

Heuristic Self-Search Inquiry Into One Experience of Obsessive–Compulsive Disorder

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Abstract

The experiences of obsessive–compulsive individuals as expressed in first-person accounts have not been adequately explored. In this study, I used the heuristic self-search inquiry (HSSI) method and integral psychology framework to explore the process of self-healing during my encounters with obsessive–compulsive disorder (OCD). In previous heuristic works, researchers reported their thoughts and feelings from inner-dialogue, but the actual internal dialogue was not accessible to the reader. In this study, I self-dialogued my thoughts and feelings in real-time self-to-self conversation in which I was both “I-Researcher” (IR) and “I-Participant” (IP). In this format, the conversation between IR and IP was impromptu and immediately available to the readers of this article. Together, these approaches comprised a unique method for exploring my OCD experiences. The self-dialogue data were autobiographical and collected via informal conversational style, using hand-written notes and without audio recordings. I analyzed data with a dialogic/dialectic approach and with Moustakas’s analytic phases/processes. Interpretations revealed my experience of a curative transformation through reasoned (dialectical) and relational (dialogical) HSSI. The results indicated that my own OCD healing did not depend on corrective actions (as the biomedical model posits), but instead depended on changes in my own

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contextual existence. These findings suggest that dialogic/dialectic integrated HSSI is a useful tool for researchers, professionals, and people who face OCD daily because the results demonstrated that belief in one's abilities can flourish in the presence of confusion and despair and can have profound positive effects in the healing process. This research provides a helpful contribution to the therapist-centered literature on OCD by providing a client-based perspective of the disorder and a potential pathway for self-healing.

Keywords

obsessive–compulsive disorder, self-healing, self-dialogue, heuristic inquiry, dialectic, dialogic

Introduction

Globally, obsessive–compulsive disorder (OCD) accounts for 4 of the 10 leading causes of disability among mental disorders (World Health Organization, 2008). In the United States alone, an average of 2.2 million adults per year suffer from OCD (Kessler, Chiu, Demler, & Walters, 2005). In addition to the disarray that OCD brings to the personal and social lives of those who suffer from it (Adame & Knudson, 2008), its overall cost to the U.S. economy is \$8 billion per year (World Health Organization, 2008).

In this study (Ozertugrul, 2015), I sought answers to two research questions. The first research question involved the exploration of my own experiences of having OCD. The second research question involved the exploration of self-healing of OCD, putting the individual with the disorder at the center of the process. I explored the research questions through self-dialogue to augment my own understanding of OCD experiences. Self-dialogue, when conducted properly and honestly, both contains and reveals self-convictions, prejudgments, biases, or personal beliefs as they are an integral component of self-search. Heuristic self-search inquiry's operational and contextual criteria of self-healing must be weighed against the epistemic questions of standard research (e.g., How does one know when healing has occurred? Or how does one measure healing?).

Within the context of heuristic self-search inquiry (HSSI), standard epistemic research questions entered the heuristic process through two-foci split self-dialogue: "I-Researcher" (IR) and "I-Participant" (IP). The IR took on the researcher's role and engaged in dialectic questioning (e.g., How do you know you had OCD? How do you know you don't have OCD now?). The IR

did not ask these questions for the purpose of quantitative comparison or measurement (i.e., more, less, higher, lower, better, worse, etc.) of a prior state. The IR asked these questions to explore IP's representations of his inner world through self-dialogue. The intent was to demonstrate an array of positive (e.g., transpersonal or intuitive sense of connectedness with others) and negative (e.g., contradictions, constraints, apprehensions, negations, etc.) lived experiences. The heuristic goal is not to eliminate personal biases, prejudices, or beliefs, but to comprehend and use them when describing personal experience (Moustakas, 1990).

Several humanistic researchers have addressed self-healing. Freud (1909/1955) laid the groundwork for self self-engagement—motivation and the capacity to create meaning. Jung (1921/1971) emphasized the client's role in understanding their psychological problems. In Greenberg, Elliott, and Lietaer's (1994) research, clients' inner creative sources were shown as significant. Bednar and Kaul (1978) found a strong link between a client's individual expectations and the success of experiential therapies. Frick's (1983, 1987, 1990) long-term symbolic growth experience research demonstrated the self's capacity for self-discovery. Frankl's (1985, 1997, 2004, 2006) extensive logotherapy works emphasized the totality with the world. Further research related self-healing capacities to self-help programs (Christensen & Jacobson, 1994). There were also programs where therapists relied more on clients' self-healing sources and less on treatment modalities (Bergin & Garfield, 1994; Pennebaker, 1990; Segal & Murray, 1994), and research that provided evidence for the contribution of clients' self-guided interventions to the healing process (Howard, 1996; Rychlak, 1994). Furthermore, research demonstrated significant improvement when clients' inner sources were used, even for the cases that were previously considered impossible to treat (Duncan, Hubble, & Miller, 1997).

Each of these researchers examined individuals in relation to their own recoveries. However, the self-healing experience of an individual suffering from OCD has never been examined via a first-person account using HSSI and from within a holistic psychology framework (Adame & Knudson, 2008; Sela-Smith, 2002; Wilber, 1996). For this study, I proposed that a holistic (or integral) examination of OCD from a first-person account using HSSI method can improve the lives of individuals with OCD.

The economics of OCD are studied in terms of treatment modalities, length of treatment, symptom reduction (Martinelli, Chasson, Wetterneck, Hart, & Björgvinsson, 2014; Pereira Pinto et al., 2011), and comparison of costs of outcomes in various settings such as community programs versus hospitals (Barlow, Ellard, Hainsworth, Jones, & Fisher, 2005; Knapp, Henderson, & Patel, 2001). The samples in these studies were small and the

follow-ups were either limited or nonexistent. Few studies included OCD's impact on an individual's quality of living and OCD's debilitating consequences for family life in the cost analysis (Barlow et al., 2005; Knapp et al., 2001). Current economic studies are most likely based on inaccurate numbers because of the number of unreported cases of OCD (shame and social stigma have been implicated as reasons for OCD sufferers not coming forward or seeking treatment; Adame & Knudson, 2008; Knapp et al., 2001). The current economic studies do not account for the shame and social stigma as factors behind unreported OCD cases. The research suggests that there is no effective way of knowing the magnitude of unreported cases (Adame & Knudson, 2008).

This study was needed to better understand the experiences, feelings, and actions of an individual with OCD. To address this need, I integrated self-dialogue with the dialogic/dialectic probe technique. In general, the term *dialogic* is recognized in the works of the Russian philosopher Bakhtin (as cited in Hermans & Dimaggio, 2007), and refers to the continual dialogue existing in literary work (among authors) and the dialogue that exists within the self. In this study, my use of the term emphasizes how I experience the social atmosphere within me while I experience the OCD in the real world.

In general, dialectic process is a mode of understanding conflicts in human conversation "in a normative-epistemic sense" (Brinkmann, 2007, p. 1130). My use of the term describes a person (dialectic self) who seeks to know herself/himself through a dialectic process (self-questioning). However, my use of dialectics is not to establish norms from a personal experience (this is not the intent of HSSI). Rather, I used dialectics because it is inherent in the self's experience; the self wants to make a sense of experience through the array of voices that exist within, including epistemic role playing (or deductive reasoning; Hermans & Dimaggio, 2007).

In previous HSSI works, Ferendo (2004), Meents (2006), and Sela-Smith (2002) used self-dialogue to move toward intuitive, tacit, and epiphanic potentials. This did not optimize the dialectic and dialogical mode of understanding that is inherent in human conversation. My definition of self-dialogue comprises dialectic/dialogic functionalities sketched out in the above definitions.

My goal in using self-dialogue in this context was to add to the existing research in terms of what really takes place inside the mind, and how that relates to the world outside. It is useful for exploring the experiences, feelings, and actions of an individual with OCD because self-dialogue can facilitate a transparent and honest explication. This, in turn, can ignite a form of regenerative effect—not in terms of having or not having obsessive-compulsive symptoms, but in terms of having or not having a productive and socially engaged life.

Method

Participant Selection Logic and Demographics

As a form of phenomenological research, heuristic research uses idiographic sampling and focuses on the individual experience (Patton, 2002; Rudestam & Newton, 2007). As part of heuristic research, I used purposive and criterion-based sampling. The intent was to explicate the full range of the OCD experience that resides within me. The criterion is to explore an individual who has personal experience with the phenomenon (Moustakas, 1990; Rudestam & Newton, 2007). In this heuristic self-search study, I was the researcher/participant, the single individual, who had direct experience with OCD. There is no history of any particular health problems in my family, including chronic diseases or OCD. I have suffered from OCD or displayed OCD-like symptoms as far back as I can remember. I was officially diagnosed with OCD in 2004, and healed from it in 2008.

I rationalized this research without participants. This, in principle, was similar to how Sela-Smith (2002) envisioned self-search, but differs by inclusion of dialogic/dialectic integration. Because one of the primary tasks is to relay the worth of self-search to the reader, this study, drawing from the relevant literature, included the ways that researchers examining themselves are different than researchers examining others. The literature revealed varying approaches among professionals/explorers of phenomenology and heuristics. However, in the survey of Ferendo's (2004) and Meents' (2006) works, I did not find any convincing rationale for using co-participants in HSSI. Hence, I speculated (and neither Ferendo nor Meents stated this openly) that fear of rejection from academia (due to the controversial idea of the researcher being the only participant) was one plausible reason for the use of other participants. Because their work did not reveal solid methodological grounds as a reason for the inclusion of other participants, the second plausible explanation is that these researchers accepted the established view (that participants are required to qualify any inquiry initiative as research) by default.

My position is that each application, when considered from a perspective of the researcher being the sole participant (as in HSSI) versus a researcher with (co)participant(s) (as in phenomenological inquiries and heuristic research) holds a virtue independent of the other and, hence, would contribute to society in ways such that one cannot be a substitute for the other. The way I see it, in HSSI, the personal datum does not exist with respect to other(s). Instead, its boundaries are determined by the self-searcher alone who is willing to go deep into it to "achieve richer, deeper, more profound, and more varied meanings" (Moustakas, 1990, p. 47). My view is in agreement with founder Sela-Smith's (2002) goal in developing HSSI, which is to

contribute to knowledge through the experience of a single individual. I found this unique design/purpose (a study with single researcher/participant) was more fitting to HSSI than a study with a researcher and (co)participant(s).

Data Collection

Dialogic-Dialectic Self Interview (DDSI, also referred to as self-dialogue) was the major data collection instrument. DDSI was organized and presented in accordance with Moustakas's (1990) heuristic foundations, but modified to incorporate those dialogic/dialectic principles into the data collection. Moustakas's heuristic foundations involve six analytic phases (i.e., initial engagement, immersion, incubation, illumination, explication, and creative synthesis) and processes (i.e., Identifying with the Focus of Inquiry, Self-Dialogue, Tacit Knowing, Intuition, Indwelling, Focusing, and The Internal Frame of Reference). Interview sessions were conducted in a quiet room at home or at my workplace office. I did not use a recording device. I engaged in self-talk as I wrote.

Data Analysis

I experienced inner voice both pathologically (as a symptomatic stage of OCD) and nonpathologically (nonsymptomatic stage). This is why in the organization of the collected data I had to manage the residue of these experiences in the form of reflections or meditations. Also, new realizations and understandings emerged during the collection. Moustakas's (1990) data collection and analysis format is suitable to the self-searcher's analytic experience, which is exclusively and instantly present during the researcher's encounter (through meditation, reflection, or sensation) with his or her own data (or sense-data) alone (Sela-Smith, 2002). In general, Moustakas envisioned the researcher's analytic experience after gathering data from all participants. This means that the researcher weighs his or her analytic experience against collected data and filters that through his or her own experience with the phenomenon under investigation. From the standpoint of my data collection, this would only cover my analytic experience after the completion of all interview sessions. Thus, it would largely dismiss my analytic experience that occurred during each of the interview sessions. Nevertheless, Moustakas's (1990) template is suitable to the circular or discursive nature of the analytic experience. This prepared me for the recognition of the following phases within each of the interview sessions.

Phase 1. This phase corresponds to Moustakas's (1990) initial engagement where the context and the form of the research question are instituted.

Moustakas recommended the researcher collect all available data from each participant before the analysis. As this did not apply to my self-search study, my organization of the data involved dialogic/dialectic self-conversation where self-narrative and its expressive qualities (i.e., metaphors, poetic manifestations, or other artworks) unfold together through the DDSI sessions. The IR/IP mutually determined what was significant in the experience. The IR exhaustively checked with the IP and asked for clarifications to confirm that what emerged was the true reflection of the experience. When the significance of the piece of data (e.g., events, people, metaphors, feelings, thoughts, emotions) was confirmed, the IR followed it up with the IP in the next interview session. The determination was made via holistic application of the heuristic phases (Identifying with the Focus of Inquiry, Self-dialogue, Tacit Knowing, Intuition, Indwelling, Focusing, and The Internal Frame of Reference). Therefore, there was no coding in the organization of data, and there was no isolation of themes and patterns.

Phase 2. This is the immersion phase. Moustakas (1990) recognized immersion for both the clarification of experiences and the understanding of them by their relationship to a research question. In this phase, I explored anything connected to the research questions. This included all of my engagements in the world (e.g., time, places, events, and people). To Moustakas, the immersion phase is “timeless” (p. 51) and guided by “intuitive clues or hunches” and “knowledge” that exists “within the tacit dimension” (p. 28). Therefore, the precise duration cannot be determined in advance. Moustakas suggested that it is best not to initiate the next phase until the experience is understood to the fullest extent. I prepared my data collection and analysis procedures according to Moustakas’s guidelines and it worked as exactly as Moustakas predicted. I had sessions lasting half an hour, and I had sessions lasting 3 hours. I had no control over the duration. Sometimes it felt that the data inside me was surfacing in that opportune moment and that it would be lost if I waited for the next session.

Phase 3. Typically, this is where the complete depiction of the experience is constructed. Ideally, this phase starts with incubation where the researcher detaches himself or herself from the data indefinitely until fresh energy and perspective are gained for a renewed look at the collected material to attain a full depiction of the experience. In my study, I deemed this phase essential for a comprehensive explication (next phase) of the themes and patterns that resided in my experience of OCD and which may not be revealed otherwise. Nevertheless, this phase did not always stand alone in my interview session. If data required that I needed to re-immerse or re-engage, I did, and I did it in

the same interview session. Again, this highlights the discursive nature of my data collection and analysis.

Phase 4. In this phase, the researcher reviews the entirety of the data. For my study, this meant that I perused the completed DDSI sessions for potential revision of the depictions, specifically looking for deletions of the extraneous or inclusions of what I omitted. This was rather easy for me because I read each session at least four or five times before starting a new one. Thus, I could easily make mental notes for the next session. Most often, I could start the session with ease because I already played it in my mind so many times. Nevertheless, sometimes things did not always go smoothly. Sometimes, I got stuck in the data. These pauses occurred for no apparent reasons in the sessions or in-between the sessions. In general, these were not long-lasting moments. Most often, I could unstuck myself by just reading the lines before the pause occurred or thinking something entirely irrelevant. In most instances, this provided me with renewed momentum, and sometimes with new directions. In this study, Phase 4 occurred twice: once at the end of Part I (interview sessions of the first research question) and again at the end of Part II (interview sessions of the second research question—see Results).

Phase 5. I conducted this phase after an interval allowing for sufficient reflection on what had been revealed in the previous phase. Once I identified the patterns and themes of the experience for the illumination of what I internally dialogued (as felt and thought), I formed the creative synthesis (the next stage). Creative synthesis was the true reflection of conversation dialogues, verbatim expressions, thoughts, feelings, and sensations. Creative synthesis permitted me to arrive at essential meanings for both my sufferings from OCD and my liberation from it. It also secured the person-in-experience in the presentation of OCD (as a phenomenon), a facet of heuristic research that distinguishes it from other qualitative orientations (Patton, 2002).

Phase 6. In this phase, I completed the data analysis and collection procedures. I finalized the presentation of the heuristic phases via the creative synthesis of my OCD experience. From the initial engagement and throughout all the phases of heuristic analysis, I used the analytic phases (immersion, illumination, and explication by periods of incubation) and processes (Identifying with the Focus of Inquiry, Tacit Knowing, Intuition, Indwelling, Focusing, and The Internal Frame of Reference) to understand the private nature of my OCD experience (Moustakas, 1990). It is through this guidance that I gathered all the essential constituents of the data and organized them for creative synthesis.

In my study, these six phases (except creative synthesis) occasionally applied to each DDSI session. This was a reiterative process. But it was necessary in the absence of coding systems. This is how I was able to identify the essential ingredients of the experience at the end of Part I (contains the interview sessions of the first research question—How did I experience obsessions and compulsions?) and Part II (contains the interview sessions of the second research question—How do I experience healing from obsessions and compulsions?) which were then depicted within two creative syntheses for each research question (the second creative synthesis covered both questions). This is also why there was no need for categorizing or indexing the text to find out the thematic structure of the data, which is a common practice in standard qualitative research (Flick, 2007). This underlines the unique positioning of self-search. In standard qualitative research, the data is out there; in HSSI, the data is in the researcher.

Results

In this study, I explored two research questions. I have processed the results within creative synthesis, the artistic creation that demonstrates the essence of my experience as a true reflection of 45 interview sessions that were conducted over the course of 85 days. There were two creative syntheses—one was formulated at the end of the Part I interview sessions (1-22) and the other at the end of the Part II interview sessions (23-45). The first creative synthesis answered the first question; the second creative synthesis was the composite depiction of both research questions. I formed the final creative synthesis using heuristic properties (i.e., initial engagement, immersion, incubation, illumination, explication, and creative synthesis) and processes (i.e., identifying with the Focus of Inquiry, Self-Dialogue, Tacit Knowing, Intuition, Indwelling, Focusing, and The Internal Frame of Reference). These processes and phases (except creative synthesis) occasionally occurred in the same interview sessions and they did not always occur in linear (or sequential) fashion. But they were always exhaustive.

In general, creative synthesis (an artistic creation) is presented as narrative depiction, but researchers are free to express it in poetic form, story, or even as a drawing (Moustakas, 1990). Artistic creation illustrates the basic components and themes of the experience. The creation must allow the reader to *see* what is intended by the research questions. In this study, creative synthesis informs the reader what it was like to be a person with OCD. Specifically, it depicts my experience of living with OCD and breaking out of it. I used two forms: The poetic (stanza) form provides the panoramic (allegoric) view of the experience, and the narrative story expands on the panoramic view and provides the background.

Prelude to OCD

Misbehaving neurons enslave with shame, feed the beast inside.
Beast stuns with doubt and envelopes with shame.
It does not chew, it swallows as a whole.
You can neither breathe nor move.
When all faith was lost,
When all hopes were flushed,
You found the Other in the belly of the beast
You found the Other to show you
The beast is you.
Everything shifts. Nothing changes.

The experience of living with OCD is like being somewhere that you don't want to be. In this place, you are surrounded with doubt. You doubt everything including yourself. Everything feels unreal. It is like you were swallowed by a beast and went straight to its belly. You can't escape. You can't move. You can't breathe. You can't reason. In there, you are greeted with horrifying thoughts. You don't know why they are there. You don't know what to do with them. You are in fear of your thoughts. In there, you are greeted with horrifying images. You don't know why they are there. You don't know what to do with them. You fear your images. You are deeply ashamed of your thoughts. You are deeply ashamed of your images. You worry if these thoughts and images mean something evil about yourself. You can't bear the idea that you are a bad (immoral) person. You want to escape from your thoughts. You want to escape from your images. You can't. There's no way out. You can't move. You can't breathe. You can't reason. In there, time stands still. There is no past. There is no future. There is only the eternal presence of the present.

They say you have a disorder. They call it OCD. They say it is a chemical imbalance. They say it is misbehaving neurons. They say it will come to you from your brain, unexpected, uninvited. You accept what they say. It is easier that way; it is liberating: You are not a bad person. You have a brain disorder. It is not your fault. You are not responsible. And yet, you realize this is not a freedom. You have just been given a choice to choose one imprisonment over another. You chose the disorder over evil. Now you are imprisoned by shame because being a self-sufficient person has always been important to you. You take great pride in it. Now you have to give up on that. You have a disorder; you can't fully trust your thoughts and feelings. You can't expect others respect your thoughts and feelings. This means you may have to deal with what people think of you but can't say to your face. This also means you may have to allow another person (a healthcare professional) to work with you, and for you to control your disorder, to control your behavior. You don't like that. You don't want to have a brain disorder. You don't want to give up on your pride. They

say you have a disorder. It does not care what you want. You can't will it out. You need help. They say there is nothing wrong with asking for help. And yet something inside you, something rebellious, tells you this is all wrong: You know you are fully aware of what is going on inside. You know you are still a complete person. You don't have a disorder. You are not crazy! But then why can't you stop this? Perhaps you have to listen to what they say. But then . . . You are back where you started. Shame grows. Confusion rises. Doubt hurts . . . You are in a dark place, once again. Was there something that you missed? You looked for an escape. You looked for a salvation, and you found one. You recognized it without you putting it into words: He was so alluring, so convincing. He said you had to listen to him. You listened. He said he was going to save you. You believed. He said you must go with him. You went. He told you what to remember. You remembered. He told you what to forget. You forgot. He told you to be patient. You became patient. He told you there is a salvation at the end. You waited. He said you must go with him. You had to listen to what he said. He said this is a battle of evil and good. You believed. He said your thoughts are evil. You believed. He said your anger is evil. You believed. He said your mind is dirty. You believed. He said you had to be purified. You believed. He said you must go with him. You had to listen to what he said. He said your doubts are evil. You believed. He asked you to fight your doubts. You fought. He said evil lurks in your disbelief. You believed. He asked you to fight your disbelief. You fought. He said you are a good person. You believed. He asked you to reaffirm your goodness. You did. He said you must go with him. You had to listen to what he said. He said evil fights a hard battle, you have to fight harder. You did. He said evil reclaims through your badness; you must reaffirm your goodness. You did. He asked you to do it again. You did. And again; you did. And again; you did. He said you have to purify yourself; you have to fight harder. You did. He said you must go with him. You had to listen to what he said. Then came "Oh my God! I did it again!" The realization of where you went and who you listened to was deeply painful. "This must be the OCD!" you exclaimed. Once again, you are in the dark place. Once again, you feel trapped. Frustration, desperation, complete helplessness, and deadening doubt finally take its toll. On the verge of giving up, something unexpected, something spectacular happened—you met the Other for the first time. Somehow, you knew it was always there, yet you were very surprised to see it. You were surprised because you were overtaken by its powerful presence. The Other represented people like you who suffer needlessly at the hands of OCD. But this was not a mere representation. These people represented something much more than participants of a statistical significance you read in a research article. You expected to find them from the outside. They came to you from the inside instead. They were there, flesh and bones. Their pains were your pains. Their sufferings were your sufferings. Feverish and inspired, you looked for more of them. You read, shared, and talked with them. You learned from their insights, and developed your own. Seeing yourself through others awakened you to a new knowing: The beast was YOU. It was always you.

There was no other to blame. In that moment, you know what you must do and how to do it. You must kill the beast with the very thing that he robbed you of for years: you poured your anger, you poured your wrath on his way, unreservedly. You did not feel a single shred of guilt about it. It felt righteous. You saw the purpose in it. It felt righteous because you were with the Other. You became one voice: NO MORE! NO MORE! The seal has been broken. The protecting shield stripped away. You couldn't believe it! There was a fire inside. Unleashed, it fiercely swept everything in its way: NO MORE! NO MORE! On the inside, this felt like a rebirth. On the outside, nothing is changed. You are still the same person. You still have the same name. You still live in the same house. You still work in the same place. On the inside, everything is shifted; you don't question your OCD. You don't question your morality. You may still HAVE OCD; you may still be a bad person, you don't care! You just don't care! That carefree feeling is absolute. It requires no verification from outside. On the inside, life unfolds eternally, unquestionably. On the inside, life still throws all its joys and troubles on your way, uncontrollably, but without-the D in OCD.

The interview data, which was embodied within the creative synthesis above, revealed three dominant forces within me that spread through my entire adult life with OCD. In the dialogue, I referred to them using three phrases: (a) I "have OCD," (b) I "am OCD," and (c) I "am not OCD." Phrase (a) was the period in which I identified my condition with the biomedical view. This period contained the answer to the first research question: How did I experience obsessions and compulsions? It was phrase (b) where I attained the central insights through my use of the method as internal processes. This included my revised relation to *Other* (*Other*, also referred to as *other-selves* in the interview data, represented people with OCD, but was inclusive of individuals with whom I felt bonded through context/emotion-laden encounters and sufferings). The use of phrase (b) also was the period during which I experienced transition to (c) through my strong bond to a greater whole (bonding through deep engagement with research material-theory/method experiencing; *seeing* the author behind the text). The dissolution of I "have OCD" (a) and the emergence of I "am OCD" (b) marks the period where I experienced profound transformation.

The process brought "obsessive-compulsive *being*" out of "obsessive-compulsive disorder." This is, of course, in one sentence. This means I have gone through a process that started with a person *having* obsessive-compulsive disorder (I "have OCD") and ended with a person *being* an obsessive-compulsive ("I am not OCD"). The process showed me that I did not have OCD. It was not something I had. It was something I became (I "am OCD"). And because it was something I became, I had to deal with it within the depths of

my being. I could not have destroyed OCD this way because there is no meaning in the disorder. One cannot go to war against brain dysfunction or chemical imbalances with things like intuition, insights, or willpower. And yet, this is exactly what I did and won. My results were never about OCD. It was about my relation to it. The results were about the entire process of me *having* OCD and arriving at knowing that I never *had* it in the first place.

This is why all the exposures and therapies I had been going through were only partly effective because they all targeted something I have, which I did not. The healing processes were long and arduous. They covered the larger portion of the experience (1977-2003). They started with (a) I “have OCD,” went through (b) I “am OCD,” and ended with the emergence of (c) I “am not OCD.” Experientially, (a), (b), and (c) mark the periods of different challenges, sufferings, and pains. And they are directly relevant to self-discovery processes. For instance, (a) involves pains and challenges of *having* OCD such as shame, stigma, and fear of social rejection, whereas (b) concerns issues of *being* OCD; these involve deeper identity-level issues, and thus pose deeper challenges and sufferings such as issues of morality and religion (e.g., religious obsessions). Empowered by the emergence of *Other*, (c) first rises up with powerful emotions of anger and rejection, and then turns into compassionate and caring being. Following are the two relevant sections from self-interview sessions. The first passage from Session 39 demonstrates the immersion and illumination of the self-discovery processes. The second brief passage from Session 44 demonstrates the illumination and explication of the self-discovery processes.

Session 39

IP: Twenty-five-plus years of living with OCD brings the question of self-identity to the fore. This also has something to do with two contextually and experientially opposing statements: “I have OCD” versus “I am OCD.” As far as my experience goes, I-AM-DONE-WITH-YOU is a resolution that could be rendered from “I have OCD” and I-AM-DONE-WITH-YOU-ENGIN could only be rendered from “I am OCD.”

IR: Can you explain what you are getting at here?

IP: “I have (or do not have) OCD” requires a form of Subject/Object relationship that Subject either owns nor disowns the object or has some type of relationship with it, such as having a spouse (or not having) or having a car (or not having) or having (or not having) a disease. In theory, I-AM-DONE-WITH-YOU works in most cases as it appropriates this form of relationship. The problem arises only

when subject cannot exert full control over breaking away from the object. For instance, you can enforce I-AM-DONE-WITH-YOU on your car or even your spouse. But you cannot exert it on other conditions, such as having a disease medically (because the disease will still *have* you regardless of what you are wishing or saying), unless the object possesses some psychological or abstract entity.

IR: So when you said I-AM-DONE-WITH-YOU for the first time (the big roar), you thought you were talking back to OCD. But in reality, you were not, because you could not possibly be DONE with OCD in the context of having a disease, as a medical condition.

IP: There you have it! When I say "I am OCD," this is profoundly different positioning than "I have OCD." In "I am OCD," the subject and object are so intimately bonded that you cannot sunder one from another without destroying the essence of what unites I with OCD. Therefore it is meaningless to speak in the language of "I have" or I don't have."

IR: Tell me more about this unification. Was this happening at the level of self-identity or was this happening at the level of being, which seems to connote the greatest of depths in selfhood?

IP: Again, this is a tricky question; One cannot answer this without making a definitive distinction between self-identity, being, and selfhood. And one cannot make this distinction without epistemic claims. Therefore, your question should have started with "in your experience" if we are to maintain the inquiry within the boundaries of what the heuristic method can bestow.

IR: Then tell me about this unification as your experience.

IP: My experience tells me that it would be absurd to talk about this unification at the level of being because, to me, being must embrace existence at the most primordial level, which may or may not be accessible by consciousness.

IR: So "I am OCD" must be in the sphere of consciousness. Is this what you are saying?

IP: Yes, I cannot say "I" if I am not conscious.

IR: So, to you, being is both consciousness and unconsciousness, and the pre-reflexive "I" identifies with the part of self that is conscious.

IP: (pause). Yes, you may say that. But the point is that I cannot talk about healing if I am not conscious of it. At least some part of me must be self-aware to know what healing is.

IR: So what you are telling me is that "I-am-OCD" (no matter how strong the bond between "I" and "OCD") is still a self-identification and you were fully aware of this after the big roar.

IP: Yes. The way I experienced it, I-am-Engin” and “I-am-OCD” have similar connotations. Both involve self-consciousness and self-identification. When I say “I-am-Engin,” I am telling myself about myself. Again, when I say “I-am-OCD,” I am telling myself about myself. In my experience, I do not know where Engin starts and OCD ends. I cannot sunder a part of Engin that is clear of OCD and I cannot sunder a part of OCD that is clear of Engin. In the case of OCD, self-identification is complex and strong. Nevertheless, this is still a self-identification, not being. This is why when I say I-AM-DONE-WITH-YOU, YOU is Engin not being. In other words, I know something about Engin; I know his likes and dislikes; I know where he works, where he lives. I know what he thinks of himself and others. But being . . . being is an entirely new ball game. I am not sure if I can grasp my being fully. It has no immediate relevance to my awareness. This is why I can say I-AM-DONE-WITH-YOU-ENGIN, but I cannot say I-AM-DONE-WITH-YOU-BEING; this would be logically absurd (unless it means a complete destruction of being, which is not the context here). So when I say “I-am-Engin,” there can be nothing more to it other than what I perceive it to be. Likewise, when I say “I-am-OCD,” there can be nothing more to it other than what I perceive it to be. Of course, no one speaks like that; I mean I don’t really say “I-am-OCD” when I speak with others, I am just saying it to demonstrate its contextual kinship to “I-am-Engin.” Generally, we use the phrase “I have OCD” because it has a right ring to it. It has a right ring to it because we are so accustomed to defining our conditions by the language of the biomedical (e.g., I have asthma) whenever the condition involves physical discomfort (and OCD does involve physical discomfort).

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IR: The death of “I HAVE OCD” was not sublimation. This was not a change in form like the states of water (solid, liquid, or gas). This was not something that can come back in a different form. This was dissolution; this was an extinction-level event because through process self-awakened to new knowing: “I HAVE OCD” was and has always been the false view of self; it was a disguise of a truth that self always thought it couldn’t bear: I AM OCD. The extinction of I AM OCD could only be followed by I AM NOT OCD.

IP: Yes.

IR: These symbolic deaths aside, nothing actually changed in the inside. I AM NOT OCD was not the death of some OCD gene or rectification of some misfired sparks in the brain. I AM NOT OCD rose up from the inner core through the process. The process brought you the *other*. You embraced the *other* inside because it showed you life without a need for turning away from doubts, certainties, or sufferings.

IP: Yes.

The dissolution of (a) and the emergence of (b) are irreversible identity-level events, rendered through (b) and (c). As I have experienced, my compassion and caring toward others (simply referred to as *Other* in the interview dialogues) was directly related to my dealings with my own tensions, uncertainties, and traumatic encounters. Phrase (c) emerged as a powerful reaction to the previous standing, my decentered identity. This is why I described it as a “life-changing” moment. Accompanied by strong negative emotions (anger, rejection), *Other* emerged as an indispensable partner to (c). I described *Other* as the catalyst that triggered my improbable leap from (b) to (c) and ignited the transition from my narcissistic self (this was the old-me who saw other sufferers only as numbers or stats in research or practice) to my holistic self (this was the new-me who was compassionate and caring toward others).

I also experienced time differently in relation to (a) I “have OCD,” (b) I “am OCD,” and (c) I “am not OCD.” There were occasions (when I was in the peak of my sufferings or when I was completely absorbed in my mind as I battled with terrifying obsessive thoughts and images) when I lost the normal sense of time. These were very disorienting and unpleasant moments. In these instances, time stood still. There was no past. There was no future. There was no becoming. There was only the eternal presence of the present and its permeating darkness. I think this may also explain why obsessive-compulsive disorder sounds like a perfect term to an outside observer because for the observer, time flows normally. Thus, what the observer sees from outside is a weird person who does weird things for an extended period of time. To an observer from the inside, obsessive-compulsive disorder is an absurd label because from the inside everything is *orderly* (or *feels normal*) and takes place in the infinite and painful presence of the present.

Limitations

The self-knowledge I explored in this study is directly related to my personal capabilities. One reason for inserting the dialogic/dialectic process into HSSI

was to illuminate my beliefs and biases in the experience. The heuristic goal is not to eliminate personal biases, prejudices, or beliefs, but to comprehend them and make use of them when explicating the essence of the person in experience (Moustakas, 1990). Nevertheless, no method of self-knowledge can exceed the potentiality of the researcher (Meyerhoff, 2010). I envisioned dialogic/dialectic examination as integral to self-discovery which is central to heuristic research (Moustakas, 1990). Nevertheless, there is no guarantee that the merging of dialogic/dialectic probe into heuristic inquiry enhances the self-discovery process; what was unconscious may remain unconscious. My purpose in developing dialogic/dialectic self-dialogue was to invite the reader to “hear” an uninterrupted inner dialogue, and to reveal, unreservedly, not only to the reader but to myself what actions, beliefs, and convictions I hold and why. This format supported HSSI’s highly regarded notions of integrity, honesty, and transparency (Moustakas, 1990). My approach, however, can only be as effective as my conscious awareness of my actions or thoughts. This means that personal limitations can be reduced to a certain extent by dialogic/dialectic function, providing integral and transparent presentation, illuminating my beliefs and biases in the process (Meyerhoff, 2010).

My study does not directly contribute to areas such as diagnostic criteria and treatment outcome evaluations. On the other hand, through integral/vivid depiction of first-person experience and through the procurement of rich data, it is possible that my study will provide insights for professionals who directly work in these areas. Nevertheless, the impact of this study is likely to be limited to humanistic practices where clients are regarded as active participants in their recoveries.

In heuristic inquiry, the focus on internal experience and dialogic position can miss out on the reciprocal nature of the relationships that exist in real-world organizations. The social effect of heuristic function, when ordained through self-search, would be more in the form of repercussion or reverberation (see Implications and Conclusion). Nevertheless, this form of effect can hardly be amenable to an understanding of self’s influence on society (or vice versa) through self-search alone. My study did not aim to gain knowledge of the relationships that exist in the social world; rather, it aimed for social relevance via simulation of public voice. My purpose was to amplify this form of social relevance by allowing self to play multiple roles through the dialectic/dialogic process (Hermans, 1999). To my view, the reasonable approach to overcoming the social limitations is to accept that many aspects of social relationships can never be understood through my research. I see two major tasks. One is to contribute to knowledge of how self sees herself/himself in relation to the social (Hermans & Dimaggio, 2007), and this task is the job of heuristic research (Moustakas, 1990). The other is to determine how that

knowledge can improve social relationships. This task is the job of the other methodologies.

Recommendations

There is a good chance that people with OCD who come forward with their conditions are already working with therapists. Thus, my recommendations may not benefit this group as much as they will those who are looking for something to use in private. Because I designed my search as self-search, it is suitable for people with OCD who wish to remain private. In self-search, there is little need to consult outside sources. In the context of my recommendations, this means self-search, and that means becoming heuristic self-therapists.

Practitioners of mainstream psychology may or may not acknowledge my research. The impact of my study depends heavily on the direct effect of my dissertation on people with OCD. In the earlier chapters of the dissertation research (Ozertugrul, 2015), I prepared the reader for this type of impact and explained that it is useful to use a self-dialogue format to explore the experiences, feelings, and actions of an individual with OCD because self-dialogue can facilitate a transparent and honest explication. This, in turn, can ignite a form of regenerative effect and invigorate OCD sufferers to new ways to look at their conditions.

Implications

It has been more than 12 years since Sela-Smith's (2002) HSSI study on depression and obesity. In this study, Sela-Smith provided clarifications of Moustakas's heuristic research as she understood and applied HSSI to her problems with depression and obesity. To my knowledge, Sela-Smith is the only other self-searcher who has applied HSSI to her psychological problems and reported complete healing. My study is the second to do so. It is clear that the real implication of this research is self-search. This study was about self-search from the beginning. Nevertheless, the results had to show that self-search has merit by itself, and that it produces results that cannot be attained in any other way. This is why the real impact of my research will depend heavily on the direct effect of my study on people with OCD. It is the question of how well OCD communities receive my research and make use of it. We will not know it until we hear from them directly.

Nevertheless, my article can contribute to the humanistic psychology paradigm because the views of humanistic psychology practitioners (particularly therapists) are closely relevant to my study. I believe it is a lot easier for this group to embrace the central tenet of my thesis because my

view and the humanistic view are one and the same: We focus on the person, not the problem. We put tremendous faith in the person. We do not think in terms of what a person is doing with the problem. We think in terms of what a person can do with it. People with OCD may also benefit through the efforts of professionals of the mainstream psychology I mentioned above, but this would still be within the limits of self-search, and the likelihood of this happening is low unless these professionals experience paradigm shifts in themselves.

Conclusion

This study offered dialogic/dialectic strategy as a new mode of self-search inquiry and promoted a relational/intersubjective approach. There is no hiding the fact that being obsessive compulsive is counterproductive to open and innovative ways of doing things, which is exactly what people with OCD need for starting a new mode of inner-dialogue. Our perfectionist, fault-finding, and self-doubting frame of mind is among the first things we need to face before we have a chance to work toward a productive and uninterrupted conversation with ourselves. For me, getting into dialogue with myself was one of the hardest parts of this because I did not know where to begin. There were so many ways to attend to experience. In the beginning, my OCD story did not build rapidly. I realized that this pause was no accident. I needed time to understand and absorb what was being revealed to me from the inside. In that, I found the heuristic process particularly empowering and inspiring. As I went through the heuristic process, I grew to become not only an empathetic and caring (dialogic), but also a daring and confrontational (dialectic) heuristic self-therapist. I suspect that people with OCD as well as humanistic psychology practitioners who are willing to take on the dialogic/dialectic integrated HSSI as a therapeutic tool may experience similar positive outcomes.

My study showed that my deep engagement with my own sources in the context of my own existence was crucial to my understanding of my psychological disturbances which led to complete liberation from OCD. I hope that my research can ignite a form of regenerative effect and invigorate OCD sufferers to new ways to look at their conditions.

Author's Note

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