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LIFE TRANSITIONS AND INNER CONFLICTS IN ADOLESCENTS

A clinical anthropological supplement to psychotherapeutic practice.

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Abstract English

This article elaborates on an integrative and interdisciplinary framework to help mental health workers cope with the growing cultural diversity in their caseload. Borrowing anthropological, psychological and systemic concepts a bridge is built between the mental health professional (psychotherapist) and that of the adolescent and her/his family and social networks.

The bridge contains two basic concepts:

- migration background in adolescents can lead to a specific ‘liminal ⁱⁱ vulnerability’ which enhances the common vulnerability of ‘coming of age’. A ‘*transitional approach*’ is proposed which limits and structures this liminal vulnerabilities.
- the ‘*balancing of loyalties*’ in five domains of the life worlds of adolescents. These domains are outlined later on in the article.

One of the major achievements and pivotal activities during their transition into adulthood is becoming competent in balancing their loyalties in and between these five domains. One of the domains is learning to balance ethnic-regional-religious and national loyalties. The hypothesis here is that when any adolescent develops persisting conflicting loyalties in one or more domains, her/his (mental and emotional and social) health undergoes great pressure. The framework is meant to improve health care working interventions with adolescents especially from migrant families. From this perspective the health professional can decrease the risks of conflicting loyalties by helping the adolescent speak out, by redressing feelings of uneasiness and powerlessness. The framework is developed and experimentally tested by the author in ten years of clinical practice in psychiatry. The framework is demonstrated by the vicissitudes of Feisal a Surinamese-Hindustan adolescent from a migrant family. During numerous training sessions of mental health workers by the author, feedback indicated that the framework is useful for treating and guiding female adolescents too.

Introduction

The disciplines of psychiatric healthcare and psychotherapy are currently undergoing a period of pervasive change. Two psychiatrists, Patrick Bracken & Philip Thomas, initiated a discussion about the principles of psychiatry within the medical profession in the British Medical Journal. They state that as patients speak out more and the influence of patients increases, the confidence in clinicians diminishes (Bracken & Thomas, 2001). In particular in England strong movements of ex-psychiatric patients exist, such as ‘Survivors Speak Out’. It is to be expected that these developments will persevere. According to Bracken and Thomas, these mutually complementary changes encompass opportunities and challenges for clinicians and psychiatric healthcare providers in particular. The authors are searching for a repositioning of the relationship between healthcare provider and client, a relationship that requires more focused attention from the start to effectively help. They are concerned with *the encounter between the world of the (tradition of the) medical discipline, e.g. of the psychotherapist, and the world of complaints, suffering and a client’s determining social factors*. The client consists not merely of his complaints and problems. The client is a boy or a girl, an adolescent whose complaints cohere with age, gender, social background, etc. Migrant children, like autochthonous children, carry along with them family and history into the consulting room.

The call of Bracken and Thomas tap well into this thematic issue: a boundless challenge. Migration background, culture, ethnicity, fugitive- and discriminatory experiences are for many psychotherapists’ unknown parameters. The enhancement of cultural diversity among children causes a similar taxation of our production-oriented practice. A loyal psychotherapist phrased that taxation accordingly: ‘I have nothing against migrants, but it always indicates extra work’. As the amount of children with a migratory background in a case load increases, so does the work pressure. For many psychotherapists it brings about professional confusion, insecurity and sometimes helplessness in the treatment setting.

For seven years the author conducted field research in psychiatry as an anthropologist–therapist for young adult men (18-23 years). The main issue was to develop a more clinical anthropological (intercultural) approach regarding the transition into adulthood, ethnicity and psychic instability. Several publications were issued about these findings (Van Bakkum 1992, 1994, 1995, 1998a, 1998b, 1998c, 1999). From the experiences of the field research a transitional model of coming of age was derived. The model is comprised of five areas of life wherein youth learn to balance their loyalties. These domains encompass: *ego-family-peer group world; school, school-leisure-work world, male-female world, regional-ethnic-national world and everyday-existential-religious world*.

In what way does a boy learn to balance loyalties towards his parents, his wider family, his peer group and his own interests? This question also concerns each of the other domains.

Psychotherapy and Culture

By 1974 it had already been acknowledged that psychotherapy selects its clients from the social upper-class. The best prognosis has the so-called YAVIS-clients: Young, Attractive, Verbalizing, Intelligent and Successful. They are best prepared for the nature and method of this therapeutic practice. Since then projects have been started in the Netherlands to increase the accessibility for clients with a migration background. Yet, research in 1992 in five RIAGG'S indicates that 'the offer of psychotherapy in the Netherlands is still too limited and is insufficiently tuned in to the needs of clients from all the socio-cultural strata of our society' (Kortmann 1996). According to the standards of the profession itself, the core of the psychotherapeutic process is 'to establish structure and manage a relationship in a systematic way.' Yet empathy, the ability to take the patients' perspective is indispensable in the process. For this reason the therapist should be familiar with the client's world. Given the before mentioned development of psychotherapy, the growing cultural diversity in the case-load of most psychotherapists requires a shift in thinking and acting. In 1995, the anthropologist-psychotherapist Sjoerd Colijn wrote an article about psychotherapy and cultural differences. In order to bridge the cultural gap in psychotherapy he introduced the concept of 'cultural sensitivity'. This includes:

- influencing the attitude of the psychotherapist,
- reflecting on our own beliefs and method and to incorporate the client's beliefs (Colijn, 1995).

Other authors have also described incentives regarding the treatment of adolescents with a migrant and refugee background (Van der Veer 1989; Tousignant, 1992; Pannekeet & Jessurun, 1996, van Meeker, 1996; Kortmann, 1997). To induce a swing-over to resolve the gap in clinical thinking and acting at present, several options exist that will follow exist for the health care professional. Institute RINO Noord-Holland offers a training multicultural psychotherapy for novice psychotherapists. Furthermore, there are several additional training courses in transcultural psychotherapy available. Also, either an individual, or an intensive transcultural inter- and supervision trajectory with colleagues may be staked. The framework proposed in this article contributes to any of these options. It bridges the gap between the therapist and the client, while it remains compatible with the practical implementation of psychotherapeutic thinking. Drawing on the vicissitudes of Feisal, the concepts of 'transition' and 'balancing of loyalties' are exposed.

Feisal: tensions as a result of maturation during migrationⁱⁱⁱ

On a Friday morning in January Feisal, an 18-year-old conscript soldier of Surinam-Hindustan origin, was brought to the psychiatry department. He started behaving awkwardly during bivouac, as he began to speak to imaginary people and reacted interchangeable anxiously and aggressively towards his sergeant, when confronted on the behaviour.

The psychiatry department defined his behaviour as psychotic and prescribed him with anti-psychotic medication. However, he remained restless and did not want to remove his military clothing. At each contact, he behaved defensively and asked when he could leave. After several days he came to craft therapy. During the tour, Feisal told his father had died three years prior in Surinam. Two years earlier he had come with his mother to the Netherlands at the age of 13. His father had been a Muslim, while his mother had come from a Hindu family. He told he still spoke regularly with his father in his dreams at night and during the daytime too when he was awake. His father answered him often. Sometimes it was nice when his father set his mind at ease. Sometimes it was frightening, as his father warned him to keep his religious (Muslim) duties.

In the anamnesis during his intake it emerged he had attacked his mother once with a knife. A year after his father deceased, Feisal went from The Hague to Utrecht to live with his mother's brother, because he often had a quarrel with his mother. However, with his uncle he no longer felt completely at home anymore. Feisal did not want to talk about his home situation.

Coming of age and liminal vulnerabilities

In many cultures adolescence is considered as a transition into adulthood, a next stage of life (van Bekkum 1992, 1998a and 1998b). Transitions from one stage of life to another, such as birth, marriage, fatherhood, old age and death make a person 'liminal vulnerable.' (see Note 2) Limen, in Latin, means threshold. On the threshold boys or girls are subject to changes in kinship positions, roles, duties and privileges. To protect the person at stake and his or her environment, this vulnerability is delimited and structured in many cultures by a transition ritual. Transitional rituals are almost always collective and loaded with a mythological-symbolical content. Anthropologists appointed these rituals with the French words: 'rites de passage' (van Gennep, 1906; Eliade, 1958; Turner, 1969). The process of the rite de passage is led by adults and is highly genderbound. For girls the moment of transition is usually associated with the first menstruation and not always a collective ritual (Myerhoff 1982). For boys the right time is more difficult to determine and the occurrence of the ritual depends on the number of boys who qualify for entering the world of men. Usually boys pass the transition ritual in groups under the supervision of experienced adult men. Usually they go together with physical and mental tests (Morinis 1986).

In some cultures, the initiation of boys is viewed as a second birth, but more from a family and society perspective (Young, 1965; Mahdi et al, 1987; Aymler, 1989; Zoja, 1989). The psychotherapist Onno Van der Hart implemented structural aspects of transition rituals in clinical practice (Van der Hart, 1978, 1984 and 1992).

Feisal: an Islamic Hindu from Suriname

Feisal came to the Netherlands at the beginning of his adolescence. In Suriname he would have had a larger family and social network to control the 'liminal vulnerability' of his coming of age. He lost his peer group and had to find new friends in the Netherlands. Most families under the 'Hindustan' Hindus and the 'Muslim' Hindus have structures to guide a boy into adulthood. But as Feisal's parents came from different religious groups he fell between two stools. There was no ritual, in particular because he went to the Netherlands as well. It implied no attention to his liminal vulnerabilities caused by his coming of age and broken family.

Migration as a second reinforcing vulnerability

Several psychotherapists have already assigned a place in clinical practice to the consequences of migration. In 1979 the psychotherapist Sluzki worked out a model of phases that was further refined by Akthar in 1995 (Sluzki, 1979; Akthar, 1995). Building on these models, three other anthropologists who worked in the clinical field and I, elaborated on the effects of migration as there have been a large number of changes in a relatively short time (van Bekkum and others, 1996). These changes provide a lot of extra and unknown stress. For the indigenous Dutch the coincidence of moving house with illness, marriage, death and birth may be seen as a similar situation. In healthcare we can regard the changes for a newcomer as a major transition in someone's life. All people who migrate and flee are in a period of great uncertainty and are strongly determined by the above-average volume and complexity of choices. This intra-and inter-appointed mental has been called 'liminal vulnerability.' " Liminality characterizes the intermediate phase of a transition that is finite in most cases. This phase and all associated risks may be prolonged and to no avail during migration. During this sub phase, a continuous disintegration and reintegration of personality and a specific migrant culture occurs. Group- and self-image are inextricably linked. In most cases, this process is completed with a stable reintegration of the personality and the 'arrived migrant culture'. Among the people and families where this transition was not completed successfully and the liminal vulnerability did not disappear or to an insufficient extent, psychosocial and psychiatric symptoms may emerge. This is also coined as a 'condición migrante' (Graafsma & Tieken, 1987).

According van Gennep (1906), the three phases in the 'rite de passage' are:

- Separation: the detachment implies a person or group that has to release the fixed (safe) position within the social structure and / or a set of cultural conditions;
- The liminal period: the person is in a fundamentally ambivalent situation, he / she is undergoing a cultural reconstruction that has little in common with the left or following state;
- Reintegration: the transition is completed. The person has arrived in a relatively stable position and is embedded again in the social and/or cultural structure.

This can be visualised as follows:

MIGRATION AND COMING OF AGE AS LIFE TRANSITIONS

DETACHMENT		ATTACHMENT
Culture A:		Culture B:
relatively	PHASE OF TRANSITION:	relatively
uniform	OR	pluriform
reality	MIGRATION	reality
RELEASING OLD ROLES		ACQUIRING NEW ROLES

Figure 1: liminal vulnerability is a second phase in migration as transition

In psychotherapy, defining the medical, psychological and psychiatric consequences of migration, particularly among young people in their double (liminal) vulnerability, may lead to limited diagnoses, poor therapeutic relationships and a stagnant treatment. Such a professional pitfall can easily arise when physical complaints of migrant clients are defined as 'somatisation'.

In younger adolescents and refugees four complicating and problem-reinforcing elements (accumulated vulnerabilities) can be identified with the pattern of complaints, using the concept of migration as transition:

- All adolescents are in a transition from *the world of children into the world of adults*. To redefine their personality to fit an adult structure, they release their 'adolescent' world which makes them mentally unstable.
- The migration causes additional liminal vulnerability and psychological instability.
- Whenever migration is associated with violence and war trauma, this reinforces the liminal vulnerability.
- When the adolescent has been residing for a longer time in the Netherlands, discrimination may also play a part in the pattern of complaints.

Feisal's liminal vulnerability resulting from migration was substantial due to the 'coming of age' phase in his life during which he migrated. Research indicates that migrants who come to the Netherlands before and after their adolescence are more successful than when the migration takes place during their period of adolescence. This confirms the premise of liminal vulnerability during the transition into adulthood. Both vulnerabilities reinforced each other in the case of Feisal. Feisal did not suffer from violence and war trauma but did suffer the unprocessed mourning of his father's death. Discrimination both played a part at school and in the army. He reported to have been bullied regularly for his dark complexion and his 'feminine' appearance.

Non-verbal therapy: the limiting and structuring of double liminal vulnerability

Physical labour and crafts, as in the history of psychiatry has been proved, have a favourable impact on mental instability, of which a psychotic experience is an intensive form (Van der Drift 1959). On the therapeutic value of craft work few fundamental analyses have been made (Meyer 1920, van Bekkum 1988). The therapeutic potential of traditional handicraft is captured in this analysis by:

- The low threshold of the activity, crafts is a very old human faculty;
- The stimulation of cerebral, especially neocortical activity (van Bekkum, 1993);
- The materialization of cognition, an idea or experience (van Bekkum, 1994).

Craft therapy was used for Feisal as a methodology to introduce, almost at an unconscious level, ritual transition aspects. In order to create a transitional structure three conditions need to be met. These aspects are quite close to those in other therapeutic relationships:

- creating a basis of trust;
- equivalence between therapist and client;
- exchanging very specific (cognitive, emotional, sensory) information and messages.

Applying a transitional structure within the therapeutic, in this case manufactory, setting in order to connect with the experiences and complaints from the adolescent, requires special attention and adaptation within each form of therapy. The key to a fruitful therapeutic cooperation, that is to say to succeed in choosing an artefact together with Feisal, was a consequence of a systematic allowance to let these three conditions happen. This means the therapist is constantly alert to make a connection to the world as experienced by the patient, but without exercising pressure or coercion to make choices or decisions. Then the client's choice to take initiative and responsibility in therapy usually comes unexpectedly. Like the choice to construct an incense-burner (Puja) was unexpected for Feisal and the therapist. None of them could have hit upon this idea separately. Usually, the success of employing a transitional approach becomes clear only by the end of the treatment. Then, it can be discussed with the client. However, in this case the transitional process was not discussed with Feisal as his condition was still too fragile. The omission of this insight-enhancing aspect limited the transitional awareness and hence the originating effect of the craft therapy. In general it is desirable to discuss the transitional component in therapy as soon as possible with the client.

During the period of his admissions in the open section, Feisal visited his mother nearly every day, had small meals and then returned again to the department. In therapy, Feisal's condition was very changeable. His connection with reality was thin and vulnerable at start. In situations with too many stimuli he transferred to an incoherent speech wherein different worlds of home, Surinam and the period his father was still alive, and craft therapy intermingled. Gradually he became more and more restless and walked around while talking out loud and swinging his head and arms around. I knew from experience that he would stabilize and it would strengthen the link with reality, when I could manage to get him involved with artisanal craft (van Bekkum 1994). But his condition and the influence of medication impeded that. I agreed with him that he could take a walk in the large garden in which the workshop was situated whenever things became too much to handle. Feisal appreciated that arrangement a lot, especially because he had been admitted in the closed section by that time. With trial and error the agreement functioned. In this period the first sessions were difficult.

After several sessions Feisal noticed a beaten brass bowl among the exemplary pieces and he asked if he was allowed to make a dish for Puja. He explained to me that a Puja is a sacrificial ritual with incense. It requires a dish-shaped holder with a lid with holes to burn incense sticks. In a later phase Feisal told about the period before his 13th year when he was still living in Surinam. He missed his grandmother (father's mother) because he had gone there often after school, even until late in the evening and he also stayed to sleep there whenever he wanted to. His grandmother also had a puja-dish in which she burned incense for his deceased grandfather. After several

sessions he presented his puja proudly during the group discussion and in the department. At his departure he told that his puja-bowl would get a spot on his night table near the photo of his father and grandmother.

Balancing and conflict of loyalties

Building critically on the psychoanalytic tradition, dealing with the intra-personal and interpersonal boundaries in family and social relationships became an important intervention tool. The concept of 'loyalties' was developed by American system therapy. Balancing between loyalties as a concept was first mentioned by Boszorményi-Nagy and Spark (1973). With the concept of loyalty the quality of family relationships is made transparent. Nagy connects loyalty to what Martin Buber calls 'the order of the human world' (ibid.).

Loyalty, according to Nagy, is the cement of all human relationships. Members of family and social networks are loyal if they are honest and fair to each other and accept certain rights and obligations which do not apply to people outside of these networks. Loyalties presuppose reciprocity and they are interpersonal actions and reactions. The outside world of family and social network has an equivalent in the inner world of each person, including youth. Because the outside world will never be stable, the inner world will also exhibit a permanent dynamic that is indicated by the term 'balancing of loyalties'. The adolescent resides in a phase of life that stirs up the continuous dynamics of balancing various interests, needs and loyalties, since an adult personality is under construction.

DEVELOPMENT ADULT PERSONALITIES

Balancing of loyalties means constantly questioning and defying boundaries. Should I get angry now because my parents regularly call me lazy? Or should I laugh, become furious and start a fight, or should I walk away? Social contact and communication between people is possible, only if the person is aware of his or her physical, sexual, emotional and social boundaries. For example, the boundary between private and public is always present everywhere. Young people need more space to experiment with boundaries than adults. We accept that young people kiss lengthily in public, but for adults or elderly such behaviour is inappropriate. In Feisal's case there were manifest and persistent conflicting loyalties in four out of five domains: the world of his ego-family peer group of leisure-school-work, (van Bekkum 1998c) of nationality and ethnicity (van Bekkum 1999) and in his religious-everyday world. Below a visualization of the dynamics of balancing of loyalties:

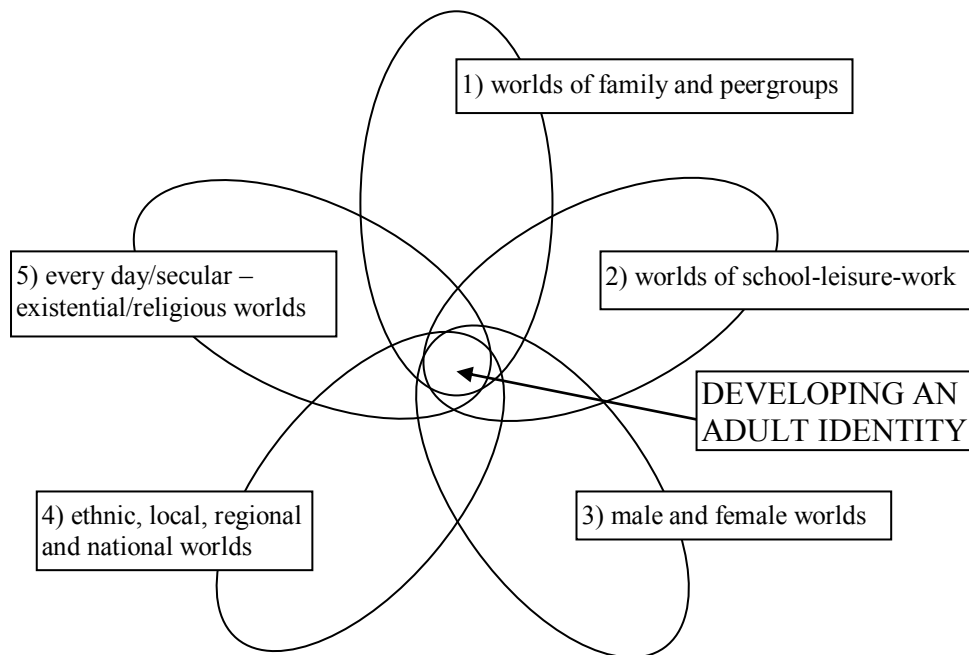


Figure 2: balancing of loyalties as a core (interpersonal and intrapersonal) activity in adolescence

In psychoanalytical, ethological and system therapeutic research prolonged inner conflicts are labelled as harmful to the stability, wellbeing and mental health of people. In some cases it may result in depression, psychosis, crime and even suicide (Connors, 1994). Kurt Lewin formulates the phenomenon of self-organization of various impulses in his 'Principles of Topological Psychology' as follows: "If the engine system were to be guided by all the needs of a person at the same time, his behaviour would become chaotic' (1936). Conflicting loyalties between father-mother-son-daughter provide the basis of psychoanalytic theory. In the Freudian Oedipus complex a central and dramatic role for the irreconcilable conflict of loyalties is reserved.

Conflicting loyalties lead to more tension and stress. Every man, young people included, tries to resolve this tension and stress. Very intrusive and sudden dilemmas, like a profound loss of face or the announcement of a

divorce may cause individual outbursts of violence. A longer period of unresolved conflicts of loyalty may induce all kinds of risky behaviour and incidents, including crime and violence. Violence, suicide, incest, depression, psychoses, crime and addiction may result from the prolonged lack of a solution for an influential loyalty conflict (Boszomenyi-Nagy & Krasner, 1994).

Feisal's fate: sum of intercultural misunderstandings

In Dutch cultural terms Feisal's behaviour might be labelled as sub-assertive. However, this observation is not valid in the perspective of the Hindustan-Surinam culture. However, his culturally normal hesitant attitude did take on a true apathetic component, as Feisal demonstrated more and more, by the growing body of conflicting loyalties (paradoxical experiences) that he experienced in the period after his migration to the Netherlands. Prolonged, paradoxical experiences may stagnate an effective balancing between loyalties in different domains of life, as he encountered at school and with neighbourhood buddies, regardless of his efforts to find balance with the cultural codes from Suriname. Furthermore, many of his efforts to be understood, accepted and respected in the Dutch contexts were not acknowledged. Not at school before his military service, neither during his service, nor at the psychiatry department.

In terms of developmental psychology Feisal's situation may be labelled as severely affected with a number of unsolvable developmental tasks. Nearly on all five domains Feisal struggled to balance his loyalties. He had great difficulty to converge the differing worlds of his parents. (First domain). His father had deceased and both parents originated from groups that partially excluded each other within the Hindu communities in both Surinam and the Netherlands. The dual messages about the different religious frames of reference also affected Feisal. That yielded conflicting loyalties in the fifth domain (everyday-religious worlds). In the fourth domain of nationality-ethnicity Feisal had little chance to strike a balance, because he had lost his peer group and he could not really find a connection in The Hague, on the street, at school, but neither later in military service. This coheres with the pattern of dominant and dependent cultures in the Netherlands. Youth from autochthonous regional (Frisians, Limburgians) and migrant ethnic (Moroccans, Surinamese, Antilleans, Turks) not commonly undergo non-recognition and non-acceptance by representatives of the dominant culture within the Dutch nationality. That dominant culture is rooted in South and North Holland and is reflected for instance in the use of general civilized Dutch as a yardstick and as a mechanism of in-and exclusion. Feisal was thus regularly bullied (excluded) because of his Surinamese accent. The relationship between dominant and dependent cultures also manifests itself in football. Rivalry between the 'Randstad' area and the other regional areas is fought out (in a sportive way) between the top clubs from the Randstad, Ajax and Feijenoord, and regional clubs such as PSV, Twente, Heerenveen and so on (van Bekkum 1998b, 1999).

Even in life domain two (free-school-time work) Feisal could not find a stabilizing environment. In all of these domains the cultural difference in individual autonomy also plays a part. In the Dutch setting the increasing autonomy of young people, that enables them to make their own choices, is a significant cultural value. Since the juvenile revolution in the sixties of the last century, young people are increasingly permitted to determine their own lives and futures. That pressure is great for many young people. Incomprehension, non-recognition and non-acceptance by adults of this inability can cause instability, inconvenience and psychological complaints among youth (van Bekkum, 1995). Feisal was raised in a Surinamese Hindustan 'we'-system. During socialization, and hence during the process of entering adulthood as well, individual autonomy receives considerable less emphasis in such a system. The (extended) family and the group require a balancing of individual and group interests (domain 1), while the lesser dominates the first in many instances (Tjin A Djie, 2000).

Bridge between worlds of therapist and client

The concepts of 'rite de passage' and the balancing of loyalties presented here are meant as a supplement to existing psychotherapeutic practice. Both the current decline of faith in the medical profession, including psychiatry, as the increase in clients who speak out, calls for a pervasive reorientation of the relationship between healthcare provider and client. Moreover, the growing cultural diversity among clients reinforces the need for a reorientation in this relationship. In my research among conscripts in psychiatry, the coherence of maturity, ethnicity and mental instability has been investigated. Based on observations and literature research, I identified five domains in the life of conscripts in which they balance their loyalties. The domains were to a large extent mutually intertwined for the young men. Within each of these domains and between the domains they had to find a structural and dynamic balance to enable an adult personality to develop (van Bekkum, 1998a). Conflicting loyalties in one or more domains raises inner tensions that affect the behaviour of the boy towards the outside world. If these tensions are persistent and the boy cannot find a solution, psychopathology may arise (see Figure 2).

The psychologist-psychotherapist-anthropologist Colijn wrote an article in this magazine, titled: "Therapy as ritual, ritual as therapy" (1992). Comparison of treatments in Western and non-Western societies offer several promising perspectives. Behind the external variety of these therapies hides a structural uniformity. These structural therapeutic factors are used by healers in various societies. He continues: "I would like to suggest that many adolescent therapies often facilitate de facto the transition into adulthood; separation and individuation, or in

other words, the making of an independent individual with a mature relationship with the family of origin are the goals pursued in many therapies for adolescents. In the wake of Van Genneep and Turner, Colijn distinguishes a separation rite, a phase on the threshold, and a reintegration rite. To guide young people with or without a history of migration psychotherapy, the concept of 'rite de passage' can be used (Cohen, 1964; Edgar, 1990; Zoja, 1989). When an unresolved migration history is part of the personal (or family) history of adolescents, a way to connect with their adolescent experiences and complaints is to acknowledge their double vulnerability.

The core of the psychotherapeutic process is, as previously mentioned, to establish, structure, and handle a relationship in a systematic way". In order to achieve this, the ability to take the client's perspective is indispensable. For this reason, the therapist should be familiar with the world as it is experienced by the client. Using the five domains offers a differentiated framework to plug in into the client's life. These processes are visualized in picture 2.

Balancing of loyalties is what many young people in my clinical fieldwork could be redressed as the main activity in their transition to the complex adult world. It is a struggle aimed at reorganizing the ties inside and outside of the family. It is about developing a structure (personality) that enables him or her to cope with the multiplicity of choices and dilemmas they face in everyday life. The combination of limiting and structuring the liminal vulnerability can be a useful tool in therapy. It may provide a methodological framework to bridge the world between the professional psychotherapy and the worlds of young people in various urban, regional and ethnic groups. The accumulation of liminal vulnerabilities can be a guide in diagnosis and treatment of immigrant youth. Vulnerabilities as a result of:

- coming of age;
- migration;
- broken family;
- violence and sexual traumata;
- discrimination.

Feisal's fate of too much (unrecognized) persisting conflicting loyalties

Migration at the age of 13 and the clash between two cultural and religious systems in four domains exceeded Feisal's ability to mentally stabilize during the transition into adulthood. The amount of irreconcilable loyalties made his life unbearable. He responded to this with decomposition and disintegration of his personality: psychosis. It did not turn out well with Feisal. Although he managed to stabilize regularly in craft therapy his condition as a whole did not improve. His psychosis returned and diagnosed with schizophrenia, he was transferred to a chronic psychiatric setting.

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ⁱⁱ The anthropologists Arnold van Genneep (1908) and Victor Turner (1969), introduced and elaborated the terms 'liminal' and 'liminality' to the special status of a person in transition from one to another life phase. (birth, adolescence/maturity, first job, hospitalization, marriage, motherhood-paternity, migration and death/funerals). Limen threshold means in Latin. On the threshold is undergoing some changes in kinship positions, in duties and privileges. To the person in question and to protect the environment liminele vulnerability in many cultures is bounded and structured in a rite of passage (see van Bekkum and others 1996).

ⁱⁱⁱ The young man behind the case vignette is due to privacy reasons made unrecognizable.