

# Psychoanalytic Psychology

## Review of Right Brain Psychotherapy

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## BOOK REVIEW

*Right Brain Psychotherapy*, by Allan N. Schore, New York, W. W. Norton, 2019, 356 pp., £49.95

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In this new and highly original expansion of interpersonal neurobiology, affect regulation psychotherapy, and neuropsychology, Allan Schore presents powerful insights on obscure and as-yet undervalued mechanisms for using the unconscious mind and its creative and restorative processes in therapy. A pioneer in all of the above domains through his decades of hard interdisciplinary neuroscientific work, Schore is masterful in presenting a comprehensive, thoughtful, and particularly human approach for clinicians working with patients with severe, dissociative symptoms and less severe neurosis.

This excellent contribution was published by Norton in conjunction with another compelling volume, *The Development of the Unconscious Mind* (Schore, 2019b). These works in conjunction with Schore's decades of publications have expanded our understanding of the ways in which attuned and misattuned caregiver/child relationships and relational trauma can impact a person's future health, neurobiology, affect regulation, growth, and personality integration (see Schore, 1994, 2003a, 2003b). In his recent works, perhaps most notably *The Science of the Art of Psychotherapy* (2012), he has painstakingly elaborated the mechanisms of interactive, right brain-based affect regulation between patient and therapist. Now Schore adds another major thread to the intricate tapestry he has been weaving throughout his career, offering help to those clinicians who aim to understand how trauma impacts the brain and to offer healing and restoration to their patients.

In *Right Brain Psychotherapy* he brilliantly reconceptualizes the fundamental psychoanalytic concept of regression—traditionally viewed as problematic or even dangerous in psychotherapy—in neurobiological terms, showing how it can be an invaluable tool for both members of the therapeutic dyad, provided the therapist is sensitive and well-trained. Schore proposes that a sensitive and well-trained therapist can work in synchrony with a patient's right and left-brain strategies and functions toward a healthy integration of the conscious and the unconscious mind.

Schore posits that the right hemisphere is the psychobiological substrate of the human unconscious mind, the deep storage site for unconscious or implicit emotional memories of events or information that activated the limbic system and specifically the amygdala

when they were initially perceived. In what is truly a paradigm shift in theory and practice, Schore demonstrates how interactive communication between patient and therapist could be revised and harnessed to allow for reparation and healing or restoration of traumatic imprints (marked by hyperarousal and dissociation). This dual interactive and bodily-based recoding and rewiring of implicit self-other representations inscribed in the right brain of the patient (what John Bowlby, 1969, referred to as internal working models) represents a neurobiological reconstruction of the implicit connections from the limbic system to the higher-order structures in the brain that reinscribes and imprints a new reparatory and healthier route toward higher integration.

As Schore writes at the very beginning of *Right Brain Psychotherapy*:

Emotional interactions reflect right brain-to-right-brain affective communication in early development, where the mother shapes limbic autonomic circuits in the infant's early developing right hemisphere. The essential right brain functions of communication and interactive regulation thus refer to two-person neurobiological interaction, as expressed in dynamic interpersonal and intersubjective contexts. (2019a, pp. 1–2)

This model of right-lateralized interbrain synchronization is increasingly supported by functional neuroimaging research on both the critical role of the right hemisphere in adult social interactions and the flow of affective information between communicating brains.

Schore's neurobiological and therapeutic model of making use of both the conscious (secondary process based) and unconscious (primary process) minds is aimed at restructuring the destructive dynamics of the mind traumatized by human agency, that is, trauma caused by an interpersonal exchange as opposed to natural disaster or other accidental agents, which do not cause dissociation (for this distinction, see Mucci, 2018, 2021; Mucci & Scalabrini, 2021). This complex interpersonal, dual mind–body–brain reparation based on two minds and two bodies in communication affects not only the intrapsychic structure of those who have experienced trauma but also rebuilds the interpersonal and the interbodily dynamics at both conscious and unconscious levels. Schore asserts that this expands the social and relational capacity of the individual in future interactions, in coherence with the structural dual foundation of both human development and psychotherapeutic change.

With a brilliant integration of several pieces of the human puzzle and a fundamental scientific jump ahead, in Chapter 2 of *Right Brain Psychotherapy*, the very foundational core of psychoanalytic therapy—transference and countertransference—is described and understood as the unconscious communications of two right-brain systems in connection and engaging in interactive mutual enactments.

In Chapter 3, “Mutual Regressions in Deep Psychotherapy: Part One,” Schore describes in detail how to work with both the right and the left hemispheres in moments of regression for the patient when right-brain material is more easily accessible. With regression employed as a “return to fundamentals and origins that might

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facilitate a potential reorganization leading to better integration” (p. 47), this approach allows clinicians to work within the interpersonal connection of the dual right-brain structure, which could be particularly effective when paired with Schore’s (2012) concept of the “window of tolerance” of affect dysregulation.

Thoroughly describing the relational process of transient synchronized mutual regressions, Schore describes how the right-brain, bodily-based dialogues between the relational unconscious of the patient and the relational unconscious of the sensitive therapist are activated and enhanced in the “heightened affective moments” of reenactments of early relational trauma. He provides a marvelous conceptualization of how mutual enactments work in therapy, through the activation of the unconscious mind (based on the right hemispheres, now in the communication), which facilitates access to both traumatized and dissociated aspects of the mind:

In heightened affective moments of the session when the patient is experiencing a right brain emotional state, the psychobiologically attuned therapist implicitly initiates a regression, a “reversible dominance of the left over the right hemisphere” and this “giving oneself to be carried along” thereby lessens her own resistance to the left-to-right regression. (Schore, 2019a, p. 52)

Mimicking right-brain developmental dynamics, therapeutic “relational contexts of long-term treatment allow for the evolution of more complex psychic structures, which in turn can process more complex right brain functions (e.g., intersubjectivity, empathy, affect tolerance and stress regulation)” (Schore, 2019a, p. 39). This increased connectivity allows more complex development of the right-lateralized biological substrate of the human unconscious and more functional integration within the consciousness of the dissociated or split elements.

These functional regressions reflect shifts in dominance between the two hemispheres in a variety of ways. The first shift is temporal in nature—from later-developing, explicit, left hemispheric, secondary process, verbal, cognitive functions of the conscious mind to the early-developing, implicit, right hemispheric, primary process, nonverbal, emotional–imagistic functions of the unconscious mind (p. 48). The next involves changes in the levels of the structures being activated—from conscious cognition to unconscious, bodily based affect; from cortical to early-maturing subcortical; and from the central nervous system to the autonomic central system. Another involves the depth of emotionality involved—from a left-brain mild/moderate surface emotion (anxiety, pleasure, and anger) to a right-brain deep emotion (terror, elation, intense love, grief, and utter despair). Schore also describes a shift in verbal involvement—from later-forming, left brain-to-left brain conscious verbal communication to early-forming, right brain-to-right-brain unconscious nonverbal emotional communication. Finally, there is a shift from the left brain, conscious, analytical mind to the right brain, intuitive, unconscious mind, and bodily based emotions (p. 49).

Through apt and effective clinical examples, Schore demonstrates that over time,

the creative clinician, sensitive to even low levels of the patient’s shifts into and out of affective states, learns how to fluidly synchronise this shift in hemispheric dominance with the patient shifts. This allows for the communication and regulation of not just conscious but also unconscious affects. (p. 52)

These regressions are extremely useful moments of right-brain encounters and precious “present moments” for the possible remodeling of implicit structures, allowing a valuable “going back to the origin” of traumatic encodings. For those treating patients who struggle with the ways in which their negative affects can disrupt behavior and initiate unconscious repetitions of unhealthy, victim-persecutor dynamics—including through self-harm—harnessing these moments in the way Schore promotes would certainly be a powerful intervention.

Schore masterfully rewrites and sheds new neuroscientific light on fundamental assumptions by classic psychoanalysts such as Ernst Kris, who notoriously proposed “a regression in the service of the ego” (Kris, 1952), which

allows a shift from secondary process (rational, ordered, reality-oriented, purposeful, conscious) thinking to primary process (free-associated, disordered, reverie-like, unconscious) thinking. Primary process cognition and primitive modes of thought act to increase the probability of novel ideas, which are subsequently elaborated at secondary process levels. (Schore, 2019a, p. 55)

When Schore describes the long-standing psychoanalytic theory in neurobiological interpersonal and neuroscientific terms he revisits Theodor Reik, who underlined the importance of the preconscious–unconscious primary process functions of the creative therapist. Reik (1948) posited an unconscious process by which the analyst is able to detect and decipher clues to the patient’s unconscious dynamics, through the so-called “third ear.” In this primary process modality, “sounds, fleeting images, organic sensations, and emotional currents are not yet differentiated,” and primary process functioning is typical of creative minds but also of abnormal states and mental disorders.

The reevaluation and the shift proposed in the construction of regression also follow the guidance of another master and revolutionary figure within the psychoanalytic field, Michael Balint (Balint, 1968).

In deep psychotherapy, this continual modulation of the shifting of hemispheric modalities allows implicit changes in internal working models of attachment figures, which can regulate unconscious affects while also allowing for the possibility of a new interpersonal creativity, which Schore writes is also the product of right-brain connection, made possible by subcortical–cortical development. He, therefore, offers it up as “a subtheme of this study of *mutual synchronised regressions, growth promoting therapeutic mechanisms that can lead to progressions in the structural and functional complexity of emotional and social development*” (p. 54, italics in the text).

Interestingly, mutual topographical regressions, according to Schore, are ubiquitous in all psychotherapy approaches, but especially in relational, affectively focused modalities:

In synchronised left-right shifts, each switches out of the conscious verbal left mind into nonverbal affects and images of the preconscious mind. These events, outside conscious awareness, allow the therapist’s right mind to affectively empathize, and intersubjectively resonate with the dysregulated or regulated subjective states for the patient’s right mind. (p. 64)

This intrapsychic regression can be regulated or dysregulated, adaptive or pathological (p. 65). It is the ability of the empathic therapist to implicitly resonate with her dysregulated state, so that “synchronized mutual structural regressions facilitate cocreation of an unconscious communication system” (p. 65).

In coherence with Freud's concept of regression, Schore's model of the developing unconscious mind is rewritten as a relational two-person model of psychotherapeutic change: "Mutual topographical regressions facilitate interbrain synchronizations of horizontal right-lateralized cortical-cortical circuits, while mutual structural regressions facilitate interbrain synchronizations of vertical right-lateralized cortical-subcortical limbic autonomic circuits" (p. 65). In dyadic enactments, both partners in the therapeutic encounter reenact "a traumatic pathological object relation, an internal interactive representative of a dysregulated-self-in-interaction-with-a-misattuning object" (2019a, p. 76).

In Chapter 4, entitled "The Growth-Promoting Role of Mutual Regressions in Deep Psychotherapy: Part Two," Schore offers a comprehensive discussion of the differences in structure and dysfunctions among the different defensive systems of dissociation (linked to more severe psychopathology and more severe or earlier trauma) and repression, both contributing to resistance to transformation and change in therapy. Schore draws a distinction between dissociation and repression—based on the severity of the trauma, its earlier occurrence, or both—which in my opinion is a theoretical watershed in the understanding of psychopathology, especially borderline features, and presents a building block to explain developmental disorders (for a discussion of this theory and an application to clinical examples, see also Mucci, 2018, 2021; Mucci & Scalabrini, 2021). He proposes that each hemisphere of the brain accesses a different system for regulating affect (p. 96). Specifically, he states that dissociation and earlier maturing defense systems are rooted in the right hemisphere where implicit, procedural, amygdalar memory and unconscious affective regulation operate, while later-developing repression is rooted in the left hemisphere where explicit, semantic, hippocampal memory, and conscious affect regulation operate.

Also fascinating in *Right Brain Psychotherapy* is Schore's definition of repression as a "left-lateralized defense for regulating left hemispheric conscious anxiety, (anxious apprehension), while dissociation represents a right-lateralized defense for regulating early appearing, right hemispheric, physiological sympathetic hyperarousal (and parasympathetic hypoarousal)" (p. 97).

Both defenses are viewed as having involvement in both blocking affect from reaching consciousness and in the generation of unconscious states (p. 97). For Schore, dissociation therefore belongs to preoedipal stages of development, while repression belongs to oedipal stages as we can see in all borderline psychopathology (Kernberg, 1975; Mucci, 2018).

In diagnostic terms, we could rephrase this distinction by saying that repression appears mostly in neurotic structures, while dissociation is the typical structure (or fracture) of severe psychopathology, starting with borderline levels to psychotic levels of formation. The most severe levels of dysfunction are the outcome of more precocious and/or more severe traumatizations of human agency, which should be distinguished for their more devastating effects from other traumata—for instance of catastrophic or accidental origin, a distinction still unrecognized by DSM-5, which does not include Complex PTSD (recognized by PDM-2 and by ICD-11). Only trauma of human agency is in fact responsible for disorganized attachment and for creating the vulnerability to develop a dissociative structure.

With rich neuroscientific evidence, Schore clarifies how the survival strategy of dissociation "represents a loss of vertical connectivity between cortical and subcortical limbic autonomic areas within the right hemisphere" (p. 100).

In his major reconceptualization of repression, Schore confirms Freud's concept of "the repressed" as being "only a part of the unconscious" (Freud, 1915/1953). Deeply connected to the findings of Schore's right-brain developmental theory is a similar vision shared by neuroscientist Mauro Mancina (2017), who has discussed what he terms the "unrepressed unconscious," which he proposes is implicitly based in the limbic system, especially in the right hemisphere. For this important theoretical divide between a repressed, Freudian unconscious and an unrepressed unconscious, and the after-effects of both defenses for the pathological formation of symptoms and personality structures, see Schore (2017) in Craparo and Mucci (2017); also Mucci (2017) in the same collection.

In Schore's deep neuroscientific rewriting of these major psychoanalytic concepts, "repression represents the left frontal verbal cognitive callosal inhibition of right frontal nonverbal emotional functions" (2019a, p. 102) and it works as a strategy "used by the left brain conscious mind to cope with potential emotional-energetic stressors that emerge in the right brain," in a hierarchical bottom-up relationship (p. 102).

In the right-lateralized, cocreated therapeutic alliance, the empathic therapist can regulate the patient's conscious and unconscious/dissociated or repressed) dysregulating affects (p. 103).

As a consequence, Schore concludes, it is this bodily based regulation and "not the words of a mutative interpretation nor cognitive insight" that is really effective in the work with dissociated, intense unconscious affects and repressed, moderately stressful unconscious affects in mutual regression (p. 103). Even in the use of language and interpretation, though, the role of the right brain has become evident, so that the traditional concept of language as first and foremost a lateralized function of the left brain is no longer tenable. The right-lateralized interpretation (also in connection with the properties of the primary process), with their rich metaphorical and dense nonverbal nuances, is fundamental to help the patient understand and name feelings and downregulate affect dysregulation.

Using these induced and sensitively controlled regression procedures as Schore describes makes it possible to access the destructive dynamics that patients with severe psychopathology typically enact in therapy so that their implicit structures can be explored and reconstructed.

By directly tackling the traumatic internalized dyad of victim/persecutor—in which the aggressor has been implicitly incorporated in the split self of the patient, with affects such as shame and guilt connected to the victim part, and affects such as rage, anger, and aggressiveness connected to the persecutor part in personality disorders (on this destructive dynamic, revised from Ferenczi, 1932, see Mucci, 2018; Schore refers to it as "internalized object relation" and as "persecutor-victim," 2019a, p. 138)—the repeated cycle of destructive dynamics can be nudged in the direction of change.

In the subsequent chapters, Schore presents clinical cases to demonstrate how the psychobiologically attuned therapist implicitly instantiates a regression, a reversible dominance of the left over the right hemisphere, to improve patients' capacity for play, love, creativity, and intimacy, Chapter 5 covers the movement from a traumatic experience to the new encounter, in which therapeutic love makes space for play and creativity. The concept of maternal love—from Winnicott's maternal care to Fromm's maternal support—evolves from an ideal mental state to the actual base for an evolutionary mechanism located in the early-developing, emotion-processing right brain (p. 165). The ontogenetic development of the evolutionary system, "takes place at nonverbal levels" (p. 165), Schore writes.

Chapter 6, which was originally written as a keynote address for the 2017 conference of the American Psychological Association's Division 39 (Psychoanalysis), discusses the new developments in right-brain research that are particularly relevant for psychoanalysis, which now has evolved into a theory not only of the unconscious but of mind/brain/body (p. 188).

The last two chapters contain interviews on "How Our Emotional Brain Is Shaped by Human Relationships" (chapter 7) and on "The Science of the Art of Psychotherapy" (chapter 8). Here Schore's passionate and illuminated commitment to make science an art to heal and improve the world comes to the fore with all his enthralling enthusiasm.

In these last chapters, in a significant theoretical move, Schore goes back to Sandor Ferenczi, traditionally recognized as the "mother of psychoanalysis," in contrast with the authoritative father figure, Freud. He analyses how discussing love has long been a difficult issue in psychotherapy, even though we recognize that the evolution of the brain would not be possible without the intervention of a caring or loving "maternal other" offering his/her fundamental contribution of love. *His or her* contribution? As Allan Schore has often argued in his many prestigious public speaking engagements around the world, the right brain does not know gender divisions and can be used by any caregiver, regardless of biological distinctions. Not only a biological mother can provide the marvelous care from which a healthy and happy self is born. Any person—male, female, or nonbinary—who carries out the serious and demanding task and marvelous work of (right brain-based) child-rearing can.

Significantly in the last pages of the book, Schore (2019a) quotes Ferenczi, stating that the "essential characteristics of parenthood were the essential characteristics of the psychotherapist" (p. 179). He concludes that "love, one of the most powerful emotions, fits better into contemporary relational psychoanalysis, a two-person psychology wherein intersubjectivity is both the goal and the medium of transformation" (p. 179).

Unique in contemporary research and on the therapeutic landscape, Schore has presented extensions of his extraordinary work across multiple domains. He highlights the fundamental developmental value of attachment and reexamines trauma of human agency as the major cause of suffering and mental psychopathology, with crucial societal implications. He differentiates dissociation (together with hyperarousal) and repression (as in Freudian discourse). He describes and recommends a clear dual and relational therapy for the same kind of healing and the reparation in the direction of "love" that Ferenczi courageously championed (despite being ostracized, like Bowlby, by traditional psychoanalysts). All of this brilliantly shows new generations of psychotherapists and researchers the full impact of right-brain functioning in the first 2 years of life and argues for the fundamental repair that only right-brain activity can offer, fundamentally, "a matter of love."

Aware of the development impacts both psychopathology and also the capacity for what we tend to consider humanity—using higher-order connectivity to control aggression, to be spontaneously prosocial, creative, empathic, altruistic, and capable of using symbolic high order structures—Schore concludes his courageous and engaged Division 39 talk in this way:

I urge a call for a commitment to early intervention, in order for the field to make a large impact not only on the individual, but also on cultural, emotional, and physical health, and thereby a broader improvement of the human condition. . . . Neurobiologically informed psychodynamic models of early intervention during critical periods of human brain growth spurt (what pediatricians call "the first thousand days") can alter the intergenerational transmission and prevention of psychopathologies. (p. 234)

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