



Tampa Bay Institute for Psychoanalytic Studies

TBIPS Newsletter Volume IX, Issue I

Winter 2017 - 2018



Volume IX, Issue 2,
Winter 2017 - 2018

Greetings from the President

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Dear Reader:

Despite the chilly weather (yes, even here in Florida), we are warmed by the collegiality and enthusiasm that this Fall's new class of candidates has brought to TBIPS. More than ever we are applying clinical material to the papers we read in our courses. (See p. 4) We are grateful to our experienced faculty who lovingly and joyfully continue to volunteer to share their expertise and themselves with our candidates and students, and we always welcome new volunteer faculty.

The holiday spirit burgeoned this Fall with a donation to begin the Robert Silverman Psychoanalytic Trust, monies designated to help bring low fee psychoanalysis to the Tampa Bay community. Bob has been a long-time donor to TBIPS and we thought it only fitting that he be recognized for all his generosity over the years. Thank you, Bob!

Soon a new semester begins and we invite students to join candidates in participating in courses. While candidates engage in the three areas of courses, personal therapy, and supervision of their clinical cases, students are always welcome to join in lively discussions, peer supervision, and exploring the psychoanalytic literature by taking any course with candidates.

Wishing everyone Happy Holidays and the Happiest of New Years, (We need it!)

Respectfully yours,
Lycia Alexander - Guerra, MD,
President, TBIPS



TBIPS Newsletter Volume IX, Issue 2

Training in Psychoanalysis and Psychotherapy

TBIPS embraces pluralism and emphasizes a comprehensive contemporary view of psychoanalysis and features a multi-cultural and theoretically diverse faculty, including, but not limited to, expertise in Intersubjectivity, Relational, and Self Psychology.

The TBIPS training program represents the most current, up-to-date theories in psychoanalytic thought. TBIPS embraces *pluralism* and emphasizes a *comprehensive* contemporary view of psychoanalysis within the context of a mutually shared and respectfully open paradigm between faculty and candidates. We offer a multi-cultural and theoretically di-

verse faculty, including, but not limited to, expertise in Intersubjectivity, Relational, and Self Psychology, whose teaching style is student focused with the goal of offering the opportunity for dialogue between varying schools of thought and to engage and encourage candidates to think *critically* about psychoanalytic concepts.

Inquiries Welcome. To Apply:

Contact Lycia Alexander-Guerra at 13919 Carrollwood Village Run, Tampa, 33618 or 813-908-5080; or go to Tampapsychoanalytic.org "Home"

Seminars may be taken individually or as part of certificate programs in psychoanalytic psychotherapy or psychoanalysis

TBIPS CURRICULUM

TBIPS recognizes that, because many people come to us suffering from the Trauma of childhood abuse and/or other horrific events or from the relational trauma of chronic misattunement and misrecognition, our curriculum must weave into it a deep understanding of child development, attachment, and the effects of trauma. Semesters currently run 16 weeks long. Courses are open to individual students as well as to candidates experiencing full psychoanalytic training. TBIPS invites candidates to frequently update the syllabi.

Semester I	FIRST YEAR	Semester II
Intro to Psychoanalytic Concepts I Practical Analytic Subjectivity I Continuing Clinical Case		Intro to Psychoanalytic Concepts II Development Continuing Clinical Case
SECOND YEAR		
Relational Concepts I Developmental Issues: Narcissism and Shame Continuing Clinical Case		Relational Concepts II Developmental Issues: Attachment Continuing Clinical Case
THIRD YEAR		
Practical Analytic Subjectivity II Group Therapy Continuing Clinical Case		Repetitive Painful States Trauma (8 weeks) and Gender (8 weeks) Continuing Clinical Case
FOURTH YEAR		
Psychosoma I Hate, Envy, Destructiveness in the Psychoanalytic Situation Continuing Clinical Case		Psychosoma II Electives (candidates design) Continuing Clinical C

TBIPS COURSES REGISTRATION FORM
Spring Semester 2018

**All courses meet for 16 weeks, Wednesday mornings: Jan 31: Feb 7, 14, 21, 28;
 Mar 7, 14, 21, 28, Apr 4, 11, 18, 25; May 2, 9, 16, 2018**

Introduction to Psychoanalytic Concepts II

This semester we continue with exploring the contributions from major theoretical predecessors from Ego/Structural and Drive, Objects Relations, Interpersonal, and Self Psychology, and how these influence Relational, and Intersubjectivity in clinical engagement will be discussed, as well as Affect Regulation, and Attachment Theory.

Clinical Case Conference

This course is designed to support the clinician's work and offers opportunity to integrate clinical material with psychoanalytic concepts, including ethics, and ways to deepen the psychoanalytic process, with a focus on the therapist's self reflection, the clinical relationship, and ways to facilitate what is mutative for the patient. Attendees are encouraged to present case material.

Development

Participants will reconfigure Freud's and Mahler's ideas on development using infant research, attachment theory, and neuroscience, and with contributions from Benjamin, Stern, Bowlby, Beebee, Lyons-Ruth, Winnicott, and others.

TBIPS Registration Spring 2018 Courses

Registration deadline Jan 17, 2018

Name _____
 Discipline _____ Degree _____ State _____ License # _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ E-Mail _____
 Request Long Distance Learning: _____ Skype address: _____

Intro to Psychoanalytic Concepts I

800-915am Wednesdays (16 weeks)

Jan 31: Feb 7, 14, 21, 28; Mar 7, 14, 21, 28, Apr 4, 11, 18, 25; May 2, 9, 16, 2018

Fee: \$250 for a single course; \$200 if enrolled in full semester of 3 courses.

Registration deadline Jan 17, 2018

Clinical Case Conference

930-1045am Wednesdays (16 weeks)

Jan 31: Feb 7, 14, 21, 28; Mar 7, 14, 21, 28, Apr 4, 11, 18, 25; May 2, 9, 16, 2018

Fee: \$250 for a single course; \$200 if enrolled in full semester of 3 courses.

Registration deadline Jan 17, 2018

Development

1100am-1215pm Wednesdays (16 weeks)

Jan 31: Feb 7, 14, 21, 28; Mar 7, 14, 21, 28, Apr 4, 11, 18, 25; May 2, 9, 16, 2018

Fee: \$250 for a single course; \$200 if enrolled in full semester of 3 courses.

Registration deadline Jan 17, 2018

Number courses taking in Spring Semester 2018 x \$250 (x \$200 if 3)

\$ Total amount Enclosed

Please Make Check Payable to: TBIPS, Inc. Please mail completed registration forms and check, along with application and CV (first time student) to: TBIPS, Inc., 13919 Carrollwood Village Run, Tampa, FL 33618 (you may also pay by Paypal at tampapsychoanalytic.com under 'donations')

\$50 late fee for registering after the deadline

Refund Policy: 85% refunds available for cancellations received at least seven days prior to start of course.

CANDIDATES



Ageliki Tsikli is a Greek psychologist specializing in Relational Psychoanalysis & Psychotherapy and a certified Group therapist (Yalom's model). She is in private practice in psychoanalytic and psychodynamic psychotherapy the last 9 years, seeing adults, groups and couples. Tsikli finds the psychoanalytic model is more suitable to her professional personality and copes more efficiently with a large variety of problems and psychopathology, as well as addresses both interpersonal and intrapsychic conflicts, traumas and experiences. She joined the TBIPS psychoanalytic training program in order to continually upgrade the quality of her work as an analyst; to stay in touch with developments in the field; and to be a member of a group of colleagues who share experiences and difficulties in practicing psychoanalysis.

She writes: TBIPS classes and the training program respond to my needs not only in a theoretical way with a great selection of papers that we study and discuss every week but, moreover, in a practical way since teachers are highly qualified analysts with much experience who enrich classes with a lot of case material. They encourage students to discuss their own cases and they also facilitate, with openness, the dialogue between different views and opinions. As a student in TBIPS the last few months, I have already benefited in increasing the number of patients I see weekly and the number of sessions per case; in setting my therapeutic frame and identity; and in enriching my knowledge. Lastly, to be an analyst is a lonely profession, so I find it very important for us to be members of groups of colleagues where we can feel safe enough to share our professional struggles and open our inner space and thinking. Its also important to highlight that TBIPS classes are attainable for those for whom English is not their first spoken language.

Clinical Application of Course Material

In the Introduction to Psychoanalytic Concepts I, the contemporary concept that the analyst influences transference is juxtaposed with the more classical belief that transference is an intra-psychic phenomenon. TBIPS strives to engage candidates' clinical experience with the assigned readings. Below are two examples of the co-creation of transference from the candidates' own experience as discussed in class:

When transference smells. What we learn first stays with us the longest. In beginning a new cycle of first year courses this semester, TBIPS, in its Intro to Psychoanalytic Concepts I, starts with a contemporary point of view. Asking candidates and students to think about what are some possible components of a psychoanalytic process, someone includes 'transference.' We have read for the first class a paper by Lew Aron and one by Irwin Hoffman.

A psychoanalytic candidate expresses skepticism about the relational concept of mutual influence in the transference: 'Doesn't the patient bring things in her head that have been there before she ever met you?' Of course, the patient brings things that had nothing to do with the therapist, but what emerges with the therapist is constitutive of being with the therapist. The candidate gives the example: 'I open the door to a first-time patient and she says, "Your building smells [like s**t]."' How could that not have come from her alone?' the candidate asks. I am curious. The candidate says this particular patient had had a traumatic past and had been physically disfigured-- her face, her gait-- in a fire. I inquired what was his experience at the moment he opened the door to this patient whose face had been thus scarred. The candidate said that the film *The Exorcist* had come to mind, her face horrifying, terrible.

(continued on page 5)

Since microexpressions can be non-consciously communicated, right brain to right brain, and since horror can look like disgust, and disgust akin to bad smells, I ask the candidate if it were possible that this new patient recognized her new therapist's look of disgust and her right brain registered it as 'something stinks around here'? Maybe, says the candidate. The patient did not return after the initial consultation. What might have happened had the therapist spoken aloud to the trauma this patient endured as evident from her facial scars and, more important, if he had inquired about what it was like for the patient to have seen his initial shock on his face?

The class is inordinately grateful for this candidate's example which helped us illustrate a more contemporary view-- that of mutual influence-- of transference. His example speaks to the readings:

From Aron:

"The analytic situation is constituted by the mutual regulation of communication between patient and analyst in which both patient and analyst affect and are affected by each other. The relationship is mutual but asymmetrical." ... "the patient's experience of the analyst's subjectivity needs to be made conscious" ... "It is often useful to ask patients directly what they have noticed about the analyst, what they think the analyst is feeling or doing, what they think is going on in the analyst, or with what conflict they feel the analyst is struggling." ... "The exploration of the patient's experience of the analyst's subjectivity represents only one aspect of the analysis of transference."

Aron, L. (1991). The Patient's Experience of the Analyst's Subjectivity. *Psychoanal. Dial.*, 1(1):29-51.

As found on Contemporary Psychoanalytic Musings at tbips.blogspot.com, 9-20-17

More about the co-creation of transference. In teaching and learning more about the co-creation of 'transference' in our Intro to Psychoanalytic Concepts I course, we used papers by Fosshage and by Slochower to further our discussion. While Fosshage helped the class rethink anonymity and abstinence from a more contemporary view, and nicely explicated a more contemporary idea of transference -- as an organizing activity -- from the classical displacement model of transference, the candidates and I agreed that the distinction between pathological and non-pathological forms of transference may not add to our clinical experience. Regardless of its form, we agreed that transference is always co-created.

Another lovely example came, again, from a candidate. The candidate described that her patient had insulted her and her competence, then the patient additionally complained that the analyst was a 'blank screen.' The candidate-analyst found it "harder to hear" that she was viewed by her patient as not so human (capable of feeling) than to hear she was not so skilled as a therapist. The candidate then explained to her peers how she, the therapist, had "refused the discomfort" of the insult to her competence and so had remained unmoved. "I did not feel my anger" so "my answer was not human." The patient, having expected hurt or anger, or some response, and having read, right brain to right brain, the therapist's dissociation from uncomfortable human feeling, then complained about her as a 'blank screen.'

This segued nicely into Slochower's paper where we see Slochower on the cusp of struggling to recognize her own contribution to the patient's 'hateful'ness, and struggling to 'wear the attributions' of incompetence, manipulative-ness, and greed as she negotiates with her patient an attempt at a mutual understanding. A second candidate noted aloud how Slochower's interrogation of "Why would I want to do that?" nonetheless leads to a deeper revelation about the patient's fears: "Obviously, to get as much money from me as possible." Slochower gives us an illustrative case example of just how very hard it is for analysts to see our own contribution and acknowledge it to patients and, thus, validate the patients' experience of us. This is one way our patients are our best supervisors.

Fosshage, J.L. (1994). Toward Reconceptualising Transference: Theoretical and Clinical Considerations. *Int. J. Psycho-Anal.*, 75:265-280.

Slochower, J. (1992). A Hateful Borderline Patient and the Holding Environment. *Contemp. Psychoanal.*, 28:72-88.

As found on Contemporary Psychoanalytic Musings at tbips.blogspot.com, 9-27-17



Tampa Bay Psychoanalytic Society

SPEAKER PROGRAM MEETINGS

TBIPS students, candidate, and faculty, and the Tampa Bay professional mental health community are fortunate to have the local Tampa Bay Psychoanalytic Society to bring interesting speakers to the area to share their expertise.

Speakers for the upcoming 2017 - 2018 program year are:

Jan 13, 2018	Elise Snyder	Ethics and Culture	
Feb 9, 2018	Anita Sawyer	Childhood Sexual Abuse	-
Mar 14, 2018	Sander Beuchler	-	
Apr 21, 2018	Kathryn Lamson	Dissociative States	

Here is an example of an excellent program provided by the local psychoanalytic Society:

Group Process. On Oct 21, 2017 Jeffrey Roth provided to the Tampa Bay Psychoanalytic Society, Inc. an organizational group process consultation [akin to Tavistock groups]. Some of the things gleaned are as follows:

Groups are fertile ground for primary process. [By this, Roth meant sexuality and aggression, seeming less interested in attachment and affiliation.] Just as in individual treatment, there is the stated task and the “covert task” [explicit and implicit]. All that transpires in group is “data” [fair game, in this case]. There are no ‘as-ifs’; psychic reality is the reality of the group. Differing narratives are not destructive, but combined toward greater understanding. Individual members are ‘elected’ by the group to hold certain characteristics and affects [projections; projective identification] such as ‘the inept one’, ‘the angry one’, etc. But this leaves the one doing the projecting bereft of being able to utilize that characteristic or feeling. What one member says about another is a disguise for what the speaker feels about her/himself. One question is to reflect on whether a projection serves to make the group more or less functional. Ideally, a well-functioning group is one which works to own its projected parts.

References by the leader to any individual is really a reference to the *role* that individual is playing on the group’s behalf. Issues of boundaries and autonomy come up. The leader speaks to the process of the group, removing the target off any one member. By questioning a member’s complaints of, for example, not having a voice or not wanting to be unkind, the leader challenges these abdications of agency by the complaining members. [Tavistock groups can serve to train leaders, facilitating recognition of ‘what one is made of’ and examining impediments to agency.] “False stupidity” [disavowal] or false muteness may serve an individual by hiding competitive strivings, avoiding risk of rejection, avoiding shame for competitive strivings or from rejection. The leader would amplify the implicit voice, e.g., complaining someone was ‘long-winded’ might be interpreted as meaning a “wind-bag” and wanting to say, “Shut the F--- Up!” The leader added that, by the way, a windbag can also fill the sails of another(’s sadness, e.g).

The group leader seeks “authorization” from the group or a member to make an interpretation about what is going on in the group. Roth would often say “pause” to stop the group and invite it to reflect. If a leader does not stop to point out what is happening, then the leader is colluding. The leader does not assume to understand any member or the group but instead offers hypotheses. He encourages each member to check out their personal hypotheses with other members. A leader who criticizes is not functioning well in the leader role. When asking questions, the leader reiterates that one is free to answer or not answer. “Experiments” are proposed, e.g. asking one member to speak in the voice of another member’s voice or role. The leader encourages the group to celebrate when an individual is willing to share her/his pain in service of the work of the group.

As found on Contemporary Psychoanalytic Musings at tbips.blogspot.com, 10-23-17

Film *Three Billboards Outside Ebbing, Missouri* (review presupposes you have seen this film)

With Renee Fleming's homage to Angela on the soundtrack, the opening of the film is of tattered billboards on a road that seems to lead to nowhere; One is of a baby like an unfinished jigsaw puzzle. This immensely entertaining film directed by Martin McDonagh [*In Bruges*] is written for our times, an allegory of the road America is on, and like the billboards, on a road "nobody ever goes down... unless [they are] lost or retards." And 'retard' is not the only politically incorrect utterance in this film. From "midget" to "Mexican," *Three Billboards* conjures them all [emboldened much like our country has been by its current president].

Three Billboards has the ability to surprise, followed immediately by the satisfying feeling of 'Of course!' Frances McDormand as Mildred Hayes, is, as always, a woman of substance; Hayes lives out loud in her courageous determination to light a fire [literally, it turns out] under the law to [let's say] 'encourage' Chief Willoughby (Woody Harrelson) to solve the rape and murder of her daughter Angela. In her grief and anger Hayes poses a solution: "pull blood from every man in town over eight," every male child born, for a database of DNA, and, if it matches the crime, "kill him." [Whether assaults on journalists, actors, Air Force Academy cadets, or a teenage girl walking home because her mother wouldn't lend her the car, this solution is an understandable, though untenable, fantasy of survivors and their families.] [Hayes rebukes the Church, as well, for its sexual assaults against boys.] The Me, Too movement, and perhaps all women, will feel a bit of impolitic vindication, evident in something as simple as the change in singer of *Buckskin Stallion Blues* from male (Townes Van Zandt) early in the film to female (Amy Annelle) much later, or the he-said, she-said of the dentist and Hayes. The idyllic mountain lake scene of two female children on a blanket with fishing poles cannot obliterate the uneasiness about what can happen to girls.

Every detail of this film is redolent: the name Angela; the later burned out building bringing to mind Angela Hayes' earlier charred body; Red Welby reading Flannery O'Connor; Officer Dixon (Sam Rockwell) may not be wearing mirrored sunglasses but his persona is every bit as ominous as the officer in *Psycho* -- but he reads comic books [Dixon lives with his mother, just as the police who beat and sodomized Abner Louima -- in real life -- did]; and especially Carter Burwell's exquisite soundtrack. Wistful, melancholic, original music accompanies Willoughby [no allusion to *Sense and Sensibility's*] and we soon discover why -- It is not just because he is singled out by Hayes to solve this cold case. Renee Fleming sings Thomas Moore's poem *The Last Rose of Summer* [for Angela]; the Four Tops' *Walk Away Renee* begins "When I see the sign[s]" [for the billboards? I have to smile.]

I have not yet seen the other films nominated for Golden Globe's Best Drama, but watching *Three Billboards*, I had the same thrilling sensation as I did watching *American Beauty*, *Crash*, and *No Country for Old Men*, all Best Picture Oscar winners. As in the 2005 film *Crash*, characters in *Three Billboards* are made up of multiple selves; villains can also be heroes. Willoughby guides the heretofore abhorrent Dixon in that direction via a posthumous letter when he writes: "what you need to become a detective is love" because love leads to calm and calm, to thought [reminding me a little of the psychotherapist's mission, with her welcoming attitude and the regulation of right brain affects allowing in left brain thinking]. The final scene -- a road trip with two who have reached across a horrendous rupture, about life and life's choices, "I guess we can decide on the way" -- my companion thought a too abrupt ending, but I thought it left open the possibility of a return to sanity, rationality and redemption. *As found on Contemporary Psychoanalytic Musings at tbips.blogspot.com, 12-12-17*

VETERANS' FAMILY INITIATIVE (VFI):

An Outreach Program of TBIPS



The mission of VFI arose from the need to help address with family members of veterans some of the difficulties with re- connecting as a family after separations and long absences, and in dealing with possible disabilities or illness of the veterans.

VFI (Veterans' Family Initiative) is one of the community outreach programs of TBIPS (Tampa Bay Institute for Psychoanalytic Studies). This pro bono/ low fee program was established to serve family members (spouses and children) of veterans who served in Afghanistan or Iraq by offering low to no cost mental health psychotherapy services. Volunteers are licensed psychologists, mental health counselors, social workers, and psychiatrists like you from the Tampa Bay area who have volunteered their time to talk with veterans' spouses, children, couples, or family.

Volunteers provide psychotherapeutic services to family members who are interested in talking to a mental health professional and who are not already in therapy. The mental health clinician meets with a spouse, child, adolescent, couple, or family, on a weekly basis for little or no fee. All particulars are negotiated by you and the patient. Volunteers do not work for or act on behalf of TBIPS, and TBIPS is not responsible for overseeing your work or its outcome. TBIPS' limited role is to connect potential patients with volunteers, and to coordinate and support the independent clinicians (by arranging peer consultation groups) who have so generously offered their services for the benefit of veterans' families.

As it will be helpful in the development of this program to learn what services families find most useful, VFI asks the volunteer therapist to report to VFI demographics (such as a child's age or that a spouse was seen). No names or other confidential information will be reported.

Treatment is strictly confidential, except as required by law to report elder or child abuse, domestic violence or any imminent danger to patients or others.

Become part of the healing.

To volunteer as a clinician psychotherapist through Veterans' Family Initiative, please call 813-908-5080.

To make a financial donation to help cover administrative costs, send your check tax-deductible contribution to:

TBIPS; memo: VFI, and mail to: VFI, c/o TBIPS, 13919 Carrollwood Village Run, Tampa, FL, 33618- 2401

Mobius Strip Logo



Ehrenberg wrote that the analytic dialogue, including intersubjective experience, where transference is not separate from countertransference, requires “something like turning our experience ‘inside out’—opening ... the ‘internal boundary’ of the relationship and explicating our experience from inside. “

TBIPS chose as its logo the mobius strip (a common symbol for the interconnectedness of things and for infinity) because its inside and outside are inextricably connected. Just as the inside and outside worlds of human experience are contextualized in one another, the past always contextualized in the present, the present in the past, and foreground experience always embedded in background relationship and meaning, so, too, the analytic dialogue has no ‘inside’ and no ‘outside.’

TRAINING Psychoanalytic courses and certificate programs offered.

DISCUSSION Discussion group participants meet biweekly in person or by conference call or Skype to discuss the latest literature in the field of psychoanalysis:

Training and Other Programs at TBIPS
Relational Psychoanalysis Study Group:

Relational literature, relational intersubjectivity, Object Relations, Attachment theory, Infant research, and many others discussed on the second and fourth Fridays of the month, September through June.

Self Psychological and Self-Intersubjective Psychoanalysis Study Group:

Colleagues discuss the latest articles in Self psychology and self (Systems theory) Intersubjectivity on the first and third Fridays of every month, September through June.

SERVICE

Veterans Family Initiative (VFI): Inspired by the American Psychoanalytic Association’s SOFAR program, VFI offers pro bono or very low fee treatment to families of veterans of the Afghani and Iraqi conflicts. We have over a dozen dedicated and generous mental health clinicians around Tampa Bay from amongst our ranks who volunteer. You may volunteer, too.



THE ARTS bringing a psychoanalytic perspective to the arts and to issues of human experience.

Film Series: TBIPS proudly co-sponsored community outreach Film

Series: 2008-09: *Women in Crisis*;

2009-10: *Fear of Difference: Diversity of the Holocaust Experience and 2010-2011: Developing Passions: On Sex, Relationships and Happiness*

2013-14: *Children and Trauma*

2014-15: “The Return of the Repressed” *Horror films*

2015-16: “On Aging”

Theater: Group outings to performances of interest, followed by dinner and discussion.