



Greetings from the President

Table of Contents

- Greetings p. 1
- About Candidates p. 2
- Film Series p. 3-4
- China and Psa p. 5
- Fall Courses p. 6-7
- Registration p. 8
- Local Society hosts speakers p. 9
- Blog sample p. 10
- Veterans' Families p. 11

Dear Reader:

With all the fury and trauma going on around the world, whether in Ferguson or Mosul, I keep expecting the United Nations to, any minute now, call on all contemporary psychoanalysts to enjoin with ideas about negotiation and collaboration. The battle of competing agendas is well—and I hope, lovingly—practiced in our consulting rooms daily, and I, for one, am happy to have a warm weather swim to start and end my day, and rejuvenate, now that summer is near.

TBIPS is so pleased to offer this Fall—along with our Continuing Case Conference which is offered every semester—two very exciting courses: Couples Therapy and Practical Analytic Subjectivity II. Where better to have an opportunity to put negotiation and collaboration front and center than in couples treatment? It is my understanding that courses in working with couples are not often taught at psychoanalytic institutes but our candidates see couples in their private practices and so conceived of this course for themselves, and we were glad to collaborate. For more on these courses see pages 6 and 7.

Continue to check out our blog *Contemporary Psychoanalytic Musings* at tbips.blogspot.com and feel free to send your musings and material to tbinstitutepsastudies@gmail.com for posting, or you may post your thoughts directly in the comment section of the blog. And so you don't miss a new post, enter your email address in the blog's lower right hand corner and all new posts will be sent directly to you via your email within 24 hours of their being posted. See pages 3-4 for examples of blog posts on films, and page 10 for examples of blog posts on conferences and articles.

TBIPS, once again, co-sponsors, with the local Tampa Bay Psychoanalytic Society, another year of interesting film discussions. The 2015-16 Film Series will feature films on aging. (see page 4). The Tampa Bay Psychoanalytic Society is also preparing another upcoming, informative year of speaker program meetings (see page 9). Can't wait to see many of you there in the fall.

Meanwhile, wishing you all a happy, carefree summer,

Lycia Alexander-Guerra, MD

Email: psa95md@verizon.net

President, Tampa Bay Institute for Psychoanalytic Studies, Inc

13919 Carrollwood Village Run, Tampa, FL 33618 813-908-5080

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

What TBIPS hopes to convey, via our instructors, to those who participate in courses and training, through *procedural* learning, is the sense of *welcome*. We include in the analytic attitude—in addition to striving to engage and enter the client's world, to considering the influence of the client's childhood experiences on how relationship is conducted in the present day, and to keeping the client's welfare preeminent—is learning to welcome in all ideas, narrative, and affect of our clients as we struggle to make use of their and our experiences in the present moment. If instructors do not welcome in classroom participation and make use of it, how will students and candidates learn to do so with clients? We heartily encourage negotiation between instructors and attendees in changing the format of a course, its readings and emphasis, to meet the needs of the attendees in that semester. Perhaps never is this more evident than in our third year course, Practical Analytic Subjectivity II, taught this Fall 2015, where we emphasize the therapist's location in the 'what is going on around here?' We want the therapist to courageously become increasingly acquainted with her/his prejudices, with areas that trigger therapists' dissociations, and with own childhood experiences that impede the therapists' capacity to sit with clients in their shame, despair, or fear. We also welcome all analysts around the country who wish to teach via Skype. Contact us at tbinstitutepsastudies@gmail.com.

Hearing About Advanced Candidate Stacie Lauro's Journey to TBIPS



Born in OH, I grew up in CT, with my Italian parents who have strong religious and moral values, albeit, patriarchal ones. As a kid in Madison, CT, I was fortunate enough to spend summers on the beach with friends. I attended Emory University and majored in biology, but beyond the curriculum, I experienced a broader world view and expanded my perspective. I especially loved psychology and women's studies. In medical school I enjoyed the 'detective' work of medicine and quickly learned there were social and emotional reasons behind illness (e.g. why people did not take their medications). However, I was not ready to admit to myself and to my family that I wanted to be a Psychiatrist. Growing up in a patriarchal, religious family, was some denial of feelings). To my family, a Psychiatrist is not a 'real' doctor. Of course, now I know that feelings – and interpersonal relationships in psychotherapy— is the most "real" of all.

In internal medicine residency, then pediatrics— where I started in the NICU, then the cancer ward— what I had known all along became glaringly clear: I am an "empath." The director of pediatrics recommended I discuss with his psychoanalyst friend my decision to change to a psychiatry residency, and psychiatry turned out to be a good fit, especially at Albert Einstein School of Medicine's Montefiore Hospital in NYC, where therapy was a focus of training. Medications may help people contain and cope, but not necessarily to grow, connect, and move forward. Psychoanalytic thought was introduced to me in residency and I could see how it helps with all of these. I matriculated at The Tampa Bay Institute for Psychoanalytic Studies, Inc which employs the tripartite model of didactics, supervision, and personal treatment. Not only did it help me become a better therapist, but it was a major impetus in helping me figure my way out of a bad marriage and to find my voice. Its emphasis on Relational psychoanalysis gave me not only a strengthened voice but the capacity to ensure respect and reciprocity in personal relationships.

Stacie Lauro, MD

Psychoanalysis and the Arts

Tampa Bay Institute for Psychoanalytic Studies, Inc.
 in conjunction with
Tampa Bay Psychoanalytic Society, Inc.



present
the 2015-2016 Film Series "On Aging"

Psychoanalysis is interested in art, such as film, because it assumes two levels of meaning, one manifest, the other hidden. It is the latter unconscious meaning which resonates with the viewer. Horror films, in particular, express the Freudian motivations (drives), and the fear of aggression and libido, which are often communicated in symbols. Some say it is these unconscious motivations, threatening to become manifest, which terrorize us, including the fear of the discovery of the unknown, whether it be the monster lurking in the shadows or in the unconscious.

DATE: Sundays, monthly (see specific dates below)
TIME: 200pm-500pm
LOCATION: Auditorium, 13919 Carrollwood Village Run, Tampa, Florida 33618
CHARGE: \$2 donation (includes popcorn and soda)

Informal and convivial afternoon viewing, then discussing a film. Facilitators for each film discussion include an academician (film, humanities) and a psychoanalytic clinician.

This year's 2015-2016 Film Series will feature film's on aging.

While Freud (1903) did not favor psychoanalysis for those over fifty (thought psyche too rigid; take too long to see gains), we must remember that the lifespan in fin de siècle Vienna was 47 for women and 44 for men! The literature today boasts many cases of those in their 70's and above who show an assortment of gains from treatment. Erickson (1950), as you know, extended Freud's developmental stages beyond young adulthood to include love, care (generativity v. stagnation), and, over 65, wisdom (ego integration v. despair).

Hildebrand (1987) noted "the creative power of continually changing relationships (as might be seen in *The Whales of August*)." And aging can bring increased acceptance of the self (*Wild Strawberries*), new discoveries, time for latent talents and for luxuriating in new found pleasures and for creative, social and spiritual endeavors (*Best Exotic Marigold Hotel*). Enthusiasm and curiosity can keep us young (*Harold and Maude*).

The risk for despair comes, too, with age, from loss of family and friends through death (*Amour*), moves, and empty nest; decline in sexual function; possible physical and mental infirmity (*Away From Her*); isolation; childhood fears of abandonment; and proximity to our own death. Economic security may improve for some, but decline for others (*Grey Gardens*). It takes courage, and adaptability to face losses (*Trip to Bountiful*) and accept changes in function and the narcissistic injuries that ensue. Hopefully, we will be in good company as we age.

We look forward to another year beginning in September of invigorating and enjoyable monthly discussion of films.

Read on for an example of discussion from the past year's Film Series "Return of the Repressed," Horror Films:

Frankenstein

Alternately titled *Modern Prometheus*, we are led to think that Dr. Frankenstein wished to rival the gods [or women] by creating life. For a woman in 1817 to write a masterpiece was not simply unusual, it was considered, like Prometheus' stealing of fire, an act of hubris. But more than hubris, *Frankenstein* is a story about attachment and the longing for restoration of lost relationship.

Discussion of film "Frankenstein" (1931) continued from previous page



Mary Wollstonecraft Shelley, the author of *Frankenstein* (1818, 1831), lost her own mother at only eleven days old from complications (infection) of childbirth. Her parents had hoped for a boy. Childbirth was perilous in Shelly's day. Shelley herself, as a teen, lost her first child within days of her daughter's premature birth. Her second, named after her father, and third child, also died very young. Shelley experienced multiple miscarriages and only one son lived to adulthood. She was a widow by age 25.

Did Mary grow up believing she had killed her mother? That her mother had abandoned her because Mary was an unlovable monster just as Dr. Frankenstein abandoned his creation at its birth? It is immensely plausible to speculate that a small child would wish for restoration of the lost mother.

Not only had Shelley lost her mother, so does Victor Frankenstein, and his bride (as did Shelley's husband Percy, upon whom Victor was partially modeled). Shelley, who dedicated the book to her father, might have wished as well for reparation with him for he had cut off all ties with her when she ran away with the already married Percy.

Victor Frankenstein, unseen or misrecognized by his parents, misrecognizes his creation. Dr. Frankenstein's monster becomes the Brombergian 'not-me' — the loss, the envy, the rage of the abandoned child— and it vengefully and relentlessly pursues its creator-mother just as Mary, as a child, spent countless hours at her mother's grave. A child learns to see itself first in its mother's face, her gaze, her mind, and learns to regulate its emotions from its mother's lending of soothing and containment of distressing emotions and sensations. Frankenstein's creation had none of these advantages, a monstrous child, indeed, left to long, ragefully, for connection.

And from "The Innocents" (1961), Henry James' "The Turn of the Screw"



The paternal grandfather of Henry James, an Irish immigrant became quite wealthy, had little time for James' father Henry James, Sr. James, Sr. himself was injured in a fire as an adolescent and lost his leg. He remained bedridden for a few years and finally garnered the attention of his parents. He too was a writer (newspapers), dabbled in theology, but was disinherited by his own father after a few years as a wayward youth. Having felt unloved by his father, James, Sr. was determined to shower his first born son William (the American physician, philosopher and psychologist who met Freud) with attention. Tragically, his controlling 'love' of William, and his second born son Henry, left both sons feeling oppressed by their father's attention, something from which both struggled to free themselves, but not without life-long battles with depression. It is thought the suicidal William was bipolar as well. Their younger siblings, Wilkerson, Robertson, and Alice (the recipient of inappropriate courting from William) all suffered mental illness as well, e.g. Bob with alcoholism, Alice with 'hysteria'.

Henry James never married. He wrote about some of the 'ghosts in the nursery' (fear, helplessness, rage) that intergenerationally transmitted, speak to the pain of multiple losses, such as loss of recognition, attunement, love, and actual caregivers. In *The Turn of the Screw*, Miles and Flora have lost first their parents, then grandparents, then their beloved governess. The governess narrator arrives and devotes herself to her wards, reminiscent of Henry James, Sr.'s crippling devotion to his two elder sons. Only after the two children are separated from one another, the governess — unable to bear the sadness of her wards' many previous losses (much like the hapless therapist)— in the last straw, the turn of the screw, in 'saving' Miles from his demons, fatally injures him. The governess has failed to hold Miles in mind, having deprived him of healing through relationship, much like Henry, Sr., she has blurred the distinction between her own needs and those of her charge.

That which is disavowed returns with a vengeance. James deftly leaves us to consider whether the ghosts here are from within or from without (or both).

CAPA

China American Psychoanalytic Alliance

Invites you to join

2015 STUDY TOUR TO CHINA

October 21-November 8

\$4700/PERSON (double occupancy)

BEIJING-XIAN-CHENGDU-LHASA-SHANGHAI

www.CAPACHINA.ORG elise.snyder@yale.edu

INVITE COLLEAGUES, FRIENDS, AND FAMILY

Price includes EVERYTHING except international airfare. INCLUDED internal flights, admissions, all meals, Wi Fi in hotels, all tips. Alternatives to the Tibet tour are possible. Add-ons possible after the main tour. Leave the US eve Thurs 10/22. The whole trip is probably tax deductible. Miss only two weeks of work.



TBIPS Faculty:

Lycia Alexander-Guerra
 Horacio Arias
 Lorrie Gold
 Susan Horky
 Peter Rudnytsky

TBIPS Visiting Faculty:

David Baker	Stuart Pizer
Bruce Reis	Peter Rudnytsky
Ghislaine Boulanger	Fred Sander
Shelly Doctors	David Shaddock
James Fosshage	Judith Siegel
Virginia Goldner	Frank Summers
Carla Leone	Daniel Shaw
Lauren Levine	Judith Teicholz
William Player	Anthony Virsida
Barbara Pizer	

**Program Offerings
2015-2016**

TBIPS is a professional community which embraces pluralism and a comprehensive contemporary view of psychoanalysis within the context of a mutually respectful and open learning atmosphere.

We invite you to:

- Deepen and develop your clinical skills.
- Join colleagues to network and share practical issues.
- Enroll in an individual class or in a training program:
 - Two year certificate program in Psychoanalytic psychotherapy
 - Four year certificate program in Psychoanalysis

Courses: Classes are open to mental health professionals with an interest in psychoanalytic ideas. The courses may be taken independently, but, in order to optimally elaborate concepts, we suggest that you enroll in the full semester. (Registration form on page 8 or found at tampapsychoanalytic.org)

Distance Learning: Long distance learning options available through use of audio or Skype video conferencing. (see page 2 the humorous and heartfelt comments of a long distance candidate)

Fall Semester 2015 Third Year Courses

Wednesdays Sep 16, 23, 30; Oct 7, 14, 21, 28; Nov 4, 11, 18; Dec 2, 9, 16, 2015; Jan 6, 13, 20, 2016

Couples Therapy (16weeks) **Wednesdays 8:00 am –9:15pm** It was third year candidates in 2011 who conceived a new course *Couples Treatment* to meet their practice needs to think about couples from a psychoanalytic perspective. This course emphasizes an intersubjective systems approach recognizing that people are inherently connected and that in any given moment an individual's psychological life is embedded in relational context. One advantage of a Systems approach is that members of the dyad seeking help, as well as the therapist, all have an opportunity to practice negotiation, and to identify just what is being negotiated. Another advantage of a Systems approach is that the therapist does not have to be *the one who knows* (everything) but calls upon the couple to collaborate about 'what is going on around here?' Since systems can rearrange unpredictably after perturbation, all three in the room are encouraged to ask how the shift (whether a change in posture or intonation, or change in subject or focus) came about. Couples therapists want both members of the couple to feel understood. The therapist learns to attend to each member of the couple, and simultaneously the couple as a whole, to discern any hint of retraumatization. The therapist can then intervene to shift to a more hopeful, regulatory stance. Instructor: Lycia Alexander-Guerra.

Fee: \$250 for a single course; \$200 if enrolled in full semester (all three courses).

Registration deadline is August 6, 2015

See page 7 for additional courses.



Fall 2015 REGISTRATION FORM
Courses (see page 6 and 7 for course details)

_____ **Couples Therapy** (16 weeks) Wednesdays 8:00am-9:15am
Wednesdays Sep 16, 23, 30; Oct 7, 14, 21, 28; Nov 4, 11, 18; Dec 2, 9, 16, 2015; Jan 6, 13, 20, 2016
Fee: \$250 for a single course; \$200 if enrolled in full semester of 3 course

_____ **Clinical Case Conference** (16 weeks) Wednesdays 9:30am-10:45am
Wednesdays Sep 16, 23, 30; Oct 7, 14, 21, 28; Nov 4, 11, 18; Dec 2, 9, 16, 2015; Jan 6, 13, 20, 2016
Fee: \$250 for a single course; \$200 if enrolled in full semester of 3 course

_____ **Practical Analytic Subjectivity II** (16 weeks) Wednesdays 11:00am-12:15pm
Wednesdays Sep 16, 23, 30; Oct 7, 14, 21, 28; Nov 4, 11, 18; Dec 2, 9, 16, 2015; Jan 6, 13, 20, 2016
Fee: \$250 for a single course; \$200 if enrolled in full semester of 3 courses.

_____ Psychoanalytic Electronic Publishing (PEP) Fee \$35 or \$65 for advanced candidates and faculty.
Not available for students enrolled only in Continuing Case course.

_____ Total Payment Enclosed (one course: \$250; two courses: \$500; three courses: \$600)
refund policy (85% up to 7 days before)

Must Include this page with Payment.

Registration deadline is August 6, 2015. (Deadline for all application material, registration form, and payment.) We cannot provide papers through a subscription to PEP (psychoanalytic electronic publishing) unless register and pay by the deadline.

Name _____ Degree _____ License # _____ State _____
Address _____ City _____ State _____ Zip _____
Email address _____ Request long distance learning _____ (yes)

Mail form with check made out to TBIPS (and CV if first time registrant) to
TBIPS, Inc 13919 Carrollwood Village Run, Tampa, FL 33618
Or email registration to TBIPS at tbinstitutepsastudies@gmail.com with payment made on paypal at tampapsychoanalytic.org.

Tampa Bay Psychoanalytic Society, Inc Speaker Program Meetings for 2015-15

In Tampa Bay, we are fortunate to have speakers to the local psychoanalytic society supplement training of local candidates and students:

September 26, 2015 Peter Rudnytsky, PhD on Milton's *Paradise Lost*

October 2015 TBA

November 2015 Steven Kuchuck, PhD

January 23, 2016 Kerry Kelly Novick, PhD

February 13, 2015 Bruce Reis, PhD

March, 2014 Alice Bartlett, MD

April 25, 2014 TBA

All TB Psa Society Speaker Program Meetings are at the Memorial Hospital Auditorium, 2901 West Swann Ave, Tampa, FL 33609

8:15am-9:15 am 'Conversation' with speaker \$15Member; \$20 if non-member; 1 CEU)

9:15am-9:30am Coffee and bagels, sign in, and at the door registration

9:30am-12:30pm Main presentations Free to all Non-members, if request 3 CEUS, are charged \$45.

1:30pm-4:30 pm Afternoon presentation \$35Member; \$45 if non-member 3 CEUs.

Box lunch can be pre-ordered (\$12.50-15.00) for those staying for the afternoon presentation.

All CEU certificates are emailed the following week to members and other paid attendees who sign in, give email address, and complete evaluation forms.

Also, please consider joining the Tampa Bay Psychoanalytic Society, Inc. for their August 1, 2015-July 31, 2016 year and support a great programming schedule.

Clinical Members: \$300.00

Life Members: \$100.00

Corresponding Members: \$60.00 (must be member of APsa or IPsa)

Friends: \$60.00 minimum donation

Students: \$30.00 (unlicensed mental health professionals in training)

Posted on June 2, 2015

Having Fallen into the Abyss Myself...

A supervisee, praised in her respective psychoanalytic training program for her "calmness and stability," asked me recently how she could keep herself stable when faced with her very unstable patient whose instability, lamented the supervisee, she could feel inside as if her patient were "pushing" her. The therapist complained that she could feel herself "influenced" by her patient's self states. Her patient was continually running away from the chaos of her own world and now the therapist-supervisee wanted to run away from this patient. A professional therapist, the supervisee claimed, can keep herself stable, work deeply and slowly, and could "stay there" in the room with her patient.

I was pleased to know that the therapist I supervised had the capacity to be influenced by her patient. Now we had to find a safe and comfortable enough way for the therapist to share with her patient that her patient was no longer alone in the chaos. And what a good job the patient was doing communicating her own internal states. [Is this what projective identification is?] If the therapist, too, could feel the chaos, and if the therapist could both survive the chaos and not be shamed by her lack of stability, what might these mean for the patient? That the patient was no longer alone? That it is okay to make mistakes? The supervisee further lamented that when she managed to feel calm and stable with this challenging patient, it was at the cost of feeling "dead" inside, feeling "serious: and unable to "interact" with her patient. The therapist found that paying attention to her own body sensations relieved her some of the deadness. The supervisee asked how she could be both alive and stable with this patient.

*That is the big question, isn't it? Bromberg, in *On Knowing One's Patient Inside Out*, wrote about how very difficult it is to be both participant and observer [Sullivan]. I have often wondered how one can hold the patient's hand and jump into the abyss with the patient, and still hang on to the rim. It must take Herculean strength, and personal mettle. I know I failed gravely at least one patient.*

Is the deadness the therapist feels inside not also, at least partially, a joining with a self state of the patient's? Could the patient's chaos be a way to protect herself from such deadness? Had the therapist stumbled upon something that the patient had dissociated in attempt to save herself from deadness? The supervisee asked why I, the supervisor, in multiple venues we had shared, was always so alive. That got me to thinking about from what deadness inside myself did I wish to run? Was avoidance of such deadness what made it impossible for me to truly leap into the abyss with my patient(s) and could it have simultaneously caused me to let go of my observer stance? The supervisee worried that, were she to enter the self states of her patients, they would either not make progress in therapy or they would leave treatment altogether for they would lose hope. I surmise that, should we make friends with our dissociated self states, neither destroyed nor shamed, that might open a path for hope.

Posted on 12-9-14

Whose responsibility, anyway?

The task of the analyst is to help the patient learn about himself (discover the many facets of himself, if you will), not to impose on the patient the necessity to prove the analyst's pre-learned theories about human behavior. The analyst, then, has no corner on 'truth' and cannot privilege her perspective over that of the patient's psychic reality. Instead, both analyst and patient struggle to negotiate a working relationship toward discovery. Faltering, fumbling, rupturing, both then strive to upright and repair what has been lost in the relationship. No matter how both analyst and analysand are implicated in the co-creation of the transference, countertransference, or resistance, whatever the patient does is always in the service of trying to heal himself. The patient tests the analyst for trustworthiness, commitment, and circumspection. Make no mistake, that whatever the outcome—whether impasse, acquiescence, failure to improve, getting worse, or stopping treatment – it is always the analyst's responsibility. The analyst welcomes in, then must contain what has been welcomed. The analyst's failure to monitor interactions between patient and analyst, to recognize and correct misattunements, can have dire consequences. While both take responsibility for the discourse, any failure lies on the shoulders of the analyst alone.

*Become part of
the healing.*

VETERANS' FAMILY INITIATIVE (VFI):

An Outreach Program of TBIPS

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:**

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

**Lycia Alexander-Guerra, M.D.
&
Heather Pyle, Psy.D.
Co-Chairs, VFI
Tampa Bay Institute for
Psychoanalytic Studies**



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 T-BIPS (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.

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:

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: *looking forward to “On Aging”*

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