Interview with Clara Nemas, MD, FIPA

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EBOR Organizing Committee member Maxine Nelson, LICSW FIPA conducted the following interview with plenary presenter Clara Nemas, MD FIPA in the spring of 2014 prior to the tenth International EBOR Conference in Seattle, Washington (USA).

Maxine Nelson: First, let me say that it is delightful to meet you over email and I want to thank you for taking the time to do this interview. I will start with some introductory questions and we can see where it goes from there. I am curious to know about your training, including the decision to orient yourself to the Kleinian School. At what point in your training did you relocate to London and how long did you live there? Also, I'm interested to know who some of your supervisors were during your training.

Clara Nemas: It’s not easy to say when my training started though I believe it started when I was quite young. In the biographies of several analysts—Hanna Segal and Donald Meltzer, for example—they comment that they became interested in psychoanalysis during their adolescence, through contact with an older relative or friend who introduced them to Freud. The same was true for me. I heard about and became interested in psychoanalysis as far back as 1964 when I was travelling without my family for the first time, and one of the teachers I was traveling with gave me a copy of Freud’s Introductory Lectures. I believe there’s something about the quest for understanding during adolescence that makes some people turn to psychoanalysis at that age.

At the time I had to decide about going into University, there was a military government in Argentina. They were very suspicious of psychoanalysis, and promulgated a law that only medical doctors would be able to practice psychoanalysis. Because of this, I trained in Medicine (instead of Psychology, which was my first choice) with the hope of becoming a psychoanalyst. When I was 19 years old, in the third year at University, a group of us started a study group on psychoanalysis with Elizabeth Bianchedi, who was very generous and patient. We read Freud for two years, and then Klein for another year. So, my orientation towards Kleinian analysis started as early as that.

Because of this early interest in Klein, after finishing Medical School, I decided to go to England to do my training instead of the United States or France, which were the other choices for those of my generation. I worked at Maudsley Hospital as a clinical assistant during the time that John Steiner was in charge of the ward and David Taylor was Senior Registrar. Even though the context was one of Psychiatry, the orientation was psychoanalytic and, specifically, Kleinian. I was also fortunate to be able to work in the Psychotherapy Unit at Maudsley, where my supervisors included Michael Feldman, Henry Rey, and Malcolm Pines. During this same time, I was also involved in a Psychotherapy for Psychiatrists program at the Tavistock Clinic, where I participated in a course with Donald Meltzer, which became the first volume of The Kleinian Development. All told, I ended up staying in London for two years.
When I came back to Buenos Aires I decided to start my formal psychoanalytic training at the Buenos Aires Psychoanalytic Association (APdeBA), which had a strong Kleinian orientation at that time. The training involved four intense years of seminars, supervision, and personal analysis. Psychoanalysis has had a strong presence in the Argentine culture and "to be in analysis" was not uncommon; so even as beginners we had a lot of work and our hours were full. My generation was able to have significant experience doing long-term, high frequency analysis. My training supervisors were Elizabeth Bianchedi, Leonardo Wender, Benito López, and Horacio Etchegoyen.

After qualifying, we all continued in study groups and supervision. Actually, I have never stopped receiving supervision since I think discussing clinical material with a colleague is a never ending process that helps one to go on being a psychoanalyst. Our work is very solitary and it has many hazards: mutual idealization, enactments, counter identifications, and so on. As a result, it is only through open and honest discussion of our clinical work that we can uphold our standards.

In addition to the ongoing supervision in Buenos Aires, I would travel abroad to do supervision with Hanna Segal, Betty Joseph, and Donald Meltzer. I feel very fortunate to have been in contact with these three outstanding psychoanalysts who are now part of our psychoanalytic history.

**MN:** Your background and training experience are quite enviable for someone like me who grew up in a culture where psychoanalysis has been so marginalized. I was struck by a couple of things you said and want to follow up on them. First, you talked about the military government that was present in Argentina at the time you started University and I know a little bit about that, primarily through books and films, but also as a result of conversations I’ve had with Argentine émigrés living here in the U.S. For me, there seems to be something unique—and a bit paradoxical—about a culture steeped in the investigation of the mind that is able to exist within a repressive government. A colleague recently commented about this and suggested that psychoanalysis might actually have flourished the way it did in Argentina during the late 1960’s and ’70’s partly because an analyst’s office was the only place one felt safe expressing one’s thoughts. Does this resonate for you?

**CN:** This is such an interesting question and, although I rather like the explanation given by your colleague, the answer is actually more complex. Moreover, posing the question leaves us with more questions than answers. Historians, sociologists, and psychoanalysts have tried to understand the diffusion of psychoanalysis in a country located far from the centers in which psychoanalysis originated. More puzzling yet is the fact that, as you say, the beginning of this process took place when repressive military dictators ruled the country. I think that much has to be accounted for by the immigration of psychoanalysts who came to Argentina from Europe after WWII.

In a contribution to a debate on Social Responsibility that will appear on the IPA website, I wrote: *We should not exclude, but on the contrary try to understand and even learn*...
from, the experience of the psychoanalytic societies in several countries in Latin America, where in different contexts and in spite of totalitarian military regimes which persecuted psychoanalysts for political reasons forcing many of them to emigrate when not directly murdering them, psychoanalytic societies could continue with their activities, helping psychoanalysis [to] flourish and expand. So, as you see, your question is very timely, as it’s in tune with some of the preoccupations that are in my mind at the moment. We could also talk about rapid changes in the family; in particular, how the massive entrance of women into higher education and the job market along with the concomitant delay of their marriage age may have opened a new arena for the reception of psychoanalysis. We could also add an incipient counterculture, including interdisciplinary encounters between psychoanalysis, elementary education, and Pediatrics, mainly related to the development of child analysis ushered by women analysts influenced by Klein’s ideas about child development, and so on. No one single factor is explanatory, but it is a very interesting and enigmatic topic.

**MN:** Thank you for your very thoughtful and thorough response to my question about the historical and cultural factors that have contributed to the flourishing of psychoanalysis in Latin America, specifically Argentina. Another comment I have is in regard to your statement about the need for ongoing study and consultation after one completes psychoanalytic training. As a recent graduate myself, I have realized how much the training provided; not only the experience of learning the theory and technique of psychoanalysis, but also in developing the capacity to grapple with dynamics such as enactments and counter identifications, which can distort or impede the analytic process. Here in Seattle, the responsibility falls to the graduated analyst to seek out or create opportunities, like study groups, to continue the learning that contributes to deepening one’s clinical work. I wondered whether this process, post-training, occurs in a more structured or systematic way in Buenos Aires.

**CN:** Ongoing education is a tradition in Argentinian societies. At present, I am the scientific secretary at my society—Buenos Aires Psychoanalytic Association (APdeBA)—and our main preoccupation is with continuing education. Graduated analysts may receive a formal degree after four years of training, but we are continually in the process of becoming psychoanalysts throughout our lives. We not only become, but we need to go on becoming psychoanalysts. Groups on theory and technique are very important, and keeping up with both current and traditional theory is necessary. However, the challenge remains to continuously monitor our clinical work, be it in individual supervision or in clinical seminars.

In my society, there is a tradition of ongoing clinical seminars for trained analysts that have been running for more than 20 years now. Another interesting way of continuing clinical training is in the Working Parties that function within the IPA, usually at International Congresses but also at regional meetings (e.g. FEPAL and EPF). This is an experience that allows a group of 10-15 colleagues to work intensively for two days with clinical material centered on the work of one analyst at a time. I have also heard of colleagues in Scandinavian countries that meet regularly and discuss their whole practice, focusing at some point on one particular patient. These are examples of different ways in
which analysts around the world try to enhance their clinical skill by openly discussing it with other more experienced colleagues. I would go as far as to say that this kind of continuing study is an ethical commitment to our profession and a responsibility towards our patients.

**MN:** I agree with what you’re saying about the ongoing process of becoming a psychoanalyst throughout one’s life and the need for other minds to assist us in looking honestly at our clinical work. The training may work a bit differently in my society, Northwestern Psychoanalytic Society and Institute (NPSI), which as you know, is rather small. During the training, the didactic seminars currently last for four years; formerly, for five years. However, because it’s often a challenge to find analytic cases, the training may take between six and ten years to complete. Once a candidate has achieved post-didactic status, they continue in clinical seminar until graduation, providing an ongoing experience of listening to and deepening the understanding of psychoanalytic process. As I said earlier, it is up to the individual after graduation to seek out either individual supervision or consultation within a group. I am currently part of a cohort group who began training together in 2003 and who continue to meet regularly to discuss clinical work. I’ve also participated in clinical seminars with senior analysts organized through the Confederation of Independent Psychoanalytic Societies (CIPS), as well as having participated in one of the Working Parties on Initiating Psychoanalysis at the 2009 IPA Congress in Chicago. I’m intrigued with your role as scientific secretary at your society and this inspires me to think about proposing something like that here.

I understand that you have facilitated a study group on interpretation for a number of years and I’m very curious to know more about how that works.

**CN:** Yes, I started a group six years ago that I called *Updating and Debate on Kleinian Interpretation* (I hope this makes sense in English), with the understanding that the way an analyst interprets is based on their implicit theory of the mind, on how they believe psychoanalysis works, and on how they understand transference and countertransference. From the time Klein made interpretations to her first patient, Richard, until the present there have been many transformations and developments in the Kleinian perspective that have produced changes in the technique. I felt that it was important to take into account developments regarding projective identification, counter projective identification, enactment, and the various ways in which the analyst is involved in the field. This proposal had an immediate positive response from a number of colleagues and we began meeting every two weeks. We are currently a stable group of around 18 members, some senior and others less experienced, but all with a thorough grounding in Kleinian theory. We search journals and the Internet for recent papers on interpretation, which we usually have to translate into Spanish from English. We have also invited colleagues from other theoretical orientations to join these discussions; sometimes focused on clinical material and at other times on theoretical issues. We usually decide on a paper, which we read and discuss as a group. Someone takes minutes of the discussion and we distribute these to the rest of the group. This year, we decided to discuss interpretation related to narcissism (in conjunction with the 100 year anniversary of Freud’s “Introduction to Narcissism”). We are taking into account not only the narcissism in the patient but also the ways in
which the narcissistic aspects of the analyst contribute to the way interpretations are formulated and given.

I would also like to tell you about another group I started this year with young colleagues who have just completed their seminars. This group deals with the activity of becoming a psychoanalyst; that is, what it means to become and to go on being a psychoanalyst. We started by reading Howard Levine’s paper “Creating analysts, creating analytic patients,” (IJP, 2010) and at present we are reading a paper by Fred Busch on more or less the same subject. There is another paper by Maurizio Collovà on sustainable analysis, and others by Bion and Meltzer. This is an extremely rewarding experience because I am at a point in my life to be able to convey my experience to younger colleagues, partly as a way to show gratitude to the teachers I had while also passing the torch to the younger generation. I also benefit from the approach of my younger colleagues about what it means to be a psychoanalyst in this ever-changing world.

MN: Both of the study groups you’ve described sound quite fascinating. I’m aware of the debate that has persisted, and continues to evolve, between (and also within) the different theoretical orientations in psychoanalysis regarding the timing and titration of interpretations. It seems that having a solid grounding in Kleinian technique would allow one to appreciate, and debate, the developments taking place in how we currently understand the technical aspects of the psychoanalytic process that you’ve delineated. I also have an appreciation for the new group you’ve started for younger colleagues who are transitioning between being candidates and becoming mature psychoanalysts; who are, as you say, in the ongoing process of becoming.

My last question has to do with the title of your plenary paper, “Courage and Sincerity ↔ Reverie and Interpretation.” Having read most of the papers you’ve shared with us, it’s clear that you have been interested in the themes of courage and sincerity for some time and I like the way you link these concepts to the themes of the conference—reverie and interpretation—with a double arrow. I’m also aware of your long relationship with Donald Meltzer and his work; and, of course, Meltzer is associated with those two particular terms more than any other psychoanalytic writer. In your paper “Nurturing buds of thought more than clearing out the weeds: Concerning a thought expressed by Donald Meltzer” you say the following: ...from the Meltzerian perspective the development of the personality is characterized by constant revolution, albeit a private revolution, and is even invisible to the eyes, as tends to occur with the essential, in the words of The Little Prince. The elements of this revolution are sincerity, passionate support of emotional ties and the ability to confront changes.” For me, this statement evokes the humble, yet profound nature of our work with our patients as well as the fact that psychic change is dyadic in nature. Is there more you want to comment on as a preview to what we’ll be hearing during your presentation at EBOR 2014?

CN: Maxine, as usual I’m answering your questions almost in free association. I have not yet written my presentation, but that is my way of approaching my lectures; so, don’t worry. You are right that these are themes that have occupied my mind for some time now. I suppose this has to do with aging and feeling more responsible for the
psychoanalytic legacy and what we transmit to future generations. As you may have read in my paper on courage, I think of courage as a maternal quality, constant and sustained over time; its opposite is not cowardice, but a kind of giving up on one’s children’s upbringing.

When Bion describes maternal reverie, he talks of a state of mind that is open to the reception of any “objects” from the loved object and is therefore capable of reception of the infant's projective identifications whether they are felt by the infant to be good or bad. This means that the mother, or the function of maternal reverie, must add the baby’s anxieties to her own quota of anxiety, tolerate them, and transform them. I think that to be open to any projection, not in a melancholic way, but in a courageous way is what is required to become and to go on being an analyst. To accept the object in all its internal reality, without idealization and without projecting one’s own unwanted emotions into it. This may seem an impossible task, and in some sense it certainly is. It’s not that we can always attain this mental state, but at least we can aspire to do our best in what Bion (1979) referred to, in ironic fashion, as a "bad" job.

This is the link I see between courage and reverie. This would not be possible without a sense for the truth in us and in our objects; to be able to face what we don’t like or we don’t want in ourselves and in them. And we need to be sincere about it, first with ourselves and then with other people. As Bion says, people are not used to thinking that you say what you mean and you mean what you say; that’s why patients keep asking us what we mean after we give an interpretation. Again, being sincere puts a huge demand on us and this is more of an aspiration than a realization. In practice, I believe that our sincerity is expressed in the music of our words, and not always in the words themselves. I find Philip Larkin’s poem “Talking in bed” a beautiful example of the conflicts I’m trying to describe.

Well, I’ll stop here. I want you to have some curiosity about what I’m going to say, and not spoil the film by telling how it ends!

**MN:** Thank you again, Clara. This conversation has been a pleasure and I look forward to meeting you and hearing your plenary presentation at EBOR in October.

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_Talking in bed_ ought to be easiest,  
Lying together there goes back so far,  
An emblem of two people being honest.  
Yet more and more time passes silently.  
Outside, the wind's incomplete unrest  
Builds and disperses clouds in the sky,  
And dark towns heap up on the horizon.  
None of this cares for us. Nothing shows why  
At this unique distance from isolation  
It becomes still more difficult to find  
Words at once true and kind,
Or not untrue and not unkind.