

Power, Self, and Psychosis: Examining Political Subjectivity Through Schizophrenia

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ABSTRACT *A meaning-oriented approach is employed to analyse recurring themes in the psychotic speech of a young woman inpatient diagnosed with schizophrenia in Istanbul, Turkey. The analyses aim to investigate the form and nature of the relationship between the subjective content of psychosis and the local sociocultural context. This article illustrates the significant role played by semiotic processes in embedding the individual sense of self and identity within collective systems of meaning. More specifically, this article highlights the ways in which local structures of power and meaning become intertwined with the sense of self at the deepest levels of the organisation of subjective experience. The notion of political subjectivity is proposed as a descriptive term for that process. Copyright © 2015 John Wiley & Sons, Ltd.*

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In this article I intend to illustrate basic processes associated with the notion of political subjectivity through an analysis of a case of psychotic illness. More specifically, the following analysis illustrates the direct and intricate relationship between the subjective experiences of psychosis and cultural, political and historical processes, and highlights the central role of power and meaning in that relationship. Space constraints do not allow for a detailed theoretical examination of the notion of political subjectivity here but interested readers can find a much more detailed discussion in my upcoming book, *Meaning, Madness and Political Subjectivity* (Rahimi, 2015). The following content and analyses are extracted from an extensive analysis of the case of Emel (which can be found in Chapter 3 of the book). I propose “political subjectivity” as a concept that conjoins highly private/idiosyncratic content and experiences of subjectivity and the highly collective/normative content and patterns of local symbolic orders of language, politics and history. The theory and analytic methodology that inform my approach conceptualise individual, subjective experience and content such as psychosis in terms drawn from meaning-oriented traditions in cultural psychiatry and medical anthropology including the works of Good (1977, 1994, 2012), Good and DeVecchio Good (1981), Jenkins (1988, 2004), Corin (1990, 1998, 2012), Corin and Lauzon (1992, 1994), Sass (1994, 1999, 2004), and Good and Subandi (2004).

The patient’s narrative, her expressions of her illness and of her subjective experiences, is “unpacked” using a meaning-oriented approach and contextualised in Turkish culture and

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political history. The narrative and its analysis illustrate the deep and organic ways in which aberrant private experiences such as psychotic hallucinations can be traced back to local patterns of meaning. They are, in fact, in deep dialogue with local cultural logics of common sense and power. This is the story of a 23-year-old unmarried woman hospitalised in Istanbul Hospital, mourning a non-existent lover who serves in the army and has abandoned her. Laden with the notions of love, the “madness” caused by loss, and confounded familial, ethnic, religious and cultural identities, Emel’s moving narrative manifests the long-standing and profoundly problematic connections between individual identity and cultural patterns, ethnic identity, Islam, Europe, and the nation-state in the psyche of a young Turk.

TURKEY AND TURKISH IDENTITY

One of the aspects of Turkey and the Turkish culture that is of special relevance to research on selfhood and identity is the almost universal sense of paradoxicality that permeates so many levels and registers of reality and discourse in that country (Arat, 2010; Kandiyoti & Saktanber, 2002; Lewis, 1975; Livanios, 2006). This paradoxicality starts from the deepest levels of collective identity and continues all the way to the relationship between the land and the culture of the people living on it. As the well-known Orientalist Bernard Lewis famously put it, even the apparently simple statement that “Turks are a people who speak Turkish and live in Turkey” quickly slips into a complex and difficult matter of debate (Lewis, 1975). A fundamental sense of paradox in the project of the Turkish Republic crystallises around the core fact that the founder of the Republic, Mustafa Kemal Atatürk (1881–1938), was intent on glorifying Turkishness and the Turkish nation by ridding it of impurities, including the Islamic and the Ottoman legacies (Ayoob, 2004; Kadioğlu, 1996). Atatürk wanted to establish a nation by erasing or denying significant parts of its historic memory, and that project continued all the way through the 20th century. Last but not least, Turkey is typically described by foreigners and Turks alike as a nation in between: between East and West, between the modern and the traditional, and between numerous other variations of that binarism (Kandiyoti & Saktanber, 2002; Kinzer, 2008). For anyone interested in studying identity from a social and collective point of view, Turkey is an extremely attractive subject.

PSYCHOSIS, CULTURE, AND POLITICAL SUBJECTIVITY

The research project from which the following case material has been extracted was originally built around a simple hypothesis: if it is true that one can find a common meaning-based model for subjectivity and culture, then one should be able to find traces of that commonality across the range of culturally informed registers, from highly private phenomena such as psychotic speech, experience, and hallucinations, to highly collective productions such as national identity discourses and artistic creations. As the study unfolded, clinical and ethnographic analyses gradually unearthed repetitive patterns of associations, modes and models of experience that kept being “reoccupied”, to borrow from the terminology of Laclau and Mouffe (2001). The accumulating evidence pointed to how the various manifestations occurring in a society, extending from what we tend to understand as “private” (experiential, affective, psychological, etc.) to what we term “collective”

(cultural, linguistic, political, etc.), are inextricably woven into each other, into a larger whole. Furthermore, the redundancy of patterns in various domains of meaning and registers of experience was indicative of a more fundamental idea, namely that these structures are formed by and within the same field of power, as a result of the structuring force that that power imposes upon the objects within its domain of influence. Even though the study began with questions of paradoxes and internal conflicts, somehow continuity became the theme of the final conclusions; continuity of private experience and collective meanings (subjectivity), continuity of systems in time (diachronicity) and, last but not least, the continuity of extreme modes of subjectivity such as psychosis with what we consider “normal”.

As indicated, the final analyses of data highlighted a series of patterns, models of meaning and associative configurations that were repeated again and again in different guises, like variations on themes. These themes also appeared in history, in political events and discourse, in religious texts, and so on. An important implication of this finding was, of course, the possibility of speaking of various registers of subjective experience within a common frame of analysis. Interestingly, the analyses of psychotic utterances seemed to open a direct window onto the most fundamental processes involved in the production of that common frame. An impressive range of semiotic and psychological tropes and social and subjective strategies seemed to be put to work in each case to “tune” into or “translate” the patient’s idiosyncratic internal experiences into existing, external/collective patterns through serious negotiations and, at times, struggles between a sense of individual intentionality and will to power on the one hand, and a collective system of meanings and hierarchies of legitimacy and power expressed through those meanings, on the other. The emerging picture depicted individuals in a crisis of selfhood and sense, longing to be selves, distinct and separate from all non-self, yet having no way of achieving this except by using the blocks of meaning and patterns of “mobilisation of power” available to them in the social and cultural landscape and therefore, by definition, made by the non-self.

Almost every story, in other words, seemed to boil down to an account of the way identity as a trope of self-organisation was attempted through negotiations between highly meaning-free or pre-symbolic experiences and the highly organised symbolic system born of collective experiences and agreements that the subject had to “deal” with. The primary conclusion of the research was the significance, presence and power of politically arranged systems of meaning in the process of subjectivity, and the naivety of endeavouring to ignore the latter in any effort towards understanding anyone, even the psychotic subject.

I will unpack a number of themes drawn from the rich discursive landscape of the psychotic reality of a young Turkish woman named Emel in order to demonstrate the way in which the deepest and seemingly most idiosyncratic features in a case of psychotic illness can be traced back to local cultural, political and historical patterns and associations that predate the individual subject.

THE CASE OF EMEL

Emel is a young woman aged 23, according to the hospital records. She is hospitalised in ÇAPA, the hospital associated with Istanbul University, and she is being treated by Dr Azar, a 27-year-old female resident in psychiatry from Istanbul University. Emel is the older of two

siblings. Her brother, who is 20, recently graduated from a vocational high school and has been doing military service for the past two months. Emel's parents are both alive and present in her life. Her father has retired from the Bank of Agriculture, where he worked most of his life. Emel's mother, a homemaker, is seven years younger than the father. Emel has never married and, as far as the family is concerned, has never had a relationship with a man. She has recently been diagnosed with schizophrenia. This is her second hospitalisation due to a psychotic state; the first hospitalisation occurred in the same hospital almost a year earlier. After the first hospitalisation she was discharged without medication but was readmitted after six or seven months, about a month before our interviews took place. Her parents say her latest episode started about two weeks after her brother left for military service, an event they believe relates to the onset of her current crisis. Emel's current symptoms, according to the clinician, include verbosity, agitation and anxiety, sleeplessness, and loss of appetite, along with hallucinations and what the clinician calls delusions of grandiosity, as well as a paranoid belief that men are seeking to sexually abuse her, and a strong belief that she is pregnant. Emel's parents later add their own observations, including her recent inexplicable violence, not listening to them, a continuous sense of withdrawal into her own room and her own world, a loss of faith in God, as well as seeing and speaking to persons who are not present, namely her own brother and supernatural beings like jinn who, she believes, are intent on harming her. The doctor's initial suspicion of a manic episode or bipolar-I disorder was eventually revised to the current diagnosis of paranoid schizophrenia. Emel is currently on antipsychotics but, according to Dr Azar, she has not shown any positive response to the medication during the previous month or so, despite a recent increase in the dosage. Emel's clinician describes her physical health as good, with no known current or previous problems. According to the clinician and Emel's parents, there is no known history of mental health problems in the family.

Emel's narrative, like any other narrative, was permeated with certain themes that surfaced, now directly, now with elusive subtlety, throughout her discourse. In my analysis I intended to capture, as far as possible, an overall sketch of the major themes: the way they are associated with Emel's understanding of herself and her situation as a hospitalised psychotic young woman diagnosed with schizophrenia, and the extent to which they may be understood to be instrumental in forming her experience of herself and her psychotic illness.

The analyses of Emel's interviews highlighted a number of salient themes around the psychotic experience that ran through not only Emel's discourse, but also those of her parents and her clinician. Intriguingly, even though these themes appeared in diverse contexts and in response to different cues, they nonetheless demonstrate a "thread-like" quality, a typical continuity of associations, that made it possible to recognise them as they resurfaced at various points and in different "guises" throughout the interviews, and to notice that they function like camouflaged warps and wefts in the often-ripped fabric that holds Emel's discourse.

I will limit this account to two major figures in Emel's discourse, namely the figure of a brother/lover and that of the founder of the Republic of Turkey, Kemal Ataturk. I will illustrate how these two figures function as important signifiers put to use in what struck me as a psychotic patient's desperate struggle for a sense of identity and anchored-ness.

When I started the first interview with Emel, I was quickly struck and impressed by an exuberant presence, and a frank will to power. She took on the task of marking the start of

the session by saying: “OK, you may ask your questions now!” I went along: “Tell me your name.” Emel’s response came as a quasi-automated bundle of information, ideas and story fragments:

Emel: My name is Emel ... I was born, I came to the world two months to the first day of the first month. I was seven months old when I came to this world ... I get fits. I get fevers all the time. I had meningitis. They took some liquid from my back. I have hernia in my back. I cannot carry heavy objects. When I do, forgive me, it strains my tummy, and it still continues. It’s like, some people, ladies, can use the washroom in one minute. Men take longer. Because they are men, so we are different. You are a gentleman, and I am a lady.

One feature that became rapidly clear in my interviews with Emel was a saturation of her sense of identity with the notions of illness and difference. You notice, when I ask her to identify herself, she first gives her actual name as a primary signifier of identity, and then immediately after that, her second point of reference and identification is having been born outside of the ordinary: “I came to the world two months to the first day of the first month, I was seven months old when I came to this world,” an abnormality which is then tied directly to illness: fits and fevers, meningitis, etc. Then, through illness, the associations move to physical points of reference such as weakness and pain, which in turn evoke the next signifier of identification, gender: “You are a gentleman, and I am a lady”. Without a pause or any prompts from me, Emel told me more about the “problem” in terms of which she identified herself:

Emel: My problem [*sorun*: question, illness, issue, case] is ... I have a brother ... in the army. He is supposed to be coming back today. So ... And I smoke cigarettes.

Sadeq: Pardon me ... you have a brother?

Emel: My brother was both my mother and my father.

Sadeq: How is that?

Emel: Both mother ... both “*mommy*” and “*daddy*” [the italics signify the words spoken in the original language, i.e., English].

Sadeq: Both mother, and ...

Emel: I am here because of sorrow. I do *panic attack*. I cannot distinguish fantasy from reality ...

After having initiated an identity in terms of illness, here Emel moves on to describe and explain that illness: “My problem,” she says, “is [that] I have a brother in the army”. An apparently irrelevant idea that turns out to refer to a significant recurrent theme in Turkish accounts of madness: love/union, rejection/separation. Even without a cultural model to formulate a remark like this, there is something to be said about the fact that Emel would associate her illness to having a brother in the army, which makes me solicit more details, in response to which she becomes yet more cryptic: “My brother was both my mother and my father.”

We are too early into Emel’s world to make much sense of the idea yet, but it is already clear that the association of her brother and his absence with her illness is related to some importance that this brother has had for her – a brother that crosses genders and generations to become all for her: father *and* mother. Later on in this interview Emel repeatedly produces two notions that helped me make more sense of this early remark: first, a direct

association/juxtaposition of this “brother” with the figure of a lover or fiancé, and with the notions of peace and recovery; and secondly, an invading theme of split that she attributes to different elements of her identity and her environment, ranging from her name, to Turkish and English languages, the East and the West, left and right, and her father and mother who represent the opposite poles of a fundamentally dichotomised universe.

When I asked Emel’s doctor if there were “any significant events, important stories, or situations in Emel’s life?” she answered my question as follows:

Doctor: She says she had a boyfriend. I am not quite sure when this might have been. Apparently they broke up when he left for military service. Perhaps this was the time when she was first hospitalised here, but I am not sure about the date. In the second episode her brother goes to do military service. This was two weeks before [her hospitalisation]. This is all I know.

Remember that, according to Emel’s parents, there was no boyfriend or fiancé. Now note that in the clinician’s response these departures and separations – of a boyfriend and of a brother – are the first and the only concepts in Emel’s entire life that she can think of in her search for “significant events and important stories” connected to Emel’s illness. Secondly, in addition to the association of the second breakdown with the brother’s departure, she suggests that Emel’s first breakdown was associated with the departure of a boyfriend. She relates this apparently causal relationship despite the fact that she does not have any idea when, how, or even if such an event has actually taken place, and despite the fact that the parents flatly deny the existence of any boyfriend.

The parents traced the second hospitalisation in similar words. The mother, for example, said:

Mother: They [the doctors] said she was fine, that they were treating her without medication. I asked if she would get ill again. The doctor said anything is possible, and that he would monitor her. Everything was going well, and then her brother went to the army.

A very interesting feature embedded in this model of causality is the intricate transformation the “brother” signifier has to undergo in order to comply with the illness narrative shared by all parties. In other words, there seems to be a shared *implicit* agreement between the parties that the signifiers of “brother” and “lover” be juxtaposed at some level. Consider the following excerpt from one of the interviews with Emel, for instance, where I inquire about her hospitalisation:

Sadaq: Now, Miss Emel, how did you come here?
Emel: My family brought me here.
Sadaq: Your family?
Emel: Uh-huh ... I broke a glass at home.
Sadaq: What happened? Why did you do that?
Emel: I put the cigarette out here [points at her own arm] ...
Sadaq: OK.
Emel: Three months ago.
Sadaq: OK.
Emel: It was about my boyfriend.

- Sadaq:* OK. Which friend?
Emel: Before he went to the army ...
Sadaq: OK.
Emel: We were going out.
Sadaq: Uh-huh.
Emel: He went for military service. *He* put me here, *he* forced me here. *He* tricked me.

Again, so far as the “objective truth” is concerned, it is her brother who has recently left to do his military service, and there has never been a boyfriend in the picture. As a matter of fact, on other occasions during this interview with Emel this implied juxtaposition (of the brother and the lover) becomes quite obvious, for instance, consider the following (in which the words in italics again represent the words spoken in *English*):

- Emel:* [I want to have] My mother, *mommy*, my father, and, how do you say brother in English?
Sadaq: In English?
Emel: *Boyfriend!*
Sadaq: *Boyfriend?*
Emel: *Mommy*, father, *boyfriend*, and *I am*.

Given the basic familiarity of Emel with English, it is not easy to assume that she is simply making an error, when amusingly suggesting the word “boyfriend” for “brother”. Besides, the repetition of this juxtaposition throughout this interview gives reason to assume a more intricate play of references is involved in her translation game. Here is another instance of that juxtaposition, and this time the game is played in plain Turkish:

- Emel:* My mother is a little self-oriented. You know what I mean?
Sadaq: Selfish?
Emel: She thinks about herself.
Sadaq: Your mother thinks about herself.
Emel: My father about me.
Sadaq: Your father thinks of you.
Emel: Mothers are more fond of their sons here [in Turkey].
Sadaq: I see.
Emel: More fond of the boyfriend.
Sadaq: Hmm.
Emel: The father side prefers me.

It is of course possible to consider a boyfriend of whom the family knows nothing, or even to imagine a scenario where the brother and the sister were involved in an incestuous relationship. But I find a third alternative more viable, both culturally and based on the content of all three interviews: that through a semiotic juxtaposition of the two signifiers “brother” and “boyfriend”, the factual “brother”, the young man who has left home to do his military service, is being appropriated to fit in a pre-existing cultural formula that has traditionally functioned to explain psychotic illness in Turkish society. That formula consists of love, separation and an ensuing sorrow that can lead to madness. In the above excerpts and

the remainder that I have not presented here, two implicit logical components can be identified as central: the premise that Emel's access to an object of love has been denied and disrupted, and that the denial and lack of access has forced her into the current state of illness through an excessive sadness: "It was about my boyfriend ... He went for military service. *He* put me here, *he* forced me here."

Emel's "crazy" reaction to the separation from her brother/lover is associated strongly with a sense of loss and sadness, an affective experience that locates her well within the locally sanctioned range of subjective experiences. It is within this chain-events model (of love and union followed by separation and loss, and an ensuing sorrow that leads to madness) that Emel's assertion should be heard, when she says, "I am here because of sorrow". Sorrow is a richly loaded term in local systems of signification. I will not make a detailed discussion of sorrow but let me point out that it is a notion of special significance to the theme of subjectivity insofar as it is a quality associated with the very experience of human consciousness, which is understood as a state of separated-ness from the origin. This is particularly central to Sufi doctrines where the person, in order to become a person, in order to function within the world of objects and subjects, has to have gone through the painful process of separation from its original unity with God, and so sorrow is a defining element of what makes a person a person. So sorrow indicates in this context an absence, and a longing for unity, or *vesal*, to use Sufi terminology.

To recap then, Emel's "problem", the cause of her illness, is that she has a brother who has gone away; a brother who represented a unification of diverging elements, and she is now hospitalised due to sorrow – a sorrow that leads to panic attacks and hallucinations. You will have noticed another notion implied in this story, namely the coming together of two elements in the figure of the brother: father and mother.

In those same early moments when Emel introduced herself to me, she said another thing that captured my attention: She said she wanted to do a DNA test to find out who her actual parents were:

- Emel:* ... my uncle is actually my father. I have asked for blood test, my ...
Sadaq: What did you ask for?
Emel: DNA test. To find out who my parents are.

The ideas of family and blood appear regularly throughout the interviews as Emel struggles to locate herself. She said at one point, for instance:

- Emel:* No one has my blood type. Only my father and I have it.
Sadaq: No one else has that kind of blood?
Emel: No.
Sadaq: What kind of blood is that?
Emel: Turkish blood.

The idea of a pure "Turkish blood" is associated strongly with the legacy of Atatürk, whose phrase "*damarlarımızdaki asil kan*" ["the pure blood in our veins"] continues to be widely used in Turkish social and political jargon. Following a devastating earthquake

in 1999, the Turkish government was reported to have refused blood donated by the Greek and Armenian governments as it would taint or dilute the country's pure Turkish blood. The alleged refusal was reported in *The Observer* (Smith & Freely, 1999), and later reported separately by United States (Republican) Congressman Joe Knollenberg in his speech of December 15, 2000 (Knollenberg, 2000). While the veracity of this account has been disputed by some, one may consider its existence telling. To give another example, on November 19, 2003, the British Broadcasting Corporation (BBC) published a follow-up news item concerning the twin bombings of two synagogues in Istanbul earlier that month. The headline news read "Turkish investigators have identified the bodies of two men suspected of carrying out Saturday's twin suicide attacks on Istanbul synagogues" (BBC, 2003) and the opening sentence followed: "Istanbul governor Muammer Guler said DNA tests had shown that both men were Turks." Neither Governor Guler nor the BBC reporter explained exactly how a DNA test would establish the Turkishness of the dead men.

At one point in this interview, Emel gave a striking metaphor for her illness and consequent hospitalisation: "It's a spider web," she said. And then, as usual, when I asked what she meant by that, she gave me yet another cryptic response. She said: "Spider! Spider web. That means the opposites. Like East and West!" Unable to hide my confusion, I asked for more explanation:

Sadaq: Like East and West? I don't really understand this East and West thing. Could you explain that for me?

Emel: It means siblings.

Sadaq: East, West ...

Emel: It means peace.

Sadaq: It means peace.

Emel: Peace. Peace at home. Peace in the world. [I was reading Ataturk's address to Turkish Youth which was a key speech in which Ataturk told Turkish youth to respect the "pure Turkish Blood" in their veins and transform Turkey into a civilised and modern nation.] Do you like Ataturk?

Sadaq: I don't know much about Ataturk.

Emel: If I gave you a book would you read it? A gift.

Sadaq: Thank you. Why don't you tell me the name of the book?

Emel: *Bütün Dünya* [*The Whole World*].

Sadaq: *The Whole World*. What does it say inside?

Emel: It talks about Atatürk. When he died, when he was born. How he won the Battle of Sakarya. [The Battle of Sakarya is celebrated as the birth event of modern Turkey.] How Sultan Mehmet the Conqueror conquered Istanbul [the 15th-century conquest of Istanbul by Muslim Turks.]

Sadaq: I see. History of Turkey, History of Istanbul. So why don't you tell me about what Ataturk did.

Emel: He was born in 1981.

Sadaq: 1981. OK.

Emel: He died in 1983 ... he worked as a *kimyager* with a *hoca*.

Let me draw your attention to the years Emel attributes to Ataturk's birth and death. Earlier, she had said that she was born in 1981, while 1983 coincides with the time she had a serious illness and her parents "considered her dead". Death and rebirth is another significant motif

in Emel's narrative, although fully addressing it is outside scope of this article. However, I would like to point out the implied identification she is making with Ataturk, who she invoked immediately after she referred to the dichotomisation of the world, "East and West", quickly flipping the coin to say "it means peace". To further illustrate this identification, consider the following excerpt:

- Emel:* So he [Ataturk] is my grandfather. We are from the same earth.
Sadaq: You are from the same earth.
Emel: Yes we are from the same earth ...
Sadaq: Aha.
Emel: No one has my blood type. Only my father and I have it.
Sadaq: No one else has that kind of blood?
Emel: No.
Sadaq: What kind of blood is that?
Emel: Turkish blood.

I will not provide further examples here, but the identification with Ataturk is another recurring theme of Emel's interviews. There are at least two important aspects to this identification: first, that Ataturk is a collectively shared signifier that is functioning here as a personal reference of identity; and second, that Ataturk functions as a trope of unity, not simply in the collective or national sense of the word, but at an intimately personal, subjective level, as a signifier around, or within which Emel seems to be attempting to anchor her unhinged sense of selfhood. Furthermore, Ataturk is here associated with wholeness. Notice, for instance, the title of the book *The Whole World*. I should add that I could not find such a book in Turkish, and nor did her clinician know anything about Emel having such a book. Notice also the fact that Ataturk is associated with *kimya*, which he has learned from a *hoca*. While a detailed analysis of these two terms falls once again beyond the scope of this paper, suffice to say that the word *kimya* has the double significations of chemistry and alchemy, and the word *hoca* (pronounced "hoja") has the double references of a local religious healer and a secular academic professor. Both terms, in other words, represent a coming together of otherwise clashing ideas from traditional Islamic knowledge on the one hand and modern secular science on the other. Ataturk enters here as a figure in whom the opposites come together: the hoja and the professor, tradition and modernity, Islam and Europe, east and west, etc., and through whom "peace" is restored. Again, while Emel's world is replete with binary opposites, Ataturk, like her brother/lover, becomes a signifier of joining the worlds together.

In some sense then, we are brought back to where Emel spoke about her brother/lover as the entity bringing father and mother together. As I mentioned in passing, Emel applies the East/West dualism to her father and mother, with her mother standing for the Western/non-Turkish side and her father for the Turkish/Islamic side. What is intriguing in unpacking the excerpt above is that once again her apparently nonsensical association "it means peace" turns out to be in fact quite congruent with her earlier idea of the love object that brings together the opposing sides of the schism, who unites the father and the mother and all the binary oppositions they stand to represent, and thus leads to peace and unity, to a wished-for sense of rest and self-identity.

More significant than the fact of recurring associative patterns, however, is that through this unpacking we see how the personal account of identity converges perfectly with the collective one. The idea of an intermediary catalyst that brings the two conflicting worlds together and restores a stable self-identity coincides with the public, political and historical figure of Kemal Ataturk, whose famous adage Emel repeated here: “peace at home, peace in the world”. Ataturk becomes a pivotal point of reference for Emel where she finds, without much effort, a way of deferring her frustrating struggle for self-identity to the larger and more promising domain of the collective apparatus. A famous statement by Ataturk may further explicate what I am suggesting, namely the process where an individual quest for self-identification could be deferred to the collective domain of Turk-ness and Turkish nationalism via the Ataturk signifier. He said:

There are two Mustafa Kemals: one is I, the flesh and bone Mustafa Kemal ... the second Mustafa Kemal I cannot describe with the word “I”. That Mustafa Kemal is not I, it is “We”. That Mustafa Kemal is the enlightened and warrior collectivity that is striving for the new thought, the new life and the Great Ideal on every corner of this country. I am a manifestation of their dream ... You are that Mustafa Kemal, all of You ... (Ataturk Research Center, 2014)

The specific speech by Ataturk that Emel mentioned in that earlier excerpt is also quite congruent with this analysis, in the sense that it seems to be describing that very juncture where political collectivity and personal subjectivity intersect. The speech she says she has been reading, known as Ataturk’s “Address to the Youth” (*Gençliğe Hitabesi*) is a brief but powerful address in which Ataturk informs the Turkish youth that the Republic of Turkey is “the foundation of your existence”. He then warns that one day malevolent forces from both “within” and “outside” may conspire together to take that existence to the point where “circumstances may turn out to be extremely unfavorable” and “all the fortresses” may be broken, “all its armies dispersed and every part invaded ... [it] may be impoverished, ruined and exhausted”. *But*, in such dire circumstances, he asserts, you can restore its integrity, by falling back on “the pure blood in your veins”.

Much needs to be said to capture a full sense of the intricate ways in which Emel mobilises local signifiers, idioms and semiotic constellations to thread together partial narratives in her struggle to “anchor” herself within the unhinged ocean of her psychotic illness. What I hope the brief analysis above has provided is, on the one hand, an example of the significant role played by semiotic processes in converging or embedding the individual sense of self and identity within the collective systems of meaning and, on the other, a clear indication of the ways in which power structures and political processes become involved and intertwined with the very sense of self at the deepest levels of the organisation of subjective experience – a process we can best describe in terms of political subjectivity.

REFERENCES

- Arat, Y. (2010). Religion, politics and gender equality in Turkey: Implications of a democratic paradox? *Third World Quarterly*, 31(6), 869–884. doi: 10.1080/01436597.2010.502712
- Ataturk Research Center. (2014). *Homepage*. Retrieved November 7, 2014, from <http://www.atam.gov.tr/duyurular/aturturke-gore-aturturk>
- Ayoob, M. (2004). Turkey’s multiple paradoxes. *Orbis*, 48(3), 451–463. doi: 10.1016/j.orbis.2004.04.002

- BBC. (2003). *Turkish synagogue bombers named*. Retrieved November 6, 2014, from <http://news.bbc.co.uk/1/hi/world/europe/3283251.stm>
- Corin, E. (1990). Facts and meaning in psychiatry: An anthropological approach to the lifeworld of schizophrenics. *Culture, Medicine and Psychiatry*, 14, 153–188. <http://www.springer.com/social+sciences/anthropology+%26+archaeology/journal/11013>
- Corin, E. (1998). The thickness of being: intentional worlds, strategies of identity, and experience among schizophrenics. *Psychiatry*, 61, 133–146. <http://guilfordjournals.com/loi/psyc>
- Corin, E. (2012). Interdisciplinary dialogue: A site of estrangement. *Ethos*, 40(1), 104–112. doi: 10.1111/j.1548-1352.2011.01234.x
- Corin, E., & Lauzon, G. (1992). Positive withdrawal and the quest for meaning: The reconstruction of experience among schizophrenics. *Psychiatry*, 55, 266–278. <http://guilfordjournals.com/loi/psyc>
- Corin, E., & Lauzon, G. (1994). From symptoms to phenomena: the articulation of experience in schizophrenia. *Journal of Phenomenological Psychology*, 25(1), 3–50. doi: 10.1163/156916294X00106
- Good, B. J. (1977). The heart of what's the matter: the semantics of illness in Iran. *Culture, Medicine and Psychiatry*, 1, 25–58. doi: 10.1007/BF00114809
- Good, B. J., & DelVecchio Good, M. J. (1981). The meaning of symptoms: a cultural hermeneutic model for clinical practice. In L. Eisenberg & A. Kleinman (Eds.), *The relevance of social science for medicine* (pp. 165–196). Dordrecht, NL: D. Reidel Publishing Company.
- Good, B. J. (1994). *Medicine, rationality, and experience: An anthropological perspective*. Cambridge, UK: Cambridge University Press.
- Good, B. J., & Subandi, M. A. (2004). Experiences of psychosis in Javanese cultures: reflections on a case of acute, recurrent psychosis in contemporary Yogyakarta, Indonesia. In J. H. Jenkins & R. J. Barrett (Eds.), *Schizophrenia, culture, and subjectivity: The edge of experience* (pp. 167–195). Cambridge, UK: Cambridge University Press.
- Good, B. J. (2012). Theorizing the “subject” of medical and psychiatric anthropology. *Journal of the Royal Anthropological Institute*, 18(3), 515–535. doi: 10.1111/j.1467-9655.2012.01774.x
- Jenkins, J. H. (1988). Ethnopsychiatric interpretations of schizophrenic illness: The problem of *nervios* within Mexican–American families. *Culture, Medicine and Psychiatry*, 12, 301–329. <http://link.springer.com/journal/11013>
- Jenkins, J. H. (2004). Schizophrenia as a paradigm case for understanding fundamental human processes. In J. H. Jenkins & R. J. Barrett (Eds.), *Schizophrenia, culture, and subjectivity: The edge of experience* (pp. 29–61). Cambridge, UK: Cambridge University Press.
- Kadioglu, A. (1996). The paradox of Turkish nationalism and the construction of official identity. *Middle Eastern Studies*, 32(2), 177–193. doi: 10.1080/00263209608701110
- Kinzer, S. (2008). *Crescent and star: Turkey between two worlds*. New York, NY: Macmillan.
- Kandiyoti, D., & Saktanber, A. (2002). *Fragments of culture: The everyday of modern Turkey*. New Brunswick, NJ: Rutgers University Press.
- Knollenberg, J. (2000). *Statement regarding the Armenian genocide*. Retrieved November 4, 2014, from <http://thomas.loc.gov/cgi-bin/query/z?r106:E15DE0-0027>
- Laclau, E., & Mouffe, C. (2001). *Hegemony and socialist strategy: Towards a radical democratic politics*. London, UK: Verso.
- Lewis, B. (1975). *The emergence of modern Turkey*. London, UK: Oxford University Press.
- Livanios, D. (2006). The “sick man” paradox: History, rhetoric and the “European character” of Turkey. *Journal of Southern Europe and the Balkans*, 8(3), 299–311. doi: 10.1080/14613190601004830
- Rahimi, S. (2015). *Meaning, madness and political subjectivity: A study of schizophrenia and culture in Turkey*. London: Routledge.
- Sass, L. (1994). *Madness and modernism: Insanity in the light of modern art, literature, and thought*. Cambridge, MA: Harvard University Press.
- Sass, L. (1999). Schizophrenia, self-consciousness, and the modern mind. In S. Gallagher & J. Shear (Eds.), *Models of the self* (pp. 319–341). Thorverton, UK: Imprint Academic.
- Sass, L. (2004). “Negative symptoms”, common sense and cultural disembedding in modern age. In J. H. Jenkins & R. J. Barrett (Eds.), *Schizophrenia, culture and subjectivity: The edge of experience* (pp. 303–328). Cambridge, UK: Cambridge University Press.
- Smith, H., & Freely, M. (1999, August 29). Greek missions of mercy melt ancient hatred. *The Observer*.



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