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Formations of Sexual Orientation Based Identity Narratives in Turkish Mental Health Literature: A Discourse Analysis

Barış Bilgit
116611050

Advisor: Assoc. Prof. Levent Küey

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Formations of Sexual Orientation Based Identity Narratives in Turkish Mental Health Literature: Discourse Analysis

Türkçe Ruh Sağlığı Yazınında Cinsel Yönelim Temelli Kimlik Anlatılarının Oluşumları: Söylem Analizi

Barış Bilgit

116611050

Tez Danışmanı: Doç. Dr. Levent Küey - İstanbul Bilgi Üniversitesi

(İmza)

Jüri Üyesi: Prof. Dr. Arus Yumul - İstanbul Bilgi Üniversitesi

(İmza)

Jüri Üyesi: Doç. Dr. Özlem Danacı Yüce - Galatasaray Üniversitesi

(İmza)

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TABLE OF CONTENTS

Abstract

People with all kinds of sexual behavior patterns, including people who are identified as heterosexuals, have been suffering a great deal because of the normative sexuality dictated by the authoritarian discourse. However, particularly in the last century, there has been a major problematisation going on towards the issue especially within the social science, medical and legal fields. This dissertation specifically focuses on the course of change in mental health discourses written in Turkish Language in terms of sexual orientation based identity narrative formations. The dissertation tries to reveal the elusiveness of patriarchal discursive formations structured, and interrelations connected within and among texts. Through a review of several critical texts in Turkish and English, other discursive formations within and outside the discipline are also demonstrated. These are actualised through the discourse analysis of five printed and five online texts which are relevant within the mental health literature. The research indicates that although there is a problematic history of sexual orientation based discourses in medicine, there is also an accelerating development in human rights based approaches within the field.

Keywords: sexual orientation; gender identity; discourse analysis; mental health; identity narratives

Özet

Her türlü cinsel davranış modelinden insanlar, heteroseksüeller de dahil olmak üzere, otoriter söylem tarafından dikte edilen normatif cinsellik kalıpları nedeniyle ciddi problemler yaşamaktadır. Ancak son yüz yılda özellikle sosyal bilimler, tıp ve hukuk alanlarında bu problemlere yönelik artan bir hızda eleştirel yaklaşımların gelişimi söz konusudur. Bu tez özellikle Türkçe dilinde yazılmış ruh sağlığı literatüründe cinsel yönelim temelli kimlik anlatılarının oluşumuna odaklanmaktadır. Bu tez ataerkil söylem mekanizmalarının ve metinlerarası ilişkilerinin kaypak yapısını açığa çıkarmayı hedefler. Türkçe ve İngilizce dillerinde yazılmış bu konuya dair ruh sağlığı alanının içinden ve dışından alternatif bakış açılarına da yer verilmektedir. Yöntem olarak, Türkçe dilinde ruh sağlığı uzmanları tarafından kaleme alınmış ve bahsi geçen konu üzerinde duran beş adet e-kaynak ve beş adet basılı kaynak olmak üzere 10 metnin eleştirel söylem analizi yapılmaktadır. Yapılan araştırma göstermektedir ki tıp tarihinde konuya dair bilimsellikten uzak yaklaşımlar görülmesine karşın, insan hakları temelli bilimsel yaklaşımlar tıbbi literatürde gittikçe artan bir hızda merkezi bir yer almaktadır.

Anahtar Kelimeler: cinsel yönelim; toplumsal cinsiyet; söylem analizi; ruh sağlığı; kimlik anlatıları

Introduction

1. A Retrospective Review of Sexual Orientation Based Discourses

Language is the core medium of all cultures. Therefore it appears as a very practical material for research in cultural discourse. When one compares the known languages of the world, it emerges that many Indo-European languages except Armenian and Persian have either grammatical gender and gendered pronouns as in the cases of German, French or Greek, or solely gendered pronouns as in English or Danish.[1] On the other hand, for example Turkish doesn't have any gendered pronoun, and that causes no functional problem. In case of Mandarin Chinese, originally there is a gender-neutral third pronoun, which is practically maintained in contemporary spoken language; however, interestingly some postcolonial reformations reviewed the written language in favor of a gendered third pronoun usage.[2] However, which conditions may cause for such a variance in the linguistic role and function of gender?

Moreover, both the aesthetic attributions and the moral attributions in linguistic expressions, are classifications of cultural interests. The better looking, the worse behavior, the best picture, the worst action, the good something and the bad… it goes on. What about the etymologies of the frequent concepts in the previous phrases? The word "bad", which belongs to Contemporary English language, has its roots in the Old English profane word *bæddel* which means "effeminate men, hermaphrodite, pederast" probably related to *bædan* "to defile."[3] The "good", on the other hand, possibly comes from "beneficial," "fitting,

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[1] Marlis Hellinger and Hadumod Bussmann, *Gender across languages: the linguistic representation of women and men* vol. I (Benjamins, 2001)

[2] Charles Ettner, "In Chinese, men and women are equal -or- women and men are equal?" *Gender across languages: the linguistic representation of women and men* vol. II, Ed. by Marlis Hellinger and Hadumod Bussmann (Benjamins, 2002)

[3] "Bad," Online Etymology Dictionary, accessed in 10 June, 2017, http://www.etymonline.com/index.php?term=bad.

suitable," or "a pleasing time" in some of the Northern European Languages.[4] If we take "a pleasing time" into consideration, which corresponds to Old Slavonic word "godu",[5] we are facing a vague concept because "the pleasing time" is for whom is not clear.

Supposing the etymological relations inferred above are correct, among all the potential concepts that could have been perceived as "inferior in quality", what makes the man who lacks normative heterosexuality the representative of negativity? Before questioning further, since language has a culture specific context, it is necessary to investigate the existence of similar semantic links in other languages. According to Online Etymology Dictionary, the "bad" word comes from different words like ugly, weak or faithless in different languages,[6] which indicates to different cultures with different norms and values. There could be also changes in the meanings throughout the time within the same culture. This means that there is a very elusive ground for negative perception in semantics.

If we get back to the previous matter, Michel Foucault draws a linkage between the historical problematisation (in which there is a range from sexual prejudice to criminalisation; and lately to the medicalisation of homosexuality) and the emerging imperial desires, initially along with the city culture in Ancient Greece and Rome, later more evidently in Eastern Roman Empire (Justinian Code), developing in Medieval Europe, shapeshifting in the Enlightenment Era (18th century), and spreading around in the Victorian Age (19th century).[7] Series of technologies of sex regulated by the doctrines of certain philosophers,

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4 "Good," Online Etymology Dictionary, accessed in 10 June, 2017, http://www.etymonline.com/index.php?term=good&allowed_in_frame=0.

5 "Good," Online Etymology Dictionary.

6 "Bad," Online Etymology Dictionary, accessed in 10 June, 2017, http://www.etymonline.com/index.php?term=bad.

7 Michel Foucault, "We, the other Victorians," *The history of sexuality vol.1: The will to knowledge* (Pantheon, 1978), 1-14.

politicians, medical and legal practitioners have been dominating the identity politics through exclusions and sanctions.

In the last century, new phenomena namely psychiatry, psychology and psychoanalysis within the mental health research have emerged as dominant voices. Each developed their own ways of methodology and focused on different aspects of mental health problems. They described these "problems", classified them, and sometimes declassified them. This course of problematisation did not always follow the new scientific evidences, but sometimes the discourses of power relations and emerging power groups. In particularly, the spectrum left outside the normative sexuality has gone through troubled processes under these circumstances. However, even by pathologising at first, the sexual variance was recognised after repressive ages of unrecognition, denial and penalty. The biopolitical discourse, sparked by the enlightenment ideal and applied by the instrumental reason driven medical and legal practitioners, initially invented the term "homosexuality" in the late nineteenth century Germany, precisely in 1869.[8] There also contextually appeared a norm that has been taken for granted which had remained unnamed: "heterosexuality." These formulations assumed or/and assigned the restricted and non-fluid frames of sexual identities while not considering the affective/romantic scales of human individuals and interpersonal dynamics.

In terms of recognising or naturalising the "sexual minorities," which is a problematic term since it is hard to estimate the ratio regarding the fact that under the repressive circumstances which percentage of people can have free statements and practices, there have been three major breaking points in the last century. Initially, the influential founder of psychoanalytic theory, Sigmund Freud's statements on the case was certainly tolerating compared to his peers. He refused the innateness of heterosexuality and homosexuality, and postulated a

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[8] Robert Beachy, "The German invention of homosexuality," *The Journal of Modern History* 82.4 (2010): 801-38, doi:10.1086/656077.

fundamental bisexual capacity in people.[9] However, he also deemed heterosexuality as the normal outcome of psychosexual development stages. One encounters a reassuring letter to a worried mother of a "homosexual" written by Freud uttering such words:

"Homosexuality is assuredly no advantage, but it is nothing to be ashamed of, no vice, no degradation, it cannot be classified as an illness; we consider it to be a variation of the sexual function produced by a certain arrest of sexual development."[10]

Although Freud considered the situation as not pathological, the in-command psychiatric discourse until 1970's classified homosexuality as an illness; it confined the subjects in institutions; and it applied outrageous treatment methods that never worked, such as aversive conditioning technique in which subjects were given electroshock whenever they were displayed an homoerotic image.[11] Second milestone was the steps taken which depathologised homosexuality from mental illness category: in 1973 by APA[12]; following declassification within DSM-III in 1980[13]; and from ICD-10 in 1990.[14] Third phase was the legal steps taken in the last 20 years including anti-discrimination and marriage equality laws. Especially United Nations' act on investigating

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[9] Sigmund Freud, *Three essays on the theory of sexuality,* (Basic Books, 1962), 6-12, original work published in 1905.

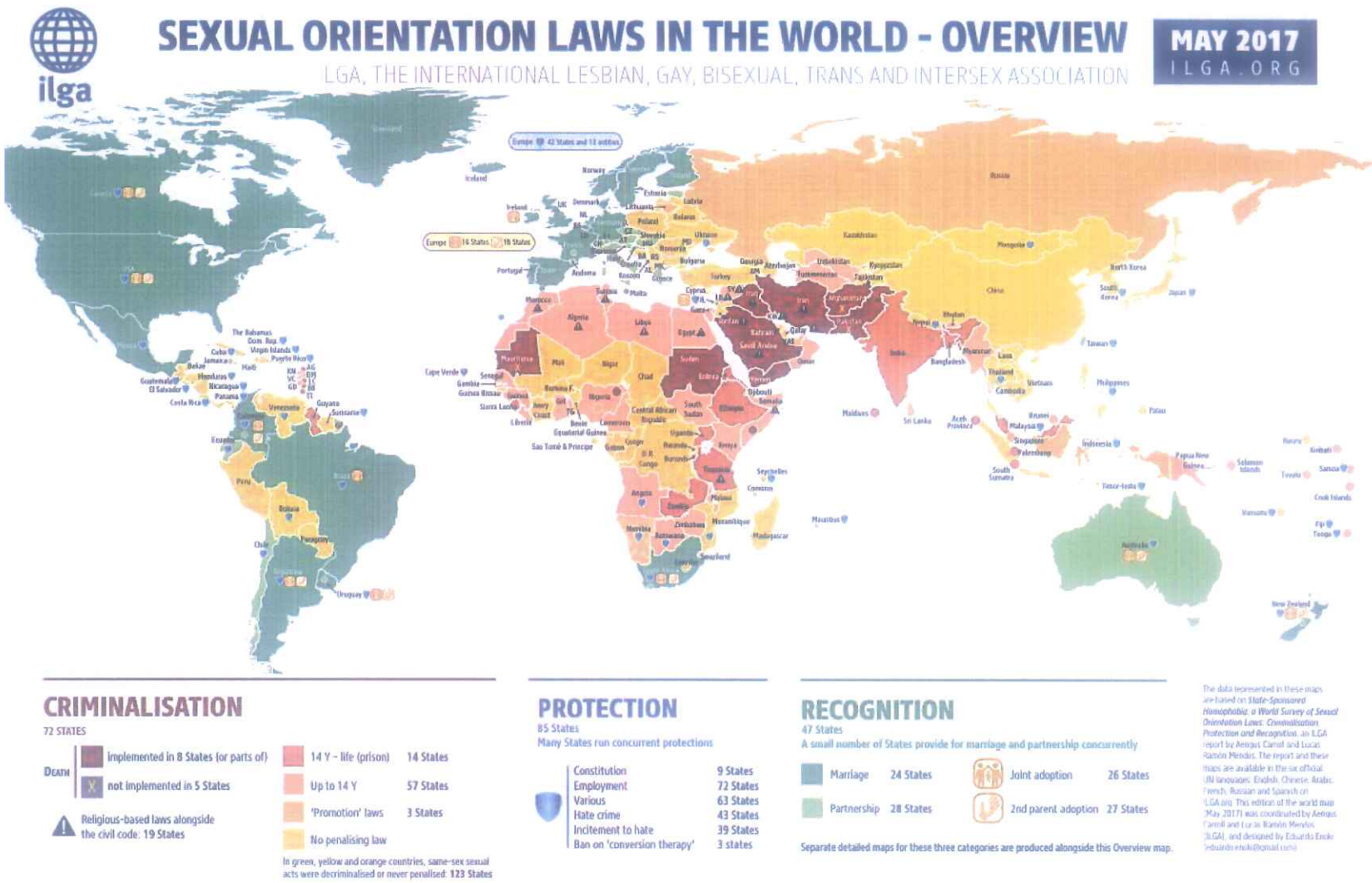
[10] Sigmund Freud, "Historical notes: A letter from Freud," *The American Journal of Psychiatry* 107.10 (1951), 786-87.

[11] Douglas C. Haldeman, "Sexual orientation conversion therapy for gay men and lesbians: A scientific examination," in John Gonsiorek and James Weinrich, *Homosexuality: Research Implications for Public Policy*, (Sage, 1991): 149-60.

[12] Jack Drescher, "Out of DSM: Depathologizing homosexuality," Ed. Carol North and Alina Suris, *Behavioral Sciences* 5.4 (2015): 565–575.

[13] American Psychiatric Association, *Diagnostic and statistical manual of mental disorders (3rd edition)* (APA, 1980).

[14] World Health Organization, *The ICD-10 classification of mental and behavioural disorders: clinical descriptions and diagnostic guidelines* (World Health Organization, 1990).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SEXUAL ORIENTATION LAWS IN THE WORLD - OVERVIEW
LGA, THE INTERNATIONAL LESBIAN, GAY, BISEXUAL, TRANS AND INTERSEX ASSOCIATION
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CRIMINALISATION
72 STATES
DEATH
implemented in 8 States (or parts of)
not implemented in 5 States
Religious-based laws alongside the civil code: 19 States
14 Y - life (prison) 14 States
Up to 14 Y 57 States
'Promotion' laws 3 States
No penalising law
In green, yellow and orange countries, same-sex sexual acts were decriminalised or never penalised: 123 States
PROTECTION
85 States
Many States run concurrent protections
Constitution 9 States
Employment 72 States
Various 63 States
Hate crime 43 States
Incitement to hate 39 States
Ban on 'conversion therapy' 3 states
RECOGNITION
47 States
A small number of States provide for marriage and partnership concurrently
Marriage 24 States
Partnership 28 States
Joint adoption 26 States
2nd parent adoption 27 States
Separate detailed maps for these three categories are produced alongside this Overview map.
The data represented in these maps are based on State-Sponsored Homophobia, a World Survey of Sexual Orientation Laws: Criminalisation, Protection and Recognition, an ILGA report by Aengus Carroll and Lucas Ramón Mendos. The report and these maps are available in the six official UN languages: English, Chinese, Arabic, French, Russian and Spanish on ILGA.org. This edition of the world map (May 2017) was coordinated by Aengus Carroll and Lucas Ramón Mendos (ILGA), and designed by Eduardo Enoki (eduardo.enoki@gmail.com)

Map A

"discriminatory laws and practices and acts of violence against individuals based on their sexual orientation and gender identity"[15] in 2011 was historically significant.

Today, as we can observe through the map given on the next page[16], there is a schism in the world of regulations in terms of considering homosexuality as a sexual variation or a sexual offense. Generally speaking, the Middle East, Northern Africa and some countries in Asia are listed among those where homosexuality is considered as an offense. On the other hand, in case of transsexuality, there is an unusual exception in Iran permitted by Khomeini's fatwa.[17] Whereas the same country sentences homosexual acts severely, most especially the "passive" side of a sexual encounter between two males: by death penalty.[18] However, after the law regulation in 2013, the "active" side of a male homosexual encounter may or may not be sentenced by death in any case; female homosexual encounter is subject to 100 lashes.[19] The sanctification of maleness, the cost of "betraying" that, and the penal discount in case where the penis is absent are exclaiming extreme patriarchal despotism throughout the discourse. With reference to those, the relativity of approaches among discursive categories perceived as monolithic demonstrates the elusiveness of authoritarian discourse. In our case, Turkey does not criminalise homosexuality or transsexuality since the Ottoman reformation in 1858.

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15 "UN Report," accessed in 28 May, 2017, http://arc-international.net/wp-content/uploads/2011/08/HRC-Res-17-191.pdf.

16 Aengus Carroll, "Sexual Orientation Laws In the World - Overview," *State Sponsored Homophobia* 11 (ILGA, 2016): 190.

17 Sahar Bluck, "Transsexuality in Iran: A fatwa for freedom?" in *LGBT transnational identity and the media* ed. by Christopher Pullen (Palgrave Macmillan UK, 2012): 59-66.

18 "Homosexuality in Iranian Criminal Law," accessed in 29 May, 2017, http://www.ishr.org/countries/islamic-republic-of-iran/homophobia/homosexuality-in-iranian-criminal-law/.

19 "Homosexuality in Iranian Criminal Law."

In the specific case of mental health practice in Turkish Republic, one encounters certain names and texts that include sexual orientation as the subject matter, with observable connections to the international discourses. The influence starts with a student of Freud, İzzeddin Şadan, who has written on the case and its relation with cultures, in Turkish language. Influenced by Freud's anthropological tendencies, he considers male homosexuality in the context of "Turkishness" and its history. He asserts that shamanic ages of Turkish culture was matriarchal and therefore homosexuality had been prevalent.[20] After the Islamification of Turkish, since Islamic culture is patriarchal, the prevalence disappears, he argues.[21] It is interesting to observe that homosexuality in the previous discourse is directly linked to primitiveness and feminine attributes. Accordingly, primitiveness and femininity are also considered concurrent and degraded by the latter. Also the fact that homosexuality was less visible (in stereotypical terms) or less publically acknowledged doesn't mean that it was less prevalent in the Islamic ages of Turkish culture.

It is rather interesting to observe that another predominant figure from the first stages of psychiatry in Turkey, Mazhar Osman Uzman (the founder of Bakırköy Mental Health Hospital - the first modern mental health institute in Istanbul) had been very interested in sexual "deviations" in his practice and lectures. His opinion for homosexuals was not very different from his view on alcoholics.[22] The addiction simile for homosexuality allows us to comment on the reliability of the argument, since addiction is a thoroughly defined medical concept. According to this argument, if homosexuality has the same nature with addiction, it should have been causing functional problems through consistently increasing need for the substance. However, any observation would prove that

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[20] İzzeddin Şadan, *Birsam-ı Saadet* (Sinan, 1943).

[21] Ibid. (1943).

[22] Liz Behmoaras, *Mazhar Osman: Kapalı Kutudaki Fırtına* (Remzi, 2001): 373.

wrong in the context of same-sex orientation since there is neither the functional problem nor the substance abuse. Therefore, that discourse is falsified by another discourse within the very same discipline.

Another statement was given by a student of Mazhar Osman Uzman: Ayhan Songar, who is the founder of Psychiatry Department of Istanbul University Cerrahpaşa Medical School. Songar textually examines sexual pathology again with a historical context where he criticises the homoerotic poetry written in Ottoman period.[23] He concludes with a generalisation of male homosexuality as a form of deviation. However, it should be considered that the above-mentioned three psychiatrists belong to the pre-declassifiaction period and their zeitgeist on the subject was concurrent. Nevertheless, some of the post-declassification period mental health practitioners who had written on the subject in Turkish language are not significantly different from their predecessors in terms of the discourse.

After the total declassification of homosexuality within DSM in 1980, historically speaking, first the popularity of encyclopedias that got into many households, then the epoch-making internet accessing personal computers dramatically changed the level of information access. This rapid and sudden increase of information exchange and accessibility has affected the production and reception of mental health texts as well. There is still some available textual data written by publicly recognised contemporary mental health practitioners considering homosexuality as a treatable illness. The aim of this dissertation is to search the main patterns of the power structures within and among the discourses of selected texts which claim medical arguments. However, before going into analysing in detail, the main concepts regarding the issue, namely subjectivity, identity and orientation will be problematised in the following chapters.

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[23] Ayhan Songar, "Seksüel Patoloji," *Psikiyatri* (Serhat, 1971): 400.

2. Problematisation of Subjectivity

We are constantly subjected as male or female, heterosexual or homosexual, sexually active or passive, adult or child; and all these categories seem to derive from the sectionalities of sexuality. Yet how does a sexual subject emerge really? Is it just based on a natural and perpetual phenomenon, or is it a taken for granted social construction? Subject is linguistically rooted from the Latin word "subiectus" which literally means "lying beneath."[24] Throughout history, it has been used as a notion which appears to have two different meanings in function. The well-known one refers to the linguistic concept of subject which requires a verb to make a complete grammatical sentence, and often used with a variety of adjectives. However, chronologically that is not the first one to emerge. The relative word "suget" stands for "person under control or dominion of another" in the 14th century French.[25] The grammatical sense of the word was recorded in the late 16th century: "person or thing regarded as recipient of action, one that may be acted upon."[26]

Accordingly, all grammatical subjects are under the control of something above; and that appears to be language, or as Saussure would specify: "langue."[27] In other words, as Phillips quotes:

"Language is not something the human subject merely uses (as is often asserted), but rather, the human subject is something made possible by language."[28]

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[24] "Subject," Online Latin-English Dictionary, accessed in 1 May, 2018, https://glosbe.com/la/en/subiectus.

[25] "Subject," Online Etymology Dictionary, accessed in 1 May, 2018, https://www.etymonline.com/word/subject.

[26] "Subject," Online Etymology Dictionary.

[27] Ferdinand de Saussure, *Course in general linguistics* 3rd ed., R. Harris, Trans. (Chicago: Open Court Publishing Company, 1986), (Original work published in 1915).

[28] John Phillips, "Langue and Parole," *The Literary Encyclopedia* (2005): 4.

Human beings often distinguish themselves from other living creatures through this refined communication device called language. However, some people do not only distinguish but separate the developmental link among living creatures by assuming that animals or plants do not possess communication strategies, which is not the case especially in the biochemical sense. Human language is phylogenetically articulated on the roots of those strategies. Another problematic distinction which we will focus further on is not made between humans and others, but within humans. It is very essentialised and normalised even by the languages in some cases. It is obviously sex, and its indispensible companion: gender.

"Sex" etymologically comes from the Latin verb "secare" which means to divide or cut.[29] In most languages which have been influenced by Latin, there is either grammatical gender or the third pronoun is divided as feminine or masculine, or both. Therefore, the "subject" is also divided according to the perceived separation. However, this is not an accidental case. If there is a subject, as we referred above, there are two vertical layers in which there is a subjection, and consequently dominance. What is the function of that schism? The answer alters in different periods in time. Initially, the sexual division corresponds with a certain "division of labour." The female subject is expected to be the caring mother and the male subject is supposed to be the aggressive hunter. Consequently, there appears certain identity narratives attached to those categories. However, there is a fallacy in the approach which correlates potential productive labour to biological sex, since they are independent concepts and may not always overlap. Then following that, eventually the "division of power" emerges.

However, this dividing effect is not universal. So for instance, when one talks about a third person, let's say in English, there is no chance to not to reveal

[29] Sex," Online Etymology Dictionary, accessed in 1 May, 2018, https://www.etymonline.com/word/subject.

the sex of the third person. On the other hand, let's say in Turkish, there are no gendered third pronouns. In that case, culture appears as a key determiner in the formations of languages. Therefore, as Pierre Bourdieu explains, language is not just an abstract theoretical system like Saussure asserts, but rather an organic transaction.[30] At this point, the previous obscurity is also resolved by Bourdieu's argument: the subjects are not purely subjects. They are not simply "dominated individuals which symbolic power is applied," but rather the subjected ones actively "believe in the legitimacy of power" and its enactors.[31]

We have covered three core prerequisites for the formation of subjectivities: respectively, division of labour, division of power, and legitimising of power. To be more precise in terms of sexual subjectivities, division of labour corresponds to the gender based performances. One of the most overt manifestations of the sexually segregated power distribution could be observed in politics where the vast majority is composed of male politicians. The division of power would suggest that there is an established vertical domination. Ultimately, in order to maintain the roles and the legitimacy of power, the subjects are convinced through myths and identity narratives. The last cycle is the steam engine of the system, since it releases the tension caused by possible "labour alienations", as Marx would call it.[32] In other words, people who would not fit the schema of subjection are manipulated to conformity through power legimatising channels such as media, "scientific" discourse, "religious" discourse, or law enforcement.

We encounter this legitimisation even in the primary school books from the governmental curricula: there are subtle subliminal messages transferred through visual images of grandmas knitting, sisters preparing the table, and

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[30] Pierre Bourdieu, *Language and Symbolic Power*, Ed. and Intro. John Thompson, Trans. Gino Raymond and Matthew Adamson (Polity, 1991).

[31] Pierre Bourdieu, *Language and Symbolic Power* (Polity, 1991): 23.

[32] Karl Marx, and Friedrich Engels, *Economic and philosophic manuscripts of 1844* (Buffalo, N.Y.: Prometheus Books, 1987).

mothers cooking; on the other hand, grandfathers reading newspapers, brothers playing football, and fathers going to work. This is a classical and often portrayed display in educational material. One should notice that the audience is children, the future adults. The shaping of adults who are sexual subjects begins very early than expected. Not only through educational settings, but through entertainment channels, which are called "culture industries" by Adorno and Horkheimer, the major industries that holds the established power relations leak into the seemingly innocent ordinary fun.[33] This occurs especially in cases where the financial demand is higher, such as film industry. It is considerably easier and more effective to convey an ideal or propoganda in a movie setting.

The ordinary public is convinced that they could have the major success stories of the seemingly ordinary movie characters. However, that is a pure deception. The cultural industry is selling hope, and often false hope. As Adorno and Horkheimer quotes: "Real life is becoming indistinguishable from movies."[34] Thus the deception works. Another key point Adorno and Horkheimer remark is the fact that "the culture industry does not sublimate, it represses."[35] It functions so, since it repeatedly exposes the object of desire to an extent that is normative and limited: the muscular male heroes and the attractive female characters are exhibited indeed, however as they were about to do the expected action, the scene is cut. There appears "habituation of deprivation" through such practices.[36]

Although more contemporary, the porn industry also works ironically in parallel with the previous model. In this case, there is an ideal of sexual performance which is conveyed through repeated visual and verbal patterns. Pornography almost always comes with a description that is formed in language;

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[33] Max Horkheimer and Theodor W. Adorno, "Dialectic of enlightenment," *Norton Anthology of Theory* ed. by Vincent B. Leitch (2010): 1223-40 (Original work published in 1944).

[34] Max Horkheimer and Theodor W. Adorno, 1226.

[35] Ibid., 1230.

[36] Ibid.

and accordingly a discourse of power is featured. The dramatic change in the visual accessibility of a sexual performance through pornography has also significantly altered the making of a sexual subject. Sexuality is not a matter of discovery anymore, because some people have already been there done that, moreover, exposed that. Precisely at this point, the desires are repressed and subjected in a historically unprecedented degree.

The subjection of sexuality also works in two more dimensions: medicine and law. Especially in terms of the domestication or exclusion of desires and practices which deviates from what the normative power discourse demands, medical decrees and legal restrictions play important roles. Under the name of health and/or justice, how such a subjection could be implemented is a question that was answered by Michel Foucault: there had been a particular time in the recent history of humanity when the discourses on sexuality proliferated.[37] The described situation coincides roughly with the late 19th and the early 20th centuries.

Although it was acknowledged, in this period of discourse proliferation, homosexuality was defined, pathologised and depathologised within the power discourse. Therefore it emerges as a concept or identity which exists within the limitations of subjectivity. At this point, one should question the framing of being identified as a sexual subject. As Leticia Sabsay explains, "the sexual subject is entitled to become a subject of rights on the basis of having a sexuality, or being assumed as sexual."[38] In other words, the concept of equity is reduced to having a sexuality which is predefined. The right to be sexual is therefore a compulsory one, as if having a sexual citizenship. The national identity cards with gendered colours is just one example for the existence sexual citizenship. In conclusion, sexual subjectivity is an almost contagious concept which goes together hand in

[37] Michel Foucault, *The history of sexuality vol.1: The will to knowledge* (Pantheon, 1978), 36.

[38] Leticia Sabsay, *The political imaginary of sexual freedom: subjectivity and power in the new sexual democratic turn* (Palgrave Macmilan, 2016), 2.

hand with division of labour, division of power, and legitimising of power. Sexual subjects emerge, evidently, through a multidimensional process in which social constructions take place.

3. Problematisation of Identity

There are some other fundamental questions that are needed to be asked in terms of the emergence of sexual subjectivities; for instance: regarding the historical novelty of the linguistic concept "homosexual", which time-wise corresponds to the late nineteenth century Germany[39], can we talk about a homosexual experience that is consistent all along the line? To confirm that, you need a population sample to examine; however, the inclination for homo'sex'ual (does that 'sex' refer to biological sexes or gender identities is another question) behavior cannot be represented with the actualised and measured homosexual behavior since the inclinations are not always actualised; also how can it be measured even in the case of actualisation? Nevertheless, there are formulations figured out by authorities who describe and detect categories in these terms: identity narratives, and possibly, a caught on the sexual act.

If the answer to the first question is "No, there cannot be a consistent experience of homosexual", without a solid experience pattern, can we consider an identity that is categorised sexually, nationally or in whatever terms, in which one identifies and feels a belonging and accordingly dis-belongings? The mutual emotions regulated by the mutual experience perception of being homosexual, or being Turkish, or being white, is constructed by identity narratives. In *The Cultural Politics of Emotions*, Sara Ahmed explains how these emotions may cause collective identity politics, even to the point of national identity.[40] Then, one may ask, shall anyone take the risk of unconformity that comes along with

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[39] Robert Beachy, "The German invention of homosexuality."

[40] Sara Ahmed, *The cultural politics of emotion* (Edinburgh University, 2004).

questioning every belonging that comes with identity? If one should, is that necessarily dangerous?

According to Lauren Berlant, what you attach could prevent you from the very attachment that is sought out.[41] In other words, it works quite on the contrary, the conformity that comes around with identity clusters, goes around with the optimistic clusters of attachment promises formed in order to fulfill the ideals of identity narratives. Thus it is rather dangerous to believe in belonging to a prescribed relation without questioning the quality of the content in the relation. For Berlant, not strictly 'what', but also 'how' one relates matters. For instance, the stereotypical examples: enduring an abusive person just for the sake of being in a relationship, or in order to take advantage from the identity cluster of white heterosexual dominant male, going for uninteresting careers, trying to live a prescribed dream, and eventually not being able to fulfill the ideal image, could be examples for what is being critiqued.

Nevertheless, normative identity formations are profoundly embedded in theories behind mental health practices, namely psychology, psychoanalysis, and psychiatry, which the contemporaries highly value in this context. If one traces back their genealogy, as Michel Foucault suggests, in the nineteenth century there appears a completely new technology of sex, in which responsibility on regulating sexuality was undertaken by medico-psychological institutions and biopolitical practices (e.g. deviance medicine, eugenism)[42]; in the twentieth century, on the one hand there is psychiatry classifying or/and declassifying subject matters in which it described and objected. However, not only psychiatry, but "agencies of social control" and forensics also studied the correlation between sexual deviances and heredity.[43]

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41 Lauren Berlant, *Cruel optimism* (Duke University, 2011), 23-24.

42 Michel Foucault, *The history of sexuality vol.1: The will to knowledge* (Pantheon, 1978), 118.

43 Michel Foucault, 119.

On the other hand, according to Foucault, the only medical technology until 1940's that tried to detach sexual deviance from the theories of degenerate heredity was the psychoanalytic approach initiated by Sigmund Freud.[44] However, it appears that psychoanalytic school also had a claim on the "nature" of homosexual "species". Judith Butler criticises Jacques Lacan, a post-Freudian psychoanalyst, for his observation on female homosexuality. Since Lacan reckon the essential sexuality as heterosexuality, Butler argues, he conceives a lesbian woman as a frustrated subject who refuses the phallus.[45] Thus, as Butler demonstrates, an identity narrative is formulated: 'lesbians are frustrated heterosexuals'. Furthermore, Butler displays, through a very close reading of Freud and Lacan, that in the assumptions and descriptions on sexual deviance, the heterosexual matrix is reproduced and is essentialised, whether consciously or unconsciously.

One of the most memorable examples in which Butler identifies the latter is revealing Freud's principal emphasis on boys' cultural castration fear rather than a castration performed by the father.[46] Thus the fear is based on the heteronormative concern on "femininity" which is associated with male homosexuality that is being persecuted in several ways within society.[47] Butler also displays that Freud himself shows the "exception" and the "strange" as the key to understand the ordinary sexuality.[48] Therefore it is unconsciously recognised, as Freud would call, that the "queer" is the agent of change, although within a problematic discourse, which corresponds to the heterosexual matrix, as Butler would call.

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[44] Ibid., 119.

[45] Judith Butler, *Gender Trouble: Feminism and the subversion of identity* (Routledge, 1990), 62.

[46] Judith Butler, 75-76.

[47] Ibid., 76.

[48] Ibid., 140.

The previously debated degenerate heredity search in science has prevailed, but as Butler argues, even though they were being perceived as degenerate and subjected by "cultural intelligibility", the resistant continuity of "deviant identities" enables new possibilities for questioning the normative discourse[49]; observably, for instance, the dramatic change witnessed in the last quarter-century in terms of theoretical and practical developments on questioning normative sexuality and rediscovering sexual variance. Queer theories (as Donald E. Hall emphasises, refrains from the singular attribution of "queer theory" since it undermines the variability clustered around the concept of "queer")[50] have become academically significant in this context, by not only criticising the problematic discourses of heteronormativity, but also homonormativity and antinormativity. To name a few, Butler falsifies the theory of Monique Wittig on ultimate separation of homosexuals and heterosexuals in respect of the presence of psychic heterosexuality within homosexuals and vice versa[51] (however it is evident that the terminology is very restrictive: "psychic heterosexuality" becomes another identity narrative which generalises heterosexual behavior in heteronormative terms, and "psychic homosexuality" likewise).

Another example would be Annamarie Jagose's critique on the glorification of repetitive "queer" performances in which normative sexuality is subversed, from the point of their being predefined by the very normativity they criticise.[52] Although it's subversed, for example, a man performing with attributes to the stereotypical woman of the heteronormative context, is ultimately a performance within the frame. Accordingly, as Butler had suggested, questioning the self-legitimating practices becomes important in eluding from the problematic

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49 Ibid., 24.

50 Donald E. Hall, *Queer Theories* (Palgrave, 2002).

51 Ibid., 155.

52 Annamarie Jagose, "The trouble with antinormativity," *The Journal of Feminist cultural studies* 26.1 (Duke University, 2015): 26-47.

discourses.[53] At this point, regardless of sex, if anyone wants to practice strictly a gender performance, that happens to be determined heteronormatively, it becomes problematic at the point where one performances the discourse that subjects others to generalisations and discriminations through identity narratives.

Embarking on the naturalisation of sexual variance through denaturalising identity, as Hall suggests, is not just a revision of the social layer, but requires a review of the multiplicity and variability of identities within an individual.[54] However, Butler also states that denaturalising identity only is not enough for a significant change in the politics of sexuality.[55] Thus, while denaturalising the problematic social constructs, one should also try to rediscover the nature of sexuality through proper research. At this point, Elizabeth A. Wilson's review in *The Biological Unconscious*, is significant in questioning the Freudian saying "anatomy is destiny" while disrupting its political determinism, but without abandoning its biological importance entirely.[56] In *Gut Feminism*, Wilson begins by showing how feminism has positioned itself against biology, and finishes by displaying how the two may get along efficiently. Wilson practically explains why engaging with biological data is necessary for feminist scholarship, particularly in relation to the developmental psychopharmacology. Furthermore, as Myra Hird suggests, the research along this paradigm have contributed queer discussions on how technologies of sex function.[57] In the following, it is gradually explored what Wilson and Hird invite: examining what "biology" says, in this case, what mental health researchers and practitioners suggest.

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[53] Judith Butler, *Gender Trouble*, 4-5.

[54] Donald E. Hall, *Queer Theories*, 176.

[55] Judith Butler, *Bodies that matter: On the discursive limits of "sex"* (Routledge, 1993), 93.

[56] Elizabeth A. Wilson, "The biological unconscious," *Gut Feminism* (Duke University, 2015), 45-67.

[57] Myra J. Hird, "Biologically Queer," *The Ashgate research companion to queer theory* ed. by N. Giffney and M. O'Rourke (Ashgate, 2009): 347-62.

4. Problematisation of Orientation

Historically, the in-command psychiatric discourse and practice until 1970's classified homosexuality as an illness; it confined the subjects in institutions; and it applied treatment methods that did not work. In 1973, American Psychiatric Association depathologised homosexuality (although sexual orientation disturbance was formulated),[58] subsequently, DSM-III declassified homosexuality and sexual orientation disturbance (although ego-dystonic homosexuality took place until 1987) in 1980[59]; and finally in 1990 it was declassified within ICD-10.[60] According to Foucault, attempting to pathologise homosexuality, triggered the categorised homosexual subjects "to recast themselves as normal"[61] within the power structure.[62] Thus it appears that the medical categorisation ironically enabled the resistance movement. Nonetheless, it was not solely the unified identity but the unified reaction to violations of human rights which fundamentally enabled the change, in this case. The change did not occur only by the efforts of people who identify as LGBT. The ardent works of people from any identification have contributed the case.

In the particular case of psychiatric declassification, a symposium on whether homosexuality be in the APA nomenclature, which was held in 1973, pioneered change. In the symposium, a medical doctor, Robert J. Stoller has charted what is needed for a diagnosis in medical terms. Although he uses the

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[58] Jack Drescher, "Out of DSM: Depathologizing homosexuality," Ed. Carol North and Alina Suris, *Behavioral Sciences* 5.4 (2015): 565-75.

[59] American Psychiatric Association, *Diagnostic and statistical manual of mental disorders (3rd edition)* (APA, 1980).

[60] World Health Organization, *The ICD-10 classification of mental and behavioural disorders: clinical descriptions and diagnostic guidelines* (World Health Organization, 1990).

[61] Bruce Laing, *An explanatory study of identity construction amongst married gay men in same-sex marriage: A discourse analysis* (University of Johannesburg, 2013), 44.

[62] Michel Foucault, *The history of sexuality vol.1*, 101.

term sexual preference (most probably because of the lack of terminology) while questioning whether homosexuality could be a diagnosis, he rejects diagnosing homosexuality since it is not a constellation of symptoms and different people belong to this category have different psychodynamics and backgrounds.[63] As he puts very simply:

"There *is* homosexual behavior: it is varied. There is no such *thing* as homosexuality."[64]

Stoller considers the family institution as "palpably heterosexual," and comments on it being known even in the childhood that the "mystical and unquestionable heterosexual act" which made us present.[65] According to the author of the following statement in the symposium, Judd Marmor, a deviant behavior diverging from the currently favored is not necessarily psychopathological.[66] Marmor falsifies the view that is based on "disturbed" sexual development and familial patterns, by arguing that not all homosexuals display the described patterns (overattached mother and neglecting father figures), and not everyone who manifest the pattern is homosexual. Moreover, the unacceptable subjectivity of that patterning is demonstrated by specifying the illness criterias which are separate from the basic assumptions and generalisations related to family background. Marmor also remarks that there may be homosexuals who suffer from mental illnesses and dis-ease, but these are not related with their sexuality but mostly the consequences of prejudices and

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63 Robert J. Stoller, "Criteria for psychiatric diagnosis" within "A symposium: Should homosexuality be in the APA nomenclature?", *American Journal of Psychiatry* 130.11 (1973), 1207-08.

64 Robert J. Stoller, "Criteria for psychiatric diagnosis," 1207.

65 Ibid., 1208.

66 Judd Marmor, "Homosexuality and cultural value systems," within "A symposium: Should homosexuality be in the APA nomenclature?", *American Journal of Psychiatry* 130.11 (1973), 1208-09.

discriminations of society.[67]

Irvine Bieber and Charles W. Socarides, on the other hand, considers homosexuality as a sexual inadequecy in which established "after" the heterosexual development was disturbed. They claim that they treat homosexuals (without giving any reference to treatment methods), and also "easily identifiable pre-homosexual children" must be treated.[68] At this point, one should stop and ask: what is adequate? If there is one, is every heterosexually identified person sexually adequate? This approach is criticised by Richard Green in a humorous statement: "Should heterosexuality be in the APA nomenclature?" After several opposite arguments, Robert L. Spitzer announces the formulation of the next edict: homosexuality is declassified as an illness, however, there is a new term coming in, called "sexual orientation disturbance"[69], which meant that psychiatrists could handle the patients if they are not comfortable with their situation and wish to be treated. Until the revision of this edict in 1980, "sexual orientation disturbance" category remained still. Then the problematic term was replaced by "ego-dystonic homosexuality" in 1980, and that remained until 1987. Observably, the course of change in psychiatric discourse did not occur at a one particular moment, but rather through tedious decades of struggle.

Herein, "sexual orientation" finds its place in terminology of psychiatry, contrasting the ex-version: sexual preference. To be oriented, as a matter of fact, is found suitable, and still is found proper within not only psychiatric but academic and legal terminology, particularly in the Western context. However, is orientation a spot-on term in describing the sexual phenomena? If we assume sexuality in the

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67 Judd Marmor, "Homosexuality and cultural value systems," 1209.

68 Irvine Bieber, "Homosexuality — an adaptive consequence of disorder in psychosexual development," within "A symposium: Should homosexuality be in the APA nomenclature?", *American Journal of Psychiatry* 130.11 (1973), 1211.

69 Robert L. Spitzer, "Sexual orientation disturbance," within "A symposium: Should homosexuality be in the APA nomenclature?", *American Journal of Psychiatry* 130.11 (1973), 1215-16.

ways of the binary model, wouldn't there appear two orientations in which objects and subjects are directed in predefined terms? Basing on phenomenology, Sara Ahmed explains how "bodies are sexualised through how they inhabit space."[70] Having a sexual orientation becomes a matter of identity[71] since the formulation of the term sexual orientation within sexology is not an attempt to equally consider heterosexuality and homosexuality, but rather a contrasting of homosexual "species" to neutral heterosexuality, as Foucault explains.[72] Therefore, another one-direction pattern is established, under the guidance of the essential heterosexuality.

Similarly, Matthew Waites argues that the categories of 'sexual orientation' and 'gender identity' being "incorporated in the global human rights framework"[73] is a new emerging part of what Butler calls heterosexual matrix, since they have been discursively produced in accordance with the latter. In this respect, the threat of the total justification of sexual orientation category is the restriction of the options to biological determinism or choice. Which it also leads the perception on sexual orientation being fixed and permanent. Therefore, the study of how normative bodies "extend" into space, and how the space extends into bodies, particularly accelarated with Ahmed's work, is crucial in understanding the formation of these phenomena. The extending practice of normativity is further exemplified where Frantz Fanon, a humanist psychiatrist and a critic of colonialism, explains that "the consciousness of the man of colour in the white man's world is a negating activity."[74] In other words, racism affects the self-

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70 Sara Ahmed, *Queer Phenomenology* (Duke University, 2006), 67.

71 Sara Ahmed, 69.

72 Michel Foucault, *The history of sexuality vol.1*, 43.

73 Matthew Waites, "Critique of 'sexual orientation' and 'gender identity' in human rights discourse: global queer politics beyond the Yogyakarta principles," *Contemporary politics* 15.1 (Routledge, 2009): 137-56.

74 Sara Ahmed, *Queer Phenomenology*, 109-10.

perception through extending its discursive authority into the bodies; just as in the case of heteronormativity.

The implicit justification of the invasive ideal comes in many forms; and one of them is 'orientalism' which, as Edward Said describes, is a "subtle and persistent prejudice"[75] directed to the East. However, one shall notice that in the last centuries every capitalist constellation has an "East" of its own; as Zizek examplifies in the case of Balkans.[76] Another significant criticism to the specifying of the object of the mechanism, which in this case appears as 'orientalism' formulated by Said, is the approach of M. Ümit Necef. He points out that in Said's critiques on male European travellers to the East, "the West is always ascribed male gender" while "the East is exclusively gendered as female."[77] In addition to that, the heavily criticised authors, such as Flaubert and Gide, are presented as if they have been "meticulously cleansed of homosexuality and homoeroticism."[78]

Therefore, it is more appropriate to use the term 'sexualising the other' instead of 'sexualising the orient', since an 'oriental' could evidently 'orientate sexuality'. Bülent Somay charts three core arguments in this respect: (1) there is no certain 'orient'; (2) the orientations of 'orient' and 'occident' are performative; (3) the orientations create 'transvestites' of perfomance.[79] By not 'only' positioning in contrast with the orientalism, but 'also' rejecting the binary orientations of power positioning, this dissertation aims to display the structure behind the numerous masks (which are all in slightly different shapes and colours)

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75 Edward Said, "Latent and manifest," *Orientalism* (Vintage, 1979).

76 Slavoj Zizek, "The spectre of Balkan," *The journal of the international institute* 6.2 (University of Michigan, 1999).

77 M. Ümit Necef, "Sex and orientalism - with Gustave Flaubert in Hamam," *Dansk sociologi* 1.18 (2007).

78 Ibid., 10.

79 Bülent Somay, *The psychopolitics of the oriental father: Between omnipotence and emasculation* (Palgrave Macmillan, 2014), 17.

called orientalism, colonialism, imperialism, fascism, sexism and so forth. Through the historicising of problematisation, accelerated by Foucault, the essentiality of the forenamed binary oppositions are not supposed to be perceived as essential anymore. However, in order to resolve the conflict incited by the binarism, we need to come up with new terms aside from the ones we have been using, as Somay remarks.[80]

5. Empirical Research on Biological Basis of Sexual Orientation

Another case which is important to cover is the research on biological basis of sexual orientation in which scientists have been attempting to explain several times lately, however almost always within the frames of sexual binary terms. There are two notorious cases, in one of them Simon LeVay displays[81] hypothalamic structure difference in size where it is twice as bigger in heterosexuals compared to homosexuals which all of them were postmortem subjects died of AIDS. The other case which was conducted by Dick Swabb and colleagues,[82] where another part of the hypothalamic structure claimed related with sexual functioning was found to be larger in men than women and male-to-female transsexuals. There are problematic sampling and controls in the studies which have been manifested.[83] William Byne calls attention to how such studies driven by biological determinism which appeals cultural ideologies "remain viable even though the replication studies repeatedly fail."[84] Therefore, although these approaches are 'born dead', they are being treated as if they may have an

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80 Ibid., 62.

81 Simon LeVay, "A difference in hypothalamic structure between heterosexual and homosexual men," *Science* 253 (1991): 1034-37.

82 Dick Swabb et al., "A sex difference in the human brain and its relation to transsexuality," *Nature* 378 (1995): 68-70.

83 William Byne, "Science and Belief: Psychobiological research on sexual orientation," *Journal of homosexuality* 3.4 (1995): 303-44.

84 Ibid., 303.

actual scientific significance. Nonetheless, they have been extraordinarily significant in terms of revealing discourses.

Recently, the most studied sexual orientation related empirical research area is the role and function of olfactory perception in animals and humans. When we examine the literature which focuses on the role of olfactory cues in terms of sexual orientation, the initial studies appear to be conducted with animals: especially with rams, sheeps and rats. In 1995, two phenomenon which are closely related to olfactory system were studied by Perkins and colleagues: the functioning of Luteinizing Hormone (LH), which is secreted in Pituitary Gland, and Estradiol Receptors on homosexual and heterosexual rams and female sheep.[85] The method of distinguishing homosexual and heterosexual rams was to immobilise certain rams and sheep and then unleashing the subject rams towards them. The ones who had been consistantly same-sex oriented were considered as homosexuals. The results displayed that the content of Estradiol Receptors within the amygdala of the homosexual ram was similar to female sheep and differed from the heterosexual male.[86]

According to this result, there is no significant separation in the formational sexuality of the heterosexual and homosexual rams, but there is a difference in their olfaction based Estradiol Receptors. Another study on rams, which was done in 2009, looked at the relationship between the sexual differentiation of brain and behavior in rams through studying neural correlates and aromatase, an olfactory cue.[87] They suggest that "male-oriented rams" resemble "female-oriented rams" in terms of "mounting, receptivity, and

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[85] Anne Perkins, James A. Fitzgerald, and Gary E. Moss, "A comparison of the LH secretion and brain estradiol receptors in heterosexual and homosexual rams and female sheep," *Hormones and Behavior* 29 (1995): 31-41.

[86] Ibid.

[87] Charles E. Roselli and Fred Stormshak, "The neurobiology of sexual partner preferences in rams," *Hormones and Behavior* 55 (2009): 611-620.

gonadotropin secretion, but not for sexual partner preferences."[88] At this point, the anti-receptive approach in "male-oriented rams" category is leaving a question mark for the receptive rams. How they are classified is not clear. Furthermore, the homosexual behavior in female sheep is hardly ever mentioned or questioned, not only in here but also in the literature.

On the other hand, they refer to Perkins et al. study back in 1995, and associate their argument on neurobiological attribute similarity between male-oriented rams and female sheep with research on the related area (amygdala) and function (sexual odor preference) of rats.[89] If we trace back the research on rats, again in 1995, a pioneering study in which male rats were prenatally exposed to antiandrogen or antiestrogen was held and debated.[90] According to their results, it is claimed that prenatal estrogen is involved with the sexual behavior patterns (masculinity and femininity in rats). However, the measures of masculinity and femininity in rats are very debatable here: the frequency, duration, and role of sexual performance (or "mounts" as they call).

For obvious ethical reasons, the olfaction based partner preference studies in humans have not been as controlled or imperative in application as the animal experiments. Also, before anything, one should be aware of the fact that the social implications of partner preferences in humans have a tremendously heavier context and consequence. This, actually, may be the reason of belated research on the topic. There has been a major debate going on whether gays and lesbians are born this way or it's a choice. Dean Hamer, the genetics researcher who has

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[88] Ibid., 618.

[89] Ibid., 615.

[90] Josefa Vega Matuszczyk and Knut Larsson, "Sexual preference of feminine and masculine sexual behavior of male rats prenatally exposed to antiandrogen or antiestrogen," *Hormones and Behavior* 29 (1995): 191-206.

participated in one of the earliest genetic studies in 1993 on the subject,[91] quotes that "there's a biological substrate for sexual orientation."[92] We will refer several studies that investigated that substrate in this section.

First of all, as Pause[93] has addressed before, consideration of learning and contextual effects when studying sexual signals in humans is important. This means that controlling conditions for eliciting the human response is harder and variables are abundant. Especially when we consider the cultural aspects of human behavior, it's not technically possible to tether one, release the other, inject some and have an overt behavior pattern like in the previous animal experiments. However there has been a set of more focused designs in the last 10-15 years which have increased our awareness on the nature of pheromones, olfaction and sexual orientation in humans.

In 2005, a group of researchers from an internationally recognised medical institute, Karolinska Institute in Stockholm, have distinguished two putative pheromones in male sweat and female urine; the chemical substances were used in measuring the neural response of heterosexual and homosexual men and also heterosexual women. Increased activation was observed in a region of hypothalamus where, according to animal studies, there is a functional relation to sexual behavior.[94] The results were indicating, again, a similar pattern among heterosexual women and homosexual men with regard to male-derived stimulus.

Another experiment which had similar conditions and was conducted right after the previous one has revealed a very interesting result: Gay men preferred

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[91] Dean H. Hamer, Stella Hu, Victoria L. Magnuson, Nan Hu, and Angela M.L. Pattatucci, "A linkage between DNA markers on the X chromosome and male sexual orientation," *Science, New Series* 261.5119 (1993): 321-327.

[92] M.D. Lemonick, "The scent of a man," *Time* 165.21 0040-781X (2005).

[93] B.M. Pause, "Are androgen steroids acting as pheromones in humans," *Physiology and Behavior* 83 (2004): 21-29.

[94] Ivanka Savic, Hans Berglund, and Per Lindström, "Brain response to putative pheromones in homosexual men," *PNAS* 102.20 (2005): 7356-361.

the smell of other gay men instead of heterosexual men's odors.[95] Also this time lesbian women were included in the study, however, there was a theory based different treatment towards lesbian subjects within the experiment because the theory they relied on suggested that lesbians were questioning and realising their sexual orientation comparatively later on.[96] Such a claim is not a very sound one, and based on an unrecognised generalisation, which cannot be relied on especially when there is a very individual based research. There is also another problematic aspect with generalisation based studies, since one does not necessarily sexually orientate towards a sex, but rather an individual whose social, genetic, phenotypical, and immune system wise (MHC etc.) manifestations are also actively participating to the equation. Nevertheless, these studies evoke more curiosity on the subject; and they require us to further investigate the phenomena, both theoretically and practically.

A study, which exactly pinpointed the lacking aspects of the previous one we covered, was actualised and published in 2011 by researchers from Germany. In a segmented design of phases, they first looked at the odor perception of gay and heterosexual males from potential partners, and the scent of heterosexual men as the control.[97] This was methodologically important because they also took potential reciprocity into account. The second phase applied the same principle to lesbian and heterosexual women. Meanwhile, the central nervous processing of the subjects was being monitored. The results were significant: the desirable partners' body odors were processed earlier; undesirable partners' were evaluated

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[95] Y. Martins, G. Preti, C.R. Crabtree, T. Runyan, A.A. Vainius, and C.J. Wysocki, "Preference for human body odors is influenced by gender and sexual orientation," *Psychological Science* 16.9 (2005): 694-701.

[96] Ibid., 696.

[97] Katrin T. Lübke, Matthias Hoenen, and Bettina M. Pause, "Differential processing of social chemosignals obtained from potential partners in regards to gender and sexual orientation," *Behavioral Brain Research* 228 (2011): 375-387.

longer in the central nervous system.[98] Such a monitoring on this mechanism has enabled us to more confidently reflect on the human body odors' influences on the perception of potential partners.

Two years later, a different angle was questioned by a group of Czech researchers. They purported sex-atypicality as the differential component of the olfactory performance instead of sexual orientation.[99] Their research delivered output that indicated higher odor sensitivity in gender non-conforming men and gender conforming women compared to gender conforming men and gender non-conforming women.[100] The study emphasised the "childhood gender non-conformity" as the major indicator of such distinction. As they admittedly stated, this is the first study to consider this indicator as a potential determiner of olfactory performance; thus future studies on the specific topic is crucial for clarification.

Another solitary study has been just recently published by White and Cunningham in 2017, on self-reports of people from different genders and sexual orientations in terms of importance of smell in partner choice. The design was simple: a questionnaire and regression analysis. Heterosexual males appeared to be more careful about smell of the potential partner compared to homosexual males.[101] This finding was interpreted as a support for the classical evolutionary theory on reproductive fitness,[102] as the attention for smell may indicate the appropriate selection of a mate whom potentially give offspring. However, as Lübke and Pause noted:

"The fact that homosexual individuals in particular seem to rely on

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[98] Ibid., 375.

[99] L. Novakova, J.V. Valentova, and J. Havlicek, "Olfactory performance is predicted by individual sex-atypicality, but not sexual orientation," *PLoS One* 8.11 e80234 (2013).

[100] Ibid.

[101] T.L. White, and C. Cunningham, "Sexual preference and the self-reported role on olfaction in mate selection," *Chemical Perceptions* 10 (2017): 31-41.

[102] Ibid., 31.

chemosensory social cues might be driven by the comparably more challenging search for a potential partner in gay men and lesbian women."[103]

The previous finding on homosexual men who prefer the odor of other homosexual men instead of heterosexual men, plus the above quoted approach of Lübke and Pause suggest a more complex condition than the above mentioned questionnaire based study. In conclusion, although it's just the beginning, both the animal and human experiments and research on the relationship between olfactory perception and sexual orientation have significantly developed during the last two decades, not only in terms of robust findings but also in terms of discourse.

Discourses come and go, just as their agents: identities. Identity is not a stabilised phenomenon since it is constantly challenged from within.[104] Through linguistic, historical, queer and postcolonial critical aspects we have demonstrated the ways of formations in mental health literature on sexual orientation based identity narratives. It is assumed that after the application of discourse analysis on the designated texts, there will appear two conclusions: (1) mental health practices have a profoundly subjective and problematic history in relation to sexualities outside normative heterosexuality; (2) mental health literature has significantly developed towards a more human rights based approach.

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[103] Katrin T. Lübke, and Bettina M. Pause, "Always follow your nose: The functional significance of social chemosignals in human reproduction and survival," *Hormones and Behavior* 68 (2015): 134-144 (140).

[104] Phillip L. Hammack and Bertram J. Cohler, "Narrative engagement and stories of sexual identity: An interdisciplinary approach to the study of sexual lives," *The story of sexual identity* (Oxford, 2009), 4.

Methods

Discourses are "sets of statements that construct objects and an array of subject positions."[105] Discourse Analysis first observes how the subject positions emerge and then "questions and challenges" these identity constructions within positions.[106] Michel Foucault uses homosexuality as an example to such an identity construction:

"There is no question that the appearance in nineteenth century psychiatry, jurisprudence, and literature of a whole series of discourses on the species and subspecies of homosexuality, inversion, pederasty, and 'psychic hermaphroditism' made possible a strong advance of social control...but it also made possible the formation of a 'reverse' discourse: homosexuality began to speak in its own behalf, to demand that its legitimacy or "naturality" be acknowledged, often in the same vocabulary, using the same categories by which it was medically disqualified."[107]

In other words, attempting to pathologise homosexuality, triggered the categorised homosexual subjects "to recast themselves as normal"[108] within the power structures and hierarchies.

In that context, Foucault sketches and grounds a new social science method tradition, Discourse Analysis, based upon a tradition of literary and social criticism and distinguishes by a brand new formulation. He formulates the formation of core concept, discourse, as not solely linguistic or practical but as an

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105 Ian Parker, "Reflexive research and the grounding of analysis: Social psychology and the psy-complex," *Journal of Community and Applied Social Psychology* 4.4 (1994): 245, doi: 10.1002/casp.2450040404.

106 Bruce Laing, *An explanatory study of identity construction amongst married gay men in same-sex marriage: A discourse analysis* (University of Johannesburg, 2013), 41.

107 Michel Foucault, *The history of sexuality vol.1: The will to knowledge* (Pantheon, 1978), 101.

108 Bruce Laing, *An explanatory study of identity construction*, 44.

integral of these aspects.[109] He doesn't perceive discourse as trapped in language but rather extended within military, medical, legal, economic, biopolitical and educational practices. According to Foucault, discourse both determines and is determined by the institutions and social practices. Thus, the versatility of the process suggested by the previous formulation disrupts and eludes the prevalent teleological views of historical determinism. As Foucault puts it: "Discourse must not be referred to the distant presence of the origin, but treated as and when it occurs."[110]

After Foucault, certain scholars, primarily Fairclough, Van Dijk and Wodak, also reviewed the method with the theory that views language as a social practice and examines it with a social contribution emphasis. This further formulation, namely Critical Discourse Analysis, did not shaped as a distinct methodology within Discourse Analysis, but rather involved any case that had relevant contributions to the insight on produced and/or resisting discourses related with "social and political inequality, power abuse and domination."[111] The process of analysis does not follow a strict set of methodology, but aims to establish a dialogue with the textual material in accordance with the knowing practices and guidelines of discourse analysis.[112] Nevertheless, Fairclough broadly categorises three levels of analysis: micro-level (textual analysis, for instance the examination of metaphorical devices), meso-level (discursive practice, for instance investigating who is the target audience of the text), and macro-level

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[109] Michel Foucault, "Discursive Formations," *The archeology of knowledge and the discourse on language* (Pantheon, 1972), 34-43.

[110] Michel Foucault, *The archeology of knowledge*, 25.

[111] Norman Fairclough, *Analysing discourse: Textual analysis for social research* (Routledge, 2003).

[112] Chris Walton, "Doing discourse analysis," in *Analysing qualitative data in psychology* ed. by E. Lyons and A. Coyle (Trowbridge, 2007): 117-30.

(interdiscursivity, for instance which other texts have influenced or have been influenced by the analysed text).[113]

There will be two steps of the analysis: first, the discourses on printed material will be studied, then the ones that are found online; all in chronological order. Although the history of internet and digital ethnography is relatively brief and recent, they are highly intense in content and crucial in terms of contemporary research. For instance, especially in the context of medical information availability, the internet has been significantly revolutionising the old structures of information sharing patterns. Interactive and collaborative online applications self evidently enable "new opportunities for reaching patients and other health care consumers" by simplifying "information creation, sharing and retrieval."[114] Digital technologies have transformed our usual ways of socialising by allowing us to participate in a range of simultaneous and non-simultaneous social reactions with different participants.[115] Nevertheless the content and usage of texts are not merely within the textual extent, but also traceable in implications of elements positioned within the "actual contexts of communication."[116] Therefore, in terms of context, Malinowski's "context of culture"[117] concept should be kept in mind since the extensive possibilities of cultural expectations on people's behavior may differentiate from one to another.

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[113] Norman Fairclough, *Language and Power* (Longman, 1989).

[114] S.A. Adams, "Revisiting the online health information reliability debate in the wake of web 2.0: An interdisciplinary literature and website review," *International Journal of Medical Informatics* 79.6 (2010): 391-400.

[115] R. H. Jones, "The problem of context in computer-mediated communication," ed. by P. LeVine and R. Scollon In *Discourse and Technology: Multimodal discourse analysis*, (Georgetown University Press, 2004): 20-133.

[116] R.H. Jones, A. Chik, and C.A. Hafner, *Discourse and Digital Practices: Doing Discourse in the Digital Age,* (Routledge, 2015): 8-9.

[117] B. Malinowski, "The problem of meaning in primitive languages," ed. by C. K. Ogden and I. A. Richards, *The Meaning of Meaning* (Routledge, 1923): 296–336.

On the other hand, as we have emphasised before, there has been a rapid development in especially academic discourse on homosexuality. The Kinsey Scale,[118] published in 1948, was one of the first to conceptualise the shades of sexual orientation in psychometric terms. Approximately two decades later, George Weinberg introduced the term "homophobia" in 1966 and challenged the discourse of its zeitgeist on homosexuality and "helped focus society's attention on the problem of antigay prejudice and stigma."[119] However, as Gregory M. Herek suggests, a new vocabulary is needed to advance scholarship in this area.[120] The three constructs offered by Herek will be used in assessing and distinguishing types of negative approaches within discourses: "*sexual stigma* (the shared knowledge of society's negative regard for any nonheterosexual behavior, identity, relationship, or community), *heterosexism* (the cultural ideology that perpetuates sexual stigma), and *sexual prejudice* (individuals' negative attitudes based on sexual orientation)."[121]

In addition to Kinsey, Weinberg and Herek's formulations, Critical Discourse Analysis (CDA) methodology is applied in the analysis section. The analysis covers ten texts which include the medical opinions of Turkish mental health practitioners on homosexuality. The online texts are selected based on the level of popularity and access priority within the online search engines when "Is homosexuality a disease?" is typed in Turkish language ("Eşcinsellik hastalık mıdır?"). The discursive relations within health practices, textual settings, target audiences and the authoritarian discourses are revealed step by step. This

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[118] A.C. Kinsey, W.B. Pomeroy, and C.E. Martin, *Sexual Behavior in the Human Male* (W.B. Sauders, 1948).

[119] Gregory M. Herek, "Beyond 'Homophobia': Thinking about sexual prejudice and stigma in the twenty-first century," *Sexuality Research and Social Policy* 1.2 (2004): 6-24.

[120] G.M. Herek, "Beyond 'Homophobia'," *Sexuality Research and Social Policy* 1.2 (2004): 6.

[121] Ibid, 6.

dissertation aims to display the power relations within and among discourses in selected texts written in Turkish mental health literature on sexual orientation. The texts to be analysed are chosen because they construct certain identity narratives based on sexual orientation; they are easily accessible and well promoted in media. Therefore the analysis questions the validity, reliability, and authority of chosen texts from a critical point of view. In doing so, at first the objects and subjects, and their positions are highlighted; the silences are revealed, or in other words the consciously/unconciously left missing parts are pointed; then the patterns repeat often are extracted. After the individual examinations of the texts, they are holistically analysed in the discussion section.

Analysis

a. Printed Texts

1. "Pathology" Narrative :

[Psikiyatri: "Seksüel Patoloji" (Psychiatry: "Sexual Pathology"), written by Ayhan Songar (1971), 398-408]

One of the most prominent examples of early "pathology" narratives towards homosexuality within Turkish mental health literature is Ayhan Songar's evidently captioned text. He classifies homosexuality within sexual pathologies, in which there is autosexuality, infantosexuality, bestiosexuality, and some forms of heterosexuality (oralism, analism, sado-masochism, coprophagy, frotteurism, exhibitionism).[122] Page down, there is a schema formulated on "normal" sexual development displayed by Songar.[123]

According to this table, androgenital syndrome, autosexuality and homosexuality (if actualised) are followed by schizophrenia; and 'psychic

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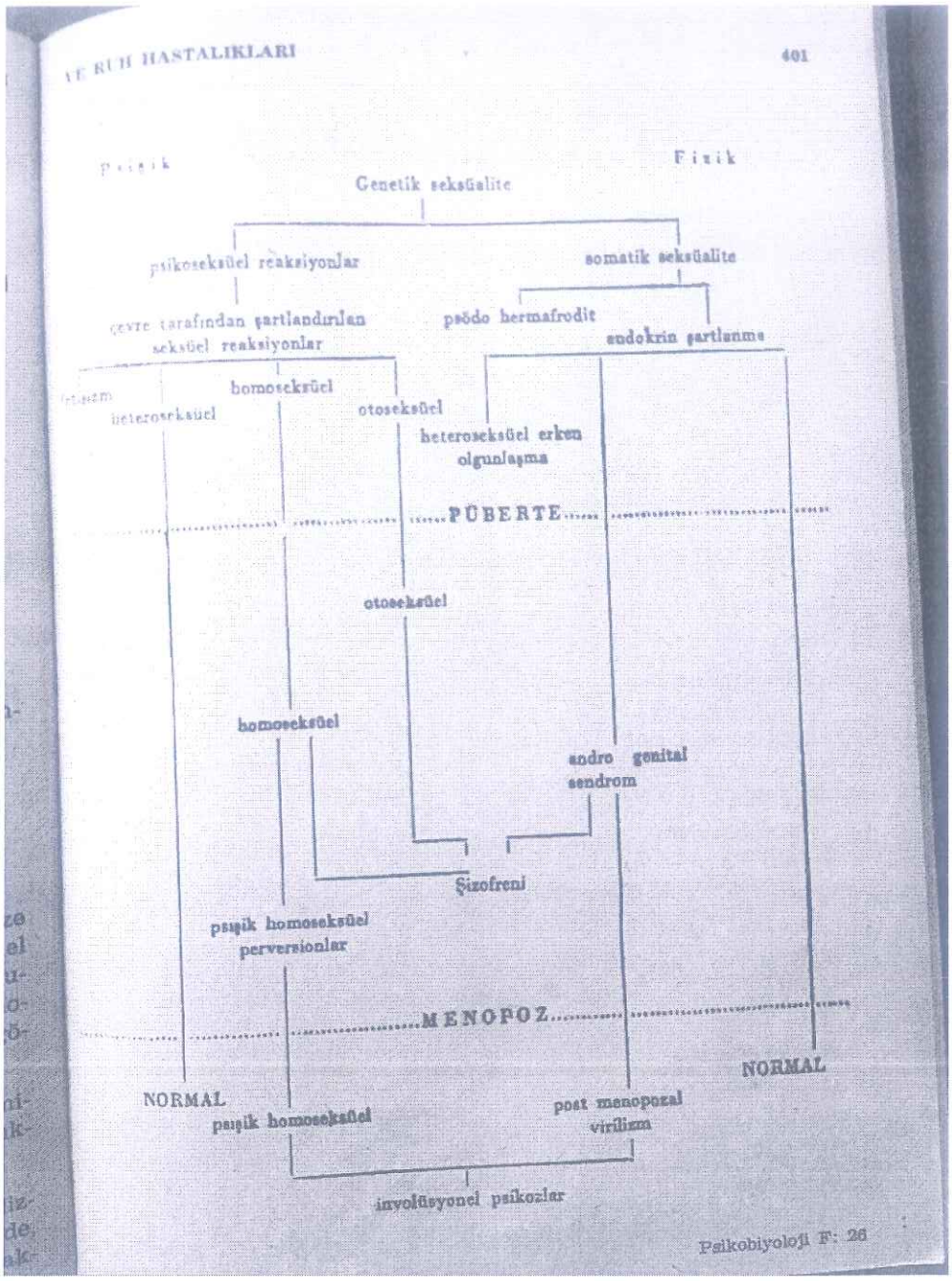
[122] Ayhan Songar, *Psikiyatri: Psikobiyoloji ve ruh hastalıkları* (Serhat, 1971): 402.

[123] Ibid., 401.



Visual A

homosexuality' (not actualised) ends up in involutional psychosis (e.g. mid-life melancholy). These are some serious claims that should have been reinforced by references or research (however there is none). Furthermore post-menopausal virilism (men-like appearence in women) is also affiliated with involutional psychosis. The structure here is interesting because the two thresholds offered differentiate in application to sexes: puberty is for both sexes; on the other hand,

menopause is terminologically for women. The system here only approves "genetically, endocrinologically and environmentally" conditioned heterosexuality.

Songar addresses Freud as the one who first methodologically structured psychosexual development. However, while sorting them, he adds a word in the anal phase: anal 'sadistic' phase.[124] This is interesting because originally the phase is associated with potty-training age, and accordingly named. The association made here contextualise the word 'anal' with 'anal sex' and automatically the sadistic perception on the matter. Throughout the chapter, he emphasises the importance of environment on sexual development. Monosexual institutions such as boarding schools and barracks; legalising practices as in Netherlands and UK (these country names are given by the author); and substance abuse (the stories of Chinese hashish users' homosexual orgies are exemplified by the author - again with no reference) are demonstrated as the environmental threats to 'normal' sexuality.[125]

'General' homosexuality is described as manifesting several sexual expression 'defects' such as oral and anal sexual activities. Some homosexuals appear entirely 'normal'; whereas some 'passive male homosexuals' trot, have voices like women, do make-up and dye their hair; some 'active female homosexuals' have short hair, wear trousers or coarse fabric skirts, and men shoes; and "you stumble upon them everywhere."[126] In male subjects, the way of talk, the way of walk and the cosmetics are taken into consideration. In female subjects, the way they are dressed and haircut seem sufficient to depict. On the one hand, the 'passive' ways of performing the walk, the talk and the fashion are framed, in detail; on the other hand, there is an 'active' way of contrasting

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[124] Ibid., 398.

[125] Ibid., 400.

[126] Ibid., 407.

performance. What is striking here is that the description is consistently pacifying the normative feminine performativity, whether as inappropriate (in case of men) or a lack (in case of women). Also there is another subtle meaning here: an 'active' way of performance could only be associated with a penetrating men, whether heterosexual or homosexual.

The silence of male performativity in a text which describes sexual pathology is giving a sense of the source of authority. What it takes to be a "normal" man and a woman is more slightly narrated under the caption of heterosexuality. According to Songar, the 'superior' and 'protecting' aspects of men are traded with 'compassion' and 'caretaking' of women.[127] This practice is resembled to the mothering figure by the author. These are considered as secondary components of a normal heterosexual relationships; and it is indicated that the excessions are perversions. What is silent here is again the men of the equation: the father figure. It is very certain that a mother must be identically responsible and caring. At this point, the male performativity is 'deciding the female performativity'. Aggressive men and caring women stereotypes are reproduced through the text. The crucial problem here is that the text is not an ordinary one, but a medical textbook written by a mental health practitioner who had affected many people's lives: theoretically the new generation medical students, and practically the patients.

Another anecdote on homosexuality within the text is the poem excerpt written by an Ottoman Tulip Era poet Nedim who lived in Istanbul. In the given poem, Nedim depicts his passion and complains about his young male lover's coyness. Songar commentates on the last line of the poem, in which poet refers his lover as "are you a boy or a girl," as "it appears what's the lover here."[128] He is not saying "what is the sex" or "the gender" of the lover, but he objectifies and

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[127] Ibid., 407.

[128] Ibid., 400.

reifies the subject. It wouldn't be appropriate if the case was schizophrenia and the doctor would say "it appears what's the nutcase here," would it? The attitude here is inappropriate for a medical textbook and against the hippocratic oath.

2. "Disorder" Narrative :

[Görsel Sağlık Ansiklopedisi: "Cinsel Yöneliş Bozuklukları" (Visual Health Encyclopedia: "Sexual Orientation Disorders"), prepared by Saffet Tura (1982), 936-37]

In 1980's, there had been a trend of encyclopedias and their marketing in Turkey. The "intelligentsia" at the time were involved in translations of already published texts in foreign langauges. At times, they compiled and prepared texts for distribution in Turkish. This was perceived as quite a revolutionary act regarding the past of information monopoly; now the terms were changing. For instance, the Visual Health Encyclopedia published in 1982, gave access to an immense medical information also for the non-practicing public.

However, the Psychiatry section in the book[129] appears quite different from the others in terms of demonstratable scientific evidence, selected visual context bias, and discursive formation. For example, the psychosexual development stages introduced by psychoanalysis are explained in a language containing mythological names, direct conclusions and inductive reasoning that are not cohesive with the rest of the medical subdiscipline chapters.[130] When one looks for the references of psychiatry in the bibliography, except the alcohol and drug addiction related resources, there is only two given resources. Ironically, one of them is Ayhan Songar's *Psikiyatri*; the other is World Health Organisation's mental disorders

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[129] "Psikiyatri," *Görsel Sağlık Ansiklopedisi*, prepared by Saffet Tura (Görsel, 1982): 923-47.

[130] "Psikoseksüel Gelişme," *Görsel Sağlık Ansiklopedisi*, prepared by Saffet Tura (Görsel, 1982): 926-27.

classification within ninth revision of ICD (released in 1978).[131] One can infer that the author confided in ICD-9 rather than DSM-III, in terms of medical classification of sexual orientation. In the coming tenth revision of ICD (released in 1990), homosexuality is declassified from the mental illness category.[132] In the following texts, however, one encounters similar discourses regardlessly.

In terms of this encyclopedia, there is no locating numbers in citations. Accordingly, one cannot trace back where there is a reference or authoring while reading the text. In the introduction of the encylopedia, the part authoring part compiling attitude is acknowledged.[133] Furthermore, the revolutionary function of the rest of the book is reversed in this very chapter because the authority is imposing a discourse rather than offering scientific information. Although one cannot judge the scientific level considering the amount of data at the time, the heteronormative discursive formation is not justifiable. In order to reveal this rendering, one shall closely examine the material.

First of all, the visual choices for the topics are worth analysing.[134] In Visual B[135], the picture on the left, there are two people with "feminine" attires who are phenotypically not white Europeans but males with Asiatic facial features appearing on the front while there is a smiling face leaning towards them in the left margin of the frame. One of them has a muscular arm apparent. They look happy with fancy clothes and hairstyles. In Visual B, the picture on the right, there is two people with long hair whom happen to look phenotypically female and white European. There is one with an open mouth with lipstick close to the neck of the other. The other one's eyes are closed, mouth is slightly open just to show

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131 "Kaynakça," *Görsel Sağlık Ansiklopedisi* (Görsel, 1982): 1034-38.

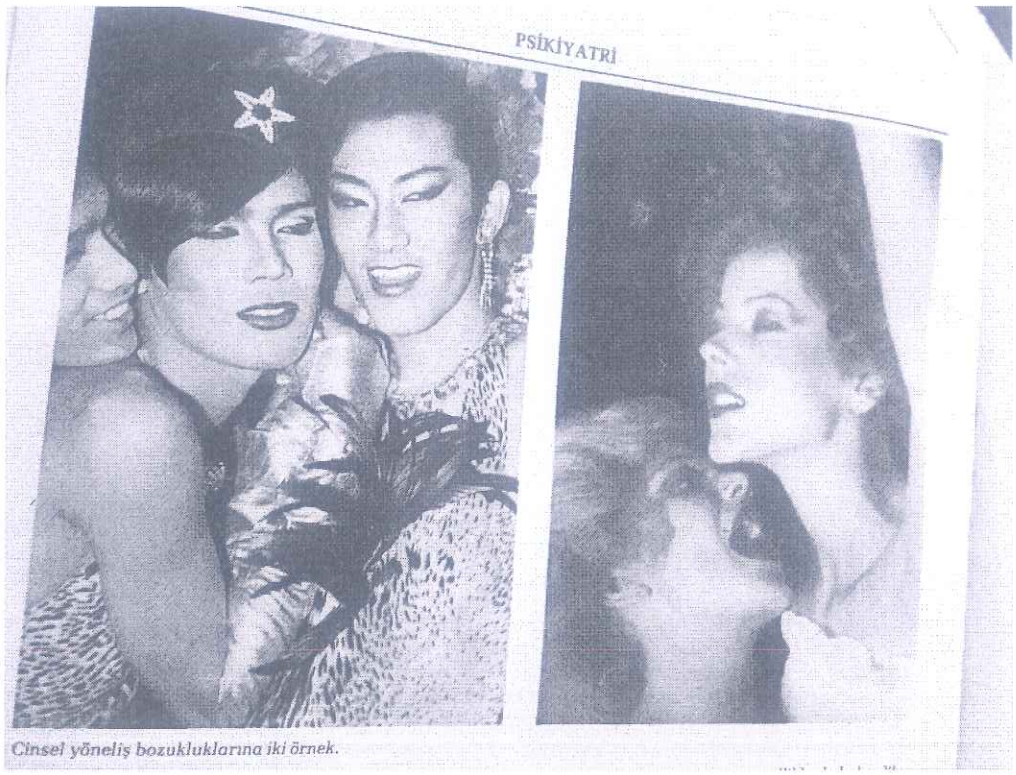
132 World Health Organization, *The ICD-10* (1990).

133 Suat Vural, "Sunuş," *Görsel Sağlık Ansiklopedisi* (Görsel, 1982): 5.

134 "Cinsel yöneliş bozukluklarına iki örnek," *Görsel Sağlık Ansiklopedisi*, prepared by Saffet Tura (Görsel, 1982): 936.

135 Ibid., 936.

front teeth, again with lipstick, left hand is raised, and the bosom is closed with white clothing; in this case the erotic connotation is observable. Under the visuals, there is a note: "two examples for sexual orientation disorders."[136]



Visual B

Herein, in case of the left image, "crossdressing" imagery is the chosen visual representative of implied male homosexuality. On the other hand, in case of the right image, it is visually allowed to observe implied female homosexuality within the normative attributes of "femininity" and "eroticism." There are two levels of discursive intervention here: on the first level, in both visual cases, the "feminine" is visually allowed. The "masculinity" is untouched, both in terms of male and female homosexual representations. On the second level, the "masculine" is not allowed to be desired but is allowed to desire; and it is allowed

136 "Cinsel yöneliş bozuklukları," 936.

to desire in one way direction, that is "feminine." Here, the normative "orientation" is structured. However, desire is not a one way phenomenon. Through this orienting, the ones that "should have been" masculine but appears feminine disrupt the "untouched masculinity." There, the desire is thwarted or/and reversed to repulsion in the eyes of the "masculine."

In these pictures and their under written description, the discourse is both constructed by external factors and is being constructed by the material and distributed towards external receivers. When one focuses on the textual part, in the first sentence, one notices the same-sex oriented sexual behavior is classified under the same roof (the caption of "Sexual Orientation/Sexual Object Disorders") with necrophilia and incest.[137] Therefore homosexuality is placed as degraded as the other two in the eyes of the targeted reader, whom most probably a researcher, whether an academic or not.

In the subsequent sentence, homosexuals are described as "ones who choose" to sexually engage with people from the same-sex. The word preference of "choice" is significant since it implies that homosexuality is a choice. This also reflects the discourse of times' zeitgeist. However, in these repressive circumstances, who would rationally choose to be and behave as such? Why would anyone want to be possibly treated as someone unacceptable by their family, peers and society? If homosexuality was a choice, then it would be a survival-deficiency in this context.

In the following, there is a "warning": some homosexuals completely look like and act as their own "real" sexes.[138] So there is a perceived essential behavioral pattern assigned for the sex of the individual, one can infer. Moreover, there is a complete reductionism of sexual orientation variance and sexual fluidity to sexual act: it is said that some homosexuals have sexual intercourse with

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[137] Ibid., 936.

[138] Ibid., 936.

women too. Such an uttering under the general sexless term of homosexuality is evidently phallocentrism. Women and homosexuality among women are not taken as "serious" of issues as in the male version; they can be just ignored within a statement.

Also it is noted: the more aggresive partner is generally the one who undertakes the "active" role. Here the penetrating role, the role of "masculine" and its aggresive connotation is preserved with an identity narrative. While reading these sentences, one should keep in mind that this is a medical textbook. So what's the use of these? These are definitely not epidemiological or etiological but subjectively descriptive informations which are not functional in terms of health, but in terms of categorisation and discourse.

Finally, it is concluded that the treatment of homosexuality (without naming any method) is precisely hard, and the willingness of patient to get treated increases the likeliness of treatment.[139] It is evident that the psychiatric practice is uncapable of simply treating the subject and unusually depending on the will of the subject. No one ever coincides a psychiatric text asking for the will of a psychotic patient in psychopharmacological treatment, it is introduced as a must for the sake of the individual and the society. We are talking about a discourse which systematically enforces treatment when it is available. Regarding the possibility of readers who may affectively or/and sexually orientate towards the same-sex, the discourse may target appealing the will of the subject. So evidently, there are some instances where we see the abuse of psychiatry, whether appropriate for its zeitgeist or not.

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[139] Ibid., 937.

3. "Criminal" Narrative :

[Bireysel ve Toplumsal Şiddet: "Cinsel Kimlik Bozukluğu gösterenlerin suçları" (Individual and Social Violence: "Crimes of who display Sexual Identity Disorders"), written by Özcan Köknel (1996), 202-03]

The chapter begins by a false categorisation and a general claim: "in cases of sexual identity disorders, including homosexuality, transsexuality, and 'fashion wannabe' transvestism, there may be aggressive and violent actions."[140] The notions of gender identity and sexual orientation are completely mixed up; and a possibility of an act that could be actualised by any human being is demonstrated as an original argument by the author. In the second paragraph, homosexuals are divided into two groups of ego-dystonics (homosexuals who don't accept themselves) and ego-syntonics (homosexuals who accept themselves). The two categories are both introduced as prone to violence. The ego-dystonic are described as prone to violence since they are against homosexuality; and the ego-syntonics are perceived as violent because they defend their situation and participate in activism.

The evangelising of homosexuality is seen as a threat and a possibility by the author who is a well-known psychiatrist and a long-time professor in Istanbul Medical School and Hospital. It is argued that these missionary acts occur violently especially often in United States and Europe (however there is no reference). Moreover, "the homosexual couples cheating each other and breaking up lead them to violence up until to the point of murder driven by jealousy"[141] is introduced as a phenomenon that often repeats (by which measurement criterias again not specified), as if these never happen in heterosexual relationships. To demonstrate this, an offender statement is added from a news.

Then suddenly, the initial general statement of "these people may commit

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140 Özcan Köknel, "Cinsel kimlik bozukluğu gösterenlerin suçları," *Bireysel ve Toplumsal Şiddet* (Altın,1996): 202.

141 Ibid., 202.

violence" turns into "these people are likely to commit violence."[142] The sudden shift is not a random one. It is rather a part of the developmental course of sexual stigma described by Herek.[143] Sexual stigma functions in order to "signify that the bearer of the stigma is a criminal, a villain; thus, the stigmatized are not simply different from others; society judges their deviation to be discrediting," as Herek explains.[144]

Unlike the previous text we covered, this text is written and published after the declassification of homosexuality within ICD-10 in 1990. Therefore, the discursive location is subtly different: it is not located in a medical textbook categorisation but a non-fiction book written by a psychiatrist. Also, the abnormalising is not simply through medical ways, but criminal attributions. In this case, the target audience is not just researchers and self-questioning homosexual individuals like in the previous text, but the public and public authorities who dislike criminals.

The text is contextually belongs to a different time period with different visibilities and power relations. Considering the motives of the text regarding the mid-90's sociopolitical atmosphere would be relevant. Especially when one remembers the Ülker Street case which happened in 26th of May, 1996 (the very same year of the publishing), causing many transsexuals to leave a particular street, in which they lived, after a violent attack perpetrated by the "regular public."[145] By considering the potential income of habitation in such a central street in Beyoğlu, the political economic incentive behind the "conservative"

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142 Ibid., 203.

143 Gregory M. Herek, "Beyond 'Homophobia': Thinking about sexual prejudice and stigma in the twenty-first century," *Sexuality Research and Social Policy* 1.2 (2004): 6-24.

144 Gregory M. Herek, "Beyond 'Homophobia', *Sexuality Research and Social Policy* 1.2 (2004): 14.

145 Pınar Selek, *Maskeler, süvariler, gacılar: Ülker Sokak - Bir alt kültürün dışlanma mekânı* (Aykırı, 2001).

protest against transsexuals is provided more insight.[146]

4. "Unnatural" Narrative :

[Psikotarih: "Seksüel Sapmalar" (Psychohistory: "Sexual Deviations"), written by Nusret Kaya (2009), 92-97]

Initially, the sexual deviations are formulated as the diversions from the instinct of continuing one's bloodline. Thus, a problematic vision that designates only one function as causation is provided; that is, the meaning of having sex is to have children. The latter has been significantly falsified by the studies on human sexuality in terms of individual[147] and cultural[148] variations. In this text, we are talking about 21st century terms where the individual computers and smart phones enable the access and input of information that is internationally visible. It is written by an Istanbul Medical School graduate psychiatrist who participates television programs from time to time and published several books.

There is an interesting argument in the first paragraph, stating that it is not intuitively needed anymore to question the meaning of the sexual deviation subtypes such as homosexuality, pedophilia, zoophilia or masturbation, since they are frequently used in appropriate contexts by the newspapers.[149] Another unusual detail is the consideration of homosexuality as a common practice within the society. It is noted that homosexuality has not been comprehended neither internally nor externally by the counterparts. It is confessed by the author that the explanations and causations given by classical psychiatry seem insufficient. Moreover, the indeterminate relation between biological sex and sexual identity is

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146 Yasemin Öz, "Ahlaksızların mekansal dışlanması," *Cins Cins Mekan* compiled by Ayten Alkan (Varlık, 2009).

147 Cindy M. Meston and David M. Buss, "Why humans have sex," *Archives of Sexual Behavior* 36 (Springer, 2007): 477, doi:10.1007/s10508-007-9175-2.

148 Elaine Hatfield and Richard L. Rapson, *Love and sex: Cross-cultural perspectives* (Allyn&Bacon, 1996).

149 Nusret Kaya, "Seksüel sapmalar," 92.

recognised.

The sociocultural aspect of evaluating a sexual orientation is exemplified by the common derogatory usage of the Turkish slur for 'faggot': one man's disapproval on another man's manhood through the slur in cultural settings, such as football games, suggests a sense of superiority claimed by the men who use the slur, he argues. These kinds of approaches are comparatively unusual in the psychiatric discourse. However, at this point, there appears a new discursive formation that claims authority. He claims that men who use this slur have brought the coping mechanism from a more primitive past age through genetic coding. This formation is a justification seeming scientific, but fails to be one. There may have been research on behavioral genetics mostly focused on a gene triggering a specific behavioral trait; however those could not explain the complexity of human behavior; and we need more research on gene networks acting on multiple environmental conditions resulting in particular behavioral traits.[150]

There are some fundamentally problematic discourses throughout the text, such as the author's ambivalent approach in wanting the end of discrimination against homosexuals in society on the one hand; on the other hand, declaring them as resisting the "natural" so they will be in fallacy and isolation.[151] He claims that he never coincided an homosexual indiviudal with a genuine psychosis since they never experience man-woman relationships[152]; which is theoretically and practically wrong. The identity narrative formation in this case is in a schism which, on the one hand the constructed identity seems positive or neutral, and on the other it seems negative or unnaturalising/abnormalising.

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[150] Dean Hamer, "Rethinking behavior genetics," *Science* 298.5591 (2002): 71-72.

[151] Nusret Kaya, "Seksüel sapmalar," 94.

[152] Ibid., 94-95.

5. "Adaptation" Narrative :

[Ruh Sağlığı ve Hastalıkları (Mental Health and Disorders), written by Orhan Öztürk and Aylin Uluşahin (2015), 443-445[153]]

This book is one of the best-selling and often referred textbooks in the medical schools' psychiatric curriculum. It belongs to the contemporary Turkish Psychiatry canon. The caption of this section is formulated as "Sexual Adaptation Problems."[154] At this point, we can observe the adaptation of the framing of the subject matter: in 1970's it was utterly labelled as pathology, later it formed into a disorder categorisation, and now it is a "problem." This shift actually summarises the development of mental health approaches towards the issue. The authors evaluate the recent developments in Western mental health literature in terms of sexual disorders as being reduced to merely sexual dysfunctions' diagnose and therapies. They are overtly critical of the perceived "exclusion of the societal and psychodynamic factors" within psychiatric literature on sexuality by saying: "We don't have to take them as an example."[155]

The next subtitle is composed of three concepts: Gender Identity, Sexual Orientation, and Gender Role. They introduce the definitions of these concepts as introduced in the Western mental health literature; however, they add that sexual orientation could be "appropriate" or "against" the gender identities. At this point, we witness that they actualise their previous view on "not taking them as examples." They use the given information but they "adapt" the definitions into their "societal" context.

Nevertheless, this is not a valid approach. The idea on what is appropriate for a certain gender identity is completely reduced into a heterosexist matrix[156], as

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153 Orhan Öztürk and Aylin Uluşahin, "Cinsel Uyum Sorunları," *Ruh Sağlığı ve Bozuklukları* (2015): 443-45.

154 Ibid., 443.

155 Ibid.

156 Judith Butler, *Gender Trouble* (1990).

Butler would call it. As we have suggested in the Introduction section for several times, gender identities do not come along with assigned sexual orientations. For instance, a male individual who has a conforming gender identity may express or perform the behaviors of a pattern that is culturally perceived as appropriate for woman (such as doing housework or makeup) and still can be self-identified as heterosexual. Therefore the given conceptualisation fails to compensate presenting the actual variety of gender performance.

The next chapter discusses the developmental determiners of gender identity. It is admitted that being a biological male or female, having intact and healthy sexual organs, and having concurrent hormonal functioning do not necessarily mean that there will be a "healthy"[157] development of gender identity. However, which criteria is determining that "health" signification is not clear. Also interestingly, in only one paragraph, there are six times usage of the word "uygun," which means "appropriate" in English. There is a linguistic effort through repetition towards the justification of an ideal state.

The next concept that is being discussed takes form around the early developmental stages. It is argued that core gender identity is shaped in the first two years of human life; and the gender identity "feeling" is more or less finalised by the age of four. There appears a similar pattern at this point: the internationally accepted information is taken and adapted into some other culturally induced form. The accusation for "maladaptation" is directed to the ways of developing and rearing children. Herein, there is a problematic example formulation given: the boys could be "raised" like girls; the girls could "adopt" men-like behaviors.[158] The different verb choices for boys and girls point out to an intentional or unintentional gender-based discrimination. On the one hand, the boys are introduced as comparatively innocent; they are being raised this way,

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157 Orhan Öztürk and Aylin Uluşahin, 444.

158 Ibid.

most probably by another not innocent female: the mother. On the other hand, the girls seem to adopt to the undesirable, as if by their own will.

As another indicator of the above described gender-based discrimination, the next statement in the text argues that mothers are the initial love objects of the individuals. Fathers and siblings come afterwards, respectively. The responsibility of child-care is not equally shared, but rather significantly burdened on the female subject. In conclusion, although there are major problematic discourses and formations of idealised identity narratives, there is no essential pathologising categorisation of non-heterosexual sexual orientations. This fact indicates an alteration in the authoritive perspective on the subject. It also manifests the ephemeral nature of the directionality of discourses.

b. Online Texts

1. "Heterosexist" Narrative :

[Rujlu Lezbiyenler Erkeksi Eşcinseller (Lipstick Lesbians Masculine Gays), written by Nevzat Tarhan (2012) - (http://www.haber7.com/yazarlar/prof-dr-nevzat-tarhan/914571-rujlu-lezbiyenler-erkeksi-escinseller)[159]]

In this online article, as one of the most dominant figures in contemporary psychiatry in Turkey, a chancellor of a university in Istanbul, and an occassional commentator in TV and newspapers, Nevzat Tarhan unexpectedly confuses the core concepts of sexuality. He utters "biological sexual identity," which is a concept that doesn't exist but sounds like a combination of two distinct categories: biological sex and gender identity. This error, whether intentional or not, uncovers a mentality which indispensibly ties biological sex with certain identity narratives; as we can see through the adjective choices in the caption. The caption choice is

[159] Nevzat Tarhan, "Rujlu Lezbiyenler Erkeksi Eşcinseller" accessed in 3 January, 2018, http://www.haber7.com/yazarlar/prof-dr-nevzat-tarhan/914571-rujlu-lezbiyenler-erkeksi-escinseller. 2012.

not arbitrary. The tone of surprise is given throughout the article.

"Sonuna kadar erkeğim ama cinselliği kendi cinsimle yaşarım"[160] is a sentence introduced as a quote from homosexuals who say "I am a man to the bone, but I experience sexuality with my own gender." After introducing this group of male homosexuals, it is remarked that homosexuality "without the role and the feeling" of other sex (female) is not considered as a disease by scientific psychiatry domains. The claim here also speaks about the rest: the role and the feeling of the other sex (which happens to be female) is pathological. Here, there is a perception of female performativity that is certain: to be penetrated. For a male, to perform that is not healthy. According to which diagnostic criteria, symptoms and morbid effects that conclusion is reached remain unclear. Moreover, there is a double standard; if a homosexual act of penetration happens it happens for the both parts. Declaring only the receiver as the pathological is not "scientific" (which is a word that is repeated often within the article).

"Toplumda eşcinselliği onaylamayan kimselerin sosyal haklarına karşı çıkacak hiç bir bilimsel gerekçe yoktur"[161] is another claim introduced by Tarhan: "There is no scientific fact against the social rights of the people who do not approve homosexuality in the community." What kind of a literature review is done and who is the authority to decide that there is no scientific fact? What are the social rights of people who dislikes homosexuality? Not given. The ambiguity in the tone of argument here is very unfamiliar for an article of medical reasoning.

"Kendini karşı cins gibi hissetmeden pasif eşcinsellik yaşamak ruhsal olarak pek mümkün değildir"[162] is almost an introspection: "To experience passive homosexuality without feeling as if the other sex is not very possible." The feeling of being a male is so inextricably associated with being a penetrator

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160 Nevzat Tarhan, "Rujlu Lezbiyenler Erkeksi Eşcinseller."

161 Ibid.

162 Ibid.

that the discourse even decides for the subjects and intrudes. The next argument is even more introspective and generalising: "The actives are known as the homosexuals who do not feel uncomfortable with their sexuality." How are these arguments measured? What if a "passive" homosexual individual feels comfortable with his sexuality or vice versa for the "active"? What kinds of categories would those create? In the following argument that category, in which the "passive" is comfortable, is found similar to being "a patient who suffers addiction." The addiction discourse apparently reappears here, decades after Mazhar Osman Uzman.[163]

"Heteroseksüelliğin geni vardır ancak eşcinselliğin geni yoktur"[164] is another claim which means "Heterosexuality has a gene, but homosexuality doesn't." In fact, the heterosexuality gene has not been found, and plus, behaviors are not direct results of genes. Not surprisingly, there is no citation for the "heterosexual gene" research. Considering the caption also refers to lesbians, and the fact that there is almost no content related to female homosexuality dynamics throughout the article is interesting. The lacks within discourses also talk about things. The lack in female homosexuals is not a hard to guess. The lack of focus on female homosexuality within the literature is not a coincidence.

"Cinsel kimlik konusunda kaygısı olan bireyleri eşcinsel kimliğe özendirmek ve yönlendirmek bir profesyonel için toplumsal sorumluluğu olan bir durumdur"[165] is a sentence which includes a very unprofessional claim for a professional: "Incenting and directing someone to homosexuality." If it would be that easy to convert someone's sexual orientation through incentives, there wouldn't be any single homosexual in this heterosexist society. Considering the audience of the article, there appears two transactional function: to describe

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163 Liz Behmoaras, *Mazhar Osman: Kapalı Kutudaki Fırtına* (Remzi, 2001): 373.

164 Nevzat Tarhan, "Rujlu Lezbiyenler Erkeksi Eşcinseller."

165 Ibid.

homosexuality within heterosexist frames; and to deter the readers who look for a solution or an affirmative medical information. The emphasis here is on preventing the observable female sex characteristics of male homosexuals and its application through reparative therapies (although the methodology for such therapies is never mentioned). Plus, if an entire patient population disappears, an entire financial income channel would be blocked also. However, that is not a criteria in medical ethics, is it?

2. "Interview" Narrative :

[Eşcinselliğin Tedavisi Olsa Heteroseksüel İnsanlar da Eşcinsel Yapılabilirdi (If Homosexuality Had the Cure, Heterosexual Individuals Could Also Be Converted To Gays), interview with Seven Kaptan (2012) - (http://t24.com.tr/haber/dr-seven-kaptan-escinselligin-tedavisi-olsa-heteroseksuel-insanlar-da-escinsel-yapilabilirdi, 207036)[166]]

This is an online article which shares an interview done with Seven Kaptan, a psychiatry specialist medical doctor. She first begins by answering a question related to the motivations behind homophobia. She considers the orthodox patriarchal view of "penetrating" as the perpetrator; accordingly the power that comes with it. She acknowledges the comparatively higher levels of bias and prejudice on male homosexuality than female homosexuality. The conceptual distinctions of biological sex, sexual orientation and gender identity are given clearly.

Furthermore, she remarks that homosexuality is not solely consisted of a certain sexual act but rather a range of identity construction sets. "A sexual orientation brings about having a partner, going out, dinners, holding hands, socialising and meeting with the family," as Kaptan emphasised. Herein, Seven

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[166] Seven Kaptan, "Eşcinselliğin tedavisi olsa heteroseksüel insanlar da eşcinsel yapılabilirdi," interview by Hazal Özvarış, accessed in 3 January, 2018, http://t24.com.tr/haber/dr-seven-kaptan-escinselligin-tedavisi-olsa-heteroseksuel-insanlar-da-escinsel-yapilabilirdi,207036. 2012.

Kaptan appears as one of the contemporary Turkish mental health experts which underlines the importance of affective/romantic scales and social/familial aspects for the concept of sexual orientation.

"What happens if the family members of a homosexual or bisexual individual intervene and search for a treatment?" is one of the questions throughout the interview. However, the answer is a key in understanding the basic logic: "This is not a process which could be intervened. If that would be the case, heterosexual individuals could be also converted to gays." In terms of sexual orientation based identity narratives, she states that even "muslim gays" and "veiled transsexuals" are not utopia but rather concrete cases. Therefore she deconstructs the stereotypical sexual orientation based identity narratives on homosexuals and transsexuals.

Considering the audience of this online text, the affirmative tone is critically important for individuals who seek for a glimpse of self-confirmation and information against the insecurities and unawarenesses. Considering the format of the text, it is significant that a mental health practitioner extends the discursive limits from the medical journals to online interview articles. At this point, who the target audience is very clear: everyone including the common people to academicians.

3. "Critical" Narrative :

[Heteroseksist Tıp (Heterosexist Medicine), written by Selçuk Candansayar; Digitally Accessible Article: *Toplum ve Hekim* 29.4 (2014): 252-58.[167]]

The hypothesis of the article is that the heterosexist formation of medicine cannot be understood without critically questioning the entire knowledge produced by this paradigm on sexuality. This paradigm works through the perceived image of medicine being the "natural, normal and superior" judgment

[167] Selçuk Candansayar, "Heteroseksist tıp," *Toplum ve Hekim* 29.4 (2014): 252-58.

mechanism. However, Candansayar considers this paradigm as an illusion: the authoritarian singularity of medicine is a very recent development, he explains. The professions which are based on the "fixing" ideal were and still are many; and they compete with each other. According to Candansayar, "medicine is nothing but a technique based on certain anatomical assumptions."[168] Ever since the 18th century, the methodology of medicine enabled it to be more effective in preventing the illnesses and death. Accordingly it was mistakenly perceived as a practice entirely based on empirical scientific data.

In the making of the above mentioned perception, the outstanding development in the infectious diseases and bacteriology in the 20th century played an important role, Candansayar argues. This particular development was positively generalised to all branches of medicine. This integral idea was further reinforced by the emerging pharmacological monopoly and biopolitical discourse, since it was profitable. In case of sexuality, the line between the science and politics gets even more blurry. For instance, Candansayar references Hart in explaining the novelty of the medicalisation of homosexuality: it has just been roughly 150 years since the beginning of considering homosexuality as a medical phenomenon.[169] However, that is not considered coincidental. The medicalisation of sexuality coincides with the renewal of capitalist power apparatus, argues Candansayar.

Capps[170] is cited in explaining the paradigm shift here: the shift in the perception of sexuality in which it had been considered as a "function" of pleasure before the power dynamics interrupted. It became the "method" of reproduction from then on. The medical recapitulation of pleasure as a dynamic in human

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168 Ibid., 253.

169 G. Hart, K. Wellings, *Sexual behaviour and its medicalisation: In sickness and health* (BMJ 324, 2002): 896-900.

170 Donald Capps, "From Masturbation to Homosexuality: A Case of Displaced Moral Disapproval," *Pastoral Psychology*, Vol. 51, No. 4 (2003).

sexuality did not occur until the early 20th century. The formation of homosexuality as a non-acceptable pleasure was initiated through the heterosexist postulate: there could be only man and woman; therefore "lesbians are men captured in a woman's body" and "gays are women captured in a man's body."[171]

Candansayar displays some examples of fallacious identity narratives on homosexuality developed by certain mental health practitioners in history; for instance, Krafft-Ebing considered homosexual men as "less developed, more prone to mental deficiency and mental diseases"[172] compared to heterosexual men. However, at this point Çabuk is cited in the explanation of the grounding or the justification formation in the latter claim: "the arguments are not based on empirical studies but on the subjective interpretations of selected case studies."[173]

Another example provided by Candansayar is the opinion of Adler on "lesbian formation": lesbians do not actually like women but rather despise men and envy their power.[174] On the other hand, a different identity narrative is proposed by Wolfe: "women who escapes from the responsibilities like marriage and motherhood become lesbians."[175] Candansayar criticises normalising marriage and domestic life as the measure of mental health here. He notes that these approaches have been significantly abandoned in the Western mental health context; however he also emphasises that this doesn't reflect on the rest of the world as much. There are still psychiatrists and psychologists who claim to treat homosexuality in their own way throughout the world, including Turkey. In conclusion, Candansayar is one of the contemporary mental health practitioners

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171 Selçuk Candansayar, 255.

172 Richard von Krafft-Ebing and F. J. Rebman, *Psychopathia sexualis: with especial reference to the antipathic sexual instinct, a medico-forensic study* (New York: Physicians and Surgeons Book Company, 1925) (Original work published 1886).

173 Fatma D. Çabuk, *Tıp öğrencileri ve hekimlerin eşcinsellik hakkındaki tutumları ve gey ve lezbiyenlerin sağlık hizmeti deneyimleri,* Yayımlanmamış uzmanlık tezi (2010).

174 Selçuk Candansayar, 256.

175 Ibid.

who reverse the medical discourse which have stigmatised homosexuality through identity narratives. He accomplishes so through a genealogical method of research, critique and insight.

4. "Affirmative" Narrative :

[Eşcinsel Yönelim Kimliği Gelişimi (Development of Homosexual Orientation Identity), written by Koray Başar; Digitally Accessible Article: *Anti-Homofobi Kitabı* 2 (2010): 90-94.[176]]

The first argument of the article challenges the common ways of thoughts on the depathologisation of homosexuality: it wasn't just an abrupt alteration enacted by APA in 1973, but rather it has been a long debated issue that was even considered by Karl-Maria Benkert[177] who coined the term "homosexuality." Subsequently, the second critical argument is the prenatal determination of sexual orientations through mostly genetic influences. Third key standpoint is that Başar considers reparative therapies which claim to cure homosexuality as torture, especially in contemporary terms.

After the critique of past approaches in mental health practices, Başar delves into the developmental process of sexual orientation identity; in other words, the process of coming out. First the self-realisation, then mentally, emotionally and behaviorally integrating with the orientation, and eventually having a social network in accordance with the orientation are counted as the steps of the development. Nonetheless, it is said that the sexual orientation identity development is a life-long process. The first phase is formulised as "sensitisation" in which the same-sex orientation is vague but there are observable social discrepancies with the gender norms. As the same-sex interest become apparent,

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176 Koray Başar, "Eşcinsel yönelim kimliği gelişimi," *Anti-Homofobi Kitabı* 2 (2010): 90-94.

177 Brent Pickett, "Homosexuality," The Stanford Encyclopedia of Philosophy (Spring 2018 Edition), Edward N. Zalta (ed.), URL = <https://plato.stanford.edu/archives/spr2018/entries/homosexuality/>.

"identity confusion" takes the stage. It is emphasised that, at this stage individuals cannot relate to the heteronormative identity clusters as "sexual subjects."[178] The most common reaction according to the text is denial and repression.

At this point, these individuals try many ways to cope with the anxiety of identity confusion. Consequently, they may consult to mental health professionals. However, not exceptionally, they may receive reparative therapies or may be offered other repression mechanisms by the mental health practitioners. Başar notes that this kind of a mental health approach would only inhibit the course of identity development. It is said that this cannot reverse homosexuality but rather represses an identity development. On the one hand, Başar integrates the literature on sexual orientation based identity development in a critical and affirmative frame. On the other hand, Başar displays the emergence of an "identity determinism" pattern in which homosexual orientation is expected to lead a particular identity.

The starting point of the developmental identity theory is challenging the reparative therapies effectively indeed. But still, the underlying idea of there are certain essential identities lingers. This could be also observed in the next developmental phase described: "identity comparison." This is a stage that homosexuals either refrain from potential occasions that might reveal their sexual orientation or overemphasise a fake heterosexual identity and attitude.[179] It should be noted that these stages represent a specific cultural frame that is heteronormative, so it cannot be generalised to all conditions as a developmental model, since not all cultures have been heteronormative in the course of history. Nevertheless, the model manifested here gives some kind of a general outlook on what are the developmental conditions of same-sex oriented people within heteronormative societies, and that is not something to be denounced. Yet there is

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[178] Koray Başar, 91.

[179] Ibid., 92.

a need for a non-subjectifying mental health model of "sexual development," not "homosexual development."

There is another key statement which points out to an important social dynamic: "identity toleration." In this phase, there is often encounters with other homosexuals.[180] So, as the individual witnesses other individuals with the same identity, they begin to tolerate themselves. This is an intriguing idea since it acknowledges a sense of external confirmation or consensus on the self-legitimising of being homosexual. But also, it reveals an identity narrative formation. In other words, having a same-sex orientation in a heteronormative society causes one to consider oneself within the frames of heterosexist definitions of homosexual identity; however, since it is not an accurate claim, when people interact with several different "homosexual" individuals they realise that everyone is different. So they deconstruct the initial typology and tolerate their sexual aspects. But what about the cases where the heteronormative identity formation is internalised by the homosexual subjects? Would those cases also initiate toleration?

The other stages of "identity acceptance" and "identity pride" are also based on a particular sociocultural niche where there is heteronormativity but homosexuals are overcoming the old identity and adjusting a new one, which includes being proud of the identity. Pride stems from potential shame. The problem here is not that these stages don't occur, they do in some cases in particular conditions, but it's the theoretical standardisation and generalisation of an identity formation. Identities are not simple and innocent constructs. They should be seriously questioned and problematised, as we have reasoned in the introduction section.

As Başar emphasises, it's important to know these general identity formations, but this is an idiosyncratic process. So Başar introduces the identity

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[180] Ibid., 93.

development formulation, which was developed by several Western mental health professionals, without making it a prevailing one. The aim here is to give a sense of the current mental health approaches to the audience. It is important that a mental health professional critically targets the homophobic and sexually prejudiced narratives in the profession, especially under the caption of "Homofobiye Karşı Ruh Sağlığı Girişimi" ("Mental Health Initiative Against Homophobia"), with an activist attitude.

5. "Objectivist" Narrative :

[Zor Bir Konu: Eşcinselliğe Bilimsel ve Objektif Bakabilmek (A Subtle Issue: The Scientific and Objective Evaluation of Homosexuality), written by Özgür Öztürk (2017); http://www.ipe.com.tr/tr/icerik/37/zor-bir-konu-escinsellige-bilimsel-ve-objektif-bakabilmek[181]]

The initial argument of this online article is that there is no doubt homosexuality is a condition as longstanding as humanity, since it is traceable throughout all archeological and historical accounts. In these accounts, it is explained that one witnesses periods of cultural acceptance or the opposite. The contemporary situation is further described as divided, while some countries embracing homosexuals the others may sentence them to death. However, "homophobic killings might occur anywhere in the world."[182]

At this point, the focus shifts to Turkey; and homophobia in Turkey is exemplified with a statistics: "in 2009, %87 of Turkish people who participated in the research stated that they would not like to have a homosexual neighbour."[183] The statistical approach continues with the percentage of homosexuals within the

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181 Özgür Öztürk, "Zor bir konu: Eşcinselliğe bilimsel ve objektif bakabilmek," accessed in 3 May, 2018, http://www.ipe.com.tr/tr/icerik/37/zor-bir-konu-escinsellige-bilimsel-ve-objektif-bakabilmek, 2017.

182 Ibid.

183 Ibid.

population: "it is approximately %3-8, according to the modern research."[184] What type of a research is considered as modern? Which methodology was used in order to estimate? Without the answers to these questions or any other details, there comes a sudden contextual shift; the conceptual distinction between sexual orientation and sexual identity is explained. The argument on "self-defined men liking men are homosexuals, and self-defined men liking women are heterosexuals"[185] seems very simple. Herein, the orientations seems to stem from self-identifications; but self-identification categories of man and woman are pre-defined. Moreover, since the biological sex does not always indicate a gender pattern, they shoudn't be formulised as "sexual identities," but rather "gender identities."

The above described paradigm confusion arises quite often in the literature as we have encountered in the previous texts. Notwithstanding, this article emphasises objectivity while accepting the inevitable subjectivity of mental health professionals, since they are also subjects with certain sociocultural backgrounds. The subsequent arguments and examples in the article tend to underline the biological nature of sexual orientation development. For instance, on the one hand, the biochemical sexual development theory of Panksepp is given to reinforce the idea; on the other hand, Spitzer's changing statements on the curableness of homosexuality (Spitzer apologised for his previous reparative approach in 2012) is referenced as an example of a false model.

Towards the conclusion, there is a surprising tone shift from the objectivist-scientific to colloquial. Reparative therapies are deemed dysfunctional with an example from a newspapers news: "the tragicomical case of watermelon seller who fell down onto the water bottle while showering."[186] The watermelon

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184 Ibid.

185 Ibid.

186 Ibid.

seller case is given in order to illustrate the inefficiancy of cultural pressure on the intrinsic conditions. However, the tone shift is worth analysing. The online and unofficial nature of the article allows the author to be subjective and thus a random colloquial comment could have been demonstrated. Although one may reckon this couldn't have been the case if the textual frame was a medical textbook with an official discourse, our previous cases have shown that colloquial subjective language can coexist with the so-called official discourse.

Discussion

Language is integral to all cultures of meanings. Sense of the words changes both in the vertical axis of place, and the horizontal axis of time. Gender and sexuality can be also subject to change in linguistic meaning and function. The problematisation of certain sexualities such as homosexuality emerges historically in parallel with the urbanisation process. The authoritarian politics have condemned the non-heteronormative sexualities initially through religious, and then legal and medical discourses, respectively. Mental health literature witnessed a leaping point with Freud in terms of considering homosexuality as a developmental variation rather than pathology. However, until 1970's mental health practice continued to institutionalise homosexuals. From 1973 on, the depathologisation process has begun with the American Psychiatric Association's pioneering decision.

In terms of Turkish history, homosexuality had been decriminalised in 1858 during the Ottoman Empire's legal reformations, before many of the Western countries did. Having said that, in terms of Turkish medical discourse in the late nineteenth and early twentieth century, the sexually stigmatising and prejudiced approach was almost de facto. Although these judgmental medical narratives and practices still exist in our days, the affirmative and non-judgmental scientific approaches have significantly increased in the academic mental health sphere.

People have been categorised with subjections related with their

sexualities throughout the history, however, being a sexual subject has been significantly critiqued in the last century by several scholars. The critics have agreed on the importance of using the language without dividing and stigmatising people according to their gender or sexuality. We have displayed the formation stages of the above mentioned dividing: namely, the division of labour; the division of power; legitimising of power. These steps function to maintain a power discourse based on sexual categorisations. People are forced to conform these categories through an intense sexual discourse exposition from the educational materials to pornography. This process has been reinforced by the sexual discourse proliferation in medical and legal fields. The absurdity of this categorisation could be exemplified with the case of sexual citizenship; an asexually identified or an agender individual has to have a national identity card with a gendered colour in some cases, and they must be categorised under one gender for the legal records in almost all cases.

Thus, identities should be questioned indeed; however solely reversing the identity narrative, as in antinormative or homonormative cases, is contradictory according to the critical approach. In other words, a pre-defined gender based performance, even though it does not overlap with the biological sex, is a performance within the frames of heteronormativity. Evidently, just problematising identity is not enough; so critical scholars should research and also be aware of the research done in the biological studies on human sexuality. Another aspect that needs attention is to question how does biological determinism in science, which appeals cultural ideologies, stay prominent even though in the cases where the replication studies repeatedly fail. Scientific discourse conveys an obscure and vague prominence that needs to be critically challenged; and this is a must for science since it is philosophically based on falsification.

Moreover, in order to refrain from the binarisms in language, we need to form new phrases and discourses. At this point, even the most politically-correct

term called sexual orientation cannot define the variances of sexual phenomena properly, because "orientation" refers to two polars and one way directionality: namely, normative binarism. Accordingly, this dissertation has aimed language as its main critical target, and also its main critical tool. In this study, after the analysis of five printed and five online texts in Turkish Mental Health Literature under the guidance of discourse analysis methodologies and critical social theories, there appeared a web of discourse which extends along the cultures, crossing borders and tracing back to previous ages.

In terms of the "pathology," "disorder," "criminal," and "unnatural" narratives on homosexuality within the selected printed texts, and the "heterosexist" narrative within the online texts, we have observed the above detailed web of normative discourse which functions through sexual subjections, identity narratives, monopolisation of orientations, biological determinism and legitimisation of patriarchal authority through the supremacy postulate of medical discourse. We have also witnessed the invasion of the colloquial and subjective into the so-called objective discourse in these texts.

Also one of the most common fallacies was the confusion among the terms of sexual orientation and gender identity. There were often factoids such as sexual identity and sexual preference. The difference between homosexuality and transsexuality were often blurred and at some points they were perceived monolithic. There were a general agreement on the comparative aggressiveness and masculinity of the penetrating or active partner on the contrary of receiving or passive partner. The identity narratives were essentially based on gendered "men and women" or "penetrator and receiver" narratives. In conclusion, there were a pattern of sexually biased and stigmatising discourse which coexists with medical sermon.

The "adaptation" narrative within the printed texts plays an adaptive role or symbolises a transition in the literature, because although there are vague and insufficient reasoning for homosexuality such as the influence of parenting

patterns, there is no pathologising or stigmatising statements. On the other hand, in terms of "interview," "critical," "affirmative," and "objectivist" narratives within the online texts, there are crucial critiques on sexually biased medical approaches. They defend the position of human rights: they equally approach to any individual of any gender identity or sexual orientation. They base their argumentations on genealogical, empirical and developmental theories and research. Besides, they do not use subjective identity narratives to describe and label people based on their sexual behaviors or attitudes.

In conclusion, discourse analysis has been very helpful for distinguishing the narratives and locating the discursive webs. There may have been critics who give discourse analysis a taste of its own medicine by asserting that if all language is constructive including the discourse analysis that would be paradoxical, however, actually that is one of the methodology's greatest strengths. There is nothing pure about language and that is not denied by the methodology, but instead embraced and embodied effectively.

Conclusion and Directions For Research

Considering several other contemporary texts in Turkish that were written by mental health practitioners on the subject (e.g. cited texts[187] [188] [189]), it is not easy and common anymore to categorise homosexuality in pathological terms within an academic textbook or publication that is considered internationally valid. However, in privately funded non-fictional books, websites, and media broadcasts, one may still encounter discourses that outcast sexual orientations and

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187 Seven Kaptan and Şahika Yüksel, "Eşcinseller, sosyal dışlama ve ruh sağlığı," *Toplum ve Hekim* 29.4 (2014): 259-65.

188 Timuçin Oral, "Homofobi, hastalık mı?" *Anti-homofobi kitabı 2: Homofobi kimin meselesi?* (2010): 95-96.

189 Umut Şah, "Eşcinsellik bir hastalıktır [ve dahası sapkınlıktır] - Bir eleştirel söylem analizi denemesi," *Anti-homofobi kitabı 3: Heteroseksizme Karşı Gökkuşağı* (Ayrıntı, 2011): 76-84.

gender identities through labelling identity narratives, manipulating scientific discourse, and twisting information. As the academic standards have increased, the directness and methods of discourses that consider homosexuality as an illness or a categorisable dysfunction have changed as well.

Regardless of its specification, academy has been a future-oriented institution. Whether one focuses on medicine or business, the prognosis or the forecasting are integral parts of the activity. Even history tradition, which may seem as the opposite of future, plays an important role in future-related research. Therefore, throughout the dissertation, by analysing history the future is sought out. In case of studying sexual orientation based identity narratives encountered in Turkish mental health literature, this action is only meaningful if it sheds some light on the questions of curious practitioner and non-practitioning readers. It is recommended for the future researchers to apply ethnographic research in mental health institutions and to conduct in-depth interviews with mental health practitioners and patients/clients on their related experiences.

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