

Chapter 7

Present-Day Passage

Perhaps nowhere has the modern liminoid equivalent to pre-modern liminality been more in evidence than in the various psychotherapeutic practices of this century. When Levi-Strauss equated psychoanalysis with older, traditional ritual cures, he described the present-day psychoanalyst as a modern shaman. This modern shaman has much to benefit by “comparing its methods and goals with those of its precursors.”¹ If treatments have become conversions, the language of symbols, particularly ritual action, is most efficacious.² One such learning from our psychoanalytic ancestors would be that psychic contents appearing in the patient’s subconscious are mythic in form and transcend the personal experience and memory of the patient.³ In this thinking, the unconscious ceases to be a repository of only unique and individual peculiarities; it contains broader, deeper contents.⁴

By citing important parallels and places of informative contact between what Turner would call the earlier liminal and post-industrial liminoid, Levi-Strauss brings forth the universal aspects of both. In fact, he goes so far as to claim that the logic of mythical thought is not only as rigorous as that of modern science, but makes the debatable observation that the “same logical processes operate in myth as in science.”⁵ He moderates a view of a universe full of rational universals with some exceptions, one being that “in industrial civilization there is no longer any room for mythical time, except within.”⁶ The identified commonalities still dwarf particularities and there is in his thinking little tension between what are understood to be ancient and modern forms of the same reality.

Don Browning makes the same kind of observation as he relates the relevance of Turner’s thought to the modern psychologies, especially those of the humanistic variety.

Modern therapies too are marked by a moment of separation in which a patient’s former socializations, introjections, and community loyalties are looked at, reflected upon, examined, and quite likely brought into question, either in part or as a whole. Then there may be a period of

liminality, by which Turner means a period of betwixt and between, when the client is neither completely content with his or her old values nor has replaced them with new ones. The final phases of therapy may be a time of reaggregation during which the client re-establishes what Jerome Frank calls a new 'assumptive world'—a new belief and value framework which usually creatively combines aspects of old values with new ones that have been more autonomously chosen.⁷

Though not mentioning the finer distinctions between the liminal and the liminoid, Browning recognizes a fundamental difference between the pre-modern and modern forms of this reality:

Obviously, as Turner would be quick to point out, in more primitive societies the moment of reaggregation involves a deeper and more internalized acceptance of a set of values and beliefs which have been predetermined by the society.⁸

Jan and Murray Stein, for instance, claim that psychotherapy is the contemporary instrumentality of transition which in large part replaces earlier ritual patterns of passage.⁹ As an equivalent system, psychotherapy provides counterparts to separation, liminality, and reintegration. In psychotherapeutic terms the correspondences are psychological destructuring, flux and turmoil, and restructuring.

Recognizing liminal parallels and noting that psychotherapy is a present-day creation of ancient initiation rituals, but missing the important distinctions between the liminal and liminoid, they observe:

To us, liminality seems to be the heart of the mid-life transition and the key to understanding its nature and psychological function . . . it is legitimate to speak of mid-life liminality as potentially transformative. . . . In the midst of the emotional flux and turmoil of midlife liminality, persons struggle with fundamental splits and dynamics of their personalities and undergo internal structural changes that will affect their attitudes and emotional reactions permanently. The net result will be a transformation of consciousness.¹⁰

Indeed, liminal categories of thought have been used psychotherapeutically to interpret the meaning of depression in important transitional moments. As a liminal quality, death experiences of the self frequently translate into depression, a catalyst for forms of rebirth.¹¹

Though many theorists and practitioners miss this distinction between the liminal and the liminoid, there are those who have moved beyond a simple appropriation of Turner's liminal categories. They have brought a more self-conscious critical evaluation of and reflection on the distinctions between the liminal and the liminoid in contemporary psychotherapy.

Robert Moore is a proponent of appropriating liminal categories of thought to serve as a model for transformation in psychotherapy. After careful examination, Moore came to discover that most if not all therapies contain highly ritualized and formalized elements. Most important for him was the insight that psychopathology and psychotherapy might best be understood from an anthropological perspective.

Instead of viewing rituals of healing and systems of personal transformation in religious traditions as primitive psychotherapy, one could just as easily view contemporary psychotherapeutic practices as expressions of ritual process which offer a small segment of our population a source of ritual leadership in times of crisis.¹²

The small group therapy movement is a remarkable example of the role of a ritual leader, a set-apart liminoid community in time and space which creates a sense, however artificial, of *communitas*. Some practices of these movements utilized what could only be described as ceremonial ritual elements such as sensory stimulants.¹³ Moore summarizes:

The special forms of ritually created psychosocial space-time offer a place where the individual can experiment with new images of both self and others and with new behavioral modalities which the world of structure may require. These new thoughts, feelings, and behaviors may be enacted in various ways within the secured boundaries of the therapeutic container and worked through until the individual is prepared to attempt a reassertion of his or her autonomy and a return to ordinary life.¹⁴

In contrast to Moore, Volney Gay presents a scathing portrait of psychotherapy created by and participating in the cultural breakdown which it presumes it can repair. For Gay, contemporary psychotherapy becomes a prime example of an artificially created liminoid form. Liminoid constructions, in this way of thinking, are not only weak substitutes for truly liminal dimensions of passage and genuine forms of *communitas*; as fabrications, they are the products of the breakdown of liminal *communitas*. Psychoanalysis has simply developed in tandem with this disintegration, and rather than addressing the origins of the dysfunction, has become a colluding partner with it.

Both narcissism and its psychoanalytic treatment are liminoid. Psychoanalysts, psychoanalytic theory, and psychoanalytic treatment are restrictive, individual, arranged in schools, potentially revolutionary, ritualized but not religious, and shaped by the commodity dimension of our culture. More importantly, the problems with which psychoanalysis is designed to deal are, in part, products of the dissolution of liminal *communitas*.¹⁵

In a fractured world, divided into distinct arenas and social strata, psychoanalysis contributes to the fracturing as it is immensely private, selective and arcane in its action.¹⁶ The privatization of life, reinforced by psychoanalysis, only tears down authentic *communitas* as it simultaneously elevates the liminoid. As narcissistic pathologies have direct bearing on powerful shifts in family and social life, discussions of liminal and liminoid forms of life and therapy become increasingly important.

Moore's strength is found in the identification of the deep structural human need for both liminal-like forms of passage and a resulting *communitas*. The positive contribution of Gay is found in his siren warning directed toward therapies which may be oblivious to the relationship of individual to culture and the ways in which they have been co-opted and sometimes created by their own context. Though Gay's characterizations of certain therapists may be accurate, one does have the feeling he is in conversation with a psychoanalytic straw figure from the past. Therapy as a whole is more integrative and holistic today, with family systems approaches being just one example of a recognized larger context in which the individual exists. In his overgeneralizing, one must wonder at what he proposes. A return to the liminality which Turner observes in village-based, agrarian, life-cycle oriented, pre-industrialized cultures? If so, just how would such a return take place? And if not a return, which seems little less than impossible, then what? Is it not feasible, on the other hand, to speak of identifying the dynamics which are at work in pre-modern liminal experience and find equivalents which function in a new but unique context?

Moore believed it was. In an attempt to find reasonable equivalents and apply them therapeutically, he reconceptualized Turner's definitions of the liminal and liminoid. Whereas Turner made distinctions primarily in terms of social location—pre-modern ritualized passage vs. industrialized non-ritual or non-religiously oriented states of being—Moore draws the distinctions quite differently. For Moore, the primary boundary is rather framed in terms of the presence or absence of ritual leadership and transformative space.

While liminal space requires ritual leadership, liminoid space does not. A ritual leader may be present in liminoid space, but must be present for liminal space to exist. Liminality can occur at or near the center in tribal society not just because the social processes are relatively "simple," integrated, or totalistic but because of the availability of knowledgeable ritual elders who understand how transformative space is located, consecrated, and stewarded.¹⁷

It is liminal space which is set by the clearly prescribed boundaries of sacred territory and space. Liminoid realities may be positioned on the edge of structure, with free-floating but undefined sensation, but they lack the

power to foster transition. Such a defined and boundaried therapeutic space has come to be understood by current Freudian and Jungian analysis as the essential transforming container in which the process must take place.¹⁸ Clarification is indeed necessary in understanding the distinctiveness of the liminal and liminoid, but the key to that understanding is in the presence or absence of authentic ritual leadership in transformative space.¹⁹

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