

LIMINAL BECOMINGS: THE PROFESSIONALIZATION PROJECT OF PEER SUPPORT WORKERS

ABSTRACT

Some groups of practitioners seeking professionalization seem to remain stuck in-between the community and professional sectors. Peer support workers in mental health care are a case in point. Peer support workers are increasingly recognized for their unique role as part of multidisciplinary teams, and hired as paid providers. Yet, despite decades of efforts and the support of allies, in most parts of the world, they have not acquired the full professional status they have been pursuing. Based on a longitudinal case study conducted from 2015 to 2024 – involving extensive participant observation, interviews with key actors, and historical documents – we analyze the longstanding struggle of peer support workers to carve out a work jurisdiction within the professional sector of mental health care in the Canadian province of Quebec. Using liminality as a theoretical lens, we investigate how the role of peer support workers in-between the community and professional sectors is creating ambiguity and tensions that might both enable and harm their project. We discuss the theoretical implications of our findings for organizational studies of liminality and professionalization projects.

INTRODUCTION

Professionalization projects involve occupational groups organizing to construct a cultural mandate – “the socially conferred right to perform a given set of tasks” (Nelsen & Barley, 1997: 619). This implies gaining support from stakeholders including regulators, managers, established professions, and clients (Fayard et al., 2017; Muzio et al., 2020; Nigam & Dokko, 2019). Professions base their mandate on a claim to exclusive expertise to address a particular type of social problem, typically acquired through credentialed institutional education (Huising, 2022).

Yet so far, few studies have explored how professionalization projects might play out for occupational groups that have been located at the nexus of community and professional sectors over extended periods of time, and whose historical reason for existence is grounded in community service more than credentialed expertise. Yet, this phenomenon has important implications for those who pursue such projects, and for stakeholders in the professional domains where these projects unfold.

In this paper, we study the historical development of peer support work in mental health care, a striking example of professionalization project that is stuck in-between the community and professional sectors. We track the construction of a cultural mandate and work jurisdiction over time by this occupational group claiming primary non-credentialed forms of knowledge. Based on longitudinal ethnographic data, we map the emergence and professionalization of peer support work in the Canadian province of Quebec from 1961 to 2024, with a primary focus on the period of professionalization (2005-2024), seeking to address this research question: *How does liminality shape the pursuit of professionalization projects over time?*

THEORETICAL BACKGROUND

The theoretical background unfolds in two parts. First, we synthesize the key conditions for the existence of a profession. And second, we review the management literature on liminality in the workplace which we use as a sensitizing concept for this study.

Conditions for the existence of a profession

The phenomenon of professionalization has long fascinated scholars (Bucher & Strauss, 1961; Collins, 1979; Larson, 1977; Van Maanen & Barley, 1984; Wilensky, 1964). Occupational groups that seek to professionalize have been compared to social movements operating inside of professional domains (Bucher, 1988; Bucher & Strauss, 1961). Larson (1977) analyzes the

professionalization of work as a process through which a group of practitioners establish barriers to entry to gain market shelter from which they can derive higher income and social status. Abbott (1988) developed these insights further to theorize competing historical movements pursuing professionalization projects that shape divisions of expert work in society. The organizational literature on professions foregrounds several conditions for a profession to exist: a base of *exclusive knowledge*, an *association of practitioners*, a *cultural mandate*, and a *work jurisdiction* (Anteby et al., 2016; Langley et al., 2019; Nigam & Dokko, 2019).

Exclusive knowledge

To maintain the exclusivity of their knowledge base, practitioners must establish gatekeeping structures and procedures, including a credentialing system that distinguishes members from non-members (Collins, 1979; Freidson, 1986). Preserving the exclusivity of their knowledge base requires practitioners to cultivate esoteric content to protect against codification which would facilitate appropriation by managers (Waring & Currie, 2009), laypeople (Epstein, 1995), and increasingly artificial intelligence (Pakarinen & Huising, 2023). Recent research highlights the importance of the relational dimension of practitioners' knowledge to establish and maintain professional authority in the workplace and with clients (Fayard et al., 2017; Huising, 2022). The cohesive enactment and maintenance by practitioners of these different forms of knowledge requires their effective mobilization as part of an association.

Association of practitioners

The ability of practitioners to form an association that cohesively promotes and defends their collective interests is a second well established condition for professional existence (Muzio et al., 2013; Van Maanen & Barley, 1984). The professional association engages in efforts to influence legislative and policy-making bodies to advance its members' interests (Freidson, 1989). It also enforces the norms of practices and controls the credentialing process that separates

profession members from non-members (Kirkpatrick et al., 2021). The professional association also plays a key role in coordinating practitioners' efforts to legitimize new practices derived from members' exclusive knowledge to establish, expand, or preserve control over areas of work within a professional domain (Greenwood et al., 2002; Reay et al., 2006; Goodrick et al., 2020). An effective association is therefore closely tied to the third condition of existence of a profession: constructing a cultural mandate and establishing work jurisdiction.

Mandate and jurisdiction

Knowledge and association are two key elements for a group of practitioners to hold a mandate to perform a given set of tasks. The idea of mandate is closely related to that of jurisdiction. "Mandate" refers to the range of cultural understandings that legitimize the performance by a group of practitioners of a specific set of tasks (Hughes, 1963; Nelsen & Barley, 1997) while "jurisdiction" more closely relates to the institutionalized regulations and boundaries that protect the exclusive control of profession members over this set of tasks (Abbott, 1988; Muzio et al., 2020). As noted above, the mandate of a group of practitioners and its jurisdictional control over a set of tasks rely upon the exclusivity and perceived legitimacy of their shared base of knowledge applied to solving a particular type of social problem (Huising, 2022). Collective action made possible by an effective association is key to establishing the expertise that professions use to control work jurisdictions (Freidson, 1989; Langley et al., 2019).

Liminality in professional work

Interest in liminality theory has grown substantially in management and organization research over the last two decades (Söderlund & Borg, 2018). Rooted in the cultural anthropology of rites of passage and role transitions in tribal societies (Turner, 1969; Van Gennep, 1909), liminality theory offers a rich set of conceptual themes to interpret the fluid and

ambiguous dynamics that are shaping an organizational life in rapid transformation (Horvath et al., 2015). Drawing on liminality theory, we identified the themes of *communitas*, *in-betweenness*, and *transition* as especially relevant to answer our research question.

Communitas

In interstices of social structure where everyday expectations and constraints are temporarily altered, liminars gather to engage in a collective process of transformation (Johnson et al., 2010), typically towards a higher status social role or a more valued identity (Frost et al., 2024). This collective in transition, known as *communitas* in liminality theory, can be enacted as part of traditional rites (Turner, 1969), or created intentionally to experiment with alternative ideas and bring about cultural change (Howard-Grenville et al., 2011). *Communitas* takes places in settings removed from everyday work, affording a select group of participants some freedom from normal role expectations and constraints.

Communitas has been studied in various contexts, including strategy workshops among senior executives (Johnson et al., 2010), and identity emancipation sessions among Black women tech founders (Frost et al., 2024). Shortt (2015) studies “transitory dwelling places” in the workplace, such as stairwells, doorways, and toilets. She observes that workers make these overlooked social spaces meaningful by using them to gossip and support each other or as staffroom, creating a sense of community and belonging. Although Shortt (2015) does not use the term “*communitas*”, her conceptualization of liminal experience in transitory dwelling spaces echoes this theme. Likewise, Sturdy et al. (2006) frame as liminal spaces the business dinners where consultants and clients engage in informal conversations, share personal stories, and build social bonds – here again echoing *communitas*. These studies focus on how spaces remote from normal work settings enable the coming together of *communitas*, creating an altered set of rules that enable mutual support and creative reshuffling of ideas and roles among liminars.

Whyte et al. (2023) theorize video conferencing as a social setting in which simultaneous online and offline practices can blur boundaries between work and home, creating a sense of 'distanciated intimacy' where spatial and temporal boundaries are altered (Whyte et al., 2023). Although the authors do not mention “communitas” and refer to liminality only in passing, their study suggests that communitas can be incomplete and fragmented, unveiling the ambiguity of online settings where one is both “here and there” (Whyte et al., 2023). Studying volunteer work in music festivals, Toraldo et al. (2019) emphasize the moral ambiguity of communitas, enabling collective experiences that strengthen social bonds among volunteers, while being also used as a tool of ideological control by festival organizers to exploit volunteer work. Such moral ambiguity, noted by organizers and volunteers, nourishes their cynicism towards each other.

In-betweenness

The theme of in-betweenness is foregrounded in much of the recent organizational research inspired by liminality theory. Several occupational groups are conceived as liminal – situated in-between communities upholding different normative expectations and occupying different social positions. They include management consultants employed by a firm outside the organizations where they intervene (Czarniawska & Mazza, 2003; Sturdy et al., 2009), middle managers who mediate between top management and shopfloor workers (Dille, 2023), "professional hybrids" such as health care clinicians in management functions (Croft et al., 2015), and migrant entrepreneurs or bicultural negotiators straddling different ethnocultural groups (Elo et al., 2024; Mahadevan, 2015). Studies that foreground in-betweenness emphasize the ambiguity and tensions of being pulled in different directions at the same time, as well as the opportunities for creativity and learning that arise when mediating between communities with different cultural assumptions and bases of knowledge (Ryan, 2019; Swan et al., 2016).

Some research has explored in-betweenness in the context of paid care work. For example, advocates for the nurse practitioner role as it was introduced sought to substantiate this new role as a liminal practice expanding the boundaries of nursing by appropriating some features of medical work while maintaining the care ethos of nursing (Golden-Biddle & Reay, 2009). Several studies of paid care are interpreting it as a liminal activity because of the ambiguous delimitation between the voluntary nature of care amongst family or community members, and the increasingly professionalized arrangements that govern the delivery of care in modern societies. This includes research on community health workers who must communicate with their community peers in ways that earn their trust, while also complying with the technical expectations of their professional colleagues (Golden & Bencherki, 2024). Ladge et al. (2012) explore a related tension between the worlds of “work” and “nonwork” unfolds in the context of pregnant women who pursue a professional career and must prepare for their upcoming role as mother while keeping up with workplace expectations. Likewise, Zadoroznyj (2009) studied how paid home care workers in postnatal contexts blurred the boundary between informal care exchanged between close relatives and professional care provided to strangers, causing women who give birth to react with unease and reject these care providers.

The reaction of birthing women in this last study hints at the experience of moral ambiguity in roles where different sets of norms and values intersect, which is the focus of several studies. Mavin and Yusupova (2024) explore the moral ambiguity experienced by women leaders who are expected to compete as leaders but punished for displaying a competitive attitude as women. Frey (2022) studied the process of reintegrating workers who transgressed organizational norms, and found that despite retaining membership in the organization, coworkers continue to treat reintegrated transgressors as moral outsiders – as organizational members who do not belong. Nash (2024) investigated the ambiguity and uncertainties

experienced by neurodiverse employees who struggle to conform with neurotypical workplace expectations that clash with their particular needs and ways of functioning. Cunha and Cabral-Cardoso (2006) explored situations in which organizational members break or bend rules that they feel should apply in specific situations, creating moral dilemmas where one has to choose between complying with established rules or upholding their sense of morality. These recent studies of liminality explore the moral ambiguity of work roles that are pulled by competing sets of expectations. They echo the writings of anthropologist Victor Turner (1969) who, inspired by Mary Douglas's (1966) work on "purity and danger", argued that "matter out of place" (Douglas, 1966, p. 36) – or roles and practices that do not fit neatly within established categories (Turner, 1969, p. 109) – tend to be treated as morally impure and threatening to the social order.

Transition

A cluster of recent liminality research focuses on precarity, temporariness, and transition. These studies echo the three phases that constitute rites of passage according to anthropologist Arnold Van Gennep (1909): *separation*, *liminality*, and *incorporation*. A threshold event occurs that separates the person from a prior social role, a collective rite of passage carries that person through a liminal period during which transformation occurs, and then the person incorporates a new social role.

Some studies focus on how threshold concepts and trigger events lead into liminal periods of transformation. For example, researchers have argued that exposure to "threshold concepts" – troublesome ideas that instill doubt and anxiety by transforming a person's understanding of a subject matter (Irving et al., 2019) – is an important pedagogical tool that can enable business students to construct a leader identity (Hawkins & Edwards, 2015). Conroy and O'Leary-Kelly (2014) use Van Gennep's three phases in rites of passage and draw on grief research to theorize

how employees transition from processing the loss of a work-related identity into the restoration of a coherent sense of self.

Some studies of liminality have focused on the generative potential of crises and sustained involvement in extreme contexts. Orlikowski and Scott (2021) have explored how crisis contexts such as the Covid-19 pandemic can disrupt practices and enable “liminal innovation” such as adoption of digital technologies for remote work at a pace and scale that would have been otherwise unthinkable. Tempest et al. (2007) use the metaphor of Everest climbing to investigate how, while setting goals that stretch the limits of a team’s capacity can foster learning and exceptional achievement, doing so in contexts of temporary organizing (group of “liminal team members” coming together temporarily to accomplish an ambitious mandate) can result in failure and harm. These studies emphasize that threshold concepts and trigger events can lead group members into transformative periods of “liminality” that involve ambiguous experiences and outcomes.

While studies just reviewed emphasize temporariness, other studies of liminality in work contexts suggest that temporary states can extend over time, leading to perpetual precariousness and sustained experiences of uncertainty. To make sense of the proliferation of flexible work arrangements and non-linear and career paths, Budtz-Jørgensen et al. (2019) propose the concept of “liminal career”, where delimitations between work and personal life, managers and employees, and expected competencies, become blurred and uncertain. Relatedly, studying privately hired companions in publicly funded long-term care facilities, Daly and Armstrong (2016) found that these workers are in a liminal space between the public and private sectors, providing a mix of formal and informal care, operating in an ambiguous context, that affords them a significant degree of task autonomy while maintaining them in precarious work situations – lacking workplace protections, benefits, and status recognition. These studies emphasize that

transitional and fleeting work arrangements can endure over time and become “perpetual” (Ybema et al., 2011).

Drawing on the concepts reviewed in this section, we analyze the case of peer support workers in Quebec to show how liminality shaped the pursuit of their professionalization project over recent decades, and we discuss the implications of this project for those who pursue it, and for other stakeholders. In the discussion, we intend to explore the transferability of our findings to occupational groups pursuing professionalization projects in other professional domains.

METHODS

Empirical context

Peer support workers are former patients who, after being trained to use their lived experience of mental health issues to support current patients, are hired to act as paid service providers in mental health intervention teams (Repper & Carter, 2011). The integration of peer support workers within teams of mental health professionals has accelerated in recent decades, promoted by patient advocates, researchers, and policymakers as a cornerstone of “recovery”-oriented mental health systems (Davidson et al., 2012; Mead & Copeland, 2000). In contrast to the disability perspective emphasizing the long-term control of patients with “mental illnesses” that were considered to be incurable, the recovery perspective aims to return service users to full citizenship by supporting the pursuit of their life projects (Mental Health Commission of Canada, 2015). In that context, peer support workers have engaged in sustained efforts over time carve out a paid role for themselves in the professional domain of mental health services by claiming to be the experiential experts of recovery (Adams, 2020; Rose, 2003).

As of this writing, Québec’s Office of Professions, charged by the Quebec Government with overseeing and periodically updating the Code of Professions, lists a total 46 professional

orders overseeing 55 regulated professions (some professional orders oversee more than one profession). A majority of these regulated professions in the domain labeled “health and human relations”¹ Quebec’s Code of Professions was established in 1973 based on the principle of professional autonomy. Under this code, professional orders are responsible for monitoring and ensuring their members’ conformity with ethical norms of conduct.² To this day, peer support workers do not belong to a professional order and are not a regulated profession. Yet, they are increasingly hired in the professional sector of mental health care – that is, in employment sites under Quebec’s Ministry of Health and Social Services (henceforth “Ministry” for short) – under the job title of “educator.” Educators are not a regulated profession either, but their occupational group does have a dedicated job title included in the Quebec Government’s official list and are represented by major unions in the professional health care sector.

Data collection and analysis

We conducted a qualitative longitudinal study in the Canadian province of Quebec spanning between 2015 and 2024, tracking the efforts of peer support workers to construct a mandate and establish work jurisdiction in the professional sector of mental health care. Data collection includes 84 detailed fieldwork notes from participant observation involving peer support workers, 50 in-depth interviews with peer support workers and other key actors occupying various institutional positions related to peer support workers entering the professional sector, 43 memos covering full meetings of the Montreal community of practice of peer support workers, as well as 92 publicly available and working documents deemed relevant to understand the historical events, and also the more recent events in which the lead author participated. In parallel with this study, the lead author, himself a peer support worker certified as part of the

¹ <https://www.opq.gouv.qc.ca/ordres-professionnels/liste-des-professions-selon-le-secteur-dactivite>

² <https://www.opq.gouv.qc.ca/systeme-professionnel>

2016 Peer Network cohort (covered in participant observation notes), has been until recently an active member of the provincial peer support community. As a result, this study also benefits from insights gained through countless hours of informal community participation.

Data analysis occurred in two main steps. In the first step, we focused on developing a detailed historical timeline of events leading to the entry of peer support workers in Quebec's professional sector of mental health care. To map the process longitudinally, we constructed a visual representation of this timeline emphasizing the relational dynamics between actors related to the professional sector and/or to the service users' movement. In the second step, we constructed a historical timeline to identify the analytical significance of key events to understand the dynamics involved in the pursuit the professional project of peer support workers. Following a temporal bracketing strategy (Langley, 1999), we divided the historical timeline into four discrete phases, which we labeled to emphasize the key dynamics playing out over time. Analysis of the *period of emergence of peer support work*, represented by Phases 1 and 2 (1961-2004), is based on published research, historical documents, and interviews with key actors who have participated in or are acquainted with the events. Analysis of the *period of professionalization of peer support work*, represented by Phases 3 and 4 (2005-2024) is based on interviews with direct participants in the events, participant observation notes, as well as published and working documents. Throughout the steps of the analytical process, the lead author engaged in multiple rounds of interaction with the coauthors who provided methodological guidance and significantly contributed to the theoretical framing and data analysis.

FINDINGS

Our empirical investigation of the professionalization project pursued by peer support workers is structured in two sections. First, using historical documents and background

information provided by interviewees, we analyze the historical process through which the professionalization project of peer support workers emerged and unfolded over more than six decades. We identify two periods – the emergence (1961-2004) and the professionalization (2005-today) and break down each period into two phases where distinct dynamics played out.

We identified a trigger event marking the beginning of each phase. Trigger events meaningfully changed ongoing dynamics and led to the beginning of an analytically distinct phase. We begin each phase with an empirical description of key events, and then explain its analytical significance related to the themes developed earlier in our Theoretical Background. Figure 1 offers an overview of the historical timeline with its turning points, periods, and phases.

INSERT FIGURE 1 ABOUT HERE

Period of emergence of peer support work

Phase 1: Coming together of *communitas* (1961-1986)

Figure 2 offers a combined visual representation of the chronology of key events that occurred over the course of Phases 1 and 2. Taken together, these two phases constitute the *period of emergence*, which set the stage for the later initiation of the professional project of peer support workers. Below, we offer separate empirical descriptions and commentaries on the analytical significance of Phases 1 and 2.

INSERT FIGURE 2 ABOUT HERE

Empirical description. The starting point of Phase 1 occurred in August 1961, when Jean-Charles Pagé, a young man recently released from several months of psychiatric internment, published a book titled “*The Mad are Crying for Help!*”.³ The book contains a poignant testimonial of the dehumanizing ways in which he and other inpatients were treated in psychiatric

³ Pagé, 2018

institutions. Pagé's testimony captured popular imagination and was widely taken up by the media and public figures in Québec, triggering a widespread controversy about psychiatric institutions and practices.⁴ This led the Ministry to appoint three psychiatrists to a newly created "Commission for the Study of Psychiatric Hospitals".⁵ In March 1962, the Commission published the "Bédard Report" named after its first author,⁶ which made a series of recommendations to reorganize the psychiatric system in ways that would bring psychiatric services closer to patients' living environments, ensure patients' follow-up after their release from the hospital, and facilitate community rehabilitation.⁷ In its introduction, the Bédard Report recognized the significance of Jean-Charles Pagé's published testimonial:

In August 1961, *Éditions du Jour* published "The Mad are Crying for Help", written by Jean-Charles Pagé. Interned for several months in 1960-61 at Hôpital Saint-Jean-de-Dieu [a psychiatric institution in Montreal], the author delivered to the public ... a testimony against a system, a mentality and a conduct which, in a psychiatric hospital, would go against human dignity, would be a negation of modern psychiatric therapeutics, and would favor stereotypes about mental illness. In fact, this book is not a precedent, and similar writings have often led society to rethink the psychiatric problem, inviting public authorities to take their responsibilities.⁸

In the decades following the Bédard Report, a government-led reform of the psychiatric system inspired by its recommendations was progressively implemented. However, while the number of beds in psychiatric institutions went down significantly, resources to support the community rehabilitation of released inpatients did not follow.⁹ Dissatisfied with the Ministry reform, a grassroots movement made up of ex-psychiatric patients and community-minded

⁴ Boudreau, 2003

⁵ Dorvil & Guttman, 1997:119

⁶ Bédard et al., 1962

⁷ Dorvil & Guttman, 1997:122

⁸ Extract from page 1 of "Report from the Commission for the Study of Psychiatric Hospital" authored by "modernist" psychiatrists Dominique Bédard, Denis Lazure and Charles A. Roberts (a group of 'modernist' psychiatrists) for Ministry in 1962.

⁹ Boudreau, 2003: 153-165

activists mobilized throughout the 1970s in contestation of institutional psychiatry.¹⁰ Aiming to de-medicalize the response to needs and promote collective empowerment, members of the community movement organized a range of peer-run mutual aid groups as alternatives to professional services.¹¹

Analytical significance. Phase 1 (represented in red in Figure 1) was a period of contestation of the professional sector by the community sector. Pagé's published testimonial raised public awareness and led community organizations to organize peer-run mutual aid groups as organizational alternatives to professional services that were seen as failing to provide adequate community support. This development represents the coming together of *communitas* – a group of liminars gathering in the interstices of established structures to organize the transition from institutional practices of long-term psychiatric internment to community-based practices of rehabilitation. Events unfolding in this phase sowed the seeds of a cultural mandate for peer support practices as actors engaged in mutual aid organizing, and demonstrated their ability to support the community rehabilitation of released inpatients and cope with the observed inability of the professional sector to provide adequate community support.

Phase 2: Formation of a zone in-between (1987-2004)

Empirical description. The turning point leading to the second phase occurred in 1987 with the publication of a report by the Committee on Mental Health Policy, created a year before by the Ministry, known as the Harnois Report named after the psychiatrist heading the Committee.¹² The Harnois Report, titled “For a Broader Partnership: Project of Mental Health Policy for Quebec” marked a shift in institutional discourse from *disability* towards *rehabilitation*

¹⁰ Gaucher, 1987

¹¹ Ouellet, 2011; Plamondon, 1983

¹² Harnois, 1987

(later known as “recovery”). This new discourse emphasized the ability of service users, with community and professional support, to reintegrate society and exercise full citizenship. Patricia Deegan, a well-known patient advocate and psychologist who openly identifies as a mental health service user, explains the relationship between rehabilitation and recovery:

Disabled persons are not passive recipients of rehabilitation services. Rather, they experience themselves as *recovering* a new sense of self and of purpose within and beyond the limits of disability... Rehabilitation refers to the services and technologies that are made available to disabled persons so that they might learn to adapt to their world. Recovery refers to the lived or real-life experience of persons as they accept and overcome the challenge of the disability.¹³

Acknowledging widespread dissatisfaction with the results of the reform undertaken in the previous phase, the Harnois Report focused on rehabilitation rather than disability, emphasizing the importance of building bridges and establishing collaboration between public-sector entities and community-based, alternative organizations to support skills development and empower patients in the process of rehabilitation and social reinsertion. The report argued that

... tangible actions must be implemented to:

- recognize the potential of persons, families, relatives, and communities to identify the needs and set up the responses to offer to persons suffering from mental troubles; and
- encourage and support the development and flourishing of this potential in the respect of local and regional singularities and dynamics.¹⁴

The Harnois Report led the Ministry to publish a “Mental Health Policy” in 1989, promoting “primacy of the person” and urging mental health professionals to “respect the personality, the way of life, the differences and relationships that the person entertains with their environment”.¹⁵ To foster collaboration between professional and community sectors, between 1990 and 1992, a group of three reformist psychiatrists (including the author of the Harnois

¹³ Deegan, 1988, p. 11

¹⁴ Harnois, 1987: 44

¹⁵ Ministry, 1989: 23

Report) brought together a coalition of government-related and community-based actors as well as mental health service users to create the *Quebec Association for Psychosocial Rehabilitation* (henceforth “Rehab” for short), and soon after a journal and an annual symposium dedicated to bridging the community and professional sectors, and promoting the inclusion of service users as active participants in the design and delivery of integrated mental health services.

In 1995, Rehab received annual funding from the Ministry and for the first time, added a service user who led the *Quebec Service Users Advocacy Association* (henceforth “Advocates” for short), a peer-run group promoting the interests of mental health service users in the region of Quebec City, to its board of directors.¹⁶ In 1996, Rehab dedicated an issue of its journal, *Le partenaire*, to promote “service users as providers of mental health services”, emphasizing the value of their experiential knowledge of recovery and their growing involvement in mental health service delivery.¹⁷ Between 1999 and 2001, the Ministry increased Rehab’s annual funding, enabling it to expand its activities and the outreach of its Journal and Symposium. The Journal and Symposium brought together growing numbers of community and professional-sector stakeholders, as well as an increasing number of service users as active participants.

Analytical significance of Phase 2. With the publication of the Harnois Report, which began Phase 2 (represented in blue in Figure 2) the tone from the Ministry changed markedly to emphasize collaboration, acknowledging the aspirations of service users to live a dignified and meaningful life. This represented a shift in discourse from disability to rehabilitation, which later became known as “recovery”. The creation of Rehab by reformist psychiatrists mandated by the Ministry led to the formation of an organizational zone in-between the community and professional sectors. The creation by Rehab of the Symposium and Journal represented major

¹⁶ Based in interview with executive director of Rehab

¹⁷ *Le partenaire* - Automne 1997 - 06-3&4

vehicles to promote the inclusion of service users and the recognition of their exclusive knowledge derived from lived experience of rehabilitation. The emergence of the rehabilitation discourse, now endorsed by the Ministry and promoted by Rehab's Journal and Symposium, contributed to the construction of a cultural mandate for peer support as a legitimate community-based practice as part of an integrated response to the population's mental health needs.

Period of professionalization of peer support work

Taken together, Phases 3 and 4 represent the period of professionalization, when professional sector employment sites began hiring paid peer support workers, and the professionalization project of peer support workers began taking form.

Phase 3: Precarious professional transition in the in-between zone (2005-2014)

Figure 3 offers a visual representation of the chronology of key events that occurred over the course of Phase 3. Below, we offer an empirical description and commentary on the analytical significance of this phase.

INSERT FIGURE 3 ABOUT HERE

Empirical description. The turning point leading to Phase 3 occurred in 2005 when the Ministry established in its 2005-2010 Action Plan a target for hiring and integrating peer support workers in 30% of assertive community treatment teams (ACT) across the province.¹⁸ Assertive community treatment teams are multidisciplinary teams (psychiatrists, psychologists, nurses, educators, peer support workers) designed to support clients with severe mental health problems who require intensive treatment and follow-up in the community setting. The plan acknowledged the efficacy of mutual aid groups and stated the need to support them:

In peer support groups, the persons use their forces to support each other, to overcome isolation and to bring about social change. The benefits of support among peers have been

¹⁸ Ministry, 2005: 52

demonstrated multiple times, in the mental health domain and elsewhere. Community organizations have created peer support groups in all regions of Quebec. These groups are necessary and must be supported.¹⁹

Soon after, a first peer support worker was hired by a psychiatric institution in Quebec City through a service loan agreement, with Advocates acting as the formal employer. For the first time in the province, a mental health service user performed paid work as part of a public sector mental health team under the rationale that his experiential knowledge of care and recovery constituted a valuable form of expertise to act as service provider.²⁰ In an interview, a high-level Ministry executive, who had been directly involved in the events, explains:

It was in 2005. It was Roger Paquette, who has unfortunately passed away since. He was a pioneer in our ACT teams as a peer worker. So, he left a legacy. Unfortunately, at that time, we weren't able to hire him directly as an employee, so we made a service loan agreement with a community organization that sub-contracted his services. So, it [the practice of hiring peer workers through service loans] starts from there.

In 2006, in response to a request for a proposal from the Ministry, Rehab and Advocates jointly submitted a strategic plan to facilitate the hiring and integration of peer support workers in the public sector.²¹ Here is how a historical document from Rehab summarizes it:

In March 2006, the Ministry asked Rehab to propose a training program for peer support workers ... In parallel, Advocates proposed an alliance with Rehab to join forces and ensure an exchange of expertise between user leaders and psychosocial rehabilitation practitioners... Rehab and Advocates jointly submitted, with support from the Ministry..., a project that aims to develop a provincial strategy to favor hiring and integration of peer support workers in mental health services. This project responds to the 2005-2010 Action Plan, "The strength of connections" which targeted the hiring of peer support workers in 30% of assertive community and variable intensity treatment teams.

The Ministry approved the plan and appointed Rehab to develop a peer support training program. Also in 2006, Rehab published an issue of its Journal titled "*Growing participation of service users in the delivery of mental health services*" and included an extensive literature

¹⁹ Ministry, 2005: 91

²⁰ Based on interview with executive director of Rehab

²¹ Novembre 2007 - par-bilan-phase-2

review of international experiences with hiring and integrating peer support workers in mental health teams.²² In the summer of 2006, Rehab held its annual Symposium, with more than 1000 participants including a significant number of service users, promoting peer support work and hosting the first certified peer support worker in the province of Nova Scotia as keynote speaker. Building on these efforts, Rehab and a coalition of professional-sector actors wrote to the Ministry to demand the creation of a dedicated job title for peer support workers. The Ministry rejected the request, keeping peer support work as an informal practice in the professional sector.

In 2007, Rehab sent two service users associated with Advocates to complete the Certified Peer Specialist program in Georgia, United-States.²³ Based on that program and other peer support training programs including one from British Columbia, Rehab and Advocates then jointly developed a peer support training and certification program for the province of Québec, named the Peer Support Network (henceforth “Peer Network” for short), which was recognized by Université Laval’s Department of Social Work, but without university credits attached to its completion. In 2008, two service users associated with Advocates delivered the Peer Network training program to the first cohort of certified peer support workers in the province. In the following years, an increasing number of peer support workers were hired in professional sector organizations and mainly integrated into assertive community treatment teams through service loan agreements with community organizations acting as direct employers.²⁴

Also in 2008, a leading group of service users involved with Advocates mobilized to expand their association from its regional scope focused on the regional area of Quebec City aiming to cover the whole provincial territory. Rehab supported their efforts by giving Advocates

²² Été 2006 - Partenaire 14-1 2006

²³ Mars 2006 - AQRP resume-programme PAR

²⁴ Based on interview with leader of Advocates

an office and a workshop at its annual Symposium. In 2009, the Ministry provided Advocates with some funding to support their efforts to organize a province-wide users' association.

In 2010, a committee of actors mainly from the professional sector, but including an influential member of Advocates, submitted a letter to the Ministry. The letter emphasized the problems caused by the absence of a job title for peer support workers, requesting that a title be created to support the integration of peer support workers as direct employees of the professional sector.²⁵ In 2012, a study by Provencher and colleagues, sponsored by Rehab, was published. The report denounced the inequities caused by the Ministry's practice of hiring peer workers through service loan agreements.²⁶

The absence of a job title for peer support workers has important impacts on their hiring. The salary relies on non-recurring funding and has to be negotiated annually... Some teams bypass the absence of job title by hiring peer support workers through service loan agreements with community organizations, whereas others hire them as freelancers. (p. 4)

Based on its findings, the study by Provencher and colleagues formulated as a key recommendation that the Ministry create a dedicated job title to facilitate the integration of peer support workers into the professional sector to resolve existing inequities:

Recommendations – At the national level: Creating the peer support worker job title in the nomenclature of the health care system... The creation of a job title is essential to promote the hiring of peer support workers and to ensure the durability of mental health resources across the province. (p. 21)

Based on this study, Rehab again mobilized a coalition of actors to prepare a new letter to the Ministry requesting the creation of a dedicated job title.²⁷ In response to these sustained representations, Ministry sent in 2013 a letter to professional sector employment sites authorizing them to hire peer support workers as direct employees rather than through service loan

²⁵ Février 2010 - 2010 lettre conseil du trésor - titre d'emploi-fév10

²⁶ D11B - Février 2012 - PairsaidantsRapportSOMMAIRE

²⁷ Octobre 2012 - Démarche reconnaissance titre pair aidant-janvier 2013

agreements. However, the Ministry again declined to create a dedicated job title for peer support workers, and instead, guided employment sites to hire peer support workers under the existing job title of “educator,” which referred to a different occupational group which has a broad presence in the professional sector but is not recognized as a regulated profession by Quebec’s Order of Professions.²⁸ In the following few years, most professional sector employment sites continued to hire peer support workers through service loan agreements, while a minority of employment sites began employing peer support workers directly under the title “educator”, adding the designation “peer support worker” in parentheses to distinguish them from traditional educators.²⁹ Based on interviews with Ministry executives and union leaders, this triggered a period of negotiation with unions, which played out with different results across regions. Some unions negotiated settlements that acknowledged peer support workers and enabled their direct hiring, while other regions did not, leading to grievances from educators and tensions with peers hired through service loans.

Also in 2013, a new group positioning itself as a user-led research organization, which used different names over the years, including the Quebec Association of Peer Support Mentors (henceforth “Mentors” for short) was created in the Montreal region with the mission of employing service users as research assistants in recovery-oriented mental health research projects supported by funding from a provincial government work integration program. In 2014, Mentors began employing peer support workers in the Montreal area to place them at Ministry employment sites through service loan agreements. Thus, fees received from the Ministry to administer service loan agreements became part of Mentors’ revenues. Around 2014, Rehab supported the creation of regional communities of practice of peer support workers in the Quebec

²⁸ 2019-20_017_Office des professions du Québec - Professions réglementées

²⁹ Based on interview with HR executive from Ministry, Quebec Region

City (“CoP-Quebec”) area and in the Montreal area (“CoP-Montreal”) to facilitate networking and organizing among peer support workers.

Analytical significance. Throughout Phase 3, the guidance by the Ministry that employment sites should hire peer support workers combined with its repeated refusal to create a job title maintained the precariousness of peer workers’ integration, as sites had to hire them through temporary contacts. Doing so also created a source of income for community organizations acting as service loan providers (including Advocates) that made them dependent on this precarious arrangement, as service loan providers typically received a commission representing about 15% of peer workers’ salary as an administration fee. These contradictory policies by the Ministry created an extended period of precarious transition for peer workers, who were working alongside professionals without being fully acknowledged as professionals themselves. The moral ambiguity of these policies also created frustration and resentment by peer workers and their supporters towards the Ministry. Throughout this phase, the alliance between Advocates (a peer-run organization) and Rehab (an organization governed by a coalition of actors including peer workers but not fully peer-run) stabilized the organizational in-between zone, enabling *communitas* and legitimizing Rehab’s management of the Peer Network program.

The creation of the Peer Network program helped establish the exclusive knowledge of peer support workers by providing a credentialing mechanism to certify it. The alliance between Advocates and Rehab acted as an association of practitioners that could promote the interests of peer support workers in the professional sector. The guidance in the Ministry’s 2005-2010 Action Plan for employment sites to add peer support workers to assertive community treatment teams strengthened their cultural mandate by acting as an endorsement. However, the Ministry’s refusal to create a dedicated job title hindered the establishment of a work jurisdiction for peer support work within the professional sector, maintaining the precariousness of their employment status.

Phase 4: Fragmentation of communitas (2015-2023)

Figure 4 offers a visual representation of the chronology of key events that occurred over the course of Phase 4. Below, we offer an empirical description and commentary on the analytical significance of this phase.

INSERT FIGURE 4 ABOUT HERE

Empirical description. In 2015, after 8 years of jointly delivering the Peer Network program and certifying annual cohorts of peer support workers, because of a conflict between leaders the two organizations, Advocates terminated its partnership with Rehab. The leader of Advocates who had led Peer Network under Rehab since the program's founding left Rehab in disagreement, returning to Advocates. In her own words:

Something had changed – we weren't getting along anymore. The discourse from the direction [of Rehab] had changed, I disagreed with the orientations that were being taken. And so, in 2015, I left [Rehab]. I was angry and I was tired... I was like: "You [Rehab] need to be accountable to us [the service users]. Give us back what we've been trying to build!" ... And the users' movement has to be involved in the development of this kind of program [i.e., Peer Network] to protect the interests of peer support workers. So that's why I left.

Following the breakdown of the alliance between Advocates and Rehab to manage Peer Network, a group of service users affiliated with Advocates wrote to the Ministry to request that the control of Peer Network be transferred from Rehab to Advocates. They argued that Advocates was a more legitimate organization to run the program because, unlike Rehab, Advocates was peer-run. Later in 2015, a group of peer support workers affiliated with CoP-Montreal, several of whom were employed in the professional sector through service loans with Mentors – sent a separate letter asking the Ministry to consider Mentors for the transfer of Peer Network training program to a user-led organization.

The letter on behalf of Mentors represented a second attempt by a group representing peers to take over control of the Peer Network program from Rehab. This attempt also entered

into direct competition with Advocates. At this point, Rehab, Advocates and Mentors were competing to control Peer Network, with Rehab as the incumbent host of Peer Network whose legitimacy was being challenged by both associations claiming the “peer-led” mantle. The Ministry responded by rejecting the competing requests from Advocates and Mentors, reaffirming its support and related funding for Rehab to administer Peer Network, the first— and so far, the only — training program certifying peer support workers in the province of Quebec.

Here is how the leader of Advocates who had left Rehab recounted the episode:

So, regarding the users’ movement — there were discussions with the Ministry about transferring the program to Advocates... But we, the users, we heard that we’re not ready, we’re not mature enough, we’re struggling to manage money. I heard things like: “we need professionals, who are good managers, alongside service users to manage them.” So, there were always questions about our competencies. They couldn’t let us control the program, they [Ministry] were worried that we would break it.

In 2017, a group of peer support workers affiliated with CoP-Quebec, which was also formed around 2015 with the support of Rehab, sent a petition to the Ministry requesting one more time that a dedicated job title be created for peer support workers in the professional sector, arguing that their inclusion under the “educator” job title caused tensions between them and the unions representing trained educators, who denounced as discriminatory the requirement in job postings for “educator” peer support worker to possess the Peer Network certification because it blocked their members from applying. Once again, the Ministry declined the request to create a dedicated job title for peer support workers, maintaining its guidance to professional sector employment sites to hire them under the “educator” title.

Despite its continued refusal to create a dedicated job title for peer support workers, the Ministry published in 2017 the 2015-2020 Action Plan, raising the 2005-2010 hiring target - which had never been met — to now target the hiring of peer support workers in 80% of assertive community treatment teams and 30% of teams doing case management for moderate-need

clienteles. Here is how, in its 2015-2020 Action Plan, Ministry presented peer support workers in relation to the Peer Network program:

The integration of peer support workers in treatment teams constitutes an important lever in the fight against stigma... The Peer Network program is the first program for peer support workers in the Francophone world. The peer support worker is a person that has or has had a mental trouble and whose personal and professional capabilities, and peer support training, makes them into a positive recovery model for the care team and for the persons who use services. They represent hope and empowerment, provide recognition of the service users' lived experience, contribute to the reduction of hospitalizations, and facilitate the maintenance of persons in the community while improving service quality.

After having acted as an administrator on the Board of Directors of Rehab for about 10 years, the president of the board and executive director of Mentors resigned from these combined roles. Around that time, Mentors changed its mission to position itself as a provincial association for peer support workers, a role also claimed for years by Rehab. This created competition between organizations presenting themselves as peer-led to represent peer support workers across the province, with professional peer support workers in the Quebec City area typically affiliated with Advocates while those of the Montreal area tended to associate with Mentors, which also tended to coincide with their employment relationship with these respective organizations acting as service loan providers to professional sector employment sites. In the fall of 2017, the executive director of Mentors, a professor of social science in the Psychiatry Department at University of Montreal, launched the first cohort of a university microprogram designed to certify peer support workers.

The Montreal training program, which competed with the Peer Network program delivered annually by Rehab since 2008, was significantly different from it, being more focused on providing its trainees with conceptual understandings of the recovery approach and the structure of the mental health system, while the Peer Network program was seen as more practical in nature and focused on preparing its trainees to enact the role of peer support workers

in professional sector employment sites. The Peer Network training was a 2-week intensive program (later extended to 3 weeks) while the Montreal program was delivered one course at a time over a period of one year. Also, while the Peer Network certification was affiliated with Université Laval (based in Quebec City), it did not provide university credits, which the Mentors program did. This led allies of Mentors to claim that their program was superior to Rehab's, as the founder of the Mentors program argues here:

You know, you have a paper, you have university credits, and it's official. You have a training from an academic institution... The Rehab training is an *intensive* two week full-time program. For our program, we offer an *extensive* approach: it's three times as many hours, spread over a full year. It's one course at a time... And those are credited courses.

In Summer 2018, a first cohort of peer support workers was certified by the Mentors' program. From there, peer support workers certified by training programs of a different nature began competing for employment on the provincial territory. Employment sites in the Montreal area tended to hire peer support workers certified by the Mentors' program while those in Quebec City continued to hire mainly those certified by Peer Network. The executive director of Mentors explains their agreement with a major hiring manager from the Ministry in the Montreal region to recruit peer workers certified by the Montreal program:

He [Ministry's hiring manager] says: "We need peer workers, you [Mentors] are the experts, so you recruit a peer worker to fill our needs." So, this is what we do. So, we have recruited people to fill the different positions... Maybe he says "we're going to test the [service loan] arrangement with Mentors, which is concerned with the quality, the development, and the participation to the university mission." So, they have trust in us.

Thus, the competition between dissimilar training programs contributed not only to dividing the provincial community of peer support workers, but also the employment sites across administrative regions among certification programs.

Meanwhile, also around 2018, a peer support worker in the Quebec City area sued their employer for unfair employment practices, arguing that her/his job was in all respects

functionally for an employment site under the Ministry, yet the service loan agreement deprived that person of professional sector permanence, social benefits, and competitive salary. The lawsuit was settled out of court between the employer and the complainant, and likely as a result, the employer signed an agreement in 2019 with the union representing the educators to recognize peer support workers as a special type of educator (with “peer support worker” between parentheses after the job title “educator”) for which Peer Network certification would be required. The employer-union agreement prevented grievances like these from occurring when peer workers were hired directly as educators without a union agreement being in place. In 2019, a decision from the arbitration tribunal validated the right of public sector employers to require Peer Network certification when hiring peer support workers under the “educator” job title.

At Mentors, aspirations for self-governance manifested by members led the board president and executive director (a university professor who did not identify as a peer) to resign from the combined roles. The board presidency and executive directorship were then taken over separately by two peer support workers, both certified by Mentors, which now made the association truly peer-run. Mentors’ reliance on service loan revenues continued, however, while direct hiring by Ministry sites was spreading across the province. In interview, the new board president of Mentors struggled to justify their reliance on service loan revenues while acknowledging that direct employment with the Ministry is preferable for peer support workers:

It’s like we always represent something that goes counter to what Rehab is trying to do with Peer Network. It’s like we go against the grain because we manage service loans. That’s it, you know. I know that there’s a fine line. But at the same time, I tell myself that the peers are working. And it’s true that they may not have collective insurance, and their jobs are not guaranteed, but they still have salaries, you know.

In 2022, under criticism for acting as both employer and association of employees, Mentors gave up its associative activities and refocused its mission on service loan administration and public promotion of peer support work. In parallel, and likely related to the decision from the

administrative tribunal validating direct hiring in the professional sector as “educator (peer support worker),” direct hiring became the dominant arrangement in Ministry hiring sites and continued to spread across the province throughout 2023 and 2024.

Analytical significance. During Phase 4, the breakdown of the alliance between Advocates and Rehab illustrates how the fragmentation of *communitas* hinders the aspired transition of peer support workers into professional status. The concept of *communitas* helps interpret the efforts of peer support workers to engage in collective action in the pursuit of their professional project. In this phase, we see how the lack of cohesion in the associative efforts of peer support workers, and the conflicts and tensions between the different groups seeking to represent them, might undermine their cultural mandate in the professional sector of mental health care.

The exclusive knowledge of mental health recovery gained by peer support workers through lived experience is now well recognized by the professional sector, but the relative weakness and heterogeneity of the credentialing programs that certify their expertise may not help their efforts to obtain a dedicated job title from Ministry. Nonetheless, the ongoing drift towards employment sites hiring peer support workers directly as ‘educators’ is a relative progression in their effort to establish a work jurisdiction within the professional domain of mental health care.

DISCUSSION

In this paper, we studied peer support workers in mental health care, showing how their professionalization project unfolds in the zone in-between the community and professional sectors over a period spanning decades. This phenomenon has important implications for those who pursue such projects, and for stakeholders in the professional domains where these projects

unfold. In this discussion, we intend to develop a process model of liminality in professionalization projects, and explore how this phenomenon applies to empirical settings beyond the one we have studied. Drawing on management studies of liminality (Horvath et al., 2015; Söderlund & Borg, 2018) and professional work (Anteby et al., 2016; Langley et al., 2019), we will articulate the theoretical contributions of our study around the themes of *communitas*, in-betweenness, and transition. Below, we outline our key contributions to understanding professionalization with this lens.

Communitas

The idea of *communitas* helps to make sense of group dynamics involving solidarity among liminars engaged in a collective process of transformation (Howard-Grenville et al., 2011; Turner, 1969). We showed how, in Phase 1, the coming together of *communitas* enabled collective action for mutual aid organizing among mental health service users and community allies. This echoes other studies that have found *communitas* as enabling collective action for self-change within dedicated social spaces where normative expectations are altered (Johnson et al., 2010; Shortt, 2015; Sturdy et al., 2006). The initial coming together of *communitas* – i.e., community organizations mobilizing to organize peer-run mutual aid groups as organizational alternatives to professional services – sets the stage for events occurring later in the professionalization project of peer support workers. It represents the phase of *separation* that initiates rites of passage in Van Gennep's (1909) foundational theorization of liminality.

Our study suggests transition periods can extend for decades and become established in interstitial spaces of the institutional structure, potentially never reaching the end point aspired to by liminars. Phase 4 in our findings illustrates how the fragmentation of *communitas* might hinder the progression of a professionalization project by undermining the ability of those who

pursue it to self-govern and represent their interests cohesively in the professional sector. This interpretation resonates with other studies finding that *communitas* can be fleeting and fragmented (Shortt, 2015; Whyte et al., 2023), causing liminars to experience moral ambiguity and disorientation (Douglas, 1966; Toraldo et al., 2019).

In-betweenness

Social positions and roles in-between different groups offer opportunities for creativity and learning (Ryan, 2019; Swan et al., 2016), but they also imply tensions, uncertainties, and moral ambiguity (Cunha & Cabral-Cardoso, 2006; Frey, 2022). Our findings about the professionalization project of peer support workers resonate with studies that have viewed paid care as a liminal activity straddling the ambiguous zone in-between voluntary care as part of community relations and paid care as a professional service (Ladge et al., 2012; Zadoroznyj, 2009). Peer support workers are “matter out of place” (Douglas, 1966, p. 36) playing a role that does not fit neatly within either the community or professional (Turner, 1969, p. 109) – they are stuck in the zone in-between. Our findings also hint at the tension between the different normative expectations of community peers and professional colleagues, which has been noted in other recent studies (Golden & Bencherki, 2024; Mavin & Yusupova, 2024). This tension between the normative expectations of work versus nonwork has also been noted in various organizational studies of professionalization projects (Hochschild, 2013; Nelsen & Barley, 1997; Zilber, 2002), with which our research resonates.

We have on hand rich interview data with peer support workers on their lived experienced of liminality at work, that we intend to analyze further as we develop this manuscript. This will help complement our study’s findings, so far mostly focused on historical dynamics, with an analysis of the lived experience of peer support workers pursuing this professionalization project.

The ambiguity and stigma experienced by workers in liminal roles or positions, who belong and not belonging to the organization at the same time, is very present in our data and it echoes recent studies of liminality at work (Frey, 2022; Nash, 2024). A multilevel analysis that combines historical and experiential views promises to uncover richer theoretical insights into liminality in professional work.

Transition

Van Gennep's (1909) foundational theorization of the *separation*, *liminality*, and *incorporation* phases in rites of passage has inspired voluminous research on periods and processes of transition in professional work and organizational life. Underpinning this initial formulation of liminality theory, there is the teleological idea that things are bound to happen – i.e., that the transition *will* reach its end point sooner or later. Our study offers a striking example of transition that remains stuck in the zone in-between the starting point (i.e., the community sector) and the presumed end point (i.e., the professional sector) of the professionalization project. It suggests that transition can become a precarious yet permanent position in the institutional structure, echoing recent studies finding that transitions in- can involve extended

Indeed, stakeholders from the professional sector are partially opening up a work jurisdiction to peer support workers *because of their ability to straddle the zone in-between the community and professional sectors*. Their quality as “matter out of place” (Douglas, 1966) is what makes peer support workers useful to professional-sector stakeholders and justifies the presence of the former amongst the latter. These interpretations align with recent studies showing that, while initially conceived as temporary (Turner, 1969; Van Gennep, 1909), processes of transition can extend over time and may become perpetual (Ybema et al., 2011), leading to the production of “liminal careers” characterized by institutionalized precariousness (Budtz-

Jørgensen et al., 2019), where liminars evolve in a context that blurs the worlds of work and nonwork while lacking workplace protections, collective benefits, and status recognition.

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FIGURES

Figure 1 – Trigger events, historical periods and phases

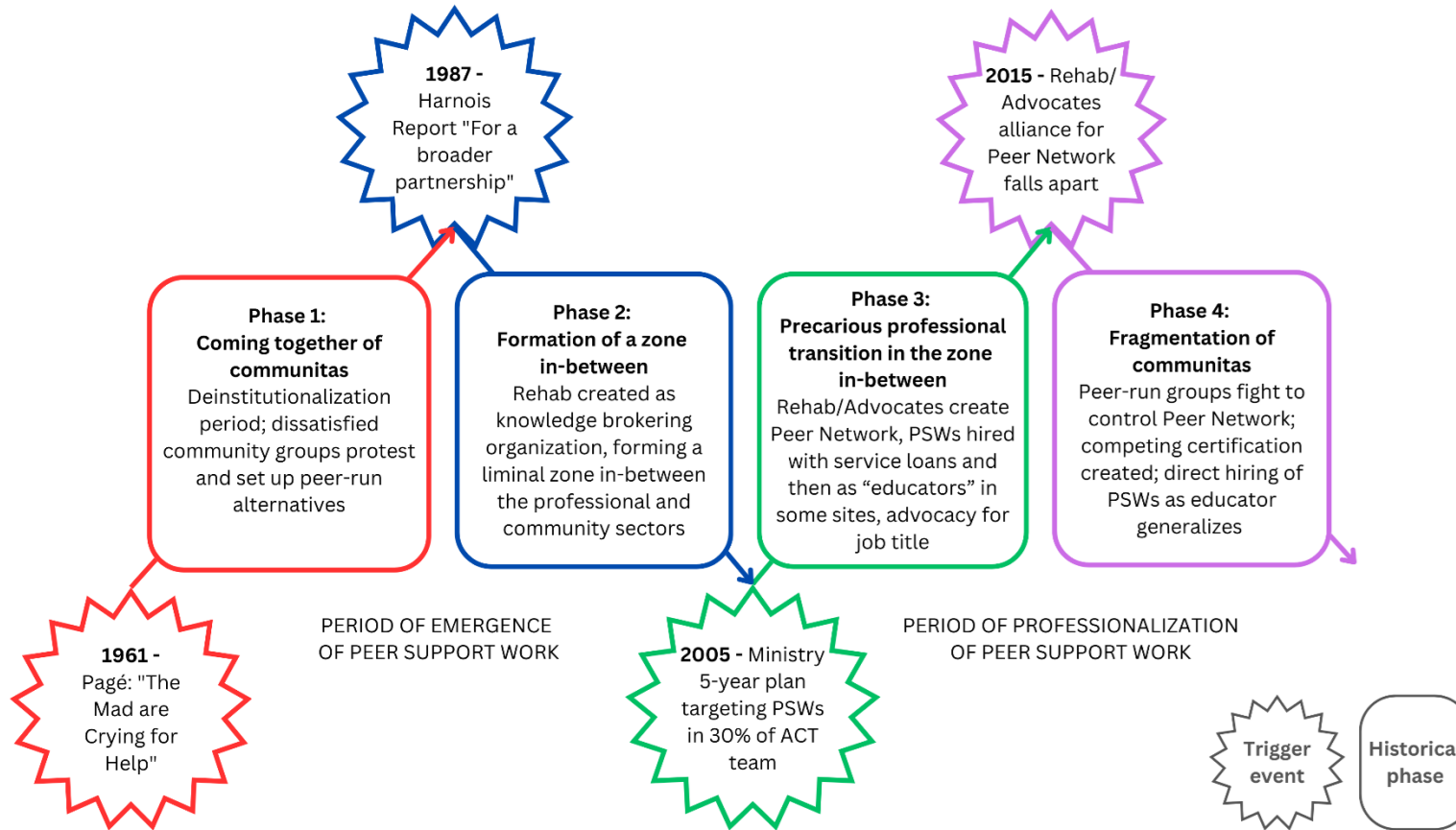


Figure 2 – First and second phases: Coming together of communitas and formation of a zone in-between

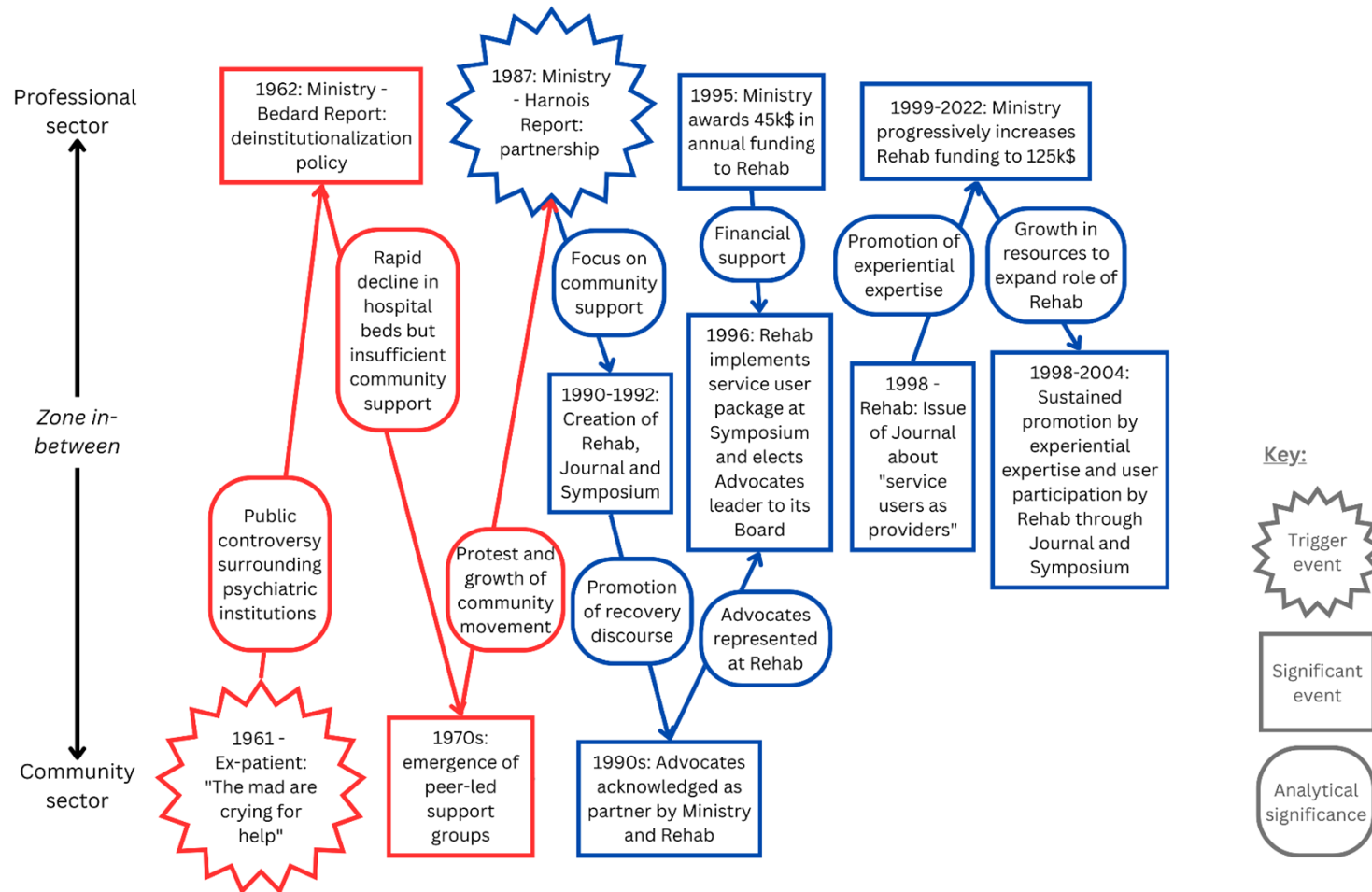


Figure 3 – Third phase: Precarious professional transition in the zone in-between

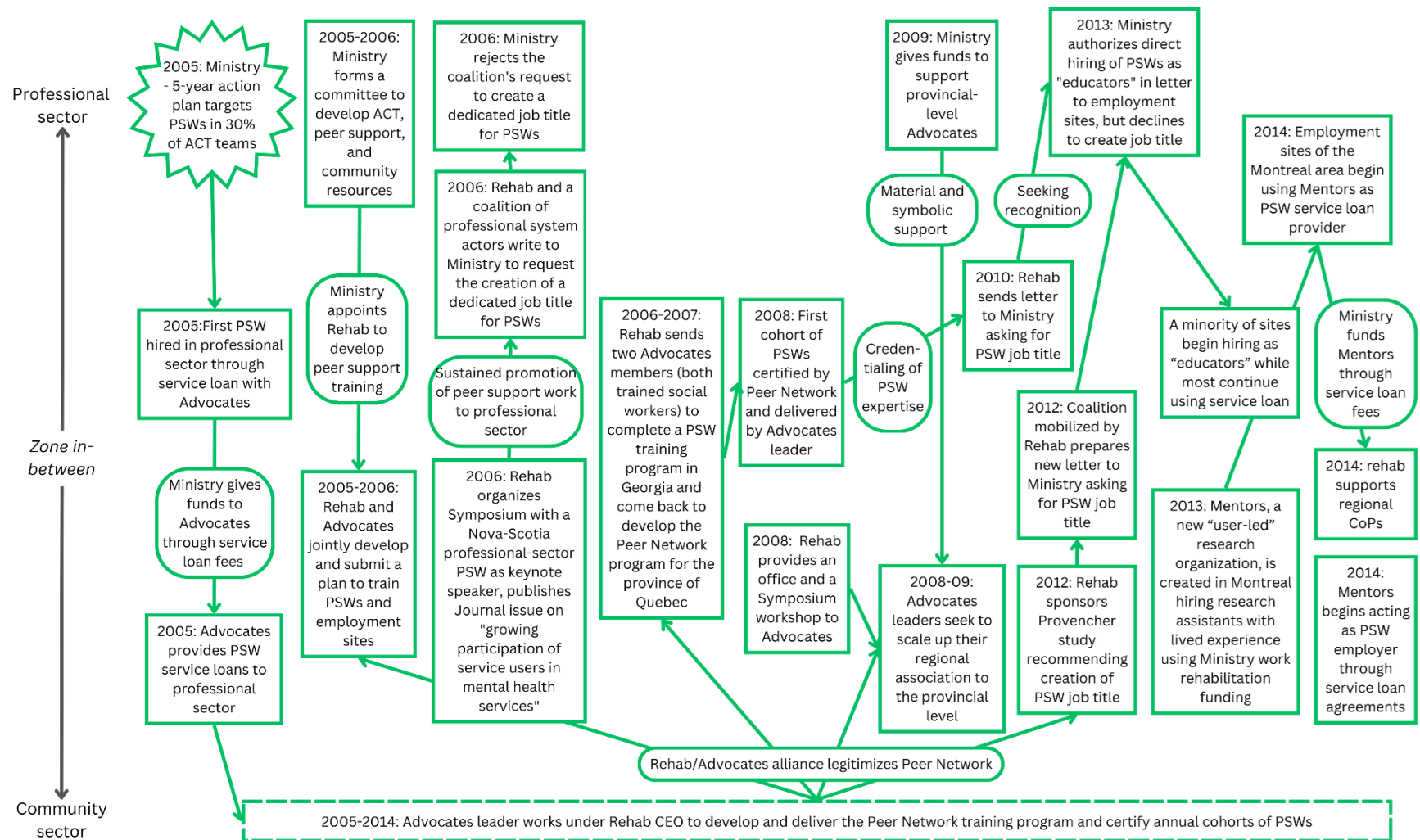


Figure 4 – Fourth phase: Fragmentation of communitas

