Reasons to worry about the teaching, learning, and use of clinical theory

If we accept, after Lacan, that the Real always lies somewhere beyond our capacity to describe it (a position also held by the critical realist philosopher Roy Bhaskar) then theories are not objective maps to the truth of the human psyche. They may help us in the difficult task of finding truth – or, at least, coherent narrative – with our patients but they can also enchant us and lead us astray. Just how far astray is sometimes not known until decades after theories first become popular (for example, Freud's equation of homosexuality with paranoia). The following is a list of reasons to be cautious.

1. When confirmation bias is operating. Psychologists suggest that around 2/3 of what we usually perceive is based on what we already have in mind. It follows that we may continuously confirm our own theoretical beliefs, through selection of data that fits, to form a closed loop.

2. When tribalism develops – defensive silos can be maintained to defend against uncertainty. Theory becomes sacred text. 'Othering' takes place through the construction of straw-man arguments reducing alternative theoretical ideas to create simple opposition. This can act as a barrier to pluralism and force us to choose between traditions. E.g. Kleinian theory seems to inspire some distortions (that it is entirely intra-psychic).

3. When boundaries are drawn to place challenging theories outside of the analytic world. (E.g. historically with Bowlby and, perhaps more recently with the mentalizing of Fonagy et al.)

4. When existing terms are used by theorists in new, conflicting or loose ways but without explaining the difference (e.g. the confusing multiple uses of the terms 'object' and 'object relating' by Winnicott (1968). Or when novel terms are introduced which appear to map out new territory, but may in fact be elaborations – or re-statements – of previous concepts. (See for example, Altman's (1989) critique of Bollas' 'unthought known'.)

5. When Identification with – and attachment to – teachers and major theorists is operating. This creates safety but has little to do with the clinical utility of the theory.

6. When lack of – or thinness of – theory leads to holes in understanding. For example the absence of theory on the dynamics of acculturation and the 'cultural transference'. (See Krause, 2014) This may lead to the following error.

7. When the social and cultural is confused with the psychological. What seems essential and true about the psyche to one generation changes with the next generation as the culture changes – i.e. it is found to be socially constructed rather than essential. E.g. Freudian positions on gender and sexuality.

8. When the search for a universal metapsychology (operating independently of culture) leads to ethnocentric bias in which other ethnicities and cultural practices become exotic variants on the - usually white - 'norm'. E.g. Benjamin's (1999) critique of Mahler on separation / individuation – a Euro-American preoccupation.

9. When the individual subjective preoccupations of theorists are writ large as universal theory. See Attwood and Stolorow's (1993) psychohistories of major theorists in *Faces in a Cloud.* E.g. Freud's psychosexual theory understood as a defensive need to maintain at all costs an idealised relationship with his mother. "Aggression … forms the basis of every relation of affection and love among people (with the single exception of the mother's relation to her male child)." In *Civilization and its Discontents.* Quoted in Atwood and Stolorow p.58.

10. When methods that may produce evidence to confirm or disconfirm theory are excluded. For example scientific research into caregiver-infant interaction, attachment research, emotional regulation. (Knox 2013).

11. When Interdisciplinary dialogue – which could allow confirmation / disconfirmation / modification of theory is curtailed. (Knox 2013).

None of these arguments should be taken to automatically disqualify any theory taught at SIP. Instead I hope these points support a body of critical thinking to check and balance any temptations to theory-driven omniscience.

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