Hannah Zeavin's book on the history of teletherapy could not have appeared at a more opportune time. When the pandemic forced therapy to forego in-person sessions and move to virtual technologies, laments issued forth about the loss of embodied presence such technologies of distance supposedly created. Yet as the book makes abundantly clear, since its genesis with Freud therapy has always integrated and been bound up with the communication media of its day, and thus the commonplace idea that pandemic therapy’s move to distance technologies was a categorical shift is wrong. By elaborating and scrutinizing this media history, Zeavin makes important contributions to our understandings of the histories of psychoanalysis and therapy, of media, and of the interrelations among them. Expanding our understanding of these histories, the book generates new insights—for both historians and practitioners alike—about our hesitations toward and criticisms of mediated and technologized therapy.

Zeavin insists from the outset that the dominant narrative of mediated therapy at a distance as one of loss—where the therapist/patient dyad loses those perceived necessary elements of presence and immediacy—is inaccurate. We cannot lose what we never had: therapy has always been mediated. Zeavin disarticulates the central dyad of therapy—therapist and patient—into a triad: therapist, patient, and media. Her initial chapter on Freud's epistolary self-analytic correspondence with Wilhelm Fleiss and Freud's epistolary analysis of Little Hans amply demonstrates that this triad was present at the birth of psychoanalysis. From there, the book excavates historical moments in which new media proliferated new forms of therapy: World War II and radio; the post-War birth of telephone-mediated suicide hotlines; automated (computerized) therapists developed in the 1960s; and therapy provided via email, IRC, Usenet groups, and other networked modalities that use written speech. Each chapter provides histories of these mediated therapeutic formats from their birth up to the present, demonstrating how each form persists into our day. Using medium-specific analysis, Zeavin teases out distinctions among the distanced intimacies that she argues characterizes all of them: for example, the autointimacy of communicating with a computerized therapist and the mass intimacies of radio.

Rooted in critical theory, the book attends to how the rise and proliferation of mass-mediated forms of therapy troubled the white male expertise of psychoanalysis and psychiatry. As the chapter on suicide telephone hotlines perhaps clarifies most, each distance therapy medium has enabled greater access to therapeutic help, especially to marginalized groups—in the case of suicide hotlines, gays and lesbians, who, diagnosed in the DSM-3 as pathological and by the US legal system as criminals, benefited from the anonymity and remote nature of telephone hotlines. That these were the creation not of psychiatrists but of priests not only underlines the shared pastoral projects of Protestantism and psychiatry: it underlines how emerging media could run around existing therapeutic experts to enroll new patients. With suicide hotlines, Zeavin tracks the emergence of peer-to-peer counseling, where the expert analyst/therapist drops out of the therapeutic equation. As each chapter carefully attends to emerging media’s centrality in the emergence of peer-to-peer counseling, the full historical arc shaping some contemporary skepticism of teletherapy crystallizes: over the decades, from the triad therapist/patient/medium it is “therapist” that is most likely to be dropped from the triad.
Zeavin's arguments spool out to touch multiple fields and practitioners. Therapists who may not be versed in internet vernaculars or media theory will appreciate her careful elucidation of both media theory and the details of technical and mediated systems, and this writerly attention to making what is potentially unfamiliar accessible to all readers highlights that Zeavin has crafted an argument to appeal to audiences outside of academia. I suspect some will have their ideas about therapy at a distance, if not changed, at least productively troubled. Most significantly for historians of the mind sciences, Zeavin complexifies existing histories of psychiatry and related fields: this is the first history of teletherapy that merges media theory with historical, archival research of both institutional psychiatry/therapy and lesser-regarded, oft-disdained "pop" culture therapeutic forms, and that elaborates this history in relation to histories of marginalized subjects (and, in the case of women therapists, once-marginalized experts). She also contributes to psychoanalytic theory, pushing us to think about whether, as so many have remarked about Zoom, it is the media that exhaust us or if perhaps we arrive with what she calls "the media inside." For example, she asks us to consider that a patient might respond to technological glitches (e.g., a dropped Zoom call) in relation to whether or not they were psychically held as a child. Thus, as she prods historians of psychiatry to attend to media technologies as not ancillary to but imbricated within those histories, she also provokes psychoanalytic theory to delve more deeply into considering media as part of our psychic landscapes.

Zeavin's book joins other work on the historical intersections among psychiatry, technology, and media—for example, Jeffrey Sconce's The Technical Delusion: Electronics, Power, Insanity—and work on overlooked histories of the challenges psychiatry has faced—Michael Staub's Madness Is Civilization: When the Diagnosis Was Social, 1948–1980. Like these other authors, Zeavin renarrates the history of psychiatry from the vantage point of our current moment of a crisis in care, unearthing how this history informs how therapy is practiced, and how it continues to fail—in our present moment, most conspicuously how its whiteness fails communities of color. Her nuanced concluding chapter argues that "distance"—and the consequent feelings of alienation and loss it provokes—is a product not of our mediated technologies but of our capitalist system. The "cure" for the feelings of distance currently blamed on screens as disembodied and inhibitive of empathy will not be found when/if therapeutic relations of embodied presence return; rather, the cure, if there is to be one, will be found in solidarity.

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