

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 within several fields, and is renowned for his integration of neuroscience and 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 with complimentary areas within the biological sciences. His work has predominantly focused 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 now facing psychology, 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 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 the developmentalists who have studied the early origins of the unconscious, such as Winnicott, Bowlby, and Stern. Current brain research supports their assertions that early experience, much of it operating at nonconscious 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 behaviour we must first understand the brain systems that operate beneath conscious awareness. Over the last two decades I have provided evidence, which indicates that these systems exist in the right hemisphere, which evolves 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. Over the chapters of that book this interdisciplinary perspective was then 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.

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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 is relevant both scientifically and clinically, hold it both in 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 the 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, which I think is negatively impacting the way clinical psychology is practiced. Next, 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 more interactions and dialogue with the fields that are closely related to it, and also within the subfields of psychology. We need to move towards more integrated not more specialized models. There is an explosion of new information coming from the other sciences, especially from the biological sciences and the neurosciences. This needs to be more than “tacked on” to psychology, but rather incorporated into a broader interdisciplinary perspective.

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My own work is an attempt towards synthesis, including a synthesis of scientific and clinical data. Novel brain-mind-body models that 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 integrating force for psychology. Can psychology, the study of the human mind, integrate this new information about the human brain?

In addition to psychology dealing with “outer forces” certain internal problems within psychology must be resolved. The split between academic psychology and clinical psychology needs to be healed. We also need more longitudinal research that spans all stages of human development. This data is closer and more directly relevant to clinical work where we’re looking at changes within a single person’s brain-mind-body over time. 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.


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This is an exciting time in all the sciences, and clinical psychology needs to re-evaluate curriculum that prepares the prospective clinician, much of which was utilized for much 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?

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I think personal psychotherapy is necessary for anybody going into this field. We are continually in contact with patients who are experiencing 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 as well as the intuitive unconscious abilities that allow us to form a working alliance with a range of psychopathologies, and that 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 the patient’s internal subjective states involves a unique set of skills amongst mental health professionals - the use of one’s implicit bodily-based self in the treatment of self pathologies.

So I believe that one’s “education” continues after one’s degree, and that this “self-expansion” allows us to practice and hone what I have called “the science of the art of psychotherapy.” In other words we needs to continuously explore, throughout our professional life, the clinical experiences of being with patients, not

only their unique personalities, but also our conscious and especially 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 involves both 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 child, adolescent, and adult psychotherapy patients in short-term and long term, outpatient and inpatient contexts, as well as doing numerous clinical psychological and neuropsychological assessments. During this time (the 1970’s) I avidly continued my readings of the psychological, psychiatric, psychoanalytic, and neurological literatures. Within that decade I also immersed myself into 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” within my craft. As you know it takes ten years to become an expert in any field, whether it’s athletics, music, psychotherapy, etc. In the subsequent decade (the 80’s) I scaled back, but continued my clinical work, in order to devote even more time for study. This created what would turn out to be a 10 year period of expanded self-generated study.

At it’s 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 both the sciences and the clinical work remained coupled throughout my career.

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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 comes 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 behavioural therapy and metacognitive therapy?

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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 on not only the “higher” cortical but the “lower” subcortical areas of the right brain. 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 that 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 behavioural 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.

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The deeper mechanisms of change can only be activated by relational,

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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

Allan Schore på nett:

- Hjemmeside
- Wikipedia
- Bøker (Amazon)
- Intervju om nevrobiologi og tilknytning

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