Therapy in Authoritarian Contexts: Notes from Turkey

Since early 2010s, the AKP regime in Turkey accelerated its turn to authoritarianism with a polarizing populist narrative that relies on strict binaries between Islam and Christianity, outsiders and insiders, and friends and enemies. To understand how people deal with a wide array of feelings in this authoritarian populist context, including political emotions, I study therapy in Turkey as a mediating institution. This field, which is finding itself under state intervention, is increasingly tasked with helping people make meaning in a world perceived as volatile. Relying on an interview study with therapists who conduct therapy in Turkish, I interrogate how therapists navigate catering to a clientele who find themselves in politically polarized, authoritarian contexts. While positioning the therapist as a mediator between the "social world," and the individual, I ask the following questions: How do social structure, and political polarization present themselves in the room? How do then therapists navigate their own role and positionality in the face of social problems that clients bring? I consider if therapy can be a potential tool for liberation under an authoritarian regime. That is, while investigating how meso-level agents mediate emotional meaning-making, I ponder the possibility of therapy session as a space of mutual emancipation. I identify four ways in which therapists conceptualize their role in potential social change: including relational impact, incremental transformation, containment, and ambivalent soothing. While some therapists see their work as contributing to meaningful change, others express concerns about the limitations of therapy in addressing structural issues and the increasing burden placed on therapists to provide collective consolation. The study also highlights fears about potential state intervention in the field.

INTRODUCTION

Since early 2010s, the AKP regime in Turkey accelerated its turn to authoritarianism with a polarizing neo-Ottomanist narrative that relies on strict binaries between Islam and Christianity, outsiders and insiders, and friends and enemies. To understand how people deal with a wide array of feelings in this authoritarian populist context, including political emotions, I study therapy in Turkey as a mediating institution. This field, which is finding itself under state intervention, is increasingly tasked with helping people make meaning in a world perceived as volatile. Relying on an interview study with therapists who conduct therapy in Turkish, I interrogate how therapists navigate catering to a clientele who find themselves in politically

polarized, authoritarian contexts. I consider if therapy can be a potential tool for liberation under an authoritarian regime.

In Turkey therapy increasingly became popular in 2000s (Dole 2025). Before then, it was a niche field. There were a few key institutions which raised psychologists and the field generally was under the tutelage of psychiatrists, where psychologists played second fiddle and did menial tasks such as data collection. For example, the generation who graduated in the 80s talked about how when they entered the field no one knew what psychologists did, what they "became" after graduation so to speak. Now, the field is a lot more diverse with psychologists, psychiatrists and counselors ideally fighting at the mental health trenches together, against similar problems.

Mehmet, a male therapist in his early sixties, with a PhD in the field and work experience in different settings including a hospital and his own private clinic took me through his last 35 years of experience in the field. Back when he started in the eighties, psychology was more a field perceived as a side specialty that assisted psychiatrists. He said:

> The idea that people could specialize in psychotherapy or psychoanalysis and help individuals on a personal level wasn't very widespread and changing took time. Perhaps, he says, speaking of his generation "we, were among the pioneers in that struggle, those who fought for psychologists in that movement.

He gave me couple reasons why he thought this was the case:

> We are a somewhat closed, authoritarian-type society, problems are usually discussed either among friends or within the family. They rarely spill over outside; this was one of the reasons why our profession couldn't fully carry out its tasks. People also perceived mental problems as somewhat flawed or, you know, as if they should feel embarrassed or ashamed, and because of this perception, progress moved very slowly until the 2000s. But in the early 2000s, when I started working at the hospital, people seemed ready and expecting someone to normalize this so that they could accept it as normal and go to get help, talk about their issues, and seek counseling. I think something suddenly changed; I believe it gained serious momentum.

Chris Dole (2025) argues the 1999 Marmara earthquake, as a major social trauma, has been a catalyst of growth in the field. Along with neo-liberalization, global rise of the therapeutic, a

proliferation of psychology departments, management-psy collaborations, and take off self-help, the major earthquake pushed the field to responsively expand (Illouz 2008; Wright 2008). After twenty years, the mental health field is going through yet another expansion. This recent growth came after yet another catastrophe—Covid 19 pandemic which accelerated the push for online therapy and made therapists and therapy talk increasingly present on social media. Today, social media has become a major force-field where psychology and psy-adjacent fields get articulated and grow. The growth is also a story of need. In the last years the need for therapy has become as acute as ever. A forty-year-old therapist, who has his own practice, informs me how his clients express the impossibility of existing under authoritarianism:

> When I started my therapy practice, in 2010 Turkey was, more or less, experiencing its 'Golden Age'. I think it was fake, too. Of course, the Gezi uprising brought this under sharp relief. But all along, I've heard derivations of how can I exist in a social environment that, as they say, restricts freedom. You know, oppression worsened. Yet, topics seem to remain the same. I think it's disturbingly very stable. So much injustice, inequality, trauma, people finding themselves in harms way because somebody who should have protected them didn't. At the very least, considering the years before the Gezi uprising, in the western part of the country, even when we, as a happier minority, were unaware of the world, I was listening to clients from the east, of Kurdish ethnic background, about what it was like to be a child in an eastern province in the '90s. Now, living in the east or west, everywhere in this country, people wonder what it's like, what rights are being violated. We feel like we are in slow boiling water, how much longer can we stay?

This therapist's powerful words touch the research questions I am pursuing in this study where I investigate how meso-level agents mediate emotional meaning-making. I ask if therapy sessions can be a space of mutual emancipation?

Methodology

I interviewed sixty-two therapists around Turkey both in person, phone, and ZOOM interviews. To ensure geographic breadth, I covered several cities including Istanbul, Mersin, Ankara, Antalya, Hatay, Samsun, Mugla, Izmir and Canakkale. While these are the cities therapists are based, some of them also see clients online who are based around Turkey and sometimes abroad.

The age range is between late twenties and late sixties. Having a broad age range helps uncovering the concerns and styles of therapists from different generations through an exposure to the structure of the field in general: How does a therapist professionalize in Turkey? What has changed over the years? Through autobiographical accounts I am also exposed to how the therapists perceived the field change and grow. The sample also has a diversity of ecoles the therapists adhere to so I can investigate how the school influences their response to social problems. I also try to diversify through cost, which influences clientele they are catering too. For example, as part of recruitment, I call Istanbul municipalities which provide free therapy services. To immerse myself further in the field I attend introductory classes, and open supervision sessions from two different institutions with different approaches. While my intension is not studying them ethnographically, they foster a thick-descriptive environment for the therapy-scape of Turkey.

The semi-structured interviews lasted between fifty minutes and two hours and twenty minutes. I ask about the therapist's professional journey, therapeutic approach, and how it is adapted to cultural and societal contexts in Turkey. We explore the common issues clients face, how these vary across different social groups, and whether these concerns have changed over time. I also address the impact of political and societal changes, including authoritarianism and the connection between emotions and politics, on therapy. Lastly, I ask about the therapist's role, their coping mechanisms, and the influence of social media and popular culture on the perception of therapy.

While positioning the therapist as a mediator between the “social world,” and the individual, I ask the following questions: How does social structure present itself in the room? How do therapists mediate social structure? Who talks to whom? Does the therapist’s sociopolitical positionality matter in catering to a group of clients? Is there a division of labor

between pious and non-pious therapists? How does the therapist's gender matter in the problems they are expected to solve? Do people talk about ethnic conflicts, and if so, do they do it with therapists from different ethnic backgrounds? Do people talk about economic uncertainty during sessions? Do clients overtly bring politics to therapy?

Therapists in the Trenches: From Individual to Collective Defense Mechanisms

Based on interviews, I can surely say, yes, they do, and clients are anxious, angry, and generally hopeless about the future. For example, a male therapist in his late thirties informs me:

> There is a lot of anxiety. What people are anxious about can vary, but recently there has been a lot of concern about the country. Economic anxiety, safety concerns, social roles, being a woman, being a woman in Turkey, violence against women—there is a lot of anxiety about these things. Many people have a hard time making sense of things. In the existential approach, it's not always called depression. The part traditionally known as depression is very common, though.

Other therapists too concurred that the most pervasive problem was anxiety. Research suggests anxiety is on the rise and Turkey is not exempt. This may in on itself not sound surprising as there is ample reason to be anxious, isn't it natural? But as a cultural sociologist, I push myself to pay attention to the processes of construction of and potential responses to anxiety. Not everyone responds the same way to situations—research tells us "Collective-biographical, cohort-specific factors may make certain situations potentially more anxiety-inducing for some individuals than for others." In his recent theorization of "collective defense mechanisms" Mustafa Emirbayer (2024, 2025) underlines the sociological purchase of paying attention to the unconscious, and collective processes that underline anxiety—an often-neglected sociological domain. This is particularly important. As Menzies of the Tavistock institute informs us types of defense mechanisms groups activate in response to anxiety and stress then can affect the course of social change in institutional settings. She claims:

> The work of Melanie Klein and her colleagues has given a central position to anxiety and the defenses in personality development and ego-functioning (1948b). I put forward a second proposition, which is linked with the first, namely, that an understanding of this aspect of the functioning of a social institution is an important diagnostic and therapeutic tool in facilitating social change. (Menzies, 1951)

Building off of Menzies Mustafa Emirbayer argues CDMS are a "socially constructed and relatively enduring set of processes whereby some or all members of a collectivity— typically a group, organization, or community—through tacit collusion or some other mode of coordination, unconsciously ward off and defend against anxieties experienced in common by those members." (2025:5)He further specifies them to be emergent configurations of individual defenses, often built on unconscious collusions or more coordinated interdependencies, as when a CDM becomes a regularized practice or an institutionalized policy. He points to an "untapped potential here for work in cultural sociology on the shaping, and the very constitution, of individual anxiety." (Emirbayer 2025:15). He urges sociologists to study how individual defenses come together to form collective defenses: How do we get from one to the other? What types of coordination most often are found? And how are CDMs actually produced? Therapists in today's Turkey are a major group tasked with responding to anxiety, hence they are important people to talk to in terms of the HOW of this task.

Thus, in this study, I elevate the institutional to the country-level and unpack the role of therapists as a mediating group of people who sense, organize, synthesize, or resist individual defense mechanisms and transform them into collective defense mechanisms. I focus on therapists' response to general rise in anxiety they say they are observing in their practice—and the relation thereof to social structure broadly. While conceptualizing therapists as synthesizers of anxiety responses, I ask: How do they recognize anxiety, and how do they then think through the unconscious defense mechanisms? Menzies had recommended proper therapy for nurses in

her study, for them not to resort to “first order defense mechanisms,” to achieve meaningful social change in the study hospital. How do therapists see their role in navigating individual anxiety? Do they recognize their role as social? How do they make sense of this social role which occurs in a very private seemingly individual setting?

This on my part comes from a wish to pontificate on the claim that “therapy offers individualized solutions to social problems.” Is it so? I think it will depend on the therapist and type of therapy—that’s why I am urgently devoting myself to the burgeoning field of therapy in Turkey—and asking therapists how they make sense of social problems. Consequently, I will lay out the four ways in which they see their role in social change.

FINDINGS

Therapists actively negotiate between social reality and the individuals’ perception of it. They indeed think of individual problems as social problems. They do the interpretive work trying to gauge if something is a “real” social structural obstacle for client’s life trajectories. In other words, they do mediation between social problems and individual agency. For example Mehmet says:

> It is also important how the person perceives social problems and how they situate an obstacle within their own life plan. Some people can be more resilient and combative against life's difficulties and troubles. Others, however, do not really enjoy struggling and may try to choose easier paths. You need to look at this once in order not to mislead the person. But on the other hand, of course, there are certain societal realities. That is, the person has the potential to do good, beautiful, and meaningful things for themselves and perhaps for the world. As a therapist, I cannot fully measure this potential though. Is the cleint using this as an escape or an excuse? Is he saying that nothing is possible in this country anyway, so that’s why I am failing too? Like a highschooler, the grades are bad and he says school is like this, the teachers aren't good anyway, and so on. But somehow, you have to confront him with the fact that, after all, you haven't done your best either. But if I see that this person is doing their best despite all this, has the desire and will to struggle, has potential, but there are real obstacles... Then of course, if I understand that

> this is not an ego defense or a product of a defense mechanism, and that the person is thinking rationally about their own life plan, of course I can be supportive. Still, I should not lead them into despair. Because my role here is not to say that this country is already ruined, so run if you can, or something like that. Even if I believe that, I cannot do that. I mean, I can't change the reality, I have no chance to change bad conditions, but at least in terms of helping people adapt to adverse conditions, my duty is to encourage them to make the most of what they have, to give them courage, without turning it into a fantasy world. That is what I am obliged to do.

As this above excerpt shows, Mehmet does hermeneutic work to assess if his client hitting a social wall in Turkey—there is no meritocracy, even if I worked hard, I will not achieve anything is a first order defense mechanism, or if this client is using the circumstances in the country to not work as hard as they could. And, if they cannot change a bigger structural barrier, they will, as a therapist, do best they can to support their client. They will contain their client within the social world that is Turkey. In the next excerpt a CBT therapist thinks about authority as a culture structure, and how people have an ambivalent relationship with it. People simultaneously blame and expect the authority to deliver them from their problems. In other words, he is thinking through agency with regards to people's relationship with "authority."

> People may both feel a need for authority and at the same time conflict with that authority. Something along these lines. It sounds a bit contradictory. On one hand, there is rebellion against the presence of authority, but on the other hand, there is also a need for it. Because culturally, in a way, it has been imposed—there always must be some authority at some level. You know, like that notion of a single-man rule, there always seems to be a requirement for a leader, an authority figure. But on the other hand, their presence can also be disturbing. I'm thinking in terms of cases. For instance, here's an example: Someone thinks that their family is a hindrance to their dreams. At the same time, they think that to realize their own dreams, they need some support from the same authority. They are both complaining about their existence and feel dependent on their existence to be able to do something.

Next, I detail how therapists navigate themselves within social and culture structures.

Therapists' Agency in Mediating Social Change:

Therapists think in four different ways in terms of therapy's impact on a societal level, and how much power they have in this said change. Relational impact, incremental impact, containment, and ambivalent soothing.

1) **We do have impact.**

Therapists think they can name a social problem and think through the problem with the client. In other words, if their client finds themselves anxious because they feel they hit a social wall, the therapist does not shy away from naming and acknowledging the wall, and the validity of their clients' feelings about it. In the following excerpt, a forty-year-old therapist working within the Gestalt school walks us through how he situates the client within the social world, and invites them to action vis-à-vis the perceived obstacle. Through this relational repositioning, they then have impact on the social world.

> For example, within the therapeutic relationship, in the Gestalt approach I work with, I cannot just say "this many femicides have been committed, all within eleven months, never mind. Don't worry." I can't say that, that would be very absurd. Really, what's happening is genuinely disturbing; when I see it, I share it in the session. I acknowledge it's really concerning. Okay, these things are happening, I accept them, I take them in. Then I ask the client: What are you experiencing in relation to this? And how does femicide trigger you? We work on that. It's not like 'oh let's set it aside, let's work on you.' It's more like what does this mean for you.
>
> Do you have any power in the face of this social problem as a therapist?
>
> Each of us, each of our expressions, each of our existence has a place in the whole. I've especially started to focus on this a lot in recent years. How we choose to use that existence is very important. It could be in a way that causes harm, or it could be by trying to contribute. What is our intention, so to speak. I think I have a role as a therapist, but this is not a place that glorifies being a therapist. I believe that however we position ourselves in life, in our existence we have an impact.

2) **Incremental Change**

Second, they thought how, in a couple of generations they could have a positive impact on Turkey by changing the people in their practice. By changing individuals, in time, they could

cause incremental, if not revolutionary, social change. For example, Deniz, a forty-five-year-old therapist in a middle class neighborhood in Istanbul said:

> I think we definitely have a role in social change, especially through reorienting people's approach to responsibilities and boundaries. Honestly, we need to see it like cell biology. Let's say I interact with 5 or 10 clients. Someone else interacts with 5 or 10 people. Assuming that the people we interact with also interact with others, yes, it will contribute to that transformation over time. How meaningful that contribution is, I can only guess of course, but I estimate that over time, looking across 2-3 generations, it would result in a (positive) transformation.

3) Containment through naming

Some therapists were worried that they only gave someone tools to stay in a less-than-ideal circumstance. They felt, naming the social problem for the individual and telling them "they are not alone" can help the individual to cope but this did not change the social world. They feared they contained the individuals and potentially hindered social change. In the next excerpt a therapist from existential approach shares their worries about people turning inward at the cost of the social:

> The more space is being restricted outside, the more people try to create space inside. That's why I think psychotherapy is so popular. Both being a client and acquiring, consuming, seeking, and researching the information that psychotherapies provide. But on the other hand, I also have a suspicion about something. I mean, an uprising could occur. Are we preventing it? I mean, life outside is already quite miserable, and without people realizing it, are we directing them toward their inner riches due to the demands of the situation, pushing them into a more schizoid place, and thereby hindering social development? There's one aspect I somewhat doubt. I strongly believe in the transformation and development of the individual, but not at the expense of the transformation and development of society. Something like that. I mean, there's so little one can do outside, or the space for freedom has become so limited that investment has started to shift inward.

4) Ambivalent Soothing

Therapists, while acknowledging the social role they were assigned in the country, that is, trauma counseling and public consolation, also resented it. Some felt they should not be responsible for collective soothing after every single disaster. Rather, they should have the luxury to "keep their

lane," and tend to individual problems. Structural problems should be prevented by entities such as the nation-state so they can focus on exploring individuality.

> I think I can help in repairing the individual manifestations of societal problems. But on the other hand, part of me wants to cling to the idea that the transformation of the individual is ultimately the transformation of society as well. I want to hold onto the notion that I am contributing to that in some way, of course, but in reality, as a therapist, I am very angry. I am angry at society, angry at the state. At times, I feel very angry at my own colleagues too, especially when a societal disaster occurs – which happens about every fifteen days – it's both sad and ironically accompanied by these soundbite-filled Instagram posts about how to cope with it. For instance, a hotel burns down and people die inside. We have to ask why the state didn't prevent it from the start? Why do we as therapists have to deal with the societal wound left open by the state. It makes me very angry, and this may be bad, but in today's Turkish society, the unspoken social contract to my profession has become particularly fraught. In other words, if you are a therapist, you must bear the brunt of consoling society writ large. So, if you are the therapist, you will handle this. Of course, I will handle it, but why do disasters as such happen in the first place?

The therapist's anger brings to fore how therapists navigated the same social structures themselves.

AN UNCERTAIN FUTURE

The therapists, as they were tending to the anxious were also fearful about the future of psychotherapy. They wondered what would happen if the state expanded its reach to the field. So far, according to this therapist, the field was a positive force against the oppressive working of structural forces, but she was not sure what would happen if the state intervened further in the profession.

> We can't think of psychotherapy independently from the general environment. So far, psychotherapy might have been an area where prejudices are somewhat broken and where people can see the other through empathy. In that sense, it may have become something that touches people's lives in a positive way. But we cannot foresee what the authorities or those who make these regulations will turn the field of therapy into. It is not really possible to say anything definitive about the future of psychotherapy.
>
> Yagmur: That was a very interesting ending. So could politicians have such an effect? Directly on psychotherapy?
>
> Of course it could. I'm proposing this as a conspiracy. I'm not saying that it definitely will happen. What if they said psychotherapy is something that harms the structure of the family and damages people's spirituality. From now on, in all therapist processes, therapists should send everything they do to a board or an authority. If we find something

> against the state's policy, that person's license, I don't know, would be revoked or they would face certain sanctions.
>
> Yagmur: Could something like that happen?
>
> Can we say it won't happen? Let's say someone assumed that there are things contrary to societal values in therapy… For example two months ago Friday sermons by the Religious Affairs commented on women's attire. If they consider intervening in this, can we guarantee that there won't be any intervention in the field of psychotherapy tomorrow?

While her concerns seem conspiratorial, her anxiety is not unwarranted. Since last year the field is facing uncertainty as new regulations dictate where, how, and under which circumstances the therapists can work. One of the proposed regulations included having a sink in the therapist's room. Therapists have been lobbying unsuccessfully for better regulations that would protect them rather than restrict them in unproductive ways. They fear if the institution of therapy is becoming yet another field for the regime to intervene, exploit, and profit from.

References:

Dole, Christopher T. 2025. *Living On : Psychiatry and the Future of Disaster in Turkey*. Stanford, California: Stanford University Press.

Emirbayer, Mustafa. 2024. "Self-Negation." *Theory and Society* 53(2):323–56. doi:10.1007/s11186-023-09541-4.

Emirbayer, Mustafa. 2025. "Collective Defense Mechanisms." *American Sociological Review* 90(5):788–812. doi:10.1177/00031224251341575.

Illouz, Eva. 2008. *Saving the Modern Soul: Therapy, Emotions, and the Culture of Self-Help*. Berkeley, UNITED STATES: University of California Press.

Wright, Katie. 2008. "Theorizing Therapeutic Culture: Past Influences, Future Directions." *Journal of Sociology* 44(4):321–36. doi:10.1177/1440783308097124.