

More than a physical transition: The sensory impact of moving to a Therapeutic Community (TC) from mainstream prison

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This article brings together existing literature from a number of different areas including sensory criminology, drug detoxification, the prison experience and ideas relating to liminality. The core focus of this article is to explore specifically how people experience the transition from mainstream prison to Substance Use Disorder (SUD) Therapeutic Communities (TCs) in prisons throughout England and Wales through a sensory and liminal lens.

Prison therapy to treat SUDs takes various formats, from the traditionally recognised TC to Incentivised Substance Free Living Units (ISFLU) and allocated drug free wings.¹ There are also numerous other TCs such as Democratic Therapeutic Communities (DTCs) that support those with complex mental health disorders or non-custody and non-residential community based TCs that help individuals with a range of issues such as weight loss, anxiety and social isolation. SUDTCs, which are the sole focus of this article are fully residential programmes, usually lasting 12 months and over. There is a distinct hierarchical structure and asset-based recovery ethos which recognises individual strengths and achievements.² TCs are considered intense and challenging environments. This is due to being a fully immersive and confrontational experience driven by a set of principles that put the community as the focal driver of change that sparks transformation. Attrition rates are high for SUDTCs as the ability to become open to truthful sensory and emotional experiences may be overwhelming for some residents who have imposed a range of masks and characters to deal with both institutional and substance related experiences.³

Transitions in this article will include the physical movement of living conditions from mainstream wings to TCs and personal transitions, as intense therapy creates conditions for personal transformations to occur. This is more than a physical shift in living conditions but also a reconstruction of identity and stark transformation for what it means to be human.⁴ Navigating sensory and liminal spaces in the transition of those with SUDs from mainstream prisons to TCs remains under researched and is the main theme of this article.

Aims

This article aims to explore transitions through the eyes of liminality, which is a framework that explains the concept of transitioning between two places or states.⁵ While this gives insights into physical prison movements into therapy, it also frames extremely powerful therapeutic transformations that signify the birth of new identities. Liminality creates a bridge between detachment and belonging that aligns with the motives and principles of TC culture that are characterised by reality confrontation, communalism and permissiveness. Liminality is therefore an ideal framework to understand therapeutic transitions.⁶ The real-world benefits for residents, practitioners and other professionals that may arise from incorporating a liminal and sensory lens into therapeutic research is significant. This may break down and gives meaning to stages of change that may otherwise be overlooked. Transitions to TCs are therefore multifaceted and profound. This may be a life-or-death opportunity to escape the crippling shackles and

1. Webster, R., Fearn, C., Harriott, P., Millar, L., Simpson, J., Wallace, J., & Wheatley, M. (2024). Accessing opioid agonist treatment in prison in England and Scotland remains problematic—the views of people with lived experience. *International Journal of Prison Health*, 20(2), 143-155.
2. Rawlings, B., & Haigh, R. (2017). Therapeutic communities and planned environments for serious offenders in English prisons. *BJPsych Advances*, 23(5), 338-346.
3. Crewe, B., Warr, J., Bennett, P., & Smith, A. (2014). The emotional geography of prison life. *Theoretical criminology*, 18(1), 56-74.
4. Stevens, A. (2012). 'I am the person now I was always meant to be': Identity reconstruction and narrative reframing in therapeutic community prisons. *Criminology & Criminal Justice*, 12(5), 527-547.
5. Turner, V. (1969). *The ritual process: structure and anti/structure*. Transaction Publishers.
6. Slater, R., & Coyle, A. (2017). Time, space, power, and the liminal transformation of the psychologised "self". *Theory & Psychology*, 27(3), 369-388.

constraints of chronic substance dependency characterised by walls of confinement more torturous than a steel lock and key.⁷ With this in mind the aims of this article are as follows.

- 1) To consider the impact of sensory experience upon transitions from mainstream wings to TCs in male prisons in England and Wales.
- 2) To explore the transformational process of change that occurs whilst on TCs through a sensory and liminal lens.

Methods

This study is built upon the author's own PhD research which is predominantly focused upon exploring the spatial and sensory areas of TCs while using a liminal framework to give meaning to changes that may occur both on a personal and environmental level. This study is a work in progress and has created the foundation for this article. This article incorporates a mixed approach of literature-based discussions and reflective accounts; this is not a fully autoethnographic approach however it utilises this methodology to engage in reflection.⁸

Positionality

Integrated throughout this article will be ongoing reflections from the author who has a history of incarceration in various prisons in England, 20 + years of SUDs and experience of a drug free wing in prison. The author has not spent time in prison-based TCs but has several years' experience within community TCs. Lived experiences offer novel insights, however, they reflect a single experience and making overarching conclusions about a diverse prison population based on this premise is misleading and potentially damaging. Therefore such personal discussions are to add value through reflection rather than making sweeping evidential claims.⁹ Any personal reflections from the author will be highlighted by quotation marks.

Ethics

Although there is no direct contact with individuals in TCs or mainstream prison within this article, ethical alterity recognises and reflects the otherness of hidden populations as human beings that should be addressed with dignity and respect.¹⁰ Reflective accounts used in this study have a moral responsibility to be accurately compiled and not to identify or cause harm and distress to those in prison who may have restricted autonomy, agency and power.

However, personal reflections have complexities that means ethical considerations are not clear-cut but fluctuate depending upon the population, positionality and context of the research. Therefore, in regard to this study the ethical principle of non-maleficence remains as a central tenet.

Continuous ethical reflection has been applied throughout to reduce harm to self and others that can occur through overexposure and misrepresentation.¹¹

Liminality as a transformational framework

Within the context of liminality, therapeutic transformations may be understood as a series of liminal transformations, such as prisoner to resident, SUDs to recovery and desperation to hope. Liminal

transitions to recovery-based thinking and behavioural adaptations are often characterised by periodic moments of separation, ambiguity and detachment as old status and attributes are left behind.¹² This is not a singular transition defined by prison-based therapeutic space, but a resident-driven spiritual, emotional and sensorial change of considerable magnitude.

Liminality is a concept of growing interest that was born out of cultural anthropology, the term itself derives from the Latin *limen* which means threshold. Various studies have applied a liminal lens to highlight transitional and spatial significance including Jewkes and Laws, who explored the transient emotional space of

Liminality creates a bridge between detachment and belonging that aligns with the motives and principles of TC culture.

7. See footnote 1: Webster et al. (2024).

8. Sparkes, A. C. (2024). Autoethnography as an ethically contested terrain: Some thinking points for consideration. *Qualitative Research in Psychology*, 21(1), 107-139.

9. Xue, H., van Kooten, K., & Desmet, P. M. (2025). A consent for myself/ourselves: designing for responsible use of autoethnography. *CoDesign*, 1-17.

10. Sternagel, J. (2023). *Ethics of Alterity: Aesthetics of Existence*. Rowman & Littlefield Publishers.

11. See footnote 8: Sparkes (2024).

12. See footnote 6: Slater & Coyle (2017).

two women's prisons through a liminal framework,¹³ and Moran who explored prison waiting rooms as a metaphorical threshold of transition.¹⁴ It was van Gennep, in his seminal work *Les Rites de Passage* that explored the transformative stages of indigenous people as they transformed from adolescence to adulthood that first brought this concept to the public's attention. According to van Gennep this transition has three important phases to it, these phases directly map onto the overall therapeutic experience in custody:¹⁵

1. Rites of separation: The individual's social status and roles are removed in preparation for the transitional rites of passage to occur. In relation to prison transition this means an uprooting and detachment from traditional routines, hierarchy and prison status in preparation for transformation.

2. Transitional phase: The individual enters a new space, in this case the TC which is characterised by like-minded individuals on the same journey. This phase is a deeply emotional process and represents a space of ambiguity, lack of clarity and uncertainty. It is the elders, or in this case the other residents who guide individuals over the threshold and into a newly embodied status.

3. Reincorporation/Post liminal stage: A new identity position has been reached, and the resident has adopted new attributes and statuses that support them on re-entry into society.¹⁶ The transformed 'self' becomes repatriated with a new social world, however this may also come with a host of new challenges that may include, reintegration support, institutionalisation, fluctuating motivations, housing, peer and substance support.

Liminality is a lens that frames the state of suspension and transformation that occurs on multiple levels as an individual embarks on identity reconstruction. Put simply, the detoxification process and therapy-induced identity changes are transformative processes that cry out for a lens of liminality that is often missing

from contemporary literature. In essence the word transition does not do justice to this transcendental experience, out of the pain and hurt a new identity may be formed. Such precious recovery from chronic addiction may or may not be preceded by a series of relapsing conditions, consequently, not everyone's transformational journey is comparable, although the symptoms that led each person to this painful place often are.

Understanding transitions through a sensory lens

The following section will explore the manner in which sensory experience is managed on traditional wings and how this may impact adapting to a new sensory world on the TC. There will also be a consideration of the profound sensory experience that may occur post detoxification. These themes will then be brought together to give insights into the complex identity transitions that occur within prison-based TC programmes. Rhythms and sounds are the heartbeat of prison wings. This is more than the ocular centric preoccupation with sight, it is the connectivity of all the senses that do not arrive in a neat tidy package, but in unison and suddenly. As humans it is an inescapable truth that there is a constant deluge of messages in the form of sensory data, this sensory information is absorbed,

processed and acted upon.¹⁷ Therefore, as sensorial creatures the knowledge production and understanding of the world is shaped by unconscious or conscious sensory appreciation.¹⁸ This deep interaction with the environment is especially relevant when discussing prison transitions into therapy. Shingler and Stickney discuss the liminal and sensory state of being free yet feeling constraint post release, which stems from intense state supervision and social scrutiny.¹⁹ This state of not being one thing or another is also felt within the TCs experience, as a new identity is released gradually within

This is not a singular transition defined by prison based therapeutic space, but a resident driven spiritual, emotional, and sensorial change of considerable magnitude.

13. Jewkes, Y., & Laws, B. (2021). Liminality revisited: Mapping the emotional adaptations of women in carceral space. *Punishment & Society*, 23(3), 394-412.

14. Moran, D. (2013). Between outside and inside? Prison visiting rooms as liminal carceral spaces. *Geo Journal*, 78(2), 339-351..

15. Adorno, G. (2015). Between two worlds: liminality and late-stage cancer-directed therapy. *OMEGA-Journal of Death and Dying*, 71(2), 99-125.

16. See footnote 6: Slater & Coyle (2017).

17. Herry, K. (2024). *Sound, Order and Survival in Prison: The Rhythms and Routines of HMP Midtown*. Policy Press.

18. Serres, M. (2008). *The five senses: A philosophy of mingled bodies*. Bloomsbury Publishing.

19. Shingler, J., & Stickney, J. (Eds.). (2023). *The Journey from Prison to Community: Developing Identity, Meaning and Belonging with Men in the UK*. Taylor & Francis.

the confines of an institutional gaze. The concept of time and space may also infuse through a sensory lens as an individual disengages with conventional routines and becomes disoriented with the breakdown of traditional ways of thinking, feeling and understanding identity.²⁰

The senses give instinctive meaning to new environments, unavoidable in their inherent ability to give meaning to systems of power and control.²¹ The link between instinct and the senses,²² means new transitions are shaped by a gradual appreciation of new systems of control. Within a therapy-based regime this may be confusing for some residents who have spent long periods processing the monotonous stream of sensory data on conventional wings as demonstrated by the following quote from the author: "The medium category prisons in England that I have spent time in seem to have a sensory fingerprint that is consistent, the wings have a certain noise, smell, touch, taste and visual template." This quote suggests prison has a sensory code that is repetitive in design, as familiar noises, sights, smells, tastes and touch all meld together to shape identities and impositions of power. Sensory appreciation often happens at a subconscious level meaning adapting to a new cultural and physical environment within TCs may be hampered by an ingrained sensory template customised on mainstream prison wings.

Understanding sensory patterns

A study by Kelly et al., was one of the first to recognise that young people with substance use disorders have complex sensory patterns significantly different than those in the general population.²³ Participants had much higher sensory processing patterns for sensory sensitivity, sensation avoiding and low registration. This means they may not recognise all sensory data, be more hyperactive, display frustration

through sensory overloads, especially in loud or bright environments and feel over stimulated to the point where touch may be avoided. This is significant when discussing transitions, especially post detoxification, with such an ingrained history of long-term avoidant behaviours in response to sensory stimuli it may take some time for individuals to adapt to a sensory world they fought so hard to avoid. This may suggest the senses are a disrupted phenomenon that are aggravated by the pervasive nature of substances in custody. This could lead to transitional challenges for a population that may already feel disempowered and isolated. It may be worthwhile, therefore, for TCs to apply more sensory interventions to enhance and promote community and recovery participation.

Sensory management on traditional wings

Incarceration may lead to feelings of fear, loneliness and panic. However, for some, prison may be a recurring experience with familiar rhythmic routines and ingrained patterns of behaviour. It is therefore re-entry into society that becomes a more ominous and foreboding transition.²⁴ Prison is therefore a singular structure with multiple meanings. Sykes discusses the attributes that some prisoners adopt in the face of perceived weakness, such as fortitude and stoicism to effectively manage a

life in prison.²⁵ This means overtly expressive emotions and conscious or unconscious sensory experience may be suppressed as sight, sound and touch become aligned with a highly monitored 'convict code'. This is a very important consideration and may give insights into the challenges associated with transferring to a therapeutic setting that encourages residents to be truthful about emotional and sensory states. What is seen, heard, touched and spoken is intrinsically linked to the convict code which emphasises 'keeping yourself to yourself'.²⁶ The following quote showcases how individuals may

Prison has a sensory code that is receptive in design, familiar noises, sights, smells, tastes and touch all meld together to shape identities and impositions of power.

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20. Atkinson, S., & Robson, M. (2012). Arts and health as a practice of liminality: Managing the spaces of transformation for social and emotional wellbeing with primary school children. *Health & place*, 18(6), 1348-1355.
 21. Herrity, K., Schmidt, B. E., & Warr, J. (Eds.). (2021). *Sensory penalties: Exploring the senses in spaces of punishment and social control*. Emerald Publishing Limited.
 22. Bain, A. (1864). *The senses and the intellect*. Longman, Green, Longman, Roberts, and Green.
 23. Kelly, J., Meredith, P. J., Taylor, M., Morphet, A., & Wilson, H. (2021). Substances and your senses: The sensory patterns of young people within an alcohol and drug treatment service. *Substance Abuse*, 42(4), 998-1006.
 24. Mitchell, M. M. (2022). Masculinities in prison: Expression, variation, and implications for violent misconduct. In T. Bartlette & R. Ricciardelli (Eds.), *Prison Masculinities* (pp. 103-120). Routledge.
 25. Sykes, G. M. (1958). *The society of captives: A study of a maximum-security prison*. Princeton University Press.
 26. See footnote 24: Mitchell (2022).

transition with altered sensory states that need unlocking in therapy:

“In prison I behave a certain way, I restrict and monitor my sensory world. I try not to listen to gossip (association can cause harm), I keep my mouth shut about certain things I see, I do not touch other people’s items, if I smell drugs, I do not acknowledge it. I am constantly adjusting the way I process the senses; it feels unnatural, forced and tiresome, I want to just relax and be me, but I cannot.”

This suggests that the transparent engagement expected on TC programmes that extends to sensory experience may leave many individuals finding it difficult to adjust to an environment that encourages openness and honesty. This is because residents may have suppressed and proactively managed sensory feedback for so long on mainstream wings. It may be argued, therefore, that transparent sensory experience is abducted by the state through institutions that run on fear and retribution rather than freedom of expression and rehabilitation. The imposition of carceral environments, where sensory data has to be distilled, means the state plays a part in creating fragmented and highly modified sensory experience, thus creating a barrier between reality and adjusted experience. This means there may be a clash between institutional and therapeutic logics that increases the barriers to effective transitions. This type of sensory manipulation presents a gap in the literature and is a critically important concept to understand when composing therapy-based programmes and potentially understanding high attrition rates that exist in TCs. Sensory experience is a personal experience that may fluctuate greatly, especially for those who are neurodivergent, and/or trauma impacted. The sensory management for these populations may be driven by an added desire to avoid unwelcome sensory triggers that impact wellbeing.²⁷

Adapting to a new sensory world on the TC

On arrival on the TC there will be an expectation over time that residents begin to share genuine emotional and sensory experience.²⁸ Stark realism, central to TC philosophy, is a giant leap for residents who may have moulded a sensory and emotional radar that fits in with prison culture. According to Kelley and Schmeichel,²⁹ constant exposure to fear-based hyperarousal can decrease tactile sensitivity, which suggests the prison space may have the ability to influence a person’s sense of touch. This poses abstract and philosophical questions about the ‘feel’ of prison and transitions in general. How much of the person is transitioning? Does the prison experience engulf or modify intrinsic aspects of ‘self’ so much that the original person never truly travels or arrives at the desired destination? With differing influence for some people, the prison environment may be aggravating and healing within one overarching institutional paradigm. This may lead to a more intense and confusing therapeutic liminal and sensory journey, as it exists within the parameters of punitive justice and rehabilitative philosophies.

It may be worthwhile, therefore, for TCs to apply more sensory interventions to enhance and promote community and recovery participation.

Post detoxification

An intimate and powerful attribute of drug dependency is the ability to change sensory experience until the user is the expert in sensory manipulation and adaptation. Certain drugs induce particular sensory states, and therefore the user becomes attuned and intimately aware of how to shape sensory feedback to fit a lifestyle or a moment in time. The transition from a state of heightened or numbing sensory lifestyle, to a new clarity of sensory realism post detoxification, may be overwhelming. Such incredibly emotional transitions bring new meaning and purity to seemingly mundane moments as sight, touch, smell, and taste, take on new meaning. While this may offer childlike excitement as individuals smell and taste food or hear the rich genuine tones of children and partners on visits, it may also lead to deeply painful feelings of anguish, vulnerability, guilt

27. Roberts, K., & Lawrence, D. (2024). “Banged up with ADHD”: a qualitative analysis of the experiences of adult men with ADHD in prison. *The Journal of Forensic Practice*, 26(3), 1-228.

28. Rapoport, R. N. (2013). *Community as doctor: New perspectives on a therapeutic community*. Routledge.

29. Kelley, N. J., & Schmeichel, B. J. (2014). The effects of negative emotions on sensory perception: fear but not anger decreases tactile sensitivity. *Frontiers in psychology*, 5, 942.

and pain that is physical, emotional and spiritual. Transition from SUD to recovery is a monumental sensory transformation, and as the author explains here it can create intense feelings: "In my addiction everything was staged, the sensory world was tuned to my own chemical needs; after detoxing I was hit with an overwhelming flood of pure, raw sensory information. Everything felt so interactive, I like this new place, but I am frightened and childlike, this is literally a new world, what do I do here? I feel exposed but alive." This quote emphasises the powerful transformational changes that are at play within a newfound sensory world post detoxification. Such a complex myriad of new sensory experiences is part of the liminal process of change as individuals relinquish one identity and go through a periodic moment of transition to a new status, identity and outlook. This is not an abstract or low impact transitional phenomena but a new human experience as the world thereafter becomes radically different.³⁰

Identity transitions

Identity transformation is more than a combination of popular buzz words that fit neatly into therapeutic discourse. It is a common phenomenon shaped by social and psychological change within a community dynamic.³¹ It can be argued that multiple identities are formed prior, during and after custody; prisoners often have their identity stripped then reconstructed by the ongoing carceral experience.³² Therefore, the weight of the institution may create a forged carceral identity that needs unpicking to find a clandestine self that is strategically hidden from view, making recovery-based identity transition even more complex.³³ Identity changes sufficient for recovery are therefore fighting against both institutional and substance imposed layered identities.

To 'thrive, survive or mitigate harm' masks are often adopted culminating in a frontstage performance that may shield a true reality which is hidden from view backstage.³⁴ However, this may be too simplistic for a

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population who do not have the practical options to fully relax into backstage comfort zones that may or may not reflect their true self.³⁵ This adds more credence to the transitional challenges that await individuals in prison as they engage in therapy. This is also not a neatly systematic process of positive change; indeed, some identity changes may leave people more susceptible to a range of pains that were once hidden under a blanket of substances. Therefore finding 'self' may be a difficult transition characterised by exposure to a new sensory and emotional world, making this a unique and imposing process for some people.

Conclusion

Transitions have multiple meanings within the realm of TCs in prison, such as movements between normal location to TCs, and personal transformations as therapy shapes a new identity post detoxification. Liminality is a lens that shines light on the transformation of 'self' and a powerful framework to understand the impact of detachment, ambiguous states and newfound identities. With identities in constant flux and a new sensory world post detoxification the overall experience of therapy can be profound. This article builds on the existing literature on the sensory and emotional

experience of prison by focusing on the sensory journey from mainstream wings to TCs.

By encapsulating this in a liminal framework it supports a range of people, including practitioners, prison staff and those in the grip of SUDs, to gain insights into specific transitions. These may include physical movements into therapy, identity transformations and the significance of post-detoxification sensory exposure. Further research into broader prison-based therapy, such as less structured drug free wings, may also uncover whether the intensity of therapy has a bearing on the significance of sensory and emotional environmental transitions.

30. See footnote 5: Turner (1969)

31. See footnote 6: Slater & Coyle (2017)

32. Warr, J. (2020). 'Always gotta be two mans': Lifers, risk, rehabilitation, and narrative labour. *Punishment & Society*, 22(1), 28-47.

33. McPhee, I., Holligan, C., McLean, R., & Deuchar, R. (2019). Dr Jekyll and Mr Hyde: the strange case of the two selves of clandestine drug users in Scotland. *Drugs and Alcohol Today*, 19(2), 133-146.

34. Goffman, E. (1956). *The Presentation of Self in Everyday Life*. Doubleday Anchor; Laws, B., & Crewe, B. (2016). Emotion regulation among male prisoners. *Theoretical criminology*, 20(4), 529-547.

35. See footnote 3: Crewe et al. (2014).

It is clear, that the senses offer an insight into therapeutic transitions that should not be overlooked, not only in the context of how a new social world is created post detoxification but regarding the construction of effective therapeutic spaces and the impact of internal prison movements. It may be a worthwhile consideration to incorporate dedicated sensory spaces within more therapeutic spaces, and ideally throughout the prison estate, to support people as they navigate an environment that is essentially run on deeply embedded sensory codes and rules. The sensory filter that is often implemented, either consciously or not, on mainstream wings may need breaking open whilst on the TC, meaning this type of information may be of importance to programme designers, treatment readiness assessments, and practitioners. Therapeutic tools also need to be robust enough to break through a range of constructed identities built through sensory manipulation to uncover the true self which may be hidden under a cloak of protection. As a consequence, it may be a worthwhile consideration for future studies to access

how effectively residents adapt to a new sensory world upon arrival on the TC. Differing sensory experiences are not only hidden and modified behind layers of prolonged substance usage, but adjusted and siphoned through prison culture. This may mean group discussions that unlock the senses early in treatment may have positive impacts on overall progress. This could be driven by senior residents that have been in the TC longer who understand this process intimately. In this context, transitions are transformations in progress; this is a process of deep meaning, painful truth, realisation and hope, and into this rich therapeutic space new meanings are attributed to seemingly innocuous moments.

Funding: I am a fully funded Economic and Social Research Council (ESRC) student, this studentship supported me through the completion of this article.

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