

THE PLACEBO EFFECT IN EDUCATION? EVIDENCE-BASED EDUCATIONAL PRACTICE AND THE PSYCHOANALYTIC CONCEPT OF TRANSFERENCE

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Abstract

The concept of evidence, the demand for evidence-based practice and decision-making has for years dominated educational research. Concomitantly, the randomized controlled trials (RCT) that originally gained ground within the field of medicine have become the gold standard for empirical research and political reform within educational sciences, at least in Scandinavia. Nevertheless, proponents of such an approach have not fully explored the consequences of evidence-based methods, in particular the double-blind, placebo-controlled clinical trial. What is the equivalent to the placebo-effect in education and how does research in educational sciences deal with this effect? The concept of placebo is arguably as close as medicine gets to acknowledging the psychoanalytic concept of the unconscious and unconscious knowledge. With the concept of transference, psychoanalysis offers a useful exploration of the processes and mechanisms leading to the placebo effects.

Keywords: placebo, double-blind test, transference, unconscious knowledge, ego ideal and ideal ego

Introduction

What do teachers do when they fail, when what is supposed to work does not in fact work? What recourse do teachers have when they are bewildered and powerless? How do teachers explain when pupils or students seem to be beyond the reach of educational methods?

One option is either to put the blame on the teacher for being incompetent or to put the blame on the pupil, the student – he or she is considered to be impossible or lazy. Failure is personal. Another option is to blame the method; it is in fact not as effectual as promised by researchers. Failure is a question of method. This article suggests a third option: failure is not necessarily a question of either personal incompetence or ineffectual didactic methods. Failure can be a question of unconscious transference and resistance between pupil and teacher.

Why do researchers in the field of educational sciences, such as the highly influential John Hattie (2009) and, following Hattie, the Danish researchers Niels Egelund and Lars Qvortrup (2013), who defend the concepts of evidence-based research and practice and, in particular, the methodology of Randomised Controlled Trials (RCT) ignore what is referred to in medicine as

the placebo effect, i.e., the well-documented phenomenon that trust in the doctor and the drugs or treatment he or she prescribes in itself has a curative effect? After all, the placebo effect raises the question of whether, rather than pharmaceuticals, it is the dynamic relations between doctors and patients that result in a cure. Transferred to the field of education, the obvious question to ask goes: Is it didactic methods or the bonds between teachers and students that have primacy in determining learning outcomes?

As a matter of routine, researchers in medicine take this variable – the placebo effect – into consideration (Shapiro & Shapiro, 1997). Despite the fact that medical sciences can neither explain nor control placebo effects, they do not ignore them. On the contrary, they recognize the importance of the relationship between doctor and patient. Why do educational scientists who refer to RCT as the gold standard ignore this question, considering that education concerns relationships between teachers and students about a subject? After all, educational sciences are not concerned with biochemical causality.

The Double-blind Test

In RCT, the research design is double-blind when neither the researcher nor the patient know whether what they respectively hand out and receive is test medication or a dummy pill. Why must the researcher be kept in the dark? The answer is not that otherwise the researcher could cheat; confidentiality, professional secrecy has always relied on trust. Rather, it is because researchers cannot control how their knowledge affects their conduct. The researcher's knowledge is somehow communicated to the patient; the patient reads the researcher's knowledge. Apparently, the researcher's expectations, maybe even enthusiasm about the new, promising cure affect his or her tone of voice and body language, which in turn is registered by the patient in his or her desire to please – hence placebo – by living up to the researcher's expectations for the cure. In other words, the question of placebo is the closest medicine gets to an acknowledgement of both the Freudian concept of transference and the Hegelian and Lacanian claim of “Man's desire is the desire of the Other” (Lacan, 1998, p. 235).

The trust in and the expectation of a curative effect is in itself a cure. Shapiro and Shapiro (1997) argued in *The Powerful Placebo. From Ancient Priest to Modern Physician* that, “[...] history provides ample evidence for the hypothesis that until recently the history of medical treatment was essentially the history of the placebo effect” (p. 2). As they state, only occasionally and at great intervals have cures been proven to have a causal effect such as the cure of scurvy by fresh fruit or vitamin C – until the introduction of double-blind tests in the twentieth century.

Clinicians have probably always intuitively known that patients' desire to please, combined with the doctor being in a position of authority, i.e., as someone who is supposed to know, had a curative effect. To be an authority you do not necessarily have to know what you are talking about or know what you are doing. The history of medicine has made this abundantly clear. What is vital, however, is that the patient *supposes* that the doctor knows. Supposition of

knowledge gives authority and such authority has an impact. In Jacques Lacan's work, the Other is written with a capital O when in the position as someone who is *supposed* to know – the doctor, the teacher (Lacan, 1998).

Freud employs the concept of transference to refer to the repetition of infantile relations; i.e., we repeat by transferring the emotional matrix – loving and hateful, tender and aggressive – and unconscious conflicts with parents and siblings to future relations (Freud, 1968). Freud describes the connection between transference as a condition of possibility for clinical practice *and* for being within educational reach.

In so far as his transference bears a 'plus' sign, it clothes the doctor with authority and is transformed into belief in his communications and explanations. In the absence of such a transference, or if it is a negative one, the patient would never even give a hearing to the doctor and his arguments. In this his belief is repeating the story of its own development; it is a derivative of love and, to start with, needed no arguments. Only later did he allow them enough room to submit them to examination, provided they were brought forward by someone he loved. Without such supports, arguments carried no weight, and in most people's lives, they never do. Thus, in general, a man is only accessible from the intellectual side too, in so far as he is capable of a libidinal cathexis of objects; and we have good reason to recognize and to dread in the amount of his narcissism a barrier against the possibility of being influenced by even the best analytic technique (Freud, 1968, pp. 445-446).

What is important here is the patient's "belief" in the doctor's explanations, the patient being "capable of libidinal cathexis", and "narcissism" as a "barrier". Lacan highlights this "belief" by interpreting transference as love of *knowledge*, the Other's knowledge, rather than love of the other as a person - whatever is meant by the concept of person. Transference is a question of "a subject who is supposed to know" (Lacan, 1998, p. 230). *Supposition* of knowledge is what is transferred and what counts. To reiterate, supposition of knowledge makes the doctor a figure of authority, into the Other for the subject. Furthermore, and transferred to an educational setting, when transference is love of knowledge, the Other's knowledge, the student does not actually know whether the teacher knows; it is an assumption, a supposition and the precondition for listening, for paying attention. The students' supposition may prove mistaken, the teacher may not be up to the task, but disappointment presupposes an initial supposition of knowledge.

Unconscious Knowledge

The concept of placebo is arguably as close as medicine gets to acknowledging the psychoanalytic concept of the unconscious and unconscious knowledge. In psychoanalysis, the concept of the unconscious does not only refer to a lack of consciousness – whatever is meant by the concept of consciousness. The unconscious needs the dynamic aspect of repression (Freud, 1964). This combination of the unconscious and the repressed refers to knowledge that the ego – the specular image of a self – cannot recognize. Such knowledge is fundamentally knowledge

about how to enjoy; a forbidden and unacceptable satisfaction once enjoyed. The reason for the existence of the peculiar clinical practice of psychoanalysis is simple and well known: repressed unconscious thoughts return. Satisfaction once enjoyed returns in distorted, barely recognizable ways. Analysis is necessary in order to recognize such repetition. The return of the repressed refers to an acting out of unconscious knowledge.

Knowledge and acting are intertwined in both psychoanalysis and RCT. When the researcher is kept in the dark regarding the content of the drug he or she is administering, the reason is also that knowledge can distort his or her interpretation of the effects of the treatment. The desire to get results may influence and distort the interpretation of data; wishful thinking can distort the interpretation of scientific data. Knowledge can thus pose an obstacle to scientific objectivity and clinical perspicacity. In other words, the double-blind procedure recognizes a limit to knowledge. As an aside, wise men have been known to be literally blind. In Sophocles' *Oedipus Rex*, the blind Teiresias predicts the destiny of no less a person than King Oedipus. A more contemporary textbook example is the effect of introducing blind auditions when recruiting new members to symphony orchestras. In the 1970s, a screen was introduced to conceal the identity of the candidate from the selection jury. In 1970, female musicians comprised less than 5 % of all players in the top five symphony orchestras in the United States, whereas today this figure is more than 25 % (Goldin & Rouse, 1997). Apparently, juries needed to be 'blinded' in order for their assessment to be unbiased, objective. Last but not least most scientific journals operate with the double-blind peer review policy in the editorial process.

When the trial is only blind rather than double-blind, the researcher deliberately represses his knowledge. This deliberate, conscious effort to repress knowledge is inadequate as far as the effects of unconscious desire are concerned. Double-blind trials are necessary because the return of repressed desire – failed repression – is more effective than intentional repression.

Knowledge as an Obstacle

The idea of knowledge as a distorting factor is crucial to the clinical practice of psychoanalysis; the analyst's assumed knowledge, his preconceived assumptions pose an obstacle to listening. The analyst should maintain an "evenly suspended attention" (Freud, 1958, p. 111). To listen presupposes recognition of a lack of *and* desire for knowledge. When the doctor thinks he knows, he stops listening and he can proceed to make a diagnosis and prescribe a treatment. The reason for the peculiar practice of psychoanalysis – the client speaking, the analyst listening – is that the analysand ("psychanalysant", the gerundival, the one who should be analysed is supposed to know, not the analyst (Lacan, 1967, p. 247). However, the analysand cannot recognize this knowledge. The practical challenge for psychoanalysts is to maintain a position as someone who does *not* presume to know. This passive, listening position represents no less than a Copernican revolution as far as the doctor's position and the cure are concerned; this is the very precondition for being an analyst. Paradoxically, however, the analysand only addresses the

analyst because he supposes that the analyst possesses knowledge – knows why the subject is suffering, knows what he is doing. This is what the concept of transference refers to. The analyst has to frustrate this desire, evade this position, so as to be able to continue listening.

Strictly speaking, psychoanalysis has no other goal than to lift repression. Its goal is not normality, adaptation to reality, happiness or any other ideal that transcends analysis itself. This is a fundamental point in not only Lacanian psychoanalytic theory and clinical practice but also in Melanie Klein's theory and clinical practice (Klein, 1964; Millot, 1997). By 'strictly speaking' is meant that subjects undoubtedly address psychoanalysts because they are suffering and in the expectation that the psychoanalyst can alleviate this pain. But to achieve this goal the analyst must abstain from anything else than to analyse. Or as Freud famously put it "[...] much will be gained if we succeed in transforming your hysterical misery into common unhappiness" (Freud, 1973, p. 305).

Ego Ideals and Ideal Egos

Repression prevents you from achieving this state of "common unhappiness", and agents of repression are any ideals, any norms – so called ego ideals (Freud, 1961) – of what you lack, of what you should be or of what you are not yet that prevent thoughts from entering into circulation. Ideals can consist in any image of normality, happiness, meaningful goals to pursue, any idea of the proper moral way of enjoying oneself, even the idea that you *should* enjoy yourself at all. An ideal is also any image of a reality to which one is supposed to adapt and of which the psychoanalyst is supposed to be a representative.

By virtue of the simple fact that the goal of analysis is to allow the analysand's repressed thoughts and knowledge to enter circulation the analyst must evade the position of representative of the *ideal ego*. Lacan distinguishes between the symbolic ego ideal and the imaginary ideal ego (Lacan, 2015). The latter is the analysand's imaginary projection – the Other is seen or imagined to be a representative of normality and reality, the Other as someone who is supposed to know how to enjoy properly. In contradistinction to this, Lacan states that the purpose of an analysis is to bring forth the *ego ideal*, which is a symbolic introjection that serves to repress desire; i.e., prevents thoughts from entering circulation. Symbolic introjection is not restricted to imagining that the Other possesses laudable qualities that your own poor ego lack, but the desire *to be* like the admired, loved Other. The subject identifies with a single trait of the Other, a trait that distinguishes the Other from others (Freud, 1962, Lacan, 1961). The subjective identification concerns the formation of the ego, the specular image of a self. There is no ego without the Other, neither in Freud nor in Lacan (Freud, 1962). The ego is both an imaginary, narcissistic formation and, thanks to the symbolic ego ideal, the agent of repression. In this sense, clinical analytical practice cannot, according to Lacan, be therapeutic as it is impossible to pinpoint the goal in any other way than as the production of analysts.

The Antinomic Relation between Psychoanalysis and Pedagogy

If the analyst, even temporarily, becomes a representative of pedagogical, educational norms, if he or she becomes a representative of the symbolic ego ideal, he or she becomes the agent of repression. In Catherine Millot's seminal book *Freud antipédagogue* (1997) – which, unfortunately, has not been translated into English – she argues that psychoanalytical and pedagogical practices are “antinomic”. Millot bases her contention not only on Lacan's work but also in particular on Melanie Klein's explicit position in connection with the question of the possibility of child analysis). In fact, Melanie Klein was a champion of the “radical antinomy between a pedagogical and a psychoanalytic orientation” (Millot, 1997, pp. 198-199).

Millot bases her argument on an exposition of the difference between the respective approaches of Anna Freud and Melanie Klein to the question whether psychoanalysis can serve to achieve a pedagogical goal. Anna Freud's position is, with many reservations that it can. Melanie Klein, meanwhile, denies this possibility: If the analyst, even temporarily, becomes a representative of pedagogical, educational norms, he or she becomes the agent of repression and has missed the opportunity to analyse. In order to succeed, a psychoanalyst working with children must have the same approach like an analyst of adults; the psychoanalyst must be willing *only to analyse* (Klein, 1964).

Two statements are said to be antinomic if they are contradictory, yet both obtained by correct reasoning. To call the relation between pedagogics and psychoanalysis antinomic implies that psychoanalysis and pedagogics are mutually exclusive, that they can neither contribute to nor correct each other and that they cannot outdo or replace each other. Millot argues that, if what goes on in the analytical practice is normative, educational, ‘the cure’, i.e., analysis becomes impossible and conversely, psychoanalysis can contribute to educational practice with nothing more than banalities not to encourage repression by being too strict, by forcing your own imaginary ideal ego upon the child etc.

Taking this into account, how can the relation between psychoanalysis and pedagogics be of any interest? The answer is that the antinomy between pedagogics and psychoanalysis can clarify what is unique about both psychoanalytic, clinical practice and pedagogical, educational practice. In other words, only if one understands why psychoanalysis cannot be pedagogical or educational, can one understand why *analysis* in psychoanalytical practice is different from therapy. Normative, therapeutic, educational psychoanalysis is no longer psychoanalysis. According to Millot, this implies that one person cannot be both pedagogue or teacher *and* analyst for someone else. As professional positions, they are mutually exclusive. This is what is meant by psychoanalytic and educational practice being antinomic practices.

The psychoanalyst must work in order to lift transference, and in order to achieve this goal, he or she cannot represent ideals because ideals serve repression. By contrast, any upbringing or educational practice must necessarily entail some kind of representation of a future ideal. Repression of the immediate satisfaction of drives serves this purpose. Upbringing and education

necessarily repress drives, according to Freud – hence the title of Millot’s book *Freud antipédagogue*. When Millot describes Freud’s analytic practice as being anti-pedagogical, Freud was obviously not *against* the pedagogical in the sense that you should not help the child to repress its drives in order to adapt to reality. On the contrary, he was against analysis turning into adaptation to reality, against the psychoanalyst representing an ideal of what is reality to which one should adapt.

The fundamental contention of psychoanalysis is, as Millot formulates it, that we no more control the effect we have on others than we control our own unconscious. No teacher controls the impact he or she has on the student. How do empirical research projects within the educational field take this into account? Or rather, why don’t they, seeing as it is standard procedure to do so in the medical sciences?

Could the answer that simple, namely that the concept of transference (and placebo) refers to semi-automatic unconscious mechanisms that nobody in the educational relation – qua unconscious – can control, and if they are uncontrollable, it is tempting to ignore them, deny their existence? If so, it raises the question: Why, when medical sciences do not ignore such mechanisms, have educational sciences not developed procedures to contain this effect? Is it simply because educational sciences – given their subject matter – have no methods to do so, and therefore it is ignored? How could an educational research design be developed equivalent to double-blind medical trials? Again, if it is not possible, empirical researchers should at least recognize this explicitly, then revisit and perhaps even revise their ideals for good research.

Teacher Expectations. John Hattie

In order to avoid making this critique abstract, even gratuitous, the focus in the following will be on John Hattie’s approach in his *Visible Learning from 2009* and *The Purposes of Education. A Conversation Between John Hattie and Steen Nepper Larsen* from 2020.

John Hattie has been singled out because of his reference to medical sciences as an ideal and because he is highly influential in relation to educational research and policymaking, at least in the Scandinavian countries. Proponents of RCT as a gold standard often refer to Hattie’s work as an ideal and as an authority as far as policymaking is concerned. However, as early as the fourth page in *Visible Learning*, Hattie points out that.

There are few such studies among the many outlined in this book, although it could be claimed that there are many “evidence-informed” arguments in this book (Hattie, 2009, p. 4).

Relevant to this article’s theme, Hattie, whose motto is “Know thy impact”, points out that teachers’ (lack of) expectations are vital in terms of the effects of teaching. He claims: “My point is that teachers’ beliefs and commitments are the greatest influence on student achievement *over which we can have some control* [...]” (Hattie, 2012, p. 22).

I have no reason to dispute Hattie’s hypothesis as such. But how much is “some” control?

Do we control 90 % or just 10 %, the tip of the proverbial iceberg? Or some number in between? This question ought to be of 'some' importance. Educational sciences that conduct quantitative studies should be able to offer empirical answers. Otherwise, they are founded on a speculative hypothesis just like any other scientific approach.

How do you control the variable of teacher enthusiasm when involved in an exciting new research project under professorial supervision? How does this *not* have an effect of suggestion so the effect disappears when it is no longer a trial but a so-called evidence-based method forced upon teachers? And how does the researcher prevent his enthusiastic expectations from tainting the interpretation of data? In social sciences, this is called the "Hawthorne-effect" (Hattie, 2009). Hattie, in his defence, mentions that the mere introduction of a new method creates enhanced attention and thus makes a difference. In other words, the method in itself does not necessarily make a difference; rather, it is the simple fact that it is new. What works is the teacher's attentiveness to feedback, and this attentiveness is augmented just by doing something different than what you usually do. It is not the method in itself that makes the difference but the break with existing ways of doing things. Hence, it could be claimed that what works is simply not sticking to the same old routine for too long. However, this is not Hattie's message. Against "one of the most enduring messages [...] that 'everything seems to work'" (Hattie, 2009, p. 1) and that "one only needs a pulse" (Hattie, 2009, p. 16), his meta-analysis is intended to provide "a method to evaluate the relative efficacy of different influences that teachers use" (Hattie, 2009, p. 6).

The caution that psychoanalysis recommends is simple: you should be careful not to be seduced into thinking that it is the method that can claim merit for the effect. And to this question Hattie clarifies: "We are not interested in how teachers teach, but the impact on students" (Hattie & Larsen, 2020, p. 62). He further clarifies that this is also his position as far as scientific methods are concerned, especially the Randomized Controlled Trials. It is even "[a] major, major mistake when you privilege a method as the gold standard" (Hattie & Larsen, 2020, p. 64).

This problem – of showing which method is more effectual – is also well known in relation to therapeutic methods, be it psychoanalytic-psychodynamic therapy, cognitive therapy, mindfulness etc. Among psychotherapist it is far from uncommon to argue that it is not the theoretical and methodical background that does the difference but the very relationship between therapist and client. Cognitive, behavioural therapy once claimed to be faster and more efficient than the time-consuming and expensive psychoanalytic-psychodynamic method. However, the argument against this triumphant superiority was also simple: Cognitive therapy may be more effectual on a short-term basis – the clients claim that they feel better, existence is less painful, they cope better in their work relations and personal relationships – but the effect is not long-lasting.

To avoid misunderstandings, my argument is not that psychoanalysis as a clinical practice is more effectual than any other clinical practice. Nor is my argument that it is less effectual. In fact, my argument is that psychoanalysis strictly speaking is not therapeutic because it aims *only*

to analyse. And this is the basis for the relevance of psychoanalysis in the debate concerning the efficacy of didactical methods.

The History of Educational Methods as a History of Transference

If the history of medicine can be described as the history of placebo (Shapiro & Shapiro, 1997), it seems obvious that the history of educational methods be described as a history of transference. The peculiar fact is that, to a much larger extent than educational sciences, medical sciences acknowledge that the unconscious is also effectual in relations between people. The difference is that psychoanalysis claims that what is truly effectual is unconscious. This unconscious dimension that no one controls is at play, for better and for worse, when you educate and when you cure.

I deliberately write ‘for better and for worse’ because psychoanalysis describes drives that have a considerable positive effect on the cure and on education; in short, on the formation of human culture (Freud, 1955, p. 190). This description of uncontrollable unconscious mechanisms can only be considered a source of disillusionment if the assumption is that the lack of conscious, intentional control over the effect we undoubtedly have on each other is always ‘for worse’.

The criticism that can be levelled against those educational sciences that posit medical sciences as an ideal does not address the scientific ideal as such. Rather, it contends that this scientific approach cannot match its own ideal.

Transference and the Object of Education

Education implies a relation between student(s) and teacher(s). Teaching and learning imply social bonds. This is not just a triviality. Arguably, education is at play in any kind of social bond, but if we do not consider social bonds in general but rather the specific institutionalized social bonds called schools and universities as representing something different from what goes on in sports clubs, at workplaces, and in families, what are the formal conditions of teaching?

The relation between teacher and student concerns a so-called subject matter. The relation is about some *thing*. It is not always altogether clear what this *thing* is, what is the matter, or why the teacher is concerned about it, but teaching needs this reference to something outside the teacher-student relationship in order to be called teaching. In other words, it is not enough to speak about relational competences or learning to learn. Teaching is a relation because we teach a subject *matter* and we learn because we learn some *thing*. To repeat, what the *matter* is and what the *thing* is are not entirely clear. I will return to this.

Now, students are not supposed to know; they are supposed to be lectured. This is the fundamental reason why they sit in the classroom. The teacher is supposed to know. Transference refers to this indispensable *and* quasi-automatic mechanism.

To repeat, in order to learn you need to be able to love, to what Freud designated as

libidinal cathexis of objects (Freud, 1968). You need to *suppose* that the other knows (Lacan, 1998). Not everybody is capable of loving, not everybody is capable of this supposition. This is exactly the trouble with the kind of narcissism that Freud “dreaded” as “a barrier against the possibility of being influenced by even the best analytic technique” (Freud, 1968, pp. 445-446.) The investment of libido in the ego – the specular image of oneself, rather than an external object or an Other – can keep us in ignorance, can prevent us from thinking. Students discuss with teachers; they may challenge, even fight the teacher *provided* they suppose that he or she knows what he or she is talking about. Otherwise the teacher is simply irrelevant.

Not all students consider their teacher relevant, and transference is not only love of knowledge. Students may also hate their teacher. If you hate someone, according to Lacan, you ‘de-suppose’ him or her of possessing knowledge: He or she does not know the first thing about the subject matter; he or she does not possess knowledge. You do not respect the Other *as* Other when you hate or despise him or her. The teacher is a waste of time; he or she is comparable to waste.

When this is the case, you, as a teacher, often stand powerless. This does not present a major practical problem at universities; students simply stop turning up. It is, however, a major problem in high schools and any other school where attendance is compulsory.

This could be one of the reasons why even seasoned teachers may enter a new classroom or auditorium with a certain degree of trepidation. We do not often talk about it for obvious reasons: there is nothing to do about it. There are no guaranteed methods, no tricks of the trade to ensure the desired outcome because it has to do with the fundamental vulnerability when confronted with the desire of the Other – here, the students. Or to be more precise, it concerns the Other as subject. In Lacan’s work, the concept of the subject does not signify foundation, but what escapes being conceived of as an object of knowledge. The Other as subject is what potentially shatters the fragile narcissistic specular image of yourself as a competent teacher.

Lacanian psychoanalysis distinguishes between drive and desire, which may help to clarify Freud’s concept of transference (Lacan 1998). When transference is both a question of drive (libidinal cathexis of objects) and of desire (of the Other), the question of the Other’s *object*, is introduced. What am ‘I’, if anything, to the Other *and*, more importantly, what is the Other’s object at all, what is the teacher so concerned about and why? This question of the Other’s object is vital for teaching. In order for this question to be raised, transference needs to be at play. Transference *is* this question. No matter how goal oriented our teaching is, no matter how much we try to make explicit what it is the students are going to learn and why, from the students’ point of view it is a question, a question of what is the object of the teacher’s desire. And seen from the teacher’s point of view, precisely what the students learn is beyond one’s control, no matter how ‘learning outcome oriented’ one’s method might be and no matter how much one might desire to ‘know one’s impact’.

Who is Responsible?

Nobody controls the effect he or she has on others; the unconscious is not transparent to anyone. But what are the implications of this for educational practice? What teachers can learn from analysts is the importance of how you position yourself when you are the object of transference. How do you *not* pose an obstacle to the students' working and thinking?

It should in no way be inferred that the teacher can disavow responsibility. The basic point is that the teacher – like the analyst – is always responsible when he or she fails. As far as the question of responsibility is concerned, the psychoanalytic practice and the educational practice are *not* antinomic. In fact, psychoanalytic ethics can serve as an inspiration: the analyst is always responsible for the clinical work. If an analysis terminates prematurely or comes to a standstill, the analyst cannot excuse him- or herself by blaming the analysand. It is not the analysand who is so-called impossible; it is the control of resistance to the analytic work that has failed. After all, resistance to lifting repression is the very reason why analysts are needed, the reason for the impossibility of self-analysis. Analogously, a teacher cannot blame the pupil or student, saying he is lazy, not serious, does not work hard enough. The inspiration gained from analysis is that the analyst, the teacher, the boss are always responsible when work cannot be done – be it clinical, analytical, schoolwork, or any other kind of work. In other words, the ethical implications of psychoanalysis are absolutist. There is simply no room for the blame game neither in psychoanalysis nor in education.

In Conclusion: The Use of Psychoanalysis in Educational Sciences

To what use is a theory that has developed concepts for analysing why we cannot control the influence that we undoubtedly have on each other? The concept of unconscious transference implies that neither educational failure nor success for that matter can nor should, solely, be ascribed to didactic methods. Psychoanalysis as a theory offers concepts that provide an opportunity to reflect upon and analyse in which way unconscious dynamic processes between pupil and teacher effect the outcome – for better and for worse. It offers concepts that provide an opportunity for the teacher to reflect upon how he or she positions him- or herself towards the pupil. This might not be useful in any immediate demonstrable sense.

Psychoanalysis offers concepts for analysing why we want to 'please' (cf. 'the placebo'), why we want to live up to the expectations of the Other, and why anxiety concerning the loss of the Other's love and recognition is a powerful drive or incentive to learn to such an extent that teaching methods are of only minor importance. If the legitimacy of theories needs or even demands reference to utility, the answer might be that it is useful to be acquainted with psychoanalytic theory and concepts in order to avoid being too easily seduced by over-confidence in scientific and didactic methods. There are conditions for educational practice, indeed probably the most important conditions that evade methodical, didactic control.

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