

**Race Matters: Co-Creating Secure Attachment from the Get-Go and the Work of Identity Consolidation for a Black Patient with a White Therapist**

**Stephen McDonnell**

**Abstract.** This article presents a case from the AEDP 16-session research project of a black patient /white therapist dyad. The author discusses the application of AEDP therapeutic principals to the processing of racial trauma with a white therapist; specifically, three imperatives: to co-create a secure attachment from the get-go, the necessity of affirmation and recognition processes to kindle core- self experiences, and the necessity to metaprocess its transformational promise in order to propel identity consolidation, in this case, black identity as man, father, partner and community member. Moreover, the author speculates that ongoing metaprocessing of the patient’s identity strivings, leading to core-self delight, may account for the patient’s relatively frequent immersion in core state.

***Theoretical introduction***<sup>1</sup>

*“I came in with the expectation that you’re good at what you do, and it doesn’t matter that you are white. It’s cool knowing that you didn’t ignore it, and act like it wasn’t there, like I’m not a white guy, I’m just a therapist, do you know what I’m saying? ... You have to talk about the elephant in the room, or the elephant in the room stays an elephant in the room. It was good to make it part of normal conversation, instead of, we don’t talk about it, keep it over there in the corner. It made it more comfortable, less awkward, more realistic.” Edward*

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<sup>1</sup> The author wishes to thank Carrie Ruggieri for her contribution to this section.

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*“It feels like coming into the light ... I enjoy knowing the (my) truth... There’s newfound security in getting the truth.”* Edward

“Edward’s”<sup>2</sup> first words to me were, *“I thought it ironic that we’re beginning on the first day of Black History Month.”* A testimony to his transformational strivings, i.e., the capacity to seek out and recognize healing opportunities (Fosha, 2021), Edward made the first step in the co-creation of our secure therapeutic attachment. While safety is of course necessary to process of trauma, it is especially critical when the trauma is racial trauma and the therapist’s whiteness represents the origins and source of the trauma. To dismiss, or avoid this dynamic recapitulates the denial of racism, which is at the core of racial trauma, and it denies a patient a means of key support in the therapist (McCorvey, 2020). Particularly for a time-limited short-term psychotherapy, and one in which the therapeutic relationship is a foundational healing mechanism in and of itself, it is especially critical to immediately identify and process any issue which may interfere with the therapy, in this case, the issues of racism and white supremacy.

Simpson (2016), in her article that is ground-breaking for its applications of AEDP principals to the work of healing racial trauma, and for her understanding of how ‘true other’ interactions in the therapeutic dyad, such as recognition<sup>3</sup>, are powerful enough to heal the impersonal and depersonalizing trauma of endemic societal racism writes, “African Americans have been subjected to slavery, racism, oppression, and discrimination, the effects of which have rendered them invisible to the dominant culture, stripping them of the felt sense of being seen and acknowledged through un-stigmatizing lenses.” It follows that identity and racial identity, becomes a vital issue for therapeutic work when societal challenges and abuses impose extraordinary pressure upon this developmental striving (Hoskin, 2022, Hooks, B. 2003).

Edward’s successful therapy confirms Simpson’s formulation, that affirmation and recognition processes may serve as the primary healing intervention when trauma afflicts identity formation. Moreover, in Edward’s case, the metaprocessing of my affirmations had the effect of awakening and affirming core-self experience. I speculate that working within core-self experiences may explain why Edward entered core-state unusually frequently (in my experience). Moreover, a function or phenomenon of core state is the work of identity consolidation (Fosha, 2013).<sup>4</sup> Fosha states, “Core state presents us with a rare opportunity: direct contact with the deeply felt sense of “I” and “this is me.” (Fosha, 2021, p. 392). Or, as more experientially and poetically expressed

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<sup>2</sup> The patient’s name and identifying information has been altered to protect his identity..

<sup>3</sup> “The “click” of recognition is evoked by a match between something inside the person and something outside the self that is deemed salient to the self... a vitalizing and energizing experience” (Fosha, 2021, p. 380).

<sup>4</sup> Tunnell (this issue) raised similar questions and came to a similar conclusion in his article.

by Edward, a core-self delight within core state “*feels like coming into the light... I enjoy knowing the (my) truth... There’s newfound security in getting the truth.*”

### ***Introduction to Edward***

Edward applied to the AEDP 16-session research project following the urging of a friend. Although Edward did not technically meet criteria for inclusion in the research project because he measured in the normal ranges on the pre-therapy research measures, it was decided to include him in the study in keeping with the AEDP Institute’s DEI (Diversity, Equity, and Inclusion) efforts to bring opportunities for training and therapy to BIPOC (Black and Indigenous, People of Color) people.

Edward is a 29-year-old, black, cis-gender male heterosexual. He is married and is father of a 3 year-old boy. Edward completed college and works in the tech industry. He also writes poetry and identifies himself as a poet. His self-identified goals included processing the loss of a close long-term friendship and managing his involvement in social media discussions on race issues. The therapist is a white 64-year-old, cis-gender, gay male and licensed clinical social worker. The therapy took place via video conferencing in 2021 during the COVID-19 pandemic.

Edward reported coming from a loving and intact family. He did not endorse adverse experiences on the Adverse Childhood Experience Questionnaire (ACE) that is given to research patients prior to their third session.<sup>5</sup> Though he had never been in psychotherapy, a friend’s successful therapy, along with his encouragement, allowed him to enter the therapy with curiosity and willingness to extend trust as reflected in his lighthearted and unguarded comment, “I don’t know what I’m doing here, or how this works (but here I am).”

The therapist experienced Edward as gentle, kind, thoughtful of others, often to the expense of himself. Though a gifted wordsmith, his ability to articulate his internal experience was initially somewhat limited, as evidenced by his one-word answers, such as an enthusiastic “good,” to the therapist’s inquiries about his feelings. Hence, throughout the therapy, the therapist prioritized interventions to deepen the experience of affect.

Following our initial work of processing incidents of racial trauma, he was able to bring forth of emotional struggles from his more intimate interpersonal relationships. It makes sense that Edward would need to secure trust in his white therapist through the safe and affirming

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<sup>5</sup> Notably, the ACE questionnaire does not probe for adverse social experiences, such as racism and bullying.

processing of racial trauma and his identity as a black man before processing more intimate emotions regarding attachment wounds and identity as a partner and father.

Edward's relationship to his own anger was also an important therapeutic theme. Though he had long ago worked to reconcile his conflict between his identification as a pacifist and a Christian, with his fierce protective inclinations toward others, he evidenced a tentativeness toward his anger, as toward his emotions in general. As discussed in the theoretical introduction, black men must navigate, from childhood, a barrage of the racist stereotypes, including the depiction that black males are angry, then in turn, fears the black man (Jackson, 2017). We did not explicitly explore what, if any, impact the projections of anger and resulting white fear of black men might have had on Edward's earlier conflicts with his anger, however, I believe it would have been a healing opportunity, especially in the context of his treatment with a white therapist.

### ***Session 1: Healing from the get-go and co-creating safe and secure therapeutic attachment***

“Healing from the get-go” is a term used in AEDP which is grounded in the belief that the capacity for healing is wired-in and, the patient will respond to healing opportunities which the therapist provides via AEDP interventions (Fosha, 2001, 2021). But healing from the get-go is also about co-creating safety between the therapist and the patient by engaging the patient's attachment through attunement, affirmation, and the metaprocessing of the patient's experience of the therapist's caretaking system (Iwakabe, et.al., 2021; Kranz, 2021). And in this case, explicitly welcoming to the forefront of the therapeutic work with a white therapist, the patient's lived experience as a black man in a white dominated society.

As session begins, the therapist gives an enthusiastic “Hi!” and Edward apologizes for being late. Therapist normalizes that and suggests texting him when he is late. The therapist then invites Edward to take a breath and settle into his body.

*Th gives an enthusiastic “Hi!” and Edward apologizes for being late. Th normalizes, offers text option. Th invites Edward to take a breath, settle into his body.*

Th: Any idea where you want to start today?

Pt: I thought it ironic that we're beginning on the first day of Black History Month.

Th: Yeah! *(gives a thumbs-up, to which Edward smiles)*

Pt: I don't know what I'm doing.

Th: The fact that you show up is a good thing [**affirming transformance striving**]. Good stuff is going to happen.

Pt: I believe it... I don't know what to say.

Th: Tell me what it means to you, as a Black man, what it's like to be with a white man who's a therapist.

Pt: (*laughs and nods*) Black History Month means I have an excuse to post on social media without getting, 'Why are you always talking about this?'

Th: I want to say to you that therapy is a place for you to say what you really feel. And to have me really get it. [**co-creating security**] What would you like to say out loud to me?

Pt: People don't understand what it's like to be Black in America. [**giving his white therapist an opportunity to demonstrate his capacity to deal with racial issues**]

Th: Edward, I *would* like to know what your experience is like, being Edward, and Edward as a Black man. (*Therapist touches his chest.*) What's that like to know?

Pt: It's a can of worms. It's a whole lot. It starts early. (*Patient deflecting.*)

Th: Wait a minute, let's go slow. Taking in that I am willing, I want to know your experience, what's it like to hear that from me? [**explicitly restating my desire to know him**]

Pt: It's good. It's good to know I have that open door (*gestures with his hands, opening out*), to a listening ear. (*Edward looks around, slowing down*)

Th: Can you take that into your body? [**somatic experiencing**]. (*therapist gestures to his own chest.*) Can you take a minute and see how that feels? Tap into my authenticity, look at my face. [**This a bold to assume this at he knows I am authentic; however, our felt connection and his responsiveness allowed me to assert my confidence in our connection**].

Pt: (*takes a few moments of introspection*) I think it feels a little liberating (*emphasis on little, hesitant*). It feels...there's also...I feel like I'm finding the part of me that I need to lay out a legal argument. (*therapist nods, gets it.*)

Th: Just to come back to you and me. First to go back, I'd like to know what a little liberating feels like when I invite you to tell your story with me, in your body?

Pt: I'm excited to share. Let's talk about it. I have the open door.

Th: (*therapist is enthusiastic, notices the big gesture.*) And back to the legal case business, I just want to hear your story. I'm ready. What's that like to hear?

Pt: Also comforting.

Th: Take that in. A white man is willing to listen to your story. **[tapping into E's receptive capacity]**

(*Silence*)

Pt: Comforting. (**emergence of safety**)

Th: In your body?

Pt: Relief. My shoulders aren't tense. Just for a second, I was about to cry, but I don't feel like I have to cry anymore.

Th: Let's just notice that little second. What might have the tears been about?

Pt: I've lost...I've had to let some friendships go.

The session continues. Edward has lost a close friendship. He shares a boyhood experience of being bullied on the playground by older boys. The therapist does a short anger portrayal with him. Edward shares being a "pacifist" and becoming more devoutly Christian around the age of 20. He shares his history of needing to protect others around him and keeping calm; although after becoming a Christian, allowing himself to become angry "because God is angry." The therapist does some exploratory work to ascertain if the patient's calmness is a defense against anger, but patient is not able to report how this calmness started or why.

### ***Session #1 continues with metatherapeutic processing***

Th: How are we doing together?

Pt: It's good. (*He sits up tall.*)

Th: What are you noticing? What are you feeling? You sit up tall. (*We laugh.*)

Pt: I feel introspective. (*silence*)

Th: How is that for you?

Pt: *(slowly)* It's thought provoking. Making me try to remember things, to an extent, I had forgotten or just never thought about.

Th: How's it making you feel?

Pt: So far good and inquisitive. I like putting together all the puzzle pieces.

Th: We want to remember it all and put your story together. That's our goal of the sixteen weeks. **[Part of the 16 week protocol is to continually remind the patient of where we are within the timeframe (Woods, 2023), and planting a seed for creating a coherent narrative]** And that's where we started: I want to get to know your story.

Pt: Part of me feels like I'm accomplishing something. *(therapist nods and smiles in delight)*

Th: Do you feel accomplished?

Pt: I feel like we're accomplishing some things. *(Therapist appreciates the "we" to himself)*

Th: How does that feel in your body?

Pt: It feels *(slowly)*. Let me think.

Th: Notice in your body.

Pt: It feels. Um. I'm trying to take my time. **[emergence of new capacity to slow down and into somatic reflection]**

Th: Take all the time you need.  
*(One minute passes)*

### ***Session #1 experience of core state***

Pt: It feels like I'm coming into the light.

Th: Wow.

Pt: The veil is being pulled back. The mystery is being revealed.

Th: *(gently)* Uh huh. Good.

Pt: And I enjoy knowing the truth [**core-self delight**].

Th: Wow. Wow. The truth. Knowing your truth and sharing your truth with me. [**affirmation**]

Pt: Mmm...mmm

Th: You enjoy that: knowing your truth.

Pt: Absolutely.

Th: Say more about that metaphor: the veil is being pulled back and the mystery is being revealed, and the light is....

Pt: There have been moments of feeling that way, even good TV shows feels that way.

Th: Feel the feeling.

Pt: Ah ha! That eureka moment.

Th: Uh huh. (*encouraging.*)

Pt: Okay, that's why. It makes sense. And when things make sense, you're stable. You have a foundation. [**core state following core-self delight**]

Th: Yes! Yes!

Pt: There's newfound security in getting the truth.

Th: Wow. Feel that security in your body. Get to know it in your body. [**embodying core-self experience**] (*silence for about one minute.*) A lot's happening. I'm seeing a lot on your face. What are you noticing inside? [**encouraging somatic deepening**]

Pt: One, I'm realizing that I don't take a lot of time to think about my feelings. So it's a lot to just stop and ask, how does that feel? How does it feel in your body? It's helpful. I just want to be in the moment, not think my way out of my feelings. [**emergence**]

Th: Yes, stay right here, in your body.

Pt: I'm relaxing. I'm breathing. I'm mindful of my breathing. My shoulders aren't tense.



Th: I was struck by those metaphors of coming into your truth, coming into the light, having the veil taken away. Coming into your truth and sharing your truth with me. Tell me, what does that feel like?

Pt: It feels. There's two parts. Part of me feels the clarity, and that ah ha, I get it, it makes sense, a relief. But there's also another bit of curiosity, a desire to fix that. [**“feel and deal”**]

Th: That's right.

Pt: I'm still thinking why I feel like that, I function that way. As a husband, I get nervous about protecting my family, that doesn't want to feel nervous. I have one more story, actually.

### ***Core State leads to more trauma processing***

Edward relates a frightening story where he goes to buy diapers, found on Facebook, at “a great price.” The address was a hotel, which seemed weird to him, so he pulled over into a place of five parking spaces to check the address on his phone. A white man who was riding a motorcycle started yelling at him to move his car. The man approached Edward's car. “He had a Trump 2020 button on his jacket.” The man accused him of blocking traffic. The interaction got more “hostile and volatile.” “At some point, he calls me the n-- word. My hands started shaking. I'm angry, and sad, and nervous, and scared.”

Th: Just take a minute and see how you're feeling even now telling me the story. I am really hearing what your experience has been. And your experience as a Black man. (*silence*). Yeah, it's okay [**anxiety regulation**]. Feel it. What you've gone through (*silence*)

Pt: So, I think at the time, I didn't want to admit I was scared.

Th: Sure, scary.  
(*E tears up*)

Pt: And to an extent, I wasn't, but my hands were shaking. I was holding my phone. I was trying to record what was going on.

Th: (*empathetically*) Wow, wow, wow.

Pt: And he can see me holding my phone out the window, my hand was shaking. I wasn't even recording. I think I took a picture. I was determined not to run away, not to act scared.

Th: Yes.

Pt: I wanted to stand up for myself.

Th: And you did. He was a scary character.

Pt: I think it just felt, de-humanizing.

Th: Yes, that's a great word.

Pt: He went on to accuse me of being a drug dealer. He assumed that. I mentioned that I was there to buy diapers. He said, no you're here to buy drugs or something.

*(Therapist is shaking his head in disbelief)*

Pt: The ignorance. I didn't feel heard.

Th: You weren't heard.

Pt: It escalated. His girlfriend tried to get me to move my car. Eventually, one of the cleaning ladies from the hotel came over, and he left.

Th: How quickly all of this escalates.

Pt: All I wanted to do was buy some diapers. It goes back to I need to prove my case. I went back to the hotel lady to show her the diapers.

### ***One more round of metaprocessing in session 1***

Th: Back to you and me, I really hear your story. And you don't have to prove yourself to me. I get it. And I'm so appreciative that you told me this story, and all these stories today. And how was it for you, that I hear you, and am with you, with all these emotions you're having?

Pt: It's liberating.

Th: Great, feel that feeling.

Pt: I was free to feel and remember what I felt at the time. **[Making space to remember the disavowed: coherent narrative in the making.]**

Th: Really good.

Pt: Remember what I was really thinking and really how I felt.

Th: How was the whole session for you tonight?

Pt: (*makes a big sigh.*) It was a good start. I learned a lot about myself. I didn't think of myself as scared in that moment. My hands were shaking, but I said, I wasn't scared. **[Realizations and ability to feel previously defended emotions are evidence of successful processing in a safe therapeutic encounter.]**

Th: That's an important learning for you.

Pt: That feels good to uncover those truths.

Th: And another feeling you had tonight about ten minutes ago was feeling into your own truth **[remembering the Core State]**. I was so impressed with that. And earlier in the session, feeling anger.

Th: Anything you want to say at the end here?

Pt: I really appreciated it. This has been great. I am looking forward to the next one.

### ***Session #16: Meta-therapeutic processing as an affective change mechanism***

As AEDP therapists, we may think of meta-therapeutic processing an intervention to consolidate a bit of emotional or inter-personal work that has just occurred, it can happen following a change moment or it can be used to help consolidate an entire session. However, in some of my 16-week session cases, I have been noticing that sessions can begin with a patient starting meta-processing, and whole sessions may be dedicated to meta-therapeutic processing and Core State work. As I stated previously, it appears that when the work is predominately focused upon identity consolidation the meta-processing sessions seem to move seamlessly into core state where the work of identity consolidation takes place (Fosha, 2013, 2021).

Th: Let's reflect on our time together. What would you say you've gotten from our sixteen weeks together? Have you gotten to your goals?

Pt: I believe so. I'm trying to remember what my goals were. I remember there were things I wanted to address or deal with. The first one was dealing with racism and being bullied.

Th: How did we do with that?

Pt: We did pretty good. I have established boundaries, and a level of honesty with myself about

how I feel about those interactions. I'm better equipped to deal with situations like that. I'm a lot quicker to block people on social media, instead of arguing with them. It's made it a lot easier to deal with, people who aren't listening or concerned. That's been helpful.

*(Edward adds other goals and progress: "open-ended goals," "I know therapy can bring up old stuff and help you sort through things," "calling friends, understanding why I don't do that," "a shift in my paradigm about how I think about parenting...." Th plants the seed of ongoing change and measurements at the six- and twelve-month marks, and adds the specific examples of traumatic incidents processing, and getting in touch with feelings and sharing feelings, and talking about sex.)*

Th: *(circling back to the racism trauma)* I remember the story of picking up the diapers at the hotel, and you're being bullied, and you being a 'nice guy' and your feelings went underground, and that doesn't happen anymore. *(Therapist adds other examples of feelings not going underground.)* What's that like to hear?

Pt: I have grown a little bit.

Th: You've grown a lot.  
And a few minutes later:

Th: In and around our work with racism, we also talked about our relationship, and what's it like for you to be with a therapist who's white. In another session, I was rallying for you not to let people take advantage of you, and how much I would feel for you in those situations. Any further thoughts about processing your experience of racism with a white man?

Pt: I came in with the expectation that you're good at what you do, and it doesn't matter that you are white. It's cool knowing that you didn't ignore it, and act like it wasn't there, like I'm not a white guy, I'm just a therapist, do you know what I'm saying? Or try to make it seem like it wasn't something that it wasn't. Yeah, I'm a white guy, and I have privileges, I don't eat at Wendy's, and I've never sold my plasma. You have to talk about the elephant in the room, or the elephant in the room stays an elephant in the room. It was good to make it part of normal conversation, instead of, we don't talk about it, keep it over there in the corner. It made it more comfortable, less awkward, more realistic.

At the end of the session, the therapist asks Edward for an image or metaphor or symbol or snapshot to hold the whole therapy experience.

Pt: The writer in me is looking for something better.... But what immediate comes to mind is

letting burdens go. I immediately saw dropping something in a river and watching it flow away.

Th: That's a great image. You could write a song about it.

Pt: Yes I could. I might.

*(Both laugh)*

### ***Overview of the course of therapy***

Much was accomplished in the 16 weeks of treatment: (1) the healing of racial trauma with a sense of belonging and pride as a black man; (2) moving from emotional reticence towards engagement; (3) grieving the loss of a friendship and a miscarriage; (4) improving his marital relationship (including addressing a sexual issue); (5) improving parenting skills as well as relationships with parents and friends; and (6) increasing his leadership in his church with other couples and men. As such, Edward delighted in his newfound mastery. The therapy helped Edward have a more fluid access to his emotions and a felt mastery at his ability to effectively communicate his inner experience. Edward terminated therapy with a solid and confident sense of identity as a black man.

### ***Outcome in AEDP research survey instruments***

Edward started out in the normal range on many scales, and yet after sixteen weeks of AEDP therapy, our AEDP researchers measured significant changes: less automatic negative thoughts; decreased interpersonal problems (specifically, less cold/distant and more assertive); increased self-esteem; increased emotion regulation (specifically becoming more emotionally aware); increased self-compassion (including more self-kindness and mindfulness); less experiential avoidance; and more acceptance and taking more actions.

On the flourishing scale, though his scores were in the normal range at the start of therapy, he moved in the direction of greater flourishing as endorsed by items related to: experiencing more affect; feeling "better than fine"; increased self-image; increased emotional and sexual intimacy in his primary attachment; practicing better parenting skills; taking leadership among his church activities (sharing what he's learned in therapy with couples and other men); and following his passion for writing.

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