Time, space, power and the liminal transformation of the psychologised "self"

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Abstract

Drawing on the concept of liminality, we provide an alternative language for understanding how time, space and power intersect to impact upon the relationship that individuals hold with themselves as "self". A historical (re)contextualisation is presented that traces the genesis of a notable development in British war-time psychiatry, the "Northfield experiments", to its contemporary parallels in the democratic therapeutic community in prisons and Psychologically Informed Planned Environments. Links are made between the development of these "liminal events" and aspects of Foucault's works on the technologies/techniques of objectification and subjectification/self, his critique of the object of painting and his critical analytics of "other" spaces. It is argued that the therapeutic community can be (re)contextualised as a highly functional liminal event that held/holds significant implications for how patients subjectively experience(d) "self" as certain forms of psychological power and knowledge were/are given (material) effect within this point in time and space.

Keywords

liminality, objectification, psychologised self, subjectification, therapeutic community

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The spatial turn within the contemporary social sciences has seen notions of space and spatiality become key theoretical concepts within many social and cultural domains. Yet psychology has not fully realised the potential involved in thinking spatially, which tends to be considered a pursuit of the critically-minded geographer rather than the pragmatic psychological practitioner. In this paper, we articulate the need for a better understanding of how time, space and power intersect to change one's relationship with the "self" in highly functional ways. In doing so, not only are we acting on psychology's need to think more "spatially"; we also seek to advance contemporary spatial theory by demonstrating that the contemporary "ritual" of "self" transformation can be otherwise understood as the real-world application of power and knowledge (and the technologies/techniques thereof) at specific points in time and space. In this, we adopt, apply and develop what has emerged as a central concept within the contemporary social sciences: liminality.

The concept of liminality has become a powerful tool for analysing the spatial and temporal nature of social, historical and political problems. Originally developed by Arnold van Gennep (1960) and later Victor Turner (1969) as a way of describing and understanding rituals of passage in small-scale societies, the practical and theoretical utility of liminality has seen it applied, somewhat freely, to fields as diverse as international relations, business studies, disability studies, psychiatry, education, art and popular culture (Horvarth, Thomassen & Wydra, 2015).Importantly, liminality is understood to operate on a number of levels from transitory moments of transition in the life of a single individual (such as marriage, divorce or periods of illness) to more protracted periods of instability and change

(such as revolutionary periods and war) to entire epochs of human history (such as modernity) (Thomassen, 2009). In turn, these temporal *levels* of liminality operate within the spatial context of the individual, the group and the broader echelons of society as a whole.

Using liminality, we provide an understanding of the *transformation* of "self" and identity that encompasses another important concept within contemporary social theory: power. By focusing on how time, space and power intersect we add value to liminality's ability to critique and challenge social and political problems. Drawing upon the Foucauldian concepts of objectification and subjectification (what we will go on to define as functional transformatory liminal events) we consider how power works through certain spatial and temporal arrangements to *transform* individuals' relationships with themselves as "self". The term transformation is important here for, as Thomassen (2015, p. 29) notes, "Something can be trans-formed only if it has already been formed, and a formation process implies the existence of a "thing" to be formed". We argue, then, that the practice and process of (self) *transformation* is bound to the effects of power insofar as power can bring a sense of structure and coherence to "self" and identity but can also incite (even force) fragmentation, division and uncertainty. It is within these instances of crisis and anti-structure that time, space and power intersect to challenge and transform individuals.

Michel Foucault briefly touched on the relationship between time, space and power during an interview with Paul Rabinow (1984, p. 252), acknowledging that "Space is fundamental in any form of communal life; space is fundamental in any exercise of power." Vitally, then, "space itself has a history in Western experience and it is not possible to disregard the fatal intersection of time with space" (Foucault, 2002, p. 229). With this, Foucault gives expressive emphasis to the highly functional role "space" plays in the operations of power

and knowledge insofar as certain spatial configurations provide a crucial means of ratifying and reifying their effects. As a result, the spatial and temporal application or enactment of power and knowledge gives effect to *and* is given effect by certain spatial formations. We argue that the intersection of time, space and power is made both practicably and functionally possible by the technical apparatuses thereof – that is, those disciplinary technologies/techniques that wrench the subject from their position of subjective interiority so as to transform them into external objects of examination and normalisation.

In "Technologies of the self", Foucault (1988) set out a typology of interconnecting technologies or techniques, each punctuated by a form of disciplinarity that itself implies a specific mode of training that shapes and/or transforms the subjects of power. Here, we focus only on technologies/techniques of power and domination (objectification) and those of subjectivity/self (subjectification). Technologies/techniques of domination (or disciplinarity) "determine the conduct of individuals and submit them to certain ends or domination" (Foucault, 1988, p. 18) – that is, they work to transform individuals into objects of observation, documentation and consequently examination. From this position of *objectification*, technologies/techniques of subjectivity/self permit the "objects" of power to effect, by their own means or with the help of others, various "operations on their own bodies and souls, thoughts, conduct, and way of being" so that they might attain a "state of happiness, purity, wisdom, perfection, or immortality" (Foucault, 1988, p. 18).

It is precisely such technical apparatuses of power that, we believe, provide us with a much better understanding of what happens at the "limit" of individual experience – that is, those spatial or liminal moments of transition where individuals are transformed into something different, something new, something better. Likewise, we believe that it is within the "in-

between" that the effects of power – that is, the practices and processes of objectification and subjectification – are played out and brought to bear on the para-psychological entity of the self in very real and corporeal ways.

In light of this contention, what follows demonstrates how Foucault's conceptual framework of technologies/techniques of objectivity and subjectivity/self can and should be (re)contextualised as apparatuses of power that compel individuals to enter the "in-between" – to cross the threshold of the *known* self into the realm of "self" as *becoming* something or someone else. Here, individuals pass from one state of being or (psychologised) "self" to another as the apparatuses of power – what Rose (1996, 1999) refers to as human "teleologies" – work both temporally and spatially to transform the relationship they hold with themselves as "self". It is within these, what we will go on to (re)contextualise as highly functional "transformatory liminal events", that the technologies/techniques of objectification and subjectivity are brought to bear on the para-psychological entity of the "self" and, as such, it is here where the processes of "self" transformation (that is, objectification and subjectification) are played out in very real ways. We use the term "event" as we believe it captures both the temporal and spatial nature of how the application of technologies/techniques of power has operated to serve a particular historical purpose in practicably functional ways.

A focused historical (re)contextualisation tracing the genesis of three notable developments in community-based therapy are discussed in light of the concept of liminality: Northfield Military Hospital's therapeutic community, democratic therapeutic communities in prisons and Psychologically Informed Planned Environments. Links are then made between what we will argue are highly functional liminal events and aspects of Foucault's works on the

technologies/techniques of objectification and subjectivity/self (or subjectification), his critique of the object of painting and lastly his critical analytics of "other" spaces (that is, heterotopias).

Within the parameters of Foucault's epistemological framework, genealogy is central to any analysis of power (McNay, 1994). For Foucault, the aim of traditional historiography has been to unearth and document the logical passaging of causally connected events from perceptible beginnings to finite ends. It was against this backdrop of history as linear that Foucault (1977) tendered the notion of genealogy as a means of critiquing the cultivation and accumulation of knowledge and/or the discovery of universal "truths" (Hook, 2005).

We are by no means the first to extend Foucault's genealogical method to critical concerns regarding apparatuses of power. Nicholas Rose's (1996) genealogy of subjectification focuses directly on the practices that locate human beings in particular "regimes of the person'' (p. 25) and provides a particularly compelling example of the analytic utility of this often misunderstood historical method. Rose's genealogy is inspired in large measure by Foucault's concept of governmentality as his investigation of "teleologies" sought to assess critically how the psy-disciplines have become complicit in contemporary programmes of liberal government. More recently, we have applied Foucault's conceptual template of technologies of objectification and subjectivity/self as they relate to the deformation and reformation of selfhood and subjectivity within the context of multi-rater/source feedback (Slater & Coyle, 2014). We offered a detailed genealogy of two prominent forms of multi-rater/source feedback mechanisms and practices (the educational innovation of the T-group and the contemporary human resource practice of 360-degree feedback), concluding that such

practices have functioned to enfold individuals within relations of power and signification that impact upon individual self-governance, subjectivity and identity.

What follows extends this critical work, arguing that the democratic therapeutic communities and Psychologically Informed Planned Environments that emerged (like other forms of group-based transformation such as the T-Group and 360 degree feedback) are characteristic of (disciplinary) technologies/techniques that organise space not through the architectural arrangement of walls, partitions, and ceilings but through the strategic reordering or restructuring of space into what Victor Turner (1969) would recognise as a "communitas". It should be made clear that the following is not a typical Foucauldian genealogy but rather an extension of our previous historical work. Embedding the present analysis in this way enables us to present a more convincing (re)contextualisation of disciplinary technologies/techniques as functional "liminal events" in their own right.

The concept of liminality has become a popular feature of contemporary social research. Originally developed by anthropologist Arnold Van Gennep (1873-1957) with regards to his seminal work on rites of passage, the term later became popularised through Victor Turner's (1969) analysis of symbolic ritual. In spatial terms, liminality refers to a threshold or realm of in-between-ness where the structural limits of the "outside" are removed, creating a space of alternative ordering and possibility. For Stenner (2017), this removal of limits evokes images of a "zone of becoming" where different facets of our social existence (such as roles, positions, states and statuses) are conceptually reset as "a constant shifting set of movements…from one position, structure or status to another". These zones are characterised by the passing of time as each threshold is comprised of an event or phase that varies in duration.

Here we apply the concept of liminality as a means of (re)contextualising the crucial intersection of time, space and power as they relate to the ritual practice of self-transformation in context. Firstly, we consider how, in their historical development, group-based therapies and practices constitute highly functional "liminal events" that contrast and contest broader institutional arrangements both past and present. Building on this, we go on to suggest that the structural "reordering" of therapeutic relations functions to transform another even more fundamental relationship: the individual's relationship with themselves as "self". As such, within these *alternative* therapeutic spaces the very structure of a stable and coherent psychologised "self" becomes purposefully suspended so that it can be observed and reflected upon only to be reset or reformed anew. When placed within the context of liminality, then, technologies/techniques of objectification and subjectification, such as democratic therapeutic communities and Psychologically Informed Planned Environments, provide a crucial way of (re)conceptualising what happens in the "in-between" – that is, those ritualistically-styled events of "self" deformation and reformation where the practices and processes of objectification and subjectification are played out at specific points in time and space.

The therapeutic community and the historical emergence of therapeutic "space"

Before we begin, it important to acknowledge the work of Maxwell Jones that was hugely influential in the development of the idea of the democratic therapeutic community. Jones (1956) proposed that the "mental hospital of the future" would require the establishment of open communication with a flattening of staff hierarchy and, to facilitate this, role blurring. We do not have space to provide an account of the historical development of the philosophy and method of the therapeutic community, nor is it needed for the

(re)contextualisation outlined here. Consequently, what follows focuses on historical events as they unfolded at Northfield Military Hospital for, as Whiteley (2004) points out, it was here that the "philosophy" of the therapeutic community was set in motion.

With Europe haunted by the spectre of war, Nazi Germany's territorial advancement and racial purification proved the catalyst for several highly influential developments in the theory of group dynamics. In Britain, this was to result in the rapid expansion of an applied branch of group dynamics known as 'group-as-a-whole theory'. Much of the work carried out in Britain during the Second World War involved a collaboration between specialised military personnel and the Tavistock Clinic – a voluntary outpatient centre for psychotherapy – and its war time sister institution, the Tavistock Institute of Human Relations. The coming together of science and warfare led to a much greater emphasis being placed on the psycho-social variables of individual and group relations, on the importance of the capacity of groups or communities to solve their own problems and, as a result of this, broader problems within society as a whole (Sofer, 1972).

Since the 1850s (quasi-)democratic societies like the UK had treated individuals suffering from mental health conditions and social delinquency as dependents of the state and its specialised institutions (Ettin, Cohen, & Fidler, 1997). In Britain, developments within psychoanalytic theory during the 1920s and 1930s – which could be described as a somewhat open-minded attempt to integrate the work of leading social theorists including Michael Foulkes, Jacob Moreno, William McDougall and Wilfred Bion – paved the way for the establishment of a new, alternative understanding of "mental illness" that used group or community-centred approaches for the treatment of neuroses. This resulted in

the development of an applied branch of group dynamics that became encapsulated by the concept of the "therapeutic community" (Ettin et al., 1997).

Sigmund Foulkes, who was formally known as Siegmund Heinrich Fuchs but later changed his name after gaining British citizenship in 1938, was a German-Jewish psychoanalyst who, like many citizens of Jewish descent, had fled Germany the year Hitler came to power (Ettin et al., 1997). Like Bion before him, Foulkes had joined the Royal Medical Corps in 1942 and began working with group-centred methods of psychotherapy at the Hollymoor Military Hospital in Northfield, Birmingham. Foulkes (1975, p. 15) believed that "the group situation changes the therapeutic process decisively" insofar as individual neurosis became most clearly manifest within the context of group relations. As with the Laboratory Method in the United States under the direction of Kurt Lewin, within the nexus of the therapeutic group, the "development" of the individual was the ultimate aim. Foulkes viewed psychiatric illness as "organisational", expressed in terms of disturbances in social interactions which provided a unique view of the person as a social being who can only be properly understood within the context of the group (Foulkes, 1975).

The model of the democratic therapeutic community is believed to have emerged as a result of a series of progressive insights imparted by John Rickman, Tom Main and Maxwell Jones (whose work at the Mill Hill Emergency Hospital went on to shape what we now recognise as the democratic therapeutic community) and Wilfred Bion. In 1942 Bion requested a transfer to the Hollymoor Military Hospital, where he began to develop several theoretical insights into how psychiatric disorders such as neurosis and shell-shock could be treated through group-focused therapy (Mills & Harrison, 2007). With what was to become known as the first Northfield experiment, Bion and his associates effectively sought to produce self-respecting

individuals capable of accepting personal responsibility for their own mental illness. It was here that two fundamental themes emerged: the persistent tensions that existed between individual and collective needs and the commonplace tensions that existed between authoritarian and democratic patterns of group life (Bion, 1946).

Northfield 1

The first Northfield experiment, although short-lived, was developed by Bion, Rickman and Main in the latter part of 1942. "Northfield 1" took place within a dedicated wing of the Hollymoor Military Hospital. It was developed with the express intention of creating a novel therapeutic space for the reintegration of psychologically neurotic ex-servicemen into active service or employment within the armed forces (Bridger, 1990). Protagonists of the idea of a distinctly *therapeutic* community sought to exploit groups and group processes in order to bring inter-group relations and, more importantly, tensions to the fore of patient consciousness.

According to Bion (1946), the first Northfield experiment consisted of several hundred men organised in a way that allowed them to move freely whilst not being "distorted by outside interference" (p. 15). This organised or, more accurately, *re*organised space formed what were effectively large leaderless or democratic groups designed to restore a soldier's self-confidence in and tolerance for social and military life. This was achieved by re-introducing them to a kind of democratically-styled community where the usual clinical and military order was removed or at the very least tempered so that individuals might become more aware of their part in inter-group conflict. Although the patients at Northfield were allowed to move freely, they were still very much removed from the rest of society and placed within the confines of a psychiatric institution until they were ready to be reintegrated into society.

The therapeutic process began by interviewing prospective patients, after which a psychiatrist would explain the purpose of the therapy sessions. At the time, it was pointed out that, for symptom amelioration to occur, patients first needed to understand the conflicts that arose within the group or community in which they were embedded. By organising patients into what was effectively a democratically-styled assemblage of individuals, the group itself became a mechanism for rehabilitation as it placed the diagnosis of individual problems within the hands of the "psychologically ill" (Jones, 2004). It was believed that group members would gradually come to realise that disruptions within the group were more the direct result of the individuals' own psychological attitude toward authority than their relationship with a specific authority figure (Rose, 1999). Hence, for Bion (1946), within every group there existed two dimensions of behaviour that were hidden within the group's subconscious: the work group and the basic assumptions group. The work group constituted the aspect of group functioning and behaviour geared towards goal accomplishment. The basic assumption group (or behavioural dimension group) was believed to hamper group effectiveness and inter-group relations as it employed ineffective behaviour(s) to resolve cooperative tasks.

Northfield 2: The spatial reordering of therapeutic relations

Only six weeks after it began, Northfield 1 came to an abrupt end due to an incident that had little to do with the operation of the training wing. Bion, who was in charge of the officers' mess at the time, was informed that someone had been embezzling mess funds. Knowing Bion's rigid sense of propriety, John Rawlings Rees, the chief of army psychiatry during the Second World War, did not trust him to deal with the matter tactfully and so decided to

transfer him. This sudden decision to terminate the project was made despite the fact that it was said to have yielded some promising results (Mills & Harrison, 2007).

Several years later, however, the Northfield project was revived following a conversation between Ronald Hargreaves of the Directorate of Army Psychiatry and Bion. The upshot of this was the establishment of a second Northfield project that applied the functional/therapeutic aspects of group processes on a much larger scale than had previously been attempted (Bridger, 1990). Northfield 2, as it became known, was led by Sigmund Foulkes, Tom Main and Harold Bridger (Foulkes, 1964). Foulkes came to Northfield somewhat earlier than the others and began to experiment with group structures and processes so that the problems of any single individual might be "observed and reflected upon by other patients" (Bridger, 1990, p. 74). Consequently, an interactive group therapeutic process was created.

From 1944 until 1945, at the behest of Robert Hargreaves, Harold Bridger assumed command of the training wing at Northfield. Although neither Rickman nor Bion were part of the medical staff at Northfield during this time, both retained an indirect role. The project assumed a similar form to Northfield 1 as it applied Bion's concept surrounding the spatial restructuring of authority relations (Bridger, 1990). This time, however, a more creative therapeutic environment was fostered – one that enabled patients to rediscover their abilities by engaging in various creative group activities under the maxim "the-hospital-as-a-whole" (Harrison, 1999). According to Main (1946), the second Northfield experiment required the hospital be used

> not as an organization run by doctors in the interests of their own greater technical efficiency, but as a community with the immediate aim of full participation of all its members in its daily life and the eventual aim of the resocialization of the neurotic individual for life in ordinary society. (p. 67)

From this it is clear that the second Northfield experiment sought to deliberately and decisively destabilise the deep rooted doctor-patient relationship that dominated psychiatric institutions during the 1940s and 1950s. This was done very much in a way that traversed the boundaries of "traditional" medical authority and, in doing so, created a distinctly liminal point in time and space (an event) where each individual could, on an equal footing, observe (and be observed), decipher, diagnose, classify and codify their own and others' psychological 'illness' in a way that transformed them into both the objects and subjects of a highly specific (and indeed psychological) knowledge about neurosis.

Szakolczai (2009) suggests that the concept of liminality can help illuminate the spaces and transitions between organised structures. In this sense, as a conceptual framework, liminality entails much more than an observable spatial meaning; it also conveys a less tangible temporal sense of something that happens. Liminal events, then, break down usual spatio-temporal stability or order so as to create new and alternative formations or structures that contain their own unique order and rules. These alternative spaces are vital if transformation of any kind is to occur. When placed within its historical context, the therapeutic community exemplifies both aspects of liminality as traditional social, political and medical orders were, albeit somewhat briefly, suspended, broken down and/or dissolved into what Turner (1969) distinguishes as "anti-structure".

One can see in the Northfield example the deliberate creation of therapeutic space that operated very much "in-between" two contrasting institutional forms or structures, that is, Britain's broader democratic climate and the well-respected omnipotence of medical and military knowledge/expertise. This formed a highly functional liminal event, a zone of becoming that was central to the transformatory process as it enabled patients to move from a historically disempowering position or status of "passive recipient of care" to a new and, at the time, novel, empowering position as "active partner in therapy". Harrison (2007, p. 215) outlined this transition when he wrote:

> The transition of the patient from a passive recipient of care, regarded as 'good' as long as they conformed to dictates of the institution, into an active partner in therapy, making decisions about what form it was to take, challenging previous ideas, and taking power in the process of their recovery, was revolutionary.

Turner's (1969) notion of "communitas" is particularly appropriate here as the therapeutic community comprised a communion of equal individuals who together submitted to the "general authority of ritual elders" (p. 96) or, in this case, medical professionals who, although they allowed themselves to be seen, preserved a visible distance from the group process itself. This ephemeral reordering of the traditional doctor-patient order into a democratically-styled therapeutic communitas formed a novel and unique facet of "group as a whole" therapy insofar as Northfield became a space where both staff and patients were integral not only to the rehabilitative process but also in defining and diagnosing their own mental illness.

The new and alternative therapeutic "relationship" that this created remained fixed, however, within a kind of normative space – a space where the ailments and infirmities of the human condition were made both the object and subject of medical (and indeed psychological) power and knowledge. In this way, Northfield actively achieved its aim of defining and diagnosing psychological illness (and those that suffered from it) in a sophisticated and subtle means, that is, through the "psychologically ill" themselves. It was the sick, the ill and the infirm that became imbued with a hermeneutic function as they found themselves reliant on a therapeutic "community" to define, decipher and diagnose their own and others' neurosis. It was here then that the "truth" about each patient became something to be interpreted within a communal ordering where neurosis and hence neuroticism became externalised as an object of scrutiny in its own right. This was by no means unintentional for as Foulkes (1975, p. 111) wrote:

> The group will learn to rely more on itself and be correspondingly more convinced of the truth of its findings… The changes taking place as a result of the interactive group processes in the group itself are of a lasting and solid nature.

The process of reordering space and spatial relations to objectify certain facets of human behaviour in many ways mirrors Foucault's (2011) analysis of the relationship between visual art and power. In his critique of the object of painting, Foucault (2009) deftly detailed how, through the use of various painterly techniques, impressionist painter Edouard Manet challenged a number of deep-rooted perspectival traditions in a way that transformed how modern art could be understood and appreciated. The most relevant to the present (re)contextualisation is his radical break from a series of deep-rooted perspectival traditions that historically worked to hide the material status of the painting. Conventionally,

perspectival traditions had sought to assign both the painter and the viewer a fixed and coherent "viewing" position or perspectival plane from which each painting could be appreciated and experienced. With his many alternative works, however, Manet sought to expose this deep-rooted practice and, in so doing, emphasise the importance of art as spectacle – that is, art as an "object" of appreciation in its own right (Hetherington, 2011). By playing with the perspectival properties of his paintings, Manet created a series of alternative spaces – canvases that did not conform to the conventions of painterly tradition as their intricate systems of lines, vanishing points and brush strokes broke with tradition in a way that denied both painter and viewer any kind of fixed and coherent viewing position. In this way, painter and observer were compelled to occupy multiple perspectival planes simultaneously. They were in a sense displaced and free to appreciate the spectacle of art as an "object" in its own right.

We contend that the way in which Northfield's dedicated training wing reordered traditional medical relations functioned in exactly this way: it denied medical professionals and patients alike any kind of fixed or coherent position from which the "spectacle" of neurosis could be observed, understood and experienced. More specifically, it rendered both the object and subject of psychological illness ('the ill' themselves) as displaced, mobile and assuming multiple perspectival planes simultaneously as it was the responsibility of the therapeutic communitas for members to observe and reflect upon their own neuroticism. Here, as with other liminal events, the usual social and institutional order was suspended only to be re-ordered or restructured in a new, alternative way – a way that interpolated each patient into a kind of inverted panoptic technology (Slater & Coyle, 2014) whereby they became simultaneously and somewhat paradoxically both the object and subject of 'psychological illness'.

Contemporary applications: Therapeutic communities in prisons

Community-based therapeutic interventions have also proven popular within correctional contexts. Correctional or prison-based democratic therapeutic communities are widely used in the treatment of offenders with substance addictions and more recently, those diagnosed with severe mental health issues (Hiller, Knight, & Simpson, 1999). In 1986 the European Committee on Crime Problems observed that therapeutic interventions in prisons focus largely on offender rehabilitation for the purpose of social re-integration. That espoused aim remains in place today: therapeutic content is ultimately concerned with reducing if not eradicating re-offending behaviour through rehabilitative learning and reflective practices. As Roberts (1997, p. 8, emphasis in original) notes, the point of any prison-based therapeutic community is "to heal and/or correct by offering membership of an optimised social environment, consciously designed to act as a *therapeutic instrument*".

Within correctional contexts, therapeutic staff consist of prison officers trained in therapeutic perspectives and techniques, specialist therapists, psychologists and psychiatrists, all of whom work together to administer therapeutic practices that centre around the personal issues that have contributed toward offending behaviour. This has led to the development of a number of interventions geared toward the treatment of specific mental health issues (Gunn & Taylor, 2014; Rawlings, 1999). Paradoxically, entry into therapeutic communities in prisons is voluntary. During their residence, offenders are empowered to "influence" and "change" personal, organisational and community problems in a way that encourages them to support and confront one another so that new behaviours can be tried and tested within the relative safety and isolation of

the community. Admission criteria differ from institution to institution but the selection of new residents must consensual - that is, jointly agreed upon by residents and staff subsequent to a stringent interview process. During the interview process, notes are made about each prospective resident, their difficulties, previous treatment, history and their future aims and ambitions. This information is then presented to the community and a democratic vote is taken. The selection process is designed in such a way as to enable residents to become part of a system that not only teaches them communalism and democratisation but also empowers them with the ability to make decisions about other individuals (Norton, 1992).

(Democratic) therapeutic communities in prison function in a similar way to their historical and non-custodial counterparts as they seek to transform the traditional authoritarian psychiatric hospital environment (Rawlings, 1999). This is most apparent when we take into account the four key principles that have long underpinned contemporary community-based therapeutic practices, even if evidence for their role as agents of change is mixed (for example, see Birch, Dunstan, & Warren, 1999). These principles are democratisation (community-based decision-making between staff and patients), permissiveness (acceptance of group members' behaviour so that "patients'" can make "mistakes" as a means of learning new behaviours), communalism (the development of a community that works together and in which members take responsibility for each others' behaviour and learning) and reality confrontation (continuous "feedback" from other members about how they perceive and are affected by others' behaviour) (Rapoport, 1960).

Comparable to the Northfield experiments, the operation of these four principles is held to traverse the boundary between "traditional" therapeutic relations and the authority dynamic associate with these in a way that creates a distinctly liminal point in time and space where each individual can observe (and be observed) and reflect upon their own and others' behaviour. This transforms offenders into both the objects and subjects of a communal knowledge about their own and others' behaviour that they are now responsible for. This transformation occurs in almost total juxtaposition to the conventional suspension of rights and freedoms associated with "criminal justice" as the temporal and spatial restoration of democratic and communal principles reinstates civic responsibility for the specific purpose of rehabilitation. Within this markedly liminal event, offenders are transformed into participating community members and temporarily afforded the rights and freedoms (albeit to a more diluted degree) that their incarceration has previously denied them. They operate in-between two contrasting institutional forms or structures: Britain's criminal justice system and the nation's claim on a democratic spirit. In this sense, offenders are very much "liminal people" (Murphy, Scheer, Murphy & Mack, 1988) as they are neither incarcerated nor are they free; they are somewhere in-between, existing in a kind of transformative space designed to rehabilitate them into "good" citizens.

More recently, sustained consideration has been given to how psychological theory and practices can inform certain institutional environments in ways that aid therapeutic processes. In 2001, following a call from the UK Home Office for a more effective service for managing offenders with severe personality disorder, the government at the time launched the 'Dangerous and Severe Personality Disorder Programme'. In 2008, the next phase of this programme began with the implementation of a number of pilot

projects within high and medium secure prisons, National Health Service trusts and community based treatment centres. These pilot projects sought to better understand the psychological effects that prison-based therapeutic interventions have on offenders' rehabilitative pathways and consider what dedicated *psychologically informed* environments might offer the rehabilitative process (Joseph & Benefield, 2012).

Psychologically Informed Planned Environments (hereafter referred to as PIPEs) were and, at the time of writing, remain a key part of the UK government's 'Offender Personality Disorder Pathway Strategy' (National Offender Management Service & NHS England, 2015). They aim to provide continued support for offenders who have already completed a behaviour programme such as involvement in a democratic therapeutic community and a 'Healthy Relationships Programme' (Taylor, 2012). PIPEs focus on the development of planned spaces that closely replicate "life in the community, where offenders live together, go out to work or for education and relate socially without the benefit of therapy but within an enabling environment" (Brown, 2014, p. 346).

Though not a form of treatment themselves, PIPEs function to assist offenders as they move through their rehabilitative pathway in a way that provides

> a safe and facilitating environment that can support offenders to retain the benefits gained from treatment, to test offenders to see whether behavioural changes are retained and to facilitate offenders to progress through the system in a planned and pathway-based approach. (Joseph & Benefield, 2012, p. 216)

PIPEs are specifically designed, "contained" environments where staff members are trained to be more aware of and sensitive to the psychological underpinnings of offender behaviour. PIPEs aim to bring about sustained levels of institutional behaviour, improved psychological health and a greater psychological awareness and psychological mindedness among offenders who participate, with an orientation towards maintaining reformed behaviours (Brown, 2014, p. 350). The focus is very much on identifying and challenging unacceptable behaviour that persists post-intervention and engaging with the underlying reasons for it within a safe and contained environment (Turley, Payne, & Webster, 2013). PIPEs vary in size, ranging from 20 to 60 offenders, all of whom remain resident for up to 18 months prior to their reintegration into "mainstream" prison (Turley et al., 2013). Similar to the Northfield therapeutic community and prison-based therapeutic community interventions, each PIPE involves a senior psychologist or psychological therapist and an Operations Manager, both of whom are responsible for the day-to-day delivery of the service. Other PIPE staff include prison officers and/or prohibition service staff who are trained to understand the unconscious causes of offenders' challenging behaviours and to address underlying meanings and issues.

The community that forms a PIPE is typically informal and encompasses several smaller, more structured groups such as psychological educational groups, discussion groups, creative groups and groups formed through some kind of planned prosocial activity. Along with a concern for understanding groups and group process within a rehabilitative context, PIPEs also operate as a mode of surveillance in that they provide a functional means of observing and "testing out" the extent to which "reformed" behaviours are being incorporated within an individual's day-to-day activities. This kind of spatial surveillance is believed to enable early intervention should offenders "slip back" into patterns of negative behaviour (Brown, 2014).

As with democratic therapeutic communities, reflection and reflective practice form a core tenet of PIPEs:

> The purpose of reflective practice is to allow you (as individuals and as a team) to step back and reflect on behaviours and actions taken, thus allowing you to learn, build on successes and make improvements going forward. It is a tool that facilitators can use to bring about a process of self awareness, learning and change. (Keats et al., 2012, p. 65)

It is assumed that being provided with the opportunity to reflect upon interactions as they unfold makes it easier for staff to identify progress (or lack of it) (Turley et al., 2013). Within PIPEs, reflection can assume several forms. Firstly, through observing and monitoring group processes, staff are believed to be better able to reflect on possible reasons for patterns of behaviour in an informed and active manner and, where necessary, manage these in more meaningful and effective ways. Secondly, reflecting on instances of positive or negative behaviour and exploring the reasons behind these means that offenders are able to take responsibility for their own behaviour and their own interactions as they unfold.

It is clear that PIPEs are designed to ratify and reify the aims and objectives of the democratic therapeutic community as they encourage the continued development of positive social relationships to bind community members and increase co-working with staff. Individual and collective responsibility of residents is also encouraged as this is believed to increase accountability (Cullen, 1997). Within the confines of the PIPE, offenders are paradoxically both empowered and controlled by this continuation of (democratic) communal principles. However, they are monitored in a punitive way insofar as the community itself provides the

instrument through which negative behaviours become the object and subject of reflection. In the same vein as in the therapeutic community, PIPEs constitute or at least are a continuation of highly functional liminal events that are central to the rehabilitative process as they enable residents to spatially and temporally preserve "responsibility" for their own and others' negative behaviour within a kind of normative space – a space where offender behaviour is made both the object and subject of therapeutic power and knowledge. In this way, therapeutic communities in prisons, with the aid of PIPEs, actively achieve the aim of defining and diagnosing the behaviours and indeed the psychological basis of criminality in a sophisticated and subtle way – through the offenders themselves. Once again it is the "immoral", the "psychologically ill" and the "dysfunctional" that are imbued with a hermeneutic function as they become voluntary partners within a community where the "truth" about criminal behaviour becomes something to be interpreted within a communal re-ordering.

The temporal and spatial reordering of the psychologised self

Northfield's almost heretical reordering of medical relations, the democratic empowerment of offenders in prisons and the psychologically informed environments in which they are placed work to transform another and perhaps even more fundamental relationship: the subjective relationship that individuals hold with themselves as "self". We suggest that the spatial and temporal reordering of social and institutional relations meant, and indeed still means, that each patient, offender or resident becomes not only the object of self/other scrutiny – a spectacle of ritual to be observed and reflected upon. They also became the subject of an ascetic practice of "self" transformation in a way that fundamentally changed their relationship with themselves as "self". In short, they were forced to forge a new "identity" as active agents in their own and others' "self" transformation or rather "self"

rehabilitation. Because of their position of "in-between-ness", patient, offenders and residents are, metaphorically speaking, wrenched from their position of psychological interiority and thrust into the realm of objective and subjective exteriority where the "self" could be observed, interpreted, reflected upon and ultimately transformed. Through this, each community member becomes both the object and subject of a kind of self/other therapeutic narrative that is made possible and practicable by the application of a highly functional liminal event geared toward the transformation of the "self" by the "self".

This contention is perhaps better supported through a more detailed exploration of the concept of liminality as it relates to identity transformation and change. Van Gennep (1981) was the first to expound a theory of rites of passage whereby members of a community pass from one state of being or identity to another (such as adolescence to adulthood; boyhood to manhood). This identity transition or transformation happens over three phases. First there are rites of separation (pre-liminal rites), characterised by symbols of detachment. Then follow liminal rites in which the ritual subject or 'liminar' is ambiguous as they enter what Turner (1969) defines as a "betwixt and between" position. At this stage in the ritualistic process, the liminar possesses very few, possibly even none, of their previous characteristics, attributes or statuses. The third phase of the ritual process is 'aggregation' or 'post liminal rites'. Here, the liminar has reached a new identity position and must now re-enter society with the attributes and statuses that this position affords them.

Thomassen (2014) has suggested that, at the level of the individual, liminality constitutes the destruction of identity insofar as the ultimate aim of ritual is to forge a new identity in order to return the individual to a state of stability and normality. This point is emphasised further when he stresses that liminality "refers to moments or periods of transition during which the

normal limits of thought, self-understanding and behaviour are relaxed, opening the way to novelty and imagination, construction and deconstruction" (p. 1). In many ways this contention is reflective of both van Gennep's (1981) and Turner's (1969) claims that during the ritual of passage, the liminar is forced to question their own "sensory apparatus" to the point that they become in effect "unstructured", existing within a space of almost infinite possibilities where they can become something or someone else. It is within this "void" that the liminar gains the necessary knowledge and experience to re-enter the broader social order as transformed and ready to assume their new role/roles.

It is at this point of the ritualistic process that the majority of work on liminality provides a rather unclear account of how individual identity is deformed and reformed, often described simply as a kind of free "floating state of being" or a space of "novelty", "imagination" and "possibility" (Thomassen, 2014, p. 6). In light of this, we propose that certain liminal events – certain embryonic states or spaces of imagination and possibility, of construction and deconstruction – do not simply materialise once normal structural formations or conventions have been removed. Rather, they represent the ephemeral replacement of one structural form with another alternative form that impacts on individual subjectivity and identity not only in a new way but in highly specific and in some cases strategic ways. This is the space of "self" deformation and reformation (that is, transformation) where not only is the usual social/institutional order temporarily suspended and broken down to enable the effects of certain forms of power and knowledge but so too is the "normal" structure of an individual's sense of "self". It is within such transformatory spaces that power and knowledge work to objectify and subjectify individuals in ways that "transform" them in conflicting, contradictory and often competing ways. What we see within liminal events like those historicised here is the systematic disruption of and challenge to the spatial and temporal

order of the "self" so as to enable the effects of power and knowledge to take hold of individuals in highly functional ways.

It is at this juncture we take inspiration from Foucault's (1997, 2002) analytics of "other spaces" or "heterotopias" as this work provides a valuable means of visualising what happens within those in-between spaces where practices and processes of objectification and subjectification are played out. For Foucault (1997, pp. 352-353), the analytics of heterotopias allowed for the "study, analysis, description and reading… of those different spaces, those other places [that enable]… both mythical and real contestation of the space in which we live". With this he went on to ask "how" such spaces can be described and understood. Similarly to the concept of liminality, heterotopias construct an alternative set of relations that are not meticulously separate from dominant structures, ideologies and cultures but exist within them in ways that simultaneously and somewhat paradoxically both reflect and contest broader socio-cultural convention(s). In this sense, heterotopias constitute enacted utopias that assume a multiplicity of different forms, some of which exhibit a kind of mirroring effect that enfolds people who are in those spaces within networks of power and signification. Foucault (2002, pp. 231-232) elaborates on this, suggesting that:

> In the mirror, I see myself there where I am not, in an unreal virtual space that opens up behind the surface; I am over there, there where I am not, a sort of shadow that gives my own visibility to myself, that enables me to see myself there where I am absent.

We propose that the idea that certain spatial arrangements possess a kind of mirroring quality or effect that wrenches the "self" from its position of subjective interiority provides a useful way of visualising what happens within those liminal events opened up by the

application of those technologies/techniques of objectification and subjectification Within the contexts of the community -therapy and the "planned" environments designed to facilitated it, this mirroring effect was/is achieved by the strategic creation of a therapeutic communitas whereby patients became/become wrenched from their position of subjective interiority only to be thrust into the realm of objective exteriority where the truth about their own and others' mental illness and criminality became the object and subject of self/other narratives. Here, each patient's ability to reflect, to view themselves as both "object" and "subject", created/creates a quasi-corporeal mirror image of the truth about the self – that is, it enabled/enables them to see themselves "over there" where they were/are not, a sort of "shadow" that gave/gives visibility to their own neuroticism or criminality.

This process of externalising the self and subjectivity allows patients, offenders and residents to view themselves as a kind of material object of representation from an alternative and tangential position of exteriority. Here, each individual is confronted with the totality of their own neurosis, mental illness and/or criminality as something that existed/exists outside themselves in a way that problematises and destabilises their capacity to know themselves from a position of subjective interiority or psychological inwardness. In effect, they became/become, due to the alternative spaces afforded to them, "mirrored" in representation. Within the time and space of the "in-between", then, our very sense of "self" appears like an object in front of which we can move around as a mobile observer of something made real, material and in some way physical. It is here that our sense of "self" and its properties are made visible and ductile – malleable in a way that can be transformed, moulded and taken in new and alternative directions.

When (re)contextualised in this way, Northfield's therapeutic community can be understood as the historical coming together of technologies/techniques of domination and subjectivity/self in a way that created, and in contemporary therapeutic communities still creates, a new kind of subject – a subject who, thanks to this confluence of power and the apparatuses thereof, becomes actively constituted by it. The way in which this fundamentally altered/alters an individual's understanding and/or knowledge of themselves as "self" allowed/allows the subject of power (the patients, offenders and/or residents) to enact by their own means a subtle form of self-transformation that defined/defines them and controlled/controls their conduct. As such, highly functional liminal events and technologies/techniques of "self" transformation can in many ways be seen as one and the same, as power is applied in a very real way at specific points in time and space.

Conclusion

In this paper, we have sought to synthesise Foucault's conceptualisation of power with those spatial formations that function to give it effect. In doing so, we propose an alternative way of understanding how Foucault's framework of technologies/techniques of objectification and subjectification can themselves be seen as highly functional liminal events. Within these liminal points in time and space, both the act and art of "self" transformation (we can include techniques for self-help, medical and/or spiritual healing and various forms of rehabilitation and personal development programmes here) become events, phases, happenings or zones of becoming in their own right that simultaneously contest yet remain intrinsically connected to broader cultural rituals, rites, situations, events and/or practices.

We have also argued that transformative liminal events made possible by the coming together of time, space and power should be understood as the products of a process that occurs at

different points over an individual's life trajectory; it is something they enter and exit at significant points over the course of their lives, such as in illness or incarceration. As such, those highly technical and highly functional liminal events marked by the ritualistic transformation of the "self" by the "self" are made possible by the real-world application of power/knowledge and the technologies/techniques thereof. Equally, combining Foucault's concepts of technologies/techniques of objection and subjection (that is, of power) with the concept of liminality provides a novel and valuable way of visualising what happens within the "in-between" – that is, those ceremonial and/or ritualistic rites of passage or transformatory zones of becoming that enable and in some cases coerce individuals to become something else, something different, something better. In this respect, certain forms of power/knowledge provide the necessary conditions for rendering certain spatio-temporal "events" highly functional. The converse of this is also true as it is precisely such highly functional spatio-temporal events that provide certain forms of power/knowledge with their real-world/material effect. Such events, therefore, hold significant implications for an individual's relationship with themselves as "self", as within such "transformatory spaces" who we are and will be is brought into line with broader social, cultural and institutional/organisational goals, values and ideals.

Attempting to synthesise Foucault's somewhat deterministic view of power and the subject with the idea of a state of pure "freedom between... structured world-views or institutional arrangements" (Thomassen, 2014, p. 6) might seem ill-conceived, particularly when one considers that liminality represents the realm of anti-structure, imagination, uncertainty and possibility. However, as Thomassen (2014, p.7) notes, liminality can refer to change in a single individual insofar as it "opens the door to a world of contingency where events and meanings – indeed reality itself – can be moulded and carried in different directions". The

historicisation presented here challenges such a criticism. Rather than representing the unknown, the unfamiliar and the unstable, there exist rituals of transformation, like Northfield, that are marked by the ephemeral replacement of one structural form of power/knowledge with another: an alternative formation of power/knowledge that impacts on the relationships individuals hold with themselves and others in highly significant ways. This is the time and space of "self" transformation where the usual structure of the individual "self" is broken down, dissolved or displaced only to be rebuilt anew in conflicting, contradictory and often competing ways. It is here that a multiplicity of regimes of power and knowledge vie for dominance in an attempt to take hold of the subject, to mark and mould them in one direction or another and it is here that the practices and processes of objectification and subjectification are played out. As such, rather than signifying the diminution of major transformative rituals like birth, marriage, and death (for example, see Szakolczai, 2009), disciplinary technologies/techniques of "self" transformation represent the augmentation or evolution of contemporary social rituals as the most important occasions within society today are those that enable us, the subjects of power, to transform ourselves into the best possible versions of who and what we can be. Conceptually, then, liminality has no formative capability in itself. Rather it provides a useful way of contextualising how power acts upon "self" and identity at specific points in space and time in very real and very material ways.

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