From paradox to pattern shift: conceptualizing liminal hotspots and their affective dynamics

Monica Greco

Goldsmiths, University of London

Paul Stenner

The Open University

Abstract

This paper introduces the concept of liminal hotspots as a specifically psychosocial and sociopsychological type of wicked problem, best addressed in a processtheoretical framework. A liminal hotspot is defined as an occasion characterised by the experience of being trapped in the interstitial dimension between different formsof-process. The paper has two main aims. First, to articulate a nexus of concepts associated with liminal hotspots that together provide general analytic purchase on a wide range of problems concerning 'troubled' becoming. Second, to provide concrete illustrations through examples drawn from the health domain. In the conclusion, we briefly indicate the sense in which liminal hotspots are part of broader and deeper historical processes associated with changing modes for the management and navigation of liminality.

Keywords

Affect; liminality; transition; psychosomatics; wicked problems

Wicked problems?

In a keynote address about the future and purpose of theoretical psychology, Hank Stam (2011, p.11) concludes that theoretical psychologists must seek to insert "a formulation of critical problems into the discipline, into local worlds and into the world at large", and proposes that such problems are best formulated as *wicked* problems. Following Rittel and Webber (1973), tame problems are associated with the closed systems of disciplinary science, whilst wicked problems concern complex open systems. Like Schön's (1995) notion of swamps, wicked problems resist definitive description, are inherently reflexive, involve moral dimensions, and "cannot be resolved in ways that are necessarily true or false" (Stam, 2011, p.6). In part, Stam's call stems from a historical diagnosis. The old ways of formulating problems presupposed the background of a nation-state with its relatively fixed institutions and disciplines. Under conditions of "altermodernism" (Bourriaud 2009), however, the "universalist conceits" of conventional psychological science have been undermined by a growing emphasis on experiences of constant flux and interminable transition: "a psychology of peoples in *constant motion* cannot be reconciled with a psychology of the function, the fixed, and the finitely identifiable research participant" (2011, p. 4, emphasis added). The subject taken for granted by mainstream psychology dissolves within these broader global processes of transition "from the fixed identity to the creole... from the colonized to the subaltern, from the homeland to the diaspora, from the emphasis on origin to the effects of deracination". This process leaves a growing "swathe of problems left untended [by the mainstream] and open for further exploration by all that is not the mainstream" (2011, p. 4).

The idea of a wicked problem is too general once we accept that all existing communities are open systems. This article focuses on a more specific set of problems by way of a novel psychosocial concept: the *liminal hotspot* (see Stenner, 2011, 2016). This concept opens up an horizon of questions concerning the psychosocial experience and management of transitional episodes or *events of becoming*. This paper will articulate a nexus of concepts associated with liminal hotspots that together provide general analytic purchase on these issues of 'troubled' becoming, and it will illustrate these through examples drawn from the health domain. There are important historical dimensions to the social management of liminality and hence to the emergence of liminal hotspots. These cannot be fully addressed in this paper, although they will be referred to at different points in our argument, as we review how the concept of liminality has been used by others before us. In the conclusion we indicate how the concept of liminal hotspot resonates with several diagnoses of the character of late modern societies.

Epistemology beyond psychology and sociology: A psychosocial *and* sociopsychological orientation

Systems theoretical perspectives often ignore the subjective or psychological dimensions of social problems, and yet we both *cannot* and *must* separate the psychological from the social (Stenner, 2015). We address this paradox with a dual focus on the psychosocial interface (a sociological psychology that takes the subjective standpoint) and the sociopsychological interface (a psychological sociology which attends to the discursively mediated and materially embodied social practice that forms the societal milieu of a subject). The recognition that

psychological functioning *is* social undoes any distinction between individual and social psychology (Mead, 1932/1980). As Freud recognized, "[i]n the individual's mental life someone else is invariably involved, as a model, as an object, as a helper, as an opponent" (1922, p.1). And yet, the fact that we are radically limited by the perspective provided by our own situated and feeling bodies means that there is a gulf between our subjective experience and that of others that can never quite be communicatively bridged. There is "a certain blindness in human beings" (James, 1900).

A liminal hotspot expressed generally from a psychosocial perspective: Ever widening circles that become vicious

"I live my life in ever widening circles that reach out across the world. I may not complete this last one but I give myself to it."

In two sentences Rilke (1905) conveys a profound sense of the ongoing process of participation in a world beyond us that can gradually become a part of us. From our first infantile encounters, we are swept up in what, in the next section, we will call *forms-of-process* – from the micro circles of our daily interactions to the macro circles of today's globalised economy and society – which shape us and mould our destinies. But we are not simply determined from the outside in a top-down way by these environing circles. We must also appropriate them as best we can into our personal spheres of action and understanding, integrating what we encounter into

something meaningful and actionable for us (Zitoun & Gillespie, 2015). From this perspective, each new circle we enter involves a passage through which we are transformed (hence Rilke's hesitation). With each new transition we are faced with reconciling what we once were with what we have since become, and hence with a task of integration through which we widen our personal circle.

Circles can also become vicious. Instead of ever widening they can be ever tightening. Instead of reaching out, our world can collapse into smaller and more constricted space-times, entrapping us into our individuality and cutting us off from our powers of action and understanding. Viewed from this personal standpoint of the subject, the concept of liminal hotspot provides a way of understanding how occasions of transition or transformation can become troubled. At the risk of simplification, we might say that one enters the vicious circle of a liminal hotspot when one becomes stuck in the transition from one circle to the next, unable to integrate them into a wider unity.

A liminal hotspot expressed generally from a sociopsychological perspective: Liminality and permanent liminality

The term 'liminal' was first used by Arnold van Gennep (1909) to name the middle phase of a *rite of passage*. Rites of passage are enacted at culturally and socially significant points of transition, such as those from childhood to adulthood, from single status to married status, from life in this world to the afterlife, and so on, where each of these categories refers to a circumscribed circle of social activity. Effectively, Gennep (1909, p.13) invites us to distinguish 'pivotal' movements *within* circles from 'liminal' movements *between* circles. With respect to the latter, he identified a typical three-phase pattern which begins with rites of separation (the ceremonial death of the previous status), and ends with the rites of incorporation (whereby a new status is ritualistically adopted). As was richly elaborated by Victor Turner (1969), the liminal rites are transitional, and thus emphasise paradoxical 'betwixt and between' qualities in which the rules and conventions usually at play in a circle of activity are temporarily suspended, enabling the new becomings. Turner (1969) referred to these transitive, liquid moments of liminality as *anti-structure* on analogy with the distinction drawn in physics between matter and anti-matter.

Gennep and Turner thus give us a *processual* image of society, not just as activities associated with a set of structural positions (i.e. the more or less stable social roles associated with given circles of activity, see Harré and Van Langenhove, 1991), but also as a set of transitions between positions. The separation rites ceremonialise the departure from a prior circle of activity and the reincorporation rites ceremonialise the integration into the new circle. For every position (itself a conjointly enacted process) there is a transition, but if we attend just to the positions we miss a crucial aspect of the generative dynamic through which these relative stabilities are ongoingly created, replenished and transformed. Rites of passage, in sum, concern the management of transitions from circle of activity to circle of activity.

Gennep describes a society as a house divided into rooms and corridors. In what he calls the 'semi-civilised' societies then studied by anthropologists, the rooms are carefully isolated and the passage from one room to another is a formal business accompanied by much ceremony. A given individual will pass by formal stages from

room to room (circle to circle), gradually acquiring familiarity with the larger structure, and the varied roles it requires of her (thus 'widening' her circles). But the more a society resembles our own modern societies, 'the thinner are its internal partitions and the wider and more open are its doors of communication' (1909, p.26). In a house that tends towards *open plan*, passage becomes a new kind of problem. Passage – and thus questions of liminality and becoming more generally – shifts from being the exception (highly formalised, temporary and always leading to a new clearly structured 'room'), to being something that approximates 'the rule'.

Arpad Szakolczai (2000; *this volume*) has developed the concept of *permanent liminality* to grasp the new centrality liminal experience has in our social existence today, and this notion has been applied in a variety of disciplinary fields (Andrews and Roberts, 2012; Boland, 2013; Horvath, 2013; Thomassen, 2014; Johnsen and Sørensen, 2014; Vaira, 2014; Wydra, 2015). The concept of liminal hotspots builds on this tradition of work in conjunction with insights from cybernetics and the pragmatics of communication, in the context of a process-theoretical approach (Stenner, 2008). Its purpose is to frame and focus on the dynamics of occasions of permanent liminality, and to facilitate the analysis of how such dynamics mediate psychosocial and sociopsychological relations.

Ontology beyond 'structure' and 'system': Ontological liminality between forms-of-process

We have sketched the lineaments of an account which situates personal experience (Rilke's subjective standpoint) into the societal context described by Gennep, Turner, Szakolczai, and others. The concept of liminal hotspots is part of a *transdisciplinary process theory of the psychosocial* (Stenner, 2015b). A process-theoretical approach takes the complex, open, self-referential and self-generative nature of 'systems' seriously in that it rethinks systems as processes (Weber & Desmond, 2008). Comparable process thought can be found across the disciplines, from the process physics of David Bohm and Reginald Cahill to the process biology inspired by Conrad Waddington and Stuart Kauffman, the process sociology of Norbert Elias, and the process anthropology of Victor Turner. Serious process thought, in whatever discipline it appears, puts things that occur before things that endure. Entities are thus ultimately construed as activities. This means that states of affairs are reframed, not in a merely spatial way as structures, systems, fields or networks (glossed earlier as 'circles'), but primarily as ordered forms-of-process.

A form-of-process and its individualities

We define a form-of-process, following Whitehead (1938/1968, p. 86), in a maximally general and abstract manner as *a mode of unity / order / organization / pattern that is exhibited by some composition existing in the actual historical world.* A stone is thus a form-of-process no less than a tree. A person's train of thought is a form-of-process no less than a conversation or a legal system. This may seem an indiscriminate claim, but its value lies in its recognition of the universe as an immanent unity in which all these forms of order are connected as (limited) factors canalised from an unlimited background of fact.¹ Ultimately, different forms-of-process are not discrete systems but mutually related fractal compositions embedded in wider forms-of-process and emergent from smaller forms-of-process. Even at the

most microscopic level, atoms, quarks and preons are understood by process physicists to be modes of activity (modifications of energy) and not static building blocks of matter. The elements or individualities out of which forms-of-process are composed are thus not bits of matter but occurrences, operations or events. If we adopt Whiteheadian terminology, these individualities are the 'actual occasions' through which distinctive form is lent to data (Stenner, 2008). The distinction between a form-of-process and its individual events is productive only when their mutual presupposition is grasped. As outlined with respect to psychosocial epistemology in the section above, the 'circle' of a form-of-process is reproduced microgenetically (Brown, 2001) through its ongoing enactment in events of actual experience.

Discriminations do need to be made, however, when considering exactly *what* events are processed in each form-of-process. Each form-of-process is a procession enabled by distinctive kinds of events, each continuing the process through its (self)actualisation. The stone is composed of a mass of coordinated *energetic* events. These are distinct from the *organic* events composing the cells of a tree, each perpetuating the form of the tree by recreating itself ongoingly (i.e. autopoeitically). The personal train of thought is composed of emotionally grounded *conscious* events (each perishing event feeding into the ongoing stream of the next experience) and – although they are united by 'meaning' (Henkel, 2016) – these in turn are distinct from the *communicative* events composing the social form-of-process (which progresses from [mis]understood utterance to [mis]understood utterance).

Social forms-of-process and their individualities: meaningful events / acts of communication

It should be obvious that an ordinary everyday conversation presupposes all the other forms-of-process: the interlocutors must be conscious; to be conscious they must be alive; to be alive they must exist materially in the physical world of energy. Any concrete reality is thus a complex hybrid. Likewise, all of this unfolds within the broader circles of a socio-historical epoch structured by its unequal power relations. Communication itself, however, is highly discriminating and can select and process only communicative events: what cannot be meaningfully expressed must go without saying (Luhmann, 1998). Since our interest is with psychosocial forms-of-process, our proximal concern is with the *communicative* events that pattern our societal existence, and with how communication shapes the emotionally grounded conscious (more or less) experiences that communication must presuppose, but can only 'talk about' via communication. Note that the individualities of social forms-of-process are not individual people but communicative events (which of course usually presuppose individual people and their organic bodies, and hence shape the subjectivity of individual people). As we shall see, human occasions of liminality are important because they concern the attunement and integration of human subjectivity – theoretically reaching all the way to human physiology – with normative patterns of social communication and practice.

An ontological definition of liminality and liminal hotspots

Having defined a form-of-process, we can define liminality as pertaining to events that occur between given forms-of-process. This obviously broadens the concept beyond anthropology, giving it an ontological significance², but accommodates the psychosocial use in which the forms-of-process in question are meaningfully ordered spheres of social and cultural activity mediated by communication, and presupposing conscious human actors. The definition also extends beyond the narrowly anthropological use of liminality as a feature of rites of passage. Liminality in this more abstract and general sense refers to a condition of ontological indeterminacy that is at play in occasions of transition, in the phase where an existing form-of-process is suspended (or becomes unviable) and a new one is not yet in place, at multiple possible scales of magnitude.³

In an anthropological context, a liminal occasion is thus typically an occasion of passage during which someone transitions into a different, but recognisable form-of-process, such as moving between careers (e.g. Ibarra, 2007) or from the situation of being healthy to acquiring a life-altering diagnosis (e.g. Strickland, 2014). If transition between forms-of-process defines liminal occasions, a liminal hotspot by contrast is *an occasion characterised by the experience of being trapped in the interstitial dimension between different forms-of-process, and in the situation of ontological indeterminacy that characterises such a dimension.* In this sense, a liminal hotspot may not only describe situations of stalled transition as such, but also phenomena whose features are not adequately grasped by the norms of intelligibility associated with established forms-of-process. The phenomenon of 'medically unexplained symptoms' – of which more below – offers a good example here. Such phenomena

explained away as aberrations, even when their empirical prevalence can be very significant. In this sense, liminal hotspots resemble Kuhnian 'anomalies' which may accumulate at the margins of a paradigmatic practice, with the potential of transforming the paradigm. Generalising beyond the Kuhnian terminology of paradigm shift and normal science, however, we make a distinction between *liminal* and *pivotal* phenomena or processes. These terms convey the sense in which the norms of an established form-of-process are analogous to attractors, organising events into intelligible patterns. In the course of ideal-typical transitions, events leaving the pattern of a given form-of-process are soon absorbed, through appropriate channels, into the pattern of another form. The dimension of permanent liminality is where we find phenomena and processes that fall and remain outside the pattern of established forms-of-process in a given sociocultural cosmos. Under certain conditions, such phenomena and processes can tip the balance to become in turn attractors, prompting a 'second-order' transformation (Watzlawick et al., 1974) at the level of actualised patterns and the type of experiences they facilitate. On a societal scale, such transformations are perhaps best exemplified by revolutions (see Sewell, 1996; Thomassen, 2014; Georgsen and Thomassen, this issue).

An example of a minimally liminal hotspot

We can illustrate our theoretical account of liminality as occasion of passage between distinguishable forms-of-process by way of a thought experiment. We have deliberately contrived an example (inspired by Michel Serres, 1982) that is minimally liminal as this allows us to clarify how a liminal hotspot might in principle emerge. The example illustrates the sense in which liminal thresholds and transitions between forms-of-process are ubiquitous in social life. At the same time, it points to a transition that is practically and emotionally insignificant in that it involves a bare minimum of transformative becoming. But precisely because the transition is neither *charged with identity value* from a personal perspective (see Salvatore and Venuleo, this issue), nor especially significant from a societal perspective, it serves as a simplifying device that enables us to abstract some key dynamics of actual liminal hotspots.

Imagine that you are sitting down with a group of friends enjoying a dinner party. The dinner party is a distinctive social form-of-process composed of an unfolding series of communicative events between embodied people in a material setting. As a form, the party has its familiar objects (food, cutlery, etc), and it also has temporal limits which are usually marked by little ceremonies: welcoming the guests at the beginning, and bidding farewell at the end (with kisses and handshakes, for instance). The ongoing flow is more or less regulated by normative expectations adhered to by the participants - to the extent that they know what is going on, each participant is able to form and circulate a similar gestalt or *Prägnanzfigur* of communicable meaning (see Holzkamp, 2013, p.313). Like any form-of-process, the dinner party is thus 'formed' by its own distinctive mode of selectivity: any communicative potentials offered are preferentially actualized during each act of communication, some possibilities excluded as 'noise', others included as 'signal'. This preferential selectivity at play is the *appetitive* dimension of the form-of-process, and the basis of its *perspective* on the world.

Anyway, it's a dinner party, and there's a happy buzz of conversation. Imagine then that your telephone rings. From your perspective as part of the patterned form-ofprocess this is an unwelcome and irritating intrusion. The ringing phone interrupts the circulating 'signal' of the dinner-party regime, from which perspective it is noise which interferes with the happy flow of conversation and hinders its form-of-process. But it doesn't go away, so reluctantly you offer a ritual apology, and move away to answer the phone. Now, of course, you are trying to engage in another form-ofprocess, with its own form and limits. You are trying to speak to your mother on the telephone. But you can't hear what she is saying because of the noise your excitable guests are making at the dinner table. Using the same terms from information theory, what was included as *signal* when you were part of one form-ofprocess, becomes excluded *noise* when you enter the other (noise and message switch places according to the perspective or position offered to the observer/actor by the form).

The concept of liminality is applicable if we attend to what happens at the point of passage between these two forms-of-process. The minimal *social* significance of the transition is indicated by the micro-ritual of offering a quick apology before taking the phone call. The minimal personal *adjustment at the level of subjectivity* is the hardly noticed shift from the position of friendly host to that of dutiful son or daughter. We also find an equivalent to what Turner calls the 'betwixt and between' nature of liminality, which helps us to grasp a minimal sense of becoming 'stuck' in a liminal hotspot. In this case, when the two forms-of-process overlap temporally and spatially, they *interfere* with one another and you find yourself caught up in the noise between their different demands. This predicament can be construed as a miniature, temporary and easily solved equivalent to what researchers in the tradition of Bateson et al.

(1956) and Watzlawick et al. (1967) would call a pragmatic paradox. The competing appetitive demands of the overlapping forms-of-process present us with the equivalent of two mutually contradictory injunctions. Thus, as we enter the liminal occasion we move from an orthodox logic of either/or to a paradox logic that includes *both* the dinner party *and* the telephone conversation. But we might just as well call the latter an illogic, because the both/and is actually experienced as a neither/nor in that we can neither enjoy the dinner party nor have our phone conversation. The interference is literally con-fusing: it frustrates and de-differentiates the forms-of-process. We are motivated to find a quick escape from the confusion of this liminal phase so that we can involve ourselves again with a workable form-of-process, with recognisable limits.

This minimally liminal paradox can be easily and quickly *de-paradoxified* in two obvious ways. It can be *spatialised* (we can take our phone to a different room), or it can be *temporalised* (we might tell our mother that we will call her back later when the dinner party has finished). Spacing and timing are thus ways of supplying boundaries which return liminal paradox to an orthodox logic of either/or. Indeed, in most societies, the different forms of social process are allocated their own spatial territory, and hence a transition from one to another is typically also a territorial transition (hence the plausibility of van Gennep's 'house' metaphor). Put abstractly, restoring boundaries allows each successive event in the form-of-process to be grasped as a coherent gestalt by those participating in it, and to be circulated in their mutual communications. As meaningful 'forms' these *Prägnanzfiguren* thus provide the basis of the preferential selectivity that 'informs' the process. As they are formed and circulated, they provide the appetitive nucleus of the social form-of-process and

can thus be thought of as the organising principle around and within which the formof-process 'pivots'. But now imagine that, for whatever reason, it was impossible for you to escape and deparadoxify the con-fusing situation: then you might find yourself in what we call a liminal hotspot.

Four features of a liminal hotspot

The minimally liminal nature of our example draws attention to four general features which - in different circumstances involving more significant transitions characterise liminal hotspots: paradox, paralysis, polarisation and (potentially) pattern shift. First, we can relate the uncertain, ambiguous and undecidable experience of suspension in transitional limbo to an encounter with *paradox*. A paradox is always relative to established forms-of-process and their normative modes of selectivity, which we might call orthodoxies: in our case, the paradox arose from attending to the requirements of two mutually incompatible forms-of-process (the dinner party and the phonecall). Second, the paradox *paralyses* conduct to the extent that it confuses and interferes with the flows of experience and activity ordinarily channelled by, and into, the orthodox pattern. Third, the paradox tends to *polarise* participants as they seek to escape their predicament of indeterminacy by forcing a solution that conforms to one of the forms-of-process they are caught between. In our example, escaping the paradox was not particularly difficult since it was possible to make a viable choice between the phonecall and the dinner party, either by postponing the phonecall or by moving to a different room. But in other cases making a viable choice may not be possible, and attempting to resolve the indeterminacy in this way can amplify the paradox, as we shall see.

The fourth feature requires a little more elaboration. If paradox cannot easily be escaped using existing resources it can push those involved towards the invention of new forms-of-process based on new gestalts and hence new normativities, capable of embracing a greater degree of complexity, within which the paradox can be resignified. We refer to this as the possibility of *pattern shift*. Although it is somewhat artificial, Serres (1982, p. 67) invites us to contemplate the possibility of participating in both forms-of-process simultaneously: "I have found a spot where, give or take one vibration, moving a hair's breadth in either direction causes the noises to become messages and the messages noises". This third solution – which is Serres' central concern – opens the potential for an observer/actor to convert disturbing interference into informative inter-reference. The one who can bear to linger in this liminal space/time enjoys a distinctive and complex experience whose innovative gestalts might form the emergent basis of a new form-of-process which integrates the others at a higher level of complexity. However, to the extent that a form-of-process is indeed invented in this way, it quickly ceases to be a liminal experience. If the new gestalts come to supply the nucleus around which a new form-of-process can pivot, that form will acquire its own limits, its own orthodox matrix, and its own regime of norms.

Broadening the examples

Each of these features becomes more significant when dealing with liminal occasions that are more personally transformative and/or socially consequential. Our dinner party host need not change fundamentally as they transit from party to phonecall and back again, and such transitions are unlikely to be memorable experiences: there will be no profound sense of an *event* with a 'before' and 'after'. This can be contrasted with cases such as an experience of significant bereavement, of starting on a first job, of involvement in warfare, of falling in love, of the birth of one's child, and so forth, and it is precisely these kinds of liminal occasions that were once managed by way of rites of passage. Following Turner's (1986) development of Dilthey's distinction, *mere experience* can here be contrasted with *an experience*. The former involves little more than a superficial registration of familiar events, whilst the latter involves an awareness of change and the feeling of *going through* something.

The concept of liminality has long been used to theorise processes of biographical disruption and repair in the context, for example, of experiences of serious and/or chronic illness (e.g. Frankenberg, 1986; Little et al., 1998; Honkasalo, 2001; Navon and Morag, 2014; Miles 2013). One of Little et al.'s (1998 p. 1487) colon cancer patients vividly describes the rupture to their form-of-process with the words: "I had to drop everything". The subject is uprooted from their prior form-of-process as this breaks down, and they must struggle to establish new forms in its place. Little et al. (1998) and others have emphasised that these experiences rarely fit the tripartite scheme of a) rupture with the past, b) liminal phase, and c) reincorporation back into the fabric of society. Rather, as patients come to terms with the initial shock, this acute phase gives way to a phase the authors call "sustained liminality". By this phrase, Little et al. point to the irreversibility of the life-change and the endurance of a sense of identification as cancer patient that typically persists for the rest of their lives, even in circumstances of remission. To the extent that it involves "sustained liminality", the experience of a range of medical conditions can be considered a candidate example of a liminal hotspot, while the specificities of different conditions

can serve to illustrate, in ideal-typical form, both the negative, 'swamping' tendencies of liminal hotspots and their more positive and creative potentialities. In this regard, we might invoke the contrast between the example of 'medically unexplained symptoms' (or 'MUS') and the example of forms of sickness that are (collectively perceived as) life-threatening, such as many types of cancer.

Hotspot dynamics: the vortex of 'MUS'

While many illnesses are unexplained (e.g. migraine), not all of them fall under the rubric of 'medically unexplained symptoms'. This expression describes something different from what it literally says, and is best understood as a placeholder for a phenomenon whose classification and nomenclature have been disputed for decades (Greco, 2012). The expression 'MUS' - while itself controversial - is now used in preference to the older concept and label of 'somatisation', to indicate physical symptoms that do not correspond to a conventionally defined disease, in the absence of symptoms of psychopathology (Henningsen and Zimmermann, 2003, p. 528). The mode of selectivity of biomedicine as form-of-process (based on the presence of underlying disease) and the mode of selectivity of psychiatry (based on the presence of psychopathological symptoms) are equally blind to the features of MUS as a form of pathology. MUS are thus an interstitial phenomenon that constitutes 'noise' from the perspective of either form-of-process, both of which tend to treat MUS as marginal and relatively uninteresting from a scientific point of view, despite their empirical prevalence and socio-economic significance. Since the current, dualist configuration of medical practice renders MUS epistemologically unintelligible, such illnesses are paradoxical to the extent that they are actually recognised in practice: patients with MUS are *both* sick (i.e. they experience significant symptoms and may be severely

impaired by them) *and* not sick (i.e. they have neither a biomedical nor a psychiatric condition). The fundamental ambiguity that plagues the word *psychosomatic* can be understood with reference to this paradox: *psychosomatic* can be used positively to express the programmatic ambition to advance medicine beyond its current dualist configuration (e.g. Engel, 1985; Foss, 2012); but equally, and more often in everyday language, *psychosomatic* is used to suggest that an illness is not quite real – either in the sense that it is 'imaginary' or in the sense that it is intentionally produced or indulged. Each of these connotations can be interpreted as a discursive strategy of deparadoxification, equivalent to the strategies of temporalisation and spatialisation that we have already discussed: the first, positive connotation of *psychosomatic* involves referring to the future the possibility of articulating the truth of an illness that is *neither* psychiatric *nor* biomedical and yet *both* physical *and* mental; the second, negative connotation involves denying the possibility of such an illness, explaining the phenomenon away as something else (moral weakness).

Against the background of this epistemic paradox, patients who present with MUS easily find themselves in a typical pragmatic paradox. Since there is ostensibly nothing wrong with them, they need to work hard in a clinical context to "fit in with normative, biomedical expectations" and become a "credible patient" (Werner and Malterud, 2003, p.1409). This effort includes adopting an idiom of explanation that focuses on the physical aetiology of symptoms, at the expense of other more nuanced idioms that are typically employed in other contexts (Bech-Risør, 2009). This predicament is paradoxical on two related yet distinct levels: first because the efforts made to behave as a credible patient – to the extent that they are perceived as such by others – will tend to backfire, since a true illness is supposed to be something that befalls us rather than something we 'do'. Therefore, while adopting a somatic idiom

of explanation is encouraged by the clinical setting and its structural constraints, doing so actually renders the patient conspicuous from a psychological (and moral, in a broad sense) rather than somatic point of view, prompting renewed efforts to establish credibility. The tendency of this dynamic is towards a polarisation of the positions of doctor and patient, and of physical versus psychological explanations. Such a polarising dynamic is at the root of the conflict that is widely acknowledged as a feature – whether latent or explicit – of clinical interactions in relation to MUS, and that is most explicit in relation to illnesses, such as Chronic Fatigue Syndrome and fibromyalgia, that have become an object of public contestation (Dumit, 2006; Greco 2012).

On a second and closely related level the paradox is that, as Hadler (1996) eloquently put it, "[i]f you have to prove you are ill, you can't get well". This points to the fact that the effort to behave as a credible patient has effects beyond the realm of the gestalts used in communication, reaching all the way down to the homeostatic capacity of an individual. As a result of having to prove she is ill, writes Hadler, the patient "is likely to lose the prerequisite skills for well being, the abilities to discern among the morbidities, and to cope" (1996, p. 2398). A set of normative, interconnected forms-of-process that include the use of differential diagnostic algorithms, disability determination for social security purposes, and tort law thus collude to draw her into a "vortex of escalating vulnerability and disaffection" from which "very few recover" (ibid.). Such a vortex illustrates well the formal features of a liminal hotspot as a potential 'swamp', where processes ordinarily designed to solve problems become a factor in their perpetuation and worsening, making an escape increasingly unlikely. In the case of MUS, the iatrogenic vortex also underlines the

affective and embodied dimensions of liminal hotspots, and how these become implicated in the paradoxical dynamic.

Hotspot dynamics: the leap to a wider circle, or pattern shift

We shall return presently to the question of liminal affectivity and its role in mediating biopsychosocial relationships. Before doing so, however, let us turn briefly to the example of situations where the predicament of a liminal hotspot issues, more positively, in what we call a pattern shift. In Little et al.'s (1998) account of the experience of cancer patients, sustained liminality is understood not simply in the sense of enduring identification as a cancer patient, but also as the product of an ongoing existential encounter. Cancer patients, they suggest, must confront and come to terms with the unlimited spectres of death, nothingness and the infinite unknown, with all the dread, angst, vertigo and nausea these surely bring, and, on the other hand, with the now unavoidable limitations of corporeal frailty. As they come to terms with their condition, cancer patients are often forced to confront the existential limits of their own being-towards-death, and, the authors suggest, this encounter permanently transfigures them. Importantly, it also transforms their relationships with others. Patients describe a sense of alienation from social familiars and a sense of language itself 'collapsing' in the face of incommunicable profundities which escape existing communicative gestalts.

The paradox of the liminal hotspot, in this case, is an existential one, given by the experience of life as an ongoing contemplation of death. In its formal features, this predicament bears a clear similarity to ascetic technologies of self-transcendence

found in mystical and religious practice – from the *memento mori* of medieval Christianity, to *dhikr al-mawt* ('rememberance of death') in Islam, to various forms of the 'practice of death' in Buddhist traditions. As Arthur Frank vividly illustrates in *The Wounded Storyteller* (1995, p. 115), for some sufferers the experience of lifethreatening illness becomes such an ethico-existential opportunity, enacted narratively as a 'quest':

Illness is the occasion of a journey that becomes a quest. What is quested for may never be wholly clear, but the quest is defined by the ill person's belief that there is something to be gained through the experience.

The change in perspective afforded by a quest narrative illustrates the possibility of pattern shift that is latent in the occasion of a liminal hotspot. If a liminal hotspot is the condition of being caught in the dimension between two mutually exclusive alternatives (in this case aliveness and death) and becoming potentially paralysed by the contradiction between them, pattern shift involves the resignification of this contradiction in the context of a new form-of-process, governed by norms of a higher order of complexity. In this case the resignification implies learning to regard death not simply as the negation of life, but as the horizon through which one might become 'properly' alive. Existential psychotherapist Irvin Yalom (1991) captures this eloquently in his recollection of the words of Carlos, a terminally ill cancer patient. On the occasion of a hospital visit, Carlos "was so weak he could barely move but he raised his hand, squeezed [Yalom's] hand and whispered, "Thank you. Thank you for saving my life."" (1991, p. 86). A cynical and selfish man alienated from his family during most of his life, Carlos had sought psychotherapy to cope with the severe

depression occasioned by his cancer. Contrary to both his and Yalom's initial expectations, Carlos made "excellent use" of therapy, which resulted in profound personal growth. His life – in the sense of his enduring legacy in the memory and lives of those who knew him – was indeed 'saved' by the fact that his mode of relating to others had radically transformed. In this sense, Carlos' deathbed words to Yalom should not be regarded as a purely subjective and inconsequential assessment on his part, but as reflecting an objective difference in what he had become, and in how his becoming affected the world he had been part of.

As the example of Carlos illustrates, the change of perspective afforded by quest narratives - the pattern shift that such narratives exemplify - is not necessarily limited to the perspective of the individual undergoing the transformation. In his description of different types of quest narratives, Frank (1995) differentiates between those more intimate and private, typically taking the form of a *memoir*, and those experienced as insights of 'prophetic' truths, truths that often carry the demand for social action. These are characterised by Frank as manifestos, and speak to latent possibilities of pattern shift at a societal level, the actualisation of which may be mediated by patients who become activists for social change. On the other hand, the possibility of pattern shift at the 'bio' end of the biopsychosocial spectrum is invoked by studies of commonalities among patients who experienced spontaneous remissions, which posit a link between quest narratives and biological outcomes (Rijke, 1985). While such small-scale, qualitative studies cannot claim to offer more than theoretical hypotheses - ones, moreover, that are not uncontroversial from an ethico-political point of view (Sontag, 1978) – the growing fields of placebo research and psychoneuroimmunology offer some support for the plausibility of this link (Booth and Davison, 2003).

We have presented the examples of MUS and of quest narratives in cancer patients as complementary illustrations of the dynamics of liminal hotspots, with their potential to spiral into a tightening 'vortex' or conversely to prompt a qualitative leap into a new form-of-process. In both cases, we posit that the dynamics of liminal hotspots have the potential to reach 'all the way down' into the physiology of individual organisms, and 'all the way up' to social processes of group formation and social action. Needless to say, we have presented these cases as ideal-typical examples, and much could be added to further qualify, specify, and multiply such examples. However, we must leave this to another occasion in order to focus now on the concept of liminal affectivity.

Liminal affectivity and problems of attunement

In choosing the term 'hotspot', we use the metaphor of heat to indicate the fluidity engendered by the situation of liminality through the suspension of the existing normative pattern of a given form-of-process. The liminal phase, which we have previously described as a phase of ontological indeterminacy, can also be described as a phase characterised by affective volatility. By affective volatility we mean not only or necessarily a tendency to experience ambiguous, conflicting, or highly variable emotions. More fundamentally, the volatility of liminal occasions refers to a hightened propensity for *becoming affected* that characterises the subject in transition (whether individual or collective), a propensity that might also be described as a heightened state of suggestibility. Subjects in transition are primed for transformation, while the definitive vector of that transformation is still fluctuating and undetermined.

Expressed with respect to the processual dynamic between potentiality and actuality (Stenner, 2008), we might say that liminal affectivity emerges when potentiality is at a maximum and actuality at a minimum. Liminal affectivity in this sense has the character of a *void* which is both a vacuum (with minimal concrete actuality) and a plenum (with all potentialities at play in virtual form) (Grof, 2012, p. 148; see also Motzkau, 2009). In ideal-typical ritual situations, the liminal phase is designed to maximise the propensity for becoming affected, so that old identities may be relinquished and new ones acquired, and so that personal dispositions may be aligned with the requirements of the individual's new role. In Thomassen's words (2013):

for ... change to be sociologically real, it requires a social *recognition* of the new skills and qualities of the neophytes. ... It also requires that the change is not just an externally imposed categorization, but involves a foundational involvement and stirring of human sentiments, dreams and fantasies, touching the core of what it means to be human.

Because social forms-of-process are tightly coupled with the subjectivities of the social actors who must ongoingly enact them, any transition in social process requires a corresponding shift in subjectivity. We cannot change our subjectivity at will because our activities, aims and values come to be embodied as habits which have their own inertia (see Salvatore and Venuleo, this issue). This attunement is fundamentally a temporal issue since it poses challenges both on the side facing the past and the side facing the future. Facing the past we must extricate our subjectivity from the habits proper to the habitat of a now redundant form-of-process. Facing the future, on the other hand, we rarely slot frictionlessly into a new form of social

process: we must learn to inhabit it and that means familiarizing ourselves with the new habitat it affords, and creatively modifying it according to our desires and capabilities. The past exerts its inertia just at the moment when the future challenges our adaptability.

Any liminal transition between forms of social process will thus require both a psychosocial attunement at the level of subjectivity, and a sociopsychological attunement at the level of the coordination of social practice. Sometimes the degree of change involved may be small, as with our dinner party example. At other times the degree of change may be more significant and irreversible: a natural disaster occurs which uproots a community; our baby is born and we find ourselves parents, and so on. Gennep takes for granted the idea that rites of passage serve to manage the perturbations associated with such important transitions: 'Such changes of condition do not occur without disturbing the life of society and the individual, and it is the function of rites of passage to reduce their harmful effects' (1960, p. 13). From the perspective of a given concrete subject, these kinds of becomings raise the *psychosocial* problem of the bottom-up dynamic by which participants must appropriate new social forms-of-process by making them a real part of their psychology and hence part of their active concerns and investments. This is about social integration or attunement at the level of *subjectivity* ('who am I?'). From the sociopsychological perspective of an existing social form-of-process there is the problem of intersubjective recognition, since the form is a matter of coordinating numerous social actors into joint action. If a given individual is to transit successfully to a new form of social process they must be recognised as a participant by the other social actors composing the form, presupposing the question: 'who are you?' The first

(psychosocial) dimension is about the new form-of-process becoming *psychologically real* for those who participate in it whilst the second (sociopsychological) dimension is about the new form-of-process becoming *sociologically real*.

Of course, in the actual ongoing practice of human activities, the psychosocial and the sociopsychological dimensions are thoroughly intertwined and inseparable. To use a phrase from biology, they are *structurally coupled*. But the sheer fact that human activities entail such structural coupling reiterates that any significant changes within and between forms-of-process will necessitate their de-coupling. A liminal occasion is an occasion which foregrounds these processes of attunement that permit the individualities that compose human activity to be more or less harmonised with the broader pattern of that process. In liminal hotspots both modes of attunement can become troubled. The basic questions 'Who are you?' and 'Who am I?' – which usually form an inseparable unity – can become distinctly problematic and 'out of joint'.

Conclusion: Situating liminal hotspots in a broader unfolding socio-historical context

We began this theoretical journey by referring – via the societal context of 'altermodernism' – to the proposition that psychology must reformulate its problems in a manner relevant to the reality of 'peoples in constant motion' (Stam, 2011, p. 4). Bauman offers another vocabulary when he writes of *liquid modernity* (Bauman, 2000), as does Luhmann (1998) in his analysis of *contingency* as the defining attribute of modern society. Deleuze (1992) similarly writes of the 'perpetual metastability' that accompanies the shift from disciplinary society to our new societies of control. Where discipline worked by creating environments of enclosure with clear limits distinguishing them from other such environments (the school, the factory, the barracks, the hospital, the prison), control operates by continually modulating openended network-like flows between open systems. Disciplined social systems which once seemed so stable and internally coherent are increasingly emphasizing transience, flexible interconnection, and agility as their only permanent attributes: the corporation subsumes the factory system, and wages and terms of employment must be continually renegotiated through shifting criteria of merit; the health systems spread beyond the hospital, emphasizing prevention, community health and selfmanagement; the economic system - driven by the carousel of the stock-market encourages boom, bust and permanent debt; the education system embraces life-longlearning, public engagement, economic impact, and so forth. The idea of hotspots of permanent liminality resonates with these diagnoses of late modernity, and with the notion that wicked problems are never done with but must be re-solved over and over again (Stam, 2011, p.10). Liminal hotspots constitute an endemic feature of societies characterised by permanent liminality (Szakolzkai, 2000; 2010).

If liminal hotspots are a particular type of wicked problem, then we suggest it is a species that is likely to proliferate as our societal forms-of-process become more contingent, multiple, functionally interrelated and fluid. For example, liminal hotspots are closely associated with a set of paradoxical injunctions that are typical of so-called neoliberal societies. The most general of these injunctions was captured by Rose (1990) when he argued that under neoliberal regimes of self-governance we are 'obliged to be free'. A comparable paradox is implicit in injunctions to 'be creative'

and to play when at work (Andersen, 2013); to 'be active' in sustaining one's own ageing process (Stenner et al., 2011); to 'be responsible' as a patient with respect to one's health (Andersen & Knudsen, 2015; Greco, 2001); to 'be happy' in the face of potential dysphoria (Greco & Stenner, 2013); or to 'be confident' in the face of uncertainty and precarity (Gill & Orgad, 2015). While the paradoxical nature of these injunctions has long been identified, the dynamic and psychoaffective implications of *living* the paradox have rarely been addressed. The concept of liminal hotspots opens a new horizon of research questions in this respect.

At an institutional level, what these injunctions have in common is the relevance they ascribe to the *subjectivity* of the worker, the patient, the senior citizen, the young person, and so on, within domains of social practice (e.g. medicine, law) that had hitherto operated with expert semantics of objectivity. We thus find the conditions for further pragmatic paradoxes at the level of institutional practice, where actors are caught between contrasting requirements to attend to (objective) 'evidence' as much as to (subjective) 'experience' (Motzkau and Clinch, this volume). The tensions this raises are partly addressed through the widespread proliferation of vocabularies and technologies that render the subjective dimension observable, tractable, and commodifiable (May et al., 2006; Mazanderani et al., 2013; Lupton, 2014; Pols, 2014). It is not difficult to see, however, how this translation of experience into evidence may itself give rise to yet further paradoxes, in so far as patients are presented with re-presentations of their own experience, with which they are invited to identify and to comply.

The concept of liminal hotspot offers a way of approaching these dynamics in both their psychosocial and sociopsychological dimensions, and it is more than purely diagnostic in so far as it involves an explicit invitation to identify and reflect on latent possibilities for pattern shift.

Funding

This research was supported by an Exploratory Network Grant of the European Science Foundation (Ref. EW12-096).

References

- Andersen, N. Å. (2013). *Managing intensity and play at work: Transient relationships*. Cheltenham, UK and Northampton, MA, USA: Edward Elgar.
- Andersen, N. Å. & Knudsen, H. (2015). Heterophony and hyperresponsibility. In M. Knudsen and W. Vogd (Eds.), Systems theory and the sociology of health and illness: Observing healthcare (pp. 81-100). New York: Routledge.
- Andrews, H. & Roberts, L. (Eds.) (2012). *Liminal landscapes: Travel, experience, and spaces in-between*. London and New York: Routledge.
- Bateson, G., Jackson, D. D., Haley, J. & Weakland, P. (1956). Toward a theory of schizophrenia. *Behavioral Science*, 1 (4), 251-254.
- Bauman, Z. (2000). Liquid modernity. Cambridge: Polity Press.
- Bech-Risør, M. (2009). Illness explanations among patients with medically unexplained symptoms: Different idioms for different contexts. *Health*, 13 (5), 505-521.

- Boland, T. (2013). Towards an anthropology of critique: The modern experience of liminality and crisis. *Anthropological Theory*, 13 (3), 222-239.
- Bourriaud, N. (2009). *Altermodernism*. Retrieved May 5, 2009, from http://www.tate.org.uk/britain/exhibitions/altermodern/
- Brown, J. W. (2001). *The self-embodying mind: Process, brain dynamics and the conscious present*. New York: Station Hill Press.
- Brown, S. & Stenner, P. (2009) *Psychology without foundations: Philosophy, history and psychosocial theory*. London: Sage.
- Czarniarwska, B. & Mazza, C. (2003). Consulting as liminal space. *Human Relations*, 56 (3), 267-290.
- Deleuze, G. (1992). Postscript on the societies of control. October, 59, 3-7.
- Dumit, J. (2006). Illnesses you have to fight to get: Facts as forces in uncertain, emergent illness. *Social Science & Medicine*, 62 (3), 577-590.
- Foss, L. (2002). *The end of modern medicine: Biomedical science under a microscope*. Albany, NY: State University of New York Press.
- Frank, A. (1995). *The wounded storyteller: Body, illness and ethics*. Chicago: University of Chicago Press.
- Frankenberg, R. (1986). Sickness as cultural performance: Drama, trajectory, and pilgrimage root metaphors and the making social of disease. *International Journal of Health Services*, 16(4), 603–26.
- Freud, S. (2010 [1922]). Group psychology and the analysis of the ego. New York:Boni and Liveright. Published online in 2010 by Bartleby.com
- Gill, R. & Orgad, S. (in press). The confident cult(ure). Australian Feminist Studies.
- Greco, M. (2001). Inconspicuous anomalies: alexithymia and ethical relations to the self. *Health*, 5 (4), 471-492.

- Greco, M. (2012). The classification and nomenclature of 'medically unexplained symptoms': Conflict, performativity and critique. *Social Science & Medicine*, 75 (12), 2362-2369.
- Grof, S. (2012). Revision and re-enchantment of psychology: Legacy of half a century of consciousness research. *Journal of Transpersonal Psychology*, 44 (2), 137-163.
- Hadler, N. M. (1996). If you need to prove you're ill, you can't get well: The object lesson in fibromyalgia. *Spine*. 21 (20), 2397-2400.
- Harré, R. & Van Langenhove, L. (1991). Varieties of positioning. *Journal for the Theory of Human Behavior*, 21 (4), 393-407.
- Henkel, A. (2016). Posthumanism, the social, and the dynamics of material systems. *Theory, Culture and Society*, 1-25.
- Henningsen, P., Zimmerman, T. & Sattel, H. (2003). Medically unexplained symptoms, anxiety, and depression: a meta-analytic review. *Psychosomatic Medicine*, 65 (4), 528-533.
- Hollway, W. (2004). Editorial to special issue on psycho-social research. International Journal of Critical Psychology, 10: 5-12.
- Holzkamp, K. (2013). Psychology from the perspective of the subject: Selected writings of Klaus Holzkamp. Edited by E. Schraube & U. Osterkamp.
 Basingstoke and New York: Palgrave Macmillan.
- Honkasalo, M.-L. (2001). Vicissitudes of pain and suffering: Chronic pain and liminality. *Medical Anthropology: Cross-Cultural Studies in Health and Illness*, 19 (4), 319-353.
- Hook, E. (2008). Articulating psychoanalysis and psychosocial studies: Limitations and possibilities. *Psychoanalysis, culture & society*, 13 (4), 397-405.

Horvath, A. (2013). Modernism and charisma. Houndmills: Palgrave Macmillan.

- Ibarra, H. (2007). Identity transitions: Possible selves, liminality and the dynamics of voluntary career change. INSEAD Working Papers Series, <u>http://www.insead.edu/facultyresearch/research/doc.cfm?did=2720</u>, accessed on 06/07/2015.
- James, W. (2009 [1900]). On a certain blindness in human beings. London: Penguin.
- Johnsen, G. C. & Sørensen, M. B. (2014). 'It's capitalism on coke!': From temporary to permanent liminality in organization studies. *Culture and Organization*. Published online 09/04/2014.
- Lipowski, Z. J. (1988). Somatization: The concept and its clinical application. *American Journal of Psychiatry*, 145 (11), 1358-1368.
- Little, M., Jordens, C.F., Paul, K., Montgomery, K., & Philipson, B. (1998). Liminality: A major category of the experience of cancer illness. *Social Science & Medicine*, 47(10), 1485–1494.
- Luhmann, N. (1998). *Observations on modernity*. Redwood City, CA: Stanford University Press.
- Lupton, D. (2014). The commodification of patient opinion: the digital patient experience economy in the age of big data. *Sociology of Health and Illness*, 36 (6), 856-869.
- May, C., Rapley, T., Moreira, T., Finch, T. & Heaven, B. (2006). Technogovernance: Evidence, subjectivity and the clinical encounter in primary care medicine. *Social Science & Medicine*, 62 (4), 1022-1030.
- Mazenderani, F., O'Neill, B. & Powell, J. (2013). Biographical value: Towards a conceptualization of the commodification of illness narratives in contemporary healthcare. *Sociology of Health and Illness*, 35, 891-905.

- Mead, G. H. (1932/1980). *The philosophy of the present.* Chicago: University of Chicago Press.
- Miles, A. (2013). *Living with lupus: Women and chronic illness in Ecuador*. Austin: University of Texas Press.
- Motzkau, J. (2009). Exploring the transdisciplinary trajectory of suggestibility. *Subjectivity*, 27, 172–194.
- Motzkau, J. & Clinch, M. (this issue). Managing suspended transition in medicine and law: Liminal hotspots as resources for change. *Theory and Psychology*
- Navon, L. & Morag, A. (2014). Liminality as biographical disruption: Unclassifiability following hormonal therapy for advanced prostate cancer. *Social Science & Medicine*, 58 (11), 2337-2347.
- Nissen, M. and Solgaard Sørensen, K. (this issue) The emergence of motives in liminal hotspots. *Theory and Psychology*
- Plsek, P., Greenhalgh, T. (2001). The challenge of complexity in health care. *British Medical Journal*, 323, 625-8.
- Pols, J. (2014). Knowing patients: Turning patient knowledge into science. *Science, Technology & Human Values*, 39 (1), 74-97.
- Rijke, R. P. C. (1985). Cancer and the development of will. *Theoretical Medicine*, 6 (2), 133-142.
- Rilke, R.-M. (1996 [1905]). *Rilke's book of hours Love poems to God*. Translated by Anita Barrows and Joanna Macy. New York: Riverhead Books.
- Rittel, H. W. J. & Webber, M. M. (1973). Dilemmas in a general theory of planning. *Policy Sciences*, 4, 155-169.

- Rose, N. (1990). *Governing the soul: The shaping of the private self*. New York: Free Association Books.
- Salvatore, S. and Venuleo C. (this issue) Liminal transitions in semiotic key: mutual in-feeding between the past and the present. *Theory and Psychology*
- Schön, D.A., (1995). The new scholarship requires a new epistemology. *Change*, November/December, 27-34.
- Scott Georgsen, M. and Thomassen, B. (this issue) Affectivity and liminality in ritualized protest: politics of transformation in the Kiev uprising. *Theory and Psychology*
- Serres, M. (1982). The parasite. Baltimore: Johns Hopkins University Press.
- Sewell, W. (1996). Historical events as transformations of structures: Inventing revolution at the Bastille. *Theory & Society*, 25, 841-881.
- Sontag, S. (1978). Illness as metaphor. New York: Farrar, Straus & Giroux.
- Stam, H. (2011). Wicked problems and the construction of theory in psychology. In Stenner, P. Cromby, J., Motzkau, J. & Yen, J. (Eds.) *Theoretical psychology:* global transformations and challenges. Captus: Concord, Ontario, Canada.
- Stenner, P. (2005). An outline of an autopoietic systems approach to emotion. *Cybernetics and Human Knowing*, 12 (4), 8-22.
- Stenner, P. (2008). A.N. Whitehead and subjectivity. Subjectivity, 22 (1), 90-109.
- Stenner, P. (2011). Reflections on the so-called "affective turn". Key-note address for the V Congreso Internacional de Psicologia Social, Benemérita Universidad Autónoma de Puebla, Mexico.
- Stenner, P (2015). A transdisciplinary psychosocial approach. In K. Slaney, J. Martin and J. Sugarman (Eds.) *The Wiley handbook of theoretical and philosophical*

psychology: Methods, approaches and new directions for social science. New York: Wiley.

- Stenner, P. (2016). Liminalität, Un-Wohl-Gefühle und die affektive Wende. In E. Mixa, S.M. Pritz, M. Tumeltshammer, and M. Greco (Eds.) Un-Wohl-Gefühle: Eine Kultureanalyse Gegenwärtiger Befindichkeiten. Bielefeld: Transcript-Verlag.
- Stenner, P. & Taylor, D. (2008) Psychosocial welfare: Reflections on an emerging field. *Critical Social Policy*, 28 (4), 415-437.
- Stenner, P., McFarquhar, T. & Bowling, A. (2011). Older people and 'active ageing': subjective aspects of ageing actively. *Journal of Health Psychology*, 16(3), 467–477.
- Strickland, K. (2014). A phenomenological exploration of the biographical impact of newly diagnosed MS on the individual and their support group. Unpublished PhD Thesis, Edinburgh Napier University.
- Sturmberg, J. P. & Martin, C. M. (2006). Rethinking general practice Part 1: Far from equilibrium disease-centred and econometric-oriented health care and general practice/family medicine. *Asia Pacific Journal of Family Medicine*, 5 (2). Available online at: <u>http://www.apfmj-archive.com/afm5_2/afm39.htm</u>, accessed on 06/07/2015.
- Szakolczai, A. (2000). *Reflexive historical sociology*. London and New York: Routledge.
- Szakolczai, A. (this volume). Permanent (trickster) liminality: The reasons of the heart and of the mind. *Theory and Psychology,*
- Thomassen, B. (2013). Liminality and traces of affectivity in the work of Arnold Van Gennep. <u>http://www.open.ac.uk/ccig/dialogues/blogs/liminality-and-traces-of-</u>

affectivity-in-the-work-of-arnold-van-gennep-by-bj%C3%B8rn-thoma, accessed online on 06/07/2015.

Thomassen, B. (2014). Liminality and the modern. Farnham and Burlington: Ashgate.

- Thomassen, B. (2015). Thinking with liminality: To the boundaries of an anthropological concept. In H. Wydra, B. Thomassen & A. Horvath (Eds.), *Breaking boundaries: Varieties of liminality*. New York and London: Berghahn Books.
- Turner, V. (1969). *The ritual process: Structure and anti-structure*. Chicago: Aldine Publishing Co.
- Turner, V. W. (1986). Dewey, Dilthey, and drama: An essay in the anthropology of experience. In V. W. Turner & E. M. Bruner (Eds.), *The anthropology of experience*. Urbana and Chicago: University of Illinois Press.
- Vaira, M. (2014). The permanent liminality transition and liminal change in the Italian university. In J. Brancovic, M. Klemencic, P. Lazetic & P. Zgaga (Eds.), *Global challenges, local responses in higher education*. Rotterdam: Sense Publishers.
- Van Gennep, A. (1961 [1909]). *The rites of passage*. Chicago: University of Chicago Press.
- Watzlawick, P., Beavin Bavelas, J., Jackson, D. D. (1967). Pragmatics of human communication: Patterns, pathologies and paradoxes. New York: N. N. Norton & Co.
- Watzlawick, P., Weakland, P. & Fish, R. (1974). Change: Principles of problem formation and problem resolution. New York: N. N. Norton & Co.
- Weber, M. & Desmond, W. (Eds.). (2008). Handbook of Whiteheadian process thought. Frankfurt / Lancaster: Ontos Verlag.

- Werner, A. & Malterud, K. (2003). It is hard work behaving as a credible patient: encounters between women with chronic pain and their doctors. *Social Science & Medicine*, 57 (8), 1409-1419.
- Whitehead, A. N. (1922/1997). *The principle of relativity with applications to physical science*. Cambridge: Cambridge University Press.

Whitehead, A. N. (1968 [1938]). Modes of thought. New York: The Free Press.

- Wydra, H. (2015). Politics and the sacred. Cambridge: Cambridge University Press.
- Yalom, I. (1991). Love's executioner, and other tales of psychotherapy. London: Penguin.

Zittoun, T. & Gillespie, A. (2015). Integrating experiences: Body and mind moving between contexts. In B. Wagoner, N. Chaudhary & P. Hviid (Eds.), *Integrating*

experiences: Body and mind moving between contexts. Niels Bohr Professorship

Lecture in Cultural Psychology. Vol. 2. Charlotte, NC: Information Age Publishers.

¹ In a modification of Bergson's concept of 'canalisation', Whitehead (1922, p. 17) holds that all factors are *limitations* of fact, the latter conceived as a relationship of factors (i.e. as the totality of existing factors) such that every factor is a factor *of* fact with fact as its unlimited background. If limitation is the most general concept of finitude, then liminality is the real opening of a factor to its necessary grounding in fact.

² For example, it also opens up the question of liminality *between* organic, psychic and social forms-of-process (see Stenner, 2005).
³ On scale see Thomassen's (2015) argument for applying the concept of liminality to dimensions

⁵ On scale see Thomassen's (2015) argument for applying the concept of liminality to dimensions ranging *temporally* from moments to epochs; *spatially* from specific localities to vast regions; and from the subjectivity of single individuals to collective subjects. Depending upon perspective, this opens the possibility of considering the intersection of liminal phenomena at different levels (e.g. the personal and the societal), and their mutual intensification.