Zeitschrift für Medizinethnologie
Journal of Medical Anthropology

Curare

Curare 42 (2019) 3+4

Ästhetiken des Heilens. Arbeit mit den Sinnen im therapeutischen Kontext

Aesthetics of Healing. Working with the Senses in Therapeutic Contexts

Impressum | Imprint

CURARE. ZEITSCHRIFT FÜR MEDIZINETHNOLOGIE 42 (2019) 3+4
Herausgegeben von der Arbeitsgemeinschaft Ethnologie und Medizin (AGEM)
ISSN 0344-8622 ISBN 978-3-86135-848-0

CURARE. JOURNAL OF MEDICAL ANTHROPOLOGY 42 (2019) 1+2
Edited by the Association for Anthropology and Medicine (AGEM)
ISSN 0344-8622 ISBN 978-3-86135-848-0

Herausgeber im Auftrag der AGEM e. V.
Editor-in-Chief on behalf of AGEM e. V.
Ehler Voss (V.i.S.d.P.), ehler.voss@uni-bremen.de
www.agem.de, curare@agem.de

Redaktion | **Editorial Board**
Janina Kehr (U Bern), Helmar Kurz (U Münster), Mirko Uhlig (U Mainz), Ehler Voss (U Bremen)

Postadresse | **Postal Address**
Redaktion *Curare*, Postfach 10 04 04 , D-57004 Siegen

Wissenschaftlicher Beirat | **Scientific Advisory Board**
Karl Baier (U Wien), Josep M. Comelles (URV Tarragona), Claus Deimel (Hamburg), Alice Desclaux (U Montpellier), Katarina Greifeld (Frankfurt), Antonio Guerci (U Genova), Mihály Hoppál (Budapest), Sushrut Jadhav (UC London), Michi Knecht (U Bemen), Ruth Kutalek (MU Wien), Danuta Penkala-Gawęcka (U Poznań), Giovanni Pizza (U Perugia), Bernd Rieken (SFU Wien), William Sax (U Heidelberg), Hannes Stubbe (U Köln)

Ehrenbeirat | **Honorary Board**
Hans-Jochen Diesfeld, Horst H. Figge, Dieter H. Frießem, Wolfgang G. Jilek

Begründet von | **Founding Editors**
Beatrix Pfleiderer (†), Gerhard Rudnitzki, Wulf Schiefenhövel, Ekkehard Schröder (Editor of Curare 2001–2017)

Verlag und Vertrieb | **Publishing House**
VWB – Verlag für Wissenschaft und Bildung, Amand Aglaster,
Postfach 11 03 68, D-10833 Berlin, Germany
Tel. +49-[0]30-251 04 15, Fax: +49-[0]30-251 11 36,
www.vwb-verlag.com, info@vwb-verlag.com

Bezug | **Subscription**
Der Bezug der *Curare* ist im Mitgliedsbeitrag der Arbeitsgemeinschaft Ethnologie und Medizin (AGEM) enthalten. Einzelne Ausgaben können über den Buchhandel oder direkt über den Verlag bezogen werden.
Subscription to *Curare* is included in the membership fee of the Association for Anthropology and Medicine (AGEM). Single copies can be purchased from booksellers or directly from the publisher.

Layout und Typografie | **Layout and Typography**
Nicolai Schmitt, nicolai.schmitt@mailbox.org

Umschlaggestaltung | **Cover Design**
Troppo Design, www.troppodesign.de

Schriften | **Fonts**
Source Serif & Source Sans (Paul D. Hunt).

Begutachtungsverfahren | **Peer Review Policy**
Alle eingesandten Forschungsartikel werden nach einer positiven Evaluation durch die Redaktion einer Begutachtung im Doppelblindverfahren unterzogen. Jeder begutachtete Artikel enthält am Ende eine Information über das Datum des Eingangs und der Annahme des Manuskripts.
After a positive evaluation by the editorial board, all submitted research manuscripts will be reviewed in a double-blind procedure. Each peer-reviewed article contains information at the end about the date of receipt and acceptance of the manuscript.

Umschlagbild | **Cover Picture**
Fotografische Vorlage des Gemäldes „Hoffnung“ (2009; Acryl auf Leinwand, 100 x 70 cm) der Berliner Anthropologin und Künstlerin Inga Scharf da Silva innerhalb ihres Zyklus „Die Suche“ (2009–2010; siehe *Prolog* in dieser Ausgabe).
Photographic template for the painting “Hope” (2009; acrylic on canvas, 100 x 70 cm) of Berlin’s anthropologist and artist Inga Scharf da Silva as part of her cycle “The Search” (2009–2010; see the *Prologue* in this issue).

curare

ZEITSCHRIFT FÜR MEDIZINETHNOLOGIE
JOURNAL OF MEDICAL ANTHROPOLOGY

hg. von der Arbeitsgemeinschaft Ethnologie und Medizin (AGEM)
ed. by the Association for Anthropology and Medicine (AGEM)

VOL. 42 (2019) 3+4

Being Moved Together During Co-Creating Transitional Spaces

A Navigated Quest in the Borderlands of Pluralistic Healing and Therapeutic Contexts

DIRCK VAN BEKKUM

> "It is the attempt to separate intellect from emotion that is monstrous, and I suggest that it is equally monstrous—and dangerous—to attempt to separate the external mind from the internal" (Bateson 2000: 470).

Introduction

Bateson's quote mirrors a highly contested topic at the 2019 AGEM conference on the "Aethetics of Healing" which this volume reflects. It's aim was to contribute to the understanding of different forms of healing from an experiential, sensory, aesthetic perspective. The conceptual framework I am after needs to encompass both analytical and applicable knowledge and skills in clinical settings because I "fieldworked" as an anthropologist, a group therapist, an educator and an artisan in Dutch medical contexts. Tender skills in crafting artefacts with groups of psychiatric patients, in learning groups of students/therapists, I will argue, are indispensable too to my argument and validation of such a framework (Boas 1955; Bateson 2000: 128–152; Dissanayake 1982; Van Bekkum 2018).[1]

My arguments and concepts in this paper emerged from ten years (1983-1993) of clinical fieldwork in artisinal group therapeutic contexts in clinical psychiatry (Van Bekkum 1994, 2018; Van Bekkum *et al.* 1996) and from 25 years (1993–2018) of educational fieldwork in group training and co-educating groups of mental health and youth care professionals in the Netherlands and less frequent in Germany (De Voogt 1988; Van Bekkum 2006; Van Bekkum *et al.* 2010; Van Bekkum & Limahelu 2017).

Taking aesthetics of healing in anthropology and working with the senses seriously means for me sailing in deep epistemological waters.[2] To arrive at our anthropological destination, our cutlery making is, for some decades now, out of sync. We need three missing epistemological reference points to develop our navigation procedure.

1) bring ethnography from medical pluralism/indigenous rituals "home" to (Dutch) clinical contexts (Turner 1969; Turner 2012; Douglas 1996; Speck & Attneave 1973; Gone 2011; Van Bekkum *et al.* 2010),

2) integrating "the senses" in (Dutch) therapeutic contexts: an experiential (body-mind) shift from participant observation into total participation in collective settings (Turnbull 1990; Stroeken 2008; Van Bekkum 1994, 2018) and

3) an experiential (epistemological) shift to perceive living beings on earth, and thus ourselves, as "running on aesthetics." This means to understand the conception of "aesthetics of healing" as "learning to think how nature works" (Bateson 1979, 1990, 2000; Bateson & Bateson 2010).

This last point is rooted in a "sacred epistemology" (*ibid.* 1987). From these three reference points a conceptual clinical/educational framework is proposed.

Bateson suggested, leading by thinking example, "to learn to think as nature—humans and all other living being as a macro web of interacting ecosystems—works." Therefore, scientific thinking and human language needs to be complemented by humour/self-irony, art, play, dreaming, and ritual (cf. Bateson & Mead 1942; Bateson 1990, 2000: 128–152, 2017).

I argue in this paper, based on the fieldwork mentioned above and on the proposed conceptual framework, that anthropologists and prac-

titioners, among others, should open up to, and integrate all, their senses in their work (cf. Van Bekkum 2018). My interpretation of "aesthetics of healing" is a framework which integrates a) ecosystemic thinking (Bateson 1991), b) total participation in liminality (Turnbull 1990), and c) practicing plural reflexivity in transitional (liminal) spaces (Turner 1969, 1979, 2012; Van Bekkum *et al.* 2010). During these transitional moments transformation and healing, partly individually and partly collectively, may be facilitated for individual clients/professionals and their familial/social networks.

I present two cases from Dutch therapeutic contexts. Case 1 is about Wout (19) running into several psychotic episodes. He attended group therapy in clinical psychiatry in which I was therapist, artisan and anthropologist. Case 2 is about Annass (16) and Kareef (14), adolescent "troubling/troubled" sons in an extended Iraqi refugee family (ecosystem) diagnosed/treated within a (Dutch/Frisian) transcultural family therapy context.

Experiential Shifts: Ecosystemic Thinking, Total Participation, and Plural Reflexivity

During and after my graduate anthropology studies I worked as an artisinal group therapist. For ten years I was part of the Dutch medical mental health system studying about 500 drafted young men (and their families) who were being hospitalized in the clinical psychiatry department of a military hospital (Van Bekkum 1994, 2018). This placed me in a triple outsider position. An anthropologist and artisan in psychiatry, a therapist and artisan in anthropology and an artisan having no position in the art world. This quest suited my longing and ambition. Wanting to become a "clinical" anthropologist meant I was doing more than participant observation research. Turnbull's conception of "total participation" (1990), based on Turner's conception of liminality (1969), offered answers for this "going native at home."

It took decades of recurrent rethinking of Bateson's ecosystemic (ecology of mind) approach and twining it with Turner's ritual approach (communitas, liminality and plural reflexivity) to arrive at a cohesive "clinical' frame." I found support for my multiple outsider position with Koen Stroeken. He performed extensive fieldwork on healing rituals in *Sukuma* (Tanzania) divination (*ibid.* 2010, 2018). Becoming an apprentice in divinatory practice he needed, like me, "clinical" concepts to understand what he had been through during his education to become a healer (*ibid.* 2012). Stroeken found support in Bateson's "experiential—cognitive-sensory—frame" (Bateson 2000: 271ff) to understand how divinatory healing is aesthetically shaped (Stroeken 2008). The moments of healing and transformation in divination rituals resembles the practice of co-creating transitional spaces and *communitas* in therapeutic and educational contexts (Stroeken 2010: 50ff, 205ff, 2018: 174ff; Van Bekkum *et al.* 2010).

Only recently, in the year of our conference on the *Aesthetics of Healing* (2019), the above mentioned positional and epistemological muddle disentangled itself. First I had to realize that all my fieldwork was group focused; the group was the healing agency. To my understanding, in medical anthropology, research in this domain is scarce (cf. De Voogt *et al.* 1988; Braten 2007; Van Bekkum *et al.* 2010; Gone 2011; Seikkula *et al.* 2018). Most related literature on healing and psychotherapy focuses on individual healing in psychotherapy and within the group (Basu *et al.* 2017; Hinton & Kirmayer 2017; Kurz 2017). Another revelation to me was that I had to acknowledge that during my ten years of artisanal therapy fieldwork we, groups of young men and me, co-created numerous times "aesthetics of healing in working with the senses in therapeutic contexts" (cf. Van Bekkum 1994, 2018; Van Bekkum *et al.* 2010). This is demonstrated in the exemplary case of Wout. Further, during 25 years co-educating professionals in mental health and youth care practices we, students, co-therapists, co-educators, frequently had been co-creating transitional (deep learning) spaces in which "aesthetics of healing in working with the senses in therapeutic contexts" occurred (Van Bekkum *et al.* 2010; Van Bekkum & Limahelu 2017). This is demonstrated in the exemplary case of Annass and Kareef in the refugee family.

Ecosystemic Thinking How Nature Works

> "I hold to the presupposition that our loss of the sense of aesthetic unity was, quite simply, an epistemological mistake" (Bateson 1979: 18).

If we perceive that all living creatures—as parts of, and participating in, our universe—operate by aesthetics, as Bateson claims, we need to learn to think how nature works (Bateson 2010; cf. Dissanayake 1982; Hoffmeyer 2008; Charlton 2008; Harries-Jones 2016; Chaney 2017). Bateson developed his thinking practice and conception of ecosystemic thinking as a "sacred epistemology." This was posthumous published in a co-authored book with his daughter Mary Catherine from his marriage with Margaret Mead (Bateson & Bateson 1987). His starting point is: humans are out of sync with how nature works (*ibid.* 2010). To get back on track, according to Bateson, we have to learn to perceive our (individual) selves as parts of aggregates of organisms in permanent adaptive communication with our environments, as cybernetic ecosystems (Bateson 2000).

Cybernetic means: self-generating, self-organizing, and self-correcting (groupings of) organisms. Both individuals and collectives are, at the same time, highly autonomous and still deeply interdependent. These complex webs of interdependencies operate in a hierarchical order. Individual ecosystems are more determined by more comprehensive aggregates-organisms-environments (families, communities, populations, nations and species). A necessary (adaptive/systemic) change into more comprehensive ecosystems takes several generations and a lot of "clustering of changing" individual organisms. Cybernetic systems operate by endless fluxes (waves) of information exchange (cf. Eicher-Catt 2003). These extremely complex waves of floating information within and between (aggregates of) organisms are "patterned" [...] that is habituated. Adaptive communication processes are a "coupled" entity between organism and environment and, for Bateson, operate through the senses and for a large part outside of what we call "our cognition."

We are, as individual organisms and as aggregates of organisms, very fragile, cybernetic ecosystems. Double bindings (Bateson 2000: 271ff) and "runaway communication patterns" (Chaney 2016) do occur frequently in all organic ecosystems and nature has ways to prevent and eliminate these potentially damaging patterns (see case 2 of family Shakir). Bateson conceptualizes the integration of sensory messages into "beautiful wholes as "sacred" (non-conscious and incomprehensible) but also as a "pattern that connects patterns" which is, from a multi-generational perspective, easily to disrupt (*ibid.* 2000: 128–152, Brier 2008). Recent studies confirm the complexity and importance of Bateson's approach and of his conceptual framework as a way of learning/knowing how nature works (cf. Varela *et al.* 2001; Charlton 2008; Weber 2013; Harries-Jones 2016).

Total Participation: Working with the Senses

> "[...] without some method, the cross cultural comparison falls to the ground and with it the whole interest of this exercise. If we cannot bring the argument back from tribal ethnography to ourselves, there is little point in starting at all." (Douglas 1970: xxxvi)

Bateson's epistemological adagium of "learning to think how nature works" fits and fuels my quest for a number of years. Still it did not offer a way out of my "positional muddle" of being an artisan, a group therapist and a clinical anthropologist all in one. In my fieldwork in clinical psychiatry as artisinal group therapist I was doing something beyond participant observation (Van Bekkum 2018). What I learned to do was a kind of systematic trial and error to improve my efforts as a therapist by recurrently ploughing back my experiences and reflected observations into my daily practice (cf. Chavers 1972, 1980, 1984a,b). I took it as an endeavour to also theoretically question conceptions in mental health and youth care in Netherlands, especially regarding the context of migration.[3] To integrate anthropological and therapeutic approaches we, clinical anthropologists, created the conception of "migration as transition" (cf. Van Gennep 1960; Turner 1969; Van Bekkum *et al.* 1996). To grasp the complexity of young men's (and their families') group dynamics and avoid an individualistic—dominant psychological—approach we found the "systemic" conception to see social relations as "balancing of, sometimes conflicting, loyalties" (cf. Boszormenyi-Nagy & Spark 1984; Van Bekkum *et al.* 2010). This completed a compatable frame of "healing" (making whole again) found in borderlands of anthropology and psychiatry. As will become clear

later on this (therapeutic) making whole again is located in states of liminality within transitional spaces (cf. Winnicott 1953; Turner 1969). Only recently have I found an approach and a conception which fitted my long term "skill/knowledge producing" fieldworking in clinical and educational practices. It also encompasses working with the senses in therapeutic contexts.

Developing his concept of "total participation," ethnomusicologist and anthropologist Collin Turnbull (1990) refers to the importance of, and goes beyond, Turner's concept of liminality,criticizing the latter's approach of participant observation. He redefines "liminality" according to his experiences throughout healing rituals among the *Mbuti* people in Congo (Turnbull 1965). Based on his insights, Szakolczai and Thomassen (2019) develop their perspective of a shift from "fieldwork" as "participant observation" to field experience as "total participation," and, therefore, as a major breakthrough in social theory. It would be a "substantial renewal of anthropological methods" and an "intensive involvement" where the "experience of being present" includes that reasearchers are not only part of the activities but that these "fill [our] whole being" (*ibid.* 193). Turnbull (1990: 51), accordingly, states:

> "What we have lost is the awareness that our ability to participate fully, to become emotionally as well as intellectually involved in another culture, in no way detracts from our objective, rational, intellectual analytical ability. On the contrary it provides a wealth of data that could never be acquired by any other means, which of course is our very argument for entering the field in the first place." (*ibid.*)

Turnbull ends his seminal paper with the importance of working with the senses by total participating in fieldwork. This supports an individual and collective reflexive data collection in therapeutic and ritual healing contexts from an experiential, sensory, aesthetic perspective. *Total Participation*, during liminal states in healing rituals, according to him,

> "[...] provides the perfectly integrated point of view that enables those who can move freely in and out of the liminal state with the ability to make rational judgments that seem infinitely wise because they are so infinitely effective and functional. It is indeed well perceived as holy, as a timeless state of grace." (*ibid.* 80)

Plural Reflexivity

Victor Turner (1969) and Edith Turner (2012), with their conceptions of liminality and communitas emerging during rituals, illustrate dynamics of collective "mental" states in which temporarily several dualisms like individual-community, or mind-body dissolve. These mental states resemble Bateson's (2000: 128–152) ecology states of mind in frequently re-enacting the unities of organisms-environment and of mind-nature into states of grace. Campbell (1959) described similar liminal and ecosystemic takes on the communal transformations of *Aranta* boys' initiation rituals to get biologies in sync with nature:

> "The system of sentiments of the local group, however, has been constellated not primarily, or even secondarily, to gratify the crude wishes of the growing adolescent for sensual pleasure and manly power, but rather in the general interest of a group having certain specific local problems and limitations. The crude energies of the young human animal are to be cowed, broken, re-coordinated to a larger format, and thus at once domesticated and amplified. Hence, although the rites certainly have a psychological function and must be interpreted in terms of the general psychology of the human species, each local system itself has a long history behind it of a particular sort of social experience." (*ibid.* 90).

Adolescents' disruptive actions, both as individual and in peer-groups, could be taken as signals that a rite of passage is needed as Campbell (1959) outlines (cf. Van Bekkum 2017). Boys' initiation marks not only their transition into the adult male/female worlds. Their individual coming of age, like a wedding and a funeral, reshuffles all positions and ties in the webs of kinship of their families and bring about changes in inner (material/biological) and outer (minded/mental) worlds. For Turner this liminal state is a collective experience and these rituals heal affliction, loss, and trauma within the community. He also claims that during the experience of *communitas,* a plural—collective—reflexivity is developed. This perspective resembles Bateson's approach

regarding "feedbacking" self-generating, self-organizing, self-corrective abilities of ecosystems. Turner describes theses states of plural reflexivity as "occasions on which a society takes cognizance of itself" (*ibid.* 1969: 167). I will come back to this aspect when discussing Judith Limahelu's approach as a transcutural family therapist in Case Study 2 on the Shakir family below. At this point I just want to stress that Turner's descriptions of systemic changes during rites of passage resemble the practice of drawing genograms (kinship diagrams) in family therapy to explore and map disguised and neglected pain, traumata, and blocked or fractured patterns of interaction in families (cf. McGoldrick 1995).

These two key conceptions, total particiaption and plural reflexivity, constitute the backbone of our proposed sensory perspective on the aesthetics of healing. It complements the experiential frame of "co-creating transitional spaces" as initiated and developed between 1996-2018 from the idea of "migration as life-phase-transition" (cf. Van Bekkum *et al.* 1996). Let me briefly introduce this knowledge producing process.

Transitional Spaces in Therapies

The idea of transitional space, as a contextualized place of transition, transformation and healing, emerged during co-writing a chapter for a Dutch handbook on cultural psychiatry twenty-five years ago. Four clinical anthropologists, including myself, developed this conceptual frame of "migration as transition," from our experiences in working with clients/families with migration/refugee histories (Van Bekkum *et al.* 1996). It reframed the migration experience as a depathologizing narrative which created a shared context for both client and therapist. Migration and seeking refuge is troublesome for any ecosystem while it has to deal, personally and as a family, with (too) many changes in a relative short period of time. Most of our clients and students in our practices recognized this "systemic wisdom" fairly easy.

This idea formulated in the borderlands of anthropology and psychiatry became in limited use for the last two decades in Dutch mental health and youth care practices (Tjin A Djie & Zwaan 2019, 2021). It opened up a horizon of potentialities because it integrated Van Gennep's and Turner's ideas on rites of passage, transition and liminality in therapeutic contexts. And it turned out to be compatible with Bateson's ecosystemic thinking of ecologies of minds. By combining the anthropological idea of transition with concepts of transitional objects and transitional spaces, widely accepted in western child psychotherapies (Winnicott 1951) it became even more applicable in diagnosis and treatment. The child psychiatrist Donald Winnicott (1951) refers to transitional objects when it comes to bridging painful periods for the infant during the absence of the mother. The child copes with this absence by holding on to a "bridging – soothing – object," like for example a cuddle toy.

Winnicott observes that good parents-children relationships also foster *transitional spaces* which are full of potentialities and in which children build personal relationships with persons and objects beyond the nuclear family. For Winnicott (1967) transitional spaces are filled with sensory play, joy, imagination, longing and fantasy. They are spaces where cultural experiences are located and created. The conceptual frame summarized above made it possible to invite clients to share narratives on what kinds of rituals their families, their culture, their religion employ in order to deal with "too many changes in a short period of time" like birth, death and marriage. Ritual practice, therefore, became an asset in therapeutic contexts (Van Bekkum *et al.* 2010).

The following two case studies are selected as exemplary for a number of fieldwork contexts I/we worked in for over four decades. In these contexts I was not only practising participant observation but also intended to be an active changing agent in the contexts I studied. By doing so it fuelled my ambition to make sense of out of experiences in my own family and in the wider Dutch context. The case studies will serve as a base to illustrate my theoretical reflections and conclusions.

The first case is my "minded" sensory encounter as an artisinal group therapist with Wout, hospitalized in a clinical psychiatry during a series of psychotic episodes around 1987. The second one is a "composed" case of an Iraqi refugee family trying to create/make a home in the Netherlands.

Case study 1: Wout

Context

It was a regular artisinal group therapy (two hour) session as part of a diagnostic and treatment program in a psychiatry department of a Dutch military hospital. I was part of a multidisciplinary team of psychiatrists, psychologists (as psychotherapist), nurses, and three non-verbal therapists: a creative, a drama and an artisinal therapist (me). During the artisinal therapy session coffee breaks were held in which their designing/manufacturing processes were discussed. The initiating activity was designing and crafting an artefact in their personal program which I developed with them. My workshop was in a small separate building in the middle of a beautiful hospital garden with ancient trees. It had taken me two years to create both a material and mental space in which the clients could feel at ease away from the stressful open and closed wards. I used my "therapist authority" during intakes with every new member of the therapy to make clear that everybody in my workshop was rather vulnerable, including me. I made clear that making artefacts helps them to recover from their affliction and how being nice and respectful to each other is part of this. These were preconditions to enable co-creating transitional spaces.

The Therapy Session and Wout's Story

It was a Wednesday afternoon at three o'clock in the middle of the therapy session with six patients at work in my "smithy" workshop. I knew from staff meetings that Wout had been in psychosis for several days and was slowly recovering. Due to his anti-psychotic medication his fine motor skills were disturbed. It took Wout, therefore, much more energy to craft his artefact than in his normal bodily state. He liked coming to occupational therapy because of escaping confined space of the ward. Wout was a drafted soldier brought in our department several weeks ago with a psychosis. In one of the later therapy sessions, recovered from his psychosis, he told me what happened. With his platoon Wout was in a "bivak"—bush training—in his first two weeks in the army. He was exhausted and sleeping with his fellow soldiers in the open. The whole day they were fatigued in combat training in the field. It was dark with low temperatures and they had been awakened several times to exercise again. At one moment he started screaming, jumped up and started running around with his (not loaded) rifle in his hands. Within seconds everyone was up and the sergeant found him while hiding behind a tree, crying. The medics arrived, brought him back to the barracks and five hours later he was hospitalized at our ward in Utrecht. Diagnosed and strongly medicated he was edgy, mistrusting most of the (male) nurses. He was constantly moving around in the closed ward. He stayed by himself, and appeared to be deeply afraid of something. I will share here some of my observations and experiences from my notebooks of that afternoon to later on reflect on them:

> "Looking from the corner of my eye I saw Wout standing close to the window, his heavy metal file lifted up in the air directed to the glass. From his posture and appearance I saw he intended to break it. I was standing at the other side of the workshop and [...] terrified. Three big workbenches between me and him. No time to walk or talk to him. The situation was ridden with both anger and anxiety. I sensed that the other five soldiers present in the workshop were keenly aware of the emerging crisis. They stood still and watched us both. The safe therapeutic atmosphere in my workshop was threatened. Tension, even anger and aggression were alright for me as the therapist but I couldn't accept destruction. Wout was in a psychotic state. What to do? No time to think. Something within me, I do not know what, took over. I didn't look in his direction again. My fear became anger and I started mentally visualizing myself jumping over the benches at the same time calling to him: 'if you break that window I throw you out through that window'. No one moved. It seemed to take a lot of time (could only have been seconds) and I barely could stand the tension. I hadn't moved an inch after seeing his arm lifted high with the tool. I blinked, looked in his direction, catching him in the corner of my eye. His hand was back beside his body and slowly moving back to his bench. I carried on with my own activities. Then after twenty seconds I heard a noise added to the sound level in the workshop. I looked up and at Wout and saw him using the file reworking the piece of iron in the bench vise. And while his head bowed forward clearly a smile was

on his face. The tension in the room slowly disappeared. Not a word has been spoken throughout what happened."

No one present ever mentioned again what had happened that day but two months later in a conversation with Wout I returned to the event. His psychosis was cured and his medication discontinued. When I asked him if he could remember the incident he smiled. Here I quote his comment from my notes:

"Oh yes, I do exactly. At moments, even with those drugs, I had so much *Angst* (anxiety) that I had to do something. On the ward the atmosphere was so strict and tense that I didn't dare to scream, throw something or challenge the nurses in other ways. But with you in the workshop I felt more relaxed but then the *Angst* came and I had to do something. When you have psychotic moments you feel so open, so unprotected. You sense and feel everything what is and happens around you and all this is getting into your system. That's why I liked the crafting work with you. But at some moments it came back and I had to do something. And that's why I wanted to smash the window."

He stopped. I asked what he had felt or seen in those minutes. He smiled again and said:

"I felt and saw your anger; I saw it as a green light around you. And I knew that if I had broken the window you would have thrown me out. But I saw as well that you respected me and more important you saw my anxiety. That's what most nurses and doctors are afraid of. To feel my *Angst*."

Reflection

I was shocked, and touched, that he knew what I had thought and felt but also that he needed no confirmation from me as if he had correctly "read" my non-verbal message and body language. On a "deeper" level I was not surprised and told him that he had seen right through me. We shook hands, thanked each other and never mentioned the event again. This conversation was not shared with the other staff members in the department but Wout and other patients helped me to trust my communicative "instincts." By "being moved together," we co-created a transitional space in which a sensory (non-verbal) way of perception took place. The fear I felt was not only about smashing windows or how the other men would react. It was Wout's fear of mentally falling apart that I sensed and I could only know this by "doing total participation" (cf. Turnbull 1990). By voluntarily interconnecting our "minds" I partly decomposed mentally with him. This mitigated his *Angst* and he got back to his stabilizing and "sense-integrating" work.

In the years to come I felt much more confident to navigate on my inner compass in tricky or tense situations within therapy sessions. The feedback from Wout taught me that balancing between firmness (sometimes even anger) and tender skills ("resonating," cf. Wikan 2012) when"being moved together" (cf. Braten 2007) helped these young men and me to co-create transitional spaces. This is only possible by, temporarily, giving up your "potentially dominant" position and "individual ego" state in order to enter states of *communitas* in which all tensions, inequalities, animosities and differences temporarily disappear (cf. Turner 1969).

How transitional spaces are co-created is not easy to generally describe as it is very contextual and time/place bound. Every time and place require another "choreography" to facilitate participants, their intentions, issues and ambitions entering liminality. Based on numerous experiences we developed a preliminary cluster of active ingredients from the perspective of the facilitators:

"a) never start without a clear intention and purpose of the session
b) as facilitator you don't know what's going to happen. This means that the group process is leading us. Facilitators guard individual/collective intentions and the deep-safe character of transitional space.
c) create a circle and a centre to work in (offer food, drinks, humour, a few minutes of silence, etc.)
d) opening and closing transitional spaces in a collective mindful way is crucial for success.
e) prepare and facilitate participants to feel at ease to become more mindful on what's going to happen
f) invite participants to become emotional part of the purpose of the session by telling fitting stories (for example events of previous sessions)
g) invite participants to express and verbalize their expectations towards the session (if there is

reluctance in the group express your own aims for what to happen)
h) clarify that emotional surrender determines the longed for - individual and collective - outcomes
i) make clear that in transitional spaces feeling and communicating any emotion or thought is alright if done with a 'good heart'.
j) when sensed or needed 'mark' (put the group process on hold) transformative and epiphanal moments to help participants become aware what's happening."

Thomas Scheff (1979) developed a conceptual frame which resembles what we call transitional space. To understand dynamics of collective tension release in rituals demands a) an "emotional surrender to our senses," b) that emotions are aroused together by singing, joking, laughing, crying, dancing, drinking and eating "with all our senses." He conceptualizes the individual and collective key activity, which makes participating in the ritual effective, as "distancing, [...] the simultaneous and equal experience of being both participant and observer" (*ibid*. 60). This description recalls Turnbull's conception of "total participation."

Within the theoretical framework of this article, I conceptualize my encounter with Wout as follows: the making of artisinal objects in group (therapeutic) contexts reunites "mind and body" (and maybe other aspects of "self") on an individual level (cf. Van Bekkum 1994, 2018). All senses are involved and my "total participation" facilitates a potential "aesthetic healing environment." The setting (material/mental) of the workshop encourages Wout and me, within the group, to co-create a "minded" transitional space. This opens up to a "collective state" beyond words (cf. Wikan 2012) and beyond empathy (cf. Koss-Chioino 2006). We are all in a state of liminality. Our cognition lowers, our everyday thinking stops and the senses take over. We enter a level of "ecological minded" communication "living in each other's minds" (cf. Bateson 1979). In both the event and in our later encounter Wout and me practice plural reflexivity and "feed-backed" systemically: both individually as collectively.

Case Study 2: Refugee Family Shakir

Educating/Learning Context

This case study exemplifies a transcultural—system—therapy approach that has been put into practice for several decades and taught to many family therapists (cf. Van Bekkum *et al.* 2010), also by me for 15 years (2003–2018). We attend families and communities with children in (psychiatric/educational/behavioural) distress, focus on the as "self-healing systems" in order to cope with "too many changes in relative short periods of time" and with layered disruptive "unprocessed" events from the past like e.g., birth, death, migration, divorce, domestic/sexual violence etc. (cf. Van Bekkum *et al.* 1996). This specific case study developed from ten interview sessions (2016–2017) by me with my former student, and now colleague, Judith Limahelu, who "guided" the Shakir family. The case has been extensively described in Van Bekkum & Limahelu (2017).

However, the educational context of the case already begins with a three year education of Judith (2009–2011) as a transcultural system (family) therapist at the *Marjon Arends Institute* in Amsterdam. There were always two teachers/senior therapists present: one permanent and one specialized in the "topic of the day." The groups in these courses usually consisted of 90% women, and 50% of participants had a migratory background. All courses were designed and programmed as multilevel learning processes. During these years, a professional learning level was intertwined with a personal level learning process of retracing and rediscovering the students' own family and cultural history. This multilevel learning can be addressed as practising both total participation and plural reflexivity in which experiential shifts may occur on both individual and collective level. The basics of this kind of reflexive learning was already formulated in a "transcultural" feminist paper by (De Voogt *et al.* 1988). The "intersectional" influence of the therapist's - personal, family, gender, class, white, colonial, migration, ethnic and cultural - background had to be acknowledged and to be accounted for in the therapeutic process:

First, each training day has a "theme" integrated in the whole of the course. Second, we work in a circle of chairs with a "ritual centre" in the middle,

Fig. 1: Example setting of educational fieldwork student group

in shape of a coloured cloth with flowers, candles, food and several representational objects which interconnect learning days with the participating students (see fig. 1). Third, each day "opens" and "closes" with a "mindful ritual" by verbalising an intention/wish for this specific day/event and lighting and extinguishing a group candle. Individual students can light a candle with their own, verbal or non-verbal wish/story.

Every day the theoretical introduction is followed by the presentation of a case prepared by two students relating to their practical experiences. Teachers facilitate a learning space in which the group deals with and reflects on individual resonating/expressed emotions of participants, emerging from collectively discussing cases and theory. The aim of this educational process is synchronizing a) learning from clinical cases of troubled children within (ethnic/religious/national backgrounds of) their families with b) learning by reflecting on issues from our own families' histories. The ground work for this systemic teaching of transcultural family therapy is rooted in feminist family therapist supervision groups in the 1980s (cf. De Voogt *et al.* 1988; McGoldrick *et al.* 2005) and anthropological approaches regarding ritual practice (cf. Kluckhohn & Strodtbeck 1961; Turner 1969; Bateson 2000; Van Bekkum *et al.* 1996; Siddique 2011).

Treatment Context

The family Shakir consisted of two parents and eight children: four sons and four daughters. Two adolescent sons, Annass (16) and Kareef (14) of this extended Iraqi refugee family (1,5 years in the Netherlands at the time of the therapy) were both troubling in different contexts and firmly trou-

bled in their coming of age process. For months they "played truant" and committed minor criminal acts to finance their abundant "mind-blowing" marihuana and gaming addictions. All interventions from school, attendance officers, police, and numerous sessions with youth care professionals did not have the targeted effects. Different youth care workers were not able to establish a successful working-relation with the parents and perceived both parents and children as unmotivated to cope. Ultimately the responsible probation officer proposed to outplace the male adolescents from their family into state custody. As a last resort transcultural system therapist JUDITH LIMAHELU agreed to step in under the condition that 1) the outplacement procedure of the boys before would be interrupted until she would finish her therapy trajectory, and 2) she could work with the family in terms of home visits.

Judith started her home visits, interacting as an ordinary guest, with whoever was at home while chatting and drinking tea with the hospitable mother. The younger children and the girls slowly got interested once Judith appeared twice a week. With the children she played "family stories quartet game"—designed/published by herself—to initiate playful question/answer communications (cf. LIMAHELU 2010). Judith used the game to facilitate narrating family stories through which she could develop a contextual "picture" of this family. Her "instrumental method," sooner or later, touched the issues of the two sons in trouble. During one of her visits she saw an old lady on the sofa in the living room. Judith asked who she was and the children told her: "that's grandma (Oma), she lives with our oldest brother Abbas two blocks away." Involving the, before unseen, third generation changed the hierarchical and, thus, the parental and gendered contexts. With her visit Oma checked Judith's influence on the family. Her approval defrosted the stuck (double binded) situation between the family and the involved state care institutions: youth care, forensic psychiatry, police, and school. Oma's visit set a systemic process in motion which I interpret as a certain aesthetic configuration of healing.

Reflection

In our original extensive discussion of this case study (cf. VAN BEKKUM & LIMAHELU 2017) we demonstrated that every family member plays an indispensable role in keeping the "ecosystem" moving, and, therefore, also adapting to changed environments. By facilitating deep-safe moments, what she learned to call "co-creating transitional spaces," Judith patiently mapped - during a number of home visit sessions - afflictions, trauma's, kinship ties in the family's migration history and integration processes in Dutch contexts. She complemented her data collection by the family stories game with drawing "genograms" (kinship diagrams) together with the family which is a common procedure in family therapy (cf. MCGOLDRICK 1995). She used the experiential frame model of "migration/refuge as transition" (cf. VAN BEKKUM *et al.* 1996) to map the fragmenting/dividing effects on their life in the Netherlands. She carefully differentiated the effects of the migration process and experience from the trauma's due to the years of mass violence (war) in their home country. Both clusters of experiences - war traumas and migration/refuge - had destabilizing influences on the gender complementarity and transgenerational continuity.

The resulting recovery of this family also took place on a different level. The family had to synchronize their own cultural/religious/regional Iraqi/Islam bounded patterns "systemically" with a Dutch, regional Frisian, cultural environment. An important part of the intervention strategy was the co-creation (with families) of transitional (deep-safe/ritual) spaces facilitated by Judith as the transcultural system therapist. Judith repeatedly co-created "communitas" experiences (cf. TURNER 2012) and "plural reflexivity" (*ibid.* 1979) within the family by a) resonating with her own emotions with those of the client-system (total participation) and b) bringing in, at the right moments within the right mirroring content, her own family stories of migration, seeking refuge and creating a new home in the Netherlands (cf. PEUTZ 2012; WIKAN 2012). The Shakir family system reflected on herself and "feed-backed" on itself. This way, she initiated a self-correcting "wholing" process in which generational and gender issues were negotiated and resolved.

Important aspects of Judith's specific competences and interventions only became visible during our interview sessions. Most of her co-creating transitional spaces and the "fitting interventions" were outside of her "everyday awareness" (cf. Hall 1990: 24ff). These "tender - soft - skills" are somewhat common sense in many therapeutic professions but difficult to practice and communicate in terms of plural reflexivity among colleagues. Further, combining them intentionally, reflexively and applying them in collective setting during home visits is a rare practice (cf. Jude 2016). I argue that related dynamics of "being moved together" is comparable to ritual healing, no matter if located in medical pluralistic and/or (indigenous) community contexts (cf. Turner 1969, 2012; Steegstra 2004, 2009; Stroeken 2018).

From the perspective of a conceptual framework of "migration as transition" (cf. Van Bekkum *et al.* 1996) an ecosystem like the family Shakir from Iraq can be interpreted as temporarily "liminal vulnerable" in making a new home in a foreign country like the Netherlands and in which their children (born before and after the transition) can thrive. As I have learned in decades of clinical practice, migrant/refugee families may not only develop instabilities due to their transition from home to host culture. Another unseen burden are incongruences between subsystems (gender and generational worlds), exemplified here with the separation of Kareef and Annass from their original extended family setting. The formational "protective wrapping" (Tjin A Djie & Zwaan 2021) for the, liminal vulnerable, adolescent sons in a wider system of father (older brothers/uncles/grandfathers) and mother (older sisters/aunts/grandmothers) positions had been lost. This wholeness of the family was due to the loss of the extended family in their homeland and to both unseen massive changes throughout migration. The complementary and hierarchical levels of generations and gender relations in the Shakir family system are confused.

In the course of somewhat transitional/transformative ritualized practices and moments, parents, children and grandparents are facilitated to surrender and integrate ancestral systemic wisdom of patri- and matrilateral origin. Gaining this knowledge and integrating it into current contexts, provides this three/four generation family systems with the agency to reshape their collective lives and to resolve issues in raising their children and preparing them to move on. The family Shakir revitalizes and restores by reconnecting to their self-corrective ecosystemic capacities.

Concluding remarks

I have outlined—with the examples of a) Wout in a Dutch artisinal group therapeutic context, and b) Annass and Kareef in a family (systemic) therapeutic context—different modalities of "healing with the senses." They illustrate fluid, fleeting, (w)holistic healing instances in terms of "being moved together." These may turn out to develop systemic changes (e.g., of the ecosystem) in which a co-creation of transitional spaces reunites material (natured/organism) and immaterial (minded/mental) ingredients. My argument is that we need related aggregates of minds and tender skills to grasp what is needed to facilitate systemic changes in afflicted individuals and their (social) environments.

We started our navigated quest to "contribute to the understanding of different forms of healing from an experiential, sensory, aesthetic perspective" and proposed to add three epistemological reference points:

1) bring ethnography from medical pluralism/indigenous rituals "home" to (Dutch) clinical contexts.

2) integrate sensory aspects into (Dutch) therapeutic contexts to shift engagement on both perceptual and experiential (body & mind) levels from participant observation to total participation in collective settings.

3) "learn to think how nature works by using a sacred (experiential) epistemology" (Bateson & Bateson 1987) to "perceive our living earth and cosmos, as running on aesthetics."

By outlining key conceptions, we grasped processes of co-creating transitional spaces within the frame of our clinical and educational fieldwork. We thus composed a conceptual framework to contribute to the understanding of "aesthetics of healing" from the perspective of our therapeutic practices.

We facilitated total participation and plural reflexivity, and doing so, we co-create transitional

spaces in which experiential shifts occurred. Coping with these "systemic complexities," from my perspective, covers what YOUNG (1991) called "re-enacting the sacred."

These experiences are extremely difficult to verbalise, to put into words, let alone to put it into written language. Four millennia ago Lao Tzu stated: "The Tao that can be spoken is not the eternal Tao." This gap of communication and perception might be bridged by what we may coin as "tactile knowledge" (POLANYI 1958) and/or as "tender skills" (VAN BEKKUM 2017).

With this conclusion we stumbled upon a new question: how to express and communicate what can or cannot be said and written about the aesthetics of healing and the related "work with the senses?" In his sacred epistemology BATESON (1987) claims that rigorous science, self-irony and artistic imagination should go hand in hand. His texts are loaded with bitter, grace- and joyful irony and with poetic references to art.

Individually we live, communicate and learn through our senses in our daily lives. Still most of us need being moved together in transitional spaces to see how to find our ways "home" (cf. MCGOLDRICK 1995) in a navigated quest guided by the sacred (BATESON & BATESON 1987; BATESON 2017; VAN BEKKUM 2018).

Acknowledgements

Thanks Theresia Bernet and Marijke Steegstra for being there with me in Münster and during the writing/editing difficulties, Bert Keizer for improving my English and, of course, Helmar Kurz for saving my efforts/this text from oblivion.

Notes

1 "Tender skills" is a concept we developed together during our 30 years of running an intercultural consulting and training practice. Tender skills are utterly human and we all practice them in our fragile familial and social webs of relationships. How can we cherish our family relations and friendships as safe, loving and beautiful? How can we transfer/translate these tender skills to co- creating transitional spaces in clinical psychiatry and in co-educating family therapists turned out to be a long learning process. Approaches like "radical empathy" (cf. Koss-Chionio 2006), "open dialogue" (SEIKKULA *et al.* 2018), and "being moved together" (BRATEN 2007; BRUSCHWEILER-STERN *et al.* 2018) are validated therapeutic practices and examples of "operating tender skills."

2 The sailing metaphor is intentional while "learning to think how nature works" (central to our epistemological position) is a quest leading to the understanding of different forms of healing from an experiential, sensory, aesthetic perspective. The metaphor contextualizes my positionality in this paper and my clinical and educational research on which it builds.

3 "Doing theory" here denotes to a "fieldworking" practice in which "scholarly parsimony and artisinal aesthetics" are "done" at the same time. During and after my anthropological studies I started to make artifacts to express experiences in my fieldwork for which I could not find words/concepts. If anthropological theories, and those in other social sciences, are models to understand our worlds and aesthetics of healing it is a fruitful starting point in this special issue of Curare to walk a daring path into parsimony. BATESON's parsimony, also called the "Occam's razor," points to the "preference for the simplest assumptions that will fit the facts" (BATESON 1979: 30). Such parsimonious models of our worlds generate an aesthetic quality; they are beautiful and have grace. Manufacturing artifacts bring about aesthetic experiences which are both similar and different than parsimonious aesthetics by creating mental models in scholarly work, combining artisinal and scholarly approaches.

References

BASU H. *et al.* (eds) 2017. *Spirit and mind: mental health at the intersection of religion and psychiatry.* Berlin: LIT.

BATESON G. 1967. *Style grace and information in Primitive Art*. Reprinted in: BATESON 2000.

———— 2000 [orig. 1972]. *Steps to an ecology of mind*. Chicago: University of Chicago Press.

———— 1979. *Mind and nature: a necessary unity*. Toronto: Bantam.

BATESON G. & R. E. DONALDSON 1991. *A sacred unity: further steps to an ecology of the mind*. New York: Harper & Collins.

BATESON G. & M. CATHERINE BATESON 1987. *Angels fear: towards an epistemology of the Sacred*. New York: Macmillan.

BATESON G. & N. BATESON 2010. *An ecology of mind*. Documentary film. www.anecologyofmind.com (accessed 2020-07-28).

BATESON N. 2017. The era of emergency relocation: a transcontextual perspective. *Fokus På Familien* 2: 82–98.

BATESON G. & M. MEAD M. 1942. *Balinese character: a photographic analysis*. New York: Academy of Sciences.

BOAS F. 1955 [orig. 1927] *Primitive Art*. New York: Dover.

BOSZORMENYI-NAGY, I. & G.M. SPARK 1984. *Invisible loyalties: reciprocity in intergenerational family therapy*. New York: Brunner & Mazel.

BRATEN S. 2007. *On being moved: from mirror neurons to empathy*. Amsterdam: Benjamins.

BRIER S. 2008. Bateson and Peirce on the pattern that connects and the sacred. In HOFFMEYER J. (ed) *A Legacy for Living Systems.* Biosemiotics Vol 2. Springer: Dordrecht: 229–255.

BRUSCHWEILER-STERN N. *et al.* 2018. Moving through and being moved by: embodiment in development and in the

therapeutic relationship. *Contemporary Psychoanalysis* 54, 2: 299–321.

Campbell J. 1959. *Primitive Mythology*. London: Penguin.

Chaney A. 2017. *Runaway: Gregory Bateson, the double bind, and the rise of ecological consciousness*. Chapel Hill: University of North Carolina Press.

Charlton N. 2008. *Understanding Gregory Bateson: mind, beauty, and the sacred earth*. New York: State University of New York Press,

Chavers R. E. 1972. Dialektik als Wissenschaftsbegriff: *Eine Untersuchung über die Aspekte dialektischer Begriffsbildung im Hinblick auf den Methodenstreit der Wissenschaften unter erkenntnistheoretischen Voraussetzungen*. Dissertation. Berlin: FU.

Chavers R. E. [Black Horse] 1980. September moons Haiku in transition. Utrecht: Community for Development History.

———— 1984a. *Transversional psychology: a systematic and methodological study of psychotherapy*. Utrecht: DIES.

———— 1984b. *Kinematic conversion: a study guide in energy-transformations*. Utrecht: DIES.

De Voogt A. *et al.* 1988. *Integrating feminism & family therapy: a she-devil of a job*. Revised version of a lecture held on 29 April 1988 at the conference "Women's Perspective in Family Therapy."

Dissanayake E. 1982. Aesthetic experience and human evolution. *Journal of Aesthetics and Art Criticism* 41, 2: 145–155.

Douglas M. 1996 [orig. 1970]. *Natural symbols: explorations in cosmology.* London: Routledge.

Eicher-Catt D. 2003. The logic of the sacred in Bateson and Peirce. *American Journal of Semiotics* 19, 1: 95–126.

Gone J. P. 2011. The red road to wellness: cultural reclamation in a Native First Nations community treatment center. *American Journal of Community Psychology* 47: 187–202.

Hall E. T. 1990 [orig. 1959] *The silent language*. New York: Random House.

Harries-Jones P. 2016. *Upside-down gods: Gregory Bateson's world of difference*. New York: Fordham.

Hinton D. & L. Kirmayer 2017. The flexibility hypothesis of healing. *Culture, Medicine & Psychiatry* 41, 1: 3–34.

Hoffmeyer J. (ed) 2008. *A legacy for living systems: Gregory Bateson as a precursor for biosemiotic thinking*. London: Springer.

Jude J. 2016. Seselelame: feelings in the body - working alongside systemic ideas. *Journal of Family Therapy* 38: 555–571.

Kluckhohn F. R. & F. L. Strodtbeck 1961. *Variations in value orientations* Evanston: Row & Peterson.

Koss-Chioino J. D. 2006. Spiritual transformation, relation and radical empathy: core components of the ritual healing process. *Transcultural Psychiatry* 43, 4: 652–670.

Kurz H. 2017. Diversification of mental health care: Brazilian Kardecist psychiatry and the aesthetics of healing. *Curare* 40, 3: 195–206.

Limahelu J. 2010. *The family stories game*. https://www.familieverhalenspel.nl/familystories/ (accessed 2020-01-20).

McGoldrick M. 1995. *You can go home again: reconnecting with your family*. New York: Norton.

McGoldrick M. *et al.* 2005. *Ethnicity & family therapy* New York: Guilford.

Polanyi M. 1958. *Personal knowledge: towards a post-critical philosophy*. Chicago: Universitity of Chicago Press.

Peutz M. 2012. 'From some place deep in you': on personal connections between researcher and research in mental health. *Medische Antropologie* 24, 1: 179–193.

Scheff T. 1979. *Catharsis in healing, ritual and drama*. Berkeley: University of California Press.

Seikkula J. *et al.* 2018. The relational mind in couple therapy: a Bateson-inspired view of human life as an embodied stream. *Family Process* 57, 4: 855–866.

Siddique S. 2011. Being in-between: the relevance of ethnography and auto-ethnography for psychotherapy research. *Counseling & Psychotherapy Research* 11, 4: 310–316.

Speck R. & C. Attneave 1973. *Family networks*. New York: Pantheon.

Steegstra M. 2009. Krobo queen mothers: gender, power, and contemporary female traditional authority in Ghana. *Africa Today* 55, 3: 105–123.

Steegstra M. 2004. *Resilient rituals: Krobo initiation and the politics of culture in Ghana.* Münster: Lit.

Stroeken K. 2008. Sensory shifts and 'synaesthetics' in Sukuma healing. *Ethnos* 73, 4: 466–484.

———— 2010. *Moral power: the magic of witchcraft*. Oxford: Berghahn.

———— 2012. Health care decisions by Sukuma 'peasant intellectuals': a case of radical empiricism? *Anthropologial & Medicine* 19, 1: 119–28.

———— 2018. *Medicinal rule: a historical anthropology of kingship in east and central Africa* New York: Berghahn.

Szakolczai A. & B. Thomassen 2016. *From anthropology to social theory*. Cambridge: University Press.

Tjin-A-Djie K. & I. Zwaan 2021. *Protective wraps: transcultural aid for families*. Assen: Van Gorcum.

———— 2019. *Beschermjassen in de praktijk: professionals en families leren samen*. Assen: Van Gorcum.

Turnbull C. 1965. *The Mbuti Pygmies: an ethnographic survey*. New York: American Museum of Natural History.

———— 1990. Liminality: a synthesis of subjective and objective experience. In R. Schechner & W. Appel (eds) *By means of performance*. Cambridge: University Press. 50–81.

Turner E. 2012. *Communitas: the anthropology of collective joy*. New York: Palgrave Macmillan.

Turner V. 1969. *The ritual process: structure and anti-structure.* Ithaca: Cornell University.

———— 1979. *Frame, flow* and r*eflection: ritual* and d*rama* as p*ublic liminality. Japanese Journal* of *Religious Studies* 6, 4*:* 465–499.

Van Bekkum D. 1994. Adolescence and ethnicity: an interdisciplinary model in occupational therapy and vocational training. *International Journal of Adolescence and Youth* 4, 3+4: 253–269.

———— 2006. Paradigmenwechsel und Kulturkritik: Transkulturelle Psychiatrie im 21. Jahrhundert. Zehn Handlungspunkte aus dem Manifest 2000 der IGGZ in den Niederlanden. In W. Machleidt & R. Salman (eds) *Sonnenberger Leitlinien: Integration von Migranten in Psychiatrie*

und Psychotherapie. Erfahrungen und Konzepte in Deutschland und Europa. Berlin: VWB. 45–54.

———— 2017. *Young men as whistleblowers: an anthropological gaze upon failing institutions and transitional spaces*. Soesterberg: Uitgeverij.

———— 2018. Beauty & grace in making artifacts: an anthropological gaze upon crafting in the world. In C. T. Burke & S. M. Spencer-Wood (eds), *Crafting in the world.* New York: Springer. 99–123.

Van Bekkum D. & J. Limahelu 2017. Families helpen zichzelf te helpen: cultureel zelfreflecteren en cultuursensitief-systemisch samenwerken in de jeugdzorg In *Jonge mannen als klokkenluiders: antropologisch leren kijken naar falende instituties en transitionele ruimtes*. Soesterberg: Uitgeverij Aspekt. 385–422.

Van Bekkum D. *et al.* 1996. Migratie als transitie: liminele kwetsbaarheid van migranten en implicaties voor de hulpverlening. In J. de Jong & M. V. D. Berg (eds) *Handboek Transculturele Psychiatrie & Psychotherapie*. Utrecht: de Tijdstroom. 15-59.

———— 2010. Rituelen en Beschermjassen. In J. de Jong en M. v. d. Berg (eds), *Handboek Transculturele Psychiatrie & Psychotherapie*. Utrecht: de Tijdstroom. 119–129.

Van Gennep A. 1960 [orig. 1909]. *The rites of passage.* London: Routledge & Kegan Paul.

Varela F. *et al.* 2001. The brainweb: phase synchronization and large-scale integration. *Nature Reviews Neuroscience* 2, 4: 229–239.

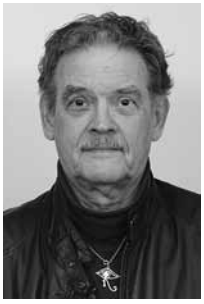
Weber A. 2013. *Enlivenment*: *towards* a *fundamental shift in the concepts* of *nature*, *culture and politic.* Bonn: Heinrich Böll Foundation.

Wikan U. 2012. *Resonance: beyond the words*. Chicago: University of Chicago Press.

Winnicott D. W. 1951. Transitional objects and transitional phenomena. *International Journal of Psychoanalysis* 34: 89–97.

———— 1967. The location of cultural experience. *International Journal of Psychoanalysis* 48: 368–372.

Young D. 1991. *Origins of the sacred: the ecstasies of love and war.* London: St. Martin's.



DIRCK VAN BEKKUM MSc. was born in artisinal blacksmithing families in 1947 in Amersfoort and studied social & cultural anthropology at the Radboud University, Nijmegen, The Netherlands between 1974–1988. From 1983–1993 he fieldworked as an anthropologist/artisinal group therapist with about 500 troubled/troubling drafted soldiers hospitalized in clinicial psychiatry. Between 1993–2019 he fieldworked in and co-educated, as a self-employed clinical anthropologist at Moira CTT (www.ctt.nl), numerous groups of mental health and youth care professionals in Dutch institutions. With hindsight 'being moved—healing—together in co-created transitional spaces' turned out to be what Dirck was after all those years. In this experiential quest of 35 years commuting between a) finding/performing language (conceptual frames) in communication with clients/students and b) crafting symbolic artifacts to express/perform (for what could not be expressed in language) was his core business.

Bureau Moira CTT (Cultural Transfer & Transformation)
Gocher Strasse 85, Kranenburg, 47559 Germany
e-mail: moira@ctt.nl, www.ctt.nl