



Tampa Bay Institute for Psychoanalytic Studies

TBIPS Newsletter Volume IV, Issue II Spring 2012



Volume IV, Issue II
Spring 2012
TBIPS Newsletter

Greetings from the President

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Dear Reader:

TBIPS has always had as part of our mission an open and egalitarian approach to courses and training. Last semester two of our courses (Couples Therapy and Practical Analytic Subjectivity) were conceived by candidates and Steve Graham, PhD contributed to the latter's syllabus. How happy we are to have such participation by candidates in writing our curriculum, and in participation in the working of the Board.

TBIPS has had some changes to the Board of Directors. After our recent biannual election, we are delighted to welcome candidate Stacie Lauro, MD as our new Treasurer. We are also pleased to welcome Raymond Roitman, LCSW to the Board. Heather Pyle, PsyD served long and faithfully for the past four years as Treasurer and to her we are very grateful for all her hard work.

TBIPS, thanks to faithful donors like Robert Silverman, has always been able to offer tuition scholarships, stipends for supervision, and supplemental income to candidates treating very low fee cases. To increase participation from candidates and students, we have a work-study program for tuition breaks. Students and candidates serve on the Board, and help manage PEP, library listings, refreshments, etc so that things run more smoothly. Learning and working together increases camaraderie and adds joy through increased usefulness. As you will read on page 3 candidates and students find the community we build here is almost as important as the lively and informative dialogue found in all our courses.

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Möbius 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 Möbius 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 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 diverse 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 14043 N Dale Mabry Hwy, 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

New Couples Treatment Course a Huge Success

In the Fall 2011 newsletter The Tampa Bay Institute for Psychoanalytic Studies, Inc boasted a new course conceived by third year candidates titled *Couples Treatment*. We were delighted to have via Skype, as one of many guest lecturers, David Shaddock on October 19, 2011 and again on January 18, 2012. Shaddock authored Contexts and Connections: an intersubjective systems approach to couples therapy, where he applies systems theory to his work with couples. Intersubjective Systems theory recognizes that people are inherently connected. Moment to moment an individual's psychological life is embedded in relational context. One advantage of a Systems approach is that the therapist does not have to be *the one who knows* (everything), as the goal instead is to bring about a shift in the dynamic system. The therapist asks herself in the moment 'What triggered this shift?' Shaddock says that a Systems approach, with its tenet that the whole is more than the sum of its parts, is optimistic, for systems can rearrange unpredictably after perturbation. Phase shifts are always possible. Perturb the system and the chance that it will reorganize itself in a new way becomes possible. Systems theory recognizes that the self is organized and reorganized spontaneously, not predictably predetermined. The therapist 'catches' these phase shifts.

The couples therapist can, by making explicit a shift in the system, empower a couple with the experience that *it does not take much to induce change*. For example, when an angry couple suddenly softens because of something implicit, Shaddock will, to bring it under conscious control of the couple, point out the shift (e.g. 'What just happened here? Your face just softened with concern and then your wife became calmer.')

The therapist may also view the couple through the frames of the repetitive selfobject dimension (ala Stolorow), and the self/interactive regulation of affect dimension (ala infant research). In the former, one member of the couple may, in the therapy situation, have her/his worst fears confirmed. Couples therapist Carla Leone will watch the faces of each member of the couple to discern any hint of this retraumatization. The therapist can then intervene to shift from the repetitive pole to the more hopeful, regulatory one.

Recognizing two important ways to organize the world: defensively, and engaged toward relatedness, the therapist focuses on 'toward relatedness.' Couples therapists want both members of the couple to feel understood. (This decreases defensiveness, engenders hope, and increases the chance that each feels safer to state which needs each would like met.) A history, taken in front of the other partner, helps both the therapist to elucidate for herself a partner's repetitive pole, and invites a new relational dynamic between the couple (by allowing the other partner to witness that it is historical factors, not the witnessing partner, which trigger fearful responses) and this may lead to a reparation of empathy.

Hear from those who are part of TBIPS:

From a Third, and First Year, Candidate's Perspective

The Leap into Psychoanalysis —Adam M. Estevez

We are like ignorant children who want to continue making mud pies in a slum because we cannot imagine what is meant by the offer of a vacation at the sea. We are far too easily pleased.- C.S. Lewis

I made the decision over the Summer 2011 to get started with my first psychoanalytic case. One of my patients, who had previously been seen in weekly therapy had scaled back to once-a-month medication management for close to a year. Her reasons had been multifactorial but she primarily expressed concern about the cost. Realizing on my end how much she had benefitted from therapy, I wanted to convince her (convince myself?) to venture into psychoanalysis. I made a hard sell, pitching it as a significantly reduced price as it would be part of my psychoanalytic training. Prior to this, she had been paying full fee for therapy.

She agreed. I began seeing her at twenty-five dollars a session, three sessions a week. Knowing that there were both large abandonment and trust issues for her, the first several sessions involved creating a sense of safety. I could sense that this was the right therapeutic decision for her. Our work together quickly accelerated.

Unfortunately (or fortunately?), this agreement was not quite the right decision for me. Coinciding with this beginning was the news of my wife's pregnancy. Whether it was the desire to provide for this new life or other reasons, I quickly realized that this fee was too low for me. Perhaps unintended (but unavoidable) fodder for analysis, I needed to address the fee situation. I anticipated an exacerbation of such issues for which she sought my help in the first place.

Without getting into the details, there was a definite rupture in the relationship. There was, for a time, a real possibility that this would end not just analysis but our therapeutic relationship. In a way that only analysis could have provided, the treatment afforded us the time to repair this relationship. We have forged ahead in from this repair that has been both healing and experientially new for her.

For me, I have found it gratifying work. I have seen the value of the analytic process for creating meaningful connectedness. Regarding efficacy, once-a-week therapy seems to pale in comparison. I find myself wondering, "Who would ever choose weekly therapy over analysis if given the choice?"

In what may be akin to my own experience of the Dunning-Kruger effect ("The more you know, the more you realize how little you know"), I have found myself questioning basic tenets in psychiatry and psychotherapy. How are the needs of my patient handled? How are my needs as a person handled? How is disclosure handled? Do classical psychoanalytic principles apply in some scenarios and not in others? What effects change and to what degree? Is it the person, the relationship, or the technique or all of the above and to what degree? I look forward to a better understanding

Ben Feldman Writes:

In our coursework we have been exposed to many theories: Relational, Object Relations, Ego Psychology, Attachment, false self/true self, all well argued, and fascinating. These theories demonstrate how alive and vital psychoanalysis is and will continue to be for psychoanalysis is not a closed system of thought. But how could so many theories work, and why? I believe it is not theory, for patients improve even when analysts make mistakes. What I have come to understand through the continuing case conference and discussion of the literature is that the curative element, the mitigation of patients' suffering is most likely to be the capacity of the analyst to connect with patients in a way that allows patients to experience someone 'feeling with them.' They develop a complicit intimacy. The therapist is able to experience the insufferable and hear the 'music of cryings.' Theory is theory but connection cures.

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STUDY GROUPS

The Tampa Bay Institute for Psychoanalytic Studies, Inc boasts two Study Groups, each every other week, one on Relational Psychology, alternating Fridays with Self Psychology. For several years now I have been looking for places where the two psychologies happily marry. In the past month our discussion groups have seen the rocky courtship of Self and Relational psychology in the papers found in 2010 IJP Self Psychology by Donna Orange with commentaries by Jessica Benjamin, Philip Ringstrom, and Malcolm Slavin.

Mutual Recognition in a Fly Bottle

It was Orange in *Recognition as: Intersubjective Vulnerability in the Psychoanalytic Dialogue* who first seems to misrecognize *recognition* by characterizing the relational usage of the term to mean “demand”ing (forcing or coercing) the patient to deal with the subjectivity of the analyst. She writes that most of her patients who “come from families where they were excessively required to validate the parent’s experience...become adults excessively attuned to the needs of others. ... The last thing these patients need...is an analyst who is preoccupied with a therapeutic agenda to get patients to recognize her as a subject.” [as if most relational therapists would not see the capacity for intersubjectivity (to recognize an Other as a subject) as a *result* of treatment, not a *requirement* for treatment.] Orange goes on to advocate for the use of empathy [called mutual attunement these days by Self psychologists trying to find their way to a two-person psychology] to find our way into the patient’s predicament (Wittgenstein’s fly bottle) and to stay close to the patient’s experience in order to help the patient find a way out. Orange utilizes “close emotional attunement” to access the patient’s emotional experience “through verbal and nonverbal conversation where we establish and identify together the nature and rules of a particular language game [Wittgenstein] ...” [what relational therapists, perhaps, would call negotiation].

In her response to Ringstrom, Benjamin, and Slavin, Orange humbly admits to her misrecognition. While the psychoanalytic endeavor strives to hold the patient asymmetrically central, Orange’s Levinasian inclination is to put herself below, instead of on par, with the patient. (She intimates throughout her writings that this is a personal relational template for her.) Why, when using Winnicottian ideas so often, does Orange place “destruction” outside her language game (perhaps she wants to safe guard from confusion her own term “world-collapsing”). And, moreover, why not become familiar with the language games of other schools, holding more lightly the theories of her own camp?

Benjamin writes with greater clarity, perhaps unencumbered with arabesques of philosophical side leaps, and explicates the usefulness of an analyst with her own subjectivity who “assumes a reality independent of the patient’s worrisome anxieties about having to be a caretaker for the analyst...[T]he analyst, being a subject in her own right, means she is the one who can take care of herself and regulate herself...” The patient is *not* re-traumatized by the “demand” to take care of and regulate, as the patient once did for the parent, the analyst.

Ringstrom wonders if Orange does not idealize [perhaps holding less than lightly] empathy (in much the same way classical analysts idealize anonymity, abstinence, and neutrality) because, when empathy fails, as it inevitably will, she does not offer alternative ways in, and out of, the fly bottle. Ringstrom offers enactment as an alternative: “Enactments allow access to self-states that are typically coded in implicit procedural memory...” Orange eschews Hegel [also a misrecognition, or being willfully obtuse, or merely a failure to enter Hegel’s language game?]: “...we should give up the search for the Hegelian self-conscious subject, with its implied demand for the other to re-cognize and create it.” And she eschews use of the term dialectic, preferring the term dialogic. Ringstrom describes a lovely dialectic that even intersubjective self (called systems theory) psychologists like Orange might recognize when he, using Benjamin’s inevitable negation, writes “assertions of self that take the other for granted (negation) often result in ruptures that force awareness (recognition) and often precipitate repair (mutual recognition).”

It is Slavin who stands easiest in the spaces between Self and Relational psychologies, balancing the tension between the two as he gives in his clinical example an elegant use of his subjectivity to meet the patient in her experiential world. His vignette describes how, in admitting his disinclination to be with the suffering of his patient, he paradoxically reaches the patient. Orange added her own vignette of a time when she, too, self disclosed her own failure to go into the fly bottle with her patient. She adds, “I had given her what she needed to recognize me so that I could recognize her...” This is where Orange marries the relational subjectivity with self psychology’s empathy (neither the exclusive purview of the other, though often mischaracterized as if it were, and as Orange did) and recognized that sometimes empathy allows us, consciously or unconsciously, to recognize that what the suffering other needs from us in this moment is our subjectivity.

Orange, D.M. (2010). Recognition as: Intersubjective Vulnerability in the Psyc... Int. J. Psychoanal. Self Psychol., 5:227-243.

Benjamin, J. (2010). Can We Recognize Each Other? Response to Donna Orange. Int. J. Psychoanal. Self Psychol., 5:244-256.

Ringstrom, P.A. (2010). Commentary on Donna Orange’s, “Recognition as: [Intersubjective Vulnerability in the Psychoanalytic Dialogue](#)” Int. J. Psychoanal. Self Psychol., 5:257-273.

Slavin, M.O. (2010). On Recognizing the Psychoanalytic Perspective of the Other... Int. J. Psychoanal. Self Psychol., 5:274-292.

Orange, D.M (2010). Revisiting Mutual Recognition: Responding to Ringstrom, B... Int. J. Psychoanal. Self Psychol., 5:293-306.

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From a Student's Perspective

I am an early career psychologist, less than five years out from my degree. Although I had eclectic training experiences, I received not more than a passing introduction to psychoanalysis and Freud's legacy prior to my graduation. In the past few years I had noticed something missing from my psychotherapeutic work with my patients, and it had to do with the therapeutic relationship. Although I had prized the relationship as central to healing, there was something that I wasn't seeing clearly, or did not have the words or methods to utilize fully. Then, in March 2011, my son was born, and the force of his life was powerfully motivating to me. I was thrust into action of all sorts, and found the Tampa Bay Institute for Psychoanalytic Studies, Inc (TBIPS) which offers coursework in psychoanalytic theory, applications, and technique. Last fall I enrolled in the introduction to psychoanalysis course.

As soon as I was properly introduced to psychoanalysis and to the candidates and other students at TBIPS, I knew that I had found a way to understand some of what had been missing in my work. In fact, I readily applied what I was learning and began to see immediate results. Dr. Alexander-Guerra ("Lycia") is steeped in a contemporary incarnation of psychoanalysis, the relational intersubjective approach. From this perspective, the psychoanalytic relationship between patient and analyst is in a state of constant co-creative flux., where the patient's point of view is obviously given primacy. For example, from this perspective, I found it a remarkably simply and effective strategy to "wear the attribution" (Lichtenberg) a patient might ascribe to me and to explore more deeply the patient's reality within our relationship.

In keeping with Freud's commitment to let experience inform theory, a legacy which has already born so many rich traditions within the psychoanalytic field, the relational intersubjective approach emphasizes the in vivo experience of the therapeutic relationship as the creative instrument in case conceptualization. So perhaps it is not surprising that I have been enjoying the camaraderie and warm community among psychoanalysts and students of psychoanalysis at TBIPS and the surrounding community as much as I enjoy my studies. Lycia, as president of TBIPS, provides ample opportunity to get together, learn, and even celebrate holidays together. I am happy to be currently enrolled in the second semester of the introductory psychoanalytic course, and I look forward to continuing the co-creation of the psychoanalytic process which lies ahead.

—**Jamie Winn**

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Couples Treatment Course

In the affect regulatory dimension, each partner sometimes needs attunement from the other (interactive regulation) and sometimes needs time apart or alone for self regulation. Problems arise when there is a mismatch between how much a partner prefers one type of regulation. Because how we regulate and organize ourselves becomes who we are, the mismatch can suddenly shift to a 'do or die' level when denial of a preference threatens the self and feels like annihilation. Shaddock will make the shift explicit (e.g. Five seconds ago you were just talking about who does the dishes and now we are talking about divorce. How do we understand such a shift). During moments of impasse or rupture, making the implicit explicit may restart progress in treatment.

TBIPS is inordinately grateful to David Shaddock, Carla Leone, Judith Siegel, Fred Sander, Barbara and Stuart Pizer, Virginia Goldner, William Player, David Baker, and all the visiting faculty who so generously shared their expertise in making this course so successful.

**Program Offerings
2011-2012**

About our Program: 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 7 or found at tampapsychoanalytic.org)

Distance Learning:

Long distance learning options available through use of audio or Skype video conferencing.

TBIPS Faculty:

Lycia Alexander-Guerra
Horacio Arias
Susan Horky
Heather Pyle
Ray Roitman
Kim Vaz

TBIPS Visiting Faculty:

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

Courses at TBIPS

As an example of how TBIPS students and faculty discuss literature in classes:

I find no writer more felicitous to read than Winnicott. Immensely prolific, it is as if he is speaking to me spontaneously about things about which he is passionate. He is relatively jargon free, and he relatively rarely refers to other authors. His many ideas are original and profound. My favorite two Winnicottian concepts, because I find them so clinically useful, are *survival* and *transitional space*.

In *The Use of an Object* (1969) Winnicott refers to the necessity of the mother surviving (that is, neither retaliating nor withdrawing) the attacks of the infant if the infant is to see her as an external subject outside his omnipotent control, thereby allowing the infant both a capacity for concern as well as a mitigation of guilt about his aggression. Likewise, in the psychoanalytic situation, the analyst surviving the analysand's attacks (of the analyst, of the process, and of hope itself) is necessary.

In *Transitional Objects and Transitional Phenomena* (1953) Winnicott notes that a 'good enough' mother never falls to one side of the question of whether the infant created the transitional object or found it external to himself. So, too, he intimates that the good enough analyst does not close the transitional space by imposing the analyst's reality on the creations and observations of the patient. It is into this transitional space that play is sometimes invited, a play with words, though much like the squiggle game, to imagine together what if.., what would it be like if... and sometimes to enjoy wistfully together what has come into being through pretend.

My great admiration for Winnicott and the enormity of usefulness I have derived from his ideas made my criticism, when re-reading with students in the TBIPS Development Course Chap 4: *Playing: Creative Activity and the Search for the Self in Playing and Reality* (1971), a bit of a surprise to me.

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In *Playing and Reality* (1971) Chapter 4: *Creative Activity and the Search for the Self*, Winnicott hopes to illustrate how, if the analyst would sometimes just get out of the way, the patient will come into a sense of self in her/his “search for the self.” In his clinical example, *Case In Illustration* pp. 56-64), Winnicott allows a three hour session with a patient because she needs a lot of time to come into being, as it were. He believes he is allowing the patient freedom from his intrusions, impingements, derailments, (and cleverness) by his protracted silence. Indeed, the patient may have felt Winnicott to have been palpably present by his demeanor, benevolent attitude, ability to hold her in his mind, etc., but the reader does not have this benefit.

Upon rereading this case with the first year class at the Tampa Bay Institute for Psychoanalytic Studies, Inc, I was struck by the patient’s many attempts to feel Winnicott more significantly engaged with her. She says: “ ‘I’m loathe to come into this room...I feel of no consequence.’ ” Winnicott adds that she cites “Odd details of my dealing with her, implying that she is of no consequence.” She states “ ‘I don’t matter.’ ”

When the patient eventually speaks of positive feelings and activities, Winnicott takes this as evidence of her be[com]ing real as if this naturally unfolded by her creative play, alone in the presence of the other. What Winnicott does not acknowledge here is that this ‘positiveness of being’ followed both his interpretation (indicating he understood how withering and deadening it is when there is no one to give back to her her experience; no mutuality, as it were) and his responsiveness that she drink up the milk he had made available there for his patients.

Having reported more of her feelings and activities, she then asks, “ ‘Where are you? Why am I alone so?...Why don’t I matter anymore?’ ” And, after talking about her birthday experiences, the patient says, “ ‘I feel as if I have wasted this session. I feel as though I came to meet somebody and they didn’t come.’ ” —Here I think the patient is talking about Winnicott’s absence, as he tries to stay out of her way, from being in the space with her.— Winnicott speaks, reflects back, and the patient says, “ ‘I get a feeling sometimes that I was born.’ ” —I take this as further confirmation that it is Winnicott’s participation which enlivens the patient.—Winnicott reflects for her what she may have always felt: that others were not glad that she was born, that they did not enjoy her. She confirms this with: “ ‘what is so awful is existence that is negated’ ” [negated]. She continues and asks [hopefully], “ ‘...is there a little soul waiting to pop into a body?’ ”

Winnicott emphasizes, from the patient’s dream: “ ‘I might find a me—get in touch with a me,’ ” that the patient is “ ‘trying to show you me’ ” for the first two hours of the session. Winnicott writes: “The searching can come only from desultory formless functioning, or perhaps from rudimentary playing, as if in a neutral zone.” Yet I could not help noticing that the patient was only enlivened, came into being, when Winnicott spoke to her in such a way as to communicate his understanding of her, thereby giving her evidence of his having been listening attentively, and had done so because she was significant to him. Perhaps his patient felt his silence as an indication that she was insignificant to him.

In class, I was equally struck by one first year student who could so adeptly feel her way into Winnicott’s position, illuminating to the class a different point of view from mine, and imagine that his patient, having perhaps had demanding, intrusive parents, who forced compliance of her being to theirs (that she please them, say what they wanted to hear), would very much need an analyst who stayed out of the way, letting the patient say what she wanted, or say nothing at all, indicating she would not have to please the analyst. —Still, I thought, when Winnicott was pleased to let the patient give an interpretation that he would have made himself, that the patient was indeed saying something she thought he might want to hear, and doing so perhaps to keep him engaged with her.

Had Winnicott lived today, would he now drop the ‘the’ of “the self” and characterize self as a more fluid, emerging entity? More importantly, would he have transformed his theory to view interaction through a slightly more contemporary lens, a lens which recognizes the need for all of us, including patients, to be seen, to have an effect, to feel significant to someone, even to one’s analyst, to recognize that we all need, at times, the presence of an effected other to come into being? Or would silence, as an indicator of respect for the patient’s creativity and being alone in the presence of the other, still loom so large with such a patient, also desperate to feel significant to her analyst?

—Lycia Alexander-Guerra

Local Psychoanalytic Society Can Supplement Training

When the Tampa Bay Psychoanalytic Society, Inc offers a day-long program with a guest psychoanalyst, one of my favorite parts of the day is the early morning, intimate, small group “Conversation” with the expert speaker.

A Conversation With Bruce Herzog

On January 14, 2012, Bruce Herzog discussed his very accessible ideas about relational templates and about procedural interpretations:

Repeated behavior becomes a relational template, and becomes procedural. He defines relational template as “an internalized relational pattern that has been learned through repeated exposure and applied to interpersonal circumstances throughout life”¹ and may be is “activated” by specific, contextually-driven interactions. Unlike Stolorow’s ‘invariant organizing principles’ which implies cognitive, relational templates are behavioral. (Herzog’s “relational expectancies” are more akin to the former. A relational expectancy includes an automaticity that assumes a relationship to be a certain way.)

Multiple templates exist, each with its own variable unconscious, and are hierarchical, the most frequently activated ones being the most accessible. He notes “a stockpile of templates waiting to be mobilized when needed”² The analyst can track shifts in relational states (often accompanied by a shift in affect), e.g. when a negative transference appears. Clinically, the analytic relationship offers the opportunity to encode new ways of being in relationship, new templates. When a patient, long holding an expectancy to be ignored or misunderstood, finds that the analyst does not meet her/his expectation, a new template is encoded and now joins the repertoire of multiple relational templates. Herzog notes that each has the capacity throughout life to continue to grow and change when our expectations are confounded in this way.

Herzog prefers the term ‘template’ for its simplicity; Preferring ‘relational template’ to the unwieldy projective identification, Herzog nonetheless notes that Klein described something useful to the clinician. For example, where Kleinian analysts might say a patient had projected disavowed sadism into the analyst and so now the analyst is feeling angry at the patient, Herzog would say simply that a sadomasochistic template has been activated.

Like an attuned parent who gives words to experience, thereby adding to the child’s comfort, mastery, or joy, Herzog says “naming and explaining” helps a patient. But, he notes, it is not simply content which is mutative, but that we bother to say something at all, for, along with tone, prosody, etc, this is also a *procedural* interpretation, the non-symbolic part of the verbal interpretation. [See his 2001 paper]

Patients may activate templates in the therapist just as analysts’ behaviors also activate patients’ templates. The therapist has certain capacities (e.g. what s/he can give) while the patient has certain capacities too (e.g. what s/he can take). In template theory, provision might balance expectation; it is as if the analyst is saying, ‘Even though you ask something of me in a way that makes me want to withdraw from you, I know you need it and so I will provide it.’ Having in the past been accused of being a ‘provision-ist,’ Herzog retorts that the accuser might be a ‘frustration-ist’ and recalls how Kohut advocated “optimal frustration” and Bacall, “optimal responsiveness.”³

Herzog finds that perhaps his foremost goal in treatment is to enjoy his work, which means enjoying his patient, which means the patient, perhaps for the first time (thereby creating a new relational template), is enjoyed. Herzog reminds us that each therapist must ‘survive’ (in Winnicottian terms). He also seeks to find something he can love in every patient. [It is perhaps these final sentiments with which I most agree.]

³Bacal and Herzog (2000). Optimal Responsiveness and the Use of Specificity Theory in Clinical Practice, Presented at the 23rd Annual International Conference on The Psychology of The Self, Chicago, Ill.

Herzog, B. (2001). Procedural Interpretation and Insight: The Art of Working Between the Lines in the Non-Verbal Realm. Presented at the 24th Annual International Conference on The Psychology of The Self, San Francisco, Ca.

^{1,2} Herzog, B. (2004). Reconsidering the Unconscious: Shifting Relational States, Activators, and the Variable Unconscious. Presented at the 27th Annual International Conference on The Psychology of The Self, San Diego, Ca.

The Tampa Bay Psychoanalytic Society, Inc 2011-2012 Speakers Program Meetings

In Tampa Bay, we are fortunate to have a professional psychoanalytic society which offers seven speaker programs a year. They are of high quality and supplement well our training here at TBIPS. We recommend our students and candidates attend as many as possible in order to have the opportunity to meet some of the authors studied in classes.

The Tampa Bay Psychoanalytic Society, Inc Speaker Program Meetings are open to all. Attendance to the 930am-1230pm program is always free, but, should you need CE credits, non-members pay \$45 for 3 CE units. (CE credits for this three hour program are free to clinical members.) There are membership categories for all who are interested in psychoanalytic thought, and you don't have to be an analyst to join!

For the privilege of a small group conversational setting with a speaker, there is a minimal charge of \$15 (and that includes 1 CE credit!). This is a favorite for many serious dialoguers.

An afternoon presentation also often allows for greater depth of topics from the morning sessions. Much question and answer, and discussion takes place here. The charge to all includes an additional 3 CEUs.

Speaker Program Meetings are held in Tampa at Memorial Hospital 2901 West Swann Ave, Tampa, FL 33609, in the auditorium, found just east of the emergency room and main hospital. All are welcome.

To register for TB Psychoanalytic Society programs, or for more information about them, contact their administrative assistant at tkiyoko1.tbps@gmail.com.

You will see many from TBIPS there.

Programs remaining for the 2011-2012 speaker year are:

Saturday, March 10, 2012 "A DAY WITH DORIS BROTHERS, Ph.D."

Training & Research in Self Psychology Foundation; Co-founder; member of the board of trustees; training & supervising analyst; co-chair, the Admissions Committee; Yeshiva University: Adjunct Assistant Professor at Ferkauf Graduate School; Council Member: International Association for Psychoanalytic Self Psychology; Member: National Association for the Advancement of Psychoanalysis, American Psychological Association, The Institute for the Advancement of Self Psychology, Toronto, Canada; Institute of Contemporary Psychotherapy, New South Wales, Australia

Small Group Discussion (8:15-9:15am) "A Conversation with Dr. Doris Brothers"

AM Presentation (9:30am-12:30pm) "Trauma-Centered Psychoanalysis: Transforming Experience of Unbearable Uncertainty"

PM Presentation (1:30-4:30pm) "The Intersubjectivity of Promise-Making and the Ethically Committed Analyst"

Saturday, April 21, 2012 FREDERIC J. LEVINE, Ph.D.

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AM Presentation (9:30 am-12:30 pm) "Magic and Reality: Unconscious Longing for an Omnipotent Protector"

A summary of some of the TB Psychoanalytic Society Speaker Program Meetings can be found at tbips.blogspot.com on *Contemporary Psychoanalytic Musings*, such as the January 2012 program featuring Bruce Herzog.

“Je est un autre” Rimbaud: the constructed self

Parents who fear for the future of their rebellious teens might take heart from the life of Arthur Rimbaud who, born in Charleville October 20, 1854, wrote his renowned and iconoclastic poetry before the age of majority and lived, a runaway, his wild, debauched, drugging (to derange his senses) days in Paris, London, and Brussels while still a teen. Rimbaud then put poetry and rebellion behind him to become, for the remainder of his short life (he died in 1891 at the age of thirty-seven), a lucrative coffee and guns trader in colonial East Africa for a French trading company. Not unlike teenagers today, Jean-Nicolas-Arthur Rimbaud, before running off to Paris, scrawled graffiti (“Shit on God”) on town walls, smoked, grew his hair long, and mocked a town priest with an homage to his holy bowel movements (the poem “Squattings”).

Teens have been discovering and held anthem the revolutionary works of precocious, adolescent Rimbaud ever since. Marcel Proust, Jim Morrison, Bob Dylan (who refers in one of his songs to Rimbaud’s tumultuous experiment with homosexuality and Verlaine); singer-songwriter Patti Smith (who wrote Rimbaud’s *Illuminations* “became the Bible of my life.”) have all, in some way, cited Rimbaud’s influence. Even the film *Eddie and the Cruisers* (with its nod to the poetic lyrics of Bruce Springsteen) referenced Rimbaud, with Eddie’s lost album entitled *Seasons in Hell*.

Rimbaud wrote to his friend and former teacher Georges Izambard: “I’m working to turn myself into a seer: ... It has to do with making your way toward the unknown by a derangement of *all the senses*.” And “It’s wrong to say *I think*: one should say *I am thought*.” and “I is someone else.”

Rimbaud was perhaps the most avant garde in his statement “*JE est un autre*” (I am an other) intimating, like Hegel before him, that the subjective self, the “I”, is constructed, the other, constitutive. A useful construct, yes, but within it are multiple components, opposing sameness, what today we call multiple selves. And with nothing merely as its constructed façade, Rimbaud saw the value of writing not only of internal things but also of ordinary things as experienced through the unique subjective self. This required a new way of constructing poetry, including synesthesia (as Baudelaire had done), such that chaos was captured in correct form (*Oh, that my keel might rend and give me to the sea!*). Soon after, he contacted the Symbolist poet Verlaine.

Mothers of prodigal sons might also appreciate that Rimbaud returned again and again, after many escapes, to the home of his own stern mother, his father having abandoned them when he was but five years old. At fifteen, Rimbaud was too young to be allowed to be a soldier and the Franco-Prussian war had led to closure of his school. This runaway, homeless in Paris, arrested, destitute, was most likely also raped. His suffering and early losses are reflected in his poetry.

In Enid Starkie’s biography, she writes that Rimbaud gave up poetry when he realized it would not bring enlightenment. His mother’s influence, when she wrote to encourage the suicidal Verlaine: “...each of us has a wound in his heart, more or less deep...true happiness consists solely in fulfilling of one’s duty, however painful it may be. ...you’ll see that misfortune will grow weary of pursuing you, and you’ll become happy once more”, may likely be evident in Rimbaud’s choice to become an industrious trader of good. In a twist of fate, his capitalistic endings mock perhaps his earlier work, just as his poems had earlier mocked French conventional verse, liberating it from its 19th century themes and form.

Excerpt from Oliver Bernard’s translation of

The Drunken Boat

But, truly, I have wept too much! The Dawns are heartbreaking.
 Every moon is atrocious and every sun bitter:
 Sharp love has swollen me up with heady langours.
 O let my keel split! O let me sink to the bottom!
 If there is one water in Europe I want, it is the
 Black cold pool where into the scented twilight
 A child squatting full of sadness, launches
 A boat as fragile as a butterfly in May.

*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, 14043 N Dale
Mabry Hwy, 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.

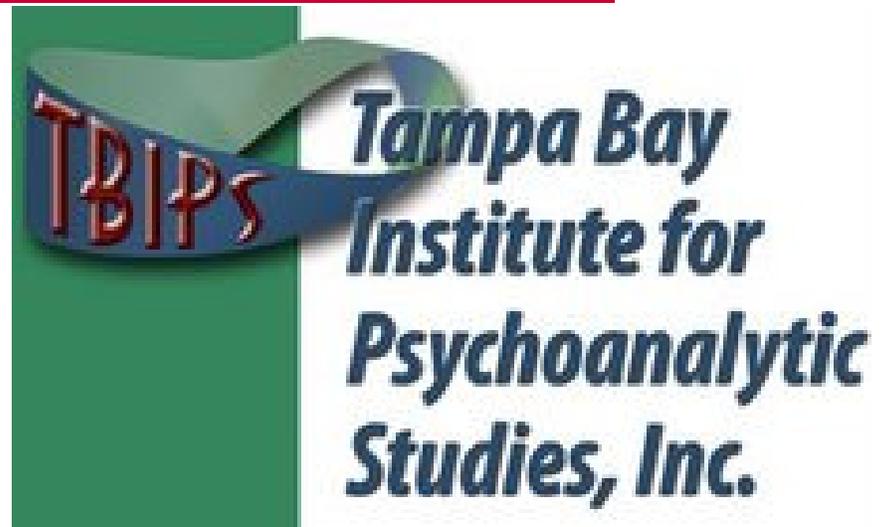
VFI (Veterans' Family Initiative) is one of the community outreach programs of T-BIPS (Tampa Bay Institute for Psychoanalytic Studies). This pro bono/ low fee program was established to serve family members (spouses and children) of veterans who served in Afghanistan or Iraq by offering low to no cost 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.



Training and Other Programs at TBIPS

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*

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