

MIGRATION AS TRANSITION *

LIMINAL VULNERABILITIES OF MIGRANTS AND REFUGEES

‘AN APPLYING INTERCULTURAL AND INTERDISCIPLINARY FRAME WORK’

SUMMARY of chapter by Dirck van Bakkum, Marcel van de Ende, Suzanne Heezen, Arjaan Hijmans van den Berg in: Handbook Transcultural Psychiatry and Psychotherapy, J. de Jong & M. v. d. Berg (editors), Lisse, 1996 (in Dutch)

Migration is of all times, humanity has learned to deal with the effects in daily life, and it is always a process of loss and enrichment. *Migration as Transition* is a methodological therapeutic concept and diagnostic tool. It is written by four clinical anthropologists with a second occupation. As a psychiatric nurse, an occupational therapist, a psychotherapist and a psychologist we try to offer an answer to unnecessary mis-diagnoses, medicalizing and pathologizing of complaints of people with a migration and refugee background in (mental) health care settings. The life situation of most refugees and migrants in the period after migration can be characterised as above average number of disrupting changes in which individuals and their families find themselves. To most of them this 'mentally unstable' condition is not recognised and is e.g. for expatriates elsewhere defined as effects of a [culture shock](#).

Somatic, psychiatric, psychosocial and stress complaints of migrants are, by health professionals, defined and coined through their 'disciplinary glasses' and integrated in their daily working routines. The concept of *Migration as Transition* could improve (intercultural) services in different fields of (mental) health care implementing this as an interdisciplinary frame work in daily practices. The concept can be used as a 'lingua franca' to connect the different 'worlds' of migrants/refugees with those of numerous professionals engaged in the care chain. It can be used to solve cooperation problems between mental health workers, social workers, teachers, rehabilitators, civil servants. *Migration as Transition* is therefore both an intercultural and interdisciplinary framework. *Migration as Transition* may also serve as a inviting narrating structure and a root metaphor ** to speak with the client about her or his situation/predicament.

The concept is also a narrative tool to translate the effects of migration and flight to clinical practices. In order to survey all the changes in the life of the newcomer we can look at it as major life event, a life-phase transition, in someone's personal life and their families lives in **which in a rather short period many changes occur**. Migration brings therefore about an above average amount of complex dilemma's and choices. In non-migrant lives the coincidence of moving, a marriage, a death of a relative and birth of a new child can be seen as comparable. These accompanying rituals with this life phase occurring in people's lives were coined by the anthropologist Arnold Van Gennep as 'Rites de Passage'.

'Rites of Passage' are symbolic and containing (safe-making) ritual structures in transitions from one to the next life phase like births, coming of age, marriage and dying. Anthropologist Arnold Van Gennep differentiated in his cross-cultural research a tripartite structure in rites of passage: 1) separation, 2) liminal and 2) reintegration stages. Van Gennep's model translated to *Migration as Transition* is visualised below:

DETACHING	liminal period = 'on the threshold'	RE-ATTACHING
country/culture A:	liminal vulnerable	country/culture B:
relative	LIFE-PHASE TRANSITION	explicitly
monocultural	OR	multicultural
reality	MIGRATION EXPERIENCE	realities
GIVING UP OLD PATTERNS	acculturation = intensive cultural learning process	ACQUIRING NEW PATTERNS

The visualization above has its limitations while in reality coping with the effects of migration/refuge is a recurrent (cyclical) process in time. At any new major life event or life phase transition (personal and family) liminal vulnerabilities due to losses may, unexpectedly, pop up again and have to be dealt with. Central for the second phase is the condition of 'liminality': a potential destabilizing being in-between. *Migration as*

Transition and 'liminality' can be used, metaphorically **, in therapeutic contexts to 'depathologize' the losses in migration and bring the communication closer to the experience of the client/family. It is an 'experience-near' (Geertzian) and 'systemic' (Batesonian) concept. In doing so the client/family keeps optimal control in coping with the losses and solving the complaints.

Liminality is an anthropological concept to denote the 'betwixt and between' position and fussy status of people who are between the one and next life phase (Turner 1969). For example, when losing your mother and father by natural deaths means you 'are orphaned'. All family members have to let go of old and take on new roles and positions. This destabilizing intra- and interpersonal condition, during life-phase-transitions, is here defined as 'liminal vulnerability'. People who migrate and flee from danger enter a period of great uncertainty and loss of their 'geographical and cultural' habitat. They lose their family and social networks in which their identities are stabilized. In the liminal phase a continuous de- and re-integration of the personality, but also of the group culture, takes place. Groups- and self-image are closely intertwined and in most clients with a migratory background this balance is disturbed. The liminal period in most cases is finite and ends with a stable reintegration of the personality in the 'arrived migrant culture'. Persons and families, in which this transition is not finite, where the liminal vulnerability does not disappear, develop psychosocial and psychiatric complaints. This is sometimes called the 'condition migrante'. They may end up in mental health settings.

Application: What is the role/function of the (mental) health worker in this transformation process (too) many losses? Recognizing, acknowledging and inventorizing the losses, co-creating 'deep safe' spaces, and stimulating and facilitating bereavement/grieving are core expertise of therapists who want to communicate [culturally competent](#) with their clients on migration experiences. Methodological interventions however are based on active ingredients of rites of passage (transition rituals) conceptualized by Arnold Van Gennep (1909) and Turner (1969): minimalizing the disintegrating and destabilizing risks of the person and her/her social system concerned. Translated to (mental) health settings: 1) **limiting the liminal period in time** and 2) **structuring (containing transitional space) the liminal vulnerabilities of the persons/systems concerned effectively**. You can use your regular therapeutic methods, instrument and techniques, especially the non-verbal forms, to structure and limit coping with the losses due to migration. The psychologist Onno Van der Hart eighteen elaborated the tripartite model in his [Rituals in Psychotherapy: transition and continuity](#) (1983). Carlos Slutzki wrote a key article in 1979 ([Migration and Family Conflict](#)) in which he conceptualized the disrupting effects of migration on family level in mental health settings (1979). Dutch anthropologist Sjoerd Colijn wrote in 1993 a paper on Ritual as Therapy and Therapy as Ritual (Colijn 1993). Psychiatrist and psychoanalyst Salman Akhtar saw in his own coping with migration and in those of his clients a 'third individuation' (1996).

In order to put the concept *Migration as Transition* into effective therapeutic use you may follow these steps below in surveying the pattern of complaints of migrants and refugees before starting a psychiatric diagnosis:

- a) Which parts of the complaints are connected with the migration experience?
- b) Which parts of the complaints are connected with traumatic experiences from violent and war events during migration?
- c) Which parts of the complaints are connected with experiences of discrimination and racism (this is an often neglected area in mental health care)
- d) Which parts of the complaints due to migration are accumulated by liminal vulnerabilities of other occurring life-phase-transitions: e.g. adolescence, leaving home, marriage, being pregnant, etc.
- e) After these steps you can proceed with your regular diagnostic/treatment procedures/protocols.

* In 2010 the transitional model is acknowledged as one of seven transcultural programs to treat clients with migration backgrounds. See J. De Jong & S. Colijn (2010) *Handbook Cultural Psychiatry and Psychotherapy*, Utrecht, De Tijdstroom, page 448/449. (in Dutch).

** Metaphorical here means: 'meta': beyond; over and 'pherein': bring; carry; also in the meaning 'giving birth' of the unconscious into conscious realms.

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