

Toward a Transformative Alchemy: The Phenomenology of the Event of Psychotherapy

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Abstract

This paper takes up Jung's concept of Alchemy and applies the theory of this transformational process to prison psychotherapy. In particular, it discusses the manifest meanings in the prison system, how those can be made present and manifest, and how psychotherapy can prove an event, a moment when transformation can take place. It then discusses the openness and closedness of the client and the therapist to the transformational possibilities of the event, and the consequences of those fluid positions. Contextualizing the degree of openness is the adjacent possible in this potentially very human form of relating, and how the apparatus of prisons situated within a broader culture informs the transformational alchemy of forensic psychotherapy.

Key words

Psychotherapy; Prisons; Alchemy; Phenomenology; Event; Apparatus

Resumen

Este artículo recoge el concepto de alquimia de Jung, y aplica la teoría de este proceso transformativo a la psicoterapia de prisiones. En particular, se tratan los significados evidentes del sistema de prisiones, cómo éstos se pueden hacer presentes y evidentes, y cómo la psicoterapia puede probar un evento, un momento en el que la transformación puede tener lugar. Seguidamente analiza la apertura y cerrazón del cliente y el terapeuta a las posibilidades transformadoras del evento, y las consecuencias de esas posiciones flexibles. Contextualizar el grado de apertura es el adyacente posible en esta forma potencialmente muy humana de relacionarse, y cómo el sistema de prisiones situado en una cultura más amplia, informa de la alquimia transformacional de la psicoterapia forense.

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Palabras clave

Psicoterapia; prisiones; alquimia; fenomenología; eventos; sistema

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1. Introduction

The purpose of this article is to explore with the reader the connections of Jung's implicit phenomenology of mutual transformation in therapy (he called "alchemy") with similar occurring ideas across disparate thinkers and disciplines within psychology and philosophy and theoretical biology. Through a broad reading of these authors, we find a consistent thematic thread that identifies the experience of transformation as an "unprestatable" and "unpredictable" indeterminate process. We find this thread connecting ideas in Heidegger's Existential Hermeneutic (Heidegger 2010), the phenomenology of givenness and the event as theorized in the work of Marion (1998, 2002, 2004) and Romano (2009), the postmodern perspective of Agamben (2005, 2009), and Stuart Kauffman's (2008). A cursory reading may provide the impression of a theoretical mish-mash of ideas, but a more cautious reading will reveal the indeterminate nature of the transformation of human experience and human being. We will weave this thread through the process of forensic psychotherapy in prisons, a particularly difficult test of this concept given the history of prison psychotherapy which generally precludes transformation (Polizzi et al. 2014). Such transformations entail the process of relationality in therapy which either opens or closes transmutive or transformational processes.

In a previous article we developed a broad model of therapy in which these sorts of clinical relationships revealed four fluid positions that therapists and clients take up relative to the process of therapy (Polizzi and Draper 2013), and which we develop here in greater detail. We do so by framing and supporting this idea of transformation with the threads of thinking in Jung's alchemical transmutation, Heidegger's thrown-ness, Marion's phenomenology of the given, Romano's encounter, Agamben's apparatus of the subject, and Kauffman's adjacent possible. Each of these thinkers wrestle with the potentiality offered within the indeterminate in different ways. In so doing, we also bridge continental philosophy, analytic psychology, and theoretical biology in an attempt to form a theoretical gestalt that, in a general sense, describes what it means to be human. Although this may seem like theoretical name-dropping, this is no superficial eclecticism. Instead, we provide a deeply instantiated and integrated theory of existence unafraid of the transformational, existential, phenomenological, and biological aspects of human experience and present a theory that embraces the similarities within these seemingly disconnected theoretical approaches. We venture to offer one broad theory, albeit incomplete and itself indeterminate and present a model of forensic psychotherapy that offers hope for true mutual transformation. We will utilize therapeutic vignettes to illustrate and offer real-world application to these seemingly abstract ideas.

2. Alchemy and the phenomenology of givenness

"How do I be a father to my kids?" His request seemed innocuous enough, a question many fathers ask themselves. The question seemed more profound to me, standing with this father in a Level 3 Maximum-Security facility, his intense blue-eyed gaze locked onto mine. Facing release in two years he found himself staring in horror of perpetuating the abuse and neglect he had experienced growing up with his two sons, one a toddler the other just starting school. As a leader of a biker gang, he'd made his living selling violence and methamphetamine, a lifestyle not conducive to raising a family. His weathered features tearing, he ground his heavily-tattooed knuckles into his eyes as if to dam the flood of unwanted tears. Struggling to keep his voice level, he described how as much as he loved his brothers in the gang; he loved his children in a different way, where words failed him in his efforts to describe his affection for them. He pulled out a wrinkled photo of his two babies sent to him by his wife. Sitting quietly lest his voice break into sobs, he honored me with the presence of his precious and beloved sons staring innocently from a photograph in the least innocent of settings. So he and I, that day, began to speak about what it means to be a man, a father, a loving husband.

Slowly over the next year, I saw a deep transformation in this very rough and brutal man. Although his profound strength remained and seemed manifold, his openness to his world and others in it increased. Violence ceased as his first response to conflict. He began to share tender and loving words in his correspondence with his long-suffering wife. The intensity and aggression of his gaze softened, and to his surprise, the respect he received from others, both staff and convict, increased.

The day he left he walked away a changed man. Shoulders square, he strode from the prison into the open arms of his wife and sons. Kneeling and sobbing, he embraced the three of them, determined to do better by his family now, than his father had. A year later I received a letter from him, describing his work as an electrician, his improving marriage, and his pride in his sons. I teared up that day as well, wishing that such events were more common, grateful that this one transpired, and honored to witness.

As therapists, we find ourselves often experiencing and looking deeply into the gaze of another, like this hardened man. Within that event of truly experiencing the other, we find a field of open potential, waiting for realization, fruition and completion. The change our patients undertake brings a feeling of awe and reminds us of the honor of our work, just as witnessing stagnation or regress prompts us to mourn what could have been. That moment of truly experiencing another in our clinical work and of being experienced as well, transforms Being, potentially in a manner that prompts growth and opens potential where none seemed possible. The process of transformation reminds us of the alchemy discussed by C. J. Jung, and analyzed by Bygott (2014). Although alchemy carries connotations in our modern imagination of charlatanry and fraudulent claims of "magic", we will use alchemy as a metaphor for these transformational events we experience regularly in our clinical practice. Building upon Bygott's (2014) re-imagining of alchemical processes, alchemy is not transmutation of physical substances, but instead systematic conscious reintegration in-relation to others and our world. This conscious reintegration and change metaphorically reflects the process of turning something common and base (lead, so to speak) into something more pure and refined (gold). This transmutive process of turning lead into gold, to the alchemist, was not about the chemistry of this accomplishment, but the transformation of essence. The alchemist, by changing his internal nature (the essence of who he was) thereby also changed those things with which he worked in-relation. As he became more refined and enlightened, so did his world (Bygott 2014).

We, in essence, experience alchemy when we transform, and when we witness the transformation of others. The process of psychotherapy can, and often does, prompt or allow for transformation. It is a goal of the process evinced by the etymology of the word itself. "Psyche" refers to the animating spirit that directs the flesh, the being-of-human, while "therapy" refers to the process of transforming that spirit or that way of being. From this experience of transformation, we can see change in our world for the better as well. As I change as a therapist for example, so too might I see change and transformation in those I serve. As I endeavor to clear away the impurities of my experience and to openly encounter the person who sits before me I open the potential of transformation for both of us, *a realization not just of what is, but what can be*. Different events prompt this transformation, because it is a living and symbolic process.

In the penitentiary we see those symbols acutely. Abiding within the symbol of "offender" or "convict" or "therapist" or even the symbol of the prison bars, doors, and keys lies great meaning. These symbols of consciousness relate to our experience of the world, as well as the layers of our consciousness through impressions, intuitions, and emotional feeling. As I encounter another person in prison my awareness of myself (psychotherapist, prison employee) and their awareness of themselves (patient, convict) rests upon the meaning of these

symbols, as does our awareness of one another. These symbols, however, conceal as much as they reveal about the actual other, and at times, the complexity of our actual experience. Our experience in the world and of ourselves in the world refines our understanding if we allow it. However, allowing this transformational process to unfold proves risky and challenging as we wrestle with what it means to be human-in-relation to another.

We are Beings-in-the-world-with-others-alongside things (Heidegger 2010), therefore we can participate in the transformational process of others, and they may participate in our transformation as well. Transformation, however, entails a willingness to look at new things, to open ourselves to possibilities which may not seem apparent a willingness to allow the essence of Being to transform. Often these possibilities are encrusted by the meanings given to us as Beings in this world. These meanings form a hermeneutic crust, a taken-for-granted meaning of the world and our fellow Beings within, unquestioned and covering over possibilities beyond the granted. Metaphorically, the alchemy of therapy can transmute the leaden hermeneutic crust into the gold of new possibility.

To that end, the hermeneutic crust, in the language of the phenomenologist Jean-Luc Marion, is "manifest" (Marion 2002, pp. 8-9). Many objects and even people merely appear and no consciousness really acts upon them, but takes them for granted, leaving them unexamined. Consciousness does not act upon many aspects of the experience of working in a correctional setting, leaving them phenomenologically unexplored and taking for granted the labels, the structure of the system, and the dehumanizing effects of the penitentiary.

Manifest meanings, when uncritically examined; reflect a leaden hermeneutic crust that belies the potential of what is (Caputo 1987, Polizzi 2011). Allowing for the emergence of greater meaning from what is currently manifest requires that the therapeutic relationship engage, breaking transforming this leaden crust within the space that potentially exists within the forensic therapeutic relationship. Once this is broken open, a "gray" space emerges, in which the meaning of "offender" may transcend the simply manifest (Polizzi 2010). Referring to the objects as manifest denotes a restricted encounter with those parts of the world that we could more fully experience as meaningful if we attended to them in a different way, engaging in "acts of consciousness." Marion referred to these acts of consciousness as "reduction" in the vein of Husserl (Marion 2004, p. 17). Reduction entails our acts of consciousness upon the events, objects, and people of our world when we try to experience the object, event, or person in and of itself. When we do so, we find that these objects give themselves to consciousness, and we can engage in the reduction. This starts the potential alchemical transformation, and hopefully starts with the Being of the therapist.

Unfortunately, the culture of the correctional environment fights the transformation representing a significant inertia that keeps the leaden crust intact. Most symbols, particularly of "offender" or "convict" remains merely manifest, unreduced, unexplored, un-transformed. The hermeneutic process, by which we encounter the symbol or image of the offender, reflects this calcified sediment that encases human potentiality. This inertia perpetuates the taken-for-granted role of offenders as objects to be manipulated and punished, and the treatment staff as the punishers. To add transformational energy into this leaden system, to introduce new possibility, the phenomenological reduction can introduce an essential golden possibility where none seemed possible before. A therapist who wanted to engage in a reduction with a client in a correctional setting would eliminate "all which is not given without reserve" such as confusions, inventions, given memories, by marking them, filtering them, and finally separating them from the remaining given (Marion 2004, p. 19). This would entail the therapist actually experiencing the client and all he gives to the consciousness of the therapist, and giving up all of the pre-established, taken-for-granted meanings typical in that environment. Like the

alchemist transforming his soul, the more the therapist engages in this reduction, the more he finds given to consciousness. By doing so he may find flakes of gold within what he assumed to be lead. This process may also reveal the leaden and calcified hermeneutic to others

The alchemical process of Reduction is limited to the reality of Being. It is impossible to step outside of being while examining *Being* (Heidegger 2014, Marion 1998). We agree with Marion's distinction on this point, "one sees already that even the banal interpretation of the phenomenon as given not only does not forbid hermeneutics but demands it . . . the debate does not concern the necessity of a hermeneutic" (Marion 2002, p. 33). This hermeneutic process facilitates the reduction and through the reduction we may experience the humanity of the person sitting across from us, their confusions, doubts, frustrations, joys, laughter, traumas, worries, and hopes by breaking through what was before merely manifest. This term "reduction" may bring to mind beakers and vials of the renaissance alchemist, reducing complex matter to something more refined. Although an enjoyable image, metaphorically the reduction in Marion's sense is not one of the substance of physical matter, but reduction of our experience. A transformation of what was taken-for-granted into potential. The more we engage in the reduction, according to Marion, the more we find given to consciousness, the more we can experience, or as he put it, "as much reduction, as much givenness" (Marion 2002, p. 17). Givenness, we find through reduction, proves infinite because although we can only experience an object of consciousness from our unique and particular perspective during a specific point in time and from within a particular context, many possibilities still exist within that moment. This process of reduction takes us past "impressions, vague intuitions, supposed facts, opinions, absurd theories" (Marion 2002, p. 15). The encounter in forensic psychotherapy is riddled by these supposed facts and opinions, which restrict the possibility of the givenness of the other to more fully appear. The reduction, alchemically speaking, allows the therapist to refine what is (in this case, the experience of the other), that then opens possibility for potentiality. In the absence of reduction, the potential of the other remains shadowed but foreclosed, and no transformation is likely to occur.

As discussed above, the reduction does not happen on its own, and hence the possibility for transformation does not happen on its own. The potential of the given is only revealed through our efforts to engage in the reduction. The effort of opening our experience exercises our intent to see the potential of another, what they give to our consciousness. When we do, we find that givenness is that which "gives the intentional object to appear in and as the appearing of the appearance. Appearances no longer mask what appears; they give it its own aspect so that it may appear" (Marion 2002, p. 25). In other words, givenness provides the intentional object to appear per our intentional relationship with what is perceived. In the case of clinical forensics, the "object" of the offender appears how I intend and unfolds that way for that intentional encounter. By way of example, imagine meeting the client we discuss in the opening vignette for the first time. He presents with a furrowed and pronounced brow, shaved head, deep set unblinking eyes, wiry beard, shoulders back, and chin forward. His rolled sleeves reveal the full tattooing of his hands and arms. As he approaches you with his unflinching gaze he extends his hand in greeting.

What is given to consciousness in that setting is based on your intent as the one who views him. If another clinician intends to protect himself or his sense of objectivity in that encounter, he will accept the symbolic and surface-level aspects of this client and refuse to engage in the reduction. Another clinician, however, may intend to get to know the client, and will accept the apparent aspects of the client as merely a starting point (that which allows the client to appear to consciousness) but will engage in the reduction so as to experience the client more fully. Appearance in this restricted context, unfolds from the observer's intention, which determines how this other/object will appear. We can either delimit the appearing,

or through reduction, open the appearing. Metaphorically speaking, this begins the process of transformation. The intent of the therapist potentially begins the transformation of the therapist. The alchemist (therapist) first exercises willingness to engage in the reduction, which then allows the transformation to potentially take place.

3. The event as alchemical transformation

As early analysts noted, transformation of Being entails a release of energy. Freud, for example, called this process "catharsis" or "de-cathexis" as the transforming patient releases trapped psychic energy (Borch-Jacobsen and Shamdasani 2012). As the therapist begins personal transformation, even before witnessing the transformation of another, the possible energy release from the reduction can prove overwhelming, potentially drowning the therapist in endless possibility. These phenomena Marion described as "saturated" and indicated that they are so "saturated with given intuitions that significations and corresponding noeses are lacking" (Marion 2004, p. 51). One type of saturated phenomena he defines is the "event." Romano (2009) identifies the event as "nothing other than this impersonal reconfiguration of my possibilities and of the world—a reconfiguration that occurs in a fact and by which the event opens a fissure in my own adventure" (Romano 2009, p. 31). Events that reconfigure possibilities for us and the world, which opens a fissure in our planning and the life we live, are so full of rich and meaningful possibility that they escape easy reduction. For an occurrence to be an event our being becomes implicated in the event itself, our understanding of the world and us within it, become put to the test. Imagine the client in the vignette above, and witnessing this man's deep love for his children. For some, that would transform their understanding (again, assuming they willingly engage in the reduction) of this patient from a "bad man" to "a man with whom I can relate as a parent". Likewise, when the patient experiences the genuine compassion and empathy of his psychotherapist, rather than seeing him just another indifferent prison employee, transforms him in some way. In other words, transformation occurs alchemically in prison psychotherapy in those esthetically and deeply meaningful events when real emotional risk takes place, when new possibilities become realized, reveal themselves in a manner true to that context, and only that context. My patient and I experienced these events together, in the context of treatment in the prison, and it is the context that allowed for and informed the reduction to the given, and the alchemical transformational event of experiencing otherness. If we were to change any part of that context, we would change the nature of the event in unpredictable ways.

The uncertainty of the transformation would raise concern among those who wish a prediction-treatment-control model of therapeutic treatment. We would argue that although we cannot predict specific change, we can predict that a change might occur, even if we do not achieve a transformation that prison constituents may desire (like rendering our patients harmless to them). From our perspective, human nature, ontologically, remains unpredictable. Therefore, the outcome of the transformational event remains uncertain as well. In a humbling manner, events cannot be foreseen and can only be discovered as they are having their effect or afterwards. In therapy, a therapist can plan for an intervention to find that it falls flat, and during the same session may find that a dialogue about a topic seemingly unrelated to the patient's issue proves profound for both of them. Researchers of psychotherapy, interviewing patients and therapists after sessions found that what therapists found meaningful or transforming in a session was often different from what the patient experiences as significant or life-changing (even if in a small way; see Timulak 2010). Both therapist and patient may be in the room when a transformational event occurs, but the event they experience is relative to their own history and their own position, as well as their own willingness to change.

When a transformational event occurs in a relationship, it can be mutual rather than one-sided. In essence, both the patient and the therapist are alchemists; both can be transformed by the event of therapy. Romano called Beings who can be changed by such events "advenants" (Romano 2009, p. 91). To add to our understanding, advenants are potential alchemists. However, alchemists transform the essence of who they are situated within a particular world. The way in which therapist and client interpret the event of forensic psychotherapy is predicated upon the perspective of both individually and mutually relative to this encounter (Romano 2009). As such, the eventual conceptualization (a conceptualization about the event in the phenomenological sense) refers to the ability of the advenant to grasp the meaning of an event without any recourse given to prior contextual validation or legitimation. Romano goes on to state that ". . . an event itself prescribes the possibilities from which the projection of understanding can be carried out, by upending its context, and shedding a new light on it, one that bursts forth with it" (Romano 2009, p. 62). Taken from this perspective, the event represents for Romano the transmutation of the essence of those involved. The world opens, the point from which understanding is liberated from its leaden hermeneutic intransigence, and the alchemists are invited to dare to create the world and their understanding of it, anew.

Many moments in life, not just in therapy, are pregnant with possibility to transform the essence of who we are and how we encounter the world and others within. Each encounter provides for us the opportunity by which to take up the world in a different way. Such an eventual engagement with the world threatens to transform the habituated possibilities for my own existence by reconfiguring the contextual ground from which self and world meet and create meaning (Romano 2009). Although I retain my sense of being-in-the-world, or as perhaps as Romano would state, my adventure, I do so in a different way. My relationship to the a priori meanings for existence, or the thrownness or facticity of existence, are indeed upended and collapse into this new understanding of self and world, becoming what Romano describes as a "cohesion of possibilities" (Romano 2009, p. 67). The event of psychotherapy can be such cohesion of possibilities. The client enters this encounter with the hope of confronting and transforming who they are (in large part or small) which is inevitably tied to a specific habituated understanding of history and others in their world; a history and set of relationships that seems to crush the individual under its leaden weight.

As Polizzi (2003, 2011, 2014) describes, an individual's relationship with "the they" (all of the contextualizing and defining others of family, of society, of the prison system itself) is not a singularly defined construct but a complex set of overlapping and competing meanings and demands. The they-self perpetuate certain meanings that those involved in therapy often find confining and heavy. Likewise, the cultural history of the prison context also confines and weighs heavily on the therapeutic process. The alchemy of the therapeutic event seeks to open the possibilities of this history, which allows the client to recognize themselves from a different vantage point that is no longer obstructed by these lingering shadows from this past yet still confined by present context. Here, the recognition of self is freed from any causal relationship to an a priori set of causal events and becomes the ground from which understanding can be taken up, anew (Romano 2009).

Such alchemy does not happen on its own. Rarely can transformation of the psyche occur without deliberate participation, even if such transformation remains uncertain and frightening. The event, and those who participate in the events, may feel intimidated by the possibility of encountering such change, which can indicate that such an encounter requires some bravery, and a willingness to open themselves to the possibility. From this perspective, experience becomes something I undergo with some deliberation and not something that I acquire and it is from this vantage of experience that the infinite potential of the transformational event

becomes possible. Romano describes this understanding of experience in the following way:

The important thing here is not the idea of acquisition, but, on the contrary, the idea of being put to the test, which is at the same time a transformation: I can only undergo an experience because it happens to me unsubstitutably, by allowing me to advene to myself, always anew, differently, unforeseeably. (Romano 2009, p. 144)

Such a conceptualization of experience seems well suited to the therapeutic process. Within this context, the therapist and patient finds themselves put to the test and invited to transform the leaden hermeneutic perpetuated by the they, into the (hopefully golden) possibility of what may be. These transformational possibilities challenge the inertia of our current understanding and experience and allow new meaning to emerge. This alchemical process, however, with all of its consequential energy the participants in the transformation can experience as quite intense. This experience overwhelms and transforms experience which can prove a difficult process to endure (Heidegger 1996, Romano 2009). Because change threatens what was assumed to be in a fundamental way, the inertia can prove too difficult to overcome by either the therapist or the patient (or both), and they may allow the inertia of the manifest to re-assert itself.

The alchemical crucible of forensic psychotherapy seems to add even more inertia; the hermeneutic crust can feel particularly thick and heavy. The patient's and therapists constructions of offender/patient and outsider/therapist are put to the test as we allow ourselves to be overwhelmed and transformed by this new understanding. For their part, the patient's willingness to open themselves to the reduction and endure the threat that it can entail plays as much a role in the transformation as the therapist's. Humbly, we submit that the transformational alchemy is not a given of psychotherapy, but requires a degree of openness on the part of the therapist and patient. In this crucible of prison work, however, the possibilities for this face-to-face encounter are restricted by what Berger and Luckmann (1966) have described as typified schemes that if left unchallenged overly determine action and meaning. Within this crucible, the patient and I construct one another, leaving little space for the upending of this tightly conceived understanding of Being-in-the-world. Therefore, the degree to which the transformative alchemy of psychotherapy can transform Being is predicated upon the willingness of therapist and patient to allow themselves to be tested, their endurance as advenant, as they open themselves up or close themselves off to the possibilities for transformation that this therapeutic alchemy allows. This attitude of willingness we describe as "open" and the unwillingness we describe as "closed". Ideally, the therapist and patient would have an attitude of openness to the alchemical transformation, but, as we mentioned above, the crucible of the prisons and jails can make this openness fraught with peril. Within this context, the leaden hermeneutic of psychotherapist/patient can foreclose the therapeutic process; this engagement begins to unfold from the dis-equal vantage point of the criminal justice system generally, and the institutional culture of the penitentiary, specifically (Draper 2010). Ideally, the therapist can push against the inertia of the manifest by willingly bracketing some of the privilege and power given him by the penitentiary context, so as to genuinely encounter the patient through the reduction (Cordess 2002). By beginning the alchemical transformation of possibility, the therapist attempts to liberate agency, to allow their awareness of the patient to unfold in a more authentic manner, to reduce the manifest into the given. The patients may not reciprocate due to their long history of oppression or the lead of prison culture (Polizzi 2014). Regardless, the therapist can begin the process of transformation by exercising their own agency to open and avail themselves to possibility which may open a space for the patient to do likewise. When the patient does so, the transformation can begin within that event of mutual openness, and *Being* can transform for both.

4. Openness and closedness to the event

In its most general sense, the event of psychotherapy represents a type of encounter that is punctuated by moments of either openness, which invite the therapist and client to take up the possibility for change or, by moments that are closed due to the threat such change may evoke. To be open within this process simply implies the degree to which therapist and client are willing to take up their situation differently, so as to allow for a different and unexpected manifestation of the given to appear. Such a stance requires that each participant be able to recognize the ways in which preconceived constructions of the "other" restrict the possibility for a different type of face-to-face encounter to occur. Although it is probably unrealistic to arrive at a limitless presencing of the given, the more each participant is able to recognize the provisional quality of these constructions, the more able this process will be to call forth a different type of engagement with the other and the world. When this process refuses such an eventual possibility, givenness becomes restricted.

For Marion (2002), closedness configures a type of presencing or manifestation of the given that restricts what will be "allowed" to appear, thus foreclosing possibility by denying the potential of the encounter and remaining obedient to what they say this encounter must mean. To be closed, then, simply implies the inability or unwillingness of the therapist or client to see themselves or the therapeutic context from a perspective that would upend or redefine the meaning for some aspect of the world they inhabit. As the process of psychotherapy moves forward, this initial stance of "being closed" begins to loosen its grip and gradually, this necessity gives way to a variety of possibilities that had previously been unthinkable or closed off by or for therapist and client. Although this ability to take up the world anew unfolds in a gradual way, it provides the opportunity to continually reconfigure the meaning of the world as well as their place within it. Each new insight or setback provides the opportunity to understand the therapeutic encounter from a new perspective, which sheds light on who they have or could become.

It is important to note that the conceptualization of openness and closedness offered here are viewed as fluid and provisional possibilities or constructs and not static positions from which the world is experienced. Although it is certainly possible to be a being-in-the-world or advenant that is configured by varying degrees of restricted experience, thereby transforming this provisional position into a habituated and unchanging understanding of the world, such an engagement or encounter is never able to cover over completely one's ability to evoke a different and spontaneous understanding of existence. One may be firmly entrenched within a habituated style of interaction with others, self, and the world, but this restricted style of engagement cannot deny the potential fluidity of possibility that remains ready to be called forth or given life. In fact, such a stance toward one's world may indeed represent a type of necessity, which has coalesced within one's understanding of the world that serves as a protective response to the manifest dangers one encounters on a daily basis—in Romano's sense, to be unable to project a new understanding upon an immediate encounter. To be open to new possibilities within the context of a given event may simply be too dangerous to be taken up in its entirety and may need to be foreclosed based on these realities. Whether this danger emerges from the position of the therapist, who is "required" to see the client as intransigent and manipulative or from the position of the client, who is equally "required" to construct the presence of the therapist as oppressive and uncaring, little new will be allowed to enter this relationship.

The above observation helps to introduce the background consideration that is also present in the encounter of psychotherapy generally and forensic clinical work specifically, namely, the way in which the context of the event is prefigured by the preexisting presencing of various forms of social power. The ability of a client and therapist to be opened or closed to the transformative potentiality of the

therapeutic process is reflected not only in and by the quality of the therapeutic relationship but also by factors that are more specifically external to this process, and which impose an exacting influence on the result of this encounter nonetheless (Cordess 2002, Polizzi 2014).

The context of the penitentiary environment precedes the event of psychotherapy, thereby constructing both individuals who will participate in this relationship. The event of forensic psychotherapy proper, therefore, must be able to account for not only the ways in which these contextual power dynamics help to construct the therapeutic frame but must also include the ways in which each participant is influenced by this meaning-generating process.

4.1. Closed therapist / closed client

The contours and hues of the forensic psychotherapeutic relationship often reflect a variety of predetermined socially constructed notions concerning the face-to-face encounter between therapist and offender–client that overly determine the possible meanings for this experience. From this perspective, the positions of therapist and offender become configured and encrusted by a type of presencing that refuses to move beyond the accepted definitional parameters provided for this interaction. As such, the transformational qualities of this event remain incomprehensible for each, based on this foreclosed understanding. When the world or other is taken up from this closed perspective, a type of repetition occurs, which becomes predicated upon a set of preconfigured notions of the other that reflect what Romano (2009) has described as a causal chain of events that requires current experience to mirror that which has come before. As repetition, the face-to-face encounter remains cut off from the potentiality of this event and is relegated to that of a social caricature. Given that both sides of this relationship seek to evoke a shared degree of control and resistance, the transformational possibilities of this event are denied or left unrecognized (Polizzi and Draper 2013).

Taken in its most general sense, the stance of the closed therapist is the therapist who is unable or unwilling to move beyond the preconceived constructions of the offender “client” that he or she brings to the face-to-face encounter of forensic psychotherapeutic practice (Brodsky 2011, Cordess 2002, Polizzi 2014). From this closed off perspective, the client is immediately viewed as unwilling or uninterested to engage in the psychotherapeutic process due to the fact of their criminal status, thereby allowing the therapist to conclude that this client is a poor candidate for legitimate clinical transformation. As a result of these preconceived and foreclosed constructions of the client, the possibility for legitimate psychotherapeutic change is set aside in favor of a clinical approach more focused on the control of this perpetually criminal other. Such a clinical stance reflects what Meloy (1992) has described as therapeutic nihilism.

Therapeutic nihilism is perhaps most easily understood as a specific manifestation of a countertransference “reaction” to the encounter of the criminal other in remanded clinical psychotherapeutic practice. Given that the vast majority of forensic clients have been remanded or stipulated to participate in psychotherapy, the most common clinical belief which emerges is that this type of psychotherapy has no chance of achieving any degree of clinical success. Once this belief becomes validated within the therapist’s clinical frame of reference, the possibility for clinical success is viewed as unlikely or perhaps even impossible across the totality of this clinical population. Though clinical failure always remains a real possibility within any clinical group, the failure of one forensic client becomes the self-fulfilling prophecy or belief that all such clients will not succeed in therapy.

When we direct our focus toward the closed clinical attitude of the client, a similar manifestation of therapeutic nihilism can be witnessed. From this perspective, the client views his or her forced participation in psychotherapy as an aspect of their sentence and therefore approaches this interaction with distrust and suspicion

(Polizzi 2014). Believing that the purpose of this clinical interaction is more concerned with the interests and needs of the "system," the client becomes reticent, offering little beyond a superficial stance of compliance. Though the individual may dutifully attend the required sessions, little more is achieved beyond this literal presence in the consulting office. As this "therapeutic encounter" moves forward, the client comes to recognize and then parrot back, the necessary catch phrases or buzz words that the therapist expects to hear.

When the encounter of forensic psychotherapy is situated within the dynamic of the closed therapist and closed client, little effective clinical change can occur. Both individuals enter this process with pre-established socially constructed images of the "therapist" and the "client" that allow for little else except these objectified social caricatures to appear. When meeting for the first time, both partners in this encounter stay ever vigilant, patiently waiting for their adversary to reveal their true colors, and announce their true intent. Such an experiential stance covers over any possibility for the singularity of this event to be recognized. As a result, each of these "subject positions" emerges as the end point of a specific chain of causal expectation and self-fulfilling prophecy. We will now describe the relational dynamic found within the interactional experience of Closed Therapist/Open Client.

4.2. Closed therapist / open client

The relational interaction between closed therapist and open client offers a very specific set of clinical challenges that are perhaps not as immediately apparent in any of the other relational stances discussed in this section. Such a configuration of this clinical dynamic may appear as counter-intuitive insofar as it identifies the position of the therapist as being the one dispositionally opposed to this type of clinical process. Nonetheless, it is often the therapist who has already determined well in advance that the client will not be legitimately engaged in the therapeutic process. Such a conclusion could be related to the general framework described by therapeutic nihilism and its "situational" clinical focus or could be a result of the perceived unchangeable dispositional qualities of forensic clients. In any event, regardless the formative rationale in play, such a "therapeutic" stance will be unable to recognize with any legitimate accuracy, the client's desire or motivation to participate in therapy.

Within such a clinical context, the client who has decided to be provisionally open to the potential benefits of the forensic therapeutic event will likely come to either one of two possible conclusions: the experience of the closed therapist will either confirm that the client's initial belief concerning the potential benefit of this encounter was in some way mistaken or may see this event as a type of personal challenge that retains the potential for positive benefit, but does so in spite of the therapist's stance. For example, prior to the actual event of the therapy session, the client has almost certainly sought out those in the penitentiary or parolee community to get their "take" on the general legitimacy of the therapy process, including what can be expected from the therapist. Regardless the actual way this "fact finding process" turns out, the client may still approach the pending session with an open mind concerning its result (Polizzi 2014). Any final conclusions will likely be reserved until after the initial meeting at which time the client's preconceived sense of the process will be compared to the actual interaction with the therapist.

For those individuals whose provisional openness is rather tentative, it is quite likely that the closed stance of the therapist, will serve as a powerful reminder concerning the untrustworthiness of the process or those who are involved in its practice. For the client whose stance of openness is more confident, the interaction with the closed therapist may not be as counterproductive as it likely will be, for the client who would like to be open but harbors rather serious misgivings with the process. The stance of the more outwardly confident client may be better able to

ward off any initial misgivings or self-questioning that such a stance by the therapist is likely to evoke. Rather than view these attitudes as a reason to psychologically retreat from this encounter, the open client is more likely to be willing to endure such a stance, holding out hope that something positive may still be gained from this experience. Though it would probably be incorrect to conclude that the open client comes to "trust" the therapist; it is more likely that the client has come to recognize that certain "benefits" are at least possible even within this less than "ideal" clinical experience.

It is also important to recognize that the open stance of the client offers one other clinical possibility: that the therapist will be able to recognize this authentic stance by the client, and suspend their belief in the self-fulfilling expectation that this type of therapy must fail. Once the client's open stance toward the therapeutic encounter is viewed as legitimate, the therapist will be better equipped to lay down the defensive accoutrements of the closed therapeutic position. How this process unfolds will be completely contingent upon the context and the actors involved in its creation. As was eluded to above, the positions of open and closed are not in any way intended to reflect discrete, finished or objectified positions that could then be relied upon to deliver some degree of predictive "comfort." Rather, they are intended to be viewed as artifacts of the relational event of psychotherapy that is informed by both the realities of human existence and the contextual realities that manifest this experience as inseparably given.

4.3. Open therapist / closed client

The forensic psychotherapeutic relationship that is conceptualized by the therapist as open and the client as closed, offers a variety of clinical opportunities and challenges for both individuals in this encounter. From this relational vantage point, the therapist recognizes the potentially suspicious attitude of the client and is ready to not only legitimate this initial stance, but is also prepared to invite the client to help facilitate the construction of a respectful therapeutic alliance. How the therapist confronts the likelihood of this initial resistance offered by the client, will likely determine the quality of the therapeutic frame and the degree to which the client will be able to commit to this clinical interaction as it moves forward. Simply put, the initial resistance offered by the client, reflects their defensive stance toward an experience that may in some way be damaging or threatening.

By taking up a more open stance with the client, the therapist reflects a realistic understanding concerning the experience of forced clinical participation, while at the same time challenging some of the preconceived notions this type of therapy often evokes in the offender. Obviously, this stance does not change the "facts" of this type of encounter, but it does provide the possibility for a legitimate face-to-face encounter that is not completely predicated upon the power dynamics of this criminal justice context or at the very least, creates the opportunity for a different outcome to be experienced in spite of these overbearing realities. Such a clinical stance offers any interesting set of challenges to the client.

Though it should probably be expected that the forensic client will likely enter therapy with a degree of suspicion and distrust, these attitudes can only be legitimated if the therapist is complicit to this demand. The closed client has likely constructed ahead of time how this interaction will go, and there is no reason to believe that this stance will miraculously disappear without the therapist offering some type of conflicting evidence that can challenge this belief. As we have argued elsewhere (Polizzi and Draper 2013) there are a variety of reasons that allow the client to embrace this closed attitude toward therapy, but almost none of these are so absolutely constructed that they cannot in some way be diminished by the appropriate stance of the therapist. Such a position is not intended to presume that the open stance of the therapist will be effective in all such therapeutic encounters,

it clearly will not; but it does invite, the possibility of a legitimate psychotherapeutic experience that is focused on the clinical needs of the client.

4.4. Open therapist / open client

Unlike the three relational positions described above, the open/open relationship of the therapeutic process obviously reflects the most fluid and personally transformative example of the forensic psychotherapeutic event. Needless to say, the specific degrees of openness found in this relational encounter, remain equally as indeterminate as they would be in any of the other positions described above; however, unlike these other manifestations of this process, the possibility for more lasting therapeutic change seems most achievable within this more traditional and "less-coerced" clinical framework. Though this stance within the therapeutic relationship cannot completely remove the reality of this type of clinical engagement, it can diminish some of its more negative impact.

To be open implies that client and therapist are able to take responsibility for their histories, while attempting to take up a different set of eventual facts. Rather than remain stuck within a hermeneutic intransigence that refuses to allow anything new to appear, both parties become committed to the responsibility that such an event demands and are willing to be transformed by this challenge. This new experience requires a different relationship to self as well as a different relationship with the other person in this therapeutic encounter.

Given that each manifestation of the event of forensic psychotherapy will evoke a very different indeterminate presencing, it is important to recognize that the open/open stance within one therapeutic encounter will yield a much different degree of relational success in another. A similar observation may be directed toward any of the relational positions discussed above; even the position of the closed/closed encounter: just as the anticipation for therapeutic failure needs to be avoided, so too does the anticipation for its success. Such an indeterminate contextual potentiality reflects what the theoretical biologist Stuart Kauffman has identified as the adjacent possible.

5. The adjacent possible

Kauffman (2008) has described the adjacent possible as a type of untapped potential existing both within the self and within the structure of the biosphere in its totality. In describing human evolution, he situates the adjacent possible within the context of Darwinian preadaptations and their specific manifestation as a "selective" potentiality within a given environment (Kauffman 2008). As these adaptive functions find "voice" within a given environmental context, this untapped potential may be realized.

The profound implication of this is that virtually any feature or interconnected sets of features of an organism might, in the right selective environment, turn out to be a preadaptation and give rise to a new functionality. Thus the evolution of the biosphere is radically often unprestatable and unpredictable in its invasion of the adjacent possible on the unique trajectory that is its own biological evolution. (Kauffman 2008, p. 133)

Within the given context of the above discussion, the adjacent possible exists at the borderline between all of these relational possibilities. The ability to "adapt" to a different set of eventual realities, not only speaks to the interconnected nature of these indeterminate systems, but offers points of access into this process, if we are willing and able to endure its potential implications. Within the phenomenology of the relational dynamic of the closed/closed therapeutic frame, the potentiality of the adjacent possible remains unrealized given that the hostility encountered within it, is too familiar, and too unsafe to "give rise to this new functionality." However, within the phenomenology of the closed therapist and the open client or the open therapist and closed client, the possibility for the emergence of this new

“functionality” becomes more achievable, if not necessarily more apparent. Within the phenomenology of the open/open relation frame of reference, this new functionality is more recognizable, but continues to retain its indeterminate quality. Perhaps a clinical example may help to better contextualize the above discussion.

During Polizzi’s very first month of clinical experience at a forensic psychotherapy clinic, he encountered an individual who had been remanded to treatment for alcohol-related issues. However, prior to his release from the penitentiary, a psychological evaluation had determined that the client would be a poor candidate for outpatient psychotherapy. The general opinion of that assessment was that the client was resistant to any psychotherapeutic intervention and would likely be unable to benefit from any further clinical involvement. Regardless this less than ideal context from which to begin a clinical relationship, the individual was intaked into the program and therapy was begun.

What became immediately apparent to the therapist in the very first clinical meeting was how his experience of this client was drastically different from that of the individual described in the penitentiary evaluation. The client was neither disrespectful nor combative and seemed to be genuinely engaged in the therapeutic process. Though the therapist was well aware of the penitentiary evaluation and its description of the client, he decided not to share its conclusion with him at that time. However, as the therapy moved forward into its third or fourth week, the therapist felt compelled to share the evaluation with the client and explore this apparent clinical contradiction. He asked the client a simple question: “Could you please let me know who this individual is, because I don’t recognize him?” The client briefly looked over the report, raised his head from the paper and stated, “They did treat me with respect and I didn’t treat them with respect.”

But what does this have to do with the adjacent possible of forensic psychotherapy? Well everything! Within this context, the adjacent possible reflects a preadaptive potential that is not specifically evolutionary in nature and which is “selected” as a result of an organism’s interaction with a specific environment (Kauffman 2008), in this case, the “environment” of forensic psychotherapy. As such, this new experiential encounter—the respectful interaction of the psychotherapeutic process—provides for a different preadaptive possibility to be “selected” and applied to this different experience of the face-to-face encounter. The “new functionality” which arises, reflects a different recognition of self that is able to tolerate the necessary vulnerability presented within the therapeutic frame, without fear of danger or immediate threat. The client’s prior stance of defiance and resistance, a selective response to the experience of danger and threat evoked by the penitentiary environment, was no longer necessary within the context of this new clinical interaction, which in turn allowed for a different “functionality” to manifest.

The possibility for this newly selected functionality can only emerge, if the context of this new experience is able to evoke the relational viability of this preadaptive, but previously unselected behavior. Kauffman (2008) observes that

Darwin noted that an organ, say the heart, could have causal features that were not the *function* of the organ and had no selective significance in its normal environment. But in a different environment, one of those causal features might come to have selective significance. By “preadapted” Darwin did not mean that some intelligence crafted the preadaptation. He simply meant that an incidental feature with no selective significance in one environment might turn out to have selective significance in another environment (Kauffman 2008, 131-132).

For our purposes, another clinical example may be helpful to further illustrate the point.

While volunteering as a training supervisor at a forensic residential re-entry facility, Polizzi provided clinical supervision to a small group of training psychotherapists looking to gain clinical experience in group psychotherapy with forensic clients

(Polizzi 2010). During the supervision hour, which immediately followed the group, the therapists were asked to describe their initial experience. They reported that the group began with the traditional introductory niceties, followed by a discussion outlining the purpose of the group and member participation. The therapists, then, asked if any of the participants had any questions. One of the group members asked the following question: "Are you afraid of us?" After taking some time to reflect on this important question, both therapists answered: "no, we were not afraid." The honesty of their response was accepted by the members, which elicited the following response. "Good, because we are generally used to individuals coming in here, who just sit on their hands, because they're scared us..." "Where looked at as if we were monsters."

Central to this clinical example, is the way in which this "answer" reframed the "environment" of the psychotherapeutic encounter and invited the possibility for the adjacent possible to manifest a "new functionality". This "new functionality" experienced by the client as the absence of fear and threat as described by the therapist, also helped to facilitate in the client, other possible ways to be in this new "environment." Once these clients realized that this new clinical opportunity was not going to be "business as usual, a much more open attitude began to emerge as a result of this new "possibility." Though, this "new environment" offered a different set of lived-possibilities, this process remained fluid and indeterminate, and relational to other manifestations of the adjacent possible.

The indeterminacy of Kauffman's theory shares a great deal of compatibility with the phenomenological conceptualization of givenness as this relates to the event of forensic psychotherapy. Both seek to embrace certain structural configurations, which help to situate the event of human experience without requiring the inclusion or reliance upon reductive explanatory strategies or systems. Toward that end we would like to conclude with a brief discussion of Jung's alchemical understanding of clinical and Giorgio Agamben's conceptualization of the apparatus.

6. Alchemy, uncertainty, and the apparatus of prison therapy

Taken from the context of Analytic Psychology, the alchemical process reflects an ongoing indeterminate integration of conscious and unconscious processes, which become foundational to the developmental "structure" of the human psyche (Freeman 2014). Central to this process is the integration between that which is "known"—the knowable aspects of the self—and that which remains possible or potential—those unrealized aspects of the self.

In discussing the alchemical process and the presence of good and evil, Jung makes the following important observation, which carries particular significance to the phenomenology of forensic psychotherapy.

It is true that society attaches greater importance at first to what is done, because it is immediately obvious; but in the long run the right deed in the hands of the wrong man will have a disastrous effect. No one who is far-sighted will allow himself to be hoodwinked by the right deed of the wrong man, any more than by the wrong deed by the right man. Hence the psychologist must fix his eye not on what is done but how it is done, because therein is decided the whole character of the doer. Evil needs to be pondered just as much as good, for good and evil are ultimately nothing but ideal extensions and abstractions of doing, and both belong to the chiaroscuro of life. In the last resort there is no good that cannot produce evil and no evil that cannot produce good (Jung 1980, p. 31).

Jung's observation helps to perfectly situate one of the fundamental dilemmas of the forensic psychotherapeutic process: that being the way in which good and evil become recognizable within the context of the event of psychotherapy. But Jung seems to warn against such a simple bifurcation of good and evil and complicates the matter further by saying that such identifications are not as easy to recognize as perhaps we would like to admit. In fact, he ends by observing the inseparable

quality of good and evil and points out that the pursuit of the one may resolve in the emergence of the other. Any number of ready-to-hand examples could be provided that would clearly substantiate the claim concerning the road of good intentions and its ultimate destination. The process of forensic psychotherapy is really no different.

But doesn't the fact of these forensic clinical encounters, help to better situate the recognition of the good and the recognition of evil and provide evidence supporting the very bifurcation that Jung warns against? The "objective" personality of the offender after all, is apparent enough, and anything wandering on the boundaries of those borders is where it will hopefully remain, sufficiently restrained. However, such a bifurcation of opposites resides on the surfaces of these encounters and never is capable of penetrating the depths of this potentiality or "new functionality." As a result, the objectification of evil and its various manifestations remain within the exclusive domain of the individual offender: incapable of good and a perpetual threat to citizen and community alike.

If we return to the clinical vignette discussed above that asked the question "Are you afraid of us," we can see how this process of bifurcation becomes deconstructed and then re-integrated into the larger environmental gestalt of group psychotherapy. In a sense, the asking of this question, seeks to "test the waters" if you will, concerning the degree to which a legitimate psychotherapeutic experience is possible. But keep in mind, this question is a double edged sword. Though it is explicitly directed toward the attitudes of the two training psychotherapists, it implicitly implicates the group members as well.

Once it had been established that these individuals were not afraid, the group members now needed to determine if they were willing to enter this process. The intended result of the question either would reveal sufficient evidence that these individuals were indeed afraid and not trustworthy or that the continued process of bifurcation employed by the group members was no longer necessary. Once all concerned were able to legitimately take up this therapeutic relationship, the alchemical process could begin.

Forensic Psychotherapy, much like the alchemical process is an uncertain business, which may require a great deal of investment without any guarantee of an intended or desired result. To be open to the possibility of change, therefore, first requires our ability to trust that which will facilitate this transformation. When the former gang member described in the beginning of this reflection asks "How can I be a father to my kids," he is willing to endure the uncertainty that such honest questioning must inevitably evoke. For this individual, the adjacent possible points to the emergence of soul, the emergence of a greater depth of living that allows him to embrace his family in ways that would not have been otherwise possible.

When viewed from the perspective of alchemical transformation, the varying positions of openness and closedness reflect this alchemical transubstantiation of lead into gold. However, within these relational phenomenologies, transformation or its potentiality is predicated upon not only the adjacent possible of the individual; but rather, most also include the various ways in which this potentiality finds itself contextually situated within the in-between of the therapeutic relationship. Such a reality is particularly apparent within the penitentiary context, given that the potential of this adjacent possible may ultimately be viewed as too threatening or incongruent with the current conditions of the penitentiary setting.

Though the demands of the penitentiary environment can greatly inhibit the full embrace of this adjacent possible or this embrace of the emergence of soul, it is not impossible. In fact, a more subtle version of therapeutic closedness is reflective in such a view. We as therapists or critical criminologists reject such a possibility often on theoretical or political grounds or based on the analysis of power. However, it is often the client, armed only with the strength of their own insight

and reflection, where these possibilities become uncontestably real. Now such an observation is not in any way intended to minimize or romanticize the reality of penitentiary life or the realities one must endure when confronted by the debilitating effects of various forms of marginalized social existence; only that our ability to endure this openness also provides some ability to transform this reality. We will conclude with a discussion of Agamben's formulation of the apparatus.

7. Agamben and the apparatus

In discussing Foucault's concept of *dispositifs* or apparatus, Agamben begins by first exploring its relationship to the theological concept of *oikonomia*. Agamben argues that the process of *oikonomia* reflects the theological interaction between "Father" and "Son," whereby the power of the Father now becomes entrusted to the Son, without the "Father" losing any authority or power (Agamben 2009, p. 8-10). "Oikonomia became thereafter an apparatus through which the Trinitarian dogma of and the idea of a divine providential governance of the world were introduced into the Christian faith" (Agamben 2009, p. 10). However, as this understanding developed, its relationship to the sacred was severed. As a result "divine providential governance" now became situated within the secular authority of the state. Agamben observes that Foucault's conceptualization of the apparatus appears in some way linked to this "theological legacy" (Agamben 2009, p. 11).

They can be in some way be traced back to the facture that divides and, at the time, articulates in God being and praxis, the nature or essence, on the one hand, and the operation through which He administers and governs the created world, on the other. The term apparatus designates that in which, and through which, one realizes a pure activity of governance devoid of any foundation in being. This is the reason why apparatuses must always imply a process of subjectification, that is to say, they must produce their own subject (Agamben 2009, p. 11)

The production or fabrication of the subject is central to the process of the rehabilitative machine (Polizzi *et al.* 2014) which is powerfully present within forensic psychotherapeutic practice. Within this context, the rehabilitative machine seeks to fabricate the self into a docile and non-threatening "artifact," of forensic psychotherapeutic practice. Included in this process of re-fabrication is the language and practice of rehabilitative governmentality, which not only regulates specific semiotic production, but ties this linguistic production to the fabrication of identity itself. As long as the client complies with the process all is well.

However, Agamben is not satisfied with such a conceptualization of the apparatus and provides the following formulation. For Agamben all life is predicated upon the presence of human being on the one hand and the apparatus (*es*) on other. Unlike Foucault, Agamben maintains that there is no process that is free of this dynamic. "...I shall call an apparatus literally anything that has in some way the capacity to capture, orient, determine, intercept, model, control, or secure the gestures, behaviors, opinions or discourses of living being" (Agamben 2009, p. 14). As such, human being must find itself within the constant struggle with the conforming demands of the apparatus (*es*). Added to this new conceptualization of the apparatus is a third class or category which he calls the subject.

The subject is conceptualized by Agamben as that which emerges from the in-between of living being and the apparatus. As such, Agamben's subject is a dialogical artifact of the struggle between human being and apparatus, and not a result of a dialectical synthesis. "Apparatus, then, is first of all a machine that produces subjectifications, and only as such is it also a machine of governance" (Agamben 2009, p. 20). As a result of this dynamic, the fabricated subject, who emerges from this machine of governance, is also vulnerable to what Agamben has identified as the process of desubjectification or the negation of the self.

On this basis, Foucault has demonstrated how, in a disciplinary society, apparatuses aim to create—through a series of practices, discourses, and bodies of

knowledge—docile, yet free, bodies that assume their identity and their “freedom” as subjects in the very process of their desubjectification. (Agamben 2009, p. 20).

The process of desubjectification that is articulated within the struggle between living being and apparatus raises a variety of significant challenges to forensic psychotherapeutic practice. Unlike Agamben’s example of the confessional, which produces a new subject by negating the sinful *I*; forensic psychotherapy generally offers no true sense of “redemption” and offers little beyond the fabrication of a docile and negated self. In such cases, forensic psychotherapy becomes little more than a function of the criminal justice/rehabilitative machine (Polizzi *et al.* 2014). Actuarial models focused on the measurement of potential risk, exemplify this reality and help to legitimate the fabrication of docile rehabilitative selves, which validates the negation of the subjectivity. Such a process can be witnessed within the therapeutic relationship of forensic psychotherapy. If we return to the clinical event identified as closed therapist/closed client, we can see how this process unfolds within this modality of psychotherapy.

What is perhaps most powerfully manifest within the context of the closed/closed therapeutic relationship is the presence of the desubjectification of self. However, it is essential to recognize that this process of desubjectification occurs with and between both therapist and client. As an instrument of correctional governmentality, the therapist complies by uncritically embracing every validation of the criminal justice/rehabilitative machine as this relates to the client. The apparatus of the clinical event seeks to fabricate a more docile rehabilitative self; one who will not question the legitimacy of the process and will accept its clinical conclusions concerning social harm and personal responsibility. For the client, who becomes an instrument of the apparatus of inmate culture, the function of negating the self is still very much manifest. From this position, all therapeutic interventions are an aspect of the function of the criminal justice/rehabilitative machine and therefore drained of any legitimate clinical potentiality.

When located within the context of the closed therapist/open client relationship, a different dynamic is witnessed. Though little change occurs for the psychotherapist who remains a functional desubjectified instrument of the criminal justice/rehabilitative machine, the position of the client offers a greater degree of potentiality. From this perspective, the client is engaged with both the possibility of an emerging subject, along with the degree of negation that this process must include. However, the emergence of subjectivity does not need to fatalistically resolve in desubjectification. The client may recognize a desire to “change” based on the meaning of their own existence; such a recognition, however, need not imply that this process is blind to the economic, political and sociology conditions and dynamics of one’s existence. It may in fact be the emerging artifact of that condition, which evokes some degree of change within the structure of these conditions as well. The client confronted by the closed therapist, may still find some personal benefit in this type of encounter and by so doing may be able to successfully confront this struggle with the criminal justice/rehabilitative machine.

The position of the open therapist and closed client evokes two different struggles as this relates to the confrontation with the criminal justice/rehabilitative machine. The therapist determined to remain open to the client must confront the desubjectifying demands of the rehabilitative process, while also resisting the process of desubjectification offered by the client. To remain open to the client is to also reject the demand of governmentality and its prohibition on meeting the individual with trust and respect. However, it is important to remember that this stance of openness will not necessarily be recognized or trusted by the client. The over-determined power dynamics of the forensic event make it rather easy for the client to distrust this unexpected stance by the therapist. Once the client has experienced this encounter as legitimate and potentially beneficial, their stance of closedness may begin to recede. The more the therapist is able or willing to endure

the openness of this experience, the more likely the client will be able to give up their defensive stance and engage in the therapeutic process in a legitimate way.

When the therapeutic encounter is predicated upon the openness of the therapist and the openness of the client, both individuals are engaged within the process of subjectification, while remaining mindful of the various manifestations of the negated self. The transformative possibilities of this event evoke the alchemical transformation of both participants and can never be legitimately situated within the stance of an individually isolated subject. From this perspective the function of the clinical apparatus seems more attuned to the potentiality of therapeutic change and not specifically relegated to the desubjectification of self. The negation of the self is no longer in the serve of the fabrication of a docile rehabilitative self; rather, the openness of the singularity of this event ushers in or at least begins to uncover, a possibility for subjectivity that desubjectification attempts to deny.

Though the stance of open therapist/ open client provides perhaps the most likely context from which legitimate psychotherapeutic change may be witnessed, such a possibility regardless how latent, remains a fundamental potentiality for all of these therapeutic positions. Given that the positions of open/closed are not fixed or static clinical stances, the ability to access other potentialities always remains. Each individual therapist brings with them a set of established possibilities that remain fluid and provisional. How these manifestations of subjectification/desubjectification become manifest will remain a relational artifact of the indeterminate potentiality of human existence. All eight of the provisional therapeutic stances discussed above are defined by an indeterminate degree of potentiality that is never exhausted or completely contingent upon the actuarial configuration of potential human actions.

8. Conclusion

The purpose of this reflection is to continue to explore a line of thought that we initially introduced in our article *The Therapeutic Encounter within the Event of Forensic Psychotherapy: A Phenomenological Hermeneutic of the Givenness of the Other within the Therapeutic Relationship*. In expanding the scope of that article, we introduced Kauffman's concept of the adjacent possible, Jung's recognition of the transformational alchemy of the psychotherapeutic process and Agamben's reconceptualization of the apparatus relative to the event of forensic psychotherapy as witnessed within the various configurations of openness and closedness.

The integration of these various indeterminate theoretical perspectives allows us to recognize the "form" of the psychotherapeutic process without specifically identifying its content. These "forms" are themselves incomplete and never reducible to discrete clinical "objects." Though we certainly recognize the reality of the contextual grounding of the apparatuses of the criminal justice/rehabilitative machine, we reject the fatalistic conclusion that such dynamics by de facto preclude the emergence of a new type of subjectivity.

We are also aware that such a conclusion evokes the charge of a fetishistic existential subject, forever chasing the delusion of freedom. Though such a result is certainly always possible, it is hardly an unavoidable reality. The influencing power imposed by existing social structures and ideology is fundamentally implicated in the production of the subject; how could this be otherwise? However, it is equally possible for the emerging subject to recognize the role played by these desubjectifying processes, even if this process can never be completely free from its implications. We have both witnessed the legitimate transformation of forensic clients; a transformation that became manifest in spite of these various inequalities required by the criminal justice/rehabilitative machine. Certain of these individuals were able to continue to develop this initial process and others were not.

From this perspective, the open stance of the therapist seeks to facilitate a process of therapeutic change that is able to recognize the specific realities of the client's

existence. As such, it is impossible not to include the various ways in which the very structures and ideology of a given social context or environment are always fundamentally present in this process of identity transformation; a reality, which of course must include the therapeutic relationship. Issues of socio-economic marginalization and social inequality, experiences of racism, sexism or some other form of socially imposed bigotry, are viewed as the reality of individual experience and not excuses by which one may "elude" personal responsibility. All of these characteristics of human social experience find voice within the specific contours of what is uniquely lived by the individual and which in turn provides the meaning for that existence.

Within the context of this open/open therapeutic event, the meanings of this experience can be taken up from the point of view of the client, which opens the door to a specific interaction with the world. How the client takes up the biological, economic, political, psychological, and social aspects of their individual experience will likely reveal the degree of change that is possible; how this possibility of transformation is viewed by the social world, will similarly determine if this new emerging subjectivity will be granted legitimacy and validation.

However, in closing, it is important to recognize that personal transformation does not necessarily include the transformation of social structures that remain inseparably implicated in any version of this emerging subjectivity. As Agamben's conceptualization of the apparatus reveals, subjectification moves forward with desubjectification by its side. The adjacent possible of the self, remains a potentiality, a provisional latency to the selective process and the alchemical transformation of therapist and client still takes place within the various layers of human social experience. Given that these various stances of the therapeutic encounter evoke a degree of indeterminate meaning as this process attempts to deconstruct various aspects of the self, Caputo's warning about the implication of this restoration for *Being-in-the-world* seems an appropriate place to end.

It must remain vigilant about its own need to use traditional conceptual instruments, that is, philosophical conceptuality in which are embedded the very de-generated, derivative, and fallen interpretations which it hopes to uproot (Caputo 1987, p. 64).

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