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The Medium Inside: Psychoanalysts’ Media Theory of Everyday Life

IN MEMORY OF KEN LEWES

In February and March 2021*, as psychoanalysts and their patients shifted from consulting rooms and couches to Zoom invites, Doxy meetings, and calls taken in small private corners of the home or outdoors, many clinicians felt as if their entire playbook had evaporated into thin air. Traditionally, forms of distance treatment have been met with suspicion, seen as contaminative in their mediation or technologization of the therapeutic speech that has been figured as pure when in person.1 Distance treatment has often been derided as a lesser form of therapy because it robs the analyst of non-verbal clues as to the state of their patients while deritualizing or unframing the psychoanalytic encounter. Yet teletherapy during the COVID-19 pandemic was (and remains) a lifeline for the continuation of the practice in a time of crisis—and not for the first time. From the London Blitz to a suicide epidemic in San Francisco, from the war for liberation in Algeria to the generation of new institutes where previously psychoanalysis was suppressed, teletherapy has served this function many times throughout the twentieth century. Suddenly, this supposedly denigrated shadow form of care became the dominant way patients and their analysts could continue their work.

But this shock and demand to move to tele- was partially so difficult for analysts because, while many of them had done the occasional phone session, very few had previously run full tele-clinics. Many analysts felt that they

* Correction notice: date should be 2020, not 2021


lacked examples, rules, directives, and assistance in navigating the conversion of their practices. Despite the fact that using media for treatment has long been part of psychoanalytic research and practice (in the consulting room, the clinic, the hospital, the prison, the school, and with families) across the twentieth century, the specific use of media for distance treatment—teletherapy—has been routinely suppressed, degraded, or seen as belonging only to small ad hoc, feeless, and typically radical projects.² And yet teletherapy is as old as psychoanalysis. If only we look, psychoanalysts have long been practicing everyday media theory in the consulting room and beyond its walls.

In 1887, Sigmund Freud took a walk. More accurately, he likely took many, each time with an envelope to post. If he went for the walk with the intent of posting a letter, he later wrote, “it is not at all necessary that I, as a normal not nervous individual, should carry it in my hand and continually look for a letter-box. As a matter of fact I am accustomed to put it in my pocket and give my thoughts free rein on my way, feeling confident that the first letter-box will attract my attention and cause me to put my hand in my pocket and draw out the letter.”³ Suffice it to say, it did not. Ernest Jones, Freud’s most devoted British disciple, too, would forget to post letters for days, miswrite their addresses, fail to stamp them, in an unconscious effort to communicate via the post—perhaps especially in failing to use it.⁴

Freud was charmed by the psychical meaning behind this repeated failure, what he classified as a forgetting, a motivated one, in his book The Psychopathology of Everyday Life (1901). In investigating his failure to post letters, Freud gave us his understanding of what it would mean to psychoanalytically read this kind of quotidian media interaction. In failing to post the letter, he uncovered that, more generally speaking, errors made with media—not just un-posted letters but missed telephone calls, strange writing mistakes, shifts in handwriting—might mean something. Media matter to psychoanalysis—they can be symptoms—and the discipline must engage quotidian media usage for all its expressive affordances. Freud, not so inadvertently, gave us a theory of media and media in the unconscious.

While Freud did indeed love a media metaphor (from the mystic writing pad to the telephone call), he also, as I have argued elsewhere, made material use of media to perform analysis.⁵ We might even say that the first psychoanalytic encounter—Freud’s own analysis—was performed at a distance, contained in the envelope rather than housed in the consulting room with a patient recumbent on a couch. Media are the originary psychoanalytic space.

During the COVID-19 pandemic, faced with a digital (or telephonic) practice, psychoanalysts (as well as their patients) began to turn their herme-

² For a historical study of this conception of media in psychotherapy, starting with Freud to the present, see Hannah Zeavin, The Distance Cure: A History of Teletherapy (Cambridge, MA: MIT Press, 2021).
⁴ Freud.
⁵ Freud, Psychopathology of Everyday Life, xii, fn1. Here Freud discusses needing to use a multiplicity of media to see his patients; he might be called on the telephone to come consult, negotiate by letter, follow up after a session via mail, and so on. Freud’s own analysis—with Wilhelm Fliess—is typically understood as a “self-analysis” rather than a proper teleanalysis.
neutics of suspicion to their newly mediated conditions. First, analysts formed process groups via national and local professional organizations to navigate the change. These weekly meetings offered support in treating full caseloads that were ever expanding and discussion of the particular pains that many patients were facing due to ongoing crisis conditions in both the pandemic and the uprisings of 2020.6 Experts who had earlier written about teletherapy from a clinical perspective, despite its relative rarity before the pandemic, were called in to issue new guidelines. These guidelines centered on patients’ behaviors: refraining from eating and drinking, supplying one’s own tissues, taking time before and after a session (going for a walk was suggested), securing privacy within the home, and so on.7 All of these recommendations make significant assumptions about who the patient is: their labor and its location, their subject positions, their age, their body, their home, and their co-habitants. Whereas, in the consulting room, the physical space might largely be controlled by the analyst and remain homogenous across patients, pandemic conditions for treatment were as diversely material and individuated as they were homogenously technological (reflecting a presupposition that all patients have access to decent internet, particular software, video cameras, and data, which, of course, is not the case). At the same time, analysts were put in the position of working from their own homes, sometimes revealing more about themselves via revealed markers of class (a second home in the country) or of a life lived (evidence of children not fully hidden) than the practice typically brackets in the consulting room.8 As new frames were negotiated, it was under these conditions that many analysts got a crash course in thinking about infrastructure, media access, and mediated intimacy.

The practice of psychoanalysis raises the unconscious from beyond the pale of repression. When its medium changes, new experiences, long submerged, necessarily come to the fore for both patient and analyst. In my own work on pandemic teletherapy during the uprisings of 2020, I called this genre of interpretation—and of experience—the activation of “the medium inside.”9 “The medium inside” follows Melanie Klein’s formulation of “the Hitler inside”; Klein was writing during World War II and was interested in patients’ identification with the abhorred fascist leader.10 What about one’s early internal objects (a father, say) were revived in the presence of the Hitler outside, whose armies were ever encroaching on Britain from the skies and seas? In June 2020, I asked what it might mean to think of a medium inside activated by the shifts in mediated therapy, from the medium of the

6 The American Psychoanalytic Association hosted town halls for the first eighteen months of the pandemic (2020–2021) as well as peer supervision.
8 For more on the shifting history of the frame, see Sigmund Freud, “On Beginning Treatment (Further Recommendations on the Technique of Psychoanalysis),” in Psychopathology of Everyday Life, vol. 12. For more on the status of the frame, see Isaac Tylim and Adrienne Harris, eds., Reconsidering the Moveable Frame in Psychoanalysis (New York: Routledge, 2017).
9 Zeavin, Distance Cure.
consulting room and its proximities to the distance (but not absence) of care in regimes of teletherapy.

In the two years (at the time of writing) since the start of the COVID-19 pandemic, psychoanalysts have begun to do just that. As clinicians turned to quotidian media studies of the digital consulting room, a new genre of related writings appeared in professional journals. One subgenre focused on the video medium itself and what it recalled: bad signal, glitch, error, and its corresponding psychical states such as dropping, abandonment, and annihilation anxiety.11 Although clinicians had worked on teletherapy previous to the pandemic, thinking psychoanalytically about media in mediated analytic contexts had been quite rare in the years since Freud himself reflected on these topics. At first blush, this new focus on problems like the glitch rather than how teletherapy increased access seems faithful to the pre-pandemic understanding of teletherapy as a hopeless non-replacement for the in-person encounter. But the papers most frequently published in professional journals understood teletherapy as non-replacement in a medium-specific manner: the digital presents new working conditions—and, under those conditions, the psyche was working differently too.

If the frame—which psychoanalysts call the setting, composed of the location, hour, fee, and ritual of the analytic encounter—matters in psychoanalysis (and it does), then a digital frame would elicit new elements of conscious and unconscious experience. What were psychoanalysts to do with the old-new experiences as they arise in these conditions? How are they to make interpretations of the mediated encounter? If a patient hates teletherapy, is that hatred born of a material allergy to sitting in front of the screen because they see all screens as bad? Is the pandemic itself a screen for some patients? Is Zoom merely a digital manifestation of that screen? Analysts had to rethink how, where, and why medium interpretations flow and how they function. They began to attend to problems like a dropped call in the same way that they might attend to the accident of terminating a session a few minutes early: not in terms of intentionality (one is infrastructural, the other counter-transferenceal), but in terms of how they generated material and impacted the analytic relationship.12

“Can you hear me now?” came to be explored not just as material signal—is my voice literally reaching you?—but as anxiety about being heard or held in histories of patients whose parents could not attune to them.13 Attunement—itself a media and music term turned psychical metaphor—

came to be seen in its fuller double meaning. The notion that only a so-called perfect medium—that is, one that disappeared from conscious experience—could allow for the work was gently unseated. Noise became understood as psychoactive—it could raise early unconscious phenomenon in its irritation. The medium outside could ring the medium inside in a way previously left underfeatured in the highly controlled clinical setting of the therapist’s office.

Others turned to the absent media of that same lost consulting room: What were the analyst’s fantasies of mediatic contagion, or infiltration, in the context of the pandemic? In the early days of COVID-19, as analysts and patients got sick, each had to wonder if their analyst or their analysand was the cause of illness—both a fantasy and a material possibility. Noticing this new version of the always-mediated frame of psychoanalysis—precisely because it became dominant overnight and was undeniable, irrepresible—also offered a new impetus for rethinking the supposedly non-mediatized, naturalized frame of the in-person meeting. Dislocation (and not disembodiment) from the consulting room into a digital encounter only heightened the fantastical elements of contagion, for those who were able to control their exposures in lockdown.\[^{14}\]

Indeed, in New York City, one of the earliest cases of COVID-19 infection was traced through an analytic institute, which then, in response, shuttered before others did.\[^{15}\] Around the world, analysts and patients alike did die, of course—like my friend Ken Lewes, to whom this essay is dedicated. The loss of the analyst is something that is just coming into theoretical focus, pandemic notwithstanding, and we can expect more work on this painful topic to come.

This reconsideration of the former analytic experience (in chair and on couch) in light of a new analytic experience (on Zoom) became evermore prevalent as hybrid practice emerged post-vaccination in the United States and Europe. While the financialized world has demanded that we enact a deadly wish fulfillment by acting as if the pandemic is over, and repressing the fact that it is not, analysts have debated, both privately and in this growing body of literature, what it means for patients to wish to stay online or, conversely, return to the consulting room.

Generally, it is the former wish that generates a hermeneutic of suspicion, not the latter. This is for a few specific reasons (including the fact that psychoanalysts are themselves susceptible to deciding the pandemic is more or less over). The pandemic, as well as the racial reckonings of 2020, have given new energy to a long-standing professional worry that psychoanalysis is without a future. The media turn in psychoanalysis was, in this moment, linked with other concerns about the perforation of the consulting room and its ideal of neutrality through questions about what psychoanalysts refer to as the social and the accompanying social turn. Both media and contemporary debates about race and other identity categories threatened the purity


\[^{15}\] New York Psychoanalytic Institute and Society, private communication to membership, March 5, 2021.
politic of institutional American psychoanalysis (as routed through ego psychology).16

Choosing teletherapy—that is, choosing to leave the traditional consulting room—is still largely read by clinicians as an abandonment, a rupture, if the furnished room presents itself as an option. The quiet fear is that if we leave the consulting room for the Zoom room, something intrinsic to the practice—for both clinicians and their patients—will be lost for good. Tele-psychoanalysis will abandon psychoanalysis as we’ve come to know it across the long twentieth century. This is more or less true. Teletherapy, as I argue in my first book, *The Distance Cure: A History of Teletherapy*, has long been therapy’s shadow form—if we know to look for it.17 There is a whole host of reasons someone might prefer to default to a distance modality (from geographical ease to access needs). None of these reasons necessarily point to the abandonment of psychoanalysis. Yet, today, those who wish to remain online or on the phone might be questioned by their analysts: Is the patient’s commitment waning? Are they merely expressing a preference? Some analysts who prefer to remain online have turned these questions on themselves as well. Others venture that choosing teletherapy might also be an example of psychopathology—a way of regulating therapeutic contact, or having therapy without entering the world, and so on.18

Even if these fears are misplaced, or are themselves screens for the ways that psychoanalysis has historically been expensive to purchase, paying attention to media in analysis—not only as a material tool, but also how it operates on the psyche—was left largely, although not totally, abandoned from 1901, with the publication of Freud’s *The Psychopathology of Everyday Life*, until early 2020. Many analysts felt—perhaps correctly—that to affirm teletherapy as not inherently lesser, but different, required a whole new training. 19 We are just now extending the literature—and the practice—that tries to account for the medium inside or something like it. Learning to read in this way will allow psychoanalysts a deeper capacity to do everyday media studies in and beyond the consulting room, in this pandemic and beyond.

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16 For one example of an analyst taking up the virtuality of teletherapy to think about the social turn in psychoanalysis, see Carlos Padrón, “Pandemic Diary: 19 Fragments,” *Psychoanalytic Psychology* 38, no. 2 (2021): 125–127.

17 Zeavin, *Distance Cure*.

18 I have conducted formal and informal interviews with practitioners since the start of the COVID-19 pandemic, some of which have been published in *The Distance Cure* and in the popular press.

19 The American Psychological Association is now shifting standards for psychoeducation to include mandated telehealth modules. Lara Sheehi, personal communication with the author, October 16, 2022.