemle babamın arası küçüklüğümde beri, ben mutlu bir tablo görmedim. Hep atışma. Babam da annemi sadece bir hoşlantıyla almış. Eskiden bir sevdiği varmış, istememişler. Mesela benim küçüklüğümde bile belli ediyordu annemi çok sevmediğini. Hep annemi gördüm ben yanımda, yani hastalandım o vardı, bir derdim var o vardı. Hiç başka birini görmedim. O nedenle annemi çağırırım. Uyandıracağım da annemi uyandırırım yani bir derdim olduğunda. (For OCD): Neyse sonra annemi çağırdım, annem durmaya başladı kapıda. Ben işte yıkanıyorum, sonra sesleniyorum ona. Geliyor kapıda bekliyo. İşte abdest alıyorum yüksek sesle diyor ki “1”. Sonra 2, 3. Oldu mu? Oldu diyor. Öyle öyle daha hızlı çıkmaya başladım. Bazen parmaklarımla sayıyorum ama yine de olmuyor.”

2c- *Pre-Continuous Triangles and Post-Continuous Triangles in Time*: Clients express at least two different triangulations in Microsystem. They describe consistent pre-continuous triangles, which has ended at a point in time and new triangulation types have emerged. There is no rapid shift in triangulations; same subjects form new relations.

Ex: Client 3 is an interesting example about this type of triangulation process. Client 3 tells in her interview that she experienced three different positions with her parents through her life: The first position has no triangulation, rather both parents were warm to her. She remembers that they were having fun and intimacy, with no anxiety. In the second position, she states Scapegoated relations between her self and her father, her mother and her father. She also states an Enmeshed Triangulation between she and her mother. This new position took years according to her statements and coincides with the onset of her first OCD symptoms. In the third phase, she describes the loss of Enmeshed relation with her mother, with great mourning. Even she had the role of care giver in this enmeshed position, the loss of it caused great depression with her. By the time there occurred another change in the Scapegoated relation with father; they started to get closer and more intimate.

“(First relational point) Banyo yapmayı çok severdim mesela, annemle babamın arasında yatardım, üşüteceğimden korkarlardı. Bir de gece ateşim çıkardı, babam uyumazdı. Babam ben çocukken çok şeydi, emekli olmadan, çok şenşakraklı. (Second relational point: Rise of Scapegoated Relation and Enmeshed Relation) Bir de şöyle değişti biraz annemle ilişkim; bundan birkaç sene önce mesela daha şeydim. Nasıl desem? Anneme annelik yapmam gerekli gibi hissediyordum. Babamla daha mesafeliydik o zaman. Annem hep ağlardı, ben de babamdan uzaklaştım. Bir süre hatta baya uzun bir süre bu böyle gitti. Anneme çok daha yakın oldum, onun sıkıntılarını gidermek istedim. Babamla daha mesafeliydik o zaman. Babam da çok sert davranırdı, her şeye söylenirdi. Annem hep ağlardı, ben de babamdan uzaklaştım. Ben ilk defa son yıllarda birşey yapmasam da

kendime güvenmeye başladım. Çünkü babama göre birşey yapamamak yetersizlik. (Third relational point: Loss of Enmeshed Triangulation and rise of more intimate relation with father) Üniversitede mi artık, annemin yeşil reçeteli bir ilacı vardı. Sağlık kurulu raporu çıkarılacaktı. Nöbetlerinin şekli tamamen değişti. Annem bir daha o hissi veremedi bana, karşımda annem olduğu hissini vermedi bana. Ama çok zarar vermeye başladı bu bana. Zamanla vazgeçmem gerekti bundan, çok fazla çabaladığımı fark ettim. Sonra bıraktım ona yaptığım anneliği.”

3- Major Theme: *Microsystem-Mesosystem Relations*

Members in microsystem is closed to relation with the mesosystem and discourage client to form relations with other people in the Mesosystem. All clients describe a closed Microsystem through the research.

Ex: Client 4 describes a closed Microsystem in her family where the mother forms Enmeshed relations with her and the elder brother. Besides, she states that her mother does not form relations with people other than family members; she does not go outside and does not chat with friends. Besides Clients tells that her mother discourages her to meet with her peers. She emotionally punishes the client, get into tears and talks about her “loneliness”, evoking feelings of guilt within her.

“Mesela annem, ölçülü sevmiyor. Siz benim her şeyimsiniz, hayatımın anlamısınız. O bir yere çıkmıyor beni de eve bekliyor. Yani birkaç hafatada bir haftasonu arkadaşlarımla görüşeceğim, yada iş çıkışı bir kahve içip geleceğim, işte –ben senin okuyup gelmeni bekledim, dizimin dibinde istiyorum- diyor. Ara sıra gitsem de bazen suçlu hissediyorum. Onu mutsuz ediyorum diye. Sonra ben de isteksizleşiyorum. Uzak tutuyorum onları bir sebeple. Biraz fazla mı eleştiriyorum bilmiyorum işte o yurt arkadaşlarım dışında pek kolay beğenemiyorum.”

4- Major Theme: *Participation of Family Members in OCD Rituals*

All clients expressed that they are inviting at least one of the family member for their OCD rituals. The selected family member is found to be either or both of the parents. Even clients expressed that they are mostly inviting the figure whom they form Enmeshed relation, there are some situations in which the Scapegoated figure is also invited in attending the OCD rituals.

Ex1: Client 1 told that he invites only his mother for cleaning rituals, whom he has experiencing the “Rapidly Changing Enmeshed and Scapegoating Triangles” at the same time.

“Ben temizlik yapamıyordum mesela işte tuvalete de girince ama son zamanlarda, yani o zaman işte psikiyatriste gitmeden önce hep annemi çağırıyordum. Bazen söylenerek temizliyordu, bazen bana kızıp bağırıp hiç temizlemiyordu işte. Yada ben birşeyin sıçradığını düşünüyorsam, yatak kirli gibi geliyorsa falan annemden isterdim.”

Ex2: Client 2 stated that he invites both his mother and his father for reassurance of his religious rituals. On the other hand he emphasized that he chosed the involvement of his mother, rather than the father.

“Yıkıyorum, boy abdesti alıyorum. Yok! İkna olmuyorum yani, almadım gibi geliyor. Neyse sonra annemi çağırdım, annem durmaya başladı kapıda. Ben işte yıkıyorum, sonra sesleniyorum ona. Geliyor kapıda bekliyor. ”

“Hadi evde tek kalmadın, bu sefer de bizimkilere diyorum ki sakın ben uyumadan uyumayın. Öyle vallahi bekletiyorum onları. Uyandıracağım da annemi uyandırırım yani bir derdim olduğunda. Hoş o da bazen sıkıyor insanı sürekli bir arada sürekli bir arada.”

5- Major Theme: *Joy-Play-Fun*: The newly defined subtheme within this study which shows the analysis of items where clients express the memories of joy, play

and fun or the wishful desires for future joy, play and fun possibilities. Many developmental and psychoanalytical theorists acknowledge the importance of this theme with a pioneering emphasis by Winnicott (1960,1965a, 1965b). Other systemic and psychoanalytic theories acknowledged in the literature review also support the development of theme by micro and macro perspectives.

-“Sen hangi kanserojen maddeyle çalışıyorsun lisansında dedi. Bu senin mesleğin, malzemelere istediğin gibi sürün dedi. Hiçbirşey aileni kanser yapmaya yeterli değil dedi. Sonra yavaş yavaş bir şeyler değişti bende. Bak böyle insanlar varmış diye. Ortalamamı yükselttim sonra, çılgınlar gibi çalıştım. Sonra okurken keyif aldım bölümümden, sevmeye başladım.” (Client 3)

-“Babaannemle oturduktan sonra. Yedi sekiz yaşına kadar babaannemle kaldık, Fındıkzade’de. O zaman böyle şey oynardık, yoğurt kaplarının içine yüzük saklardık, babaannem karıştırırdı. Mutlu olurdum.” (Client 1)

-“Yazları denize giderdik mesela, orada oynardık. O zamanları hatırlamak çok iyi geliyor bana.” (Client 5)

-“Karpuzlu küpelerim vardı, çok güzel oyun oynardım evdeyken bile. Mutluydum o zamanlarda hiç bir şeyi dert edinmezdim.” (Client 3)

- “Yoğurt kaplarının içine birşeyler saklardık, bulana hediye verirdi babaannem. Mahallledeki çocuklarla da top oynardık. Çok mutluydum o zamanlar.” (Client 1)

6- Major Theme: *Extra Stress Factors in the Microsystem*

These are the themes that are coded in the analysis that have a common point of stimulating extra anxiety within the Microsystem.

Minor Themes:

6a- *Psychosis in Family*: Theme that depicts the involvement of hallucinations or/and delusions, that are experienced either by the clients or their family, according to this study.

Ex: “Böyle paranoyakça şeyler de vardı. Sigarayı bırakma ilacı vardı, o tetikledi. Televizyonda birşeyler izliyor. Bana görev verdiler benim kendimi öldürmem gerekiyor diyordu mesela geçen yıl.” (Only one clients stated it) (Client 3)

6b- *Suicide Attempt in Family*: Theme that depicts the involvement of any attempt to die, experienced either by the clients or their family.

Ex: “Krize girdi annem, intihar etmeye çalıştı.” (Client 5)

6c- *Abuse in Family*: Theme that depicts the involvement of either emotional, economical or physical abuse that client or any other member in the family experiences, with respect to Thematic Analysis of this study. (No sexual abuse has been reported through the analysis, thus this theme does not consist this specific issue. Further repetitions of this study should take into account of this phenomenon.)

Ex: “Her yaptığımıza karıştırdı, bağırırdı, laf ederdi. Annem de ona yaranmak için hep bizi azarlardı, cezalandırırdı.” (Client 5, talking about how maternal grandmother dominates and punishes them in the family, as –then microsystem)

-“İlkokul çağlarında mesela halamdan çıkıp eve doğru giderken kapıyı kapatırdı. Lambalar sönerdi, boyum da yetmiyor. Ben bir korktum bağırıp çağırdım.” (emotional abuse with physical content) (Client 2, talking about how his paternal aunts emotionally abuse in the apartment that they were living together. Enmeshed micro-meso systems)

6d- *Illness in the Family*: Theme that depicts the existence of chronic illnesses that either client or the family members have to live with and contributes a major issue in the life of family.

Ex:-“Mesela vücudum, cildimi hiç sevmiyordum ben ergenlikten itibaren. Çok fazla sivilcem vardı çünkü, meğer alerjim varmış. Annemin de kalp krizi geçirmek üzere olduğu anlaşıldı.” (Client 3)

-“Bir de anaokulunda romatizmam vardı. Yaşlı doğmuşum ya! Beni iğneye ikna etmeleri de şey şeklinde oluyordu, “iğne olursan sana oyuncak alacağız” diyorlardı.” (Client 3)

6e- *Expectation of Punishment in Family*:

Theme that depicts the harsh experience of being punished by any family member. Either clients or their relatives might have experienced it according to Thematic Analysis results.

Ex:

:-“Çok korkutucu. Yani ne olacak, nasıl olacak? Acı çekecek miyim? Sonra cezalandırılacak mıyım?” (Expected punishment from God) (Client 4)

-“Babam ben çocukken çok şeydi, emekli olmadan, çok şenşakraklı. O zaman daha annem hamileymiş, bir sabah annemin sabahlığını giyip kadın taklidi yapmış. O gün dedemin öldüğü haberini almış buna bağlamış.” (Expected punishment from God) (Client 3)

-“Belki bu iş için aldığım malzemeler de öyledir, korunmakla birliğisi vardır. Yani malzemem de eksik olunca ben işimi yeteri kadar iyi yapamam gibi, başıma iş açılır.” (Expected punishment from life) (Client 5)

7- Major Theme: *Self Object Needs*

These themes are expected as a-priori, but extended and get detailed through the analysis.

Minor themes:

7a- *Mirroring*: The emotional process that self needs to experience for further development in which one feels valued and important by being seen and reflected back emotionally (Kohut, 1971).

Ex:

- Hocamı seviyorum, onun öğretmenliğini seviyorum. Yani ben çok ayrıntılara takılarak öğreniyorum ve o sabırla cevap veriyor bana.” (Client 5)
- “Annene anlatamadıklarını gel bana anlat der, o kadar samimi ki. Çok güzel birşey anne gibi.” (Client 3)

7b- *Twinship*: The emotional process that self needs to experience for further development in which one feel being similar to parents or family members, where the emotional need of “being belonged to” is nurtured (Kohut, 1971).

Ex:

- “Mahallede çocuklar sataşırdı, gelir beni korurdu. “Canikom” derdi bana. (Belongingness by trust and saving.) (Client 1)
- “Dört tane teyzem var, hepsiyle de aram iyi. Hepsi de bana çok değer verir, adam yerine koyarlar.” (Client 2)

7c- *Idealization*: The emotional process that self needs to experience for further development in which one feels that there exists at least one parent or an elder adult in the family whom the child can idealize and believe in the somehow grandiose power of him or her, for further development of the self. (Kohut, 1971)

Ex:

- “Abim tam bir aile babası oldu. Çok sakindir.” (Client 3)

- “Lisede de bir ara benzer bir şey yaşıyordum ama kaldığım yurttaki ağabeyler o zaman çok yardımcı olmuştu, çok güveniyordum onlara. Tabii zaman geçtikçe, üniversite sonrası falan iş hayatına atıldıkça o gözümdeki yerlerini kaybettiler, dedim bunlar böyle konuşup böyle yapan insanlar. Eskisi gibi büyük gelmemeye başladılar bana. (First idealization, then Failed Idealization)” (Client 6)

7c1- Reversed Idealization: Presence of the idealization of client as a child by the parent, which is on contrary to the developmentally expected and normal, according to Kohut’s (1971) statements.

Ex:

-“İlk çocukluk anılarım...Nereden başlayayım yani? Yani evde en küçük ben olduğum için, iki tane ablam ve anne babam böyle el üstünde tutulurdum. Bir de ilk erkek olduğum için.” (Client 7)

-“Bir de memur çocukları iş yerinde böyle birbiriyle yarıştırdığı için sınav gerçeği ta o zamandan başlıyordu babam çalış diye getirirdi. İlçe genelinde hep birinci olmaya başladım. Herkes sonra beni tanıyor böyle işte bu birinci olan çocuk. El üstünde tutumaya başladım.” (Client 7)

-“Şey derler hep deden yaşasaydı sen kral olurdun, o okuyanı çok severdi, üniversiteye gidince altına arabayı çekerdi falan.” (Client 7)

7c2- Need For Reversed Idealization: Presence of the desire for a reversed idealization by client. This theme is developed on Kohut’s (1971) statements.

Ex:

-“Hatta bu takıntılarım yedinci sekizinci sınıfta başladı, o zamana kadar hep birinciydim. İşte o zaman liselere giriş sınavları başladı, çok strese sokuyordu. Daha çok okul sınavlarında ikinci olmak beni daha çok strese sokuyordu. Her konuda en iyi olmayı hep istiyordum. Sosyal anlamda da iyi olmayı istiyordum, böyle kızlardan ilgi göreyim falan.” (Client 7)

-“Ben aslında istiyorum ki bunlar olmasın, takıntılarımla olmasın da çalışabileyim. Para kazanayım. Zalim olmadığımı anneme gösterebileyim, onu da rahat ettirmek amacım. Hani güçlü olayım, onu rahat ettireyim, o da görsün. Benim bunları yapabildiğimi görsün. Beklediği kadar başarılı olabildiğimi görsün.” (Client 8)

-“İstiyorum ki onun istediği kadar başarılı olayım. Ama olamıyorum. Hep beklediğini yapamamış bir yerde buluyorum kendimi. Onun hayallerini gerçekleştirsem, benimle övünse. Onun yapamadıklarını yapsam.” (Client 4)

-“Hep hayalimde yapıyorum ama aslında gerçekte yapmak istiyorum. Çok güçlü olmak, kaslı olmak. Annemi her zorluktan korumak. Biri birşey mi dedi, hemen cevap vermek. Bir sıkıntı varsa çözmek. Ama olmuyor.” (Client 1)

7c3- Failed Reversed Idealization: Presence of the failure of reversed idealization when the client desires for it. This theme is developed on Kohut’s (1971) statements.

Ex:

-“Diğer derslere birinci olmak için çalışıyordum, sonra hep onu korumak için acayip stres oldum. Sınavlarda biri beni geçse üzülüp ağlıyordum. Kafamı duvarlara vuruyordum.” (Client 7)

-“Onun dışında sekizinci sınıfa doğru böyle ergenliğe geç girdiğim için de çok stres yapıyordum.” (No more a pioneer, a child in the world of adolescents) (Client 7)

7d- Failed Mirroring: The newly defined subtheme within this study in which one can not fulfill the Mirroring needs of self but worse, the opposite is experienced. Formed with respect to Kohut’s (1971) Mirroring concept. Other systemic and psychoanalytic theories also support the development of theme by micro and macro perspectives.

Ex:

- “Mesela eskiden dedem bana şey derdi, sus bak konuşma sana şu kadar para vereceğim.” (Client 1)

- “Böyle olmaz dedim, burada bir eksiklik var. Bir yerde bir mutluluk var ama onlar bunu bilmiyor. Bize de bağırdılar.” (Client 2)

7e- Failed Twinship: The newly defined subtheme within this study in which one can not fulfill the Twinship needs of self but worse, the opposite is experienced. Formed with respect to Kohut’s (1971) Twinship concept.

Ex:

- “İstenmeyen çocuk mu oldum, belki o rolden sıyrılmaya çalıştım. İstenmeyen, yalnız, dışlanmış.” (Client 1)

- “Baba tarafıyla çok görüşmüyorum zaten işte bir babaannem arada. Yani dedemin bir kardeşi vardı, geçen sene öldü işte, onlarla da çok görüşmüyoruz.. (Client 4)

- “Ertesi gün arabada dedi ki, annen benim evlendiğim bir kadın sadece. Annen benim için çok da önemli değil, ama sana bir şey olmasına dayanamam. Bu bana çok acı geldi.” (Client 3)

7f- Failed Idealization: The newly defined subtheme within this study in which one can not fulfill the Idealization needs of self but worse, the opposite is experienced. Formed with respect to Kohut’s (1971) Idealization concept.

Ex:

- “Başkaları ne derse desin haline gelince psikolojik olarak güçlü oluyor. Ailemde çok yok öyle biri.” (Client 1)

- “Öyle yani ben de babama dair çok bir şey bilmiyorum. Hani iyi adamdı yığitti falan derler. Bir de kardeşim doğunca hastaneyi terk etmiş, annem anlatıyor.” (Failure of idealization: Father abandoning the family- Not a beloved acceptance seen) (Client 1)

8- Major Theme: *Use of Fantasy*

Fantasy is a form of dream, which has a containing function (Bion, 1962 & 1963). Freud's (1895, 1907) studies revealed that it may have a regressive nature especially when clients have unbearably high levels of anxiety in their lives. Analysis of this research includes the use of fantasy either in a developmentally appropriate way that enables more unfolding, or in a more regressive-defensive way. This theme describes the use it.

Minor Themes:

8a- *Regressive Fantasy*: The newly defined subtheme within this study in which one creates a wishful desire either consciously or unconsciously and with a limited reality-touching approach in life. Regressive Fantasy is mostly developmentally immature and does not help the self to evolve. Rather it is full of wishful thinking, with no creative side. This subtheme is based on the works of Freud (1895,1907, 1924a, 1924b, 1935), Klein (1946,1948,1952, 1958, 2002) and further psychoanalytic theorists where fantasy has an internal wishful component.

Ex:

- "Ve mesela çok dizivari bir şey olailir ama bir gün annemin biz sizi evlatlık aldık demesini ve o aileyi bulmayı dilediğim bir hayalim var (gülüyor)." (Client 4)

- "Onun dışında ya mesela ibadetimin sayısını kaçırsam, eksik yaparsam kaygısı vardı.Yani ya eksik malzemem olursa ve ben yapmam gereken şeyleri yapamazsam, eksik yaparsam, bunun sonuçları iyi olmaz veya işte ibadetimi yaparken eksik sayıda yaptım, o zaman olmaz ve kendimi güvende hissetmem gibi." (Not surprisingly, all obsessions are a form of regressive fantasy, creating a wishful space and developing ways to overcome anxiety. These ways are not reality related.) (Client 5)

8b- *Creative Fantasy*: The newly defined subtheme within this study in which one creates a desire either consciously or unconsciously, and with a better reality-touching approach in life. Creative Fantasy is mostly developmentally mature and helps self to evolve. This subtheme is based on the works of Freud (1895,1907, 1924a, 1924b, 1935), Klein (1946,1948,1952, 1958, 2002) and further psychoanalytic theorists where fantasy has an internal wishful component.

Ex:

-“O yüzden şeyi istiyorum, biraz daha bu hata yapma korkumu yenebilsem iyi bir hoca olayım. Kendi öğrencilerim olsun, istediğim deneyi yapabileyim. . Onlara kendi heyecanımı geçireyim istiyorum.” (Client 3)

-“Bir de yapmak istediğim şeyler var, okumak, yazmak, alanımda gerçekten işimi daha iyi yapıp insanlara daha çok yardım etmek istiyorum.” (Client 5)

-“Ticareti uzun süreli yapabilmek istiyorum. Anlık kısa süreli para kazanmak değil, akıllı yatırımlarla bunu sürekli hale getirmek.”. (Client 6)

9- Major Theme: *Relational Aspects in the Microsystem*: This major theme includes minor themes that describe the systemic way of understanding relations in the family.

Minor Themes:

9a- *Vague Boundary*: Relational boundary which is not clear where individuals have inconsistent and blurred ideas on their responsibilities besides strict and flexible parts of being within family or system. This theme is based on the ideas and theories of Kerr & Bowen (1988) and Minuchin (1974). Other systemic and psychoanalytic theories acknowledged in the literature review also support the development of theme by micro and macro perspectives.

Ex:

-“Sonra, annemin teyzesinin ikiz çocuk doğurması var. Almanyaya çalışmaya gidiyorlar. Annem ondört on beş yaşlarında, on sekiz yaşına kadar dayımlara bakıyor. Dayımlar teyzesi olan kişiye anne, enişterine baba diyor.” (Client 4)

-“Babam belli bir yaşa kadar abimi kıskanmış, abim dönemsel olarak beni kıskanır. (Inappropriate jealousy, sign of vague boundary)” (Client 4)

-“Neyse sonra annemi çağırdım, annem durmaya başladı kapıda. Ben işte yıkanıyorum, sonra sesleniyorum ona. Geliyor kapıda bekliyo. İşte abdest alıyorum yüksek sesle diyor ki “1”., Sonra 2,3. Oldu mu? Oldu diyor.” (Vague boundary seen in OCD symptoms also) (Client 2)

9b- Clear Boundary: Relational boundary which is clear where individuals have consistent and non-blurred ideas on their responsibilities besides strict and flexible parts of being within family or system. This theme is based on the ideas and theories of Kerr & Bowen (1988) and Minuchin (1974). Other systemic and psychoanalytic theories acknowledged in the literature review also support the development of theme by micro and macro perspectives.

Ex:

-“Bana yaklaşabilecekleri yer belli olunca, o sınır belli olunca rahatlıyorum.” (Client 4)

-“Çünkü herkesin her alanıma müdahale etmesini istemiyorum.” (Client 4)

9c- Rigid Boundary: Relational boundary which is harsh and strict with very little or none flexibility allowed by family members. This theme is based on the ideas and theories of Kerr & Bowen (1988) and Minuchin (1974). Other systemic and psychoanalytic theories acknowledged in the literature review also support the development of theme by micro and macro perspectives.

Ex:

-“Ailem her zaman benim önümdeydi bu zamana kadar. Onların istediği yönde ilerledim.” (Client 2)

-“Küçüklüğümden beri mesela babam bana saat on olur onbir olur, hadi eve. Ben istem dışı saate bakıyorum artık, eve geç gitmemek için.” (Client 2)

9d- *Disengagement*: Infrequent and cold emotional contact within a relation where individuals are relationally distant from each other. This theme is based on the ideas and theories of Kerr & Bowen (1988) and Minuchin (1974). Other systemic and psychoanalytic theories acknowledged in the literature review also support the development of theme by micro and macro perspectives.

Ex:

-“Onu düşündüm de şimdi, babamla annem arasında da çok sevgi görmedim. Çok elele tutuştuklarını da görmedim yada hatırlamıyorum.” (Client 3)

-“Babam yine pek yoktu. Yani henüz boşanmamışlardı ama evde değildi.Şimdi de çok nadir görüşüyoruz.” (Client 8)

-“Annemle babam yakın değil, hatta belli ki çok mesafeli.” (Client 8)

9e- *Conflict*: Crisis that have an argumentative nature in which participants of the relation disagree with each other. This theme is based on the ideas and theories of Kerr & Bowen (1988) and Minuchin (1974). Other systemic and psychoanalytic theories acknowledged in the literature review also support the development of theme by micro and macro perspectives.

Ex:

-“Bir çocuk küçüklüğünden nasıl yetişirse büyüdüğünde öyle olur ama ben öyle olmadım. Hep bağırış çağırış hep bir huzursuzluk vardı evde.” (Client 2)

-“Her yaptığımıza karıştırdı, bağırdı, laf ederdi. Annem de ona yaranmak için hep bizi azarlardı, cezalandırırdı.” (Client 5)

-“Küçük ablamla çok kavga ederim.” (Client 6)

9f- Cutoff: A disconnection in the relation, either caused by an abandonment, divorce, death or any other reason in which a person experiences the sudden loss of other where he/she has a limited time and possibility to make meaning of the experience. This theme is based on the ideas and theories of Kerr & Bowen (1988) and Minuchin (1974). Other systemic and psychoanalytic theories acknowledged in the literature review also support the development of theme by micro and macro perspectives.

Ex:

-“Halamlarla annemin arası açık artık hiç görüşmüyorlar.” (Client 2)

-“Dört tane çocuk aldırılmış annem, epilepsi krizlerin yüzünden” (Cutoff by sudden loss: Like other cutoffs, no time for healing is allowed and creating a meaning through time is not possible) (Client 3)

-“Annem iyi biri olduğunu söyler ama halam var bir de mesela onunla babamlar birlikteyken de görüşmeyi kesmiş.” (Client 8)

9g- Scapegoated Triangle Edge: Distant relation where one individual is not valued and even blamed by the other; usually occurs in the triangulation process. This theme is based on the ideas and theories of Kerr & Bowen (1988) and Minuchin (1974). Other systemic and psychoanalytic theories acknowledged in the literature review also support the development of theme by micro and macro perspectives.

Ex:

-“Anneannem ve annem hep birlikteler. Hep aynı fikirdeler, ben hep evde bir sıkıntı olunca yalnız kalıyorum.” (Scapegoated Triangle Edge between the union of mother-grandmother and the client) (Client 8)

-“Babam da ailesine daha bağlıydı bize göre. Hep onlara koştururdu. Onlara koşturduğu kadar bize koşturmadı. (Scapegoat Triangle edge, mother and client with respect to father and paternal family)” (Client 2)

-“Babamla daha mesafeliydik o zaman. Babam da çok sert davranırdı, her şeye söylenirdi. Annem hep ağlardı, ben de babamdan uzaklaştım.” (Client 3)

9h- Enmeshed Triangle Edge: An abnormally close relation where a non-adaptive form of symbiosis is experienced by individuals, usually occurring in in the triangulation process. This theme is based on the ideas and theories of Kerr & Bowen (1988) and Minuchin (1974). Other systemic and psychoanalytic theories acknowledged in the literature review also support the development of theme by micro and macro perspectives.

Ex:

-“Bazen sesleniyorum abdest alırken beni izlesin diye, kaç defa oldu, 2 mi üç mü, her yerime su geldi mi diye.” (Enmeshment through OCD sx- where there exists a Scapegoated Edge also). (Client 2)

-“Anneannem ve annem hep birlikteler. Hep aynı fikirdeler, ben hep evde bir sıkıntı olunca yalnız kalıyorum.” (Enmeshed triangle between mother and grandmother) (Client 8)

-“Ama annemle mesela annemin o şey dönemlerini, regl, bana anlatmaması lazım. Yada belli başlı eşyalarının ortada olmaması lazım. Annem mesela kapıyı tıklatmaz, direkt giriyor.” (Enmeshment with examples) (Client 1)

10- Major Theme: *Persecution Anxiety:* This themes and the attached minor themes are based on Klein’s work (1946, 1948, 1952). As it is described in her works, persecution anxiety is the basis of the whole anxieties, related with the symbiotic need of human. The more symbiotic needs are met, the more one develops a cohesive self, the more individualize she is, the less persecution anxiety id experienced (Klein; 1946, 1948, 1952). Even this theme is not selected as an a-priori theme, it is very observable that clients who suffer from OCD describe a form of persecution anxiety; which is far from embodiment. Even the

theme is described as if it is felt coming from an “outer” place, this research shows that there are other ways of experiencing it.

Minor Themes:

10a- *Persecution Inward*: Persecution is described as a kind of fear that is stalking the individual, with or without being attached to any kind of object (Klein, 1946, 1948, 1952, 1958). Basing the development of this theme on this and further psychoanalytical understanding, Persecution Inward explains the extreme terror and anxiety that one feels and may be reflected on the occurrence of symptoms; where a highly destructive force attacks the individual. The main differential diagnosis of this type of terror is its original location; the internal world or self. (Stemming from self and attacking to self).

Ex:

-“Sonra şey çıktı işte, evde tek başına kalamama. Tek kalınca bir şey olacak gibi, bir şey yapacağım kendime gibi.” (Client 2)

-“İşte yalnız kalmamaya çalışıyorum genel olarak. Ya da böyle balkon kenarlarında, cam kenarlarında falan duramam. Kendimi aşağı atarsam diye düşünürüm.” (Client 2)

-“Sonra zarar verme takıntısı. Başkasına zarar verir miyim, kendimi aşağı atar mıyım başladı.” (Client 6)

10b- *Persecution Outward*: Persecution is described as a kind of fear that is stalking the individual, with or without being attached to any kind of object (Klein, 1946, 1948, 1952, 1958). Basing the development of this theme on this and further psychoanalytical understanding, Persecution Outward explains the extreme terror and anxiety that one feels and may be reflected on the occurrence of symptoms; where a highly destructive force attacks the individual. The main differential diagnosis of this type of terror is its original location; the outer world

or a place outer to self. (Stemming from a location outside the self and attacking to self).

Ex:

-“Sonra yavaş yavaş daha kötü hissetmeye başladım. Nasıl anlatayım. Yani tam da tarif edemiyordum ama iyi hissetmiyordum işte. Bir şey olacak gibi, kötü bir şey olacak. Ne olacak dersin bilmiyorum.” (The feeling that something bad will happen outside and affect the client) (Client 1)

-“Acaba eve birşey taşır mıyım, kanserojen madde götürür müyüm diye düşünmeye başladım.” (The feeling that something bad will happen outside and affect the client and her family, coming to in) (Client 3)

-“Geri dönüşü olmayan bir şey olacak diye çok korkuyorum. Burnuma bir şey olacak, bir şey çarpacak, çeneme bir şey çarpacak, kötü bir şey olacak.” (An unidentified thing will happen outside and cause big damage on the client) (Client 8)

10c- *Transitory Persecution*: Persecution is described as a kind of fear that is stalking the individual, with or without being attached to any kind of object (Klein, 1946, 1948, 1952, 1958). Basing the development of this theme on this and further psychoanalytical understanding, Transitory Persecution explains the extreme terror and anxiety that one feels and may be reflected on the occurrence of symptoms; where a highly destructive force attacks the individual. The main differential diagnosis of this type of terror is its original location; occurring somewhere between self and other, giving a sense of being caused by both and none at the same time. Winnicott’s (1971) descriptions about the Transitional area bases the explanation of the theme.

Ex:

-“Öyle. Ama zor olduğu kesin. Şimdi eskisi kadar olmasa da. Bir ara hatırlıyorum baya kötüydüm, yurttayken günaha girmeyeyim diye kestiğim tırnaklarıma bile çöpe atmadan abdest aldırıyordum. Yani işte onlar toprak olacak ya, günaha girmeyeyim diye.” (Client 4)

-“Bir de mesela şey de var, işte bir şey hissediyorum; bir sıvı geliyor diyelim ... Vajinamdan. İşte böyle hemen kirlendim, işte günaha girdim. Zevk mi aldım, ya zevk aldıysam diye hemen gidip abdest almak istiyorum” (Having joy within simultaneously causes a dramatic change outside, at the same time. The “outside” punishes the self. All happens at the same time –in parallel-.) (Client 4)

-“Onun dışında ya mesela ibadetimin sayısını kaçırırsam, eksik yaparsam kaygısı vardı.Yani ya eksik malzemem olursa ve ben yapmam gereken şeyleri yapamazsam, eksik yaparsam, bunun sonuçları iyi olmaz veya işte ibadetimi yaparken eksik sayıda yaptım, o zaman olmaz ve kendimi güvende hissetmem gibi.” (Something not internal or external, but at the intersection point of both. Just as in the previous example) (Client 5)

11- Major Theme: *Libidinal Issues*: This theme is coded on client’s statements that acknowledge about their bodily joy. These majorly include sexual joy, but not limited to it.

11a- *Libidinal Hedonia*: Theme that depicts the existence of a special type of hedonia, which is related with sexual issues and gratification. This theme observed to exist with respect to the Thematic Analysis results of this study.

Ex:

-“Yıllar sonra şeyi fark ettim, sallanırken zevk alıyormuş gibi oluyordum. Orgazma benzeyen bir şey. Kasisten geçerken de oluyor arabayla. Belki de küçükken böyle birşey duyuyordum, belki cinsel anlamda zevk alıyordum.” (Client 3)

-“Eskiden büyük memelerimin olmasını isterdim ama çok isterdim, o yüzden küçük oldu (gülüyor).” (Client 3)

-“Mini etekli bir kızı yedinci sınıfta görüp bundan haz aldığımda kendimi suçlu hissederdim.” (Client 6)

11b- *Libidinal Guilt*: Theme that depicts the existence of a special type of guilt, which is related with sexual issues and gratification. This theme observed to exist with respect to the Thematic Analysis results of this study.

Ex:

-“İşte sonra şey de vardı, ben acaba çok mu kendimi göstermek istiyorum, tahrik mi etmeye çalışıyorum insanları? İnsanlar benim vücuduma baksınlar mı istiyorum?” (Client 3)

-“Zevk mi aldım, ya zevk aldıysam diye hemen gidip abdest almak istiyorum. Yani genelde kirlenme gibi. Ama aslında böyle özünde şey var, yani işte Allah kızacak, günah işleyeceğim diye.” (Client 4)

-“Regl dönemimde daha rahatım mesela, abdest almama gerek olmadığı için. Ama normal zamanda kendimi çok aksıyorum ve vücudumu dinliyorum, zevk alacak mıyım diye.” (Client 4)

-“Mini etekli bir kızı yedinci sınıfta görüp bundan haz aldığımda kendimi suçlu hissedirdim.” (Client 6)

12- Major Theme: *Feature of Object Relations*. Based on the works of many different theorists, this theme considers features of object relating; either by splitting the object and the self or relating within a continuous manner.

Minor Themes:

12a- *Continuity*: Represents the persistence of anything that represents a wholeness, without any major disruption to cause failures in emotional attribution and meaning making processes. This theme represents both “internal consistency” and “the consistency of an outer event or object”. It is developed by the works of various psychoanalytic theorists including Klein (1946, 1948, 1952,1958) , Winnicott (1958, 1960, 1965a, 1965b, 1969, 1971), Bion (1962, 1963) and etc.

Ex:

-“İçimde böyle bir şey var benim, daha güçlü olmak. Eskiden fiziki olarak güçlü olmak gelirdi aklıma, şimdi psikolojik olarak da güçlü olmak.” (Continuity of self in the form of cohesiveness) (Client 1)

-“Pek önemsemiyorum aslında. Benim için asıl güç, şu an çok da yapabildiğimi söyleyemem ama şartlar ne olursa olsun hem fiziksel, hem ruhsal hem de psikolojik olarak ayakta kalabilmek. (Internal continuity and cohesiveness; by emphasizing physical and psychological parts) (A different client’s interview) (Client 1)

-“İlişki demek benim için çok yakınlık demek. Zor kurulan bir şey. Hemen olan birşey değil. Kurulduktan sonra da kopmayacak birşey.” (Fantasy and expectation of a relation turned into a consistent one in time and in property) (Client)

12b- *Split*: Failure of the intrapsychic continuity of images, emotional states, relations and any internal psychological state besides the failure of external occurrence of events. Based on the works of different psychoanalytic theorists (Bion, 1962, 1963; French, 1999; Heiman, 1952; Klein, 1946,1948, 1952, 1958; Ogden, 1999, 2001, 2004, 2009 Winnicott, 1958, 1960, 1965a, 1965b, 1969, 1971)

Ex:

-“Bir de mesela şey vardı, ııığ.. Gece rüya görürsem, yani sperm gelirse diye de korkuyordum. Sperm pis çünkü. Bazı zamanlar oluyordu. Her yer kirli gibi.” (Split of clean and dirty. Other body parts may be clean, except penis.) (Client 1)

-“Mutsuzluğunu çok fazla yansıtan bir annem var ve karşı tarafın hiç mutsuz olmamasını isteyen. Mutlu olmasını isteyen.” (Split of mother: Happiness is good, else is bad) (Client 4)

-“Ama her zaman yapmıyor işte, annem istikrarlı değil. Bazen yapıyor, sabrediyor sakince, yumuşak. Bazen birden alevleniyor. Bağırıp çağırıyor.” (Split of mother’s behavior; no smooth transitions seen). (Client 8)

13- Major Theme: *Types of Anxiety*: Existential theory depicts different forms of anxiety, which is more authentic in form or not. This major theme consists two minor theme based on the theoretical assumptions.

Minor Themes:

13a- *Neurotic Anxiety*: Kind of anxiety in which one has little or no touch with his or her existential issues, loss, temporal being and goes parallel to the development of symptoms, but not a solution focusing strategy. Neurotic anxiety is described by many different Existential theorists including May (1950, 1960, 1983), Tillich (1962), Deurzen (1996, 1998a, 1998b), İçöz (2020) and more.

Ex:

-“Çişim geliyordu; gelmesin diye az içiyordum suyu mesela. İçmiyordum yani.” (Client 1)

-“Sık sık el yıkamaya gidiyordum. Ellerimin üstü soyuldu, beyazlaştı.” (Client 5)

-“O durumla karşılaşmayayım diye; tuvalete girmeyeyim, kirlenmesin.” (Client 1)

13b- *Existential Anxiety*: Kind of anxiety in which one has more touch with his or her existential issues, loss, temporal being and goes parallel to the development of solution focusing strategies rather than symptom development. Existential anxiety is described with different phases by many different Existential theorists including May (1950, 1960, 1983), Tillich (1962), Deurzen (1996, 1998a, 1998b), İçöz (2020) and more.

Ex:

-“Zaten biliyorsun öleceğini, herkes biliyor. Herkes ölecek. Bir şeyi tamamlayamamak daha korkunç geliyor.” (Client 3)

-“Bazen de bilmediğimiz için kaygı verici oluyor ölmek. Ya da sevdiğim birinin ölmesi. Ölmesi ihtimali.” (Client 7)

-“Zaman benim için doldurulması gereken bir şey gibi ve ben bunu dolduramıyorum gibi hissettiğim için olumsuz ve zorlayıcı bir kavram aslında.

Şöyle bir örnek yeter: Kitap okumak vakit kaybıymış gibi geliyor. O yüzden çift iş yapmam gerekiyor gibi hissediyorum.” (Existential anxiety of not fulfilling the potential) (Client 4)

14- Major Theme: *Types of Guilt* : Existential theory depicts different forms of guilt, which is more authentic in form or not. This major theme consists two minor theme based on the theoretical assumptions.

14a- Neurotic Guilt: Kind of guilt in which one has less touch with his or her existential issues, loss, temporal being and does not go to parallel to the development of solution focusing strategies but rather than symptom development. Neurotic guilt is described with different phases by many different Existential theorists including May (1950, 1960, 1983), Tillich (1962), Deurzen (1996, 1998a, 1998b), İçöz (2020) and more.

Ex:

-“Birkaç defa oldu öyle, kızdı. İşte “Sen nasıl çocuksun, bu yaşta altına yapıyorsun, beni uğraştırıyorsun, çamaşırlar yıkanacak” diye.” (Guilt evoked by symptoms of client) (Client 1)

-“Sonra annemi üzüyorum, anneannemi üzüyorum, anneannemin tansiyonu benim yüzümden çıkmış diye.” (Feeling guilty by what client’s family says) (Client 1)

-“Annem ile babama kanserojen bir madde bulaştırmak, onların ölümüne sebep olmaktan korkmaya başladım.” (Guilt embedded in OCD symptoms) (Client 3)

14b- Existential Guilt: Kind of guilt in which one has more touch with his or her existential issues, loss, temporal being and goes parallel to the development of solution focusing strategies rather than symptom development. Existential guilt is described with different phases by many different Existential theorists including May (1950, 1960, 1983), Tillich (1962), Deurzen (1996, 1998a, 1998b), İçöz (2020) and more.

-“Bunları yaşadın, acı çektin. Ne oluyor? Bu aralar mesela yemeğe verdim kendimi, bir şey yapmamak için. Ne oluyor da o eski değer bilmez halime dönüyorum, hiç bilmiyorum. Ama acısı çok kötü çıkıyor. O yüzden zaman deyince aklıma bir tek nankörlük geliyor benim yaptığım.” (Client 3)

-“Tembellik etmek bir özgürlük ya. Yapmak istediğim şeyler var ama o zamana genellikle sığdıramıyorum. Kıymetini bilmem, daha iyi harcamam gerekiyor ama ne kadar farkında olsam da yapabildiğim söylenemez. Yani yapmak istediğim çok şey var ama, bir gün zamanım bitecek ve ben bir çoğunu yapmamış olacağım.” (Client 5)

15- Major Theme: Responsibility Issues: This theme is coded with respect to client’s expressed attitudes in life. It is based on the understanding of existential concepts.

Minor Themes:

15a- *Responsibility Taken*: Theme that depicts the existence of responsibility either within client and within the family, according to results of this study.

Ex:

-“Yani düştüğün zorluklar yada umutsuzluklar, onun acısını belli bir şeyde yaşayıp sonunda var olmayı, yaşamayı, pes etmemeyi, bu hayatta yaşamayı seçmek. Yani ben bunu basketbol olarak söyleyeceğim mesela, sakatlandığımda bir daha basketbol oynamayacağım diyebilirdim. Bu da bir seçenek ama sahip çıktım. Ne oldu ne olmadı ama önemli olan benim için zevk almaktı, orada güzel anılar biriktirmek. Şunu da onu yapmaya çalışıp uğraşacağım. Hoşuma giden şeylere sahip çıkıp bu.” (Client 1)

-“Çok korkmama rağmen bir karar verdiğimde, kendimi hissizleştirmedim nadir anlarda, korktum ama yaptım dediğim zamanlarda var olduğumu hissettim.” (Client 3)

15b- *Failed Responsibility*: Theme that depicts the existence of failed responsibility either within client and within the family, according to results of this study.

Ex:

-“Okula gidesim gelmiyordu. Yatıyordum yada mesela okula gittim mi bir boyacı ağabey vardı orada, iyi bir insan, onunla sohbet ediyordum.” (Client 1)

-“Bir yandan ne yapmak istediğimi bilmiyordum hayatta, yani ne okuyacağım? Bu bölümü bırakmak için iyi bir amacım sebebim olması lazım. O yok. Bırakamıyorum ama devam da etmek istemiyorum.” (Client 3)

-“Çok özgürlüğüme düşkün bir insan değilim. Kendime karışılmasına çok müsaade ediyorum. Çok çatışmaya girmeyi sevmiyorum, zor geliyor. Hakkımı aramak yerine elimde, içinde bulunduğum koşulla ne yapabilirim diye o şekilde yaşamayı tercih ediyorum çoğu zaman.” (Client 4)

16- Major Theme: *Learning Difficulty*: Theme remarkable by the existence of learning and concentration problems, that clients express within this study.

Ex:

-“Derslerim de iyiydi aslında ama anlamamaya başladım. İşte sınav zamanı. Giderek anlamamaya başladım.” (Client 1)

-“Ama mesela üniversitede işte üçüncü ve son sınıfta o iş takibini de yapamaz olmuştum, giderek dersleri anlamamaya başladım.” (Client 6)

-“Yapmam gerekenler aksıyor baya bir, yani çok azını yapabiliyorum aslında. Sınavlarıma çalışamıyorum mesela. Bir son tarih de olmadığı için daha sıkıntılı oluyor. Öyle.” (Client 7)

17- Major Theme: *Anger*: Theme that depicts the existence of anger according to clients' statements, within this study. Even it was not an a-priori theme, its obvious appearance regarded it to be a major theme.

Ex:

-“Öfke vardı yani. Öfkeliydim işte, her şeye, herkese öfkeleniyordum.” (Client 1)

-“Ben tuvaletten çıkarken çağırıyordum hep annemi. İşte şey gel temizle diye. Çok öfkeliydim de ama” (Client 1)

-“Eskiden çok olay çıkarırdı, onun yarattığı huzursuzlukların bedelini de yaşardım. Ondan bir öfkem de vardı ona.” (Client 5, talking about her brother)

18- Major Theme: *Doer-Done*: Theme that depicts the experience of splitted roles within life, either as the powerful and dominant, or the less powerful and passive. The theme is based on the writings of Sartre (1957).

Ex:

-“Güçsüzsen eziyorlar, ezilip yara alma ihtimalin var.” (Client 1)

-“Sonrasında mezuniyetimde, yüksek lisans başvurumda, yüksek lisans mezuniyetimde, hep yaşadığım zorluk ve zulümlerde oldu bunlar.” (Client 8)

-“Ben anneme zulmetmek istemiyorum, bu niyette değilim. Elimden gelse ona daha çok destek olacağım.” (Client 8)

19- Major Theme: *Limit Situation*: The situations that force individuals to face with their existential realities, time-limited existence and any kind of boundaries that people are stucked in. An encouraging factor and a motivation force for further self development, based on the writings of Jaspers (1951).

Ex:

-“Babamın ölümü. Onun eksikliğini hissetmem. Ölüm ben ve babamı ayıran birşey gibi.” (Client 1)

-“Böyle paranoyakça şeyler de vardı. Sigarayı bırakma ilacı vardı, o tetikledi. Televizyonda birşeyler izliyor. Bana görev verdiler benim kendimi öldürmem gerekiyor diyordu mesela geçen yıl.” (Limit boundary: When one sees any failure with reality checking, mostly seen in psychiatric conditions) (Client 3)

-“Ölümünden kurtulduğum bir dönem vardı onu hatırlıyorum. Bizim apartmanda elektrik sayacı vardı, elektrik sayacının utusuna dokunmuştum bilmeden.” (Client 6)

20- Major Theme: *Self in Relation*: This major theme is selected as an a-priori theme do understand how clients are threatened by their surrounding environments in relational context. This theme includes three minor themes of Engulfment, Implosion, Petrification (Laing, 1969a & 1969b).

Minor Themes:

20a- *Engulfment*: The experience of feeling as if being surrounded and engulfed by the presence of another, which causes intense anxiety about the insurance of self (Laing, 1969a & 1969b).

Ex:

-“Bir kız arkadaş veya biri olduğu zaman sürekli birine bağlı olma gibi, özgürlüğün kısıtlanması gibi. Biri olursa hayat enerjimin düşecek gibi geliyor.” (Client 1)

-“Bazen oluyor annemden para istediğimde az bir para veriyor, ne yapacaksın ne edeceksin diyor. Tamam diyorum istemedim. Para muhabbetine girmemek için. Özgürlüğümü kısıtlıyor” (Client1)

20b- *Implosion*: The experience of feeling the self as internally empty, with less or very few to define the its self and which in turn may cause the collapse of self (Laing, 1969a & 1969b).

Ex:

-“ Sonra şey çıktı işte, evde tek başına kalamama. Tek kalınca bir şey olacak gibi, bir şey yapacağım kendime gibi. Hadi evde tek kalmadın, bu sefer de bizimkilere diyorum ki sakın ben uyumadan uyumayın.” (Internal emptiness, causing anxiety of what will be coming from inside.) (Client 2)

-“Beni neyin mutlu ettiğini bilememek.” (Sign of internal emptiness, does not move not to implode) (Client 4)

20c- *Petrification*: The experience of feeling as if being turned to an object, an aliveness creature by the dominant presence of the other besides the harsh and hard manipulation by other (Laing, 1969a& 1969b).

Ex:

-“Çünkü elindeki diğer ürün, abim bir şey yapmamıştı. Umutla bakıyor ama ortalamayı gerçekleştiriyorum.” (Petrification by mother and petrification of self) (Client 4)

-“Babamın çok baskısı vardı bizim üzerimizde. Babamın teşvik edici yönü yoktu, sınavı kazanmamız gerekiyordu sadece.” (Petrified by behaved as an object) (Client 6)

21- Major Theme: *Search for a Forth Figure*: Some clients declare that their search for a forth figure is active in their life, which destroys the once settled Triangulation process within the Microsystem. The analysis of these clients' interviews also show that they experience “Pre-Continuous and Post-Continuous Triangulation” types in which once established triangle that is highly rigid and discouraging for further individualization process is collapsed. Rise of Post-Continuous Triangulation involves less enmeshed and scapegoating relations, but more healthy and well balanced relations with figures in Mesosystem.

Ex:

-“İşte şimdi bir erkek arkadaşım var, hayatı paylaşıyorum onunla. Daha az acıtıyor birşeyler.” (Client 3)

-“Erkek arkadaşımın varlığı bana iyi geliyor. Annemler gibi değil, huzurlu, sakin. Artık ben de baya daha az takılıyorum kim surat astı, kim küstü diye.” (Client 5)

-“Eşimin varlığı bana baya iyi geliyor. Eskiden kaybolurdum bizim evin meselelerinde. Yok yanlış mı karar aldım, babam kızar mı, kim ne der? Şimdi de düşünüyorum ama çok daha az rahatsız ediyor” (Client 7)

5.2.- Results of “Benliğin Ayrışması Ölçeği”

Four different sub-score can be obtained by using Benliğin Ayrışması Ölçeği (Işık & Bulduk, 2015): Emotional Reactivity Score, “I” Position, Emotional Cutoff, and Fusion with Others. Maximum score that can be obtained on each area is 30 and the higher the scores are, individuals are found to be better developed on that area. Results for the clients are as in the following:

- Client 1:
 - Emotional Reactivity: 11
 - “I” Position: 14
 - Emotional Cutoff: 18
 - Fusion With Others: 15
- Client 2:
 - Emotional Reactivity: 5
 - “I” Position: 27
 - Emotional Cutoff: 16
 - Fusion With Others: 6
- Client 3:
 - Emotional Reactivity: 17
 - “I” Position: 24
 - Emotional Cutoff: 22
 - Fusion With Others: 22
- Client 4:
 - Emotional Reactivity: 5
 - “I” Position: 9

- Emotional Cutoff: 9
- Fusion With Others: 16
- Client 5:
 - Emotional Reactivity: 16
 - “I” Position: 26
 - Emotional Cutoff: 12
 - Fusion With Others: 22
- Client 6:
 - Emotional Reactivity: 16
 - “I” Position: 15
 - Emotional Cutoff: 16
 - Fusion With Others: 23
- Client 7:
 - Emotional Reactivity: 16
 - “I” Position: 19
 - Emotional Cutoff: 12
 - Fusion With Others: 17
- Client 8:
 - Emotional Reactivity: 7
 - “I” Position: 11
 - Emotional Cutoff: 15
 - Fusion With Others: 16

CHAPTER 6: DISCUSSION

6.1- General Discussion on Results

Genograms, two-dimensional systemic diagrams and three-dimensional systemic diagrams are constructed to satisfy a better discussion source in Appendix F, besides a comparative-summary table of some basic themes for all clients in

Appendix G.. All discussions that are detailed in here are based both on Results and these satisfied appendixes.

6.1.1- General Discussion on the Integration of Evolved Themes: How They Contribute to Each Other in This Study

Since OCD is a very complex kind of psychopathology with many different factors influencing the symptomology, it is not so easy for one to try to discuss the results of data analysis in here. Still this study may be helpful for drawing some interesting explanations. To start with, it is very surprising for me as a researcher to see that there are more interesting themes than once I have guessed and supposed. “Triangulation Type” is one to start with discussing. This study reveals that OCD clients may experience either “Continuous Triangulation” that are stable in time or these continuous relations may come till a point and then change into a new one; causing a “PreContinuous and Post-Continuous Triangulation” style. A third interesting triangulation style is found to be the “Rapidly Shifting Triangulation”, in which the same attachment figure acts both in enmeshed and scapegoating ends at the same time. It is important to state that only two clients (Client 3 and Client 5) describes Pre-Continuous-Post Continuous Triangulations in which they formed –highly enmeshed relations- with a person whom then left this enmeshed relation to a distant one. These two clients describe their most intense OCD symptoms a) While they had enmeshed relations with that specific figure, b) long time enough after they felt as if they were abandoned. These times are the periods that clients experience high levels of anxiety and desire to form a symbiosis with the beloved one. Both clients (3 and 5) describe relatively less anxious state with less severe OCD’s when they accept the loss. Still they searched for another figure to merge and their anxiety cause existence of OCD symptoms, but with relatively in low level.

Basing my interpretations on the content of interviews and my personal feelings through the research, it will not be wrong to stay that “Continuous

Triangulation” (with no change in triangulation story, with no loss, no murning but high enmeshment instead) and “Rapidly Shifting Triangulation” seems to cause more distress, more desire for further enmeshment, more anxiety and increased OCD symptoms. Thus, rise of Pre-Post Continuous Triangulations in adult clients who are diagnosed with OCD may be a very late step for individuation, that might be worked within family. Other two forms of Triangulation types are seem to fail even in this late individuation process; serving for a pathological, not-nurturing symbiotic-like state.

To understand the general picture as a whole, I want to consider how “Objects of Obsession” relate with “Persecution Anxiety” then. It is clearly seen by Appendix G that “Object of Concern” is definitely –the self- of the client in many ways, either the expected harm may directly come to it, or not. On the other hand when we look at the “Evocative Object”, we see that this type of object changes from case to case and time to time. As a fantasized internal object in which client attributes too much destructive power, it may wither be a part of self (a part of body), an act of self, or a totally disengaged object outside to self (like chemicals, high places, etc.) which client finds as mostly dangerous. It is very important to note that not all obsessions have a concrete Evocative Object, as one may see in Appendix G. These obsessions have a different type of nature according to my hypothesis, which is discussed below.

Turning back to conditions where Evocative Object exists, it is important to understand the nature of Evocative Object whether as a part of self, or if it is totally disengaged to self. The nature of Evocative Object may explain us the nature of obsessive anxiety; the nature of “Persecution Type”, according to my theory. As Klein (1946, 1948, 1952) and further psychoanalysts point out the importance and function of “Persecution Anxiety” as an unknown, irrational but strong survival anxiety; it can be said in here that obsessive anxiety may be a form of Persecutory Anxiety where the client experiences separation-individuation problems, to my own views.

“Persecution anxiety” is found to have different types according to the results of this quantitative analysis: “Persecution Inward” is the type of persecutory anxiety in which both the “Evocative Object” and “Object of Concern” is the part of self, or experienced as if it is embedded within self. The threat that is coming from within and targeting the self again may vary from spreading dirtiness to survival danger. It is very interesting that even “other people” may slightly be involved in the “Persecution Inward”, they are not found to be as the ones who are evoking the threat, but may somehow be affecting from the threat. Inturn, these “other people” may be identified as the “Punisher Object” (in Objects of Obsession), at most. This phenomenon may be acknowledged as the following: When clients experience “Persecution Inward”, they are probably full of emotions like like increased responsibility, increased shame and guilt. “Others” seem not to be experienced as responsible from the potential coming threats. This might be explained by the studies of Mahler and her colleagues (1975) where the once caregivers unconsciously threat the child against further separation and the child fids herself guilt rather than any other. Besdies, the internalized anger of caregiver stimulates over-responsibility in clients (Klein; 1946, 1948, 1952).

“Persecution Outward”on the other hand is the type of persecution in which at least one part of the Evocative Object is an outer object else than self or parts of the self. Sharp objects, high places, chemicals are among the parts of these Evocative Objects. On the other hand it is very interesting to see that, other people, especially the beloved ones are not still part of Evocative Objects; only part-objects (Klein; 1946,1948,1952) of beloved ones may be experienced as Evocative Object where the client is irritated by any negative signal from them. Other people –as beloved ones- are found to be as “Punishing Objects” at most, in this specific kind of persecution anxiety.

Finally, “Transitiory Persecution” is mainly different than “Persecution Inward” and “Persecution Outward” because of the combined following reasons:

1- Client assumes that the highly punitive-guilt “Evoking Object” is a part of self which is involved in a forbidden experience; 2- The Punishing Object is a shared imaginary, not-embodied, not-concrete object within family which is highly omnipotent, angry and cruelly punishing; 3- The nature of punishment is also not embodied, concrete and can not be directly sensed “at the moment” but rather an “as soon as coming-destructive one” which is beyond predictability. The absence of any concrete “Evoking Object” with the presence of a not-embodied “Punishing Object” supports the ideas of Winnicott (1958, 1960, 1965a, 1965b, 1969, 1971) about the existence of a “Transitional Space” where we try to interact with the world in which no fully external objects can exist, the illusions are highly active and the desire for symbiosis is still extremely high (Praglin, 1974). Just similar to how clients describe their obsessions, studies on the subject support the idea that this is a different type of Persecution with specific features.

These results possibly encourage me to see that obsessions are not homogenous in nature; but differ variously, possibly with respect to the developmental level of ego. Here, I believe that “Transitory Persecutions” are the most immature forms of obsessions, where the desire for symbiosis is still extremely high (Mahler, 1975), self is relating through part-objects (Klein; 1946, 1948, 1952) and the person could not be satisfied enough from the nurturing sources of transitional area yet (Winnicott; 1958, 1960, 1965a, 1965b, 1969, 1971). It then causes the involvement of –parts of self- as “Evoking Objects” with the predominance of fantasized-omnipotent “Punishing Objects”. Since the involvement of “Persecution Inward” and “Persecution Outward” requires an acquired-psycho difference between the internal and external worlds, these two types of persecution anxieties may be secondary in development. Still much to be observed and analysed, the involvement of extreme responsibility, extreme guilt and extreme anxiety through the all types of “Persecution Anxiety”, it may be said that separation-individuation process of ego is prohibited by many other possible factors.

Here, I believe that among the most important factors that causes the evolvement of these different obsessions with different “Persecutory Anxieties” and “Objects of Obsession”, is the theme “Self in Relation”. As it is stated in previous pages, “Self in Relation” consists different types of pathological relating that is described by Laing (1969a, 1969b). According to Data Analysis, it is seen that many clients who experience a form of OCD may be suffering from “Implosion” –as a type of this theme-, however clients who dominantly expresses –uncertainty about their own mood, emotions, affects and bodily sensations- are possibly the ones who suffer from this type of relating problem at most. Considering Client 2 and Client 4, it is possible to see that their obsessions that involve Transitory Persecution are significantly identified with the –lack of knowledge or awareness on if they want something, like something or even feel something. The main aspects of self, including the physical ones are being questioned by client and these clients can not reach to answers of such questions within (Ex: “Zevk aldım mı?” Client 4- “Kendimi bıçaklırsam?” Client 2.) Additionally, clients who suffer from harsher and resistant OCD symptoms (like Client 2 and 4) may report more Petrification rather than Engulfment through their interviews (Ex: “Elindeki diğer ürün bendim” -Client 4 and “Onların istediğini yapıyorsun başka yolu yok, robot gibi”, Client 2).

According to my own theory, resistance of OCD symptoms and even the relapse rate of them are somehow related with the intensity of two “Self in Relation” themes; “Implosion” and “Petrification”. Even “Engulfment” is a strong triggering source for anxiety, Implosion and Petrification are more critical for OCD development: The former depersonalizes the human, creating a shell of ego with no or very less internal quality to identify the self and the latter is harshly used for dehumanizing projective identifications in which clients are being turned to a lifeless object for the other. Data Analysis results also support my this view: All clients reported more Petrification and Implosion results than Engulfment, besides their expressed subjective statements on the issue. According to my own

view, it is the involvement of “Petrification” that changes the development of psychopathology to OCD, rather than mere Major Depression.

Another major theme that contributes to the development of OCD symptoms is “Self-Object Needs”. All clients that attended this study reported high numbers of “Failed Mirroring”, “Failed Twinship”, “Failed Idealization” needs, even they might have not reported and “Twinship” or “Idealization” theme through their interviews. These results may support many other psychopathologies in further researchers. Still, the evolved themes of “Reversed Idealization”, “Need for Reverse Idealization” and “Failed Reversed Idealization” are important to discuss in order to understand OCD. “Need for Reversed Idealization” is an unexpected occurring theme in some clients of this study (Client 1, Client 4, Client 7, Client 8) where the clients want to be seen as the strongest person in the eye of their caregivers, who can solve any problems for their parents and who can nurture them. This shift as the source of idealization from caregiver to child is possibly an important differential factor in the development of OCD, where self object needs can not be obtained from the parent but a reversed responsibility to fulfill the needs of parents are internalized by the clients. All clients state that such a reversed role is internalized by the possibly unconscious affects of caregivers (Ex: Client 1-“İşte herkes şey dedi, sen bu evin erkeğisin, annenden kardeşinden sorumlusun”, Client 4- “Onun bakışından anlıyordum, okula sık gelip gitmesinde. Beklentileri büyüktü benden, karşılayamadım.”). It is then possible to describe such an intersubjective field as the one that caregivers fail to fulfill the “Self-Object Needs” (Kohut; 1971; Kohut & Wolf, 1978), but rather reversed parenting is introjected by the different uses of projective identification (Klein; 1946, 1948, 1952, 1958, 2002) where finally the self is stucked between the desire or even necessity to fulfill the need of –becoming omnipotent one-. In reality “Engulfment”, “Implosion” and “Petrification” (Laing; 1969a,1969b) causes a weak, mostly internally empty and depersonalized type of ego; which is highly immature.

“Relational Aspects in the Microsystem” is then the general factor that determines under what circumstances these factors contribute to development of OCD. Involvement of intense “Rigid Boundary”, “Vague Boundary”, “Disengagement”, “Conflict” and “Cutoff” possibly causes a highly threatening environment in which the child can not experience the holding and containing processes (Bowlby, 1969, 1988, 2008; Winnicott, 1958, 1960, 1965a, 1965b, 1969, 1971). The failure of secure attachments and the containing-holding function with high “Petrification”, “Implosion”, “Reversed Need For Idealization” and the unsatisfied needs of developmentally appropriate symbiosis may then be strengthening the normal “Persecutory Anxieties”; causing a developmentally inappropriate form of it; the Obsessional Neurosis. As it is seen, the highly rigid, less adaptive, less flexible “Triangulation Processes” with extremely “Enmeshed Triangle Edges”.

To discuss the phenomenon in detail, it should be stated that all enmeshed relations are potentially risky for the development of psychopathologies as it was previously stated by different psychotherapists (Allen & Polonti, 2011; Bowen, 1976; Brown, 2007) Through this study, it may be claimed that not only the involvement of a rigid “Enmeshed Triangulation Edge” but also the involvement of strongly punishing, critical, distant “Scapegoating Edge” may be pushing clients to a more regressive state where any attempt of individuation is discouraged. Besides, the involvement of “Rapidly Shifting Triangulation” in the Microsystem may be an increased risk factor for the development of OCD in the family, where any vagueness, uncertainty destroys the security feelings within the client and pushing her back to the Paranoid-Schizoid state, causing more Enmeshed relations regardless of the type of dominant Triangulation Process within the family. These discussions can be supported by the works of Gehart & Turtle (2003), Klitzing (2003) and Waska (2010) as it is stated in the literature review.

Involvement of “Continuous Triangulation Type” and “Rapidly Shifting Triangulation” in the Microsystem (not nuclear family, since some clients declared that they have been living the fusion of nuclear family and extended family as the Microsystem and the common point is the involvement of these themes in the Microsystem) are then possibly increasing risk factors in the development of OCD. “The Pre-Continuous and Post-Continuous Triangulation” may still be very difficult to live through for the clients, but the absolute and non-requested separation of the Enmeshed relation within this type of Triangulation is possibly a tasteless encouraging factor for further individuation process. (Clients 3, 5, 6 and 7 describe this type of triangulation and they also state that their most intense OCD symptoms took place while they were living an “Enmeshed Triangle Edge” with an either caregiver which then disengaged. Still living OCD symptoms, they now describe both their obsessions and compulsions as less distressing. Besides all of these clients inform that they have new relations with people from Mesosystem, after the Enmeshed relation is broken.). Thus, the theme “Search for A Forth Figure” is possibly a resilience increasing factor against the OCD symptomology.

Another resilience increasing factor may be the involvement of “Joy-Play-Fun” in the lives of clients. Not all but many of the clients express their memories on play, especially in their childhood. All clients identify those memories as the happiest times in their lives. Clients who strongly emphasize the joy of play in their memories also state less severe OCD symptoms, more new and balanced relations (Clients 3,5,6 and 7). Thus, I argue that even there may be risk factors for the development of OCD, involvement of “Joy-Play-Fun” acts a protective factor against it.

“Doer-Done” and “Split” themes are possibly further increasing risk factors for OCD. They cause more failures in cohesive ego development and intensify the arise of obsessive defenses. “Learning Difficulties”, “Anger”, increased “Neurotic Guilt”, increased “Neurotic Anxiety”, increased “Libidinal

Guilt” as a result of experienced “Libidinal Hedonia” then become among the major results of symptomology, beside the compulsive behaviors.

It is possible to assume that the use of “Creative Fantasy” is potentially parallel to the occurrence of “Responsibility Taking” theme, especially when the ego gets more mature and cohesive; causing less occurrence of OCD symptoms.

6.1.2- Potential Evolved Theory of This Study: How Systems Affect the development of Being

Returning back to theories of Klein (1946, 1948, 1952) and Mahler (1975), one can understand the evolution of human ego or self as a product of a function of time where the nature of time depends on the child-caregiver relation. Specific analysis of this study show that this child-caregiver relation is highly problematic in the lives of OCD patients regardless of the “Triangulation Type” they have been experiencing since they experience at least one highly enmeshed relation and a highly scapegoating relation in their Microsystem. However, it is hardly possible to understand the exact effects of these relations on the client unless one carefully analyzes the nature of the relation depending on the various examples clients give. Through these analysis, it becomes possible to see that the cumulative effect of enmeshing and scapegoating relations depends on how much family members use “Implosion” and “Petrification” on clients. Since human psyche is very vulnerable to any effects from the very beginning of her immature ego (Klein, 1946 & 1948) and since the ego is itself the sum of projection and introjection functions (Heiman, 1952; Klein; 1946, 1948, 1952); the projected desires for further “Implosion” and “Petrification” forms the young ego from the very beginning in OCD clients. According to my own view, the requisite needs of Mirroring, Twinship and Idealization (Kohut, 1971; Kohut & Wolf, 1978) are rarely met, causing a –huge emptiness where the inborn capacity of persecution anxieties flow higher-. The more the ego is not nurtured by Self Object Needs, the more it is getting fulfilled by the -insent projections of

Implosion and Petrification from caregivers-. Moreover, these –Projections for Petrification- are seem to be full of Reversed Idealization Needs of elder family members on clients; the inevitably evolving superego is mostly built by blocks of guilt and anxiety for not pleasing the others.

This high anxiety and guilt provoking projections in superego thus inevitably causes harsh attacks on the ego, as Freud state in his works (1924a). For a second, try to imagine that there exists a premature ego with weak defenses on which a harsher super ego attacks. Survival is still a critical issue for the self and it becomes getting harsher and harsher; the immature ego should deal with her own persecutory anxieties and her own survival issues besides the expectations pushed by the only –thing- that it can be attach; caregiver. It means there exists a failed caregiving functioning of a transformative object in this new life (Baker & Baker 1987) where beta elements are rapidly increasing in the psyche of young ego (Bion, 1962 & 1963). The young ego is exposed to a Transitional Space (Winnicott, 1958, 1960, 1965a, 1965b, 1969, 1971) where even the first in-between experiences give chaotic messages. It is then understandable how the immature ego attaches symbolic meanings of obsessions and compulsions (Freud, 1895 & 1907) with the increased use of Isolating and Undoing defenses (Freud, 1935).

It is important to focus on Heidegger's work in here, to understand how this specific kind of situation may be affecting the unfolding potentials of clients by then. Here, it can be stated that this form of existence; the engulfed, imploted, petrified where one projects her own wishes, desires and needs on other –the immature ego- not fpermenantly but as temporal, is very difficult for “Being” to eveolve. As Dasein's precursor requisite, “Being” needs an existential space to unfold, to experience its “Being-in-the world” and “Being-with-others” in the most possibly authentic form (Heidegger, 1927). I believe that the relational nature of these caregivers prevent the necessary evolution of “Being”, but rather pushes it to exist as if it is a “being”; in which the second has no will for further

unfolding possibilities. Winnicott's (1958, 1960, 1965a, 1965b, 1969, 1971) "Transitional Area" then turns into a –non-existential area- for clients with highly experienced "Ontological Insecurity" (Laing, 1969a, 1969b; Leontiev, 2015; Temple & Gall, 2018).

Here, it turns into a devaluing, dehumanizing, petrifying relational area where client does not only experience these relations; but also introjects them for further "Projective Identification" processes and using them as tools of new developing ego and superego. Losing its nurturing nature, I believe that this relational area is now turned into what I call the "Pathological Transitional Area" for clients. Just as May (1950, 1960, 1983) claims, one then experiences more dissolution and loss in her ability to feel full and lively, as it is similar to what clients declare through their interviews in this study.

The inability to stay with the emotional content of the lived experience (Spinelli, 2006) are then compassed by the evolved symptoms as Freud (1924b) noticed. Symbolic meanings of symptoms are embedded in the compulsive rituals (Freud, 1895 & 1907), but rather, here I consider that it is not only about the unconscious desires of id or conflicts between ego and superego. These symbolic meanings are rather what is projected to client's ego in the "Pathological Transitional Space", the ways and hows of petrification at most. The client who feels ontologically unsafe repeats the "Doer-Done" paradigm through her compulsions, so petrified by other and being petrified by her self again. This means that it is possibly not only like as May (1960) have stated: There are some symptoms to preserve the existence of self, but there are also other symptoms designed to keep the ways of "being" –or the parts of "False Self" as it is petrified by the other. The involvement of compulsive rituals that focus on Umwelt rather than Mitwelt can thus be seen as the "petrification of self by self again, as just experienced by especially focusing on inanimate objects and parts of self". This can be seen through the interviews; clients who report high petrification in their relational area also consider OCD symptoms in which they dehumanize and

petrify themselves again (Ex: Client 5 reports that she is a “product” for her mother “which has to be successful”. This same client also experiences obsessions of “prohibiting to feel any sexual excitement”, turning herself into a non-living thing.) The regression to Umwelt, with increased anxiety on Mitwelt is then the result of this inhibited Eigenwelt. That is possibly why like in other psychological problems, Eigenwelt development is generally impaired with no or less unfolding of Überwelt (Derzen & Addams, 2010).

Since at least one parent is extremely enmeshing and one other is mostly scapegoating, clients experience -more stucked- in this Pathological Transitional Area. The underdeveloped problem solving skills of parents turn into failures in problem solving patterns of family (Ryan, Epstein, Keiter, Miller & Bishop, 2005). Not only the client as a child but also the parent enmeshes more, forming a high fusion relationship with each other. It here reminds me what Heidegger (1927) emphasizes about the nature of thrownness: The ongoing thrownness of Dasein is longly been experienced in this enmeshed-petrified form, longly and repeatedly. Maladaptive triangles (Bowen, 1976; Gehart & Turtle, 2003) either “Continuous Triangulation”, “Rapidly Shifting” or in the form of “Pre-Post Triangulation” causes increased responsibility in subsystem, where clients belong (Buehler & Welsh, 2009). Destroyed roles and responsibilities (Killenger, 2010) also seen as the involvement of family members in rituals. At this point, I believe that this inclusion to OCD rituals is not just a reflection of clients’ needs. It is also the maladaptive symbiotic way of existence for parents of clients, where their existential vacuum is filled with (Deurzen, 1996, 1998a, 1998b).

Looking back to Systemic Theory, it is possible to consider the enmeshed MicroSystem-Mesosystem phenomenon in the same way; once imploted caregiver tries to compensate her ontologic anxiety by developing fusions, regardless of where the -chosen figure- is. This chosen figure is mostly her child, but there are also other figures in the mesosystem selected.

A depicting drawing is added in Appendix H.

6.2: What This Study May Be Showing Differentially on OCD

The highly specific nature of OCD requires more observation and research for further theoretical developments. On the other hand this research brings an integrative understanding for OCD. The nature of enmeshed relation may possibly be different than other psychopathologies with its many ingredients. I believe that this study will be a very primitive example for future researches that will include Genograms and three dimensional drawings of System Theory. Making the Object-Relations more clear and visible enables researchers to understand both the Systemic changes, and internal (Psychoanalytic-Existential) interventions more possible.

This research is also important because of its qualitative-phenomenological nature. It is very interesting to see that even the included quantitative measure is helpful to see the general picture, results of quantitative scale does not always support the interview results of clients, in this study. Many clients who express that they have been experiencing more fusion, are seem to score relatively low in the quantitative scale on “Fusion”. Because of the fact that quantitative measures take less time and less reflection on life story, it is possibly the –accepted or memorized declarations of false self- that is reflected through quantitative scores. When there is more time to talk, understand and reflect, clients report more realistic situations with lots of concrete examples. Personally, this is the reason why I value slow processes, long term interventions and qualitative studies more. Only a careful examination and combination of both methods can give a better result for researchers, where benefits of both will maximize the success.

For a brief discussion, it will be better to synthesize the occurring themes of this research while depicting OCD. As the researcher who has conducted the study, I come to see that the themes may be grouped within two categories while depicting OCD: A- Themes that contribute to the development of OCD, and B- Themes that increase resilience against the development of OCD.

Themes that contribute to the development of OCD can be seen as the following: Rapidly Shifting Triangulation Process within the family, Continuous Triangulation Process within the family, Vague Boundary, Rigid Boundary, Cutoff, Disengagement, Scapegoated Triangle Edge, Enmeshed Triangle Edge, Conflict, Psychosis in the Family, Suicide Attempt in the Family, Abuse in the Family, Illness in Family, Expectations of Punishment, Closed Microsystem Relations, Libidinal Guilt, Regressive Fantasy, Failed Self Object Need, Revized Idealization, Need for Revized Idealization, Failed Reversed Idealization, Engulfment, Implosion, Petrification, Split, Responsibility Failed, Neurotic Anxiety, Neurotic Guilt, Doer and Done.

All the themes that belong to this first group are thought to be among the risk increasing factors for OCD. I believe, this happens in the following way: These themes affect the development of a more authentic ego, which lacks the cohesiveness to adapt the world and live with respect to the anxiety evoking states. It is possible to state that the number of themes that are present in clients' lives are important: The higher the theme number is, the more inclination towards OCD is seen. The psychotherapy process should then aim to decrease the number of risk factors as possible as it can be.

On the other hand the following themes are thought to be among the resilience increasing factors: Search for a Forth Figure, Libidinal Heonia, Creative Fantasy, Responsibility Taken, Mirroring, Twinship, Idealization, Continuity, Joy—Play-Fun, Clear Boundary, Existential Anxiety, Existential Guilt. These themes are important and possibly attribute to the development of a more cohesive

ego, enabling the development of both relational skills and the ability to experience anxiety in more authentic ways. Psychotherapy process should then focus on supporting these resilience increasing factors. Family therapists beside the therapists who work individually may develop their intervention plans to support them.

Limit Situation, on the other hand may be a different theme which may be involved in both risk increasing and resilience increasing factors. As a psychotherapist who is oriented in psychoanalysis and existential psychotherapy, I come to see that experiencing these limit situations too soon and too intense may be a risk increasing factor if the holding process fails in family environment. Early stress which is beyond the limits will possibly cause a disintegration in ego, even a split. In other situations, limit situations are inescapable and need to be experienced by the individuals in a more authentic way. Facing with loss, death and any other situations that may be triggering the same kind of emotional responses –surrow, anxiety, grief- in a healthier way where the family also serves a holding function will eventually be supporting the development of a coherent and strong ego. Development of new and adaptive defenses will be possible by then where self becomes more independent, more authentic and more strong.

6.3: Further Possible Therapeutic Applications for Clinicians on OCD

This research may provide further therapeutic strategies for clinicians: i) The nature of OCD should always be regarded and phenomenological view is always in the help of therapist. ii) Therapists may try to understand the triangulation story of the client not only for -here and now-, but also how this triangulation is developed -through time-. iii) Therapists should understand the nature of enmeshing and scapegoating relations depending on how engulfment, implosion and petrification exists. iv) Therapist should understand if “Search for a Forth Figure” is active in client’s life and may encourage her, if possible. v)

Therapists may try to understand the type of “Persecution Anxiety” to understand the “Evoking Object”, “Object of Concern”, and “Punishing Object”. vi) Therapists may then help clients to understand how they might have internalized and created this fantasized objects. vii) Therapists should consider and encourage clients to create a more personal understanding for world, that enables the development of Eigenwelt, a balance between Mitwelt and Eigenwelt, and a wholly personalized, meaningful Überwelt.

It is important to understand that mere behavioral interventions may not strongly be helpful for amelioration of symptoms; unless a deep understanding on the meaning of symptoms is possible. However the main criteria that promises better development will probably be the unfolding self; the self that can find a potential space for further enlargement and development (Deurzen, 1996,1998a,1998b; May, 1983; Summers, 1997). To satisfy these, collaborative work of personal psychotherapist, family psychotherapist and psychiatrist is crucial in cases. Because OCD is a highly resistant psychopathology where not only the individual but also the system actively participates, an integrative use of all theories and professionals will increase the chance of treatment.

CHAPTER 7: LIMITATIONS

This research is carefully conducted and evaluated with respect to descriptive and detailed standards but still, the limited number of attendees in the research is a limiting situation for the generalization of the results. This research may be repeated by further researchers and analysts in future, even with different kinds of samples. Results of this study then might be used for an introductory step for further qualitative studies on the topic.

Believing in the power of phenomenology and unfolding knowledge, it is important for me to note that there is no study which can acknowledge any interest area alone. This research only focuses on the research area with its limits; it does not and can not acknowledge the effects of genetics, neurochemistry and temperament. It is what it is and further studies are needed to develop a better understanding.

CHAPTER 8: CONCLUSION

This study is planned on detailed literature reviews and long time clinical observations on OCD and human nature through the use of clinical settings, even before the start of the study. Months long study is then done on the area with great supports of volunteer clients and their collaborative aids. This study shows that a Systemic understanding on OCD is extremely important and should be supported by Psychoanalytical and Existential theories, to obtain a detailed understanding on the issue. Occurring of new themes like “Regressive Fantasy, Creative Fantasy, Persecution Inward, Persecution Outward, Transitory Persecution” support the idea that both Systemic, Psychoanalytic and Existential theories should be open to future discussions where new insights and results will shape the understandings on the phenomenon. Besides, use of different techniques such as Genogram and Systems Theory figures are extremely helpful to understand OCD. Integration of different theories should strongly be encouraged by academicians and clinical workers while working on OCD and other psychopathologies.

In the literature part I try to give a detailed information about the development of human psyche and OCD. The introductory information about the definition of OCD, how attachment theory explains the phenomenon are then followed by the psychoanalytic, systemic and existential literature reviews. Because this study aims to understand OCD with the integration of all three

theories, detailed literature review is given to satisfy the needed background information for all.

In the Method Part, a detailed information about many things are tried to be given: Personal Reflexivity Part includes the very subjective reasons among my choice on the topic of OCD in the thesis survey, Pilot Study part describes how the prerequisite trial of the study is done and what kind of revisions are given for the main study. Method part also includes the explanations among the choices of the method for survey, the use of Template Analysis and the inclusion of a priori themes before.

Results part is written with the aim of clearly defining which themes are obtained. Themes are explained by their definitions where the previous literature reviews support either the direct attribution to the theme as a priori, or the development of the theme through data analysis.

In the discussion part, I try to combine the results to give shape for a meaningful composition to depict my assumptions on the development of OCD. Inclusion of both intrapsychic and relational paradigms including the systems theory, this part tries to draw a general picture on a more explanatory view of OCD. Appendixes also include the genograms and three dimensional models for each case, hoping to give a visual data for those who read this thesis.

Through the whole study, I try to give my assumptions basically on the concept of ego development and the relational factors that may be contributing to it. To me, one may have been experiencing many different OCD triggering factors such as, enmeshment between mesosystem-microsystem, enmeshment with either parent, being scapegoated by a parent, the introjected regressive fantasy capacity of client, the lack of joy-play-fun memories, the underdeveloped capacity for responsibility taking, the high involvement of neurotic anxiety and neurotic guilt in client's lives. The lack of a container caregiver, who is not good enough at

holding the emotional issues and possibly threatening the individual for further punishment is also among other factors.

I hope future researchers will be strongly encouraged by the small steps toward a more integrative view by this study. Besides the achieved results of the study, I want to strongly encourage the therapists and researchers for keeping the phenomenological view as much as possible.

Once again, I want to thank to all the volunteers of the study, supervisors, friends and family members that have given their support throughout the survey.

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Appendix A: Informed Consent Form

KATILIMCI BİLGİ ve ONAM FORMU

Araştırmayı destekleyen kurum: İstanbul Bilgi Üniversitesi

Araştırmanın adı: Obsesif Kompulsif Sendrom Yaşayan Bireylerde Üçgenleşme Süreçlerini Anlamak: Sistemik, Psikanalitik ve Varoluşçu Teoriler ile Açıklamalar.

(“Understanding the Triangulation Process in People Experiencing Obsessive Compulsive Disorder: Explanations in Systemic, Psychoanalytic and Existential Theories.”)

Proje Yürütücüsü: Yrd. Doç. Dr. Yudum Akyl

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Araştırmacının adı: Süreyya Arıcan

E-mail adresi: sureyya.aysun@gmail.com

Telefonu: 05395731168

Proje konusu: Bu projede amaç, uzman bir psikiyatri doktoru tarafından Obsesif Kompulsif Bozukluk teşhisi alan danışanların, OKB semptomları ve aile içi ilişkileri-ilişkilerdeki üçgenleşme durumlarıyla, OKB semptomları arasında nasıl bir ilginin olabileceğini anlamaktır. Araştırmanın gönüllü katılımcıları, her türlü kişisel bilgileri saklanmak koşuluyla, kendileriyle yapılacak olan görüşme sonucunda verdikleri cevaplarla ve buna ek olarak araştırmacılara verilen ve doldurulması beklenen “Benliğin Ayrışması Ölçeği”nde var olan sorulara yaptıkları puanlamalarla araştırmaya katılımda bulunacaklardır.

Arařtırmada toplam 8 katılımcı-gönüllü olacaktır.

Arařtırma sırasında elde edilen veriler, katılımcıların kimlik bilgileri kesinlikle saklı tutulacak řekilde deęerlendirilecektir. Görüşme sorularına verilen cevaplar ve ölçek puanlamaları birlikte tez çalışması için deęerlendirilecek, tez çalışmasının her hangi bir akademik mecrada yazılı basımı söz konusu olursa daha önceden var olduęu gibi arařtırmacıların kimlik bilgileri bu yazılı basımlarda da ihtiyatla gizli tutulacaktır.

Arařtırma sonlandıęında, arařtırma sırasında sorulan soruların cevaplarını alabilmek amacıyla tutulan sesli kayıt silinerek yok edilecektir. Arařtırma sonuçları her türlü kiřisel bilginin korunumu ile sadece arařtırılmakta olan konunun bilimsel sonuçlarına odaklanmak için kullanılacaktır.

Onam:

Arařtırmaya katılmayı kabul ettięiniz takdirde arařtırmacı tüm kiřisel bilgilerinizi saklı tutacaktır. Arařtırmanın ilk kısmı olan birebir görüşme, güvenli bir ortamda –psikiyatri ofisinde- katılımcının uygun olduęu gün ve saatte yapılacak, görüşme sonunda katılımcıya okuyup deęerlendirmesi için, arařtırmanın ikinci kısmını oluřturan form verilecektir.

Çalışmaya katılmanız tamamen isteęe baęlıdır. Arařtırmacı, katılımcılara herhangi bir ücret önermeyecek ve katılımcılardan herhangi bir ücret talep etmeyecektir.

Bu arařtırma sırasında yapılan görüşmelerin ve doldurulan formun içerdii soruların, katılımcılar üzerinde bir zararı olması beklenmemektedir. Bununla birlikte arařtırma sırasında sorulacak soruların gemiş yasları, kayıpları, yařanan sıkıntılı dönemleri hatırlatabilecek olması, katılımcıların zaman zaman hüžün, yas, mutsuzluk gibi olumsuz duygular yařama ihtimalini de beraberinde getirebilir. Katılımcılar, arařtırmanın her hangi bir safhasında, yapılan görüşmelerin veya kendilerine yönlendirilen soruların, kendi duygu durumları

üstünde olumsuz bir etkisi olduğu kanısına varırsa, diledikleri zaman araştırmadan çekilme hakkına sahiptirler.

Katılımcılar bu formu imzalamadan önce, araştırmayla ilgili merak ettikleri her türlü soruyu araştırmacıya sorabilirler. Bilgilendirme için gerekli numara ve mail hesaplarından ulaşılabilir.

Adres ve telefon numaranız değişirse, bize haber vermenizi rica ederiz.

Bana anlatılanları ve yukarıda yazılanları anladım. Bu formun bir örneğini aldım.

Çalışmaya katılmayı, çalışma süresince sorulan sözlü ve yazılı sorulara cevap vermeyi kabul ediyorum.

Çalışma süresince sorulacak sorulara verdiğim cevapların sesli kaydının alınmasını kabul ediyorum.

Katılımcı Adı-Soyadı:.....

İmzası:.....

Tarih (gün/ay/yıl):...../...../.....

Appendix B: Interview Questions

- 1- Merhabalar. Araştırmaya katıldığınız için teşekkür ederiz. Daha önce de belirttiğimiz gibi özel bilgileriniz saklı kalacaktır. Sadece araştırmaya yön vermesi adına çok daha genel olarak yaşınızı, eğitim durumunuzu ve ilişki durumunuzu söylemenizi rica edebilir miyim?
- 2- Obsesif Kompulsif Bozukluk teşhisi ile tedavi ediliyorsunuz. Rica etsem bana durumunuzdan bahsedebilir misiniz? Nasıl obsesif kaygılar yaşıyorsunuz?
- 3- Peki kaygınızdan kaynaklanan, kompulsif- takıntılı olarak adlandırılan tekrar eden davranışlarınızdan da bahsedebilir miyiz? Hangi durumlar içinde bu davranışların gerçekleştiğini fark ediyorsunuz? Birkaç örnek verebilir misiniz?
- 4- Peki biraz yaşadığınız bu yoğun kaygıların ve tekrarlayan davranışlar ne zamanlarda, siz hangi koşullar altındayken gerçekleşiyor, bundan bahsedebilir miyiz? Hayatınızda ne gibi olaylar olduğunda bu sorunları daha çok yaşıyorsunuz?
- 5- Hatırladığınız kadarıyla çocukluğunuzdan bahsedebilir misiniz? İlk çocukluk anılarınız neler?
- 6- Biraz ailenizden bahsedebilir misiniz? Kaç kişi var, nasıl bir aile? Mümkünse sizden iki kuşak daha geriye giderek, bildiğiniz ve anlatmak istediğiniz kadarıyla geniş ailenizden de bahsetmenizi rica edeceğim. Aile tarihinizdeki önemli olaylarla birlikte anlatmanızı rica edeceğim.
- 7- Ailenizdeki ilişkilerden biraz daha bahsedebilir misiniz? Kimler kimlerle daha yakındır? Kimler arasında duygusal mesafeler olduğunu düşünüyorsunuz? Aile içinde çatışmalı ilişkiler var mıdır?
- 8- Sizi psikiyatrik ve psikolojik yardım istemeye yöneltten sıkıntılarınız ve OKB'yi yaşarken, ailenizden kimler nasıl bu sürece dâhil oluyorlar, bahsedebilir misiniz? Sürece kaygılarınızla herhangi bir şekilde dâhil oluyorlarsa nasıl dâhil oluyorlar, biraz açıklayabilir misiniz?

9- Őu anki hayatınıza d nelim. Hayat ile ilgili Őu aralar nasıl meseleleriniz var? Nasıl hedefleriniz, beklentileriniz, kaygılarınız var? G ndeminizden biraz bahsedebilir misiniz?

10 VE SONRAKİ SORULAR İ İN  N BİLGİLENDİRME:

Őimdi size biz insanlar i in farklı Őeyleri  aėrıŐtırabilen, farklı anlamları olabilen bazı kavramların isimlerini s yleyeceėim. Bu kavramlarla ilgili neler hissediyorsanız, onları nasıl deėerlendiriyorsanız m mk n olduėunca a ıklıkla kendinizi ifade etmenizi istiyorum:

10- YaŐam?

11-  l m?

12- Beden?

13- G  -Kuvvet?

14-  zg rl k?

15- Zaman?

16- Para?

17- Var Olmak?

18- İliŐki?

19- Sevgi?

20- Sınır?

21- Anlam?

Appendix C: Benliğin Ayrıştırılması Ölçeği

DSI- BENLİĞİN AYRIMLAŞMASI ÖLÇEĞİ

Aşağıda kendinizle ve başkalarıyla olan ilişkilerinize yönelik düşünce ve duygularınızı içeren ifadeler yer almaktadır. Sizden istenen her bir ifadeyi dikkatlice okuyarak 1’den 6’ya kadar olan seçeneklerden sizi en iyi ifade eden seçeneği işaretlemenizdir. Eğer herhangi bir madde sizinle direk ilgili gözükmiyorsa (Örn: şu anda bir eşiniz /partneriniz yoksa) , olması halinde nasıl düşünüp nasıl davranabileceğinizle ilgili en iyi tahminlerde bulunabilirsiniz. İçten yanıtlarınız için teşekkürler.

Hiç uygun değil:1

Çok uygun :6

1-Ailemin yanıdayken kendimi genellikle kısıtlanmış hissederim.

1 2 3 4 5 6

2-Önemli bir işe ya da göreve başlarken genellikle başkalarının cesaretlendirmesine ihtiyaç duyarım.

1 2 3 4 5 6

3-İnsanlar benimle yakınlık kurmaya çalıştıklarında kendimi onlardan uzak tutarım.

1 2 3 4 5 6

4-İnsanlar benimle yakınlık kurmaya çalıştıklarında bundan genellikle rahatsızlık duyarım.

1 2 3 4 5 6

5-Hemen hemen hayatımdaki herkesten onay alma ihtiyacı hissederim.

1 2 3 4 5 6

6-Değiştiremeyeceğim şeyler için üzülmek bir anlamı yok.

1 2 3 4 5 6

7-Yakın ilişkilerimde kısıtlanma kaygısı yaşıyorum.

1 2 3 4 5 6

8-Eleştirilmek beni oldukça rahatsız eder.

1 2 3 4 5 6

9-Anne/babamın beklentisine göre yaşamaya çalışıyorum.

1 2 3 4 5 6

10-Kendimi olduğum gibi kabul ederim.

1 2 3 4 5 6

11-Eşimle/partnerimle bir tartışma yaşarsam, tüm gün bu tartışma üzerine düşünürüm.

1 2 3 4 5 6

12-Başkaları tarafından baskı altında olduğumu hissettiğim zamanlarda bile onlara “Hayır” diyebilirim.

1 2 3 4 5 6

13-Yaptığım şeyin doğru olduğunu düşünüyorsam başkalarının ne dediğini çok umursamam.

1 2 3 4 5 6

14-Bir karar alırken danışacağım birileri yoksa kolay kolay karar veremem.

1 2 3 4 5 6

15-Başkaları tarafından incitilmek beni aşırı derecede rahatsız eder.

1 2 3 4 5 6

16-Eşimin/partnerimin yoğun ilgisi beni bunaltır.

1 2 3 4 5 6

17- İnsanlar üzerindeki izlenimlerimi merak ederim.

1 2 3 4 5 6

18-Duygularımı genellikle çevremdekilerden daha yoğun yaşarım.

1 2 3 4 5 6

19-Hayatımda ne olursa olsun kendimle ilgili düşüncelerimden asla taviz vermem.

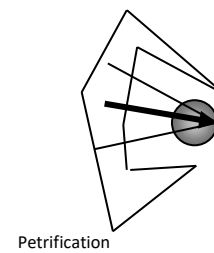
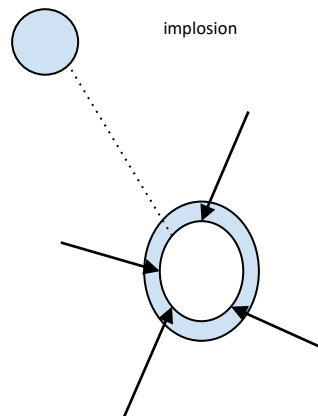
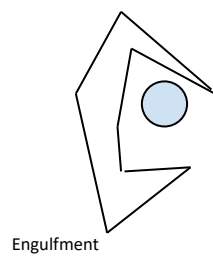
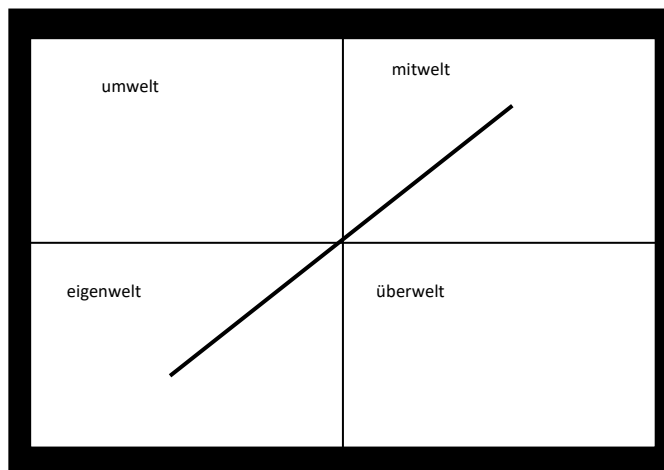
1 2 3 4 5 6

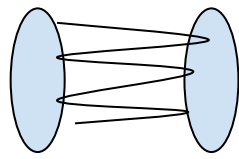
20-Anne/babamın fikrini almadan karar veremem.

1 2 3 4 5 6

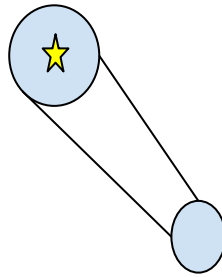
Appendix D: Figures of Some Subthemes (Can Be Used as a Guide for Further Studies)

Dasein

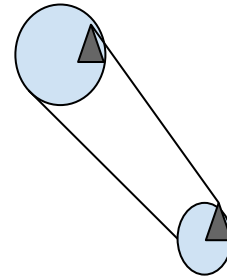




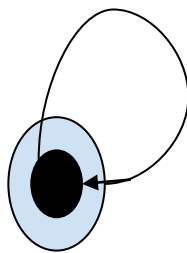
mirroring



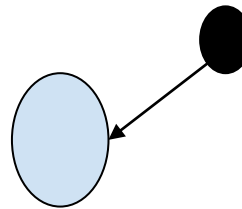
idealization



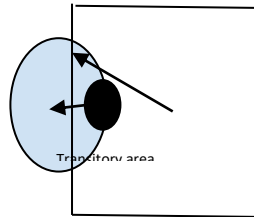
twinship



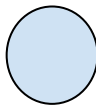
Persecution from inward



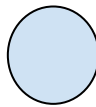
Persecution from outward



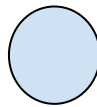
Transitory Persecution



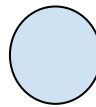
Clear boundary



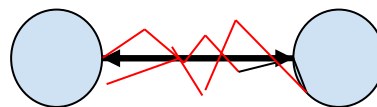
Rigid boundary



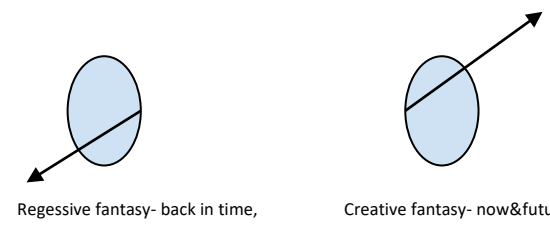
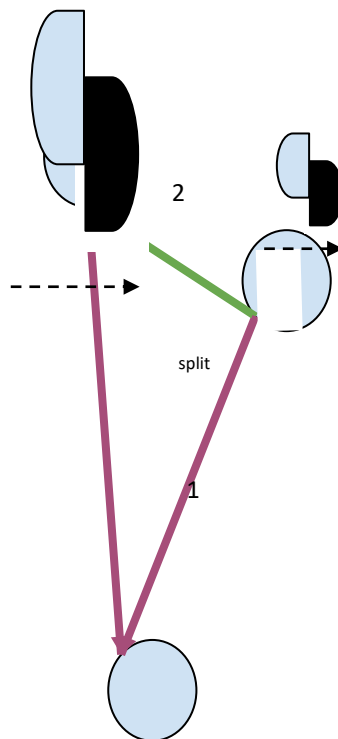
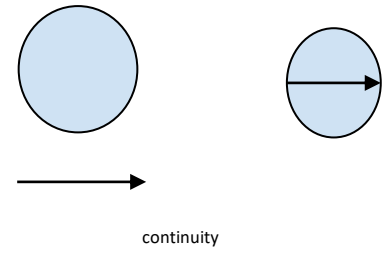
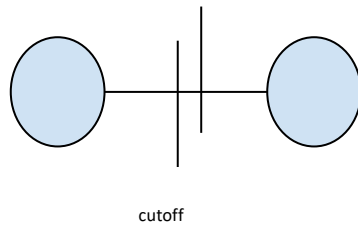
Vague boundary



Disengagement

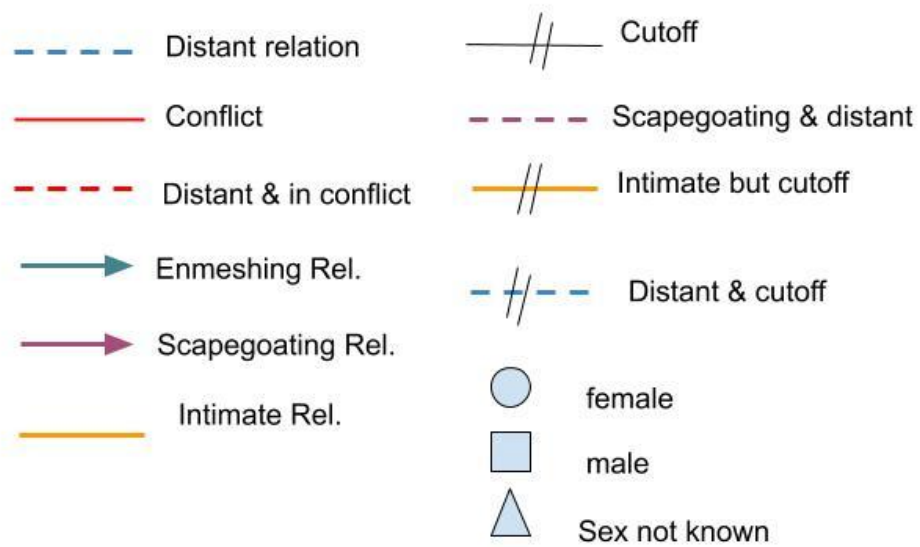


Conflict



- 1:Scapegoating Triangle Line
- 2: Enmeshed-Fusion Triangle Line

Appendix E: Signs for Genograms



Appendix F: Genograms and Figures Depicting Systemic Theory for Interviews

Genogram 1- Client 1

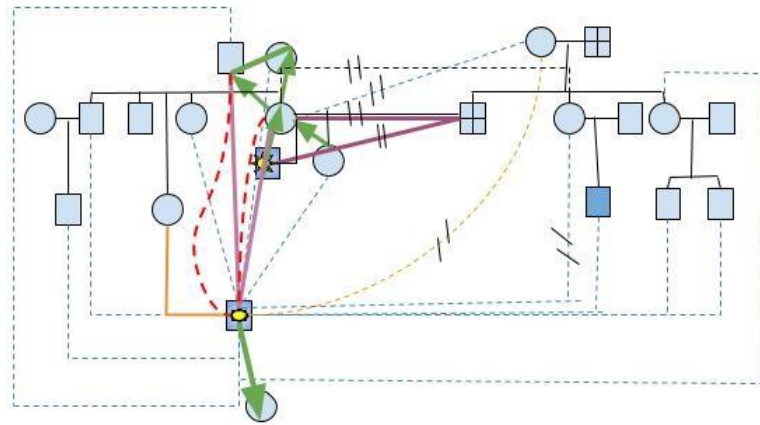


Figure 1 and 2: Application of Genogram 1 in Systems Theory

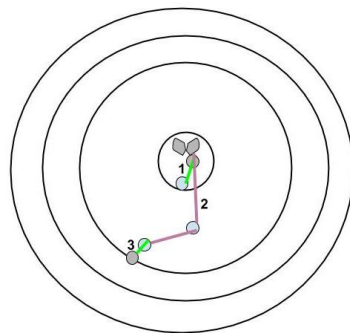


Figure 1: Application of two dimensional figure of Scapegoat Triangled Edge and Enmeshed Triangle Edge on Bronfenbrenner's theory, for Client 1.

1 & 3: Enmeshed Triangle Edges (Client is depicted by blue circle, trying to enmesh in micro and mesosystem circles)

2: Scapegoat Triangle Edges: Client (depicted by blue circle) is in a

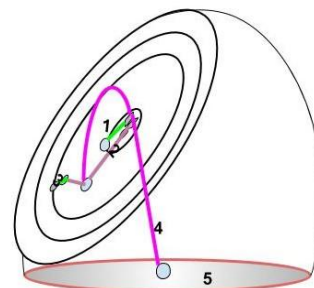


Figure 2: Application of three dimensional figure of Scapegoat Triangled Edge and Enmeshed Triangle Edge on Bronfenbrenner's theory, for Client 1.

5: Umwelt, physical aspect of existence without relational content of any human and animal.

4: Regressive act: Includes a relational aspect but when intensified, is prone to Umwelt only (Pink line)

Genogram 2- Client 2

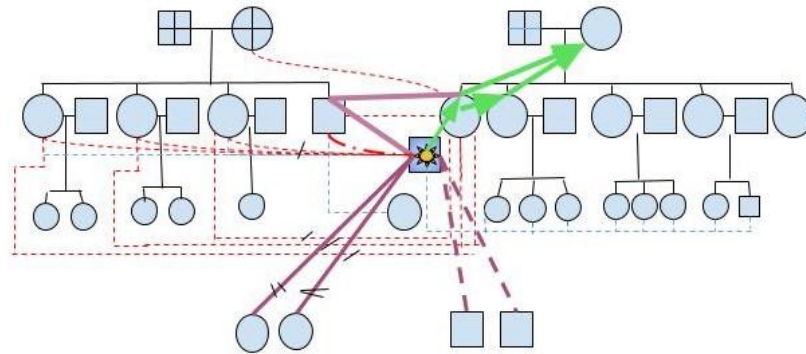


Figure 3 and 4: Application of Genogram 2 in Systems Theory

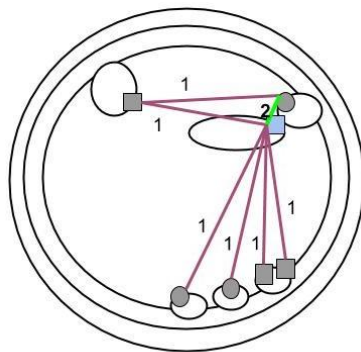


Figure 3: Application of two dimensional figure of Scapegoat Triangled Edge and Enmeshed Triangle Edge on Bronfenbrenner's theory, for Client 2.

1: Scapegoat Triangle Edges: Even not structurally forms a triangle these scapegoated relations satisfy the push of other people, causing a more intensified Enmeshed Triangle Edge with mother.

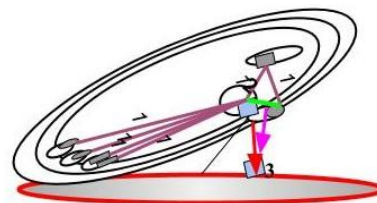


Figure 4: Application of three-dimensional figure of Scapegoat Triangled Edge and Enmeshed Triangle Edge on Bronfenbrenner's theory, for Client 2.

3: A different, case specific condition: Petrification of the Client 2 by both parents in different ways, causing a more intense push to Umwelt. Not just to fuse with other objects, but to become the object itself.

Genogram 3- Client 3

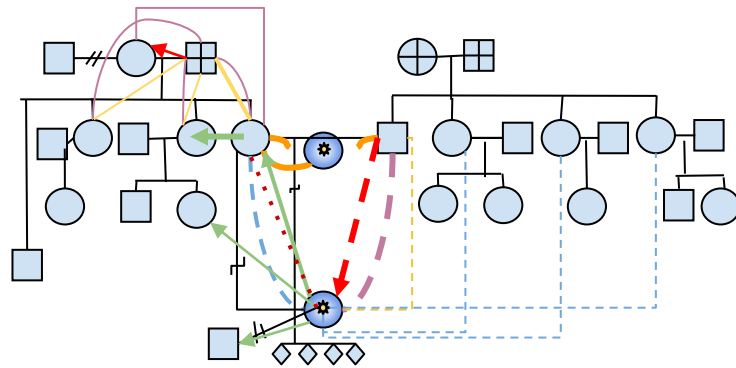


Figure 5 and 6: Application of Genogram 3 in Systems Theory

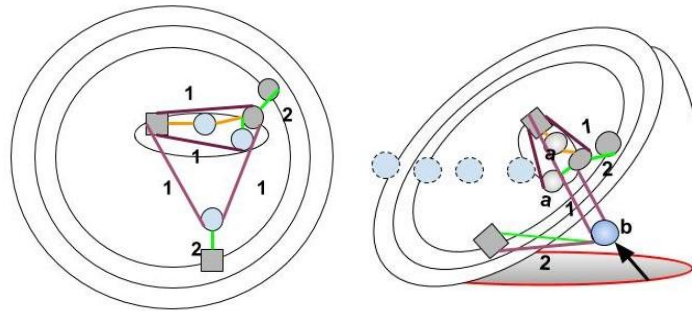


Figure 5: Application of two-dimensional figure of Scapegoat Triangled Edge and Enmeshed Triangle Edge on Bronfenbrenner's theory, for Client 3.

1: Scapegoat Triangle Edges: Always between parents, between Client 3 and her father when she is experiencing Enmeshed relation with the mother, between Client 6 and both parents then.

2: Enmeshed Scapegoat Triangle: Between client and her mother besides between client and his boyfriend at once.

3: Three different forms of existence and relational triangles are formed in here.

Figure 6: Application of three-dimensional figure of Scapegoat Triangled Edge and Enmeshed Triangle Edge on Bronfenbrenner's theory, for Client 3.

1: Scapegoated Triangle Edges, in purple

2: Enmeshed Triangle Edges, in Green

b: Regression to Umwelt more when Scapegoated relations intensified. Most of OCD symptoms about own body issues and libidinal guilt exist here.

a: When in condition "b", Client 3 faces with Limit Boundaries, a new condition for existence started to evolve: Without enmeshing, more Eigenwelt issues start to exist.

Genogram 4- Client 4

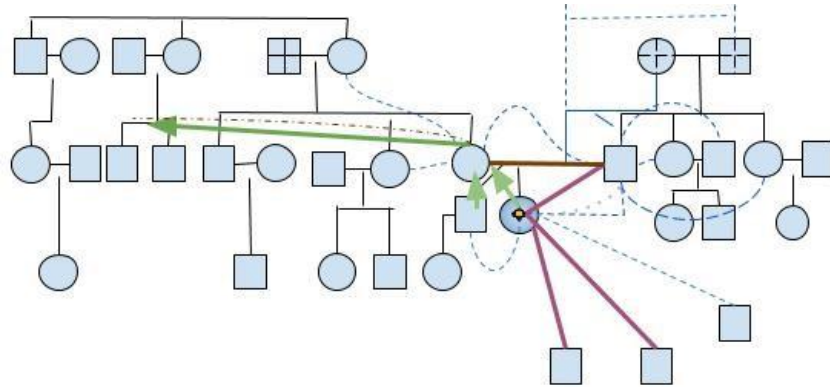


Figure 7 and 8: Application of Genogram 4 in Systems Theory

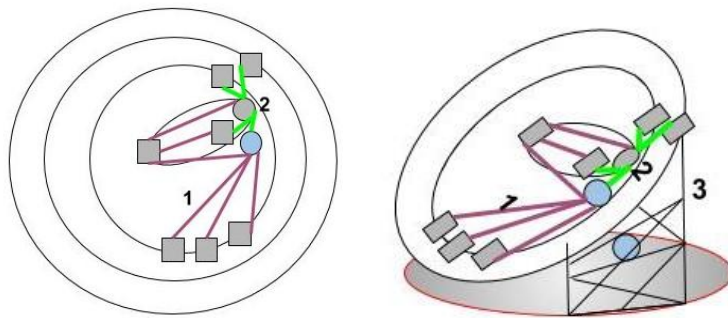


Figure 7: Application of two dimensional figure of Scapegoat Triangled Edge and Enmeshed Triangle Edge on Bronfenbrenner's theory, for Client 4.

1: Scapegoat Triangle Edges: Always between parents, between Client 4 and her father when she was experiencing Enmeshed relation with the mother. Client 4 also experiences Scapegoating relation with her friends and boy friends.

2: Enmeshed Scapegoat Triangle: Between client and her mother. Mother also experiences it with her male relatives.

Figure 8: Application of three dimensional figure of Scapegoat Triangled Edge and Enmeshed Triangle Edge on Bronfenbrenner's theory, for Client 4.

1: Scapegoated Triangle Edges, in purple

2: Enmeshed Triangle Edges, in Green

3: Client 4, experiencing Umwelt in a different form; within a more centered focus on an intermediate area with relational context; which is not in the relational context by itself. Transitional area. (Transitional Persecution Themes of Client 4 accounts for the difference, more acknowledgement will be done in Discussion.)

Genogram 5- Client 5

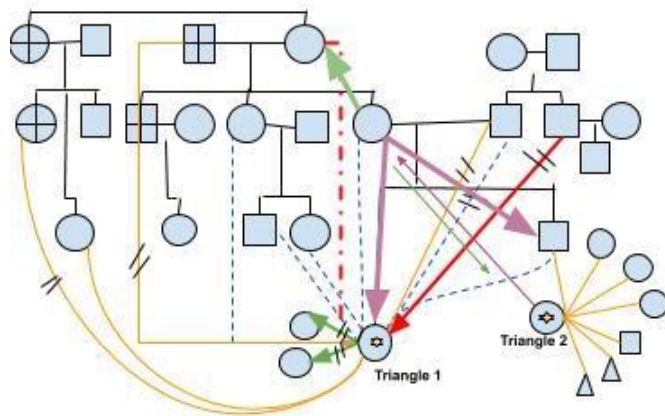


Figure 9 and 10: Application of Genogram 5 in Systems Theory

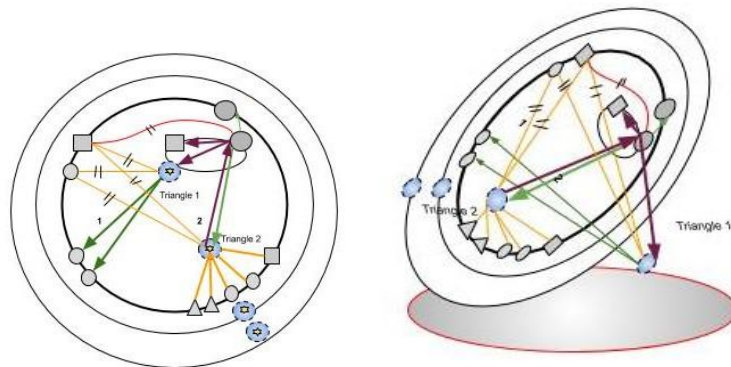


Figure 9: Application of two dimensional figure of Scapegoat Triangled Edge and Enmeshed Triangle Edge on Bronfenbrenner's theory, for Client 5.

1: Enmeshed Scapegoat Triangle: Between client's mother and maternal grandmother. Besides, Enmeshed relations are seen between Client 5 and female figures in mesosystem, in Triangle 1.

2: Scapegoat Triangle Edges: Client 5's mother forms Scapegoating relations with the client and her brother in Triangle 1. After some time, Client 5 forms another Triangle (2), in which her mother wants to form an Enmeshed relation with her but a Scapegoating relation is felt and experienced by Client 5, towards her. It is important to say that Client 5 forms intimate but not Enmeshed relations with others in Mesosystem (orange lines).

Client 5 is seen to exist in Exosystem and Macrosystem, mentally and emotionally; according to her interview.

Figure 10: Application of three dimensional figure of Scapegoat Triangled Edge and Enmeshed Triangle Edge on Bronfenbrenner's theory, for Client 5.

1: Scapegoated Triangle Edges, in purple

2: Enmeshed Triangle Edges, in Green

3: Client 5, existing in Umwelt more deeply, especially by her OCD symptoms. When her relational paradigm is changed from Triangle 1 to Triangle 2, where she forms intimate but not enmeshed relations with others, it is seen that a different form of self exists in other systems also. This self has possibly gained more value of Eigenwelt. Further explanations will be done in discussion part.

Genogram 6- Client 6

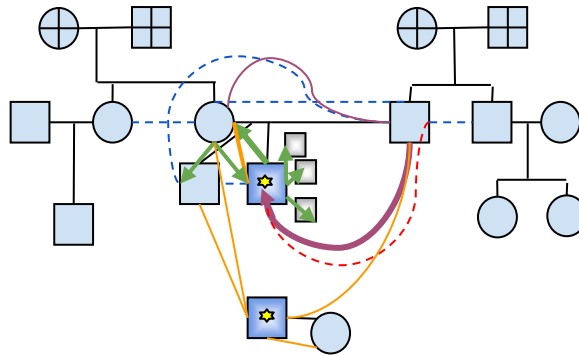


Figure 11 and 12: Application of Genogram 6 in Systems Theory

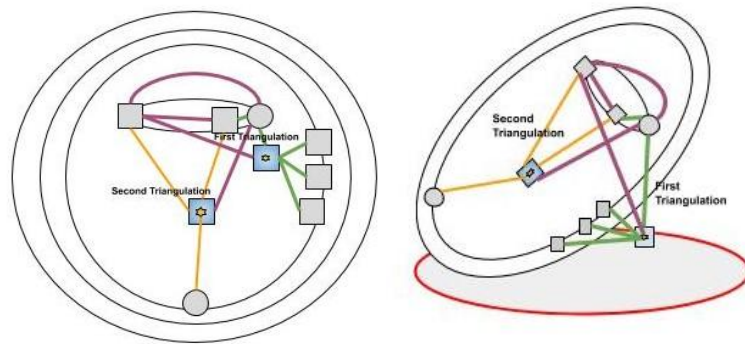


Figure 11: Application of two-dimensional figure of Scapegoat Triangled Edge and Enmeshed Triangle Edge on Bronfenbrenner's theory, for Client 6.

1: Enmeshed Scapegoat Triangle: Client 6 describes that he experiences various enmeshed relations with his mother and his male peers, in First Triangulation Phase. In Triangulation 2, he states no enmeshed relation, but the formation of new and intimate relations with her father, elder brother and girlfriend.

2 : Scapegoat Triangle Edges: The major Scapegoat Triangle Edge is between parents, but Client 6 states he experiences scapegoating relations with his father and elder brother in the first triangulation. In the second triangulation phase, client states he somehow feels a scapegoating relation with the mother.

Figure 12: Application of three dimensional figure of Scapegoat Triangled Edge and Enmeshed Triangle Edge on Bronfenbrenner's theory, for Client 6.

Client 6 expresses that he experiences more Umwelt issues, especially OCD symptoms while he is in First Triangulation, with various enmeshed but no balanced relations.

Again in his interview, he states an unexpected decline in those issues, when he starts to have a new relation with his girlfriend. This scheme is so parallel to previous ones, where the intense enmeshed relations are in parallel to regression in physical world.

Genogram 7- Client 7

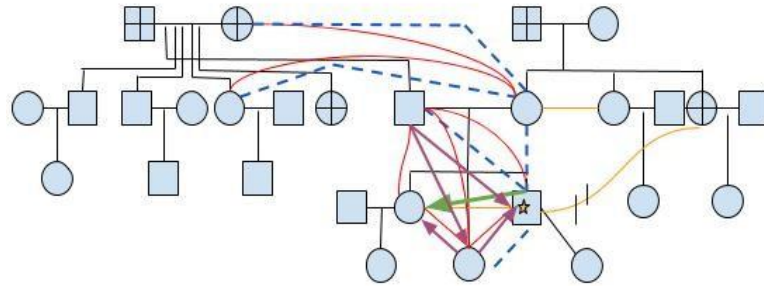


Figure 13 and 14: Application of Genogram 7 in Systems Theory

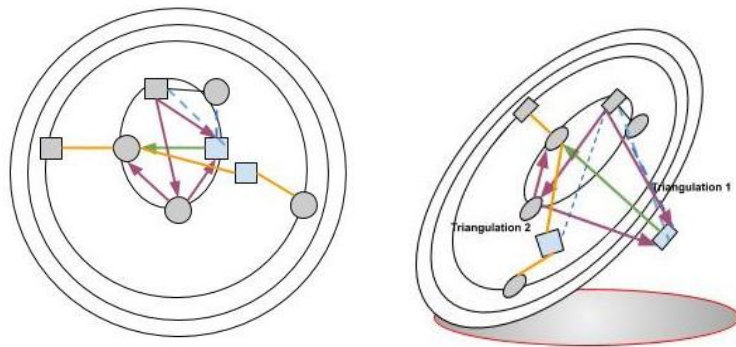


Figure 13: Application of two-dimensional figure of Scapegoat Triangled Edge and Enmeshed Triangle Edge on Bronfenbrenner's theory, for Client 7.

Scapegoating relations are seen between father and client, elder sister and client, grandest elder sister and elder sister, father and elder sister, before.

Enmeshing relation is seen between client and grandest elder sister, before.

In Post-triangulation, client forms an intimate relationship with a female figure in mesosystem, changing enmeshed relation into an intimate one also.

Figure 14: Application of three-dimensional figure of Scapegoat Triangled Edge and Enmeshed Triangle Edge on Bronfenbrenner's theory, for Client 7.

In Triangulation 1, Client expresses more doubt and anxiety, where an enmeshed relation with the grandest elder daughter is seen. The nature of the obsessions, which are experienced in Transitory way through Triangulation 1 will be explained in discussion part.

Genogram 8- Client 8

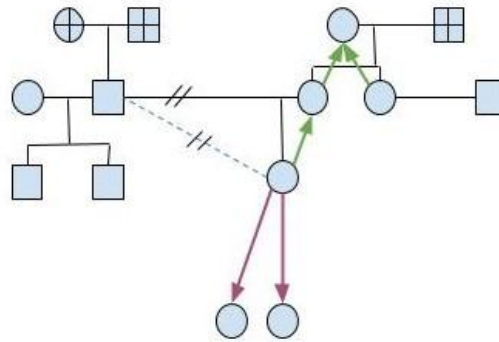


Figure 15 and 16: Application of Genogram 8 in Systems Theory

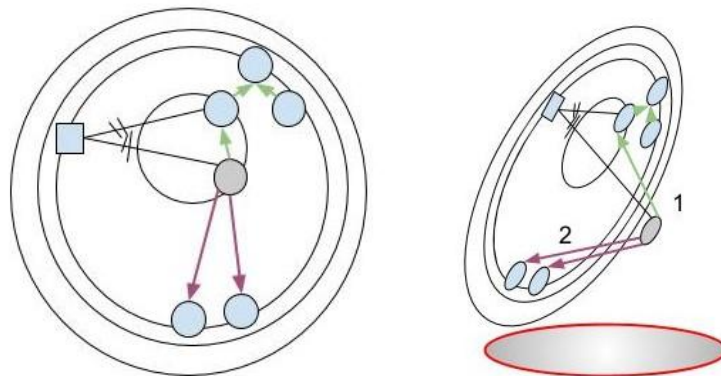


Figure 15: Application of two-dimensional figure of Scapegoat Triangled Edge and Enmeshed Triangle Edge on Bronfenbrenner's theory, for Client 8.

Even interview results show that Client 8 is Scapegoated by her mother, she addresses a main Enmeshed Triangle Edge with her mother. Client 8 declares Scapegoating Triangle Edges with people Mesosystem.

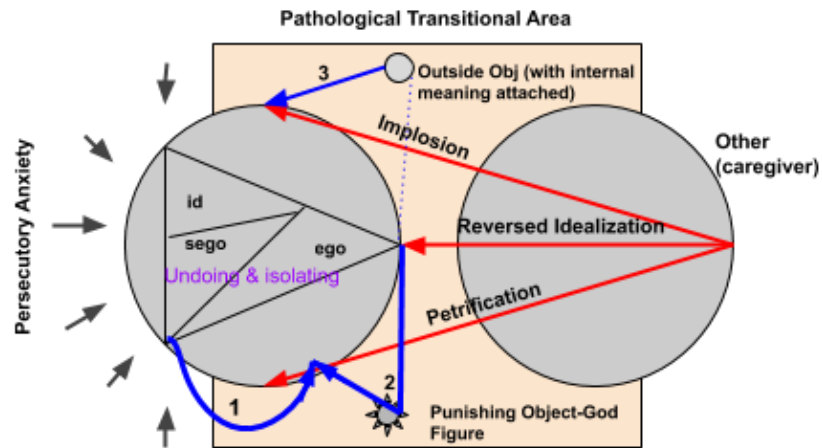
Figure 16: Application of three-dimensional figure of Scapegoat Triangled Edge and Enmeshed Triangle Edge on Bronfenbrenner's theory, for Client 8.

Highly enclosed Microsystem, high Enmeshment to maternal figure and Scapegoating others in Mesosystem cause a regression to Umwelt, as three dimensional figure shows.

APPENDIX G: Examples of Clients' Statements

Type of Triangulation	Example	Client	Object of Concern	Punishing Object	Evocating Object	Type of Persecution
Rapidly Shifting	"Çişim sıçrayacak, her yer kirlenecek, bacağıma geliyor gibi"	1	Self-dirtyness	X	Part of Self+Self in Loneliness	Pers Inward
Rapidly Shifting/enmesh	"Abdest tam alabildim mi diye, baştan başlıyorum"	1	Self-hell	God	Part of Self+Self in Loneliness	Transitory P
Rapidly Shifting	"Ya giderse, ya bırakırsa, ya küserse? Sanki küsecek, bir şey olacak"	1	Self-abandoned by beloved	Other	what self do+gesture of other	Pers Outward
Continuous	"Korkuyorum ya kendime bir şey yaparsam, ya bıçaklarsam?"	2	Self-death	X	Knife+ Self in Loneliness	Pers Inward
Continuous	"Ya camdan atarsam kendimi, annemleri uyandırıyorum işte."	2	Self-death	X	Self in Loneliness+ high places	Pers Inward
Continuous //high enmesh	"Sayıyorum 1,2,3 elimle, oldu mu olmadı mı, attığın her adım günah. Annemi çağırıyorum."	2	Self-hell	God	Part of Self+Self in Loneliness	Transitory P
PastC-PreC	"Üstüme bulaşırsa, eve götürürsem, benim yüzümden hasta olurlarsa. Ölürlerse"	3	Loss of beloved-Lonely self	X	Chemicals, carried by Self	Pers Outward
PastC-PreC	"Sapık sanarlarsa beni, kalçalarına mı bakıyorum? Terk ederler"	3	Self-abandoned by beloved	Other	Parts of self (breasts, eyes)	Pers Inward
Continuous	"Zevk mi aldım, vajinamdan sıvı mı geldi? Hemen gidip abdest alıyordum"	4	Self-hell	God	Parts of Self	Transitory P
Continuous	"Annem pencereye yaklaşmasın istiyorum, ya düşerse. Balkona da çıkartmıyordum"	4	Self-alone without beloved	X	Mother close to high Places	Pers Outward
PastC-PreC	"Kızdı mı, küstü mü? Ya aramız iyi olmazsa?"	5	Self-abandoned by beloved	Other	What self did	Pers outward
PastC-PreC	"Ya zikirmatiğim kalmazsa, bozulursa diye alıyorum. Ya korunamazsam eksik ibadetle?"	5	Self in danger	God	What self did- didnot	Transitory P
PastC-PreC	"Kafamdaki o şeyi netleştirmeden devam edemiyorum. Dünya düz mü?"	6	Self in chaos-danger	X	The un-replaced objects	Pers Outward
PastC-PreC	"Kızlara baktım, zevk aldım. Allah var mı yok mu diye aklımdan geçti."	6	Self-hell	God	Parts of self+what self did	Transitory P
PastC-PreC	"Ya doğru karar değilse, ya pişman olursam? Ya bir şey kaybediyorsam?"	7	Self in pain	X	What self did or did not	Pers Inward
Rapidly Shifting	"Ya çamaşır suyu yüzüme gelirse, yüzüm yanarsa? Güzelliğimi kaybedersem?"	8	Self in great loss and pain	X	chemicals+what self dont sharp	Pers Outward
Rapidly Shifting	"Mermerin köşesi çarparsa? Bir şey yüzüme çarparsa burnum kırılırsa?"	8	Self in great loss and pain	X	objects+what self dont	Pers Outward
Rapidly Shifting	"Abdesti tam alamıyormuşum gibi, sayıyı tutturamazsam?"	8	Self in hell	God	no concrete obj	Transitory P

APPENDIX H: Possible Theory of This Study



- 1: Persecution Inward
- 2- Transitory Persecution
- 3- Persecution Outward

