AN INTERVIEW WITH DR. ALLAN SCHORE

Dr. Allan Schore, also known as the "American Bowlby" or the Einstein of Psychoanalysis, will be a name familiar to most students of psychology. He is a pioneer in several fields and is especially renowned for his integration of neuroscience with attachment theory. In his four volumes, *Affect Regulation and the Origin of the Self*, *Affect Dysregulation and Disorders of the Self*, *Affect Regulation and the Repair of the Self*, and *The Science of the Art of Psychotherapy*, he not only synthesizes different fields of psychological science, but then connects them to complementary areas within the biological sciences. His work has focused predominantly on how the early development of the unconscious, emotional right hemisphere affects later social-emotional, intersubjective, and stress-regulating functioning. In this interview he talks about his motivation, the challenges facing psychology today, the directions in his future work, opinions on affectively vs. cognitively focused psychotherapy, and his thoughts about the continuing education of those now entering the field.

What has been your motivation for working with the unconscious emotional right hemisphere?

I've always firmly believed that the deeper realms of human emotion and motivation operate at the unconscious level, and that they are processed in the right and not the left brain. This reflects my early training in clinical psychology and clinical neuropsychology, as well as an early imprinted psychodynamic orientation that emphasizes Freud's pioneering explorations of the central role of the unconscious in everyday life. Within psychoanalysis I've been heavily influenced by developmentalists such as Winnicott, Bowlby, and Stern who studied the early origins of the unconscious. Current brain research supports their assertions that early experience—much of it operating at non-conscious, nonverbal, bodily based levels, and before the maturation of the conscious verbal mind—indelibly influences all future development. In line with this, I have argued that in order to more fully understand any human, overt conscious behavior, we must first understand the brain systems that operate beneath conscious awareness. Over the last two decades I have provided evidence to show that these systems exist in the right hemisphere, which evolved earlier than the left. I've thus concentrated on the nonverbal, intuitive, holistic functions of the right brain, more so than the verbal, logical, analytic left hemisphere.

From the very outset of my career I've also been intrigued by the problems of emotion and emotional development. *Affect Regulation and the Origin of the Self,* published in 1994, was the first book to integrate developmental psychology and developmental biology in order to create a psychoneurobiological model of emotional development. Throughout the book this interdisciplinary perspective was used to cast light upon what had previously been *terra incognita* to all sciences. Since then, all fields have undergone "an emotional revolution", and the idea of an interdisciplinary perspective has become well established in all scientific and clinical disciplines, including clinical psychology.

On the matter of motivation, a continuous theme in my professional (and personal) development has been to create a life context that cultivates and expands the expression of my intense curiosity. Indeed, this curiosity has been the driving force in all of my work. I've never attempted to directly solve or analyze anything; rather, my synthetic mind brings together and organizes what I view as essential observations and data from different fields. I constantly search out large bodies of interdisciplinary information that are both scientifically and clinically relevant, hold them in my unconscious and conscious memory, and then allow for a creative state in which images, patterns, and novel connections emerge. This personal learning process has evolved into an overarching theoretical perspective about the right emotional hemisphere, which is dominant for image generation, pattern matching, and integration. It is important to mention that this life context has literally been in my home, and not a laboratory, and that this intimate context supports not only curiosity but creativity.

What do you believe is the most important challenge psychology as a field faces today?

One is that psychology has moved from a profession to a business. Politically influenced economic forces are, increasingly, acting directly in the consulting room and I think these influences are impacting negatively on the way clinical psychology is practiced. Another is that I believe psychology needs to move past an insular situation in which it sees itself as separate from all the other mental health fields and sciences. I think there needs to be greater interaction and dialogue both within closely related fields and the subfields of psychology. We need to move towards more integrated—not more specialized—models. Right now there is an explosion of new information coming from the other sciences, especially the biological sciences and the neurosciences, which needs to be more than "tacked on" to psychology—but rather incorporated into a broader interdisciplinary perspective. My own work is an attempt towards synthesis, including a synthesis of scientific and clinical data. Novel brain-mind-body models, which combine psychology and biology, can serve as a source for more effective treatment interventions for a wide range of disorders. As opposed to past trends that compared and contrasted one form of psychotherapy with another, we are now finally moving towards a deeper understanding of the common psychoneurobiological mechanisms that underlie the change processes common to all forms of treatment. Neuroscience may act as an integrat-

The following address by Allan Schore was made in Norway earlier this year to the next generation of psychotherapists. Dr. Schore has kindly given us permission to reproduce it here.

ing force for psychology. Can psychology—the study of the human mind—integrate this new information about the human brain? This is an important challenge for psychology today.

In addition to psychology dealing with such external forces, certain internal problems within psychology must be resolved too. First, the split between academic psychology and clinical psychology needs to be healed. Second, we need more longitudinal research that spans all stages of human development—now more than ever this data is more directly relevant to clinical work where we're looking at changes within a single person's brain-mind-body over time. Third, in order to generate more clinical efficacy, we need to have an overarching model of therapeutic change that cuts across all forms of treatment. And, finally, psychology as a field needs to re-evaluate the education and training it provides to students at various levels. This is an exciting time in all the sciences, and clinical psychology needs to re-evaluate the curriculum that prepares the prospective clinician, much of which was utilized for most of the last century. We need to create new interdisciplinary courses that can disseminate the growing bodies of new knowledge about, for example, early development, attachment, trauma, and neuroscience, especially affective neuroscience and interpersonal neurobiology.

Could you elaborate on how psychology students should learn and educate themselves?

I think personal psychotherapy is necessary for anybody going into this field. We are continuously in contact with patients undergoing various degrees of stress. Working effectively with a variety of patients, some of whom are experiencing severe traumatic disturbances, requires that we tap into the deepest parts of our own personality. We need to have access to both the analytic conscious abilities, as well as the intuitive unconscious abilities, which allow us to form a working alliance with a range of psychopathologies and enable us to act as interactive psychobiological regulators of their dysregulated affects. The self-knowledge of the clinician, who acts as a participant observer of not only the patient's external behavior but also the patient's internal subjective states, involves a unique set of skills amongst mental health professionals—namely, the use of

one's implicit bodily based self in the treatment of self-pathologies. So, I believe that one's education (or self-expansion) continues after one's degree and allows us to practice and hone what I have called "the science of the art of psychotherapy". In other words, throughout our professional life, we need to continuously explore the clinical experiences of *being with* patients—and by this I mean not only *their* unique personalities, but also *our* conscious and especially our unconscious intersubjective participation in the therapeutic process. This learning about self and other supports an expansion of self-reflection, empathy, and clinical expertise, and it simultaneously involves increases in objective and subjective knowledge.

In my own professional development, after my PhD, I spent the first ten years of my career seeing a large number of child, adolescent, and adult psychotherapy patients in outpatient and inpatient contexts, short- and long-term, as well as doing numerous clinical psychological and neuropsychological assessments. During this time (the 1970s) I avidly continued my readings of the psychological, psychiatric, psychoanalytic, and neurological literature and also immersed myself in my own psychotherapeutic explorations. It was during these first 10 years of my professional life that I amassed my 10,000 hours to develop "expertise" in my craft—as you know, it takes ten years to become an expert in any field, whether it's athletics, music, psychotherapy, or any other skilled profession. In the next decade (the 80s) I scaled back (but continued) my clinical work in order to devote even more time for study; thus I created what would turn out to be a 10-year period of expanded self-generated study. At its onset, my goal was ultimately to move beyond psychology and neuropsychology into related fields in biology and chemistry in order to write something that integrated these various worlds of scientific knowledge. This self-created life context allowed my intrinsic curiosity to be exposed to a large amount of novel information—in this way, increases in my knowledge of the sciences and the clinical work have remained coupled throughout my career.

Returning to the question of our continuing education—for me the source of the most complex professional learning is what we learn from our patients, if we are open to this knowledge. Some of this knowledge can only be gained by exposing oneself to the darker side of the human experience. Other forms of this self-knowledge come from the intense intimacy and relational play that one encounters in deep psychotherapy. My work leads me to believe that certain parts of our personalities can only grow in the presence of a receptive, emotionally communicating "other". There is a limit to what we can learn by moving into a space apart from others and self-reflecting. We need trusted, empathic, resonant others who can mirror and amplify our deepest subconscious self-states and thereby bring them into our conscious awareness.

Do you have any views on cognitive behavioral therapy and metacognitive therapy?

As you know, my work has been intensely focused not so much on "mental" functions as on the psychobiological, regulatory functions of the human mind and its connections to the body. This perspective centers more on the right mind than the left—and not only the "higher" cortical areas of the right brain but the "lower" subcortical areas as well. For me, interpersonal neurobiological models of treatment must be consonant with my clinical observations and experiences—in working with early relational right brain attachment trauma I've noted certain limitations of purely left brain cognitive approaches, which attempt to change the way we feel by changing what we think. Clinically, I found that these top-down models could not reach deep enough into the unconscious realms. Yes, in cases of mild to moderate depression, I think that cognitive therapy can be effective; but in cases of more serious depression, cognitive therapy has a problem, and the research literature also documents this. The question is: How can we reach patients with a history of attachment trauma who do not have the reflective capacity required for cognitive therapy?

For much of the last century the essential tenet of both cognitive behavioral and classical psychoanalytic therapies was to undo the patient's repression, make the unconscious conscious, and expand the patient's awareness. My own work in regulation theory describes a therapeutic approach that works directly with right brain, unconscious, bodily based processes in order to reorganize the unconscious itself. Neuroscience is now moving down the neuroaxis, from the left into the right hemisphere, and from the cortical into the deeper subcortical areas of the brain. This type of work (especially with the early-forming severe pathologies) involves more than using conscious left brain cognition to override right brain emotional processes. Psychotherapy can not only reduce emotional symptomatology, it can also relationally expand the growth of what we used to

call "psychic structure"; but the deeper mechanisms of change can only be activated by relational, intersubjective right brain to right brain psychobiological communications that lie beneath the verbal transactions of the working alliance.

What about new modern approaches, like therapy over the internet?

I find the computerized models of treatment problematic. On the one hand, a large body of psychological and neurobiological studies emphasizes the essential role of human emotional contact in psychotherapy change processes, whereas the internet removes direct, real, spontaneous human contact from therapy. Ultimately, psychotherapy needs to be very personal and "experience-near". The work involves revelation—not of the social self but of the private subjective self to an empathic other. This self-revelation involves both conscious and unconscious aspects of the personality. Neurobiological studies on the state-altering effects of direct gaze and the critical role of real time face-processing in optimal emotional and social functions clearly indicate that (more so than what the therapist is *doing* or *saying* to the patient), spontaneously, intersubjectively *being with the patient in the moment* is critical to changing the right brain emotional system. I'm not sure the internet provides such a truly intimate context.

What plans do you have for the future?

I've recently finished my fourth book. In the following period, although I continued to read various literature, I idled for a while, waiting to see what percolated up from my unconscious to direct my curiosity towards the next project. This eventually began to take shape and form as two new areas of interest. One problem that came to the foreground of my consciousness was autism. It started after I was asked by a journal editor to comment on a case of mother–infant psychotherapy regarding the differential diagnosis of infantile autism vs. attachment disorder in the first year. The article, now published in the *Journal of Infant, Child, and Adolescent Psychotherapy* will be expanded into a book, and it takes me back to my fundamental studies in development neurobiology and neurochemistry. The other area of interest is the problem of love—specifically, the earliest origins of mutual love. I've spent a lot of time on the dark side of the human condition exploring early trauma. But love is also an essential aspect of the human condition. And so there is another book in the making; one that uses an interpersonal, neurobiological perspective to explore how the early experiences of mother–infant love impact all later more complex capacities for parental love and romantic love. These new challenges again bring me into direct contact with *terra incognita*, unexplored territory.

If you could give one piece of general advice to psychology students, what would that be?

[Laughs heartily.] I think that the early academic development of a psychologist is a critical period in one's emerging professional identity. As I've said, this preparation involves both the study and evaluation of past and current information directly relevant to clinical psychology, both from within and without the field, as well as information about self and other, which derives from the clinical work of psychotherapy and assessment. These dual-learning tracks, which support the expansion of the analytic left and synthetic right brains respectively, are driven by core conscious and unconscious motivational systems. An essential driving force for both explicit and implicit learning is curiosity. Most of us who enter the field of clinical psychology are intensely curious about the origins of the human mind, about the history of psychological explorations of normal and abnormal behavior, and about the change process of psychotherapy by which we can alter and alleviate psychological disturbances. It is now clear that psychotherapy is more than teaching the patient coping skills. Rather, it is fundamentally relational—the therapeutic alliance, the major vector of change is, in essence, a two person system for self-exploration and relational healing. For the continually developing clinician, perhaps even more than a drive to help others is our fundamental curiosity, our openness to new learning. I'd suggest that continuing growth over the course of one's psychological career involves not only expanding one's clinical techniques and empathic capacities, but one's curiosity and creativity.