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Is ‘psychoanalysis’ now defunct?

‘The *ego is not master in his own house*[1]’

In only nine words, Sigmund Freud encapsulated the central premise of psychoanalysis: that human behaviour isn’t only a result of conscious actions but equally of the hidden motives of the unconscious mind. The findings of the ‘Father of Psychoanalysis’ were likened to those of Nicolas Copernicus’ revolutionary heliocentric model[2] - Just as Copernicus displaced the Earth from the centre of our solar system, psychoanalysis displaced the ego from the centre of the mind, instead placing the unconscious as its gravitational core. Asking whether psychoanalysis is now ‘defunct’ feeds into the presumption that, like a light switch, psychoanalysis is either functioning or not, switched on or off. However, according to the Cambridge Dictionary, *defunct* is defined as no longer working correctly, no longer existing or no longer living[3]: a spectrum of utility rather than one definite answer. This essay is going to delve into each of those definitions to demonstrate that psychoanalysis is not defunct but has undergone a profound metamorphosis.

1. If we choose to define defunct as *no longer working correctly*, then we must understand how psychoanalysis once operated when it was first introduced in Freud’s Victorian context, as cultural conditions are inseparable from effectivity.

To judge whether psychoanalysis ‘works correctly’, we should acknowledge what it originally claimed to do. Freud’s research and development of psychoanalytic methods, despite common misconceptions, were far more than just therapeutic techniques; they were a framework for the entire human psyche built on the premise that human behaviour is moulded by the unconscious. His methodology: free association and dream interpretation aimed to lower the guard of the ego to reveal the unconscious motives beneath conscious thought. In this context, psychoanalysis can be described as ‘working correctly’ due to offering an incomparable explanation of psychological distress that at the time couldn’t be explained by any other medical or psychological advancements.

The traditional Freudian techniques were tailored specifically to a Victorian population, hence providing perfect conditions for his ideas to flourish. During a period of rapid industrialisation, back-breaking monotonous labour for working-class men and rigid

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[1] Freud Museum London. (2024). *Who was Sigmund Freud? - Freud Museum London*. [online] Available at: https://www.freud.org.uk/schools/resources/who-was-sigmund-freud/ [Accessed 10 July 2026].

[2] Freud Museum London. (2024). *Who was Sigmund Freud? - Freud Museum London*. [online] Available at: https://www.freud.org.uk/schools/resources/who-was-sigmund-freud/ [Accessed 10 July 2026].

[3] Cambridge Dictionary (2026). *defunct*. [online] CambridgeWords. Available at: https://dictionary.cambridge.org/dictionary/english/defunct#google_vignette [Accessed 10 July 2026].

domesticity standards for women[4], a sudden uprising of psychological illness was apparent. For decades, women were expected to submit to societal standards: bear children, be selfless, serve your husband – any deviations from these harsh ideals were often deemed as 'mad' or 'insane' in societies eyes and created a culture in which women's distress wasn't recognised as suffering due to a lack of expressive freedom but instead treated as a medical condition under the label of hysteria[5]. The broad diagnosis of hysteria had no biological correlations to existing medical conditions, simply a social diagnosis to isolate women who didn't follow societal ideals – requesting a divorce, laziness and intellectual study being common causes for incarceration due to insanity! Where women were discouraged from expressing emotions and were denied education surrounding intimacy until marriage, symptoms such as fainting spells, nervous attacks and unexplainable paralysis were interpreted as female instability rather than signs of repression[6]

Freud's techniques appeared effective as they directly targeted a 'medical condition' that was produced because of culture, not biological defectiveness. Free association wasn't only a therapeutic method but also permission for women to speak openly about the experiences and emotions deemed improper/shameful that they had been forced to suppress[7]. Freud's willingness to talk about these issues, despite criticism and controversy, acted less as a scientific cure but more as a release of decades of silenced voices. Psychoanalysis worked because it offered attention to women whose suffering had previously been pathologised.

Conversely, modern psychological advancements have allowed for the complete eradication of the vague diagnosis of hysteria. In replacement, digital diagnostic techniques such as ICD-11 have been developed. ICD-11 is used internationally in over 100 countries by providing standardised definitions for all health conditions, including mental health disorders, using criteria such as severity markers, duration requirements and specific symptom descriptions alongside empirical evidence[8] The World Health Organisation was able to eliminate hysteria entirely as a medical condition. Behaviours that nineteenth-century doctors perceived as being 'hysterical' are now understood through diagnoses such as Post-Traumatic Stress Disorder (PTSD) or Generalised Anxiety Disorder, and movements such as International Mental Health Awareness Week provide a platform for awareness to be raised

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[4] Steinbach, S. (2025). Victorian Era. In: *Encyclopaedia Britannica*. [online] Britannica. Available at: https://www.britannica.com/event/Victorian-era [Accessed 10 July 2026].

[5] Boyle, K. (n.d.). *Hysterical Victorian Women*. [online] Historic UK. Available at: https://www.historic-uk.com/CultureUK/Hysterical-Victorian-Women/ [Accessed 10 July 2026].

[6] Alexander, E. (2025). *Hysteria: A Historical Mirror in the Misogyny of medicine?* [online] BPS. Available at: https://www.bps.org.uk/psychologist/hysteria-historical-mirror-misogyny-medicine [Accessed 10 July 2026].

[7] Chicago Psychoanalytic Institute Treatment Center. (2025). *Free Association: Unlocking Insights Through Unfiltered Expression - Chicago Psychoanalytic Institute*. [online] Available at: https://chicagoanalysis.org/blog/elements-of-psychoanalytic-technique/free-association-therapy/ [Accessed 10 July 2026].

[8] World (2022). *ICD-11*. [online] Who.int. Available at: https://www.who.int/news-room/fact-sheets/detail/icd-11 [Accessed 10 July 2026].

surrounding mental health disorders. This newfound understanding of mental health disorders has catalysed the development of alternative therapeutic techniques such as CBT[9]which is a form of talking therapy, like psychoanalysis, yet is more carefully tailored to the patient's specific diagnosed mental health diagnosis.

As hysteria is no longer recognised as a genuine mental health condition, it becomes clear that psychoanalysis was never truly effective as a therapy; it only appeared to 'work correctly' as it targeted a socially constructed disorder – under this definition psychoanalysis can be considered defunct as a clinical treatment. However, its core principles have continued to influence contemporary psychological therapies that are used successfully in our modern society, meaning that whilst Freud's original methods no longer work correctly, conceptually their principles are still vital to modern psychology.

2. If we choose to define defunct as *no longer existing,* then the question itself becomes more complicated - although it has been established that Victorian therapeutic methods have faded from mainstream clinical practice that doesn't mean that psychoanalysis has stopped existing; instead, it has become deeply embedded in modern culture so that we have become more unaware of its influence.

From infancy the human species are hardwired to ask 'why?', constantly seeking answers -this mirrors the psychoanalytic concept that humans are unaware of the real reasoning behind their thoughts (conflict in the unconscious) that causes psychological distress and requires interpretation to be brought to conscious thought. The primitive instinct of searching for answers has only been amplified in modern society through the exponential growth of social media platforms. To illustrate psychoanalysis' existence in modern culture here are some examples of its presence online:

Self-diagnosis

During the COVID-19 pandemic, at a time of collective isolation and soaring screentime, the dissemination of mental wellbeing talk reached an unprecedented peak with '#mentalhealth' amassing over 17 billion views on TikTok[10]. Despite the incomparable sense of the digital community that grew, the endless influx of diagnostic content about mental health disorders increased the accessibility of false information causing a surge in self-pathologising behaviour. This phenomenon aligns with research conducted by White and Horvitz which introduced the term 'cyberchondriasis', used to describe escalating concerns about common and harmless symptoms based on search results and online media, reinforcing the belief that

[9] NHS website (2025). *Cognitive behavioural therapy (CBT)*. [online] nhs.uk. Available at: https://www.nhs.uk/tests-and-treatments/cognitive-behavioural-therapy-cbt/ [Accessed 10 July 2026].

[10] White, R.W. and Horvitz, E. (2009). Experiences with Web Search on Medical Concerns and Self Diagnosis. *AMIA Annual Symposium Proceedings*, [online] 2009, p.696. Available at: https://pmc.ncbi.nlm.nih.gov/articles/PMC2815378/ [Accessed 10 July 2026].

they are suffering from a physical/psychological condition[11]. This digital trend forms deep parallels with original Freudian psychoanalytic concepts that all conscious anxieties have deeper unconscious roots that need to be uncovered. The often unnecessary act of self-diagnosising mimics the cathartic release that traditional psychoanalysis argues humans are always searching for. Rather than truly uncovering the cause of the unconscious conflict triggering psychological distress, the quick-fix labelling is no more than a defence mechanism of the ego as it neatly categorises internal turmoil into an approachable and considerably 'treatable' diagnosis to avoid ever having to face the unconscious, continuing to repress it instead.

Toxic Masculinity

The past few years have seen the proliferation of the infamous 'manosphere' community - an online presence between 'manfluencers' and their followers, especially young boys, that promotes sexist attitudes and a misogynistic world view (Ging and Marwick)[12]. According to Freudian psychoanalysis, projection occurs as a defence mechanism when the ego faces a situation that it perceives as threatening and attempts to deflect these internal insecurities onto a different being. Projection is encouraged within the manosphere community through the vilification of feminist actions in a way that they are seen, not as a movement for equality but instead as an attempt to subjugate men[13]. In order to justify this persecution, they weaponise the scientific concept of 'hypergamy' suggesting that women are biologically driven to benefit from the socio-economic success' of men before shamelessly disregarding them[14] - by placing their own personal misfortunes at the hands of 'oppressive' female influence their ego remains guarded and the unconscious is left untouched. Additionally, the 'Alpha male'[15] identity that many of the manosphere community strive towards epitomises psychoanalytic ideology. Through building hyper-masculine, seemingly indestructible visages, members of these communities transform the unrest in their unconscious into the image of dominance.

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[11] Han, L., Zhan, Y., Li, W., Xu, Y., Zhao, J. and Xu, Y. (2021). Associations Between the Perceived Severity of the COVID-19 Pandemic, Cyberchondria, Depression, Anxiety, Stress, and Lockdown Experience: Cross-sectional Survey Study (Preprint). *JMIR Public Health and Surveillance*. doi:10.2196/31052.

[12] Babin, K.A., Ging, D., Haslop, C., Hussain, S., Maloney, M. and Thorburn, J. (2026). Beyond the manosphere: a panel discussion exploring the wider phenomenon of male-centred online communities. *Journal of Gender Studies*, pp.1–26. doi:10.1080/09589236.2026.2637532.

[13] Novick, J. and Kelly, K. (1970). Projection and Externalization. *The Psychoanalytic Study of the Child*, 25(1), pp.69–95. doi:10.1080/00797308.1970.11823276.

[14] Bereczkei, T. and Csanaky, A. (1996). Mate choice, marital success, and reproduction in a modern society. *Ethology and Sociobiology*, 17(1), pp.17–35. doi:10.1016/0162-3095(95)00104-2.

[15]Ging, D. (2019). Alphas, betas, and incels: Theorizing the masculinities of the manosphere. *Men and Masculinities*, [online] 22(4), pp.638–657. doi:https://doi.org/10.1177/1097184X17706401.

3.If we choose to define *defunct* as no longer living then psychoanalysis defies this label as it is in fact living in the biology of every human brain. Psychoanalysis has previously been criticised as a theory due to its lack of scientific credibility as its foundations are built on are seemingly invisible factors compared to neuroscientific approaches that can provide a physical explanations through the functioning of the brain - the novel research field 'neuropsychoanalysis' bridges this gap.

The use of functional magnetic resonance imaging (fMRI) in neuropsychoanalysis has allowed for Freud's unconscious to be demonstrated through observable data. Neuroimaging studies routinely show that the vast majority of human cognitive and emotional processing occurs outside of conscious awareness[16], as suggested by psychoanalysis. Furthermore, fMRI mapping of the Default Mode Network (an area of the brain active when someone is not focused on the outside world[17]) provides a biological counterpart to the psychoanalytic Ego. Remarkably, fMRI technology has also revealed that as a patient represses a traumatic memory the prefrontal cortex downregulates activity in both the amygdala and hippocampus, physically inhibiting memory retrieval in the brain[18], forming a direct biological parallel to psychoanalytic theories of self-defence mechanisms used to protect the Ego from psychological distress.

In addition, Panksepp's affective neuroscience separated emotions into seven categories which he believed to be hardwired into the subcortical areas of the brain[19]; each of which explain the biological reality of the Id. As Freud believed the Id was the primitive part of personality, Panksepp's categories such as 'lust' and 'seeking' proved that these drives aren't imaginary but real, thriving and built into the brains of every single human being. This framework is reinforced by neuropsychoanalyst Solms who using case studies of patients with severe brain damage found that children born without a cerebral cortex (the traditional site of the Ego) were still conscious, however, even minor damage to the brainstem[20] (where the Id is located) caused a complete lack of consciousness which introduced the idea of the 'conscious Id' that prove subcortical structures are the source of human awareness, By using

[16] Jordan, D., Ilg, R., Riedl, V., Schorer, A., Grimberg, S., Neufang, S., Omerovic, A., Berger, S., Untergehrer, G., Preibisch, C., Schulz, E., Schuster, T., Schröter, M., Spoormaker, V., Zimmer, C., Hemmer, B., Wohlschläger, A., Kochs, E.F. and Schneider, G. (2013). Simultaneous Electroencephalographic and Functional Magnetic Resonance Imaging Indicate Impaired Cortical Top–Down Processing in Association with Anesthetic-induced Unconsciousness. *Anesthesiology*, 119(5), pp.1031–1042. doi:10.1097/aln.0b013e3182a7ca92.

[17] Raichle, M.E. (2015). The Brain's Default Mode Network. *Annual Review of Neuroscience*, [online] 38(1), pp.433–447. doi:10.1146/annurev-neuro-071013-014030.

[18] Marini, S., Cinosi, E., Lupi, M., Acciavatti, T., Corbo, M., Di Tizio, L., Dezi, S. and Di Giannantonio, M. (2015). Psychoanalysis and Functional Magnetic Resonance Imaging: a Systematic Review. *European Psychiatry*, [online] 30, p.332. doi:10.1016/s0924-9338(15)31872-1.

[19] Davis, K.L. and Montag, C. (2018). A Tribute to Jaak Panksepp (1943–2017). *Personality Neuroscience*, [online] 1. doi:10.1017/pen.2018.5.

[20] Solms, M. and Turnbull, O.H. (2011). What Is Neuropsychoanalysis? *Neuropsychoanalysis*, 13(2), pp.133–145. doi:10.1080/15294145.2011.10773670.

neuroimaging and case studies, neuropsychoanalysis has proven that Freud's theories aren't defunct; they're alive in our anatomy.

Ultimately, whilst the original clinical applications of psychoanalysis may no longer 'work correctly' within the parameters of Victorian culture, its main concepts remain embedded deeply within the contemporary population through digital culture and have provided explanations for phenomena such as digital self-diagnosis that may be otherwise unexplainable. Through the development of modern science, the credibility Freud's theories once lacked have now received empirical validation meaning that we cannot render psychoanalysis as obsolete - instead these fundamental insights into the human psyche may be more present than ever, proving the theory hasn't died, but has evolved into a scientifically viable reality.