

A COUNTERTRANSFERENCE DREAM and the NOVEL COVID VIRUS, A SELF-STUDY

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As the dimensions COVID-19 pandemic has become an ever increasing and oppressive reality, we as mental health practitioners, beyond the disruption and reorganization of our daily lives and practices, are encountering strong emotional/physiological/psychological counter-transferences that can impact on our ability to be effectively engaged in this time of national crisis. We could take inspiration from the founder of psychoanalysis, Freud himself, who was no stranger to many societal crises during the course of his psychoanalytic journey, having faced the World War I, rabid anti-Semitism, cancer treatments, and even severe pandemics (such as the Spanish Flu). Freud taught the answer to our survival follows two paths, the external truth we must deal with (in his words the reality principle), as well as the internal truth we must master, our unconscious primitive fears and wishes.

Freud's work moved from an external circumstances as the basis for emotional conflicts and symptoms to an internal primitive drive based psychology, much to the consternation of the generations of psychoanalysts to follow. In Freud's view the world had more to do with harnessing and directing our forbidden instinctual energies (sublimation he calls it) than to do with how the world treats shapes our internal experience. It took close to fifty year of psychoanalytic research to effectively modify Freud's original positions to include an experience based psychology which also accepts the influence of the drives. This newer theory was then labeled the object relations theory (Winnicott and Fairbairn), and has since been extended and reformulated by ego psychology (Blanck & Blanck), self psychology (Kohut), and relational psychology (Mitchell). Freud turned to his self-analysis mainly using his dreams – to offer the key insights to cultivate his new theory of human consciousness. I would hope the reader could similarly find some use in the process I am presenting, especially how it will relate to the topic of countertransference, during this time of national emergency.

In my understanding countertransference falls generally into two categories, one being induced or objective (that is feelings/cognitions projected from the patient into the practitioner) and second, subjective (that is the analyst's internal self-dynamics irrespective of the patient's input). It is recognized that the dance of objective and subjective affects/cognitions is quite complicated and never a pure field of experience, in other words the analyst and the patient are always influencing each other. After a long

day with patients using telecommunications, I was stuck with the severity and the visceral impact of what my patients as well as what the world is contending with. The next day, I awoke to the following dream (early spring 2020, about 2 months into the pandemic).

I was in a nice car, a sedan. I was with other people but I didn't want to be with them. They went into another car, and I was driving on the road. Then I noticed there were rats and other dirty creatures crawling on the side of the road. Then I saw a bat flying toward me. The bat was outside the window of my car. I felt safe with this, since the bat was on the other side of the windshield. Then I soon discovered the bat was able to enter through the windshield. I felt a wave of anxiety, but I still was interested to get to where I had to go. There may have been another person in the passenger seat, perhaps a woman. I ended up at a house sale, where they were selling old objects and antique books from the 1800's, and those books caught my attention. I pulled one out and opened it. They were interesting books, very old, but the covers were not original; I wasn't sure I wanted to buy them. Then the bat appeared from behind the books, and then scurried to hide behind the books. There were other people, but I took a stick, poking the books trying to root out where the bat was, using a stick to move and poke the books and make the bat appear, so I could kill it.

Analysis

At first I tried to avoid analyzing the dream. The dream made me quite anxious, frankly unnerved. Then I sat with the dream, forcing the memory of it to return. Then I thought of the dream researcher Calvin Hall, who used to emphasize how dreams both illustrate a problem and offer a solution to that problem. This of course I know is true, having spent countless hours in my practice studying dreams and witnessing firsthand how dreams operate. Freud too saw this in his "specimen dream," the Dream of Irma's Injection (chapter two from *The Interpretation of Dreams*) where he felt he was being doubted about his clinical acumen (the problem) and finds the "wish" for retribution in his dream (the solution). The actual solution of the specimen dream was in fact his method of "free association" which became *sine qua non*, the very cornerstone, of psychoanalytic investigation. Even with the associational method at our disposal, the "solution" one is looking for is often not readily available, and some working with the manifest dream is necessary to extract the more latent truth. I also knew that the very act of remembering a dream and expressing it – whether on paper or to another person – may be the actual point of the dream, that is, the "wish" to share.

The car at the beginning of the dream was "nice," a kind of luxury car that had a remote key locking mechanism, and made that comforting door slam of a quality vehicle, meaning I felt safe. This

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was a reference to my home office, and a displacement, since all my patients are remotely working with me, and often speak to me in their cars, which they find the most private and easily accessible location for a session. The not wanting to be with other people, first was experienced as an irritation in the dream, reflecting a discussion with a patient who was not taking the social distancing measures seriously, which irritated me. As I travelled in my car (my office) I felt the world outside was unclean, germ ridden and dirty signified by the “rats” and other unsightly creatures. I remembered seeing a news show the night before on how the virus probably emerged from the unclean “wet markets” in China. The “bat” appears flying toward me as some gothic shadow phantom, but I felt relief, since I was in my car, safe and secure from the vermin and creatures that could infect me. Of course, it was reported that the COVID-19 virus originated in bats, which appears central element in my dream. Earlier in the day, a patient mentioned to me that he can’t believe people would eat bats, which seemed revolting, similar to the feeling in the dream.

The most unnerving element in the dream was the how the bat was able to pass through my windshield, which I thought was secure. I was thinking about the masks I am using and re-using, thinking if they were still effective to protect me from this life threatening virus. Is there any escape from this contagion? A patient expressed deep concern, “I think we are all going to get it,” and I internally agreed.

The house sale element, with the books – if anybody knows me, would observe my typical preoccupation with book collecting, especially antique books. I recognized the antique books and the house sale reflected a wish to return to the previous phase of my life, before the virus and other health issues, were so present. The antique book I picked up at the sale had the date 1814, which was a reference to an antique copy of Jane Eyre and the biographical introduction that says that Charlotte Bronte was born in 1816. Earlier that day, I was taking stock of my collection and had pulled out an antique copy of Jane Eyre, and was impressed with the phrase from the preface “A novel be better understood, and more justly appreciated, by our acquaintance with something of the character of the author, and more knowledge of the author’s circumstance and surroundings”, which I thought was true of dreams too. Why 1814? I believe had more to do with the number 14 reflecting a particularly critical age in my life, which I will not go into for this paper. The old books had new covers, which is sometimes how I see myself, “covering up”, old insecurities. The books also represented a distraction, a form of denial of the real world; any ardent collector would know what I mean by this comment. Yet, the “bat” appears amongst the books, shaking me back to my reality, lurking and insidiously causing

fear and uncertainly, reminding me of a mouse that invaded my college dorm. I took a stick and tried to root the bat out, (like I did in college with a mouse) in order to kill it. The “it” refers to my own fear and the anxiety in my patients, both subjective and objective countertransferences operating in unison. This is also a reference to the work I do inasmuch that I listen to my patients to “root out” the source of their conscious anxiety and bring to light its underlying, often hidden and sometimes painful, origins.

As I unpacked the dream, I noticed my reluctance to pursue the “vague” presence of another person in the car. I recall thinking it was a woman, and she was in the passenger seat. I thought of the people I treat and how they are a kind of passengers in the therapeutic relationship, since it could be said that I am steering the treatment while “in the driver’s seat.” In a way, I substituted my office for a car, just like what my patients were doing in real life. I was drawn to how exposed I felt, especially if the passenger would see how anxious I was in regard to this threat. I would lose my façade (the book cover) of my “holding” function for the patient and create more anxiety for them. The passenger’s “vagueness” then touched off a feeling from my early childhood related to rather vague relations I had with both parents along with other family situations, and how much anxiety, vulnerability and guilt it set up for me, and how I filled this vagueness with fears of unseen things that could hurt, or even kill me, which mirrored the feelings I had for this pandemic situation and the notion of the infection as an unseen killer and the vague leadership we are receiving from the authorities. I was reminded of a male patient, who after years of back and forth testing me, how we have come to establish a solid working relationship. He had been violently abused and persecuted from his mother, often feeling terrorized, emasculated and vulnerable. He remarked half-jokingly, “It’s funny, I look around and see all the fear and anxiety everyone has today, and I realized everyone feels now the way I always felt.” I resonated with his comment on a personal level, and how he made the link from his past to the present with a creative observation.

A Door to Many Rooms

I am reminded of a patient who recalled a repetitive house dream where she enters a house and then, is confronted with “many rooms.” I thought that was a perfect metaphor for what Freud described as “free association.” My dream, as most dreams do, provide a doorway that leads to many rooms, and each room opens to another one, and perhaps another one. I have selected a just a few rooms in my analysis, mostly relevant to the crisis we are facing, leaving out other associative trains not relevant for the current discussion. We should remember that in Freud’s “dream specimen,” the dream itself barely filled half of a page, yet his analysis of it occupied fourteen pages; and he had also chosen to leave out a

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number of associations. Such is the case with my dream, whereby the analysis was by no means comprehensive. The direction of my associations was primarily aimed at the dual countertransference aspects in response to my sense of threat, when confronting the pandemic.

Dream as a Warning

The dream speaks to my wish to both to avoid and confront the threatening reality of our current life situation. The nature of this dreadful virus and the level of its contagiousness were only recently coming to light, as suggested in the dream. I feel a physical sense of “dread fatigue,” as I watch the news and the cases and fatalities grow. Like most people, I want to return to the past before all this happened, and like most, I want to pretend things are normal and regular. I try to moderate my news exposure which helps. Perhaps some avoidance and distraction is useful these days. However, my work with my patients is built on the principle of “rooting out,” as well as facing and holding the sense of dread that can often be part and parcel of today’s therapeutic conversation. The key element, like in the dream, is to be aware that dread – like the virus itself – can be contagious, penetrating our defenses, and become destructive to our wellbeing. Thus it is important to be able write about it and to talk with friends and colleagues, to neutralize its effects.

We, as mental health practitioners are on the front line of this pandemic, and in the time ahead our ability to stay focused and effective will be needed more than ever. The dreams speak to me of the wish to show courage and a willingness to confront this situation and to “bring it to light.” And, the dream analysis tells me that my current anxieties are both a product of induction, which is from the contagion of anxiety from my patients, and they are connected to my past childhood catastrophes. I had been frustrated throughout the week, both in my personal life and for my patients, with the lack of adequate testing for this virus, which unfortunately continues. The dream speaks to this frustration. If we can see it, we could kill it. In a way, Freud implied this in his method by making the unconscious conscious, that is, if we could intently bravely face the unfaceable, we no longer have to fall victim of it.

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