ANALYZING THE EUROCENTRIC FRAMEWORK OF PSYCHIATRISTS' NARRATIONS OF SOCIAL PROBLEMS IN TURKEY

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ABSTRACT

ANALYZING THE EUROCENTRIC FRAMEWORK OF PSYCHIATRISTS' NARRATIONS OF SOCIAL PROBLEMS IN TURKEY

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Modernization theory is one of the most dominant frameworks through which social phenomena are understood within daily language and mainstream political commentary. This study critically analyzes frameworks and discourses that silently organize the social commentaries in psychiatric studies in Turkey. The history of psychiatry in Turkey is intimately connected to how modernization has been made sense of as with Raşit Tahsin's and Mazhar Osman's efforts to make it a tool of state propaganda in the late 19th and early 20th century. While modernization theory is rarely cited explicitly, studies analyzed in this thesis consistently frame their narrations of social problems in Turkey around the assumptions and value attributions of modernization theory. Through a content analysis, this study discusses three different ways that modernity is implicitly staged in the studies: orientalism, occidentalism, and multiple modernities. I argue that even when Eurocentrism in the core assumptions,

theories, and practices of mainstream psychiatry is challenged, the analyzed studies reiterate Orientalist discourses in all three of the ways they stage modernity. As a sharp distinction between the West and the non-West establishes the beginning and endpoint of their narrations of each imagined entity, studies further Orientalize the non-West and Occidentalize the West despite important qualifications made to moralized qualities attached to either entity. As the psychiatric studies critical of Eurocentric narrations of Turkey as a 'backward' nation criticize the contents of such narrations of the non-West and not the theoretical grounds that consistently reproduce these accounts, I argue that they re-iterate the very narrations that they criticize.

Keywords: psychiatry, social commentaries, content analysis, Orientalism, Occidentalism, multiple modernities

ÖZ

PSİKİYATRİSTLERİN TÜRKİYE'DEKİ TOPLUMSAL SORUNLARA DAİR OLUŞTURDUĞU ANLATILARIN AVRUPAMERKEZCİLİĞİNİN İNCELEMESİ

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Modernleşme teorisi toplumsal olguların gündelik dilde ve kişilerin politik yorumlarını şekillendiren en baskın teorik çerçevelerden biridir. Bu çalışma Türkiye'deki psikiyatrik çalışmalarda bulunan toplumsal sorunlar üstüne yapılan yorumları sessizce düzenleyen söylemleri incelemektedir. Türkiye'deki psikiyatri tarihi geç dönem Osmanlı'da ve erken Cumhuriyet döneminde modernliğin anlamlandırılmasıyla yakınen ilişkilidir. Bu bağlantı en belirgin olarak Raşit Tahsin ve Mazhar Osman'ın psikiyatriyi bir modernleşme aracı ve Cumhuriyet döneminde devletin bir propaganda aracı olarak geliştirmesiyle görülebilir. Analiz edilen çalışmalarda modernleşme teorisine hemen hemen hiç açıkça referans verilmiyor da olsa aslında bu teorinin varsayımlarını ve değer yargılarını yinelediği öne sürülecektir. Bu çalışma içerik analizini kullanılarak analiz edilen çalışmalarda modernliğin üç farklı biçimde sahnelendiğini tartışacaktır: Oryantalizm, Oksidantalizm ve Çoklu

Modernlikler. Avrupa merkezcilik bu çalışmalarca da açıkça sorgulanıyor da olsa bu tez çalışmaların her üç sahnelemede de Oryantalist önkabulleri yinelediğini savunacaktır. Batı ve batı dışı arasında keskin bir ayrım bu çalışmaların toplumsal yorumlarının başlangıç ve sonuç noktalarını oluşturuduğu için batı dışı hepten batı dışına özgü olduğu düşünülen özellikleriyle özdeşletirilirken Batı da Batı'ya bugüne kadar atfedilen anlamlarla tamamen özdeşleştirilniştir. Çalışmalar modernleşme teorisinin batı dışına atfettiği 'geri kalmışlık' anlamlarını önemli biçimlerde sorgulasa da eleştirilerini bu anlatıları tutarlı olarak oluşturan teorik tabana değil, batı dışına dair anlatıların içeriğine yönelttiği için istemeyerek eleştirdikleri anlatıları yinelemişlerdir.

Anahtar Kelimeler: psikiyatri, toplumsal yorumlamalar, içerik analizi, Oryantalizm, Oksidantalizm, çoklu modernlikler

To my friends, family, and everyone that has inspired me on this journey

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CHAPTER 1

INTRODUCTION

First Modernity is the dominant frame for social and political thought today and undercuts many discussions surrounding ideas of citizenship, political subjectivity, and issues of social justice. Relatedly, psychiatry and how its history is narrated is intimately shaped by contemporary ideas of social justice and the understanding of the subject of liberalism due to its role in containing the unique problems of the early stages of industrialization and the rationalization of everyday life in modern Western nations. From the late 18th century as an overt punitive tool, psychiatry later became the humanistic and rational scientific face of rehabilitating the mad. Psychiatry's development as a science is commonly accounted as one of a steady route toward more progressive practices in approaching the mentally ill (Gong, 2019). For this reason, studying psychiatric publications that contain social commentary can lend significant insights into how ideas of modernity, modern subjectivity, and 'healthy' sociality structure psychiatrists' understandings of social problems.

For this study, I analyze psychiatric studies that contain a discussion of social problems in Turkey largely since the 2000s. The reason for this time cut is mostly because of the difficulty of reaching physical archives of earlier psychiatric publications and my reliance on online archives for reaching the studies. For the studies that I have selected

for analysis, I argue that even if they are not explicitly cited, theories of modernization frame all discussions on social problems psychiatrists choose to comment on.

Studying discourses of modernity in Turkey through the specific case of psychiatry requires contextualizing the study in Turkey's imagined place as a non-Western society. Psychiatry's introduction to the late Ottoman and the early Turkish context has been thoroughly through the introduction of Western literature on the subject. Additionally, as part of the modernizing reforms of the empire, a number of insane asylums were established to contain the economic maladies of cities and the political dissent in a time of intense social transformations in the empire during the 19th century (Artvinli, 2013). Coupled with medical professionals' prominent role as politicians and leaders in the discussions on bringing the nation to the standards of its Western contemporaries, psychiatrists became important agents in political dialogue and propaganda since the early republican days of Turkey. Mazhar Osman, who would eventually become the first distinct figure of psychiatry in Turkey, is often commemorated for fighting to establish psychiatry as a legitimate field of medicine in and through its proximity to the aims of modernizing the Turkish nation (Ayhan, 2007). While the evolutionary tone that was present in Osman's ideas is not so ubiquitous presently, psychiatric studies in Turkey today still carry important undertones of social commentary which consistently follow the logic, concerns, and value attributions of modernization theory. Publications by psychiatrists in Turkey present a unique opportunity for observing how social problems in Turkey are framed and proposed to be solved.

In this thesis, I will argue that psychiatric studies that address social problems in Turkey implicitly create theories of modernization. While its dominant biomedical

framework allows it to situate mental illness within the individual, discourses of modernization arguably allow psychiatrists to situate their observations on the social level. The material for analysis for this thesis comes from psychiatric studies that investigate access to psychiatric care, how culture affects populations' relationship with psychiatry, and the experience of mental illness. The most prominent discussions within these studies are on the topics of a need for understanding and eradicating patients' use of traditional healers, resolving 'insufficient' psychiatric hegemony in Turkey, the Eurocentrism in ideas of psychiatric normalcy, and the cultural relativity in the very ways in which mental illness manifests in patients.

Ideals of scientific rationality, human rights, and social justice all necessarily carry the burden of European thought and history in the contemporary world (Chakrabarty, 2000, p. 4). As psychiatrists often frame the topics mentioned as issues of social justice, they make frequent references to ideals of modernity in coming up with solutions. All the studies clearly construct Turkey as an undeniably non-Western society, or for the very least, a context that is irredeemably different from 'the West.' Because many times the studies I analyze use 'Western cultures' and 'non-Western' cultures both as the beginning and endpoint of their analysis in narrating Turkey, I argue that Orientalist categories silently structure their commentaries. Turkey is narrated within the confined of its place as a context that is insufficiently modernized, and thus cannot properly treat mental illness through correct pathways (i.e., psychiatric help-seeking). In the next section, I discuss the connection between modern forms of power, representation, and the structures of knowledge that silently organize narrations of the non-West (and Turkey).

1.1. Theoretical Framework

> *The antihistorical, antimodern subject… cannot speak as "theory" within the knowledge procedures of the [sciences] even when these knowledge procedures acknowledge and "document" its existence. Much like Spivak's "subaltern"…, this subject can only be spoken for and spoken of by the transition narrative, which will always ultimately privilege the modern (that is, "Europe")* (Chakrabarty, 2000, p. 41).

The psychiatric studies that construct commentaries on the social problems in Turkey consistently account for Turkey's conjuncture as a society that is in transition on the pathway of modernizing its approach toward mental illness. Throughout this thesis, I argue that taking the epistemological divide between the West and the non-West as both the theoretical and endpoints traps the commentary on Turkey within an ahistorical, essentialized narrative of its conjuncture that is limited to the problem of inadequate modernization. The Turkish case is outlined in the studies I analyze through a concern for understanding the 'specifity' of Turkey to tailor psychiatric research and approaches to its particular needs. They often frequently frame this need around the argument that non-Western nations have either been neglected or misrepresented in international literature. To counter this trend, the studies I analyze attempt to confer intelligibility to 'non-Western' phenomena that are generally 'left out' of global psychiatric literature: spiritual/religious sense-making of psychological distress, seeking help from spiritual figures, cultural reasons for distrust towards psychiatry, and the cultural relativity of the idea of 'psychiatric normalcy.' In this section, I outline why the phenomena listed are not arbitrary absences in psychiatric theory or practice but are constitutive of the very idea of psychiatric normalcy.

Understanding the 'absence' of knowledge on the non-West as simply a problem of the content of scientific theories creates incomplete analyses of these theoretical lapses. The fact that accounts critical of a scientific discipline often problematize it through its contents lends hints into how modern representational practices establish their relationship to the 'real.' Contemporary practices of representation presuppose an absolute distinction between the real and its image (meaning or representation). In this relationship, the image is taken to be incessantly incomplete, which is exemplified in the never-ending need for scientific progress and overcoming older interpretations to reveal 'truer' scientific 'facts.' In constantly asserting the image's lack, however, "…a representation claims that the World it replicates, projects, reorganizes, enacts or endows with meaning and structure must be, by contrast, original, material, immediately present, complete in itself" (Mitchell, 2000, p. 18). Then, while our modern practices of re-presentation inherently carry the claim that the images we construct of the 'real' are inadvertently incomplete and lacking, in the same assertion, what one represents is conferred to exist completely, unmediated, present in itself. Often accounts that are critical of a body of knowledge do not question this relationship and assume that representation, even when 'incomplete,' represents a reality that is unproblematically present out in the world. Constructing the criticism around the contents of knowledge neglects to question the very processes that construct the act of representation.

I take Foucault's (1984) position in arguing that power is not repressive but productive and that knowledge is shaped in and through processes of power. The practices of knowledge construction and what gains the effect of the truth are not simply a matter of imagination but are constitutive of the very structures of power that organize social

life and its perception by social agents. In this thesis, I challenge the argument that knowledge of the non-West is repressed ('neglected,' 'left out'). Such theories often connote that if the truth of the neglected phenomena were to be told (i.e., the specificity of the Turkish mental health field), the structures that have long left it out of psychiatric theories would stop being Eurocentric. I instead argue that power is productive and that knowledge and its objects are produced in the very operations of knowledge (Althusser, 1968, p. 19). Central to the knowledge processes of psychiatry is an idea of psychiatric normalcy that implicitly stands in as the universal human experience. As the accounts critical of the Eurocentrism of this 'universality' simply argue that the contents of what is understood as universal are inadequate, they do not question the very figure of the 'universal human' as an element that structures the processes that create non-Western phenomena as 'invisible' to theory.

The history of how psychiatry was coupled with medicine is often recounted as the victory of human Reason and scientific progress against antiquated practices of sense-making. At the very center of such discourses stands the 'universal human,' an imagined figure that is central to how the Enlightenment and later modernity has been understood. What establishes the universality of this figure is not empirically substantiated but instated in the very structure of how modern subjectivity is understood. While understandings of a 'modern subject' arose out of a specific Western conjuncture, its theories deny this cultural particularity: "They involve precisely an 'overcoming' (dépassement) of the particular cultural identity in favor of a universal civic identity. But how such an overcoming can take place is not apparent (Lyotard 1992, pp. 44–5). The very particularity that is denied in this 'universal humanity,' I argue, structures the 'unquestionable obviousness' that constitutes how

modern individuals and social formations are understood and creates the very 'absences' that the psychiatric studies I analyze are attempting to overcome.

As the understanding of a universal human (i.e., Human Reason, civic subject, etc.) intimately structures the grounds of modern knowledge, it does not have the appearance that its properties are constituted within processes of knowledge construction. In proposing that an object of knowledge is already given, one can only question the contents of its representations. Then when 'absences' or 'inadequacies' are said to be present in its contents, this is then consistently problematized as a need for different subject positions and more rigorous theoretical and analytical tools (Althusser, 1968). Then the problem of knowledge ends up as a question of unraveling better ways of 'seeing;' the question will be set up as finding ways to observe a given reality, such as psychiatric normalcy, instead of problematizing the very grounds that produce its theoretical effects. I argue that a field of problematique, the very way social formations or the individual are problematized within psychiatric studies, structures the field of visibility that rests on the unquestionable obviousness of a universal human. The whole function of this field is to constitute what is visible (i.e., the Western experience as universals) through what it forbids the sighting of (Althusser, 1968, p. 30). Thus, the fact that Turkey, or the non-West in general, is 'absent' in the concerns of global psychiatric literature is not so much an issue of lack of data or resources as the studies I analyze argue, but the 'invisible' necessarily "…disappears as a theoretical lapse, absence, lack of symptom. It manifests itself exactly as it is: invisible to theory…" (p. 31).

The psychiatric studies in Turkey that I analyze construct social commentaries overwhelmingly around the idea of Turkey's position in the process of modernization.

I argue that beyond the fact that understandings of modernity frame the dominant ways that social transformations and political contexts are understood within both social theory and everyday speech, psychiatry's need for an underlying tacit universality of the human experience and its attendant ideas of normalcy consistently place its discourses into such frameworks. As Mitchell (2000) discusses, 'modernity' is what stages our understanding of contemporaneous time in and through the structure of our representational practices. A singular history of modernity itself is staged upon space and time where modernity stands as a synonym for the West (p. 1), and other parts of the world are taken to be mimicking its developments.

A stagist or evolutionist idea of history frames the narratives of the non-West, limiting the qualities attributed to the non-West into its transitional elements (i.e., phenomena that must be overcome to modernize). The non-West only appears as what must disappear because modernity's timeline is singular; as such, modernity only makes the appearance that it has arrived by excluding the 'enclaves of precapitalist organization' or 'non-Western residues' (p. 5). Examples of this are how traditional help-seeking or spiritual conceptualizations of mental distress are argued to be practices that must be 'left behind' for psychiatric hegemony to be established in Turkey. Given the ubiquity of this understanding of the 'now,' to understand the contemporary temporality of Turkey is to understand it within modernity, but as it is positioned outside of the West, it only appears as 'absences' or 'delays' in development. For its present to be properly understood, it seems that Turkey must first catch up with the 'now' of modernity: "The urgent call to the future reinscribes the past as the immutable and timeless origin of the present, which should be annihilated by a radical leap into a future that has no connections with the present" (Ahiska, 2003, p. 356; emphasis added). In the

upcoming chapters of this thesis, I discuss how the very phenomena that psychiatrists choose to discuss as social problems (e.g., traditional help-seeking, somatization, spiritual conceptualizations of disease) stems from their understanding of the Turkish context as an entity that is inadequately modernized. These phenomena are called into analysis almost exclusively to discuss pathways towards reducing their prevalence and correcting these behaviors through properly modernizing individuals. In forming their accounts around these issues, they reiterate the Eurocentric and Orientalist properties of the modernization framework.

1.1.1. Eurocentrism and its Critics within Psychiatry

First Modern psychiatry has a close relationship with the debates on human rights and social justice, as its history is many times represented as the liberation of the 'madmen' from the oppressive methods of containment and punishment (Foucault, 1988). The introduction of the physician figure in the 19th century to insane asylums represented the turning point for the 'happy age when madness was finally recognized and treated according to a truth to which we had too long remained blind' (p. 229). Similar to what Pinel represented for the humanization of psychiatry, first Dr. Luigi Monteri's and later Mazhar Osman's leadership in the history of psychiatry in Turkey represents the rationalization and humanization of the methods for caring for the mentally ill (Artvinli, 2013).

I chose to analyze psychiatric studies in Turkey to investigate how discourses of modernization seep into its language. When social sciences were banned in the Ottoman Empire during the late 19th century, medical schools were the only non-religious institutions that fostered spaces for forming political opposition. As the

prestige of psychiatry was dim among the medical faculty when it was first implemented into medical schools, Raşit Tahsin took it upon himself to attach psychiatry to the dominant political concerns of the time. He labored to build a psychiatric department that was to provide important guidance on how to Europeanize the everyday life of the emerging Turkish population (Ayhan, 2007, p. 188). However, it was Mazhar Osman, Tahsin's student, that would wholly connect psychiatry's aims to the propaganda of the nascent Turkish republic in the 1930s. Osman created a profuse amount of discourses on the existential necessity for modernizing the nation and the professed moral superiority of the modernized man (p. 203). Osman held the belief that being 'sound-minded' was a prerequisite to enjoying the privileges of contemporary society, as he held that only the sane could fulfill the responsibilities that come with being modern citizens (p. 219). Additionally, he frequently expressed a deep concern for 'rescuing' the mad from the enclaves of superstition, holding that the nation must rid itself of 'dark powers' (i.e., ignorance and religious dogmatism) to 'mature into' the properly contemporaneous and humane methods of the sciences (p. 201). Osman had also combined his preoccupation with mental hygiene with highly racialized understandings for establishing the 'purity' of the Turkish identity and led with many Eugenic arguments. While I am in no way arguing that the current studies I analyze construct theories of Eugenics or social engineering, I argue that the social commentary practice and the preoccupation with the modernization process of the nation is still an essential part of psychiatric papers. This is the case, of course, for the studies that make a point in explaining their findings through social causation and not just biomedical factors.

The psychiatric studies I analyze that discuss social problems in Turkey engage in frequent dialogue with debates on social justice. Securing psychiatry's authority over competing agents such as the family and religious healers arguably represents a humanist mission to 'rescue' the mad from outdated forms of healing. The concern for marking these practices as antiquated and for replacing them with psychiatry is reminiscent of the sentiment that the elites of non-Western nations must educate 'peasants' into modern citizens. The 'peasant's world, with its emphasis on kinship, gods, and the so-called supernatural' (Chakrabarty, 2000, p. 10), is discussed as incommensurable with psychiatry and as phenomena that distinguishes non-Western societies from the 'developed Western countries.' I will argue that these discussions are overwhelmingly, if not entirely, framed through a stagist idea of history, even in studies that make important challenges to the evolutionism that is implicit in such thinking.

As the global reach of mental health services has become an important goal of WHO since the 1990s, so have the discussions on transcultural psychiatry been re-vitalized (Summerfield, 2012). Cultural differences are recognized to shape how mental illness is understood by individuals, how one seeks help for their distress, and their opinions on psycho-somatic drugs. However, as standardization of disease categories and retaining the disciplinary boundaries of psychiatry is a key element to its hegemony, even cross-cultural veins of psychiatry strive to find the universal among human differences. Ideas of 'unity of mankind' has been coupled with psychiatry's search for universality when the political sentiments were shifting to support anti-colonial and anti-racist sentiment in the 1960s (Heaton, 2013, p. 3). I will argue that psychiatry's

need for retaining universalism in its claims binds such critical discussions back into Eurocentric frameworks.

1.2. Methods and Analytical Strategy

In order to analyze how psychiatrists in Turkey after 2000s problematize the specific social problems of Turkey that shape psychiatric practice, I have compiled studies that make reference to topics such as underdevelopment, social and economic inequalities, and the 'culture' of Turkey. Through my literature review, I have compiled a list of keywords that were likely to lead me to such studies. However, the keywords were simply there to guide me in what studies may contain social interpretations and were not words I used on search engines. I scanned all volumes and issues of psychiatric journals title by title in Turkey that sustained an online and accessible archive. I attempted to reach physical archives through the Turkish Psychiatric Association and the Turkish Social Psychiatric Association, but my inquiries were left unanswered. In my initial pool of sources, I ended up with 98 studies and essays relating to the study. However, reading through the material, I excluded the studies that did not form any argument of social causation. The final analysis encompassed 80 studies and essays published in peer-reviewed psychiatric journals, which I list in Appendix B. I gathered studies that problematize the following topics: the ubiquity of traditional/religious help-seeking, spiritual or somatic expressions of mental distress, so-called culture-specific syndromes, mental health access in rural/peripheral areas, the effect of urbanization on mental health, cultural relativity of psychiatric normalcy, gender inequality, and the complete list of keywords I utilized in my search are listed in Appendix A.

Psychiatry, as a development that has been born out of the rise of the population as the primary object of contemporary governmental power, has a unique connection to how modernity operates. In this thesis, I aimed at revealing the sustained effects of modernization theory and Eurocentric narrations in how social problems are understood in Turkey, an entity that is taken to be non-Western by the studies I analyze. I framed the analysis of the material around the following research questions: (1) What consistent assumptions silently organize Turkish psychiatrists' interpretations of social problems in Turkey? (2) How does the idea of 'historical time' organize psychiatrists concerns for social change and transformation in the mental health field of Turkey? (3) How do the imagined entities of the West and the non-West organize psychiatrists' understanding of Turkey's standing as a modern (or backwards) nation within the field of mental health? (4) Do psychiatrists openly question Eurocentric meanings attributed to Turkey? In what ways? What are its effects?

To answer my research questions, I utilized thematic qualitative coding using the MAXQDA software. First, I read the studies separately to come up with patterns that can form analytical codes. Then, informed by my literature review and by the recurring themes across the papers, I coded the material primarily for the themes of: narrations of the East and the West, the particularity of Turkey, and culture-specific approaches to psychiatry. Additional codes emerged under these parental codes, such as the urban-peripheral divide, value attributions in line with modernity, and gender relations.

1.3. Outline of the Thesis

This thesis is organized upon what I take to be three different forms in which modernity is staged in the psychiatric studies I analyze: Orientalism, Occidentalism, and Multiple Modernities. In the second chapter of this thesis, I analyze the instances where social problems in Turkey as they relate to psychiatry are discussed through an orthodox understanding of modernization. Here, I utilize the theories of 'individual modernization' to demonstrate how studies relevant to this section pathologize Turkey's position as a non-Western country through its 'lack' of individual modernization. In the third chapter, I discuss the studies that make sense of contemporaneous times through Occidentalism. A significant amount of these studies arguably create essentialized images of the West out of a position of frustration born out of being situated in a non-Western country that is understood to be 'backward.' Such Occidentalisms simply invert the negative images attached to the non-West in Orientalism to now apply to the West but do not question the very ground of this dichotomous thinking. Lastly, I discuss studies in Turkey that carry the theoretical tendencies of the transcultural psychiatry of the 20th century. Here, contemporary time is staged on 'multiple modernities,' where much of the normativeness of modernization theory is rendered relative. Despite the presence of important studies critical of Eurocentrism, I argue that none of the different way modernity is narrated dissipate the very value asymmetries inherent to the original modernization theory and end up either implicitly or directly re-iterating Orientalist discourses.

CHAPTER 2

TRANSFORMING THE ORIENT THROUGH THE PSYCHE

According to mainstream modernization theories, modernity marks the shift from ascriptive social values to achievement-oriented values. Individuals in modern societies are argued to be open to the change and optimistic about a future that is shaped by industrialization, urbanization and modern education. Thus, modernization does not only change the institutional and structural aspects of societies but intimately shapes individual behaviors and aspirations in line with values ascribed to development and progress:

> The attitude and value changes defining individual modernity are accompanied by changes in behavior precisely of the sort which… give meaning to, and support, those changes in political and economic institutions which lead to the modernization of nations (Inkeles, 1985, p. 124).

Although taking the unit of analysis as the individual is likely counter-intuitive for a sociological analysis, I will make use of arguments of individual modernity to demonstrate how modern selfhood is staged alongside the larger image of modernity. The emergence of the population as the primary object of governmental power in the 20th century is an integral force in shaping psychiatry and its role in 'managing persons, self-identities, and space' (Mitchell, 2000). As I will outline in this chapter, the behaviors, attitudes, and 'personality types' that psychiatry delineates as normal and pathological follow the logic of what is to be expected of modern selfhood.

The value of individualism within the ideals of liberal democracy means that individuals are expected to participate in the forming of a modern government and industrial society (Inkeles, 1969, p. 209). Thus, how modernity is framed is as a 'psychosocial syndrome' (Bhambra, 2007, p. 60) that inherently carries a pedagogy (Mitchell 2000: 20) for how the individual is to imagine and represent themselves internally and to others. Inkeles (1969) after a study on 'individual modernity' in six different developing nations, designate the following attitudes and dispositions to be representative of the 'modern man' (p. 208):

> (1) openness to new experience, both with people and with new ways of doing things such as attempting to control births;
>
> (2) the assertion of increasing independence from the authority of traditional figures like parents and priests and a shift of allegiance to leaders of government, public affairs, trade unions, cooperatives, and the like;
>
> (3) belief in the efficacy of science and medicine, and a general abandonment of passivity and fatalism in the face of life's difficulties; and
>
> (4) ambition for oneself and one's children to achieve high occupational and educational goals (p. 210).

Extending on these qualities, such theories argue that distinct, mutually exclusive personality types are found in modern and traditional societies. Kağıtçıbaşı (1973) defines the traditional personality type through 'core authoritarianism, anomia, pessimism about personal future, belief in external control of reinforcement, and religious orientation.' As opposed to this, the modern personality type manifests through 'optimism about personal future, belief in internal control of reinforcement, and achievement orientation' (p. 157). Such theories of 'individual modernization' argue that forming a modern society requires that individuals embody full personal responsibility for one's own actions, abandon passive, dependent and fatalistic attitudes, and hold a progressive outlook on the future (p. 159). Such studies argue that

these changes in personality come about by properly adapting into modern institutions such as wage labor, modern education, loosening control of the family, and residing in urban areas. As women are affected differently by at least three of these transformations, however, they are often associated with traditional personality types in comparison to men in their respective social position (p. 171). This is further discussed in the last section of this chapter.

I argue that as the use of social causation does not typically have paradigmatic relevance within psychiatry, psychiatrists that discuss social problems can be expected to utilize the most widely recognized social and political frameworks to make sense of seemingly sociological issues. In this chapter, I analyze studies that are not critical of the Western grounds of psychiatric studies, studies where modernity is not explicitly challenged nor discussed in detail. Even though modernization theory is not an explicit organizing principle for these papers, all the social attributions that they make use its arguments. In the following section I outline how these studies construct implicit ideas of a 'modern man' and how they discuss the ramifications of its inadequate manifestation in the Turkish context for psychiatry. In the section to follow I deal with how the 'traditional personality type' is pathologized as a deterrent from positive mental health outcomes for the Turkish context. The discussion of social problems through constructions of a 'Turkish mentality,' I argue, reifies the social and historical context of Turkey. Such approaches frame Turkey's 'present' as a non-historical and non-sociological phenomenon (Coronil, 1996) that can only be understood as an insufficient copy of the West (Ahiska, 2003).

2.1. Psychiatritizing/Modernizing Men

Securing psychiatric authority in the field of mental healing is one of the most prominent areas where psychiatrists in Turkey argue for an urgent need for modernizing the attitudes of individuals. Accepting biomedical hegemony as an organizing principle of understanding mental distress and its treatment is represented as a very clear modern disposition in the studies relevant to this section. Psychiatry's, and related psy-sciences', growing hegemony in Turkey is represented as a natural unfolding of modern institutional transformations:

> Another consequence of the modernization process, which is a result of social differentiation, is psychiatry becoming an important social institution and psychiatrists becoming well-respected and needed experts, just like it is in other modern societies (Cimilli, 2003, p. 7).

Consulting other sources, especially sources that are thought to be anachronistic to the current social structure, is seen as a failure of individuals to adapt to the many infrastructural, economic and institutional changes of modern life:

> The current rates [of traditional help-seeking] presented in this study are still high-even higher than in some previous studies- despite the advancement in the opportunities of modern life… It seems that information technology, changes in lifestyle and other changes in the population in Turkey over the past quarter century have not resulted in a positive change in the help-seeking behavior of schizophrenia patients (Yazıcı et al., 2016, p. 178).

Yazıcı and his co-authors here are referring to the continuing use of traditional healers for people with schizophrenia as the lack of positive shifts in help-seeking behaviors in Turkey. Traditional healing refers to a wide range of methods across studies including the consumption of herbal mixtures made by spiritual personas, wearing amulets blessed by religious figures, and exorcism. As psychiatrists focus on eradicating these tendencies as the pre-requisite for establishing psychiatric

hegemony, such practices appear as incommensurable with the spirit of science or rational outlook that Turkish people here are expected to grow into as modern institutional developments unfold. Psychiatry as a modern science appears as an entity cut off from any relationality it may have had to religion and folkloric beliefs, and thus, Turkey's continuing involvement with such practices marks its 'difference' from the West (Chakrabarty, 2000, p. 17).

Medical and non-medical help-seeking practices are attributed to a plethora of social factors in studies around the world. However, given psychiatry's need for standardizing the definitions of normalcy and proper scientific interventions to mental health, non-biomedical approaches to healing poses a threat to its hegemony. Psychiatric studies relevant to this section almost exclusively focus on the question of modernization in understanding the challenges to securing monopolistic authority in the field of mental healing in Turkey. Individuals' education level, socioeconomic or occupational status are commonly employed as explanatory factors to this issue: "In our study lower education level was found to be associated with religious and higher education level with psychiatric help seeking behavior in line with a previous study… Because of their higher education level, patients from Ankara may have more knowledge about schizophrenia which could have enabled them to apply to a psychiatrist" (Yalvaç, 2017, p. 955). Educational level frequently signals modern dispositions in the studies relevant to this section, and the reason for this is almost never explicitly outlined. Statistical analyses consistently point to an increase in desired outcomes (i.e. seeking psychiatrists instead of traditional help) as patients' educational level increase.

In the studies I analyze, if educational and occupational status does not give sufficient ground for explaining seeking traditional healers, authors construct arguments on Turkish culture to make sense of the phenomenon. One frequent argument, for example, is patients' arguably 'excessive' reliance on cultural or religious believes. They take the nature of such beliefs to be unscientific and make sense of it within the realm of unexamined cultural impulses: "The basis of magic lies in the fact that it cannot be understood, it relies on belief; the more cryptic the practiced methods are, the more they appear to be supernatural, and thus reinforce one's belief in it" (Kırkpınar, 1992, p. 25). A similar argument is made by Güleç (2011):

> Although the medical model has gained importance with time, because of the lower education and income levels, it can be observed that popular and traditional healing methods are still sought-after; as a collective culture persists alongside the increasing individualism in society (Güleç, et al., 2011, p. 138).

Especially evident in the second quote, one's disposition in seeking either medical or traditional help has to do with belonging to either collective or individualized cultural formations. Lower education and income levels create the context for collective cultural patterns to survive, such as seeking so-called un-scientific help. Medical help gains importance with time, which gives important clues as to how modernization is staged on certain constructions of temporality, which I discuss in the following section (Mitchell 2000). As 'society' gains intelligibility through our current staging of it (i.e. representations of modernity), Kırkpınar's understanding of magic as an unintelligible phenomenon is fitting. Any social formation that is argued to have belonged to a previous social stage is only rendered legible in terms of its differenced or complete contrast to the current social formations. If science is based on clearly identifiable methodologies and require sophisticated thinking, magic must be cryptic and based entirely on unexamined belief. Being 'overcome' by such beliefs seems to be parallel

with one's inability to properly become 'individualized,' one's educational attainment and their income level. Beyond education and income level, statistical models in the studies I analyze test the variables of place of residence (rural or urban), the size of the family unit, and the practice of modern pastimes (reading the newspaper, having hobbies, etc) with generally little to no explication. It is likely that the authors' general contention is that the connection between seeking 'modern help' (i.e. psychiatry) and the given variables will inherently be meaningful to the average reader.

2.2. Psychiatry as a further historical change

Beyond the arguments that psychiatry is well fit for a modern society that has achieved a level of industrialization and general modernization in institutional developments, in the studies I analyze, successful psychiatric hegemony signifies a further historical stage in a stagist understanding of history. Psychiatry's claims for universality go hand-in-hand with the understanding of modernity as a unified, global history that places individuals in separate geographies into a simultaneity in the 'now' (Mitchell, 2000, p. 15-6). Whereas beliefs such as spirit possession or madness as divine punishment are taken to have belonged to a pre-modern and archaic approaches to mental illness, psychiatry signifies the historical time when we finally found out about the truth of the human psyche (Foucault, 1988). In the studies as well, successful psychiatric hegemony in the non-West appears to signify a general 'enlightenment' in understanding and healing psychological distress: "…the view that educational and occupational status plays a primarily significant role in the enlightenments in the field of mental health is supported" (Özden et al., 1997, p. 26). Elements of modern society, such as properly integrating to capitalism through education and waged work, appear as a singular historical stage that is concurrent with psychiatrization of individual's

approach to mental healing. Kırkpınar (1992) holds that psychiatry is especially susceptible to 'delays' in people adapting to the proper approaches to mental health:

> …given mental illnesses' close proximity to attitudes and beliefs, culture-specific conditions, the only very recent developments in the diagnosis and treatment of these illnesses in the last century, especially the fact that pharmacology has progressed only since the 1950's, there has been a delay in people giving up primitive methods in concerning psychiatric problems than in other medical subfields (Kırkpınar, 1992, p. 25).

Demonstratively, psychiatry is a modern approach to psychological healing that is cut off from cultural approaches, beliefs, and 'primitve practices.' Its status as a further stage in the history of mental health is achieved in Kırkpınar's arguments by developments that are taken to propel social formations to comtepraneity, such as progress in pharmacology and in diagnosis and treatment methods. Furthermore, as establishing psychiatric hegemony is clearly a conscious effort in the Turkish psychiatric field, it seems that 'experts' themselves hold an integral role in bringing in this historical stage:

> That [traditional healing] practices and beliefs persist especially in the backward nations… As mental illnesses are not well understood even by the scientific community, especially little by the uneducated lower social classes, the peasant population for Turkey, those who find connections between mental illnesses and religious beliefs are justified (Kırkpınar, 1992, p. 25).

It seems that unless mental health experts themselves have achieved the proper level of scientific progress in the area, it is unfair to expect people, especially those in 'backwards' formations to be able to abandon religious beliefs on psychological distress. Kırkpınar's argument reflects similar expectations that the elites of non-Western nations are to modernize the masses that are entrenched in traditional codes of action. The 'peasant,' literally described as the 'rural population' in Turkey, is in need of being educated to be developed into a full citizen (Chakrabarty, 2000, p. 10) and cannot achieve this without proper guidance from a class of elites. This idea also

reflects the sentiment that for the institution modern institutions, such as of democracy and citizenship, to be properly fulfilled, reason must prevail over all forms of 'irrational' and 'superstitious' attitudes among citizens (p. 237).

In the studies under analysis, psychiatry is not necessarily taken as a historically contingent, Western way of containing the social maladies of industrialization but as a historical stage that healing practices all over the world has inevitably led to. Psychiatry seemingly represents a stage further down the road in the progress of humanity in general, making all other sources intelligible only in comparison to it: "…psychiatry has existed in various forms ever since humans have lived in social groups" (Kaya, 2018, p. 98).

Considering that social formations widely recognized as civilizations were formed nearly 6,000 years ago, it is remarkable how easy it is to see all former practices of healing as a precursor of a science that only developed in the 19th century. Furthermore, the stagist understanding of history creates tacit value attributions for what is considered contemporaneous as against 'primitive,' as the newer social formations are argued to be formed after older, faulty patterns are abandoned:

> Up till our day, people around the world have for generations encountered many health problems and searched for their solutions. In this process the faulty treatments and the incorrect attitudes have left their place to healthier and appropriate responses in the process of cultural evolution (Güleç et al., 2011, p. 132).

In the above quote, Güleç and his co-authors place mental health approaches practiced all around the world by people in a vast number of different geographic entities into a singular timeline just as Kaya (2018) has. Within the unified time of modernity, the very presentation of the non-West as variations of this temporality, as delayed or

displaced, helps establish the singularity of universal history. 'A true present,' (Chakrabarty, 2000, p. 244) that is modernity, is only achieved so long as the non-Western 'delays' or the historical stages that are presumed to precede it are completely overcome.

Strikingly, seeking contemporary forms of healing mental distress is not only seen as simply a matter of choosing a more efficient form of therapy, but often as choosing between civilizations and grand ethical positions. The use of religious or spiritual healers are often narrated as a result of 'dark forces' that clous up the Turkish context, such as ignorance, lack of economic resources to access better information, or cultural phenomena that is anachronistically still present in modern Turkey. In recent years, some 'spiritual consultants' were appointed to Turkish public hospitals to guide people through grief or the anxieties of a terminal disease. As this occurred in conjuncture with a new growing market for psychiatrists, psychologists and psychological consolers that advertised conservative or religious approaches to psychotherapy, Kaya (2018) outlines this development as a deliberate attack to the values of human progress:

> Standing against the occupation, corruption and the destruction this "new" mental health system that is intended to be launched has created, the "new" health perception, we have a responsibility to fight through the scientific knowledge presented to us by the history of humanity, the ethical and universal values presented by humans' ability to transform life and achieve progress, it must be our responsibility to the world at large and all the living beings we share the world with to practice the principles of opposition, resistance, organization and solidarity (Kaya, 2018, p. 110).

As it is evident in Kaya's argument, the introduction of approaches that are taken to be pre-modern (i.e. religious or spiritual counseling) into modern institutions that are expected to monopolize the field of healing appears as an intrusion or an attempt of

'destruction.' Modernity is staged on an understanding of historical time where historical stages are completely distinct and progressive, where there is 'no possibility of more than one history, of a non-singular capitalism' (Mitchell, 2000, p. 8). On Kaya's narration and in how modernity is general is accounted for, arrival at the historical stage of modernity is structured by the progress a principle, whether it be of scientific progress or the 'universal and ethical values' that represent the humans' ability for achieving progress. Psychiatry seemingly stands as the safeguard of reason in how modern selfhood is to be understood, as the very pedagogy of modernity and scientific thinking require of individuals to subject their psyche to the pedagogy of its principles (Mitchell, 2000, p. 20). The idea of two distinct historical stages co-existing is arguably such a subversive idea to Kaya that it is perhaps the properly 'modernized' individuals' responsibility to overcome such travesty for the sake of *all* of humanity and even living beings (i.e. nature and the animals) that do not have the faculties to engage with psychiatry in the first place.

Beyond the need for staging psychiatry in the present, that is the industrialized and capitalistic 'now' of modernity, I argue that psychiatric studies under analysis define categories of normalcy and pathology along the lines of what is expected of modern selfhood. In the next section I discuss how displaying the traits of a 'traditional personality type' is pathologized as the diametric opposite of modern personality type that would be expected to be present in modern settings.

2.3. Not-enough-civilization and its discontents

The institutional developments thought to be unique to modernity come with a plethora of prescriptions for how selfhood, individuality, and subjectivity are to be understood.

As examplified by Inkeles (1969) and Kağıtçıbaşı (1973), research on individual modernity investigates the processes that lead to forming 'modern individuals' that are well-fit for living under modern or modernizing social formations. In this section, I discuss how psychiatric categories of normalcy implicitly construct the imagined modern and Western forms of thinking and acting as a value-free sphere of normality. To do this, I utilize Inkeles (1969) and Kağıtçıbaşı's (1973) conceptualizations of modern and traditional personality types to understand how modern subjectivity is represented, or staged in the Turkish psychiatric studies making sense of the Turkish context largely after the 1980s.

As the studies under analysis utilized struggle to stage Turkey in modernity, its supposedly non-Western aspects often work to implicitly construct a singular understanding of modernity from which Turkey diverges. Arguments that position a nation-state as being 'behind' in development easily translates into certain generalizing claims about individuals' attendant psychological state:

> …the majority of the youth of our country show signs of discontent, dissatisfaction, and maladjustment because of factors related to the present pedagogical and educational traditions and the many other political and sociocultural reasons (Öztürk, 1987, p. 7).

Just like in Öztürk's case, studies under analysis consistently render the Turkish context intelligible as a model falling short of the goals of industrialization, democratization and the consolidation of modern education. When spurring arguments about 'the Turkish youth's' presumed discontent is made, it is almost never contextualized in the actual political and historical trajectories relevant to the studies. Being behind in the 'train of civilization' (Ahiska, 2003) seems to be a sufficiently frustrating and depressing state for the individuals to live in.

As Kağıtçıbaşı (1973) argues, traditional personality types represent 'pessimism about personal future' and 'belief in external control or reinforcement' (p. 166). Such an understanding of traditional selfhood seems to permeate studies relevant to this section. At times, such a framework yields arguments that do not only discuss depression as pathology but as pathologically present in contexts that are not sufficiently modern:

> I think that the members of a society that has closed all means of enjoying life to itself, regards laughter as frivolity, is unsupportive of developing one's talents and individuality, will mostly have no 'destiny' other than being dysthymic. In fact, some of our colleagues are of the opinion that such a common picture in society should not even be considered pathological (Ceylan and Vardar, 2003, p. 97).

According to Ceylan and Vardar, dysthymia, a persistent depressive disorder that has a chronic course likely to develop insidiously in childhood or adolescence, seems to be an inherent condition of individuals that have failed at catching up with the developments of modernity. In Ceylan and Vardar's argument, it seems that the absence of individual values such as being achievement oriented (i.e. improving upon one's talents) or optimism for one's future can explain a presumed nation-wide epidemic of chronic depression. Interestingly, Ceylan and Vardar's account on the reasons for the prevalence of dysthymia in Turkey is itself fatalistic, a form of thinking that Kağıtçıbaşı (1973) argues is a core quality of the traditional personality type. Despite arguing that this condition is so entrenched in this context that it could not even be considered pathological, Ceylan and Vardar urge the wider scientific community to accummulate more knowledge: "We should not forget that becoming acquainted with our own people has a pressing importance in creating significant leaps in propelling the country forward" (Ceylan and Vardar, 2003, p. 97). It's note-worthy that Ceylan and Vardar see the important study field to be in understanding 'our

people.' This arguably points to their understanding of a static idea of 'Turkish culture' rather than a changing set of behaviors that come about through the trajectories under which people live. Their study takes place in the immediate aftermath of a serious economic crisis in the country, but this fact is not mentioned. Accummulating more knowledge on the essentialized category of the 'people of the country' derivatively presents a goal to modernize and help Turkey catch the train on modernization, thus ahistoricizing the actual social problems that affected individuals at the time. So long as Turkey is pathologically behind, it seems that it cannot have any other narrative on its historical conjuncture.

Within the literature of individual modernization, traditional societies are argued to embody authoriatarian behaviors and interaction patterns. This, Kağıtçıbaşı (1973) and Inkeles (1969) argues, traditional societies produce individuals that are less flexible or open towards the social changes brought about by modernization (Kağıtçıbaşı, 1973, p. 159). Individuals in such social formations are taken to follow traditional authority, such as the family or religious figures. An important step in individuals properly modernizing, according to Inkeles (1969) is them shifting their alliances to leaders of government, public affairs, trade unions and the like (p. 210). In the studies analyzed, not properly adapting into the institutions that arguably modernize individuals (i.e. formal education or wage work) also seemingly derives an inability in forming allegiances to the newer authorities (i.e. psy-sciences):

> We believe that in closed-off societies like that of the region we study, where the socioeconomic and educational level is low, and commitment to the cultural sacred belief system and mystical personalities is higher, the tendency to seek traditional help may be more common (Yaşar and Gürgen, 2004a, p. 21).

The qualities of lower socioeconomic status and education seemingly go hand-in-hand with holding mystical beliefs in 'closed-off' societies. As psy-disciplines are part of a further stage in the historical timeline within which studies I analyze stage the social context of Turkey, the perceived lack of individuals' openness to new experiences trap them in anachronistic practices (i.e. trusting traditional authority). Not only does seeking traditional help seem to be anachronistic to the studies analyzed, but it is also a seemingly pathological behavior:

> We still encounter today in various countries the phenomenon of mystical people who see superior religious qualities in themselves and gather supporters around them to form autistic communities. We believe that many of these communities are in psychotic, dissociative, or hypnotic states due to ignorance, superstition, or religious fanaticism (Saygılı and Çalışkan 1991, p. 39).

The word autism, beyond its contemporary meaning as a diagnostic category, etiologically means relating to oneself, or 'morbid self-absorption' (Harper, .n.d.). Saygılı and Çalışkan, similar to how Gürgen (2004) had described 'closed-off' societies, then find countries where people 'still' seek out traditional healers to be morbidly self-absorbed. Beyond the 'autism' of these societies, people who still trust traditional figures for mental healing are also speculated to have various psychiatric conditions arisinf from their supposed 'ignorance, superstitiousness, and religious fanaticisim.'

In addition to representing pathological behavior, seeking out religious figures and traditional helpers can seemingly reveal individuals' level of self-esteem for the studies:

> The most suitable candidates for [spiritual] treatments are extroverts, people with hysterical personality traits, those with low self-esteem and a constant fear of social rejection, and chronic skeptics who have developed a cynicism in response to their underlying human need to believe (Oğuz, 1992, p. 40).

> The level of self-esteem of people with a high level of religiosity was also found to be low (Baynal, 2015). This is of utmost importance. Religiosity means that the individual is bestowing his own will to a superior power, which reduces his respect for himself (Kaya, 2018, p. 101).

In the above quotes, people who arguably have traditional personality types show signs of not being fully individualized and dependent on absolute authorities, which is at the detriment of the imagined modern 'individual.' How the social context itself is staged through the pedagogy of modernity calls a certain type of selfhood into existence. As modernity comes exist *as* representation and later produces a truth effect where its imagined categories of the modern individual, universal reason, and the like stand as entites that 'exist prior to any representation' (Mitchell, 2000, p. 19). Kaya and the studies he quotes in finding religious people to have low self-esteem arguably depend on an understanding that human reason is ultimately to lead someone to a secular world view. Repeatedly, social patterns that are tacitly painted as belonging to a previous era (use of spiritual healing or religiosity) are presented as essentialized qualities of a society that has not properly Westernized (i.e. Turkey) rather than social phenomena with social functions and a history.

Within the studies analyzed, another area where 'culture' is said to play an explicit role in the shaping of how mental illness is expressed is in the content of schizophrenia delusions. The bulk of these discussion on this topic are within the culturally-conscious studies, thus it will be explored in more detail in the fifth chapter. The most illustrative study that deals with the effect of modernization in shaping schizophrenia delusions is Tezcan and his co-authors' paper where they study patients in Elazığ:

> In our study, some delusion types were not encountered at all. The lack of poverty delusions can be explained by the already poor economic structure of

> the study location, the absence of birth delusions by the already high fertility rates in the region, and the absence of delusions of invention or exploration by the low level of culture and education (Tezcan et al., 2003, p. 19).

It is note-worthy that they analyze the types of delusions that relate to economic development and family planning, all of which directly relate to factors frequently analyzed in the development literature. Furthermore, individuals' affinity for delusions of making a 'discovery' seems to relate to several ideals of modern individuality, such as 'openness to new experiences' (Inkeles, 1969, p. 210), a general belief in science, and 'achievement orientation' (Kağıtçıbaşı, 1973, p. 157). Elazığ's position as a province in the Southeast of Turkey and an economically under-developed region seems to allow direct parallels to be drawn between qualities associated with traditional personality types and the content of schizophrenia delusions individuals experience. As the two personality types are discussed to be largely mutually exclusive, individuals that likely embody a traditional personality type are likely to be found to be far from displaying qualities of a modern personality. Tezcan and his co-authors make further parallels between individuals' schizophrenia delusions and the state of modernization in Turkey: "We considered the rarity of delusions of nobility, which is mostly specific to Western societies, as a sign that we in Turkey had at least formally assimilated to democracy, despite our inability to digest it theoretically" (Tezcan, et al. 2003, p. 19). What Tezcan and his co-authors say in this quote reveals an interesting quality of Orientalist thinking, that is that it essentializes the West and the East as diametrical opposites, even when it is done contradictory ways. Here it seems that Turkish individuals embody a modern quality (i.e. internalizing democracy) even moreso than 'Western societies.' Given that the very difference between the two imagined entities defines them individually, the fact of the difference between the two

entities seems to be more important than the content of their identity. However, Tezcan and his co-authors also seem to be aware of the fact that defining Turkey as more well-assimilated to democracy than the West can be taken as an unlikely reality by the reader, as they qualify their statement by mentioning that Turkey has yet to digest democracy theoretically.

How depression is expressed is also an important area where qualities of traditional and modern personality types are discussed in the studies under analysis. Particularly, somatization of mental distress in the Turkish context is a prominent discussion, following the popularity of the topic in cross-cultural psychiatry from the 1960s to 1980s as a culture-bound syndrome. However, this topic has since been labeled an ethnocentric research area, and consequently newer studies argue that somatization is as common in the West as it is in the non-West. Alternatively, somatization is contextualized within the social trajectory of individuals instead of automatic associations made between essentialized cultural categories (Antic, 2022, p. 29). The relatively older studies and few present studies that see the condition as a specifically non-Western disease discuss it in ways that draw explicit parallels with Orientalist discourses on the non-West. Such studies argue that the condition is relatively wide-spread in Turkey: “Different from the West, the condition previously known as hysteric neurosis or somatization and conversion disorders are much more prevalent in Turkey” (Öztürk, 1987, p. 9). Furthermore, not only is the condition less prominent in the West but also studies point out that "…in Western societies, somaticizing mental distress is widely seen as an ignoble and inferior disposition" (Baskak and Çevik, 2007, p. 52).

Within Turkey itself, psychiatrists seemingly argue that somatization is prevalent specifically in 'rural areas, Eastern Anatolia, people with lower education level and women' (Cimilli, 2003, p. 13). Where traditional qualities are consistently said to be found in this case acts as a fluid way of positioning the 'Other' of the West (Carrier, 1992, p. 198). The Other of the psychologizing West here reveals itself in those who somaticize psychological distress and the divisions are expressed through the oppositions between the rural and urban, the highly and lesser educated, the men and the women and the Western and Eastern regions within Turkey. Not only does the prevalence of somatization mark Turkey's difference from 'Western cultures' but also marks the difference of those who live in urban areas and have a higher socioeconomic standing to those in rural areas with less educational attainment. In Kağıtçıbaşı's (1973) research, people who dwell in urban areas and those who have a higher SES are said to be more likely to develop a modern personality type as it can foster openness to change in young people and signify a loosening of family control (p. 169).

In the studies relevant to this section, somatization is not simply a 'cultural difference' in how depression is expressed but also a marker of where Turkey stands on the road to development. Cimilli (1995) cites Leff (1981), a prominent figure in cross-cultural psychiatry to explain why somatization rates in Muş at the time of his practice was as high as 42 percent of all psychiatric diagnoses:

> Leff (1981) listed the characteristics of traditional society as follows: cluster orientedness, … the determination of relationships through kinship role and position, … the simple ability of individuals to take the place of another by playing the same social role, … predetermined behaviors in the family, stereotypical emotional relations. It is possible to observe all these features in Muş. According to Leff's theory of emotional differentiation, the psychopathology corresponding to these characteristics is somatization (Cimilli, 1995, p. 14).

Many of the qualities Leff (1981) lists are parallel to Inkeles' (1969) list of qualities that defined the traditional personality type. Overall, the meanings Leff and correspondingly Cimilli (1995) ascribes to 'collectivist' social formations appear as consistent with a 'lesser developed' stage in expressing psychological distress (Antic, 2022, p. 28). The West prominently discussed to express mental distress through a verbal and psychologized language, which is taken to be a more sophisticated form of self-awareness within (especially the pre-1980s) transcultural psychiatric research. The parallels seen between somatization and a lesser developed stage is further crystallized in the assertion Cimilli's following assertion: "Conversion disorders abandon societies once social progress is achieved. However, it is still prevalent in Turkey and this issue must be studied more" (Cimilli, 1995, p. 15).

Studies that implicitly study somatization as a non-Western disease at times even go beyond arguing that it is the result of a less sophisticated culture but also that it is an earlier stage of human physiological development: "Though somatization is a normal part of infanthood as at this stage verbal communication is not possible, with acquiring language, [the expression of mental distress] shifts to verbal communication" (Çetin and Varma, 2021, p. 791). There is a clear value asymmetry (Bhambra, 2007) between what is associated with modernity and what is associated with traditionality in how somatization is discussed in studies that understand it as a pre-dominantly non-Western disease. Qualities displayed by non-Western societies consistently reflect an 'infant' or 'deviant' example of the West, as they are taken to represent an earlier stage on becoming modern (p. 63).

2.4. Woman as the Oriental embodied

In her 1998 essay, Gayatri Spivak asks, and answers the following question: "Can the subaltern (as woman) speak?" (p. 92). As modern forms of representation require a subject of knowledge that is oftentimes Western and male, Spivak argues that 'the subaltern woman' only appears in our knowledge as a figure that white men are to save from brown men (p. 92) or tacitly implied in this sentiment as figures to be saved from archaic forms gender relations. I argue that in the Turkish psychiatric studies I analyze, women appear in a similar manner, as sickly figures that cannot be well because of their persistent Oriental qualities. Non-Western women are taken to be tradition-bound, emotive and intuitive, and constrained by traditional figures such as the extended family unit or the patriarchy (Nader, 1989). In theories of modernization the question of women's oppression often stands as a marker of civilization, or 'good society' (Spivak, 1998, p. 299). This sentiment had shaped the Turkish state's 'feminist' reforms in the 1920s onwards (White, 2003) and still shapes the perception of Turkey as either a properly developed or under-developed country for psychiatric studies I analyze. Through the analysis material, in this section I argue that the category of the 'non-Western woman' is unintelligible unless she is narrated as a victim of tradition and her position as behind the non-Western men in how well adapted she is in modern dispositions and capitalist orientations.

The Turkish state gave women electoral and educational rights starting from the 1920s at a rate that was unparalleled by European nations at the time. These initiatives were partially caused by the need to fill the roles left by the large number of non-Muslim minorities forced to flee the Ottoman Empire after the second World War. Elite and middle-class women were encouraged to gain professional training to help garner a

new Muslim bourgeoisie and to maintain their families in the absence of men during wartime and the post-war period when wages were collapsing (White, 2003, p. 151). The image of the 'republican woman' came to symbolize the modernizing project of the state, as women were urged to transform 'personal habits, customs, clothing, and moral orientations of Turkish people' (p. 156) by raising the next generation through the childrearing techniques of the West (p. 146). State-led feminism was later criticized for causing a 'double burden' on women, where one was expected to join the labor force while diligently attending to the household on her own. Nader (1989) argues that the 'male dogma' that Western economic development and industrialization will improve the condition of Third World women (p. 323) closes off the discussion for how Western feminism itself creates a form of Occidentalism that controls Eastern women (p. 326).

At present, although with qualifications from various sectors of society, the debates around gender inequality in Turkey still revolves around the 'civilizational premise of the ideal Republican woman' (White, 2003, p. 157). Images of non-Western women often provides mainstream feminist discussions with an image of archaic gender relations the West is theorized to have overcome. The construct of the 'Third World girl,' Sensoy and Marshall (2010) argues, '…stands in for the colonial project of civilizing the child-like 'Other,'' (p. 299) or as 'children in need of care' (p. 308).

In the studies that discuss gendered differences in mental health outcomes, almost all studies agree that statistically, women suffer from mental health issues more than men do. This argument is either presented as a result of wider use of health services by women, an actual result of the pressures on women under patriarchal social conditions or as a false correlation as a result of sexist assumptions within psychiatry. Different

from the economic sphere that adverse mental health outcomes for young men in Turkey is discussed, womanhood seems to represent an existential-level victimization that cannot only be limited to the economic sphere. Some studies discuss women's oppression in the non-West as a phenomenon that arguably makes her ill:

> The high prevalence of depression among women could be related to the fact that women are respected less than men and that women's social roles limit them, especially in patriarchal societies (Ünsal, Ayrancı and Tozun 2008, p. 152).

> Among the reasons that we encounter higher levels of mental illness in women are hormonal factors and the risks of facing domestic violence since childhood, their sociability being repressed, being made subservient, passive and dependent, their social duties (household chores, childcare, spousal responsibilities), lower educational and income opportunities, unemployment, lower socioeconomic status, and the risk of facing discrimination (Özyurt and Deveci, 2010, p. 11).

As Ünsal, Ayrancı and Tozun note that women's condition especially in 'patriarchal societies' could a factor leading to higher levels of depression signifies that they contend that there are societies that are not patriarchal. Given the tacitly held images of Western womanhood as free from the grip of older, stricter forms of patriarchy, womanhood in Turkey seems to find expression in its archaic gender relations, or relatedly, Turkish women's imagined distance from modern and capitalist forms of selfhood. Women appear to sustain an anachronistic form of selfhood as they are narrated as bounded by traditional authority (such as identification with traditional gender roles, dependence on male figures, and their need for continual social approval). It is not difficult to imagine that social agents that are made to be subservient, passive, and dependent cannot display the modern qualities that Kağıtçıbaşı (1973) discusses as 'belief in internal control or reinforcement' or 'achievement orientation.'

Gaining properties of modern selfhood is often discussed in modernization literature as a result of participation in wage labor, modern education and the loosening control of the family (Kağıtçıbaşı, 1973, p. 159). As women in 'traditional' formations are expected to embody a social role that is clearly distinguished from that of men, they often appear to have not properly adapted to modern developments. Relatedly, Oğuzhanoğlu and his co-authors argue that the higher prevalence of suicide attempts by young women in Southeastern Turkey have to do with their social roles:

> …a study conducted in the Southeastern Anatolian Region showed that death by suicide was more common in young females around the age of 20. This gender and age difference may partially reflect the interregional social and cultural differences of Turkey, especially in the Southeastern Anatolian Region. There, a woman's life is limited to the home, and women do not have career opportunities. Traditional and social pressures may drive them to despair of their future (Oğuzhanoğlu et al., 2018, p. 336).

They later express that in the recent years there has been a rapid decrease in suicide rates among women in this region: "…According to some authors, the cultural change brought about by fast economic growth may have created an improved social position for rural young women" (Oğuzhanoğlu et al., 2018, p. 336). Women's condition in the non-West is consistently narrated as directly dependent on their proximity to either traditional or the 'newer' capitalist social formations. As modern liberal ideals implicitly take the agent of modernization and progress to be male, women's liberation from 'older' forms of control appears as a separate process. The condition of Southeastern women in Turkey in Oğuzhanoğlu and his co-authors' arguments need to be deliberately saved from the hold of traditional social formations by becoming integrated into capitalism. However, it seems that the many problems men already face in the classed nature of capitalistic society is not *yet* a part of the conversation for saving women in 'underdeveloped' regions of Turkey.

As it is with the discussion of many other social problems, the fact that psychiatric studies I analyze stage contemporary society around the question of modernity, women's liberation is also entirely accounted as an issue of bringing women to the 'now.' This form of argument in improving non-Western women's condition is outlined by Laura Nader (1989):

> …with the spread of Western educational systems, modernization of the work force, and by strengthening the individual, women would be free from domination by men governed by traditional patriarchal values. With economic development would come progress and increasingly egalitarian relations between the sexes (Nader, 1989, p. 328-9).

Changes in the severity of women's oppression are singularly discussed through dichotomous understandings of traditionality and modernity, where movement from these forms are facilitated through economic development and women's participation in these developments. It appears that improvement upon a social problem is not imaginable unless one first becomes an intelligible social agent in modern capitalism (i.e. joining waged work). The stagist understanding that implicitly lies in how we understand non-Western women's oppression closes off any discussion to how women can wager power or control over their lives within 'traditional' family formations.

Properly making use of biomedical mental health services also seemingly signifies an improvement in the condition of working women:

> Considering the socio-economic characteristics of our region, the fact that the applicants [to the psychiatric clinic] mostly consist of educated women with regular income can be explained by the dynamics of the help-seeking behaviors of educated women and their better social conditions compared to unemployed women. For this reason, research centers like EPI-DEM should investigate mostly the women who are forced to remain home, find ways of reaching women with limited opportunities and the women who think have run out of alternatives (Yaşar and Gürgen, 2004, p. 18).

The way that educated women in salaried work are narrated in comparison to how women who do not have such a status are described at the end of the above quote is note-worthy. While the women with higher levels of education seek psychiatric help, a modern response to mental distress, women who do not seek psychiatric help are assumed to have been barred by forces that 'keep her at home.' While there can be truth to this assumption, the way that the two categories of women are presented as diametrical opposites is reminiscent of the dichotomies of the modernization framework. Modern women who are no longer entrenched in the limiting experiences of the traditional Oriental woman are seen to seek scientific pathways to healing mental distress, whereas women who are 'stuck' in traditional social formations do not have the agency to make that choice.

Beyond the consistent painting of the unfavorable condition of women as a result of inadequate modernization, at times their condition is simply seen as a result of the inherent qualities of the society they live in: "Rural women in India are at greater risk of sexual abuse than urban women. This is due to the general lack of education, lack of opportunities and the nature of Indian society" (Poreddi et al., 2013, p. 177). For the above quote, while women living in urban areas are assumed to have a chance at escaping harassment, rural women's condition is assumed to be a result of the 'nature' of Indian society beyond the socioeconomic factors. Though explicit orientalism as such is very rare in present-day discussions, the masculine values ascribed to modern subjectivity (i.e. independence, economic-rationality, etc) frames the discussions about the imagined conditions of non-Western women as a modern anomaly, with qualities of passivity and dependence ascribed to them.

CHAPTER 3

INVERTING ORIENTALISM TO PRODUCE OCCIDENTALISMS

Orientalism [is] always already Occidentalism and Occidentalism [is] always already Orientalism (Massad, 2015, p. 92).

First Modernity is the dominant frame for social and political thought today and undercuts many discussions surrounding ideas of citizenship, political subjectivity, and issues of social justice. Theories of modernization carry the legacy of representations created by Orientalism. As orientalism produces the non-West in a timeless essentialism (Said 2003) by diametrically opposing it to the images of the West, the West in the same representational space is just as likely to be reified (Carrier, 1992, p. 197). Carrier defines occidentalism as 'the essentialistic rendering of the West by Westerners' (p. 199), while Buruma and Margalit (2004) define it as the dehumanizing images created of the West by its 'enemies.' The type of Occidentalism Buruma and Margalit discusses attributes the 'ills' of modernity entirely to the West through moralized images of the imagined civilization (p. 10). For the purposes of this thesis, I do not assume any moral position in discussing Orientalism or Occidentalism but simply aim to reveal the structure of such thinking in how it reflects on the social sense-making of psychiatric studies in Turkey since the 1980s.

Whether it is positive or not, how 'The West' is imagined informs the national imaginary in Turkey (Ahiska, 2003: 353). While symmetry in how the Orient imagines

the West is unlikely to resemble the potence with which the Occident Orientalizes the non-West (Carrier, 1992), how the Orient perceives the Occident is still constitutive of the West in important ways (Ahiska, 2003). Occidentalism has a long legacy in Turkey that can be traced back to the late Ottoman-era Islamist critiques of the West. The Islamic intellectuals from the 1880s and 1910s criticized the West for violating 'its own principles of civilization and Enlightenment ideals' (Aydin, 2006, p. 448) through its imperialism. Such thinkers initially clashed with the pro-Western Occidentalism of the early republican era, but the republican elites would later collaborate with intellectuals that created such critiques to strengthen Turkish nationalist rhetorics (Aydin, 2006, p. 453). Late-Ottoman-era Muslim intellectuals were all modernists who hoped and believed to prove that Islam and modernity were compatible (p. 448). They desired to appropriate 'the universal spirit' of Western modernity but constructed their critiques through feelings of being rejected by Europe from whom they looked for inspiration.

Mustafa Kemal and other Turkish socialists echoed the anti-imperialist Occidentalisms of the 1880-1924 period, at times referring to the West as an 'untrustworthy and unreliable' great power (Aydin, 2006, p. 451). However, with the goal of modernizing at hand, a pro-Western occidentalism took precedence over these criticisms, as the regime had to justify the radical cultural revolutions it implemented. Islamic critiques of the West persisted as the nation modernized, just as anti-Western Occidentalisms were being constructed in other non-Western contexts such as in Russia, Japan, and China. What the anti-Western Occidentalisms in various contexts had in common was that their ideas had their origins in anti-Enlightenment thought in Europe. Such Occidentalisms commonly constructed their critiques on the topics of

the "…human costs and excesses of science, technology, rationality, individualism, city life, capitalism, globalization, women's liberation, mass culture, and so on…" (p. 447). Against the 'alienation' that defined the Western civilization, anti-Enlightenment romantics and critiques of the West in the non-West 'yearned for an ideal community' (p. 455) against the decadent 'materialism,' 'positivism,' 'soullessness,' and 'immorality' of the modern West (Buruma and Margalit, 2004, p. 3).

In this chapter, I discuss Occidentalism, essentialized images of the West, through psychiatric studies under analysis that do not express an explicit goal for cultural relativism. As Occidentalism and Orientalism go hand in hand, for the sake of avoiding repetition, I dedicate only a small section to the explicit images studies I analyze create in narrating the West. What is not included here is implicitly present in how the non-West has been narrated in the studies I analyze for the previous chapter. In the first section of this present chapter, I discuss the Occidentalism that stages modernity as an endogenous development of the West and the value attributions that go together with this staging. In the second section, I discuss the romanticized images of the Orient as a force in Occidentalizing the West (or modernity) in an explicitly negative fashion. In such forms of Occidentalism, developments thought to be coming from the West seemingly spoil an otherwise 'wholesome' Orient. Lastly, I discuss instances where authors challenge the idea of the exceptionalism of the West, which is a premise that is central to dominant understandings of the Occident. In all these sections, I argue that Orientalism and Occidentalism define 'what is significant about the other dialectically' and produce both entities as coherent and uniform forms of social life (Carrier, 1992, p. 199-200).

3.1. Essentialized Images of the Occident

Although I discuss them separately in this thesis for the sake of organizational clarity, Orientalism always implicitly presupposes Occidentalism (Massad, 2015, p. 83). The entity of Europe upon which modernity is implicitly staged (Mitchell, 2000) is created through a series of projections that 'othered the entire world outside' of it (Massad, 2015, p. 83). That is why I would like to supplement my discussion on how the specificity of Turkey is built upon Orientalist discourses in Chapter 2 with how the West itself is imagined by Turkish psychiatrists in this section. Yukay, in her 1967 paper, narrates her experiences working at a psychiatry clinic in Düsseldorf, Germany, where she constructs rich accounts of the people she observes on a daily basis.

> The clearing and upkeep of the roads, keeping everywhere, any place where people exist clean is only possible if each and every individual has attained this principle. Here, civilization and progress are not only achieved by constructing it but by preserving the already existing level of the well-maintained state of these spaces. The nice thing is that being clean and well-groomed, making every living place sparkling clean, seems to be an automatic and natural behavior that has settled in the minds of every citizen *by birth* (Yukay, 1967, p. 111; emphasis added).
>
> Unless the traffic lights that give the signal to get ready to pass, to pass, or to stop do not permit it, you will not see anyone, neither adults nor kids, making any attempt to pass, even if the road is completely empty (Yukay, 1967, p. 111).
>
> …and just about everyone is interested in reading (Yukay, 1967, p. 111).

Yukay's narrations of the German people she observes are ridden with value attributions. She makes the observation that just about anyone on the streets embodies personal responsibility for the cleanliness of the streets and acts in ways that respect traffic rules of conduct. Additionally, she contends that almost everybody is interested in reading, referring to the patients and staff at the mental asylum she observes during her visit. The qualities that she finds significant in the people she observes are consistent with variables that Inkeles (1969) and Kağıtçıbaşı (1973) used in

researching individual modernity: valuing education and knowledge and shifting one's alliances from traditional authority to legal institutions (exemplified here through city customs, traffic laws, and the like). Not only does Yukay afford the positive qualities she observes in German people to be common, but she is also of the contention that these dispositions are *inherent* to the people of this geography.

Yukay (1967) also makes diligent observations of how patients interact with medical professionals:

> Interestingly the public, without looking for any other characteristics in a doctor aside from his medical title, hands over their health issues to the doctor with great faith. Germany is one of the countries where doctors are esteemed highly, well-utilized, and well-compensated. Those who migrate here to work do not go back home easily (Yukay, 1967, p. 115).

As narrated by Yukay, patients in Germany fully recognize biomedical authority and do not look to form a personal relationship with a physician or a psychiatrist before they can trust them with their wellbeing. With the full recognition and the value given to doctors, according to Yukay, Germany seems to stand out from 'other' parts of the world, most likely countries that have not yet established biomedical hegemony in dealing with mental health. In almost all of the more recent studies I analyze as well, psychiatric hegemony in the West is largely assumed to be unproblematic and already well-established. How the West is either explicitly narrated as in Yukay's (1967) study or implicitly assumed in the studies that problematize Turkey's inadequacy in establishing psychiatric authority offers clues as to how Occidentalism operates as the neutral and transparent norm for the rest of the world. The large number of studies that problematize the widespread use of traditional help-seeking and the insufficient trust in psychiatric methods among the population in Turkey tacitly carry an

Occidentalism that others Turkey and marks it as behind the expected level of progress in biomedicalizing the field of mental health.

As Orientalism produces the non-West in a timeless essentialism (Said 2003), the West gets staged in the now, a true present that unfolds in the actualization of human reason, scientific rationality, and the like (Mitchell 2000). Relatedly, narratives of the West are often presented as a way of explaining the 'difference' or implicit delay in the progress of the non-West in the studies under analysis:

> Cultural values influence not only how patients conceptualize mental illness but also the type of treatment they seek. Societies whose worldview is predominantly shaped by religious elements accept religious-magical treatments more easily. The scientific inclination of the West causes people to seek understanding human nature scientifically and to see psychotherapy as an appropriate medical treatment method (Oguz, 1992, p. 37).

What is noteworthy here is how the very opposite of the qualities attributed to the non-West constitutes the West and vice-versa. The West is predisposed to scientific thinking, in as much as the non-West is prone to easily being persuaded by religious and magical cultural motifs. Potentially complex realities that contribute to people from either of the imagined entities to seek the kind of therapies they seek get reduced to simple binarisms as social phenomena are entirely understood through the essentialized categories of the 'East' and the 'West' in the studies relevant to this section.

How the West and the non-West are essentialized are also part of studies that examine how 'culture' shapes the existential experience of mental illness. The very ideas through which a condition is considered pathological or normal, which is crucial for psychiatric diagnoses, depends on how the normative or healthy Selfhood is defined. Within the dialectical relationship between Orientalism and Occidentalism which

produces the West as the Self, the consistently discernable presence of a sense of selfhood is likely to be attributed to the West. Çobanoğlu and Baskak (2014), for example, argue that schizophrenia might not be a pathological condition in 'Eastern cultures' where an individualized idea of selfhood arguably cannot be found:

> The experiences characterized by [the imagined] loss of identity, which is more commonly observed in Eastern cultures, raises the question of whether the identity of a person is lost more easily in the East than it is in the West. For example, delusions associated with loosening of the boundaries of self (Schneiderian delusions) are seen as such a strange condition in the West that these types of delusions are currently covered under the heading of "bizarre delusions" in psychiatric classifications… According to this understanding, proper (or at least un-disorderly) personhood can only be possible by experiencing one's self as "a unique and singular person, separated from others by strictly defined boundaries" (Çobanoğlu and Baskak, 2014, p. 5).

As the idea of a bounded selfhood with a unique and coherent life story defines modern selfhood, Çobanoğlu and Baskak seemingly imagine the experience of selfhood in the East to be its diametrical opposite. As Çobanoğlu and Baskak argue that selfhood is more easily lost in Eastern societies, they also implicitly argue that Eastern patients may not experience 'schizophrenia' as a negative or pathological condition. Within the social sciences and within everyday political commentary as well, most 'Eastern societies' are hoped to be headed towards some level of modernization. Following Çobanoğlu and Baskak's logic, however, the apparent ease with which selfhood is lost in Eastern cultures could in itself be pathological as it points at the lack of modernized forms of selfhood in these settings.

A significant amount of studies under analysis also mention that up till recently, the very existence of 'mental illness' had been accepted as a phenomenon unique to 'developed nations' within psychiatry. For a condition to be understood as a pathological psychological experience, it seems to be frequently argued that people

need to experience a level of individualism and the ability to think on their own psyche. Çobanoğlu and Baskak discuss the argument that schizophrenia only came to existence after modernity:

> Fuller Torrey contends that it is unlikely that schizophrenia existed in Europe before the Industrial Revolution. Hare argues that schizophrenia is a new disease that is an unfortunate by-product of modern Western civilization (Stone 2006). [Differing approaches to schizophrenia outlined] perhaps converge in their acceptance of the modernization process as a pre-requisite to consider the symptoms of schizophrenia as a disease. (Cobanoglu and Baskak, 2014, p. 5)

> [Seeking] social dominance and competitiveness are rampant in Western societies. There are mechanisms (which are also used profusely by the families of schizophrenics) used to establish social control. Contradictory messages are systematically communicated to individuals. This hampers the development of metacognition (the ability to reflect on one's thoughts) in children, and psychoticism develops as a result (Çobanoğlu and Baskak, 2014, p. 7).

Within accounts similar to the ones exemplified, the very structural transformations unique to the societies that have undergone the Industrial Revolution mark a time period that is cut off from a pre-modern time where modern psychological conditions did not exist, or their experience was not pathological. In the second quote, Çobanoğlu and Baskak mention the halting of 'metacognition,' the ability to reflect on one's thoughts, as the precursor to schizophrenia. Given that in the same study they argue that a bounded sense of self does not exist in Eastern societies that could potentially be argued to be a stand-in for 'pre-modern' societies, the lack of metacognition possibly would not constitute a pathological condition. The ability the represent oneself in thought itself is an integral quality of how modern selfhood is understood, just as much as colonized subjects in the non-West were considered backwards for their supposedly weak 'mental power for representation' (Mitchell, 2000, p. 21).

3.2. The splintering of the Oriental

As Buruma and Margalit (2004) and Aydin (2006) point out, Occidentalist thinking borrows from anti-Enlightenment thought of the late 18th and early 19th centuries, even if they are not explicitly cited. Such thinking attributed the 'unhealthy specialization in knowledge,' the ills of advanced technology, capitalism, excessive 'individual freedoms' (Buruma and Margalit, 2004, p. 2), and the 'alienation' and anonymity produced by urbanism (p. 21) to Western civilizations. In the studies I analyze where the West is constructed as an entity 'spoiled' by contemporary developments, Turkey is frequently constructed through images of romantic nostalgia or a yearning for an unsplintered culture (Aydin, 2006, p. 455). Rural-to-urban migration, changing structure of the economy in the country, and a perceived loss of traditional norms or social safety mechanisms are often the topics where such Occidentalisms are constructed in the studies relevant to this section.

Hasty urbanization in Turkey is mentioned across a great number of studies under analysis. In these studies, urbanization is often narrated as having taken place in less-than-ideal circumstances in Turkey, where an important part of the rural population was forced to move to cities after the 1980s in search of jobs but was often confronted with prolonged precarity, subpar living conditions, and a 'city culture' that they would struggle profusely to adapt to. The newly migrated city dwellers are often said to have trouble living in close proximity with clashing social groups, changing gendered expectations, bleak individualism, and the increasing number of mental health problems that come with the highly stimulating 'nature' of cities. The organization of urban life on its own seems to be a variable that directly affects people's mental health in negative ways according to Turan and Beşirli:

> In the first framework, the existence of mental illnesses themselves is attributed to the cultural changes that are a result of the transition from traditional rural formations to modern industrial society. According to this approach, there are two cultural systems, rural and urban, and the transition from rural culture to urban culture is very stressful. The second paradigm sees urban life as inherently producing psychiatric problems… From a mental health point of view, the traditional daily life of the village is naturally healthier (Turan and Beşirli, 2008, p. 241).

> Factors such as unemployment, becoming isolated from traditions, alienation, slum life, the uncertainty of the future, social isolation, and low social support appear as the determinants of the negative impact [on one's mental health] (Turan and Beşirli, 2008, p. 242).

The first quote is quite illustrative of how the dichotomies of Orientalist thinking find expression also within a singular national unit, in this case, in the rural and urban divide. In the last sentence of this quote, village life is essentialized in a bucolic image, where the complexities attributed to 'industrial society' does not exist. Whereas the image of rural social formations is often that of increased community pressure on individuals, limited freedoms, and limited control over shaping one's life in the modernization literature in Turkey, in Turan and Beşirli's study, it seems to represent simply the opposite of the 'urban social system.' Whereas there is likely truth to their arguments, the fact that it relies on reducing complexities of social reality to binarisms reflects an impulse fundamental to Orientalist, and by that same vein, Occidentalist thinking.

Turan and Beşirli's narration of city life as a breeding ground for increased psychological stressors is echoed across multiple studies. This trend can be seen as a parallel to how the city has been a prominent civilization of Western civilization within frameworks inspired by anti-Enlightenment thought (Buruma and Margalit, 2004). Even though 'the great city' was not exclusive to or unique to Europe, Buruma and Margalit (2004) argue that the age of empires coupled with spurring scientific

development, industrialization, and commercial enterprise positioned Europe as the metropolitan center which the rest of the world would become reduced to its periphery (p. 22-3). For this reason, I argue that essentialized images of urban social formations are likely to reflect an Occidentalist framework. Urban life appears to symbolize the rupture from seemingly simpler and more 'wholesome' rural or pre-modern social structures in the studies relevant to this section.

Frequently urbanization is accounted as a process that dissolves traditional support mechanisms, which creates a state of normlessness. Urbanization in Turkey is accounted as a process that was forced due to hasty economic restructuring that had stripped the rural populations of their livelihood, resulting in a large flow of newcomers into the city. Turkey's urbanization is argued to have created a deep sense of anomie:

> Common, socially shared goals are lacking from someone's life in a newly settled environment, especially in the initial period. A purposeless and hopeless lifestyle leads to callousness, apathy, and aggression. As a result, social order and equilibrium are disturbed. People live on their own, by their own rules. Alienated from traditional culture and values, those who migrate from rural areas into the city get caught up in the unhealthy, self-seeking, and selfish ways of city life. (Turan and Beşirli, 2008, p. 240).

It is important to point out that not only does urbanization represent the loss of certainties attributed to traditional societies, but it also hosts people who act in 'unhealthy, self-interested and selfish' ways. This is reminiscent of the outlook that anti-Enlightenment thinkers such as German romantics had of the city. The story of the lonely outsider, 'ignored or abused in the big city' is a universal tale within literature and movies still. In the non-West, a clash between the 'metropolitan chicanery and artifice' against the authentic culture of the country (p. 26-7) is a frequently repeated cliché trope in television shows and movies. Paul Hartley (2012)

even argues that it is impossible to watch Turkish television without encountering 'oblique reference to the differences between rural and urban spaces' where a village or a town of origin often represents 'authentic Turkishness' (p. 1). Whereas modernization literature frequently interprets the increasing anonymity in the cities as the increase in opportunities for individual freedoms, others interpret it as producing 'uncaring crowds' (Buruma and Margalit, 2004, p. 21) and a rootless indifference to the people that dwell in the cities (p. 25): "…people in rural areas have an 'identity,' and this identity is meaningful. It could be argued that people in cities are, on the other hand, 'just anyone'" (Turan and Beşirli, 2008, p. 240). While within the modernization framework, cities are often discussed as contexts that allow social agents to individualize in ways that people in rural areas may not be able to, in the above quote, it is seen as a context that creates social isolation and a loss of identity that was once possibly present.

The accounts of urban settings as a precursor of loneliness and frustration are often, if not always, paired with narrations of rural contexts that represent quite the opposite. The rural context is associated with a higher level of trust, social support for the mentally ill and overall positive day-to-day life in the studies relevant to this section.

> The social functioning of patients from the countryside is expected to be better because of high family support (Yalvaç et al., 2017, p. 956)
> …in the countryside, people with mental illness are fed and clothed due to the present social support and general tolerance for the mentally ill. In fact, the patients in the most difficult situation are those in urban families that have lost their traditional structure and have not been able to achieve economic sufficiency at the same time… In addition to all these still, it can possibly be said that patients within families that have high feudal characteristics are miserable (Ceylan and Vardar, 2003, p. 98).

The latter part of the quote from Ceylan and Vardar's (2003) study is noteworthy as it makes a qualification on positive attributes of the romanticized image of rural

communities. With all its romanticized charm, rural formations still appear to be anachronistic to what is expected of contemporary societies. After all, in Ceylan and Vardar's argument, the condition of mentally ill people in rural areas is only an improvement from the families that have not been able to adapt economically to city life.

The oppositions made between essentialized ideas on urban and rural social patterns of action follow the general oppositions made between an imagined West that is 'spoilt', and a traditional holistic Orient within Occidentalist thought:

> Our country is one of the most underdeveloped countries in the world in terms of mental health organization, mental health planning, and mental health institutions. However, Turks have generally shown a positive, tolerant, and constructive attitude towards mental disorders and the mentally ill since ancient times. Cruel practices such as killing the mentally ill by burning, which was practiced in medieval Europe, were never observed in this society. There is evidence that institutions built for mental patients during the Seljuks and the First Ottomans were useful in ways that would be applicable in the contemporary era as well (Öztürk, 1987, p. 10).

As Carrier (1992) points out, 'essentializations of the West' are produced through accounts that pair them with 'essentializations of alien societies' (p. 203). What defines both dialectically opposed poles is the identifications made between Us, Them, and the 'difference between the two.' In such a framework, similarities become embarrassments and are evaded in analysis in order to retain the purity of the two imagined entities. Thus, accounts of 'families that have primarily feudal qualities' (Ceylan and Vardar, 2003) and the suffering they elicited on the mentally ill are never discussed relationally with the 'cruel treatment' that Medieval Europe is said to have enacted on 'psychiatric patients' (Öztürk, 1987). Discourses that Occidentalize 'the West' in turn Orientalizes 'the East,' and no matter who is attributed more positive

qualities, the other is almost always constructed as the very opposite of the entity that is defined.

Urbanization is associated together with processes such as industrialization, individualization, and specialization in the division of labor. Central to these processes is also the dissolving of the extended family and the rise of the nuclear family unit. In the studies relevant to this section, while extended families seem to belong to an order of clearly delineated codes of action, the nuclear family represents anomie:

> The amount of information circulating is un-ending. Every other person has a completely different opinion from another. Our problem is that we are a modern family. All of us in the family have issues. We don't know how to act. We all needed this session (Kuşcu et al., 2007, p. 89).

In the statement of the patient Kuşçu quotes, defining one's family as modern on its own seems to communicate that members of the family unit no longer have clearly defined social roles, and this leads all of them to have 'issues' that need therapeutic intervention. As Inkeles (1969) argued, modernization brings about a decrease in people's reliance on authority for making everyday decisions. However, in the studies I analyze, modernization at times stands as an unhealthy level of specialization in knowledge (Buruma and Margalit, 2004, p. 2) and an increase in people's reliance on experts to make everyday decisions.

> A part of [modernization] is the search for an expert for every problem one has: couples who want to 'learn' how to become parents seek out mental health experts. Such parents who are guided by experts are no longer the subjects but subservient side-parties of their life stories (Kuşcu et al., 2007, p. 89).

Although individualization represents an imagined liberation from authority, the new allegiances of trust made to science and technology (Inkeles, 1969) appear as eroding choice and agency. However, it is important to note that while modernity is accounted

for as a process that brings increased amounts of stressors, the images of contentment attributed to traditional societies do not appear all too foreign. Occidentalist discourses that represent Western social transformations as stressful and challenging also produce the Orient as a nostalgic image of a static, complacent, and simplistic social order that is not complex enough to produce such stressors in the first place.

3.3. The West, the Mundane

Psychiatric studies relevant to this chapter also challenge Orientalist discourses by arguing that the negative qualities attributed to the non-West may also belong to the West. They subvert the very position of difference that comes to represent the Orient (Carrier, 1992, p. 203) by pointing out what is *similar* between the two imagined entities. Such studies argue that 'the West' is not as exceptional as it is argued.

Within the dominant ways in which the West is imagined, scientific reason is arguably the most defining feature of Western civilization. As the Orient is imagined to be its diametrical opposite, it often comes to be defined overwhelmingly through its supposed state of being overcome by superstition and magic. In reference to the persisting significance of religious or spiritual healers for people seeking help with psychological distress in Turkey, some argue that this is not unique to the non-West: "This situation is not unique to our country; clergy are seen as an alternative source of help accompanying doctors in western societies as well" (Özden et al., 1997, p. 27). A similar argument is made by Kaya (2018):

> The so-called alternative, traditional or complementary medicine has been a hot topic in many countries since the 1970s, including Western countries... There is actually a parallel between the progress of capitalist medicine and the use of traditional approaches... As class differentiations shape access to services... the search for non-medical help-seeking has also increased (Kaya, 2018, p. 105).

Both of the studies quoted above are papers that are in favor of systematically reducing the use of non-medical help-seeking. However, they also attempt to qualify the strength with which such practices are associated with the non-West by pointing out that the West is not an exception to this phenomenon. Reliance on traditional or religious authority still appears as an undesirable and transitional phenomenon in these studies; it is simply also the case for the West.

The West appears to be mundane when it resembles the Orient, but it still seemingly speaks to a standard on where development should be headed. For example, when problematizing vast data gaps in the Turkish psychiatric literature, some argue that this is only natural as the West is not so much ahead either:

> As a matter of fact, the industrialized and developed countries of the West are not in a bright spot either on this issue. Despite all their greatly vast research, technologically superior medical institutions, widespread propaganda, and educational organizations, developed societies also could not prove themselves successful in the field of mental health (Öztürk, 1987, p. 10).

Here, it seems that when the West is unsuccessful, it defines the standing of a scientific discipline as a whole. In Öztürk's argument, the West is not behind, but that the non-West is excusable in its underdevelopment as the West is not so far ahead either. 'Western, industrialized, and developed nations' do not set a good standard in this case *despite* the advancements in technology and educational institutions that could have helped strengthen the breadth of psychiatric knowledge and hegemony.

Developments that Öztürk (1987) used to narrate the West (advanced medical technology, the priority given to scientific progress, widespread scientific propaganda), are often cited as the unique strengths of Western nations. However, such developments are discussed as the very things that are harmful about modern

civilization in some of the studies relevant to this section: “The health system of the West has been heavily caught up in the negative processes of dehumanization, professionalization, over-specialization, and monopolization [of health services]” (Öztürk, 1987, p. 10). A similar argument is demonstrated by Gudarzi (2008):

> The debate about overmedicalization in psychiatry has attracted more public attention in recent years (BMJ, 2002)... Indeed, these developments may be reflecting the unquestioned hegemony of European/American scientific knowledge; a hegemony that does not allow for alternative interpretations of life and death, health and disease; or [these discussions may be] a Cartesian reconsideration of the hegemony of hedonistic principles of capitalism (Gudarzi, 2008, p. 334).

Often accounts, such as the ones above, of the West as the source of an unhealthy specialization of knowledge and labor is to mitigate the negative meanings such qualities give to its oppositional entity, the non-West. As the non-West consistently appears to be ‘behind’ in the scientific developments of the West, Gudarzi and Öztürk seemingly attempt to argue that these advancements are not so desirable after all.

CHAPTER 4

SPIRITS, RELIGION, MAGIC AS MODERN

The multiple modernities thesis has become widely accepted in the sociological study of non-Western societies within the last decade. The international psychiatric literature has gone through a similar paradigm shift in the aftermath of the Second World War. Around the same time, decolonization also pushed the discipline to confront the racist and colonial assumptions embedded in its assumptions (Antic 2022). Between the 1940s and the 50s, anthropologists and psychiatrists in both the West and the non-West, from Asia, Africa, and Eastern Europe, consistently came together to constitute the field of transcultural psychiatry. This new field actively sought to search for a new definition of 'a minimum of common humanity shared among all members of the species' (p. 23). Coming together in a common definition of humanity that was universally inclusive, they believed, could help leave behind racism, colonialism, and the atrocities of the crises of humanity of the 20th century. Psychiatrists of this vein were greatly involved in the development debates of the Global South and organizing conferences, seminars, and symposiums to create a continual dialogue between the West and the non-West. Turkish psychiatric associations hosted a great number of such academic gatherings, and studies relevant to this section show the effects of transcultural psychiatry on how a sector of psychiatrists in Turkey today problematize social problems.

4.1. Between ‘our common humanity’ and cultural difference

A prominent figure of the multiple modernities literature, Eisenstadt in his latest theoretical perspective, depicts cultural change as a result of tensions between cultural codes and institutional constellations (Sinai, 2020, p. 299). In the original modernization theory, modernization is accounted for as a self-propelling force where institutional and cultural transformations are mutually-constitutive of each other. Different from this, Eisenstadt takes culture to be a force that is autonomous from institutional developments, a force that carries an agency that has both order-transforming and order-maintaining properties (p. 300). By making this conceptual differentiation, he argues that modernity can have infinite different manifestations in different geographies, as each society has agency in how it responds to problems Eisenstadt takes to be common to the process of modernization everywhere (p. 299). I argue that transcultural psychiatrists make arguments that are parallel to such an understanding of modernity, as cultural differences are ‘added on’ to a framework where Western psychiatric practice and theory always take precedence against all other epistemological models (Antic, 2022, p. 34). As these discussions on cultural multiplicity do not deal with the historical connectedness of the cultures in concern, I argue that the studies relevant to this section re-iterate the essentializations made of the East and the West, only now in relativized terms. If a common humanity is aimed for in the papers I analyze, the ‘universality’ that is aspired to is often a vague universalization of the qualities of either of the two imagined entities.

Transcultural psychiatry of the mid-20th century, according to Antic (2022) has led to an ‘ideological universalism’ within the field. The sort of universalism created by psychiatry at this period spoke of the qualities of the West and the non-West with a

tension between universalizing and particularizing tendencies (p. 25). For the studies relevant to this chapter, psychiatrists often appeal to universalism to potentially mitigate the exotification instilled on the non-West. For example, Küçükparlak argues that magical figures such as shamans have wrongly been pathologized:

> One could potentially argue, through an ethnocentric viewpoint, that shamans are psychotic, hysterical, or dissociative (Devereux, 1961). Interestingly, shamans are a cross-cultural phenomenon that has existed independently across Asia, Africa, and the Americas in hunter-and-gatherer societies (Küçükparlak, 2017, p. 149).

Küçükparlak seemingly attempts to universalize a cultural formation that is usually thought to belong to the non-West (or pre-modern social formations) in an effort to point out that cultures of vastly different geographies may have more in common than it may initially appear. Küçükparlak then goes on to explain that shamans had important roles in the healing of people in hunter-and-gatherer tribal societies. He holds that despite the seemingly exotic initiation ceremonies and healing methods generally associated with shamans, he argues that modern medical professionals could potentially be seen as similar social figures:

> Somewhat reminiscent of a shaman's journey is the fact that smart and determined young people go through a selection process to become doctors, a tough training that puts strain on their mental and physical health, and they ultimately acquire an identity that they will carry for the rest of their lives (Küçükparlak, 2017, p. 149).

Küçükparlak's arguments can be said to be an attempt at reading cultural difference through a lens of both particularism and universalism. He attempts to construct an idea of universalism in the form that healers have taken in different societies by vaguely universalizing a particularistic practice (shamanism) that wholly contradicts with the way modern science is organized. Küçükparlak, at the end of his paper, seemingly

recognizes this paradox and clearly positions shamans as a more archaic cultural figure than the modern physician:

> Fundamentally, the healing process that began with the shaman, who personally fought the spirits that made someone sick by incorporating his own soul, has evolved towards the doctor who distances himself from the patient as much as possible, including in verbal exchanges (Küçükparlak, 2017, p. 151).

What is still significant here is that the shaman and the modern physician belong in a linear historical time, demonstrating that Küçükparlak's understanding of social transformation still rests on the process of modernization. Also, in his argument, a hint of Occidentalist thinking similar to what I discussed in the second section of the previous chapter (3.2. The Splintering of the Oriental) can be recognized. Shamans are depicted through a romanticized language where his healing methods are understood to be personalized and altruistic. The West, in this argument, taken to be the complete opposite of pre-modern cultures, is de-personal and distant, where doctors even avoid speaking too much with patients. Küçükparlak's arguments clearly re-iterate essentialized qualities of the West and the non-West of orthodox modernization theories despite the structure of his arguments reflecting a concern for multiple modernities.

Theories of multiple modernities afford culture an agency that would not be allowed within a structuralist way of understanding social order and change (Sinai, 2020, p. 300). In Multiple Modernities, culture is taken to be an 'analytically separate' component in how social orders come to fruition. Baskak and Çevik (2007) below make an argument that carries such a sentiment:

> Although societies diverge from each other culturally in significant ways, it is also often that we encounter commonalities in religion, language, government styles, and attitudes towards life events (Çevik 1999). The question of whether

> to see culture as a mask that hides human universality or the very reason for the vast differences between humans is a contested one (Baskak and Çevik 2007, p. 51).

Baskak and Çevik discuss the possibility that human experiences may be more similar than they are different in this case in reference to somatization. Somatization is a long-winded research topic within cross-cultural psychiatry that has often been labeled as a 'culture-bound syndrome' (Antic, 2022, p. 35). This body of research, in heavily identifying somatization as a non-Western way of communicating mental distress, also exoticized non-Western cultures in accounting for why they did not psychologize like the West supposedly did. Baskak and Çevik relativize the unfavorable meanings that have long been attributed to somatization by framing the experience as a universal one. Similar arguments are made by Tunçer (1999) and Sayar (1998):

> Recent studies have shown that somatization may display variability depending on different cultural contexts, through behaviors unique to that culture, but it is a universal phenomenon that emotional problems manifest themselves as somatic symptoms or physical discomfort (Tunçer, 1999, p. 51).

> Decades of cross-cultural studies have revealed that the majority of people around the world exhibit more somatic symptomatology, despite its prevalence, the DSM highlights moreso the psychologized presentations of psychiatric disorders (Sayar 1998, p. 177).

In these arguments, somatization is universal while only its cultural expression is different. With this, they seem to assume that the Orientalist meanings attributed to the prevalence of somatization in the non-West were simply a result of the psychiatric literature's failure to recognize that culture is a 'mask' that hides the universality of humanity. The original debate on somatization was shaped heavily by evolutionary assumptions that had long infantilized non-Western cultures, where they were painted as communicating psychological distress in ways characteristic of an earlier stage of human development (Antic, 2022, p. 28).

Research that attempts to dissipate the understanding of somatization as a 'primitive' expression of distress focuses on rationalizing somatization as an appropriate response to cultural properties of individuals' context:

> For example, Arab cultures, unlike western societies, largely rely on non-verbal language in communicating (Hottinger 1963) and form eye contact at a higher rate than Western societies (Argyle 1975). In some traditional societies such as ours, children are discouraged from expressing their thoughts verbally in the presence of adults. Similarly, publicly expressing emotions is generally not condoned in Japan (Baskak and Çevik 2007, p. 52).

While Baskak and Çevik's argument tries to re-frame the question of somatization as a culturally 'different' and not an inferior form of response to distress, it re-instates 'traditional cultures' back into an evolutionary framework. Leff, one of the most prominent figures in the transcultural understanding of somatization, theorizes that humans gain awareness of psychological experience through a linear historical process growing more into sophisticated forms of language (Antic, 2022, p. 28). Much like the quote above, Leff argues that people in traditional cultures are constrained through communal relationships where social roles are stereotyped (i.e. child-adult relationships), and individuals do not engage in 'creative speculation on personal lives.' Baskak and Çevik's argument still entraps the imagined non-West into a timeless essentialism when it conflates geographic entities as distant as Arabic countries and Japan into one category of 'traditional cultures.' They even explicitly define these cultures along Leff's line of thought:

> …somatization is observed more frequently in collectivist societies than it is in individualist societies, in societies where the self is avoidant, less verbalized and intuitively expressed, where relationships are longer-lasting than it is in the West, where the culture contains elements of Confucianism (Baskak and Çevik, 2007, p. 53).

In the above quote, in collectivist cultures, mental distress is said to be expressed within the sphere of intuition and is not raised to the level of verbal communication like, Leff would argue, it is in the West. Leff argues that 'extensive and differentiated vocabulary concerning emotional states is only characteristic for developed countries of the Western world' due to what he takes to be their more developed and differentiated 'language of emotion' (Antic, 2022, p. 27). Even in trying to establish a neutral space through which previously exoticized qualities of the non-West can be expressed, Başkak and Çevik's study further exacerbate the identification of Japan, Arabic countries, and Turkey with their 'Oriental' qualities.

Similar to the problem with theories of Multiple Modernities, relativizing the very meanings through which the East and the West appear in the history of cross-cultural psychiatric studies only introduces ambiguity to our understandings of the grounds on which the non-West is reiterated in its difference from the imagined West. This is similar to a tendency in social scientific theories at present that are critical of Eurocentrism which often simply invert the dualisms inherent to the dominant conceptions of modernity (Bhambra, 2007, p. 2). When studies do not engage with why the non-West is recounted as 'being too much body' (Gordon, 2015, p. 9) in the first place, the analysis evades why the non-West was put in such a dichotomous understanding in relation to the 'psychologizing' West. Similar to the multiple modernities frameworks, such moves within transcultural psychiatry lend an autonomy to 'culture' that dissects it from the very historical processes that constituted the understanding of Western of non-Western cultures. Meanings are 'multiplied' without much reference to where widely-held images of non-Western or Western cultures come from. What is to be understood from somatization if its prevalence is no

longer a sign of pathological development but a normal way of expressing emotions? Approaching one's self representationally is a core quality of how modern selfhood is constituted (Mitchell, 2000, p. 20) and fundamental to psychiatry's expectation that emotions in adulthood are to be expressed psychologically and communicated verbally. Relativizing this central quality conceals the very process through which modern subjectivity is constituted through the Othering of the non-West.

The multiple modernities framework keeps Western modernity as the norm so as to have an ideal type through which modernity can be defined, and endless relativism can be avoided (Bhambra, 2007). However, the paradigm's distinguishing property being that of multiple local manifestations of modernity and there not being much of a restriction on what can and cannot be compatible with modernity, it still seems to carry such a risk and losing its analytical clarity (Sinai, 2020, p. 203). Beyazyüz and Göka (2010) list the following reasons for the necessity of cultural relativism in the understanding of psychiatric normalcy:

> Given that we describe who we are in different ways, process reality in different ways in our minds, define differently what is real and what is acceptable, and even what is right or wrong varies, how can we turn around and expect a complex phenomenon like mental illness to show up in the same ways across all cultures? (Beyazyüz and Göka, 2010, p. 361).

Similar to how relativizing the very idea of psychiatric normalcy could arguably render the concept of normalcy redundant, I would argue that the very use of the term 'modernity' when it has no bounds creates many inconsistencies in its understanding. While the Multiple Modernities framework accepts that modern institutions such as the nation-state and bureaucratic rationality create a common structure, it still gives space to non-Western developments that are seemingly contradictory to modern precepts:

> …Cultural studies concerning depression should also study traditional and religious healers. However, the dominant, Jacobian ideology [in Turkey] completely ignores such people and disapproves of any possibility of researchers establishing relationships with such figures, even to simply get acquainted with them or to guide them (Cimilli, 2003, p. 8).

As Cimilli above exemplifies, transcultural psychiatry aims at an egalitarian conversation between Western psychiatry and the cultural concepts, social structures, and healing strategies of the non-West (Antic, 2022, p. 23). Often, however, the studies under analysis that demonstrate elaborate understandings of culture explicitly define the 'cultural specificity' of Turkey in its most dissimilar aspect to the imagined rational and scientifically-inclined West. Even with the attempts at overcoming Eurocentrism, in such studies, the West remains a seemingly 'value-neutral' position while everywhere else is marked by its difference or opposition from the West (Bhambra, 2007, p. 71).

4.2. The culture-rich Orient against the culture-neutral West

Transcultural psychiatry, right from its inception in the mid-20th century, had aimed at overcoming the evolutionary assumptions within psychiatric theory. However, much like how Bhambra (2007) argues that theories of multiple modernities exacerbate the very essentialized understandings of the West and the non-West due to their understanding as separate civilizations (p.28), transcultural psychiatry falls into similar fallacies. In trying to rescue the understandings of 'non-Western cultures' from Orientalist assumptions, studies argue that the non-West has been wrongly represented and pathologized by the universalizing tendencies of mainstream psychiatry. Paradoxically, these studies instead fully identify the Orient with its essentialized qualities, as they still understand the West and the non-West as bounded entities with no historical connection. In such a framework, either of the two entities becomes

intelligible only in their distance from each other. With the Eurocentric grounds of these dichotomies unexamined, the West implicitly reserves its quality of cultural-neutrality in the studies relevant to this section as a neutral standard for universal human experience, where the Orient only finds expression in its cultural 'richness.' In this section, I argue that conferring relativism to a framework that operates through universals does not help to overcome its properties.

In the studies analyzed, if culture is seen as a phenomenon that demands attention from psychiatry, it is often spoken of as something that is simply not well understood by the theories and methods of psychiatric therapy: "… the biological essentialism of scientific psychiatry cannot fully comprehend the rich meanings to be found in the variability of psychopathology in the non-West" (Cimilli, 2003, p. 4). Ünal also demonstrates a similar line of logic: "Clinicians, in addition to their knowledge and sensibility for universal scientific facts, must be informed and attentive to cultural specificities" (Ünal 2002). It can be inferred from the studies quoted above that studies along the lines of transcultural psychiatry do not question why Turkey's experience is marked as a 'difference' in the first place. Even psychiatrists with elaborate definitions of culture seemingly accept the precedence of Western psychiatric theory (Antic, 2022) and the experience of the non-West makes no difference for its pre-existing universals. Although not recognized, the non-West *is* already present within psychiatry as its Other, and many times studies that follow transcultural psychiatry reiterate this Othering:

> In a study conducted by Angermeyer and Matschinger (1996) in Germany, it is noteworthy that family members gave priority to biological factors in explaining the causes of [schizophrenia]. The authors… interpreted that assuming biological factors to be the cause could also be an attempt to cope with their own feelings of guilt. In India, Kulhara et al. (2000) observed that

> most patients in India tended to seek magical-religious treatment due to their beliefs (Yıldız et al., 2010, p. 2).

In this argument, it seems that German people fulfill two properties of individual modernity: aligning themselves with scientific and medical authority (Inkeles, 1969) and accepting individual responsibility for the course of their life (Kağıtçıbaşı, 1973) expressed in feeling guilt over a family member developing schizophrenia. In India, however, individuals seem to develop their understanding and their treatment preferences entirely through their 'beliefs.' Yıldız and his co-authors' paper attempts to present the two cultures that are mentioned (German and Indian) on morally neutral grounds, where seeking magical-religious treatments are not narrated as undesirable or transitional approaches to mental distress. Despite their approach, the qualities they attribute to the two cultures are not at all different from studies that have a clear Orientalist stance.

At times, in opposing the pathologized position given to behaviors that are considered to be unique to the non-West, studies relevant to this section simply deem realities completely incompatible with psychiatric therapy to be 'healthy' for the non-West. Magical and superstitious understandings of mental health are simply discussed as part of the 'normal' in said societies: "Hearing the voices of the dead is a normal part of grieving in some native-American cultures. This experience has nothing to do with psychosis or abnormal grief complications" (Sayar, 1998, p. 177). Similarly, Çobanoğlu and Baskak discusses the following:

> Psychosis can be a culturally acceptable or even a positively viewed state of being in Eastern societies. For example, in the past, shamans often assumed a healing role by transcending their body (Peters 1995)… So it can be argued that where psychosis-like experiences are culturally prevalent, psychosis may have a positive effect on the mental well-being of individuals (Çobanoğlu and Baskak, 2014, p. 3).

What is noteworthy in the quotes above is that direct parallels are made between cultural practices from centuries ago and the present-day context of the non-West. Sayar's paper is dedicated to challenging Eurocentric understandings of normalcy in the development of diagnostic categories, yet he repeatedly references cultural practices of the distant past that could easily come across as 'exotic' to be normal to said societies. Relatedly, Çobanoğlu and Başkak discuss shamanism as a representative practice that can demonstrate that psychosis can be healthy for not only the societies that are currently practicing it but for 'Eastern societies' as a whole. Furthermore, in their argument, Çobanoğlu and Başkak can easily be argued to be pathologizing the non-West by contending that 'psychosis-like experiences are culturally prevalent' in the East. As their frameworks confer such relativism and ambivalence to the idea of normalcy that is so central to psychiatric sense-making, practices and realities that would normally be considered exotic or unhealthy seem to represent a vague state of a mentally healthy state of mind for their arguments. However, their arguments are ridden with internal inconsistencies as the very essentialized ideas of the non-West is left unexamined.

4.2. Knowing the Orient

Beyond the seemingly humanist mission to save the non-West from Eurocentric accounts (Antic, 2022), I argue that studying the 'cultural difference' of the non-West serves to know and act on the Orient:

> One of the most important rivals of the psychiatrist in the periphery is the folkloric therapists. There is an important patient flow between these therapists and medical professionals. The physician's indifference to these healers may at times cause him to be driven out of the system. Although such healing practices may be very susceptible to ill-use, it may be helpful for physicians to meet

> some of the folkloric healers. It should not be assumed that these people are completely closed off to the suggestions of physicians (Cimilli, 1995, p. 15).

Given the complete opposition of biomedical psychiatry to traditional healers, conversing with or studying such figures is a long-winded controversial topic within Turkish psychiatric discussions. However, psychiatrists that do acknowledge the popularity of such healers often argue that bridges can be built on the condition that such healers may be convinced to re-orient people towards seeking psychiatric help. The use of traditional healers is almost exclusively understood as a result of 'culture:'

> …cultural factors can be an important determinant in shaping the search for treatment for patients with psychiatric problems. In a study conducted in Germany, it was reported that psychiatric patients of Turkish origin first applied to so-called spiritual healers and were influenced by such figures and that such help-seeking behavior could be explained by the patients' cultural identity (Yaşar and Gürgen, 2004a, p. 25).

One's 'identity,' cultural beliefs, and the influence of one's family, neighbors, and friends are often cited as the reason why people seek traditional helpers for mental distress. Conversely, shifting one's help-seeking behavior from traditional healers to psychiatrists seems to be a more individualized process governed by a rational thought process:

> Patients' help-seeking behaviors and disease-conceptualization may eventually shift to medical terms through factors such as the benefit a patient may have obtained from previous treatments and the trusting relationships established with healers (Güleç, Yenilmez, and Ay, 2011, p. 140).

Güleç and his co-authors' study makes an important qualification to this argument stating that women and people who are unemployed are more likely to go to psychiatrists by the recommendation of neighbors or friends (p. 134-6). However, the majority of their survey respondents, 73.3 percent, stated that it was their own decision to seek psychiatric help. The contexts where psychiatric help-seeking is the dominant

response to mental distress are almost never discussed in terms of the culture of that society. On the rare occasion that it is discussed as such, it is mostly to say that they are scientifically inclined and properly individualized, that is, they are contemporaneous with modernity (Mitchell, 2000).

Knowledge of the orient, most explicitly represented by the will to 'know' or understand traditional help-seeking in the studies I analyze, creates the power to shape the Orient in line with the goals of modernizing mental health services. Knowing how patients in the imagined non-West explain mental distress, what their pathway is for seeking help is, or what prevents them from accepting psychiatric hegemony is essential if their practices are to be changed. Multiplying accounts on the non-West does not work to eradicate the Eurocentrism in its understanding. Because such narrations understand the non-West as a bounded entity (Bhambra, 2007) and an unchanging essence (Carrier, 1992), they arguably exacerbate the Orientalist meanings that are associated with it. I argue that Turkish psychiatric studies that construct theories similar to multiple modernities still pose the problem of 'Turkey's particularity' entirely as an issue of the linear historical transition from a traditional past to a modernized future (Bhambra, 2007, p. 57).

CHAPTER 5

CONCLUSION

The connection between psychiatry and how contemporary power is organized has long been debated in sociology. In this thesis, I aimed to provide a snapshot from Turkish psychiatric literature in how discourses of modernization operate in staging social problems in Turkey since 1980's. Turkish psychiatrists today arguably employ the most dominant frameworks through which social problems are understood within political rhetoric and everyday speech in Turkey. To observe how much modernization theory frames our discussions of social issues is not a difficult one. One may simply need to watch the national news on Turkish televisions, where often political problems are attributed to either Turkey's current inability to catch up with 'contemporary societies' or the West as an enemy that continually holts Turkey's progress, depending on the political position of the Television channel. Either way, news reporters, politicians, medical experts, and everyday pedestrians alike stage the 'now' of modernity on an everyday basis.

In this thesis, I discuss three different ways contemporary time is made sense of in the psychiatric studies in Turkey after 1980's (with one study from 1967). As a concern for modernization organized their arguments, I divided the studies into three camps in how they discussed social problems in Turkey: Orientalism, Occidentalism, and Multiple Modernities. In the first framework (discussed in Chapter 2), social problems are explicitly attributed to Turkey's proclaimed backwardness in socioeconomic

development. Problems that are often discussed in this vein are the Turkish public's 'lag' in accepting biomedical authority and their apparent unwillingness in abandoning traditional healers, and the persistent prevalence of illnesses that are thought to be uniquely non-Western. In this chapter, the urgent need for educating the public is the most ubiquitous argument, which is reminiscent of the position that the elites of non-Western nations are to modernize the masses. The 'peasant,' at times literally described as such, is painted as in need of being educated to be developed into a full citizen in the studies relevant to the second chapter.

In the third chapter, I discuss the studies that stage Turkey's conjuncture in modernity while challenging the Oriental position attributed to it. However, they do this by simply inverting the value attributions made in the original framework, this time constructing Occidentalisms that are reminiscent of anti-Enlightenment thinking. As Said (2003) and Bhambra (2007) warn against such theoretical impulses, such inversions do not challenge the very structure that creates such reified and moralized understandings of the two imagined entities. The studies I analyze for this chapter do three things: (1) identify modern developments as foreign to the Turkish context and give negative meanings to its effects, (2) reiterate romanticized images of a 'wholesome Orient' through their accounts of Occidentalism, (3) challenge Western exceptionalism, arguing that the West did not accomplish anything all that special despite how it is consistently narrated.

In the last analytical chapter, I discuss an interesting development in Turkish psychiatry that has been popularized since the 1990s. Here, I analyze studies that reflect the arguments of transcultural psychiatry, which understand social transformations and cultural difference in ways that are parallel to theories of multiple

modernities. The studies I analyze in this chapter reflect the international conversations that were actively present in Turkey and abroad through the participation of many of the prominent Western transcultural psychiatrists in the seminars, conferences, and symposiums organized on the topic. Studies in this vein stage modernity through its Others, but seemingly without the Orientalist value attributions made to its essentialized images. Authors employ vast cultural relativism to argue that culture-bound syndromes that have long been attributed to 'backwards' cultures, prevalent use of traditional healers, and utilizing magical or religious accounts in making sense of one's mental health can be understood to be rational and reasonable responses in individuals' given culture. However, I argue that such arguments trap the non-West in an endless identification with its Orientalist images. Authors of these studies relativize the meanings that come along with the Orientalist grounds of modernization theory, but they consistently only discuss Turkey and other non-Western cultures in their most distant attributes to the imagined West. In their studies, the West reserves its place as a culture-free marker of psychiatric normalcy whereas the experience of the non-West is urged to be understood, though ultimately its experience has no importance for standardized psychiatric theory.

As I have mentioned in the Introduction, with the addition of Global Mental Health in the 2015 Sustainable Development Goals, the discussions of transcultural psychiatry alongside its criticisms have been re-vitalized. Often, its proponents and critics take two polar opposite positions. Global Mental Health advocates often represent mental illness as a disease burden that is hurting Third World economies and discuss psychosomatic drugs as the most efficient ways to solve this problem. Knowledge on local culture only presents a concern to this framework in the logistical problems it

can cause in terms of the communication of symptoms, wide-spread stigma over mental illness, and the potential distrust of medical staff. The camp that opposes Global Mental Health as a development policy makes important criticisms on the economic reductionism of their arguments and psychiatry's tendency to individualize social problems. However, what I oppose in their arguments is their proposal to support local, traditional methods for healing instead of biomedical interventions. They simplistically take traditional healing as the 'social model' that represents everything that biomedical psychiatry is argued to be lacking in.

To see folkloric or traditional healers as an unproblematic source for 'social healing' falls back into romanticized ideas of Oriental wholeness and ignores the fragmentations that such social formations likely experienced through experiences of colonialism, repression by secular nation-building policies, and the like. As traditional healing also requires a trusted local figure to know the intimate details of people who visit, discussions on how the social control over women increases with its utilization should be more ubiquitous. As I have discussed in the first chapter, psychiatric studies in Turkey discuss women as more likely to display traditional qualities, including in how they express mental illness and who they seek help from. While pathologizing traditionality as it relates to sex-based oppression reifies the problem of women's liberation to a simple opposition between two imagined civilizations (the West and the non-West), more critical discussions should be had about how romanticizing traditionality may disproportionately affect women. While I abstained from a political position in the main body of my thesis, as a woman that would probably not have been able to write this thesis under traditional social formations, I do hold that a gendered perspective should underlie our critique of modernity and our use of post-colonial

theories. Making simple inversions of the meanings attributed to the West and the non-West does not only create weak theory, but can also have material consequences for the social rights acquired under modernity.

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APPENDICES

A. KEYWORDS THAT GUIDED ANALYSIS MATERIAL SELECTION

Attitudes towards mental health
Awareness of mental health
Believes (cultural, familial, scientific, superstitious)
Communal societies/cultures
Culture
Culture-bound syndromes
Development level
Developed (nation/area/neighborhood)
Dysthymia
Disease conceptualization
Disease communication
Education level
Family (size, education, income level)
Fatalism
Gender (equality)
Hojja, spiritual leaders, traditional figures
Individualized societies/cultures
Magic
Men
Meanings attributed to mental illness
Misinformation
Modern
Non-Western nations
Religion
Religiosity
Rural
Social
Social factors
Society
Somatization
Superstition
Traditional Help-Seeking
Traditions
Transcultural psychiatry

Trust	Western nations
Urban	Woman

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C. TURKISH SUMMARY / TÜRKÇE ÖZET

Modernliğin anlatıları günümüzde toplumsal ve siyasi dünşünceyi, modern vatandaşlık kavramını, siyasal öznelliği ve toplumsal adalet gibi tartışmaları şekillendiren en baskın anlatılardan biridir. Bununla bağlantılı olarak da psikiyatri disiplini erken sanayileşme dönemine özgü sorunları ve gündelik yaşantının rasyonelleşmesininde özel bir role sahip olduğu için, tarihinin ne biçimlerde betimlendiği sosyal adalet ve liberalizmin öznesine dair çağdaş fikirler tarafından yakinen şekillenmiştir. 18. Yüzyılda açıkça bir ceza mekanizması olsa da zamanla psikiyatri, 'deliliğin' rehabilitasyonun insani ve bilimsel yüzü olarak anlaşıla gelmiştir. Psikiyatrinin bilimsel bir disipline dönüşümü sıklıkla ruhsal sıkıntılara yaklaşımın sürekli olarak iyileşerek daha ilerici pratikler doğuran bir süreç olarak anılmaktadır (Gong, 2019). Bu yüzden de toplumsal sorunlar üstüne yorumda bulunan psikiyatrik çalışmaların incelenmesi modernlik, modern öznellik ve bu kavramlarla bağlantılı olarak 'sağlıklı' toplumsallığa dair fikirlerin psikiyatristlerin anlatılarını nasıl şekillendirdiğine dair ipuçları sağlayabilir.

Bu çalışmada Türkiye'de çoğunlukla 2000 yılından sonra yayınlanmış ve içerisinde toplumsal sorun olarak görülen meselelerde yorumda bulunmuş psikiyatrik çalışmalar incelenmektedir. Çalışmaların çoğunlukla 2000 sonrasından oluşmasının sebebi psikiyatrik dergi yayınlarının fiziksel arşivlerine ulaşmanın zor olması ve bu çalışma için çevrimiçi arşivlerden yararlanılmış olmasıdır. Bu tezde analiz için seçilen çalışmaların toplumsal sorunları, açıkça referans vermiyor bile olsalar, modernleşme

teorileri üstünden anlamlandırdığı ve ‘şimdiki zamanı’ evrimsel bir tarihsellik anlayışı üstünden kurdukları tartışılacaktır.

Modernleşmeye veya modernliği anlamlandırmaya dair bir ilgi Türkiye psikiyatrisi için yeni bir olgu değildir. Türkiye’de psikiyatrinin bilimsel bir disiplin olarak kurulmasında en belirgin anılan isim olan Mazhar Osman sıklıkla psikiyatriyi ilk Cumhuriyet dönemlerinde modernleşme amaçlarına eklemlendirmek için sistematik bir çaba harcamıştır. Kendine yeni yeni tıp disiplinleri arasında bir yer bulan psikiyatri, bir disiplin olarak meşruluğunu oluşturmak için dönemin siyasi kaygılarıyla sık sık diyalogda olmuş, erken cumhuriyet dönemlerinde yer yer devletin propaganda aracı görevini görmüştür (Ayhan, 2007). Ülkede gerçekleştirilen hızlı modernleşme reformlarına paralel olarak Osman’ın kurduğu retorikler de bu süreci meşrulaştıran, modern insanın bir ‘ırk’ olarak diğerlerinden üstün olduğunu savunan ve psikiyatriyi de kişilerin düşünce biçimlerini modernleştirmede kıymetli bir role sahip olabilecek bir araç olarak ele almıştır. Osman’ın fikirlerindeki toplumsal evrimci ton bugünün çalışmalarında bulunmasa da bu çalışmaların toplumsal sorunlara dair yorumları modernleşme teorisinin mantığını, kaygılarını ve değer atıflarını önemli biçimlerde taşımaktadır.

19. yüzyılın geç dönemlerinde Osmanlı Devleti’nde sosyal bilimler yasaklandığında tıp fakülteleri siyasi muhalefet üreten, dini bir yapıya sahip olmayan tek kurumdu. Psikiyatri bölümünün prestiji tıp fakültelerine ilk eklendiği dönemlerde oldukça düşük olduğu için Raşit Tahsin psikiyatri bölümünün amaçlarını dönemin önde gelen siyasi ihtiyaçlara eklemlemiştir. Psikiyatri bölümlerindeki öğrencilerinin gündelik yaşamlarını Batılaştırmaları için yön göstermiş, aynı zamanda da yeni oluşturulmakta olan cumhuriyetin vatandaşlarının davranışlarını modern ilkelere göre şekillendirmek

için çaba sarf etmiştir (Ayhan, 20007, p. 188). Ancak 1930'larda, erken cumhuriyet döneminde, psikiyatriyi devletin modernleşme reformlarının propagandasına tam olarak bağlayacak olan kişi Tahsin'in öğrencisi Mazhar Osman olmuştur. Osman ülkeyi modernleştirmenin varoluşsal bir zorunluluk olduğu üstüne bolca söylem üretmiş, yalnızca 'aklı başında' kişilerin modern bir vatandaş olmakla gelen sorumlulukları yerine getirebileceğini, 'sağlam' bir zihnin çağdaş toplumların ayrıcalıklarından yararlanabilmek için bir ön koşul olduğunu savunmuştur (p. 203). Bütün bunlara ek olarak uzun bir dönem ruhsal sıkıntıları olanları 'batıl inançların' etkilerinden kurtarmak için derin bir arzu ifade etmiş ve bunu da ülkenin ancak 'karanlık güçlerden' (Osman'ın ele alışıyla, cehalet ve dini dogmacılıktan) kurtulup bilimin insani metotlarını kullanacak 'olgunluğa' ulaşarak başarılabileceğine inanmıştır. Bugünün psikiyatrik disiplini elbette bu kadar açık bir şekilde toplumu belli siyasi amaçlar doğrultusunda (modernleşme gibi) şekillendirmek için kullanılan bir propaganda aracı değildir. Ancak disiplinin başlangıcının temellerinin modernleşmek kaygısına dayanması ve doktorların erken cumhuriyet dönemi ve daha sonra da uzunca süre Türkiye siyasetinin önemli bir parçası olması psikiyatrik yayınların günümüzde de sosyal sorunlar üstüne söylemler üretmesinde etkili olmuş olabilir. Bu tezde bu bağlantıyı da yalnızca biyomedikal açıklamalar üretmeyen, verilerini toplumsal yönüyle de analiz etmekle ilgilenmiş olan çalışmalar üstünden okunacaktır.

Psikiyatri disiplininin ağırlıklı olarak biyomedikal çerçevesi ruhsal sorunların bireyde anlamlandırılmasını sağlarken, modernleşme söylemleri saptanan sorunların toplumsal düzeyde anlamlandırmasına yardımcı olduğu söylenebilir. Bu tezde analiz edilen çalışmalar psikiyatriye ulaşımı, uluslararası literatürde psikiyatrinin sahip olduğu önkabulleri eleştiren, kültürün psikiyatriye yaklaşımdaki ve ruhsal sıkıntıların

deneyimlenmesindeki etkisini sorunsallaştıran çalışmalardır. Bu çalışmalar arasından en çok öne çıkanlar konular hastaların geleneksel yardım arayışını anlamak ve azaltmak, Türkiye'de psikiyatrik hegemonyanın 'yetersizliğini' gidermek, psikiyatrik normalliğin Batı kültürünü yansıtmaması için çaba sarf etmek, ruhsal bozuklukların hastalardaki belirtilerinin kültürel olarak farklılıklarını anlamlandırmaktır. Bu meselelerin de bağlantılı olarak tartışıldığı bilimsel rasyonelite, insan hakları ve toplumsal adalet gibi kavramlar kaçınılmaz olarak Avrupa düşünce ve politik tarihini ve modernite ilkelerini içinde barındırmaktadır (Chakrabarty, 2000, p. 4). Psikiyatristler tartıştıkları bu konuları sıklıkla bir sosyal adalet çerçevesi içinden okuduğu için bu sorunlara çözüm ararken modernliğin ilkelerine sıklıkla atıfta bulunmaktadırlar. İncelenen tüm çalışmalar Türkiye'yi yadsınamayacak şekilde Batı dışı bir toplum veya hiç değilse Batı toplumlarıyla karşılaştırıldığında keskin farklılıklara sahip bir kontekst olarak betimlemektedir. Bu tezde Oryantalist anlatıların psikiyatristlerin toplumsal sorunlara dair yorumlarını sessizce şekillendirdiği savunulacaktır. Buna örnek olarak Türkiye sürekli bir şekilde yeterince modernleşememiş, ruhsal bozuklukları 'doğru' yollarla (diğer bir deyişle, psikiyatrinin sınırları içinde) tedavi edemeyen bir kontekst olarak anlatılmaktadır. Bu tezin ikinci bölümünde modern tahakküm mekanizmalarının, çağdaş temsil pratiklerinin ve bilmeye dair yapıların Türkiye'ye ve batı dışı toplumlara dair bilgiyi nasıl sessizce düzenlediği tartışılmaktadır.

Ruh sağlığı hizmetlerine erişim 1990'lardan itibaren Dünya Sağlık Örgütü'nün önde gelen amaçlarından birine dönüştüğü için kültürler arası psikiyatri tartışmalarının yeniden canlandırıldığı söylenebilir (Summerfield, 2012). DSÖ'nün ve Birleşmiş Milletler'in Küresel Ruh Sağlığı (Global Mental Health) hedefinin çizgilerini çizen

literatür, kültürel farklılıkların ruhsal bozuklukların kişilerce nasıl anlaşıldığı üstündeki etkisini, bununla bağlantılı olarak ne tarz yardım arama davranışlarında bulundukları ve psiko-somatik davranışlara dair görüşlerini tartışmaktadır. Ancak psikiyatride hastalıkların standardize edilmesi psikiyatri uzmanlığının temel bir özelliğiyken psikiyatrinin kültürlerarası tartışmalarında dahi evrensellikten yana argümanlar kurduğu savunulacaktır. Psikiyatrinin insan deneyimindeki evrenselliği araması dönem dönem farklı uluslararası siyasi kaygılarla da birleşmiş, 1960'lar ve sonrasında uluslararası alanda oluşturulan sömürgecilik ve ırkçılık karşıtı söylemleri pekiştirmek için fazla sayıda katkıda bulunmuştur. Kuzey ve Güney yarıküre arasındaki ilişkiler sömürgecilikten sonra tekrar şekil alırken ideolojik bir evrensellik veya 'insanlığın birliği' gibi fikirler psikiyatrinin teorik evrensellik ihtiyacını tekrar meşrulaştırmıştır (Heaton, 2013, p. 3). İkinci Dünya Savaşı sonrası transkültürel psikiyatri çalışmaları sıklıkla farklı kültür ve kıtalardaki insanların arasında temel, asgari bir düzeyde insanlığı tanımlayan özellikleri tartışmışlardır. Ancak psikiyatri disiplinine içkin bir sosyal veya siyasi analiz pratiği olmadığı için, örnek olarak, ırkçılık veya sömürgecilik gibi pratiklerin artık 'geçmişe ait' olduğuna işaret etmek için kurulmuş eleştirel argümanların tekrar uluslararası alanda hegemonik yere sahip olan, bu 'eski' pratiklerin de temel aldığı düşüncelerin üstüne, yani Avrumerkezciliğin üstüne kurulmuş olduğu tartışılacaktır. Lakin bir 'evrensel insan' figürü modern sosyal ve politik düşünce için hiç de yabancı bir figür değildir ve bu kavramın içeriğine görecelilik katılsa bile temelleri Avrupa Aydınlanması'nın doğrudan sömürgecelik deneyimi içerisinden kurduğu ikiciliklere dayandığı için çokça kez bu 'ideolojik evrensellik' (Antic, 2022) batı dışı konjünktürlerin Oryantalist kavramlar içinde tanımlanmasına yol açabilmiştir.

Bu tez çoğunlukla 2000 sonrası Türkiye'de çevrimiçi arşivlerde ulaşılabilen, içerisinden Türkiye'deki toplumsal sorunlara dair yorum veya analizlerde bulunulmuş psikiyatrik çalışmaları analiz etmektedir. Bu çalışmalarda tartışılan konular arasında az gelişmişlik, Türkiye'deki toplumsal ve ekonomik eşitsizlikler ve Türkiye'nin 'kültürünün' psikiyatriye yaklaşımı nasıl etkilediği bulunmaktadır. Çevrimiçi arşivi erişilebilir olan tüm hakemli psikiyatri dergilerinin (ve psikiyatrik çalışmalar içeren hakemli tıp dergilerini) tüm sayıları taranmıştır ve bu tarama sürecini hızlandırmak açısından kullandığım anahtar kelimeler Ek-A'da (Appendix-A) bulunmaktadır. Anahtar kelimeler yalnızca çalışmaların başlıklarından sosyal anlamlandırmada bulunma ihtimali olan çalışmaları tanıyabilmek için belirlediğim anahtar kelimeler olup, ulaşabilen tüm cilt ve sayılar ayrı ayrı incelenmiş, seçme süreci yalnızca bu kelimelerle sınırlandırılmamıştır. Türk Psikiyatri Derneği ve Türk Sosyal Psikiyatri Derneği'nin fiziksel arşivlerine ulaşmaya çalışılmıştır ancak bu talebe dair bir geri dönüş alınamamıştır. Derlenen ilk kaynak havuzunu 98 çalışma oluşturmuştur. Ancak elde bulunan materyal ilk okumadan geçirildikten sonra herhangi bir toplumsal sorun tartışmayan veya sosyal yorumlama pratiklerinde bulunmayan çalışmalar analizden çıkarılmıştır. Bu elemeden sonra geriye analizde kullanılacak 80 çalışma kalmıştır ve bu çalışmaların listesi de Ek-B'de (Appendix-B) bulunmaktadır. Analiz için toplanan çalışmalar şu konuları toplumsal olarak anlamlandırmıştır: Türkiye'de geleneksel/dini yardım arayışının yaygınlığı, deneyimlerini bedende veya spiritüel olarak anlamlandıran hastalar, 'kültüre özgü' hastalıklar, kırsal veya perifer bölgelerde ruhsal sağlık hizmetlerine erişim, şehirleşmenin ruhsal sağlığa etkisi ve 'psikiyatrik normallik' kavramının kültürel göreceliği.

Psikiyatrinin Türkiye'deki modernleşme söylemleriyle yakın ilişkisi ve Batı'da da endüstriyelleşmenin doğurduğu toplumsal sorunlara cevaben geliştiği gerçeği göz önünde bulundurulursa modern toplumsal tahakkümün kurulmasında etkili olan bir kurum olduğu söylenebilir. Bu tezde psikiyatri içerisinde batı dışı olarak karşımıza çıkan Türkiye konjonktürünün modernleşme teorisinin ön kabulleriyle ve kültürel farklılıkların Avrupa merkezli bir çerçeveden nasıl anlaşıldığı incelenecektir. Avrupa merkezcilik veya Türkiye'ye atfedildiğini tartıştığım Oryantalist anlamlar incelediğim çalışmaları sessizce şekillendirdiğini savunulacaktır. Sessizce şekillendirdiği vurgusu önemli, çünkü zaten çoğu çalışma açıkça yorumlarının modernleşme teorisine veya Avrupa merkezli fikirlere dayandığını belirtmiyor. Ancak disipline içkin bir toplumsal analiz pratiği olmadığı için mevcut olarak hem gündelik hayatta, hem politik alanda, hem de bilimsel ilerlemenin anlaşılmasında baskın olan 'ilerlemecilik,' 'modernleşme' ve 'evrensellik' gibi fikirlerin temelini Avrupa Aydınlanmasından aldığını, bu yüzden de söylemlerinde Avrupa merkezciliğin bulunduğunu savunacağım. Bu analizi gerçekleştirmek için şu araştırma soruları kullanılmıştır: (1) Tutarlı olarak hangi ön kabuller analiz edilen psikiyatrik çalışmalardaki toplumsal sorunlara dair yorumlamaları sessizce düzenlemektedir? (2) Çağdaş toplumsal yaşamı betimlemede kullanılan 'tarihsel zaman' kavramı bu çalışmaların taşıdığı toplumsal değişim süreçlerinin ifade edilmesini nasıl şekillendirmektedir? (3) Batı veya Batı dışı olarak tasavvur edilen 'bütünlükler' Türkiye'nin modern (veya geri kalmış) olarak anlaşılmasına dair analizleri nasıl düzenlemektedir? (4) Çalışmalarda psikiyatristler Türkiye'ye atfedilmiş olabilen Oryantalist anlamlara doğrudan karşı çıkmakta veya eleştirmekte midir? Bunu nasıl yollardan gerçekleştirmekteler? Bu eleştirilerinin teorik etkileri ne yöndedir?

Tezde üç analitik bölüm bulunmaktadır ve bunlar çalışmaların modernliğin şimdiki zamanını veya Türkiye'nin konjonktürünü nasıl anlamlandırdığı üstünden ayrıştırılmıştır. Bu analitik bölümler sırayla şu üç teorik çerçeve üstünden tartışılmıştır: Oryantalizm (2. Bölüm), Oksidantalizm (3. Bölüm) ve Çoklu Modernlikler (4. Bölüm). Önceden de belirtildiği üzere çalışmalar açıkça argümanlarını Oryantalist, Oksidantalist veya çoklu modernlikler çerçeveleri üstünden kurmuyor da olsa bu tezde bu anlatıların psikiyatristlerin ürettiği yorumları sessizce şekillendirmekte olabildiği tartışılmaktadır.

Tezin "Batı Dışını Zihin Üstünden Modernleştirme" (Transforming the Orient Through the Psyche) başlıklı ikinci bölümünde, analiz edilen çalışmalarda Türkiye'nin özel konjonktürü betimlenilirken Oryantalist söylemlerin yinelendiği tartışılmaktadır. Bu bölümde analiz edilen çalışmalar Türkiye'ye veya batı dışına özgü olduğu söylenen toplumsal 'sorunların' tartışılabilmesi için 'gelişmiş ülkelerden' farklılıklarının anlaşılmasını ve çözümlenmesi gerektiğini savunmaktadırlar. Bu batı dışına özgü olarak nitelendirilen sorunlara örnekler geleneksel yardım arayışı, somatizasyon ve psikiyatriye hastalar arasında yeterince güven olmaması gibi konulardır. Ancak analizin başlangıç ve sonuç noktası 'Batı' ve 'Batı dışı kültür' kavramları üstünden oluşturulduğu için Türkiye'nin yalnızca Batı'dan en farklı özellikleri içerisinde teoriye 'görünür' kılınabildiğini, bu yüzden de kendisine atfedilen Oryantalist anlamlarla (böyle bir kasır olmasa bile) özdeştirildiğini savunmaktayım. Tezin bu ikinci bölümün "2.1. İnsanı Psikiyatristleştirmek/Moderleştirmek" (2.1. Psychiatritizing/Modernizing Men) kısmında 'bireysel modernleşme' (Inkeles 1969; Kağıtçıbaşı 1973) literatüründen yararlanarak analiz edilen psikiyatrik çalışmaların toplumsal sorunları nasıl modernleşme beklentileri üstünden okuduğu tartışılmaktadır. Modernleşme

hedefi neredeyse hiçbir çalışma tarafından açıkça ortaya atılmasa da hepsi modernleşmenin aşamaları üstünden Türkiye'deki toplumsal sorunları tartışmaktadır. Bu tarz bir nedenselliğe bir örnek, eğitim seviyesi ile psikiyatrik yardım arama arasında doğrudan nedensel bağlantılar sıklıkla kurulmuş olmasıdır. Bu argümanlarda kişinin aldığı eğitimin içeriği değil, modern eğitim süreçlerinden geçmiş olması psikiyatri gibi modern bir otoriteye güvenmesi ve onun metotlarıyla iyileşmesini daha olası kılmaktadır. Bu anlamda 'tarihsel zaman' çalışmaları incelenen psikiyatristlerin toplumsal yorumları için oldukça önemlidir çünkü bu örnekte de olduğu gibi iki toplumsal olgu arasında ancak aynı toplumsal zamana ait olduğu savunulabilirse doğrudan olarak bağlantı kurulabilmektedir. Mesela çalışmaların önemli bir kısmında daha az eğitimli ve 'kapalı toplumlarda' geleneksel yardım arayışına sık rastlanılması kendine içkin olarak anlamlı bir ilişki olarak görülmektedir. Bu çalışmalarca modernleşebilecek kadar açık bir sosyal oluşuma sahip olmayan kırsal ve perifer alanlar sıklıkla 'modernlik öncesine' atfedilen anlamlarla (ör. ruhsal sıkıntıyı bedenselleştirmek, yardım için hoca gibi kişilere başvurmak, vb.) betimlenilmiş, psikiyatrik yardım arama davranışında bulunmak tutarlı olarak bireysel modernleşmeyi sağlamış bireylerin davranışı olarak tartışılmıştır.

Tezin ikinci bölümünün "3.3. Yetersiz Uygarlığın Huzursuzluğu" (3.3. Not-enough-civilization and its discontents) başlıklı kısmında geleneksel ve modernlik öncesi olarak anlaşılan davranışların çalışmalar içinde patolijize edildiği tartışılmaktadır. Buna örnek olarak ruhsal sıkıntıya geleneksel yardım arama davranışıyla cevap veren kişilerin özgüveninin düşük veya psikotik olduğu ve 'otistik toplumların' bir ürünü olduğunu öne süren çalışmalar analiz edilmiştir. Buna ek olarak Türkiye veya diğer Batı dışı toplumların çağı yakalayamadığını düşündürecek sebeplerden dolayı kronik

bir mutsuzluğa hapsolduğunu öne süren çalışmalar incelenmiştir. Bu bölümün "2.4. Oryantal Olanın Bedenleşmiş Hali Olarak Kadın" (2.4. Woman as the Oriental embodied) kısmında da toplumsal sorunlar tartışıldığı zaman batı dışındaki kadınların tutarlı olarak modernleşme kaygıları içerisinden betimlendiğini öne sürmekteyim. Kadın haklarının statüsünü modernleşme süreçleriyle eşleştiren söylemlerin temelleri erken Cumhuriyet Döneminde oluşturulmuştur. Bu dönemde üretilen ve Türkiye Cumhuriyeti'nin modernleşme sürecindeki konumunu temsil eden Cumhuriyet Kadını simgesinin uluslararası tartışmalarda batı dışındaki kadınların nasıl betimlendiği üstünden şekillendiği tartışılmıştır.

Tezin "Oryantalizmi Tepe Taklak Edip Oksidantalizmler Oluşturmak" (Inverting Orientalism to Produce Occidentalisms) isimli üçüncü bölümünde bu sefer analiz edilen çalışmalarda Batı'nın özselleştirilmiş imgeler olarak betimlendiği söylemler incelenmektedir. Ancak bu bölümde Batı'nın özselleştirilmiş anlatıları Oryantalizmden apayrı bir mesele olarak ele alınmamaktadır. Sonuçta Batı'ya atfedilen bilimsellik, modernlik, mantıksallık gibi özellikler tam da batı dışını Oksidantal olanın zıttı olarak Oryantalist imgeler üstünden kurulmasına bağlıdır. Ancak bu bölümde yaygın anlamıyla Oryantalizm içinde olumlu değerlerin atfedildiği bir Batı imgesini değil, Oryantalizmin tepe taklak edilmesiyle oluşturulmuş Oksidantalizmler tartışılmaktadır. İncelenen psikiyatrik çalışmalar Batı'da medeniyeti simgeleyen bilimsel bilginin özelleşmesi, şehirleşme, gündelik yaşantının mantıksallaşması gibi gelişmelere atfedilen olumlu değerleri tersine çevirerek bu olguların tam da ruhsal sorunları yaratan faktörler olduklarını öne sürmektedir. Ancak bu tartışmalar yine batı dışını aşılmak istenilen Oryantalist temsil alanından çıkaramadığı tartışılacaktır. Bunun sebebi kurulan Oksidantalist argümanlar Batı'ya

atfedilen gelişmelerin (bu gelişmeler olumsuz bile yorumlanıyor olsa, Oryantalizmde de kurulan Batı imgesinin özellikleriyle aynıdır) temellerinin dayandığı teorik ön kabulleri incelemektense yalnızca 'kötü' özelliklerin bu sefer Batı'ya atfedildiği temsiller oluşturmaktadırlar. Şehirleşme, bilginin 'aşırı özelleşmesi' gibi modernliğin stresli ve zorlayıcı gelişmeleri olarak ele alınan gelişmeler aynı temsil alanı içerisinde aslında batı dışını da modernlik öncesi romantikleştirilmiş bir öze hapsetmektedir. Şehirlerin karmaşık sosyal örtüsü, aşırı bireyselleşme ve genel haliyle uyaranların fazlaca olduğu ortamlar ruhsal sıkıntıları yaratabilecek kadar komplike olgular olarak betimlenirken, çalışmalar yer yer 'geleneksel kültürlerin' daha sağlıklı olduğunu öne sürmüşlerdir. Oryantalizmi tepe taklak ederek olumsuz değer yargıları Batı'ya atfeden çalışmalar aslında Batı'yı tekrar evrimsel düşüncenin temelini oluşturan 'sosyal farklılaşma' temeli üstünden anlamlandırmış, Batı'nın daha ileri bir tarihsel zamanda (modernlik) bulunduğu, batı dışınınsa romantik bir modernlik öncesi bir zamanda olduğu anlatılar oluşturmuşlardır.

Oksidantalizmi tartıştığım bu üçüncü bölümde aslında her Oksidantalizmin daima bir Oryantalizm, her Oryantalizmin de bir Oksidantalizm olduğunu savunmaktayım. Batı'ya dair anlatılar neredeyse her zaman tam karşıtı olan bir batı dışılık üstünden kurulmaktadır. Mesela Batı kültürlerinde kişiler bireyselleştiyse batı dışına dair anlatılar bireyselleğin sallantılı veya hiç tam anlamıyla var olmaması üstünden kurulmuştur. Mesela, Şizofreninin belirgin bir patolojik deneyim olduğunu savunabilmek için bir toplumun sanayileşmiş olması gerektiğini öne süren bir çalışma aslında bazı geleneksel toplumlar için şizofreninin ruhsal bir rahatsızlık olmayabileceğini de tartışmaktadır. Bu çalışmada Batı'da bireyin kendine özgü bir yaşam öyküsü olan ve kendilik sınırları başkalarından kesin olarak ayrışmış olan bir

olgu olduğu söylenirken geleneksel toplumlarda kendiliğin daha toplum-odaklı ve sınırlarının 'geçirgen' olduğu tartışılmıştır. Batı'da şizofreni kişinin tanımadığı kişilerin sesleri sanrılarını oluştururken, bu yazarlara göre batı dışında şizofreni benzeri semptomlar deneyimlenenlerin sanrıları kişinin tanıdığı kişilere ait seslerden oluşmaktadır ve bu yüzden olumsuz bir deneyim olarak deneyimlenmeme ihtimali vardır. Ancak şizofreninin patoloji olarak anlaşılabilmesi için metakognisyon (kişinin kendi bilişsel süreçleri üstüne düşünmesi becerisinin) yetişkin kimselerde gelişmiş olmasının bekleniyor olması gerekmektedir. Batı dışında şizofreniyi olumlu bir deneyim olarak okumanın istenmeyen sonuçları belki de batı dışında zihinsel temsil becerisi olmayan 'geri kalmış yerli' imgesinin ve bunun temelleri olan Oryantalist anlamların tekrar üretilmesi olabilir.

Tezin üçüncü bölümünde son olarak tartışılan konu ise incelenen çalışmaların Batı'ya atfedilen 'ayrıklılığına' karşı çıkmasıdır. Oryantalist (ve tabii ki bununla bağlantılı olarak Oksidantalist) düşüncenin en merkezi yapı taşı Batı'nın ve Doğu'nun birbirinden tamamen ve kesin olarak ayrıştırılması ve bu toplumların okunmasının tümüyle birbirilerine olan farklılıkları üstünden yapılmasıdır. Batı'nın ilerici, çağdaş ve modern olması ancak batı dışının bu gelişmelerin gerisinde olduğu düşüncesi üstünden temellendirilmiştir. Bu teorik çerçeve içerisinde Batı'ya ayrık bir yer tanınır, dünyadaki tüm medeniyetlerdeki gelişmelerden ayrı duran, sanayi devriminden beri kendine özgü bir zamansal sıçrama yaratmış bir uygarlık olarak görülmektedir. Analiz edilen psikiyatrik çalışmalar içerisinden bu ayrıklılığı eleştirenler de "3.3. Batı, Sıradan Batı" (3.3. The West, The Mundane) başlıklı üçüncü kısımda incelenmiştir. Batı'nın ileriliğine karşı çıkan argümanlar üretilmiş olsa da bu çalışmalar yine de Batı'nın gelişmelerinin dünyanın geri kalanından çok da farklı olmadığını öne atarken,

‘ayrık’ olmakta başarısız olduğu durumlarda dahi Batı’nın uygarlık düzeyinde bir standarda işaret ettiğini gösteren argümanlar bulunmaktadır.

Çoklu modernlik fikirleriyle paralel tartışmalar yürüten psikiatrik çalışmalarının incelendiği “Ruhları, Dini ve Büyüyü Modern Görmek” (Spirits, Religion, Magic as Modern) başlıklı dördüncü bölümde kültürel göreciliği ön plana çıkaran psikiyatrik çalışmaların Türkiye konjonktürünü nasıl anlamlandırdığı tartışılmaktadır. Bu bölümde incelenen çalışmalar belki de Batı psikiyatri tarihinin sömürgecelik ve ırkçılıkla ilgili bağlantılarını en doğrudan tanıyan çalışmalardan olup, aynı zamanda batı dışı toplumları anlamlandırmada şimdiye kadar kullanılmış Oryantalist çerçeveleri sorguya çekmektedirler. Buradaki çalışmalar psikiyatrik normallik kavramlarını sorunsallaştırarak başka (yani norm olan Batı’nın dışındaki) toplumlardaki kültürel anlamlar ve pratikler üstünden farklı normallik anlayışları oluşturulabileceğine dair argümanlar kurmaktadırlar. Ancak bu bölümde benim savunacağım düşünce ise önemli bazı sorgulamalara yer açsa da transkültürel psikiyatrinin argümanlarını kullanan bu çalışmaların yine de psikiyatrinin kültürel nötr tabanı olarak Batı’yı kabul etmektedir. Ancak önceki bölümlerde incelenen çalışmalarda Batı ve batı dışına atfedilen değer yargıları daha belirgin iken bu bölümdeki çalışmalar ciddi bir kültürel görecelik oluşturmaktadır. Bu Avrupa merkezci fikirlere karşı konum almak için yapılsa da aslında Batı olarak tasavvur edilen devletlerin dünyanın geri kalanına dair temsil pratiklerinin, modernleşme teorisinin zeminin hala argümanlarını şekillendirmekte olduğunu tanıması zorlaşmaktadır. Çoklu modernliklerin (ve bununla bağlantılı olarak çok kültürlü bir psikiyatrik normalliğin) olabileceğine dair bir görüntü oluşturan bu çalışmalar mevcut teorik zemine dokunmadan yalnızca eleştirdikleri bilginin içeriğini

sorgulamaktadırlar. Bunun da Bhambra'nın (2007) çoklu modernlikler teorilerinde de yapıldığını öne sürdüğü gibi aslında Batı kültürleri olarak tasavvur edilenlerin daha da Batı imgeleri üstünden özselleştiği, Doğu toplumları olarak adlandırılanların daha da Oryantalist çerçevelerce resmedilmesine alan tanıdığını söylenebilir. Ruh sağlığının anlaşılmasında seküler, medikalleşmiş ve mantıksallık üstüne inşa edilen bir insan kavramı üstüne oturan psikiyatrik kavram ve müdahaleler normatif olmaya devam etmesine rağmen batı dışı toplumlar için büyünün, ruhlarla iletişimin ve dinin ruh sağlığının anlaşılması ve iyileştirilmesinde faydalı olabileceğini tartışmak mevcut Doğu-Batı kategorilerinin neden sürekli olarak bu özelliklerle bağdaştırıldığını sorgulamaz. Oryantalist bakış açısından tek farkı belki de Doğu olarak tasavvur edilenin modern kurumların dışında kalmasının bir 'geri kalmışlık' değil, aslında onun kültürüyle ilgili olduğunu savunmasıdır. Ancak 'Doğu kültürlerinin' ruhlarla, dinle veya büyüyle özdeşleştirilmesi Oryantalizme pek de yabancı olmayan bir Doğu özcülüğünün bir tekrarı olarak anlaşılmalıdır. Çoklu modernlikler ve transkültürel psikiyatrinin teorilerinde evrimsel bir tarih anlayışı yeniden üretilmiştir, belki şimdi yalnızca 'geleneksel' kültürleri tanımlamada kullanılan kelimeler daha nötr değer yargılarına işaret etmektedir.

Dördüncü bölümün "4.2. Kültürel Olarak Nötr olan Batı'ya Karşı Kültürel Olarak Zengin Doğu" (4.2. The Culture-Rich Orient Against the Culture-Nuetral West) başlıklı ikinci kısmında transkültürel psikiyatride 'kültürel' olarak adlandırılanın batı dışı kültürler olduğu tartışılmıştır. Hala Batı ve Doğu arasındaki keskin çizgi sorgulanmadığı için ve Batı'nın bilimin kültür-dışı (veya kültür-aşırı) normatifliğini oluşturması sorgulanmayan bir zemin olarak incelenen çalışmalarda mevcudiyetini korumuştur. Aslında transkültürel psikiyatrinin argümanlarından yararlanan

çalışmalar Oryantalizm bölümünde de öne sürüldüğü şekilde Türkiye yalnızca Batı'dan farkıyla 'görünür' kılınabilir. Yalnızca bu sefer Türkiye'yi tanımlamakta kullanılan kavram belki 'geri kalmışlık' değil de 'kültürel zenginliktir.' Bu bölümde son olarak transkültürel psikiyatrinin argümanlarını taşıyan analiz metinlerindeki kültürleri kendi özgünlükleriyle tanımlamak gerekliliğine dair argümanlar incelenmiştir. Burada da psikiyatride 'ihmal edildiği' iddia edilen kültürler batı dışı kültürler olmuştur ancak dışarıda bırakıldığı ve anlaşılması gerektiği tartışılan kültürel ögeler de bu kültürlerin 'egzotikliğine' dair fikirlerini pekiştirecek şekilde özdeşleştirmeler barındırmaktadır. Çalışmalarda Doğu kültürlerinde 'normal' olduğu tartışılan ögelerden örnek verilecek olursa bunlar ölülerle konuşmak (Sayar, 1998) ve şamanlarınkine benzer psikotik özellikleri sıklıkla sergilemek (Çobanoğlu ve Baskak, 2014) gibidir. Avrupa merkezcilik buna benzer pratikleri çağ dışı veya mantık dışı olarak tanımlayarak Batı'nın tarihsel zamanda daha ileri bir medeniyet oluşturduğunu temellendirir ve Sayar ve Çobanoğlu ve Baskak'ın argümanları muhtemelen bu tutumu eleştirmektedir. Ancak Doğu'nun ve Batı'nın kesin olarak ayrıştırılmasının teorik ve tarihsel sebeplerini sorgulamak analiz alanının dışında kaldığı için çalışmalar yine Oryantalist anlamları üretmektedir denebilir.

Bu çalışmada psikiyatrik gerçekliğin, onun kavramlarının veya Türkiye özelinde batı dışın konjonktürünü nasıl anlamlandırdığının 'gerçekliği' veya olası bir 'hatalı temsiline' odaklanılmamıştır. Bunlardan ziyade neyin gerçeklik etkisi ürettiği, ne tür anlatıların psikiyatrik yayınlar arasında kurumsallaşmış olabileceği sorgulanmıştır. İncelenen çalışmalarda gerçeklik etkisi taşıyan, hemen hemen herkesin rahatlıkla 'gerçek' olduğunu algılayabileceği, Türkiye'nin Batı'dan (veya 'gelişmiş ülkelerden)

farkı üstüne oturan söylemlerin temelleri ve incelenen çalışmalarda kurulan argümanlara etkisi sorgulanmıştır.

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