

By Brian Benjamin Hansen

The Other Is Right! On Epistemic Injustice and Psychoanalysis

In “Constructions in Analysis” from 1937, Freud poses some very direct questions about the analyst’s task. Freud describes how, in a psychoanalytic process, it is the analysand who does all the work, because their task is to engage in free association with the aim of accessing problematic experiences and material, and then he moves on to wonder about the analyst – this position that he himself invented:

The analyst has neither experienced nor repressed any of the material under consideration; his task cannot be to remember anything. What then *is* his task?¹

If the work of analysis takes place in two portions, as Freud has it, and the largest and most important portion is done by the analysand, what does the analyst do? How does the analyst contribute to the work of analysis? If Freud poses this question in 1937, late in his career and his life, it is of course because he has something to say about this subject matter; it is not a completely open question. But I take it that Freud’s question is also being asked because there is still something to be further developed about this position.

The position of an analyst differs from that of a medical professional, which at least since the 19th century has been defined by specialized knowledge and competencies that prescribe relatively clear tasks, such as diagnostic assessment. Freud's question about the analyst seems to address something of another form of professionalism, one in which the task cannot be understood as harnessing and applying medical knowledge. If the practice of psychoanalysis is an invention, something not seen before, then this invention exactly hinges on a new conception of the medical professional, in terms of what Freud refers to as an analyst. With the analyst, a space has first and foremost been cleared for the patient, called the analysand; a space where the analysand can voice and investigate their experiences. This is the original aspiration of psychoanalysis as a "talking cure", but once again this inevitably poses the question: What about the analyst?

The question about the analyst should be asked in a way that retains the special character of the discourse of psychoanalysis, meaning that it should be articulated from a certain premise: On the condition that psychoanalysis operates through opening a discursive space for the analysand, placing the work of the analysand at the center of the treatment, at the cost of medical knowledge, what is then the task of the analyst? Articulated in this way, several important consequences arise from discussing it. First, the aspiration of psychoanalysis to make space for the analysand relates to current debates and issues around the theme of subjective experience versus "objectification" in biomedical psychiatric discourse. Psychoanalysis, as is well known, provides another approach than the diagnostic approach, and for another role for the medical professional than the expert. Thus, it makes a significant contribution to the ongoing critique of epistemic injustice within psy-discourse, which has intensified in recent years. Second, I would argue that psychoanalysis goes a step further than proving space for the analysand, as it works from the hypothesis of the unconscious. For the problem is not only that the doctor does not sufficiently understand the sufferer's perspective. When someone in distress seeks help, it is also, according to psychoanalysis, because the suffering in question constitutes a riddle to the sufferer themselves. Suffering resists being pinned to any underlying cause of illness but must be accessed by means of material in which the unconscious works and insists: This is why dreams are crucial points of entrance into the analytical process. Third, I would suggest that valuable knowledge about the suffering of the analysand is produced in the very constellation of

analysand and analyst: knowledge is held by the analysand, and yet the the epistemology of psychoanalysis points to a moment of “construction”, where this knowledge can be acknowledged and where the analyst plays a crucial role as a witness to the truth of the subject.

My point of departure, and constant reference throughout the text, is Freud, but as the various topics that I pursue – the position of the analyst, the question of knowledge – have been heavily discussed in Lacanian psychoanalysis, my approach will resultingly be Freudian-Lacanian. The reader may already have guessed this from the title of my text: *The Other is right* – the Lacanian concept of “the Other”, which I find very fruitful in this context, will be unfolded gradually. The title will also be unpacked during the text, but overall it should be understood as an attempt to condense the dialectics of analytic discourse. “*The Other is right*” means, first, that the analysand is right – that they, not the doctor, possess the key to their suffering. But it also means that the very material in which the unconscious works, and which the analysand brings to analysis, is right: The unconscious (which Lacan conceptualizes as the discourse of the Other) is right. Lastly, it means that psychoanalysis itself, as the Other of the process, of what a process of treatment can be, is right.

THE SUFFERER’S VIEW

There are several well-known strands of critique of psychiatric discourse, both in its historical and present-day forms. What these critiques have in common is a focus on the loss of the patient’s perspective in the objectivizing approach and practices of psychiatry. An interesting angle is here to focus on the genre “medical history”, which ought ideally to stand above medicine’s own scientific discourse but nevertheless reproduces a reality that is, to some extent, devoid of patients and their voices and experiences. As historian Roy Porter has observed, the history of medicine (both somatic and psychiatric) was and still is often written by doctors, who, whether explicitly or implicitly, approach it as a narrative of progress centered on their own unique contributions.² We get the story about stepping out of the darkness of superstition and charlatanry and into the modern, scientifically based, professional way of approaching illness, inaugurated in the late 17th century and solidified during the subsequent centuries.

Porter’s aim is to reinscribe the patient into this story – or rather, to bring forth how the history of healing is not only the history of doctors,³ but also the history of “ordinary” people handling illness in

a plethora of ways. As Porter argues, there is another story altogether to be told about how people conceived of and dealt with illness. In his foundational article, “The Patient’s View: Doing Medical History from Below,” Porter illustrates this by examining two 17th-century cases. Starting from the patient’s perspective rather than the doctor’s, he shows how there was knowledge embedded in everyday ways of doing things, finding solutions, accepting circumstances, and adapting to change, frequently apart from the reach of physicians. What we need is a “sick people’s or sufferer’s history”, Porter argues, pointing out that “the very word ‘patient’ seems dangerously redolent of professional medical relations”.⁴

Porter wants to investigate the history of sufferers, which is different from the history of medicine, consisting of a whole new territory of “the communal minds and hearts of the sick”.⁵ The history of sufferers is of course impossible to neatly separate from the history of the professional class and their epistemology, which to a large degree informed not only the specialist’s ways of understanding and engaging with health and illness, but also the horizon of lay people – Foucault would even say that professional discourse continuously shapes social life itself, for example producing “mad” people as such, assigning to them certain roles and agencies etc. For Porter, however, it is not about abandoning medical history, or the history of healing, but about putting medical history back on its feet by incorporating the voice of sufferers. His ambition is not to deliver a fringe or completely alternative version of the history of medicine (arguing that only sufferers could contribute to this), rather is it about pushing back against the hierarchy of doctors being the protagonists in this history, against their concepts and narratives being the only ones available, against their idea of “the cure” being the only way to think about what to do about illness etc. As he writes, “it is precisely the dynamic interplay between sufferers and practitioners that requires study, the tug-of-war supply and demand, patient power and doctor power”.⁶

A way to bring Porter’s approach in touch with present-day debates would be to connect it to Melinda Fricker’s notion of “epistemic injustice”, which has been much discussed throughout the last

i A «rich haul of materials will tell us about the communal minds and hearts of the sick – proverbs, sayings, folklore, superstitions, remedies, traditional wisdom about diet, the calendar, omens, animals, natural pharmacy, the religious propitiations of *ex-votos*, pilgrimages, shrines, prayers, and so forth» (Porter 1985: 183).

few decades, also in relation to medicine. Epistemic injustice occurs when someone is “*wronged in their capacity as epistemic subject*”,⁷ without anyone deliberately intending to wrong someone, as the injustice stems from sedimented background prejudices and stereotypes. When in practice it shows that someone’s (or some group’s) voice does not count, we are witnessing an instance of epistemic injustice that should spur curiosity: Why does this person’s voice not count?

Building on Fricker’s argument, one could construct the history of the professions throughout the 19th and 20th century as an attempt, not to create epistemic injustice, but at least to create “epistemic imbalance”: There are those who know (doctors, lawyers, teachers etc.), and there are those who do not know (as much) – the patients. A profession upholds itself through such knowledge gaps. However, there is an inherent danger of epistemic imbalance perverting into epistemic injustice, when the “recipient of knowledge” is not allowed to speak back. According to Fricker, the interesting thing is that this can happen not based on deliberate decisions or manipulation, but unintentionally as the result of prejudice built directly into epistemic structure. In the field of mental health problems (or in the vocabulary of psychoanalysis: suffering), there is a vast host of negative stereotypes:⁸ Patients can be (mis)perceived as irrational, uncredible, immature etc. and will not enter a (balanced) dialogue with the doctor.

In the concrete situation of the patient-doctor encounter, many things can go wrong, Fricker observes.⁹ There are all kinds of pressures put on the professional, not least time constraints, and this, combined with a certain technical or professional jargon, can lead the doctor to inadvertently ignore or even dismiss what the patient has to say. Diagnostics and dialogue do not always go hand in hand, and when using diagnostic language, doctors can forget its fabricated character – a diagnosis being a provisional construct produced from certain theoretical and experimental hypotheses – as well as they can forget the singular context of the patient sitting in front of them. On the home turf of the doctor, at the clinic or at the hospital, there is already an uneven distribution of patient power and doctor power, to return to Porter’s expressions, which has been built up throughout the centuries and is anchored in the overall self-understanding of the professional being the protagonist in the history of healing.

WORKING THROUGH EPISTEMIC INJUSTICE

How does psychoanalysis fit into the problematic sketched out in the above? It may be that we have somehow forgotten the importance of the gesture, but when Freud and Breuer started listening to what their patients had to say, to the patient's own speech, the hierarchy of patient power and doctor power was radically disturbed. There are several ways of presenting psychoanalysis as revolutionary, but this is one of them: It turns the hierarchy of patient and doctor upside down. It centers *not* on what the doctor can say about the illness that they detect and diagnose, but on what the patient, the analysand, can express about what is troubling them. Psychoanalysis is, as Anna O. famously articulated it, a "talking cure" through and through, not only favorizing the speech of the analysand, but making the analysand's speech the very motor of the patient-doctor dynamics.ⁱⁱ A minimal condition for the psychoanalytic clinic to function is that the doctor *does not speak* – in the sense of delivering explanations of what they think may be wrong with the patient. To use an often-quoted passage from Lacan, the aim of psychoanalysis is "not a matter of discovering in a particular case the differential feature of the theory" and thus explaining such and such about the subject, for example why your daughter is silent, "for the point at issue is to get her to speak, and this effect proceeds from a type of intervention that has nothing to do with a differential feature".¹⁰

Psychoanalytic discourse stands, as Lacan has argued, in opposition to what he calls the master discourse: The classical doctor, as this figure emerged in the period investigated by Porter, still moves within the master discourse. The doctor would not be at the level of a king or a priest, thus not a traditional master figure, as he would be, eventually, much more immersed in the university discourse, but he (for he was a "he") would nonetheless be "invested" with the power of his profession. After proper medical education, building his stock of knowledge, follows professional "authorization", which paves the way for the doctor to diagnose, to prescribe medication, etc. To be a master

ii With my focus on speech, on the talking cure, I do not underestimate the importance of other psychoanalytical approaches, both Freudian and others, that focus on more than words and speech. However, the kernel of my argument relates to the question of «who occupies space» in the analysis, and the question of who is speaking is here of utmost importance. To be sure, this discursive approach has been most fully developed in Lacanian psychoanalysis.

also relates to a certain form of belief (in one's "earned" authority): To be a master means to believe one is a master, in the same way that to be a man, in Lacan's theory of sexuation, means to believe one is a man. The master is phallic in the same way that man is phallic: The master emerges in the "swap" occurring when castration is accepted through a certain signifier – let us say the signifier of professional authorization, the metal plaque at the door of the doctor, etc. The master gains or earns authority not from himself, hence the institutional castration, but comes to speak on behalf of the institution once the swap has occurred.

To be a psychoanalyst means to occupy a place that stands in opposition to the master's discourse. To become an analyst can be done, not (only) by amassing "external" knowledge, but by traveling through the "unbehagen" of the unconscious oneself. Being an analyst means having done the work of the analysand. This has of course given rise to all kinds of problems, as the definition of what it means to come to the "end of analysis" is not very clear (what this means, and how the transition to analyst should be institutionalized, has been highly debated in psychoanalytic circles and has resulted in many splits between different schools of thought). In any case, there is in psychoanalysis the attempt to perform a kind of reversal of traditional educational processes: In a traditional student-master-relation, the student is supposed to be silent, listening to the masters of the field, reading books, etc., but in the analysand-analyst-relation, it is the analysand who speaks and does nothing but speak. And in the same manner, when for example the medical student at some point is authorized, they gain the right, as a professional doctor, to speak and make "professional judgments". However, what the analysand gains the right to, upon becoming an analyst, is to occupy a position where remaining silent is of crucial importance.

Moving from Porter's critique of doctor power through Fricker's concept of epistemic justice, psychoanalysis would be the practice that confronts these issues, without giving up on the patient-doctor-relationship but reframing it as a site for exploration. Analysis takes place when the analysand speaks. To be an analyst means assisting the analysand in their speech, and this means radically working through what hinders the analysand's speech – but this "hindering" of speech is exactly bound up with the problem of authority. What if our non-speaking daughter from before (in Lacan's quote) does not speak because of her relation to her mother, her father, her siblings, etc.? This is where

the concept of transference becomes critical. In one possible and rather widespread definition, transference means that emotions stemming from (problematic) earlier relations show up in the clinic with the analyst as prop. The analyst finds themselves cast in the role of another person. This casting points to something of utmost importance, not only in relation to analytical work with concrete analysands: When the analyst finds themselves spun in transference relations, this points to the very way in which any subject is always caught up in a complex network of relations that brings with it doubts, frustration, and potentially debilitating patterns. In Lacanian psychoanalysis, the analyst should avoid becoming a new relation, a new point of identification (even if allegedly more “sound” or “healthy”), replacing old ones. The analyst should be the screen that allows the subject to play out and investigate their fantasies about who and what they are for others, and this work consists in concretely working through the web of relations consisting of important others that format the subject’s symptom.

In Todd Phillip’s movie *Joker*, the laughter of Arthur Fleck (a failed stand-up comedian later becoming the terrorizing figure of the Joker) attracts attention, when for example on a bus-ride he suddenly, and against his own will, starts laughing excessively.¹¹ However, we later find out that the hysterical laughter is connected to certain childhood experiences where his mother constantly told him to smile to the world, and he came to over-identify and thus somehow try to wrench himself free from this demand for happiness (resulting in the terrible compromise-formation of the excessive laughter). Analytical work would begin with this laughter, with this debilitating tic, would begin by taming his acting out, moving from “wild transference” (Arthur’s relation to his mother) to the transference in analysis, which would be centered on working through the emotions and suffering in the investigative space of the analytic clinic. In the clinic, the analyst must not explain away anything – the agitated laughter should not be placed under certain diagnostic categories, but should be made to speak, put under analytical scrutiny.

The trust in the speech of the analysand goes radically far in psychoanalysis. Gabriel Tupinambá calls the speech of the analysand in analysis a “report-less speech”, pointing to Lacan’s early articulation that what matters in analysis is a testimony that is freed from the shackles of a report.¹² A report would here refer to something about which there could be established a truth in the sense of correspondence: Are

the experiences of the subject related to actual facts? In the field of psychology, this is principally difficult, and one would be struggling with chimeras: Is what the subject complains about “real”, or is it a “hysterical reaction”, meaning that it is somehow faked, stemming from something which cannot be accounted for by empirical research? The take of psychoanalysis is the following: The task of the analyst is *not* to determine whether the analysand constructs reality in a correct way, or to determine whether they have insight into their alleged illness, it is rather to listen to and assist in laying bare the very coordinates of the reality constructed, including its symptoms. That is all. Even if many forms of developmental psychology operate with degrees of maturity measured against the subject’s level of being able to cope with the brute facts of reality, this is not the way of (Lacanian) psychoanalysis. Psychoanalysis, on the contrary, focuses on what Lacan calls the Real; the insistent kernel of libidinal trouble that keeps emerging in any given fragment of speech that the subject produces.

If the analyst purports a certain version of a subject well attuned to reality, this will effectively serve as a blockage in assisting the subject to research the reality they are effectively living in and suffering through, so to speak. This will be tantamount to a form of epistemic injustice fueled by the background assumption of an immature subject. Of course, the reality of the analysand can be weird and alien compared to “neurotypical” ways of experiencing the world: Cases of psychosis present spectacular forms of hallucinations and delusions. But psychoanalysis is not there to correct the analysand’s world-view, rather than helping to rearrange it, so that the subject may change in a way that alleviates suffering. Psychoanalysis is not world-making but world-un-making.

THE GAZE OF DAVID BOWIE

If in traditional medicine the doctor is right, in psychoanalysis the analysand is right. This is not only about the right to tell their own story, but also, more fundamentally, about being knowledgeable about their life and their suffering. However, here things get slightly more complicated, as psychoanalysis works from the hypothesis that suffering must be theorized in relation to the concept of the unconscious. This means that even if the analysand and their speech are the key to their suffering, they may not themselves be in control over what troubles them. For example, it takes work for an excessive laughter to be placed in the larger plot of the life of analysand, but this work is

not only hermeneutical. This point is rather important, as it opens a new dimension of the sentence that “the Other is right”: This time it does not only mean that the analysand is right, and that their speech is the key to their suffering, it also means that something knows on behalf of the analysand, that a certain knowledge about them is “out there”, in the Other. “The Other is right” then also means that there is a knowledge of the analysand at a distance from both themselves and the analyst.

The knowledge in question is a knowledge of the unconscious, which Lacanian theoreticians like to call “a knowledge that doesn’t know itself”,¹³ and this knowledge must be staged during an analysis. The “doesn’t know itself”-part of the above sentence is important. Lacanian psychoanalysis is not about making the unconscious know itself, which I would take here to mean that the subject of the unconscious would know what motivates their unconscious thoughts, hence making the unconscious conscious. You cannot make the unconscious go away, so to speak, as this would be tantamount to eradicating the subject itself. A non-unconscious subject, which would know everything important about itself, would not be a subject in the Lacanian sense. Analysis is about bringing forth the knowledge that doesn’t know itself *as such*. A dream is an example of a knowledge that doesn’t know itself: The dream seems to know something, however not in the (rather vulgar) sense of “deep down you only really think about sex”, but rather as a singular way of registering an impasse.

According to Alenka Zupančič, in her seminal work on sex and ontology *What IS Sex?*, the truly disturbing dimension of the discovery of sexuality by psychoanalysis (in the Freudian-Lacanian tradition) is that it points to sexuality as something meaningless, something of an uncertain and even negative ontological status.¹⁴ Sexuality is “when we come across something and have absolutely no clue what it is”,¹⁵ as she articulates it, also stating that “there is sex only in something that does not work”.¹⁶ This means that sex is not simply something dirty that has been repressed (in which case it would retain full ontological weight even if expelled), but something which operates exactly through impasses and hindrances, which is the hallmark of the work of the unconscious. Thus, the unconscious, through its work and formations, knows about sex, even if this knowledge cannot be pinned down to an understanding of certain positive entities. Hence it is a knowledge that doesn’t know itself, that doesn’t and cannot know its proper domain, and thus cannot “solidify” as acknowledged

knowledge, because it emerges at the very point where we don't know what it is about, at the point of something of an uncertain ontological status. This aligns with Lacan's conceptualization of the dream, building on the Freudian theme of dreams as sites for wish-fulfillment; for Lacan, the dream should be understood as *asking* (not answering) the question of desire. The dream presents scenarios that give form to the impasse of sex through a question such as: *Is this what you desire?*

In Dag Johan Haugerud's film *Sex* from 2025 (part of the trilogy *Sex, Dreams, Love*), the opening scene depicts two chimneysweepers in conversation. The first chimneysweeper tells the second about a dream he had the preceding night about him being at a party with David Bowie, giving him a particular "gaze". The chimneysweeper does not know what this gaze is about, and yet there is in the dream, in its very twisted way of presenting itself, a knowledge about this gaze, and the rest of the film presents his struggle to catch up with this knowledge: being able to dream this dream, how should he live his life? Dreaming about David Bowie does not directly translate into a certain (new) way to live your life, but presents a fantasy-scenario that makes desire come alive in a certain way – could it be that his desire was (de)centered in another way than he had previously thought? Importantly, the chimneysweeper does not simply act on his dream (and how would he in fact be able to act on it; what would he concretely do?), rather he *talks*: The impasse of sex is thought through the dream and brought into language before one of his colleagues.ⁱⁱⁱ Thus, sex is not a problem of biology versus culture/language, but a problem at the very point where both biology and culture break down and cannot provide an answer to what to do.

DREAMS AND THE FABRIC OF THE OTHER

Why is the Lacanian subject opaque to itself? Why is there no way to eradicate the negativity pertaining to the unconscious? Lacan has articulated this through the dictum that "the unconscious is the discourse of the Other".¹⁷ This statement would probably surprise a person with a conception of psychoanalysis as some kind of depth-psychology, where the unconscious relates to one's innermost, hidden desires, which it takes a wise analyst to unearth. This is, however,

iii Anna O.'s name of psychoanalysis was in fact both «talking cure» and «chimney-sweeping», so there is something extremely satisfying for a Freudian about a talking chimney-sweeper.

according to Lacan, not what the unconscious is about. A subject emerges from identificatory processes involving others, and this “de-centered” way of conceptualizing the subject applies to everything from relations with others to language itself (what Lacan calls the big Other). Of importance here is not only that the subject is alienated because it emerges as a subject through signifiers that were already there, but also that the Other itself is decentered. The unconscious is there because of the inconsistent character of the Other, because the battery of signifiers comes with a negativity built into it, so to speak.¹⁸ In the Freudian-Lacanian approach, the dream touches on this negativity, as does the symptom.

Dreams are woven from the fabric of the Other. They are about mothers, fathers, friends, David Bowie, and many other others, and they touch on inconsistencies, on meaningless holes, which they weave around to produce their intriguing enigmatic messages. You cannot dream without dreaming through the Other. Dreams are not deep inside you, they are not your intimate possession, rather, they bring you out of yourself and *they* possess you. In this sense, *dreams* do a certain kind of epistemic injustice to the dreamer. They come with epistemic surprises. They present the dreamer as someone who does not know, they make the dreamer sit back and watch as the dream unfolds, and they force their own knowledge upon the subject, as if they would say: “You think you know yourself? Let me show you something else”. Dreams are the product of epistemic imbalance, but an imbalance placed in the subject itself, and not between two parties (doctor and patient, teacher and student, etc.).

This leads to another way of articulating what I touched on above regarding the question of whether the analyst should engage in measuring the degree to which the analysand is able to “adjust to reality”. Since the unconscious is not something inside the individual, disturbing their relation to the outside world, but the result of (or answer to) a structural “fault” in the Other, in the very fabric of reality itself, psychoanalysis (of the Lacanian kind) cannot smuggle in external standards of what it means to adjust to reality, or to be normal, live a good and healthy life, etc. Subjectivity emerges as the result of a fault, a crack in the Other, this is what “awakens” the unconscious (paradoxically leading to dreams – but isn’t dreams precisely a way to be uncannily awake when sleeping?). The structuring of reality of the subject is not something the analyst could or should make judgments about: The aim would not be to persuade the subject that it does not

make sense to dream about David Bowie, or to laugh hysterically on buses, or whatever is the case, but rather assisting the subject in crossing the terrain of their problems and solutions.

However, at this point we meet the sentence of “the Other is right” at a somewhat displaced level, taking us deeper into the way psychoanalysis works around epistemic injustice. For even if analysis is about providing space for the analysand, the analyst themselves is paradoxically the very instance that also stands in the way of this. The problem of turning epistemic capacity upside down, allowing the analysand to speak, relates precisely to the person the analysand speaks to (or to the structure of address). No professional, and no analyst, can flee from being positioned already from the beginning by the patient or analysand. One could call this a problem of *internalized* epistemic injustice, and this problem is not only historical but also structural, as it has to do with the aforementioned phenomenon of transference.

In the clinic, the analyst becomes not only a prop for the working through of emotions transferred to this new situation, they also become, in Lacan’s theorization, a “subject supposed to know”.¹⁹ To engage in analysis means to place trust in the analyst, and this trust initially takes form as a knowledge placed in the analyst. Analysis begins with this asymmetry, and the analyst must use it as a lever to turn the tables, setting the analysand free to speak about themselves and investigate the unconscious. What must be avoided is the analysand continuing to demand an explanation of their suffering from the analyst as some sort of expert or guiding figure, which would be tantamount to falling back on a classical professional discourse. This assigns a lot of “negative” tasks to the analyst, a lot of “don’ts”: Do not touch the analysand, do not talk but listen, do not correct the analysand (in favor of pre-established knowledge and ideals). Negative tasks, however, are not enough. Not doing anything of the above does not amount to analysis, why? Because analysis consists in the analysand engaging in free association (this is its fundamental rule), and free association in turn requires a very particular kind of listening.

This kind of listening – the Freudian evenly-hovering attention – aims to wrench from the analysand a kind of speech which may surprise both them and the analyst. The whole ethics of analysis lies in this wrenching. And, importantly, creating the space of free association, providing for its condition of possibility, is truly the task of the analyst. If the analysand does not freely associate, this may of course be due to resistance, but it may also be due to the analysand sensing

a certain holding back or self-sufficiency of the analyst.^{iv} If the analysand senses that the analyst only imposes the rule of free association as some kind of “warm up exercise”, before settings things straight by providing some interpretation from a pre-conceived theoretical model, analysis may falter.

As Gabriel Tupinambá has convincingly shown, free association means that the analysand is radically thrown back onto their own speech. They must take responsibility for everything expressed in this way, unable to dismiss what they say (and what they do not say) as merely the result of social conventions.²⁰ Associating freely means being caught in the act of speaking under the condition that everything can be interpreted and accepting that the unconscious may hide in any small detail, or even gap, in the discourse. Building upon Tupinambá’s argument, this is not only important for understanding the situation of the analysand in this setting, but also the task and stakes of the analyst. Free association is *imposed* by the analyst on the analysand, and this imposition is what the analyst must take responsibility for. Not in the sense of being able to say exactly what this may lead to, but in the sense of a *wager*; the wager that it will produce something, that it may lead to unknown places. It is due to free association that the analyst may step back from the position of being right, conferring all authority on the analysand’s speech, but this stepping back is reliant exactly on an “inaugurating” gesture of the analyst, namely the deployment of this ground rule, and the wager it comes with.

This time, “the Other is right” could mean something else – in addition to the meanings I have already given it. It could mean that through the above-mentioned wager one relies on the very idea of psychoanalysis being right, this idea being something of an Event in the world, something Other, and yet something with universal implications. One works under the assumption that psychoanalysis, through the unconscious, has opened a path of investigation into human subjectivity on which further steps can and should be taken. This eventually also means that this idea of psychoanalysis is not only for analysts, which would turn it into a cult, but rather that both analysands, analysts, and sympathizers could potentially contribute to developing it further.^v This also feeds back into the work in the clinic. Free

iv Which is why Lacan provocatively stipulates that there is «no other resistance in analysis than that of the analyst» (Lacan 2006: 314).

v I here rely on Gabriel Tupinambá’s conceptualization of the «idea of

association must be a site of experiment, both for the analysand and the analyst. If people seek out psychoanalysts, they should be able to expect the analyst not only to listen to them, but to treat their speech as something of experimental value, as something from which psychoanalytic practice and theory can renew itself.

“I DIDN’T EVER THINK THAT”

Even if psychoanalysis has worked in favor of another kind of patient-doctor-relationship, working against epistemic injustice, it carries its own problems with it. Analysis is about releasing the discourse of the Other in the analysand, as discussed above, but this means that psychoanalysts can state the analysand does not comply and only produces “empty speech” (a cliché and ego-ridden kind of speech), to use Lacan’s early conceptualization of this.²¹ Psychoanalysis is a hermeneutics of suspicion, as Paul Ricœur has put it, meaning that when somebody says something, even something they truly mean, the psychoanalyst will always be ready to question this. As shown, the original gesture of psychoanalysis is not only to listen to what the analysand says but even go a step further and listen to gaps, obstacles and hindrances in their speech.

This may, however, result in a certain arrogance on the part of the analyst. Here, epistemic injustice comes from another source. The working hypothesis of psychoanalysis is that people in fact have access (not only to knowledge but) to a knowledge that doesn’t know itself, and that free association is the key to this. So, the analysand is not “wronged in their capacity as epistemic subject”, rather the opposite. However, epistemic injustice in psychoanalysis may come not from misperceiving the analysand but from misperceiving oneself in the role of an analyst as some kind of “master of suspicion”, heroically countering empty speech and *méconnaissance*. Epistemic injustice here does not mean downgrading the other, but rather elevating one’s own position, which presents itself as “humble”, yet carries its own narcissism. This critique has recently been developed in a remarkably thorough and refreshing way by Gabriel Tupinambá in *The Desire of Psychoanalysis*, where he challenges the analysts’ self-understanding that they are always the ones to bring something novel to others — and always in that direction.²² Always being the harbingers of the new, even for

psychoanalysis» (Tupinambá 2021: 6, 93).

entire other fields of thought (like politics, art, science), may lead analysts to neglect the work of renewing themselves.

Epistemic arrogance in the face of the analysand is exactly the starting point of Freud's "Constructions in Analysis" where he engages with the (in his eyes unfair) critique of psychoanalysis that had been expressed with the quip "heads I win, tails you lose". Freud recounts this critique through the terms I have been using in this text, namely as the question of who is right in analysis:

That is to say, if the patient agrees with us, then the interpretation is right; but if he contradicts us, that is only a sign of his resistance, which again shows that we are right. In this way we are always in the right against the poor helpless wretch whom we are analysing, no matter how he may respond to what we put forward.²³

As the critique goes: The analyst is right, because they can always refer to the analysand being in the wrong about their affects and desires. The problem of the analysand, seen from the perspective of the arrogant analyst, is not simply that they don't know, but that of a certain "not wanting to know". This makes the analyst some sort of herald of the truth, determining when the analysand speaks the truth about their suffering and when they do not, and then we end up with just another version of epistemic imbalance verging on epistemic injustice. In the text, however, Freud sets out to refute the critique of epistemic arrogance.

First, Freud exchanges interpretation with the notion of "construction", speaking about constructions in analysis, which may seem like a small detail, yet carries something of importance. Freud discusses this explicitly in the text, stating that when one speaks about interpretation, one speaks about what can be done with a single element, such as an association or a parapraxis. Freud's various analyses of forgetting names, symptomatic acts etc. in *The Psychopathology of Everyday Life* may be instructive here. Moving from some abnormality in discourse through free association to a hypothesis about its relation to libidinal trouble is what (Freudian) interpretation is about. Construction, however, is something different, something much more comprehensive and riskier, as when you, as an analyst, recapitulate what the analysand has been saying and try to map out the very coordinates of the analysand's symptom.

In the basic Freudian theoretical outlook, construction relates to what the analysand seems to have forgotten (repressed) about their childhood, and which now haunts their present. In this way, the analyst works much like an archaeologist in Freud's view: They both excavate, and they both face challenges when something seems to be missing at the excavation site, and this is where construction comes in. As the archeologist reconstructs the original dwelling-site, buildings, mural decorations, etc. from what they can find, the analyst draws their inferences "from fragments of memories, from the associations and from the behaviour of the subject of the analysis",²⁴ and through supplementing and combining a construction is produced. In this vein, Freud gives the following example of a construction: "Up to your *n*th year you regarded yourself as the sole and unlimited possessor of your mother; then came another baby and brought you grave disillusionment. Your mother left you for some time, and even after her reappearance she was never again devoted to you exclusively. Your feelings towards your mother became ambivalent, your father gained a new importance for you, . . . and so on".²⁵

There is a certain naivety in Freud's approach to what he calls "the patient's forgotten years" in the text. People repress important experiences from their early childhood, Freud states, and what the analyst is in search of "is a picture of the patient's forgotten years that shall be alike trustworthy and in all essential respects complete".²⁶ However, here the Lacanian reading of Freud has done massive work to show how no such complete picture of what happened exists. Certainly, an analysand may, during analysis, come to recall experiences that had been forgotten, but this does not amount to finding *the* missing piece in the puzzle of their suffering. While in the archeological excavation one can have a conception of a certain (lost) wholeness of the dwelling-site, this does not apply to the opaque and unconscious subject, and the riddle persists: What does this new fragment mean? What is the relation between this fragment and other fragments? Suffering does not lie in the fact of what happened, but in the riddle of how the analysand reacted – and continues to react – to it. The way a subject unconsciously thinks some fundamental impasse or trauma is never textbook, and the trick is exactly to bypass traditional methodological approaches and inaugurate a radically open process of investigation (by the name of free association). In the last part of his text, Freud begins to question the truth-value of constructions, and this is where things get interesting.

Freud shifts focus and begins to discuss constructions by considering their functioning within the analytic setting, in the shared space of analysand and analyst, because it is here that they must stand their ground. Interestingly, Freud inaugurates this discussion by pointing to the issue of making mistakes. The analyst can and does make mistakes – Freud is quite clear about this. However, making mistakes is simply part of the game, and nothing to fear, since a wrong construction will merely leave the analysand unaffected – “the patient remains as though he were untouched by what has been said and reacts to it with neither a ‘Yes’ or a ‘No’”.²⁷ But what does it mean for a construction to touch the analysand then? The case is that Yes or No, in fact, does not matter very much when presenting a construction: The patient may say No to a construction, only to later acknowledge it, and they may also say Yes without truly accepting it, so where can the analyst find their bearings? Freud’s solution is very simple, yet far-reaching, shifting the medium of confirmation from direct to indirect. According to Freud, when the analysand utters something like “‘I didn’t ever think’ (or ‘I shouldn’t ever have thought’) ‘that’ (or of ‘that’)”, this is when the analyst has hit something.²⁸ Statements like these can, as Freud says, “be translated without hesitation into: ‘Yes, you are right this time – about my *unconscious*’”.²⁹

Freud opts for a shift of attention: From direct confirmation of a construction (yes/no) to indirect confirmation. If the construction produces surprise, new associations, or simply any kind of change in the analysand, it has hit something. However, the “indirect” confirmation could, supported by a Lacanian approach, be understood as direct confirmation in the sense of a confirmation *in the very analytical here and now*: When the construction pushes the analysand to move further, why shouldn’t this count as a direct confirmation of the truth of the construction? Not in the sense of it being confirmed that certain events really happened like this, but it being confirmed that this construction resonates with how the analysand unconsciously thinks and organizes their life. The analysand may discover that certain memories play a special role for them, or that various memories are connected through a certain logic, or they may discover certain patterns in their speech and behavior. Lacanians would here speak of the “fundamental fantasy” of the subject, of a certain way of structuring desire that basically makes life liveable for the subject, allowing them to structure the real of life and the choices they are confronted with.

A construction would be an attempt to touch the fundamental fantasy of the analysand.

In Lacanian terms, there is, in construction, a recapitulation of the analysand's speech in the sense of a certain forcing of what has been said, reaching for a punctum. When delivering a construction, the analyst is not bringing anything new into play, but simply summing up, measuring the progress of analysis. There is a "this is what you are saying to me" in construction, which is debatable not from the point of view of being "deep" or "wide" enough, but rather from the perspective of it being productive or unproductive. No additional elements need to be brought in at this point, the analyst may simply sum up a thought-pattern that the analysand seems to return to, or which animates their discourse – for example "I am the kind of person that will always be abandoned", or "I am the kind of person that will always lose my job", or "for people to like me I am supposed to smile and be happy". Whether a specific construction, produced in analysis, works is not so much a question of having uncovered something unknown and delivering new knowledge to the analysand – because knowledge is already on their hands (in the form of a knowledge that doesn't know itself). Rather, it is a matter of giving the analysand the opportunity to acknowledge or come to terms with what they themselves have been saying all along.

At a certain high point in Freud's text, he presents something approaching a manifesto on the necessity of paying close attention to the analysand when working with constructions, stating: "We may sum up the matter by asserting that there is no justification for the reproach that we neglect or underestimate the importance of the attitude taken up by those under analysis towards our constructions."³⁰ The analyst works with conjectures that await examination, and it is only the analytic process itself which can confer authority on a certain construction through the consequences that stem from it. For psychoanalysis to work, it must be risky business, relying on something happening in the shared space of the analysand and analyst, something that can push its practice and theory further.

Maybe the best way to pay homage to the miles Freud walk here, in the direction of a shared space, is to engage with the wider perspective he introduces at the end of his article. I will not follow Freud's argumentation meticulously here, but will instead allow myself to be pleasantly astonished by his perspective and to elaborate further on it in a Freudian-Lacanian manner. Freud's wider perspective begins

with a short discussion of delusions. Delusions are usually seen as part of psychotic subjectivity and have traditionally been thought of as completely mad and futile, thus as castles in the air with no relation to anything real. However, psychoanalytic exploration, already with Freud and further developed by Lacan, has made it possible to understand delusions as somehow “reorganizing” for the subject in question. Already in his text on Schreber from 1911, Freud states that the “delusion formation, which we take to be a pathological product, is in reality an attempt at recovery, a process of reconstruction.”³¹ Delusions are ways of living our lives, not ways they fall apart. This in fact brings them very close to constructions such as those discussed above. For instance, take three ideas such as “I was mistakenly switched as a child”, “I am the kind of person that will always lose my job”, and “I am Jesus Christ incarnated in a new body” – even if most people would see a difference between the three ideas in terms of their compatibility with actual facts, this is not the scope of the analyst. What the analyst may see is a certain “amount” of trauma structured by these ideas in different ways.

Freud spells out the consequences of these arguments very directly: “The delusions of patients appear to me to be the equivalent of the constructions which we build up in the course of an analytic treatment [...]”.³² The difference between the delusion and the construction would of course be their very different contexts (even if Freud does not make this caveat): One is “naturally” grown, the other is produced in the process of analysis. But the consequences of pointing to the analogy between delusions and constructions are quite shattering. Analysis is not about eradicating delusions, replacing them with facts and logical consistency. Rather, analysis is *learning about delusions*. In this way, both the patient-doctor-hierarchy and the pathological-normal-distinction are called into question. The analyst must learn how the Other is right, precisely in their delusions, how delusions carry with them the truth of the subject. If Lacan states that truth has the structure of a fiction,³³ I am tempted to say it has the structure of a delusion. Here we are, at the maddest point in the subject, and this is where we find truth.

Epistemic injustice can consist in wronging someone in their capacity as a knower, and psychoanalysis would be an ally in countering this, with the proviso that it must fight its own epistemic arrogance. At its strongest, psychoanalysis has, however, contributed with a perspective that not only addresses someone in their capacity as a knower,

but also someone in their capacity as unconscious subject – ultimately, in their capacity for madness.

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- 1 Freud 1964: 258
 - 2 Porter 1985
 - 3 *Ibid.*: 175
 - 4 *Ibid.*: 181-182
 - 5 *Ibid.*: 183
 - 6 *Ibid.*: 185
 - 7 Fricker 2017: 2
 - 8 See also Carel & Kidd 2016
 - 9 Fricker 2017: 12
 - 10 Lacan 1998: 10
 - 11 See also Hansen 2021
 - 12 Tupinambá 2021: 42
 - 13 See Žižek 2006: 52
 - 14 Zupančič 2017: 6-8
 - 15 *Ibid.*: 23
 - 16 *Ibid.*
 - 17 Lacan 1997: 112
 - 18 Zupančič 2017: 42
 - 19 Lacan 1998: 232
 - 20 Tupinambá 2021: 96
 - 21 Lacan 1991: 50
 - 22 Tupinambá 2021: 5
 - 23 Freud 1964: 257
 - 24 *Ibid.*: 259
 - 25 *Ibid.*: 261
 - 26 *Ibid.*: 258
 - 27 *Ibid.*: 261
 - 28 *Ibid.*: 263
 - 29 *Ibid.*
 - 30 *Ibid.*: 265
 - 31 *Ibid.*: 71
 - 32 *Ibid.*: 268
 - 33 Lacan 2006: 684

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