



Tampa Bay Institute for Psychoanalytic Studies

TBIPS Newsletter Volume VIII, Issue 2

Winter 2016 -2017



Volume VIII, Issue 2,
Winter 2016 - 17

Greetings from the President

Table of Contents

- Greetings p. 1
- Curriculum p. 2
- Spring Semester p. 3
- PSA Activities in Tampa p. 4
- Blog Excerpts p. 5-6
- Candidate Art p. 7
- VFII p. 8

Dear Reader:

Recovering from a divisive election and its outcome's aftermath with threats to the capacity of the USA to recognize Otherness, we carry on. Many are understandably anxious. Here at TBIPS, though, we are joyfully about to finish candidates' four years of didactic and plan to begin, in the Fall of 2017, a new first year class. We are very proud of our contemporary curriculum (page 2) and most grateful to those volunteer instructors who so generously share their experience and love of the work with our candidates and students.

Instructors so value what they do that they want to share it with clinicians at all levels of experience in any format that spreads the idea of the usefulness of approaching clients with openness, welcome, mutuality, recognition and self-reflection. We were especially pleased to have recent graduate Steven Graham, PhD and advanced candidates Adam Estevez, MD and Stacie Lauro, MD participate in teaching courses in the Fall 2016 semester. In the upcoming semester we welcome from south Florida a new instructor, Andrew Lagomasino, PsyD. TBIPS invites analysts from around the country and the world to share their contemporary point of view by becoming volunteer instructors.

Another way TBIPS gets ideas and information about psychoanalysis out is through our blog site at tbips.blogspot.com (page 5-6). We welcome contributors to submit posts (contact me) with comments through a psychoanalytic lens on journal articles, politics, film, books, etc. Meanwhile,
Stay warm,

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

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

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

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 Couples 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 Case

Spring Semester 2017

Courses meet for 16 Wednesdays: Feb 1, 8, 15, 22; Mar 1, 8, 15, 22, 29; Apr 5, 12, 19, 26; and May 3, 10, 17, 2017

Registration deadline is Jan 18, 2017: \$250 for a single course; \$200 per course if enrolled in 3 or more courses.

Electives (16 weeks) **Wednesdays 8:00 am -9:15 am** Each participant designs own course based on participant’s unique area of interest (For example: neurobiology; art therapy; Freud’s cases revisited; etc) Each participant chooses the papers to be read for the 3-4 weeks of each mini-course explored.
Instructor: participants themselves

Clinical Case Conference (16 weeks) **Wednesdays 9:30am-10:45am** 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.

Psychosoma II (16 weeks) **Wednesdays 11:00am-12:15pm** We continue to view hypochondriacal and psychosomatic symptoms as communication of past trauma. This course focuses on helping clinicians with patients who are alexythymic, i.e. have no words for experience—a population often confounding and daunting for the therapist—and instead express their experience through physical symptoms. We discuss how embodied experience represents an expansion of the analyst’s work in both transferential and countertransferential.

Please complete form on next page (over) and return with check made out to TBIPS by Jan 18, 2017.

TBIPS SPRING 2017 REGISTRATION FORM

_____ **Electives** (16weeks) **Wednesdays 12:30pm-1:45pm** Feb 1 – May 17, 2017
Fee: \$250 for a single course (\$200 if enrolled in 3 or more courses)

_____ **Clinical Case Conference** (16 weeks) **Wednesdays 9:30am-10:45am** Feb 1 – May 17, 2017
Fee: \$250 for a single course (\$200 if enrolled in 3 or more courses)

_____ **Psychosoma II** (16 weeks) **Wednesdays 11:00am-12:15pm** Feb 1 – May 17, 2017
Fee: \$250 for a single course (\$200 if enrolled in 3 or more courses)

_____ **Total Payment Enclosed** (one course: \$250; two courses: \$500; three courses: \$600)
(Refund policy: 85% 7 days before classes begin)

Must include this page with Payment.

Registration deadline is January 18, 2017. Deadline is for all application material, registration form, and payment.

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



TBIPS STUDY GROUPS

TBIPS offers 2 free study groups (by conference call) on Fridays at 2pm. One is on Relational and the other is on Self – Psychology where current psychoanalytic literature is discussed. On the 1st & 3rd Friday of the month and on the 2nd & 4th Friday of the month respectively.

TBIPS SPEAKER PROGRAM MEETING

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. Remaining speakers for this academic year are:

February 18th , 2017 Jane Tillman, PhD

8:15-9:15am “ A conversation with Jane Tillman”

9:30- 12:30pm “Moral Injury and the Intergeneration Transmission of Suicide”

1:30- 4:30pm “ Clinical Case Presentation”

March 18th, 2017 Adrienne Harris, PhD

8:15-9:15am “A conversation with Adrienne Harris

9:30- 12:30pm “Ghost in the 21 st Century Consulting Room”

1:30- 4:30pm “ Winnicott’s clinical and theoretical work on bisexuality”

April 22 nd , 2017 Lycia Alexander-Guerra, M.D.

9:30- 12:30pm “ Shame in the Clinical Situation”

LOCATION: 13919 Carrollwood Village Run, Tampa, FL 33618

CHARGE: 8:15am: \$15 member/ \$20 non-member; (1 CEU upon request);

9:30am: Free to all (\$45 non-members if requesting CEUs; CEUs free to members upon request)

1:30pm: \$35 charge to members / \$45 to non-members; (3 hrs. CE credits upon request).

LUNCH: 12:30-1:30 pm--Boxed lunch will be available by reservation \$12.50 if order and paid one week in advance, \$15 after deadline, up to two days in advance.

To register, contact Ashley Neil at: ashleyneil@mail.usf.edu

TBIPS.BLOGSPOT.COM

Our local psychoanalytic society (page 4) brings excellent speakers to Tampa Bay and we sometimes share their expertise around the world through the TBIPS blog at TBIPS.BLOGSPOT.COM, This post was written by our recent graduate Steven Graham:

Insights from Jane Hall, LCSW

This past Saturday (10/15/16), psychoanalyst and author Jane Hall explored with the Tampa Bay Psychoanalytic Society the concept of “attachment to abuse,” specifically the incredible bind in which many patients abused as children find themselves as adults when seeking to live a freer, more constructive life. Hall posed both psychological and physiological factors that continue to “haunt” abused children across their lifespan. Psychologically, these children have internalized within both the abuse and the abuser, coloring how they will experience themselves, others, and themselves in relationship with others. Physiologically, the sustained dis-ease of home life triggers high levels of cortisol, now shown to negatively affect the developing brains of children. Each of these factors alone, let alone the interactive effect of both together, shape the way in which these individuals think, feel, and behave in the world. Hall noted that such individuals will respond somewhere on a continuum: from mild self-punishment all the way to psychopathy. Put more succinctly, the sustained childhood abuse eventually will leave somebody dead. This death may manifest in extreme cases as either suicide or homicide, including acts of terrorism. Other types of death include the loss of the self (an absence of self-esteem) and the loss of the object (an inability to form intimate relationships).

Hall postulated that as psychoanalysts, our role is to listen – with benign curiosity, and this type of listening will, over time, enable the early childhood wound to form a scar, and with continued listening, that scar will eventually shrink. Our consistent frame and benignly curious listening can ultimately allow not only the mind to change as noted above, but, Hall citing recent neurological research, posits that the very brain itself can change because of its inherent neuroplasticity.

The challenge for a patient to move from such a wound to a diminishing scar is significant. Because of the painful parental treatment (e.g., controlling, neglecting, cold), these abused children fashion ways to protect themselves from such harm. These defenses, however, keep out not only that which is harmful, but that which is necessary and good. As adults, these children are unable to absorb love, though they are desperate for it. The challenge of treatment is to invite these children-turned-adults to “loosen ties to their original object,” as Hall explained. This is the only path forward to prevent them from finding ways of repeating their abuse – as abuser/abused or both. This way of safety and protection learned in childhood has become a character trait that prevents a fulfilling adult life.

Contrasted with Winnicott’s “good enough mother,” Hall described the “bad enough mother,” who for a host of reasons may not have been able to meet the normal developmental needs of her child. This mother, herself, may have had a “bad enough mother,” passing onto the next generation the familiar and familial trauma. Hall noted that we as therapists may find ourselves sucked into the role of the bad enough mother and, as a result, dealing with the patient punishing us in a variety of ways. One of the most effective punishments, she illustrated, is the patient’s refusal to get better, thereby torturing the analyst.

Hall cautioned us that this move from the attachment to abuse to a more secure attachment with the analyst and others in the patient’s life is not easily achieved. The patient will fight to hold onto that which is familiar while at the same time desperately longing for something healthier. She suggested that we must find ways to survive the onslaught of the patient’s hopelessness, rage, and helplessness likely with the help of a support system ourselves. Hall concluded the morning presentation with two case studies with patients she had seen in analysis over many years, both of whom have found ways of living meaningful lives after living through significant traumata as children.

by Steven D. Graham, PhD, DMin

TBIPS.BLOGSPOT.COM

Phenomenology

Last month, on December 10, the local (Tampa Bay) psychoanalytic society hosted presenter Jack Foehl, PhD. He shared his ideas on phenomenology (the study of phenomena, that is, that which is manifest in experience) and how it informs clinical work. Philosophical questions such as : ‘What does it mean to know? How do we know we know? How does one know oneself? [How does one know another?] How does one study experience? What does it mean to be human?’ all pertain to our psychological work. “What is the nature of meaning from a phenomenological perspective?

The German philosopher Hegel (1770-18310), Foehl informed us, wrote in *The Phenomenology of the Spirit*, that we can only know ourselves through the experience with another. Without the other reflecting upon us [and holding us in mind?] we cannot fully experience ourselves. But it was another German (Czech) philosopher, Husserl (1859-1938)-- who was greatly influenced, as was Freud, by Brentano-- who is considered the founder of Phenomenology. Husserl developed a method for describing experience which he called phenomenology.

Foehl encouraged us to remember that an attitude [e.g. psychoanalytic attitude] is a way of seeing and describing the world, but reality requires multiple perspectives and is a function of the way it is perceived. As analysts we “suspend the positing of reality” in order to situate ourselves in the present moment, in the experience, not just in the telling by the patient, but *with* the patient. Phenomenology suspends judgment (epoche) about the natural state in order that, paradoxically, it can be highlighted. The process constitutes, that is, things are not prefigured to be found, but, instead, we are always in the process of bringing into being. [Experience is co-created moment to moment with our patients.] Psychoanalysis is a process which facilitates both participants to experience more deeply.

I found Foehl’s philosophical discussion intriguing and felicitous, and applicable to the philosophy of psychoanalysis. But I am neither an academician nor a scholar. I am simply a clinician, and a flawed one at that. As much as I enjoyed phenomenology’s new names which inform and enliven “intellectuals” and as much as I greatly enjoyed the clinical material, it seemed additionally heartening to me that if we pay sufficient attention to moment to moment changes in our patients and ourselves, including our sensory perceptions, and practice some reflection and intersubjectivity, we might arrive at similar reveries without contemplating that we are employing phenomenology.

By Lycia Alexander-Guerra, MD

Fred Griffin (2005) uses the work of physician and poet William Carlos Williams to “re-establish an imaginative space” when Griffin finds himself at an impasse in clinical work with Mr.D and at a loss for reflective thinking. Griffin describes the use of literature, and words, to create and contain experience, as well as describes his personal account of using literature to stimulate his “imaginative capacities.” In Williams’ short story “The Use of Force,” Griffin finds himself envying, then, through reverie, identifying with the physician protagonist in the story who has the “freedom to possess an entire range of feeling states and ... facility of movement among them...” [Bromberg] for “generative self inquiry” which allows Griffin to reinstate his capacity for thinking (ala Bion).

Certainly there is more to the shared analytic experience than mere words or narrative, and Griffin states his appreciation for wordless communication. He also astutely notes the parallel between analytic work, which may eventually find words for unspeakable experience, and the literary author’s struggle to give words to experience. He notes that transference-countertransference “is a type of fiction that tells us what the patient’s internal object world is *like* as it is creating itself.” He quotes Williams: [read the rest of the blog at tbips.blogspot.com. SEE YOU THERE!]

Griffin, FL (2005) Clinical Conversations between Psychoanalysts and Imaginative Literature. *Psa Q*, 4: 443-463.

By Lycia Alexander-Guerra, MD

CANDIDATE ART

Leg Godt Collection is the latest work by TBIPS Advanced candidate and talented painter Adam Estevez, MD.



"*Leg Godt* marks the third show for Adam Miguel Estevez at The Studio@620. *Leg Godt* is a Danish expression meaning "Play Well." Adam Miguel Estevez's current work is all-new, both in concept and technique. Eschewing traditional methods of painting, the current exhibit consists primarily of works on aluminum, zinc, and copper. Paint is added and subtracted to metal sheets using various scraping techniques, squeegees, and spray bottles. Rust, oxidation, and natural aging are evident. This dynamic technique emphasizes process beyond static content. Within this space, with no beginning and no end, creativity and play exist. *Leg Godt* is a veritable snapshot into this process."

Paper Dolls

By TBIPS Advanced Candidate Stacie Lauro, MD

Paper dolls linked hand in hand, stretched out in a row
 Me standing between me, looking to and fro
 hard to see all me when stretched from here to there
 if I try to bend, I easily rip and tear
 and when the blows
 the doll follows like a waif
 some almost letting go, not feeling safe

better pull together, better pull in close and tight
 now we hold together,
 what a lovely site
 fold one over the other
 like an accordion to play
 now there's strength in the numbers
 all here to stay

each doll important, each make the other strong
 all of me's are different, but none of them are wrong
 hugging each other close, so now we all belong,
 we are not so easily ripped, we are not so easily torn

and when the wind blows, now we flex and bend
 now there's strength in numbers, now we don't pretend

holding tight together its much easier to be
 now I see all of you standing in between me

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:

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

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 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 though 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.

