# Love or Fear?
# The Please/Appease Survival Response:
# Interrupting the Cycle of Trauma

**by**
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## Declaration of Committee

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## Abstract

The aim of this thesis is to explore the very pervasive, unique and specifically interpersonal nature of the please/appease survival response. The nature and origins of this response are, however, unclear in the interdisciplinary literature and theories on survival.

What distinguishes the please/appease response from the widely known active (fight, flight) and passive (freeze) survival responses is its interpersonal nature and social impact. A person experiencing the please/appease survival response appears to be socially engaged (loving, caring, genuine and sincere). However, survival responses are generally described as opposing these relational qualities. They are activated in response to danger, crisis, threat or perceived threat and driven by the need for self-protection.

I consider the origins, characteristics and where the please/appease response fits in the larger evolutionary conversation about survival responses. I do so specifically through narrative inquiry into my own lived experiences of pleasing and appeasing. These stories are shared in order to discern the extent to which survival response constructs and trauma theories make sense of the please/appease phenomenon. The first-person perspective in combination with an extensive interdisciplinary literature review provides insights from which to formulate a theory of the please/appease response.

There is much misunderstanding around the more subtle or *invisible* impacts of trauma, particularly when it comes to the complexities of close relationships. A better understanding of the characteristics, origins and lived meanings associate with excessive pleasing and appeasing can contribute to appropriate educational, mental health and parenting interventions.



**Keywords**: Please/appease survival response; polyvagal theory; attachment theory; complex-PTSD; codependence; anxious attachment; disorganized attachment; fawn response; parts theory

## Dedication

Over the years, I found the greatest obstacle to this topic to be the accessibility of information. I spent three years dedicated to this research and it was a struggle, quite frustrating at times, to find and then synthesize the information contained herein. I kept asking myself what I was missing. One major issue was that the dialogue on this topic is incredibly broad—occurring on many varied platforms and using too many names to describe the same or similar phenomenon. It confused *me*, and this was my full-time study. What about those who do not have the time to invest in hours of study and contemplation?

I am dedicating this research to those who are struggling themselves to find clear, cohesive information to assist in recovery from the long terms impacts of this incapacitating stress response. For this reason, I simplified the concepts and consolidated the terminology to the best of my ability as an aid in demystifying the topic and making it more accessible.

To my dear Caryl-Lee Obrecht, a bright light. I know you wanted to read this study and celebrate the completion of it with me. Thank you for supporting and believing in all my initiatives. You left us sooner than we could have ever anticipated. You are loved and missed. Wishing you all the best on your journey.

Finally, I dedicate this study to the elephant in the room, the multiplicity that is me—my Self. Ever curious and ready for adventure; she showed up with bells on.

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## List of Acronyms

| | |
|---|---|
| ANS | Autonomic nervous system. |
| C-PTSD | Complex post-traumatic stress disorder. |
| IBP | Integrative Body Psychotherapy (co-developed by Jack Rosenberg, and Beverly Kitaen-Morse). |
| IFS | Internal Family Systems (developed by Richard Schwartz). |
| IPNB | Interpersonal neurobiology, an interdisciplinary conceptual framework used in this study. |
| PTSD | Post-traumatic stress disorder. |

## Glossary

| | |
|---|---|
| Attachment trauma | Attachment trauma is a very specific and pervasive form of trauma which addresses what takes place between the child and the attachment figures early in life. This often implies that traumatic relational experiences were repeated by the caregiver, thus creating a distinct attachment pattern in the child, resulting in mild to severe trauma. I will be referring to attachment trauma with the understanding that complex-PTSD is embedded in its very fabric because of the repetitive pattern of the attachment adaptation the child needs to perform. |
| Close relationships | These could be anyone from intimate partners, friendship groups, family, kin and communities. |
| Complex-PTSD | Complex-post-traumatic stress disorder, complex-PTSD also known as CPTSD is caused by repeated traumatic incidences and events, for example, repeated bullying or physical abuse. This type of repeated (complex) trauma is harder to recover from because of the deep-rooted impact of, potentially, years of accumulated trauma which leaves an enduring legacy of complex-post traumatic symptoms if not resolved. |
| Complex trauma | Complex trauma is the precursor to complex-PTSD (refer to complex-PTSD). |
| Consilience | The term consilience is used to explain the "agreement between inductions drawn from different sets of data or from different academic disciplines" (Collins English Dictionary, n.d.). |
| Interpersonal trauma | I will use the term *interpersonal/relational trauma* to reference a broader category of trauma which occurs as a result of interpersonal connections. This can include attachment trauma but does not exclude other social encounters which are not specific to early childhood, such as domestic abuse, sexual assault or war torture. |
| Interpersonal neurobiology | IPNB is an interdisciplinary approach which attempts to identify "the common ground across disparate scientific disciplines and [build] a conceptual framework from their usually independent ways of studying, measuring, conceiving, and describing the nature of reality" (Siegel et al., 2021, p. 1). |

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| Love | Erich Fromm says that, “Love is a union with somebody outside oneself, under the condition of retaining the separateness and integrity of one’s self.” |
| Please/appease survival response *or* please/appease | Please/appease is a sophisticated and multivalent survival response which is activated by dysregulating interpersonal encounters in which a person both pleases and appeases to diffuse conflict and discordance or disarm an aggressor with the ultimate goal being to reestablish a sense of regulation or safety.<br><br>Please/appease originates from a *‘survival’ fear* of the annihilation of the *idealized social* self. Please/appease survival response is characterized by a loss of Self; a person must protect themselves by adapting to maladaptive interpersonal encounters by creating a more appealing and acceptable social self—an ideal social self.<br><br>An ideal social self is fabrication to protect the true Self from being annihilated by adverse interpersonal encounters. This means that the child or adolescent must withdraw their natural developmental needs and wants, *or* risk rejection, losing the affection and acceptance of their attachment figure(s); it is motivated by this fear of abandonment which causes a deep internal anxiety or conflict and the child’s sense of rejection is translated into *shame* or the messages ‘I am bad,’ or ‘not enough.’ This forces the person to overwork to please others. It is most commonly developed in early childhood but is seen in mid to late development as well. |
| Post-traumatic stress disorder PTSD | Post-traumatic stress disorder (PTSD) occurs as a result of traumatic events or incidences, but commonly refers to a single traumatic incident such as a car accident or a single sexual abuse incident which contributes to a series of post traumatic symptoms. |
| Regulation & dysregulation | Regulation and dysregulation refer to the autonomic nervous systems (ANS) involuntary system which can become dysregulated (in a survival state) and have difficulty coming back into regulation. A state of dysregulation can contribute to a sense of helplessness when a person cannot get back to a homeostasis, regulation or what Porges calls “states of trust or safety” (Porges & Dana, 2018, p. xxi). |
| Self | To differentiate the countless popular notions of ‘self-concept’ I capitalized Self as a proper noun to |

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| | differentiate this core Self from the regular use of the word.<br><br>IBP works with the principle of the whole person, which assumes "that body, mind, and spirit are experientially inseparable aspects of being. […] At the center of it all lies the essence of Self, the human spirit" (Rand & Fewster, 2015). Similarly, in IFS 'Self-energy' is the core or essence of one's being. It is energizing, embodied, relational, openhearted, spacious, joyful and peaceful (Minor, 2017).<br><br>I suggest that the sense of Self is the *magnetic north* by which humans have a working internal compass—without which a person's inner navigation and purpose is adrift. |
| Shame | Kemeny, Gruenwalk and Dickerson (2004) identified that "a decrease in one's social status and social regard is the primary elicitor of the experience of shame" (p. 153). They go on to characterize shame "by feelings of being small and inferior in comparison to others, a sense of social isolation, feelings of rejection, a desire to hide, and feelings of self-consciousness coupled with feelings of low power and low status" (Kemeny et al., 2004b, p. 154). |
| Survival responses | I broadly define survival responses as adaptive autonomic nervous system responses to stress, threat and danger used for self-protection or the protection of others which can become deeply ingrained in the ANS in conjunction with traumatic incidents. |
| Trauma | Linklater (2014) refers to trauma as "a person's reaction or response to an injury" (p. 22). Burstow (2003) goes on to add that "It is a reaction to profoundly injurious events and situations in the real world" (p. 1302). This is the definition, I choose to adopt for this study. |

# Chapter 1.

# Introduction

In my early twenties, I spent seven years working in the field of health and wellbeing before I was forced to give up my private practice. In my desire to help others, I found myself so depleted and burned out that my practice became unsustainable. My sense of failure forced me to acknowledge that there was still a lot to learn about discernment and balancing my own needs with the needs of others.

The loss of my career catalyzed my interest in knowing why I could not sustain my own wellbeing at work. How could the natural impulse to care, give, love, and help others leave me feeling so deflated? I was desperate to understand my predicament—to avoid falling into the repetitive cycle of giving, being depleted, and burning out which had become a pattern throughout my life. However, my efforts to understand did not pay off and I gravitated to more creative work as an art director, graphic artist and photographer. I thought work in a creative field would not require as much personal and emotional investment. But even in my new career, I noticed a clear pattern of becoming so dedicated to the work that I was left exhausted and facing burnout once again. If I could go the extra mile for a project or client, I would. I witnessed the same patterns even in my close relationships. My compulsion to overdo and give beyond my capacity contributed to problems with my friends, family, intimates, colleagues and clients.

I began to identify this pattern as a subconscious drive compelling me to help, save, fix, and accommodate others while overriding my own needs. For example, I had been volunteering for a grassroots community organization in my city and working countless hours beyond my capabilities. If I could fill any empty space in my day, I would. Although it was fulfilling, it also got in the way of my time with intimate friends, partners and family. What was this compulsion that left me feeling empty and confused about giving and caring for others? No matter how much I desired to stop the repetitive pattern, the impulse to carry on was stronger. The drive seemed *deeply* subconscious, and my quest to address this inner compulsion felt increasingly futile.

According to the interdisciplinary literature on this phenomenon, it goes under many names, the co-dependent, parentified child, the fawn response, to name just a few. Years later I began training in Integrative Body Psychotherapy (IBP) and discovered a concept which helped me name my distress. Two of the developers of IBP, Jack Lee Rosenberg and Beverly Kitaen-Morse (1996), explain the concept of 'false-agency' as:

> [a] helper who feels an obligation to fulfill the needs of other people, to fix, help, please, or otherwise stabilize them. They do this so intently that a sense of who they are and what they want, at a core level, dims or becomes inaccessible. (p. 36)

This concept perfectly encapsulated my own feelings and experiences, but at the end of my IBP training I still lacked the practical tools I needed to manage this aspect of my life. While I could not relate with the terms and designations such as co-dependence, neediness and fawning which were shrouded in embarrassment and shame. Determined to overcome the grip of false-agency and live a fuller life without it dictating my every move, I returned to university to deepen my understanding of the psycho-somatic processes involved.

## 1.1. My Lens

I acknowledge that I write from the perspective of a white, cis-gendered middle-class woman who grew up in a home with two loving primary caregivers. My father, an immigrant to Canada, worked as an artist running his own business while my mother split her time between managing the business with my father and being a good wife and mother. I am fortunate that I grew up with two loving parents who placed importance on family values, a good education, a strong work ethic, and who sacrificed a lot for their children—perhaps too much.

On the flip side of the coin, both of my parents left their homes quite young and left challenging home environments. My father grew up in a war-torn Germany. His father repaired broken and shattered windows in buildings that had been bombed, while my father was given a broom to sweep the remnants of the war from the floors. My mother grew up in a Catholic mining town in northern Quebec with eleven siblings. Being the third born, she took responsibility very early, most of which included helping

with household duties and taking care of her brothers and sisters—while also managing the poverty and abuse. She would watch as many of her younger siblings went off to school without her.

As a result, my home life played out in extreme dichotomy, with loving parents who were fiercely protective due to unresolved trauma from their childhoods—which played out in our home. From the outside we were a loving family, but inside our home my parents were still living through internal wars of their own. This dichotomy left me confused and conflicted. There were no visibly adverse circumstances such as blatant abuse, alcoholism, loss of a caregiver, physical violence, molestation, or divorce to help me contextualise the mental health challenges I was facing. The family dysfunction was almost invisible and, although I am grateful for the love and care underlying my upbringing, I have spent my adult life aware that the dysfunction has left an unhealed wound, which is, in essence, the starting point of this thesis. In life, I learned to take the good with the bad—and I found it difficult to distinguish between the two.

The contradiction caused inner conflict for me; at times my parents were loving, caring, present and supportive. Other times they were harsh, unkind, inconsistently moody and frightening. There were things about me that were outwardly loved and affirmed but many things that were openly rejected and criticized. This only reinforced the internal conflict and created the belief that *I am not enough* or that *something is wrong with me* (Odgen and Fisher, 2015, p. 36).

I now know that trauma can result from 'ordinary' or events such as accidents, falls, and more invisible or 'normalized' stressors such as tense interpersonal encounters, such as bullying, emotional or psychic abuse or neglect. My parents' internal warzones played out in these more invisible ways in our home. There was always a huge fault line in between our love for each other. The connection between us was easily severed in the crack between us by the shifting landscape of tension; there was ongoing yelling and fighting between my parents and among us kids—yet a lot remained unspoken, often communicated with a shaming look, emotional outbursts, suppressed anger, disapproval, high expectations, unexpected aggression, and harsh criticism. I grew up thinking that this palpable tension in the air was 'normal.' Our home was inconsistent and

unpredictable: moods turned on a dime and yelling erupted without much prompting. I learned to become hypervigilant of the energy in the room and to anticipate anything. I found it difficult to relax and developed ‘anxiety induced asthma’ (also known as panic attacks).

What I have learned after many challenging years is that when a loving parent has their own trauma to resolve, bringing this to the relationship with their child does not necessarily mean the child is not deeply loved. The unresolved dynamics, however, present complications in the parent’s ability to be present and loving with their child.

My siblings and I protected each other from the tension at home. My sister only recently shared how she would hide me in our room to distract me with toys and coloring books to draw my attention away from my parents' arguments. They yelled about how-to parent: my mum was more liberal in her views, though still very protective, and she often fought with my dad to be more flexible and compassionate in his parenting style. He was strict and unyielding, insistent that “The children should be well-behaved. They have to learn.” The tension could become explosive. I remember distracting my little brother in the same way my sister had distracted me. “Let’s play!” I’d exclaim as I closed the doors and got lost in a world of imagination. Although we all tried to prolong each other’s innocence, our awareness of our family’s dysfunction was inevitable.

Young children do not yet have the developmental maturity to understand that not everything is about them. In hindsight, it is clear that it was not my responsibility to make everything better, but if I was able to restore a sense of safety and security by affecting my outside environment, perhaps it would help stabilize my inner world. When this tactic worked, and I did manage to ease the tension in my family, or help restore balance, I was hooked. *I found my place in the family. I found purpose!*

Somewhere along the way I learned that I could ease the tension in my family if I stepped into a role of ‘fixer,’ of ‘rescuer,’ or ‘mediator.’ Modeling the superheroes that I saw on TV, like *Wonder Woman* who was always restoring balance to the world, I saw that my parents were in trouble and they needed help—*me*! I was going to do my very best to cheer them up, help keep the peace, ease their pain, be their ally, resolve generational issues that were causing them pain and, in so doing, restore love in our

home. It is obvious *now* that this was a tall order for a small child, but even as an adult I still find myself compelled to fulfill people's unspoken, innermost, unresolved needs.

I come to this research with my own life experience of actively dealing with attachment trauma and complex-PTSD. To find my own equilibrium and with the desire to also help others, I trained for 7 years as an Integrative Body psychotherapist (IBP) and instructor. Today I teach psychotherapy and have a small private practice working with a trauma-informed, somatic, body-centered approach—viewing each person as an integrated whole: body, mind and Self. In my practice I specialize in the subtle nature of interpersonal trauma and complex-PTSD with a particular interest in the developmental impacts of chronic pain. I incorporate this integrative and holistic lens, for you the Reader, to view this research. Over the years, I have also trained in various trauma-informed approaches, such as: Somatic Experiencing, attachment fundamentals, EMDR, Internal Family Systems therapeutic model, Movement for Trauma, Expressive Arts Therapy, and chronic pain studies to name a few. I come to the present study of the please/appease survival response out of this professional work and with the intention of coming to understand and reconcile this survival response in my own life. With this research, I also hope to offer some clarity and preventative foresight to others.

## 1.2. Language Barriers

The more I learn, the more I know that I have been colonized by certain forms of language which have distanced me from my body and emotions. As Linklater (2014) contends, the terminology and conception of trauma is a Westernized idea (p. 22)."Indigenous healing philosophies are based on a wellness model, while the medical model is based on illness" (p. 21). Instead of the DSM-IV diagnosis definition, which views trauma as a 'disorder,' Linklater (2014) refers to trauma as "a person's reaction or response to an injury" (p. 22). Burstow (2003) goes on to add that "It is a reaction to profoundly injurious events and situations in the real world" (p. 1302). What is so wonderful about this viewpoint is that it acknowledges the reactive nature to trauma. Something occurs, and a person must *respond* or *adapt*. I will be adopting this definition of trauma for this study.

It is important to acknowledge here that rethinking the use of language and terminology to be more inclusive of different lived experiences is an important part of the healing process, requiring me to question the dominant lens I use to view the world. Linklater (2014) also acknowledges an important factor in the discussion on trauma, that "not all people will be equally traumatized by the same circumstances" (p. 23).

A major issue I tackle in this exploration of the please/appease response is the chasm that occurs *within* a person—from their sense of Self. The only way to address this chasm is to look at it through a wholistic lens, to look to the wisdom of the body, the nature of biology and the power of individual story and lived experience—taking less of a dualistic view and applying the notion of multiplicity—which shows the Self to be comprised of many parts. Even the term *please/appease* is imperfect, as language is not adequate to truly capture and describe a person's experience. Acknowledging that people come from different backgrounds, cultural contexts, and have lived through different experiences is important. In this thesis, I challenge the customary use of trauma terminology and do my best to find language to help consolidate and make accessible a complex survival phenomenon.

Part of this study on pleasing and appeasing required me to address and find solutions to distill and consolidate the language to better encompass the wisdom of the body by exploring the science of neurobiology, my lived experience, and the interdisciplinary literature with the desire to surmount the language barriers I encountered.

When I started to actively research the idea of *false-agency*, which had perfectly encapsulated my experience, I found myriad labels to describe please/appease — 'terms' such as *appease, please, comply, codependent* and *submit* were used to describe certain behaviours, and 'designations' such as *diseases*, *syndromes* or *complexes* highlighted the complexity of please/appease with a list of various symptoms. There was no clarity or consistency within the interdisciplinary literature, and the authors often used both 'terms' and 'designations' interchangeably. Some researchers used terms like *appease*, *comply*, *fawn*, *submit* and *please* to describe certain repetitive survival responses. The interdisciplinary literature presented labels such as the *codependent*, *people-pleaser*,

*false-agent*, *anxious attachment*, *false-agent*, *highly sensitive person (HSP)*, *enabler/fixer*, *pathological caretaker*, *compulsive caregiver*, *gifted child*, *rescuer*, *family healer*, *parentified child*, *martyr*, *false-Self, Idealized-Self*, someone with *complex-PTSD* or *disorganized attachment*. The interdisciplinary literature also drew comparisons with the designations of *savior complex*, *imposter syndrome*, *nice person syndrome*, *human giver syndrome*, *hero complex*, *Cinderella complex*, as well as *Stockholm Syndrome*. I also found terms such as *excessive caretaking*, *tending and befriending*, *compulsive compliance*, *compassion fatigue*, and *empathetic burnout*. All of which had similar characteristics.

Some terms were associated with the repetitive patterns characterized by PTSD and some authors even suggested that their designations were associated with a survival response. However, no literature had agreed-upon words, definitions, and categories under which to file the varying characteristics, except *attachment theory*. Yet while attachment theory helps organize some of the interdisciplinary literature under one umbrella, *attachment science* still does not explicitly describe these attachment adaptations as survival responses. When I discovered the *fawn* and *please/appease survival responses*, their very survival nature resonated with my own understanding of survival as characterized by the pleasing and appeasing. I knew that I was experiencing a form of PTSD and the words 'please' and 'appease' best encapsulated the complexity and *felt experience* of how I was living.

The Merriam-Webster Dictionary defines *appease* as pacifying or placating someone to keep the peace in order to reduce the likelihood of attack or threat from another, often with the sacrifice of personal principles and autonomy; to appease is to make concession to aggressors, authority figures or critics (n.d. -a). The American Psychological Association (n.d.) defines appeasement as a *social action* and behaviour seen in *mammals* who appease by taking an inferior social stance or a submissive posture such as crouching, "reducing apparent body size," or pleading. In my own life, I can relate to this description of appeasement—I often made myself smaller and minimized my own needs to make room for other people's feelings and needs to the point where, at times, I felt invisible.

Interestingly, the origin of the word appease is from "Middle English *appesen,* from Anglo-French *apeser*, *apaiser*, from a- (from Latin ad-)…"to bring to a state of peace or quiet: calm" (Merriam-Webster, n.d.-a). This etymology is key to understanding the basic survival nature of appeasement. Survival is about creating safety, stability, and peace at any cost; appeasement is one means of creating peace and staying safe.

I found myself looking to create peace and harmony in my own dysfunctional family system, often taking on the role of mediator and peacekeeper. At times my childhood was unstable, unpredictable, and explosive. I learned that if I stepped in to try to make peace, this could at times provide more stability and calm.

The word *please* bears a closer relationship to the definition of a 'people-pleaser,' someone who cares excessively about other people's approval and regard (Cambridge Dictionary, n.d.). A people-pleaser is also described as someone who has "an emotional need to please others often at the expense of his or her own needs or desires" (Merriam-Webster, n.d.-b).

I choose both words—appease and please—to illustrate how one pleases in order to appease. Together the two words encapsulate the very complex nuances of my own experiences. They work together to encompass the *felt* experience of doing what it takes to make others 'happy' at the expense of one's own needs and desires, thereby reducing the likelihood of attack or threat from another and with the goal of restoring a sense of peace or safety in the environment.

Because I was unable to source an agreed upon definition for the please/appease survival response, I have created my own definition which encompasses its complicated and multivalent nature based on the findings of this study.

*The please/appease survival response is a sophisticated autonomic response which is activated by dysregulating interpersonal encounters in which a person both pleases and appeases to diffuse conflict and discordance or disarm an aggressor, with the ultimate goal of reestablishing a sense of regulation or safety.*

Please/appease survival responses are characterized by a loss of Self; this means that the child must withdraw their natural developmental needs and wants, or risk

rejection, losing the affection and acceptance of their attachment figure(s); it is motivated by this fear of abandonment which causes a deep internal anxiety and conflict and the child's sense of rejection is translated into shame or the messages 'I am bad,' or 'not enough.' This forces the person to overwork to please others. This includes adapting to fabricate a sense of self which is acceptable. It is most commonly developed in early childhood but is seen in mid to late development as well.

## 1.3. Four Research Challenges

I encountered four head-scratching challenges in this research which became a map for charting the evolution of my own thinking. Not only were there obstacles to this research, but also barriers to clearly understanding this topic. They became prompts for the questions I needed to ask in order to fill in the gaps I discovered.

I will explore these four obstacles in depth below. The confusions they created at first eventually shone light on the *gaps* in understanding that I uncovered. Each obstacle required me to explore particular theoretical frameworks in order to *ask* and *answer* the right research questions to help fill in the gaps in the current understanding of the compelling and complicated phenomenon of please/appease.

### 1.3.1. Accessibility: Consolidating the Literature

As mentioned, language barriers created a huge obstacle to proceeding with this research. There are too many terms and designations to describe please/appease and no overarching umbrella term. The various terms I found were divided into various pathologies*: chronic behaviours*, *complex-PTSD*, *role assignments, attachment adaptations*, *complexes, disorders, survival patterns,* and *syndromes*. I noticed the recycling of themes throughout varied disciplines with much terminology being inconsistent with my own lived experience. Of the designations, many are burdened with negative or shameful connotations such as *codependence*, the *fawn response*, being *needy*, an *enabler*, and a *compulsive compliant*. Yet the more I read the more I began to see the connections between the different depictions of please/appease and could identify

with them all. Each term enabled me to gain a clearer picture of what I was experiencing and where this might have begun in my own life.

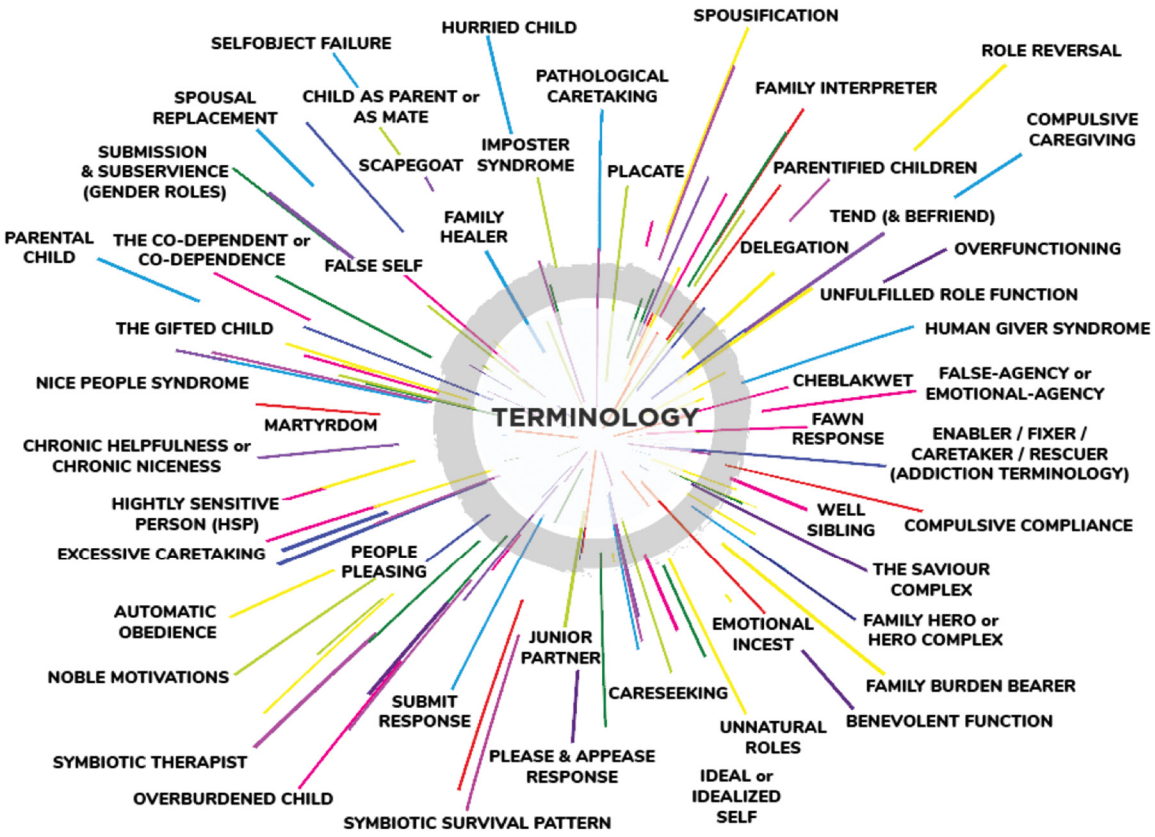


**Figure 1.1. Plethora of terms and designations to describe please/appease and no overarching umbrella term.**

The more I read, the more I began to see the connections between the different depictions of please/appease and could identify with them all.

In this thesis, I explore the congruence between the various terms and definitions of this survival response. There remain some distinct differences between some depictions but, rather than focus on the differences, I am focusing on the intersections between them in order to contribute to a more comprehensive understanding of pleasing and appeasing.

### 1.3.2. Inaccurate Terminology & Designations

I did not arrive lightly at the designation of please/appease as a 'survival response.' Although many of the current designations point to the characteristics and symptomology of a survival response and/or complex-PTSD, it is seldom explicitly

stated. There are syndromes, complexes, diseases, behaviours, symptoms. The problem with this is that the actual origins and characteristics of please/appease remain shrouded in uncertainty, making the implementation of solutions problematic, as well as hindering strategies for recovery and prevention.

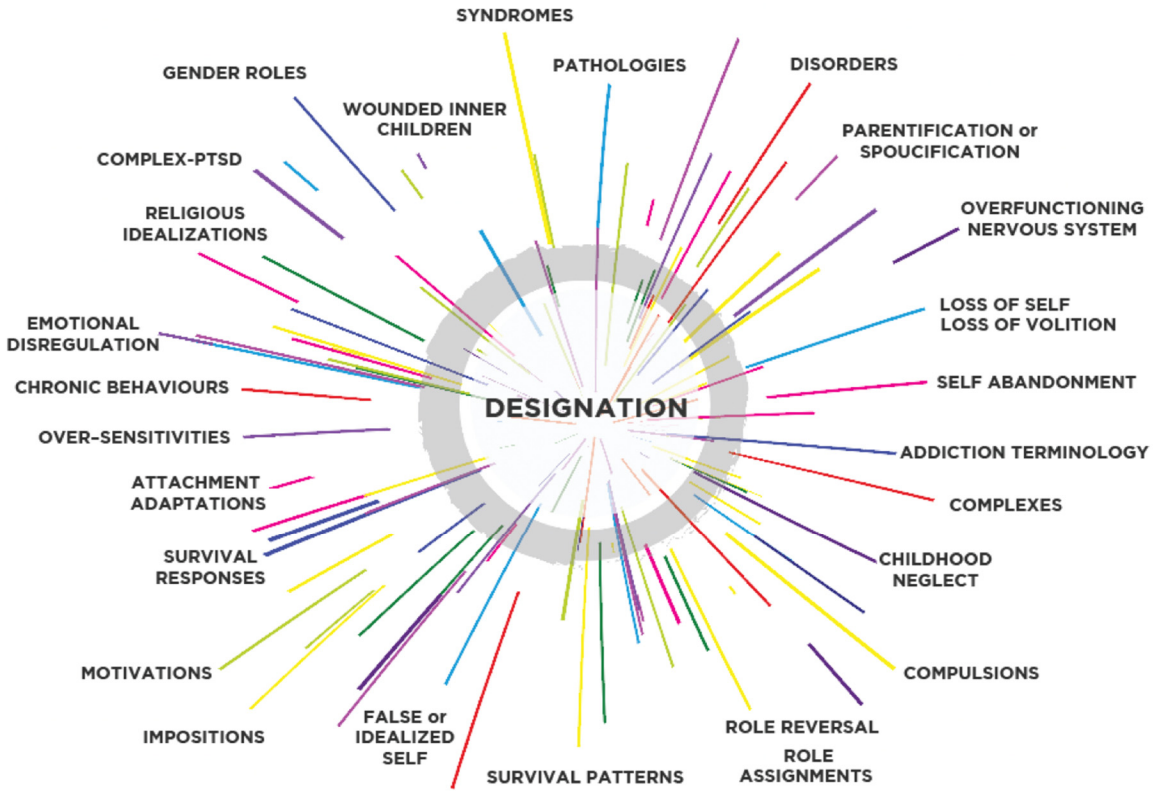


**Figure 1.2. Many of the current designations point to the characteristics and symptoms of a survival response with ongoing complex-PTSD, yet it is seldom explicitly stated.**

I show that please/appease is a survival response by analyzing the definition and requirements of survival responses and comparing these with the origins and characteristics of please/appease. In addition, like all other survival responses, I show how to please/appease can lead to trauma and, by extension, complex-PTSD which develops after repeated stress or trauma rather than from a single traumatic event. When experienced early in life the trauma can make a person susceptible to further trauma throughout their life if not addressed. By designating please/appease as a survival response and uncovering its origin and characteristics, I also highlight solutions for prevention and recovery.

### 1.3.3. Evolutionary Origins of Please/Appease are Unclear in the Polyvagal Theory

> *"[Please-appease is] a sophisticated autonomic nervous system survival state. It is not a ventral vagal state of safety or connection nor is it sympathetic fight/flight—it's this interesting blend." (Dana, 2022)*

Polyvagal theory is the current dominating theory in the evolution of survival responses. Dr. Stephen Porges (2020), developer of the polyvagal theory, explains what this means: "The polyvagal theory really is the understanding of how our body reacts to various challenges" through understanding the evolution of the autonomic nervous system through the history of vertebrates (meg-rottweil, 2016). Porges draws from Darwin's work tracing the development of the autonomic nervous system (ANS), which tells the evolutionary story of our species' survival responses over the span of 500 million years, from reptiles to mammals. He identifies three branches of the autonomic nervous system: the sympathetic dorsal vagal (most often associated with fight-or-flight survival responses); the parasympathetic dorsal vagal (most often associated with freeze survival responses); and the ventral vagal or *social engagement system* (safety and socially connected response).

The unusual characteristics of please/appease response are not easily explained or represented in this current model. Further, the terms of dorsal vagal (parasympathetic and sympathetic) and ventral vagal, although more accurate and inclusive of a broader range of responses, can easily cause confusion as a result of their complex science-jargon. The problem with 'fight-flight-or-freeze' in this research is that it is an oversimplification of myriad possible survival responses. Unfortunately, most research is unclear in identifying survival responses, simply defining them as fight, flight or freeze. For this reason and for the purposes of this research, I have broadened the oversimplified grouping of fight-or-flight (dorsal vagal sympathetic) to *active responses* and freeze (dorsal vagal parasympathetic) to *passive responses*.

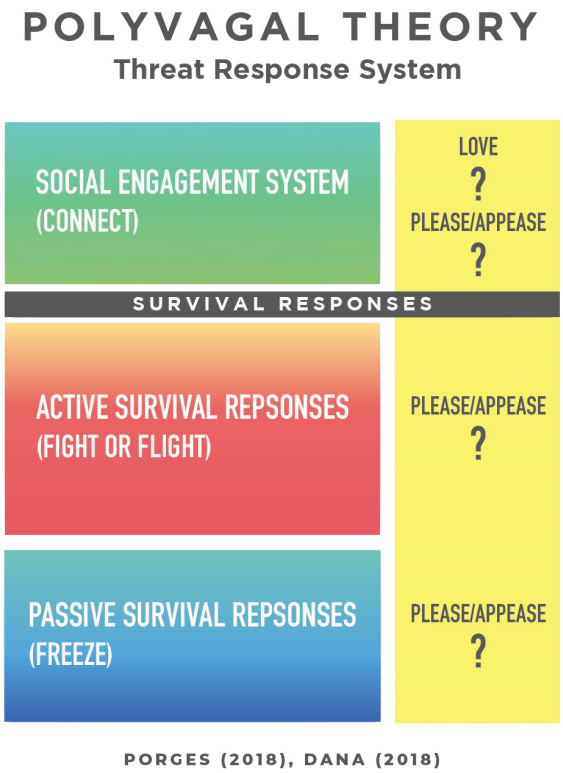


**Figure 1.3. The Polyvagal Theory: Where does please/appease fit?**
Dana (2022) addresses the issue: "[Please-appease is] a sophisticated autonomic nervous system survival state. It is not a ventral vagal state of safety or connection nor is it sympathetic fight/flight—it's this interesting blend." Diagram is based on Deb Dana's (2018) Autonomic Ladder, from *Polyvagal Theory in Practice*.

The threat of a tree falling can clearly trigger an active response in the body to boost adrenaline so one can get to safety. However the social dynamics of human relationships are more complex than a falling tree and provoke more complicated interpersonal responses. I am thinking now of a caregiver repeatedly bullying a child and causing the child to feel they have to please and appease to mitigate any further assault. This more nuanced scenario than the falling tree is not as easily classified into either active or passive responses of fight, flight or freeze. There is some indication that the child needs to access their social engagement system, however there is no accounting for the dysregulated nature of the social engagement system while also in a survival state. Currently the polyvagal theory does not explain this neuro-biological anomaly of the please/appease survival response. I address this by delving into a variety of theoretical frameworks to identify the holes in current theories in order to help situate the please/appease survival response.

### 1.3.4. Attachment Trauma: The Invisible Impacts of Trauma

Human relationships and social interactions are layered, nuanced, and complex. There remains a lot of confusion, stigma, fear and misunderstanding in Western society around the more subtle or *invisible* impacts of trauma as, for example, with emotional abuse and neglect These can be treated as 'normal' and/or minimized because the symptoms are so far reaching and complicated. But science is showing the profound impact these less recognized forms of trauma can have in contributing to complex-PTSD—hindering a person's ability to nurture close relationships throughout their lives if left unresolved.

Attachment trauma is a category of trauma which pertains specifically to trauma which has occurred in the context of significant others or primary caregivers, most often due to complex, recurring, abnormal, distressing or upsetting caregiving patterns. There are many terms that can reference attachment trauma, such as relational trauma, interpersonal trauma, and developmental trauma. Because of the relevance of the attachment system and attachment theory to the please/appease response, *attachment trauma* is the most accurate term to describe this very specific and pervasive form of trauma. It specifically addresses the nuanced interactions between the child and the attachment figures early in life.

Please/appease is a purely social phenomenon which shows up in conjunction with complex-PTSD symptomology. What is evident in the research is the early onset of please/appease which makes *attachment sciences* very important. One aim of this thesis is to open up discussion about the *subtle nature* of attachement trauma and to start questioning the societal norms and minimization of these important *indicators* or *symptoms* of a survival system which is hard at work.

The impacts of attachment trauma are epidemic when looking at through a slightly different lens. When children continuously experience dysregulating patterns in their relationships with caregivers, whether it is abuse, neglect or violence, these stressors can develop fixed survival responses, and this is likely to lead to symptoms of complex-PTSD.

The findings of my inquiry point to the severe impact that a loss of Self can have on a child, which commonly occurs as please/appease forms. I assert that this loss of Self can become deeply traumatic for the child. I posit that it is important to acknowledge the adaptive survival nature of attachment-based adaptations and to categorize them accurately as *survival responses*. When the impacts of please/appease are minimized and mislabeled as *injuries* or *insecurities*, the impacts are easy to ignore.

To better understand the relational nature of please/appease it is important to distinguish between interpersonal and non-interpersonal survival responses. In the social sphere, humans will inevitably encounter the influences of 'socialization.' Socialization is very complex and occurs on multiple levels from the moment of a person's first encounter with other human beings. Children learn early on that a simple look, tone of voice, or expression can indicate whether a behaviour or action is condoned. Socialization occurs on micro and macro levels in each person's life—crafting the lenses through which we view our relations with others, and is influenced by a country of origin, culture, traditions, religious values, historic events and familial beliefs, epigenetics as well by the mainstream media, cultural references, and access to education. Although I do not address the larger elements of socialization specifically in this research, I do discuss early socialization through the exploration of attachment science.

## 1.4. Please/Appease: A Distortion of Love

One of the most confusing characteristics of the please/appease survival response is the way people can *appear* to be loving, caring, genuine and sincere. But survival responses are, by their very nature, ways of distancing from threat or danger by putting up defenses that protect a person from anything unsafe.

Survival responses are adaptive responses to stress, threat and danger used for self-protection which can become deeply ingrained in the ANS in conjunction with traumatic incidents. Trauma "compromises our ability to engage with others by replacing patterns of connection with patterns of protection" (Dana, 2018, p. xviii). Van der Kolk (2015) sums up his observations of Darwin's book, *The Expression of the Emotions in Man and Animals:*

> If an organism is stuck in survival mode, its energies are focused on fighting off unseen enemies, which leaves no room for nurture, care, and love. For us humans, it means that as long as the mind is defending itself against invisible assaults, our closest bonds are threatened, along with our ability to imagine, plan, play, learn, and pay attention to other people's needs. (p. 75)

Both Darwin and van der Kolk highlight key observations in understanding the nature of survival responses, which is an opposing state to that of nurturance, care and love. The please/appease response is *characterized* as a survival response which indicates that it is activated in response to danger, crisis, threat or perceived threat. Yet what makes please/appease particularly unique and sets it apart from other survival responses is that a person in a please/appease state *appears* to be socially engaged: nurturing, caring, loving, generous, attentive, empathetic, compassionate, kind and attentive to others' needs. Such characteristics of please/appease create unclear distinctions between acts of love and acts of protection in close relationships, making close relationships even more confusing and complex than they already are. How then do people distinguish between acts of genuine love and acts of protection disguised as love? This anomaly exposes some of the gaps in current thinking around survival responses. As a result, I began to question where the discussion of the please appease survival responses stands apart from the larger discourse of survival responses.

For example, I have found myself endlessly in relationships with men who needed 'fixing.' In one relationship years ago, I found myself having to motivate my partner who had been experiencing a consistently low mood and lack of self-motivation. I had been going out of my way to try to 'help' him to change his mindset; encouraging him to get outside, feel excited about life, care for his body, and get a fulfilling job because his, then, current job was making him unhappy. While my actions were coming from a loving and caring place, they were also coming from a part to of me that needed my partner to find their own happiness and not rely on me. *But* I was trying to facilitate this for him, and he became dependent on me to provide this motivation for him which ultimately did the opposite of what I was hoping for—for him to find his own happiness and excitement about life. The pattern from childhood was to try to fix things that were out of balance, yet beyond my control, in order to find the stability, I needed in my environment to calm my anxieties.

It is clear to me how needing to fix things in this manner has become problematic in my close relationships. I felt bound to them to 'fix it' for my partner because he was not motivated to do so himself. I did this and unfortunately the relationships grew dependent on my efforts to fix the problems. After all, how could they do this without me? I was needed. Meanwhile another part of me was frustrated that they were leaning on me. This pattern repeated itself in many of my close relationships, and these patterns were wearing on my relationships. The patterns I witnessed showed me that I was using adaptive patterns to survive; these patterns showed up as repetitive patterns of PTSD.

## 1.5. Framing the Research Questions

I started this study *certain* that I would distinguish between *what love is* and *what it is not*. In many ways I did accomplish this. However in order to distinguish between a person *being* loving and *acting* loving I had to take both concepts apart. Please/appease has taught me a lot about the nature of love especially in being able to distinguish loving behaviors from those of survival. Survival is based in fear, and in my life I found love and fear were so closely entwined, nearly impossible to pull apart and distinguish one from the other. The motivational question behind this research is:

1. If people in the please/appease survival response *appear* to be loving—but this is not actually love—then what is it?

In order to even begin to answer this question, I needed to understand the *origins* and *characteristics* of please/appease in order to distinguish it from love. The four main challenges I encountered forged the pathway I explored. For example, the language barriers caused a lot of confusion around this phenomenon. Inaccurate terminology and designation of please/appease pushed me to examine what language best explains this phenomenon in terms of its nature and characteristics. I wanted to address the science of survival but theorize on my lived experience to make better sense of the pleasing and appeasing phenomenon. Accordingly, I posed the additional research questions:

2. What are the evolutionary origins of this phenomenon called the please/appease survival response? What are the theoretical frameworks and what does my lived experience mean in the light of this?

3. What are the developmental origins of the please/appease survival response? How do such origins and patterns accord with my own lived experience?
4. What are the essential characteristics and general structures of the please/appease survival response from the interdisciplinary literature, and where are they discernible in my lived experience? How might an examination of my life in light of the literature make fuller sense of the please/appease survival response?

My contention is that understanding the origins and characteristics of the please/appease response can help create more conducive trauma-informed approaches to education, mental health, parenthood, prevention and recovery.

## 1.6. Rationale for This Research Study

There is a lot of confusion, stigma, fear and misunderstanding around the more subtle or *invisible* impacts of trauma and complex-PTSD. I advocate for more psychoeducation and trauma-informed education when it comes to the complexities of close relationship dynamics. I hope the findings herein contribute to a clearer framework for understanding the complex nature of this unique survival response and that these findings empower people with the knowledge of how patterns of please/appease develop and are resolved, thereby reducing fear and stigma. I advocate for a way of responding to others that is not constrained by trying to please and appease them but is rooted in a one's own sense of Self-worth.

My overall intention is to make personal and professional sense of what is a very complex socio-psychological construct. The goal of this study is to make the please/appease survival response clearer and more accessible to professionals and non-professionals in the field of wellbeing. What is emerging in my work is a deep passion for preventative, trauma-informed education to contribute to appropriate educational, mental health and parenting interventions. I also wish to better inform adults suffering from the repetitive impacts of please/appease to help alleviate those symptoms and engender a healthier responsiveness to others.

## 1.7. A Challenge for the Reader

Throughout this thesis I share a selection of stories that have contributed to my understanding of please/appease as a phenomenon. There will be a *perpetrator* in the stories and there might be an inclination to side with the *good guy*. I invite you, Reader, to question this automatic response that may surface.

No dichotomy can ever truly reveal the whole of a human being's experience: the complex, nuanced nature of the human spirit. Life is paradoxical, humans are multidimensional, and so much cannot be explained by science. I am incredibly fortunate that I never had to question whether I was deeply loved and wanted by my caregivers. BUT, I also felt that love was often coupled with expectation and obligation which came with an *un*seen, *un*spoken, *un*questioned history—that remained *felt* and passed on to me.

Although I was loved, there was a 'BUT'—a condition placed on the love. Although I was wanted, I felt wanted *for* something (not only wanted for the sake of wanting). I was seeing these patterns manifesting in my life and in this research as a huge chasm within me, between my Self and who I was told to be.

Trauma is characterized by extremes—a split between mind and body, black and white thinking—and with no huge surprise, this chasm played itself out in the way that I approached this very research. My neglected Self became the 'elephant in the room' of my thesis, with me trying to push it aside politely. "Excuse me,…" I would say, "please let me get on with my serious 'research.' After all, this is what will impress the authorities in the field." This multifaceted Self, ME—stood like a huge old wise elephant in the room which was already stuffy and congested with *my* 'proper research.' It strikes me now how much time I spent in 'self-exploration' without any real awareness of, or concern with how I was devaluing, ignoring, and treating this part of me as less important. As you will come to see, please/appease is characterized by a loss of Self.

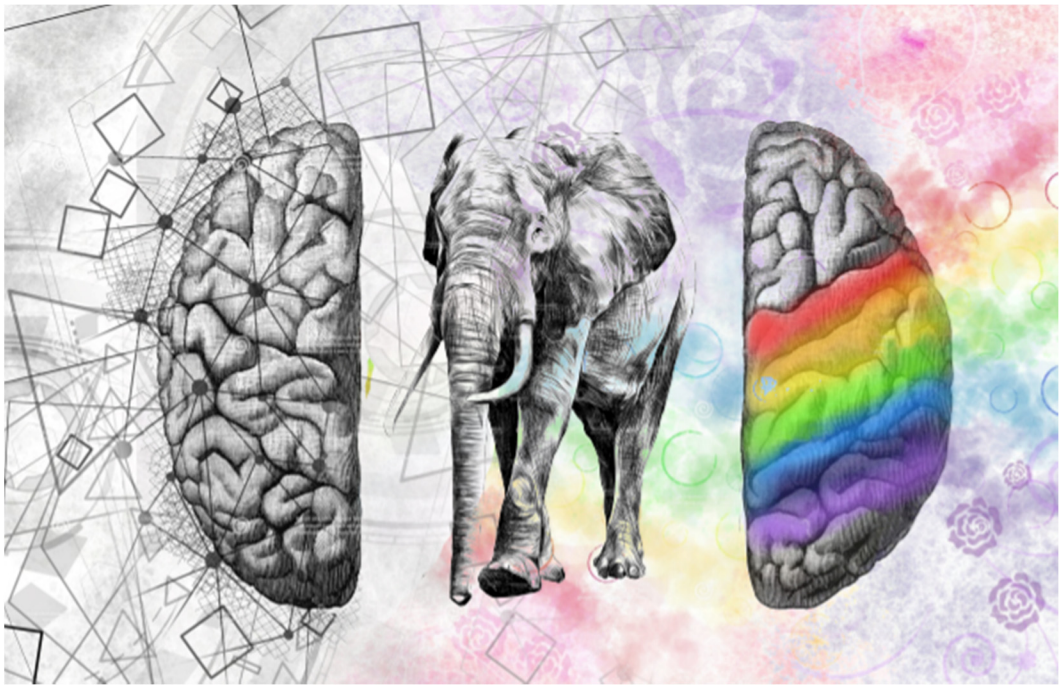

**Figure 1.4. The Elephant in the Room of my Thesis: Wrestling in the Paradox.**
Digital collage by: Cloe Aigner

### 1.7.1. Bridging the Chasm: The Full Spectrum Experience

The Self is lost, not broken. My sense is that there is no one to fix and only someone to find. This is not said to minimize the brokenness that trauma causes. It is more about a paradigm shift—a new way of viewing this loss of Self that occurs in early age. Life through the lens of trauma has extremes of seeing the world through black and white, however most people live in the place in between, the grey areas between black and white. An even more poignant analogy might be using one of Johann Wolfgang von Goethe's prism experiments to better explain the phenomenon of living between the extremes. In Goethe's prism experiments in the *Theory of Color*, he noticed a black and white edge to each prism, but when white light passes through the prism, nearly every colour of the rainbow is found between black and white (Seamon, 2005, p. 89). The experience of living with trauma can feel like a life half lived or a life unlived—living in a place of black and white without the full color spectrum. Viewing the world through a lens of trauma can paint the world in bleak tones. As Goethe discovered, when light hits the prism, a vast array of colour between black and white opens up in a full spectrum experience. This thesis is not necessarily about the duality or even about the

silver lining. My research became about finding the multi-coloured sense of Self between black and white.

I realize now that this research is not about picking sides between the *authorities* or *experts* in interdisciplinary fields and my own personal experience, or love and fear; it is about the two sides *and* everything that is in between. This thesis is about the powerful impacts of dichotomy, the black and white extremes of trauma…*and* the full rainbow spectrum in between black and white—the multiplicity of life. This thesis is about getting lost and finding a way back. It's about walking the wide expanse of the middle road, and what exists there.

There are generally two distinct sides to the dichotomy depicted in dominant narratives—the protagonist and antagonist, or the *good guy* and the *bad guy*. *This* dichotomy perfectly encompasses the story of trauma, the victim and the perpetrator. But ultimately this thesis is about the reconciliation of the two, walking the middle road. The self-narrative was asking me to step into the full spectrum of experience—to accept that early attachment is complicated, life is multifaceted, and paradoxical. If I wrote my narrative as fiction, I might have turned to extremes for the sake of elevating the drama of the story. But real life is complex and nuanced. Reconciliation between these two sides and with my past must be done with utmost care.

You will probably be inclined to pick a side, but I challenge you to give both sides a chance to be heard. Try to remain open minded. Although it is easier to have someone to hate or someone to blame, this journey is about reconciliation of the divide within me. This is less about my caregivers and where they got it wrong. It is about how it has impacted me, what I have learned and what I am going to do about it *now* so that I can move forward. Sure, there are two sides to any story, but the most interesting part of this research is the space between the black and white of trauma. There are two sides *and* everything in between. If the Self is only lost, there is nothing to fix—nothing is broken. It becomes about a shift of perception.

This thesis is about ways to access a positive sense of Self and the challenges faced and barriers overcome in cultivating this precious part of being human. But ultimately my interest lies in recovery from trauma because anyone who has lived with it

knows that it impacts quality of life immensely. The energy that could be better spent living fully is spent just surviving, which (speaking from experience) becomes exhausting rather than fulfilling. Underneath all this surviving remains a vibrancy, a life force, a vitality that is waiting to be accessed. This vitality is ultimately what I am seeking in this research, a ray of light in the darkness that shows a full palette of colours enriching life in a full spectrum experience. I am learning to join the head and the heart, the mind and the body. It is not the battlefield I thought it was. There are infinite spectra walking the middle road.

Is there an elephant in your life that is longing to be acknowledged, reclaimed, valued and seen? As you read this thesis, I invite you to question what areas of your life you do not value, give worth to or allow this magnificent elephant/Self to take up space in your life.

### 1.7.2. Wayfinding

In the following chapter titled *Finding My Voice* I discuss the approach used to explore my research questions and the mischievous impacts of please/appease playing out in the writing of this research. Chapter 3*, Frameworks to Situate Please/Appease,* is primarily a literature review (incorporating elements of self-narrative) which addresses my first research question by exploring the foundational theories and concepts about survival responses, early development, attachment, my lived experience, as well as assumptions which have significantly informed my insights into the evolutionary origins of the please/appease phenomenon. Chapter 4 is titled *Early Developmental Origins of Please Appease* and in it I examine both interdisciplinary literature and self-narrative to address my second question on the developmental origins of this thing called the please/appease survival response. Chapter 5, *The Characteristics of Please/Appease,* is an extensive interdisciplinary literature review and self-narrative exploration of my third question: what are the essential characteristics, descriptive terms and general structures in the converging discourses of the please/appease survival response? My aim in this chapter is to indicate where those characteristics are visible in my lived experience. Chapter 6, *Exploring the Insights from this Study,* is where I sum up the insights gained

from the intersections between the interdisciplinary literature review and self-narrative presented throughout the thesis. Here I formulate some conclusions about the evolutionary origins, the developmental patterns and the essential characteristics of the please/appease response.

# Chapter 2.

# Finding My Voice: My Approach

I entered the field of health and wellbeing at a young age, but despite many years of research, training, personal work and life experiences, this area of early interpersonal healing and trauma recovery eluded me. Researching into this phenomenon called please/appease has led me to find trauma at the heart of my journey.

The very trauma that I was researching manifested in this study as a huge chasm within me. I felt fragmented—the more *creative* parts and more *rational, logical* parts of me were in opposition to each other. I found myself pulled in two distinct directions, causing an epic battle between my head and my heart, my mind and my body, or between my Self and who I was *supposed* to be.

Growing up, I was more than encouraged to *fit in* to find acceptance with my family and others. Although I did try my best to fit the mold that was being prescribed, another part of me *fought* equally hard to retain the natural inclination to *be* my Self, which was more of a silent protest. I got used to this internal battle. I silently *fought* to be my Self at home, in school, in relationship—and the battle found a way to play out even as I write this thesis. I found a direct connection between this *loss of* Self and the *please/appease survival respons*e. This loss of Self creates a chasm between who I am *supposed* to be and who I actually am. This deep conflict of my neglected, rejected Self became the 'elephant in the room' of my thesis.

## 2.1. An Epic Battle: Wrestling in the Paradox of Pleasing & Appeasing

I used two very specific methods in this study: an extensive literature review and autobiographical narrative-inquiry, or what Gergen and Gergen (1988) termed 'self-narrative.' I spent three years *trying* to bridge the two methods—which seemed to repulse each other like magnetic opposites. I swung rigidly between the literature review and my own self-narrative, finding it a challenge to integrate the two approaches in my writing.

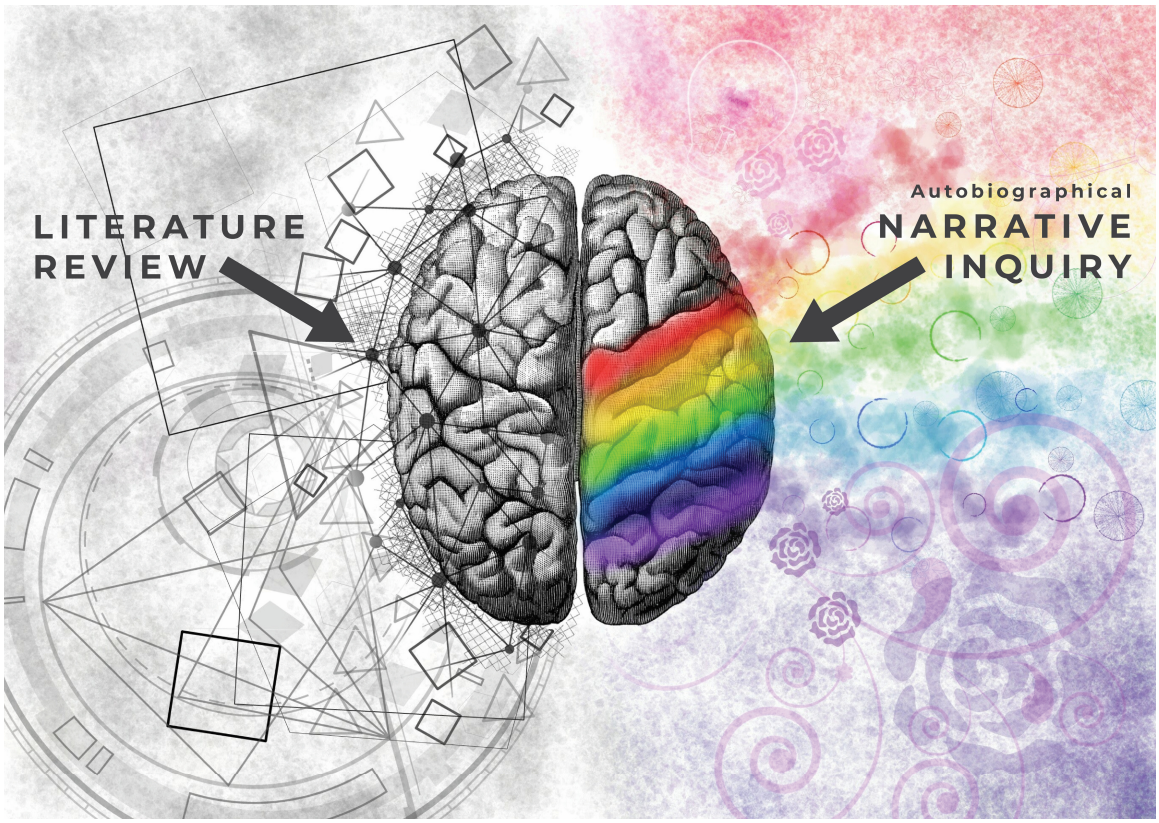


**Figure 2.1. Literature & Narrative: Wrestling in the Paradox.**
Digital collage by: Cloe Aigner

When I first began this project, I was compelled to read and immerse myself in the relevant dialogues, to become versed in the language being used to describe please/appease, and to learn the theories and concepts that helped make sense of my experiences, which proved to be fascinating and fruitful. Without much awareness, I leaned heavily on the experts, clinicians, scientists, authors, academics I was reading to lend my own ideas merit. I found myself undermining the validity of my own lived experiences. This manifested as a struggled with contextualizing my own experiences, memories and feelings because the process required something of me which was outside of my comfort zone. I was being asked to *step up*, *show up*, *find my voice* and *let it be heard*!

I struggled in this paradox of *trying* to find my Self and my voice in this research while trying to 'please' the dominant voices in the field *and* work within the accepted theoretical paradigms. I was also *trying* to adhere to the rules of what I *thought* academia wanted of me. Yet this was not necessarily what was being *asked* of me, and one of my

supervisors questioned me directly, “Who are you trying to please with this research, Cloe?” Well, this was embarrassing, though not entirely surprising given my inclination to adopt the please/appease survival response in times of stress. In fact, it was almost comedic that the please/appease response was showing up in the very approach I was using in this study. However, the answer to my supervisors’ question was complicated.

Now this research was asking me to face the chasm in me. As the story goes with trauma, I resisted. Facing the chasm was terrifying; it was a dark abyss down the middle of my life. This sinking inward and accepting the unknown in me was in direct opposition to the *safe* cognitive part of me that needed control, to know, and needed to *convinc*e myself that science could explain how I felt…without valuing and acknowledging the knowing of my lived experience. It finally occurred to me that this pleasing and appeasing would *not do* as a means to share knowledge about the very phenomenon of the please/appease survival response. Here my thesis took a turn, *becoming* a journey to value my own story.

The varied literature on mental health, trauma science, neuroscience and early childhood development can teach me many things, BUT it is of *no* greater value than my lived experience and my deep inner life. The self-narrative was asking me to bridge the conflict between the more logical/cognitive *and* creative/emotional aspects within me; it was asking me to give value to this unheard, unseen, undervalued elephant/Self who was told to be quiet, to be better, to be smaller, to try to conform, and above all *do not assert my voice*. Yet, as much as I tried to hide my true Self and push her away, the elephant (Self*)* remained as an enormous regal presence that was not easy to hide. Although I had learned to ignore her, there she was directly in front of my eyes—invisible to me after years of pushing her aside, ignoring, overriding, undervaluing, neglecting, humiliating and undermining her. Ultimately the story being told here is about the route back to Self—the route home.

### 2.1.1. The Route Home

The body without a sense of Self is like a *compass without a magnetic north* to guide me; without this magnetic north, the compass becomes unreliable or dysfunctional.

The most common adaptive strategy is *then* is to look *outside* for direction because the internal compass is limited in its function *or* not working at all.

As a child, I learned that I *had to* listen to my parents because they were *in charge* of me. At times, I continue to give authorities an inappropriate amount of power. I seek and trust the 'authorities' because they—adults, caregivers, teachers, experts, doctors or scholars— 'should' know better than I. In this study, I found myself acting as this small child, trading out my *Self-authority* to those who 'know better' than I. On the bright side, if, as the expression states, the Self is lost, then it is *not* broken or in need of fixing, but simply *lost* and only needs to be found.

## 2.2. Philosophical Assumptions

According to Merriam and Tisdell (2015), qualitative researchers "are interested in how people make sense of their world and the experiences they have in the world" (p. 15). Human experience is not a straight-forward topic to quantitatively measure. I needed a research approach which offered me the utmost flexibility and reflexivity to allow the emergent information to lead and drive this inquiry. I approached this topic inductively using a qualitative research approach because the intention of the study is to explore a complex social phenomenon from a personal point of view. I wanted to bring the interdisciplinary literature on please/appease to life through my own experiential data. I wanted my lived experiences to afford me an in-depth understanding of the please/appease response.

This study relies on the interpretive nature of qualitative research. Interpretivism assumes that every person's unique social reality is viewed and interpreted by the individual according to their own "personal beliefs and values and filtering what [the person] sees or records" (Morse & Richards, 2002, p. 88). It is also assumed that knowledge is personally experienced and can *only* be really understood through one's subjective reality. For all these reasons interpretive research findings cannot be generalised but they can provide clarity on the human experience and how meaning is derived and interpreted. The interpretivist paradigm posits that reality is multi-layered and complex with multiple interpretations.

While its younger counterpart, social constructivism assumes that reality is socially constructed and that there are multiple subjective realities of a single event (Merriam & Tisdell, 2015, p. 9). This perspective is based on the premise that knowledge is not found but constructed according to each person's varied subjective reality and how they attribute meaning to reality (Creswell & Poth, 2018, pp. 24–25). These 'social constructions' are used to construct meaning of one's reality and can be shared meaning with others.

I consider my wise elephant/Self in this context. Given early socialization, the quality of this 'social construction of knowledge' can create many different outcomes for the developing child; they can be encouraged to be magnificent and regal or discouraged by being crammed into the corner of the room, condemning them for their very nature, for example, their wildness or size. Creswell & Poth (2018) explain:

> Often these subjective meanings are negotiated socially and historically. In other words, they are not simply imprinted on individuals but are formed through interaction with others (hence social constructivism) and through historical and cultural norms that operate in individuals' lives. (pp. 24–25)

Creswell & Poth highlight the manner in which constructivism perfectly encompasses the complex social nature of please/appease and allows for flexibility to explore the phenomenon through this relational lens.

Evidence of the social construction of the please/appease response was gleaned from my personal narratives, photos of my childhood, and stories told to me by those who knew me growing up. Evidence of this was *also* found in the interdisciplinary literature that pertained to please/appease. For this reason, I connected intimately with the interdisciplinary literature I encountered which encompassed mental health, child development, neuroscience and trauma studies. I was not only reading about the phenomenon, but living it, sharing it and putting the pieces together from both sources. I unearthed a lot of fragmented literature and fragments of my life which contextualized the nature of the please/appease survival response. I became an insider in my understanding of the please/appease phenomenon, which makes this research particularly interesting.

## 2.3. Interdisciplinary Framework

Because of the various names, terms and designations for the phenomenon called please/appease, I found myself exploring valuable and relevant interdisciplinary literature that pertained to please/appease. The conceptual framework I use for this study is called *interpersonal neurobiolog*y (IPNB) which was pioneered by Dan Siegel in 1999. IPNB is an interdisciplinary approach which attempts to identify "the common ground across disparate scientific disciplines and [builds] a conceptual framework from their usually independent ways of studying, measuring, conceiving, and describing the nature of reality" (Siegel et al., 2021, p. 1). The term *consilience* is often used within this framework to explain the "agreement between inductions drawn from different sets of data or from different academic disciplines" (Collins English Dictionary, n.d.).

Although IPNB encompasses an even broader range of disciplines, most of the literature on please/appease was sourced from the disciplines of: biology (developmental, evolution), developmental psychopathology, neuroscience (affective, developmental, social), mental health, psychology (developmental, evolutionary, social, attachment theory), sociology, and systems theory (Siegel, n.d.). This interdisciplinary approach provided a wide-angle lens with which to see 'the whole elephant.'

I adopted IPNB's approach which "draw[s] upon science to provide new insights into the nature of the mind and novel approaches to helping reduce the suffering of others and to cultivate flourishing in life" (Siegel et al., 2021, p. 2). By using this framework in my research, it highlights the 'consilience' between the many diverse approaches, terminology and designations to bridge understanding on please/appease with the goal of improving quality of life. IPNB was the underlying framework that guides both methods I used, self-narrative and an extensive literature review, *and* how I found harmony between the two very different approaches. I will now discuss these two methods in detail and why they are key to informing this study.

### 2.3.1. Self-Narrative

Autobiographical narrative inquiry, or what Gergen and Gergen (1988) termed 'self-narrative,' describes the process of documenting critical life events in a story-like format in order for people to make sense of those events across time (p. 19). I explore my own lifeworld which is made up of current and past life experiences, memories and stories told to me by my family. IPNB's "interdisciplinary approach invites all branches of science and other ways of knowing to come together and find the common principles from within their often disparate approaches to understanding human experience" (Siegel, n.d.). I posit that my self-narrative offers *one more* way of knowing which illuminates my human experience, which contributes unique and original insight to this study on the please/appease survival response and to the interdisciplinary nature of IPNB.

My self-narrative writing practice was born from having to situate my own understandings of how the please/appease survival response has impacted my life, where it came from, what it was and how it worked. In the initial writing process, I was able to string together my thoughts, memories, bodily sensations, feelings and insights. Retelling the stories would come later in creating a cohesive narrative. Often the diverse trauma literature unearthed my feelings, experiences, and memories around the please/appease survival response pertaining to my own life.

While the subjectivity in the present work may involve unique and idiosyncratic stories of please/appease, they may help to illuminate the subtleties of attachment-based trauma and, true to narrative research, "enable silenced knowledge to be articulated." (O' Grady et al., 2018, p. 153). The narrative is interspersed throughout the thesis as a series of lived experience vignettes.

The writing process took place over three years, often within hand-written journals where I documented my immediate experiences, social cognitions, feeling states, and the meanings I ascribed to these in terms of the present and past impacts of the please/appease response in my life. The practice of autobiographical narrative writing helped me to become introspective about thoughts and feelings to which I would not usually pay attention. I reflected on these thoughts and feelings, did my best to analyze

them without judgment or criticism and, in so doing, was able to relate to what I discovered in the interdisciplinary literature.

There are many ways of analyzing one's narrative and I loosely employed three-dimensional inquiry space (Clandinin & Connelly, 2000, p. 54)—which allowed me to look backward and forward, look inward and outward; this approach prioritizes the experience of the individual and situates the experiences within place. Using this approach, the chronology of the narrative is based on the progression and importance of the interdisciplinary literature. In summation, I analyze the self-narrative in light of the interdisciplinary literature, offering further insights into the story being told. What interpretivism teaches me is the notion that a story can hold a lifeworld; it asks me to trust my story as a valid and valuable source of knowledge.

### 2.3.2. Writing 'Lived Experiences' Through the Lens of Trauma

In first grade, four classmates and I were locked in a broom closet by our first-grade teacher for not reading fast enough when prompted to read to our classmates. This punishment or 'lesson' did not inspire me to strive to read faster, in fact it tainted my relationship with reading and writing from very early on.

Despite growing up with three languages in my home, I do not remember a time after that day when words came easily to me. Despite the obstacles, this study was asking me to find a way to communicate my story and knowledge to others *via the written word*. I certainly stumbled through the process of finding my voice as I challenged myself to overcome these linguistic limitations.

I share my experience to illustrate how trauma impacts worldview immensely. It was nearly impossible to research trauma at arm's length because, inevitably, my own trauma had a way of surfacing, which posed another challenge. Trauma is stored in the body and therefore, those dealing with trauma can find being present with bodily experience both challenging and triggering. I concluded that it was unrealistic to always write from a present and alive place. Instead, I chose to write mindfully and in a soulful way by documenting the stories, images, feelings and sensations that arose, regardless of whether I was in a state of contraction or expansion, stagnation or flow, regulation or

dysregulation. In fact, the state of my nervous system was a perfectly relevant *information source* in a study about stress responses. In support of this, Dana (2018) explains how the complex neural platform of human biology, the autonomic nervous system, is "the foundation upon which our lived experience is built" (p. 4).

I wanted to be present for the *lived experience* to come to life in my writing, which meant working from and through the trauma, even at the risk of reliving it. Siegel encapsulates this struggle explaining:

> Such experiential knowledge is often created best through direct sensation. Without the balance of the non-linguistic world of images, feelings, and sensations, the seduction of words and ideas can keep us from direct experience in our daily lives and professional work. (Ogden et al., 2006, pp. xiii–xvi)

Siegel's words helped me to continually come back to the sensory information that was communicated as I worked through this process. As I immersed myself in reading and researching this topic, some deeply personal memories, suppressed feelings and body responses surfaced. I documented my own lived experience while my research was unfolding. I did my best not to filter the information when writing my narrative. I simply documented the process of understanding that emerged, often in poignant moments of change and transformation in order to articulate what those experiences meant.

Van der Kolk spoke about the importance of bringing the body into the experience of developing narrative in order to become empowered and move through trauma:

> Even telling the story of what happened is a form of effective action, developing narrative that allows you and those around you to know what has happened. Sadly, numerous traumatized people become stuck in their traumas and never have a chance to develop that essential narrative. (Levine, 2015, p. xiv)

The process of self-narrative offered me a platform to develop narrative, organize and process how please/appease was impacting my life. The feelings helped conceptualize my experiences as they were happening and assisted in leading me to the next steps of recovery, where I could connect isolated events into a coherent storyline which gave me insight and validated my experience.

For example, through this research I learned that caregivers can shut down a child though a single look. Neither of my parents hid how they felt and could be quite harsh and cutting. My parents' harsh criticisms were *soul crushing* and they gave them freely as though their opinions were the only ones that mattered. For this reason, my high school friends and, in particular, my male friends were terrified of my parents.

At 18, my boyfriend wanted to meet my dad because they were both glass artists. I hesitated, but he was really excited to meet my father and assured me it would be fine, so I reluctantly agreed. When we got to the house, rather than a nice relaxing meeting of minds, my dad openly interrogated him and missed the opportunity to have a meaningful conversation with him. My boyfriend was not as shaken up as I was, but he finally understood my anxieties. My understanding now is that my parents were only trying to protect me from harm, but their fierce protection ultimately pushed me away, leaving me feeling like I could not openly share my life with them.

Levine (2015) supports the importance of internal processing to initiate healing saying this is the only known way that the *rational* and *emotional* parts of the brain can reconnect to allow a person to experience the Self. When this reconnection occurs, the *anterior insulate* is activated which is the critical brain responsible for "how you feel about your body and your self" (Levine, 2015, xvii). Pennebaker and Seagal (1999) also support this notion that writing stories is integrative, helping to process and contextualize the fragmented or stressful events into an organized narrative with "structure and meaning" making the "experience more manageable" (p. 1243). They go on to explain how ongoing studies suggest that writing serves the function of organizing complex emotional experiences; the process of story writing helps to integrate traumatic experiences from fragments into one coherent narrative with resolution which also allows for processing thoughts and associated feelings (p. 1243). Exactly, as they say, I could better contextualize my isolated experiences once they were written into a 'coherent' storyline—alongside the specific literature which contextualized my lived-experiences.

### 2.3.3. Extensive Interdisciplinary Literature Review

I realize that using a literature review as a method is unorthodox, but I modeled this from interpersonal neurobiology (IPNB) which seeks agreement between interdisciplinary research approaches in order to better understand some of the complexities of being human, with a motivation to reduce human suffering; both of these were objectives of my research.

An extensive interdisciplinary literature review was essential to bridge the various disparate accounts of please/appease. Doing a narrative account without the plethora of pre-existing accounts of please/appease would have limited the contribution to understand the phenomenon; I was compelled to immerse myself in the relevant dialogues and to become versed in the language being used to describe please/appease.

Drawing on the interdisciplinary literature I encountered, which encompassed trauma studies, neuroscience, child development, and mental health, helped me to identify key concepts, theories, themes and terminology to better contextualize the please/appease survival response. An in-depth literature review was critical to narrow down the most relevant theories clarifying the origins and characteristics of please/appease. In particular, I drew from: Erikson's developmental stages of psychosocial development, Porges' polyvagal theory, Bowlby and Ainsworth's attachment theory, Schwartz' parts theory, Levine's theory on the trauma completion cycle, and Internal Family System's parts theory. Each of the three distinct questions I am asking required very specific interdisciplinary explorations of the literature.

## 2.4. What Was I Looking For?

As the *researcher* and *participant* in this study, I was collecting information on please/appease through self-observation, journaling, oral history, an extensive interdisciplinary literature review, and media artifacts [short mp4 video clips]. I rely primarily upon autobiographical accounts, literature review and the occasional popular culture reference through movie snippets. I use my lived experience as the primary point of reference.

Once I had put pen to these lived experiences, the reflective and interpretive components became the most significant and insightful aspect of the process. This was the 'restorying' that helped contextualize the stories and locate them in my research. In the interdisciplinary literature, I sought an explanation of my own experience and, consequently, I was able to better tie together my personal narrative and see how they could tell a larger story.

While deep in research, I began to see the please/appease response everywhere. It is an incredibly pervasive phenomenon in my own life, in those around me, in media and in films and on tv. To prove this for myself (and to others), I began to collect clips and soundbites from movies and TV programs that showed the response in action. The samples I found were fascinating and I drew upon some of the most impactful examples to show how the please/appease response appears not only in my life, not only in the classroom and in the offices of researchers and therapists, but also can be witnessed in popular culture on countless occasions.

### 2.4.1. Analysis and Meaning Making

I certainly had more than enough citations and stories with which to work. Through reviewing my collection of data, the readings and stories, I was reminded of incidents that occurred throughout the duration of my inquiry. On the second read through, I began the sense making. It took many iterations to try to connect the dots and make sense of the various designations in the interdisciplinary literature and to see how my own story connected with the literature on please/appease. Through this process of constantly comparing and contrasting various sections of research, I began to categorize them (Schwandt, 1997, p. 16). I sought a composite of traits or features, and a definitive division between terms to set them apart from others. In chapter 4, I generate a list of nine foundational patterns which encompass the developmental origins of please/appease.

The analysis happened organically as I integrated the interdisciplinary literature, theories and found correlations with my own self-narrative. The interdisciplinary literature often drew out thoughts and feelings about which I was not necessarily fully cognizant. Sometimes this process would generate huge epiphanies that helped me to

make connections between the research I was reading and my lived experience. These were the most inspiring and insightful moments in this process since they helped to bridge the theories and concepts with real life. I hope they help those reading this study to also make their own connections.

In my analysis of the data, I sought a composite of categories and themes to help understand the complex developmental origin, evolutionary origins and characteristics of please/appease. In chapter 5, the interdisciplinary literature review was specifically done to explore that which most resembled the please/appease response but used a variety of names and designations. Information was so dispersed and widespread on this topic that I sought answers in many disciplines of study: biology (developmental, evolution), developmental psychopathology, neuroscience (affective, developmental, social), mental health, psychology (developmental, evolutionary, social, attachment theory), sociology, and systems theory (Siegel, n.d.). Throughout these three chapters, I draw comparisons between my self-narrative and the interdisciplinary literature review, both approaches contributing key insights. I add the element of rigor through cross referencing my own experience with the emergent literature on the topic. As Holt & Turner (1970) stated, a comparative approach exposes weaknesses in a research design which increases the validity and reliability of a study.

Using this approach allowed me to identify the gaps in the current theories and build on the concepts and theories, or rather, to connect the dots in the existing research to better situate the please/appease response. I make a case for the amendment of some theoretical ideas in order to factor in specifically interpersonal survival responses or what I term the *dysregulated* social engagement system.

Identifying these gaps and creating a more inclusive model gave validation to my subjective understandings, and also, exploring my lived experiences alongside the literature on please/appease suggests that even though specific experiences cannot be generalized, the description of what it is like to live these experiences can attest to a truth. This truth becomes especially evident when lived experience is put in conversation with the interdisciplinary literature.

# Chapter 3.

# Frameworks to Situate Please/Appease

This chapter comes with a disclaimer. Given what I have discussed about the impacts of trauma and the chasm between my Self and the more idealized, socially acceptable me. I hope to create a safe space for the reader or evoke a reader's bill of rights. I invite you, the reader, to decide whether you are up to tackling a more theory dense chapter—theoretical in nature—because I don't want to lose you here. That being said, I have done my best to make some very complex concepts accessible, clarify terms and definitions, while integrating my lived experience to bring the theory to life. This disclaimer comes with a caveat, I invite your elephant (Self) to step over the potential chasm that is this chapter if so inclined and to know that it is here for you if you need conceptual context to follow my thinking as I formulate an emergent theory which comes together in chapter 6.

I do not discount the efficacy of this chapter, in fact quite the opposite: this chapter is essential and has fascinating implications in the study of please/appease. I only offer *another* option for how to approach this study. Although I integrate some of my own self-narrative in this chapter to bring the theory to life, it is primarily a literature review of theoretical frameworks. Despite any shortfalls, the interdisciplinary literature herein has enhanced my life by offering me valuable context to understand very complex relational dynamics.

It is no secret that under stress humans adapt. These adaptations come in infinite forms. Human brains and bodies are wired to survive. This is the fascinating story of human evolution, which I will be diving into in this chapter. I explore many ideas and theories to try to best explain how please/appease survival response may have originated and developed as well as where please/appease fits into the broader conversation about survival responses. This exploration was fruitful in uncovering how humans might have needed to engage in pleasing and appeasing behaviours in order to survive as mammals evolved to become more social. In this chapter I hope to highlight the brilliance of these discoveries and how they might contribute to a deeper understanding of please/appease.

## 3.1. In Distress, We Adapt: The Polyvagal Theory

> *"Polyvagal Theory is the science of feeling safe enough to fall in love with life and take the risks of living." (Dana, 2021, p. 11)*

As discussed in chapter 1, the polyvagal theory is a significant contribution to understanding the evolution of the species through survival responses. In most basic terms, a person's *lived experience* is underscored by an electrical and chemical superhighway that interconnects the whole body through our largest nerve, with eighty percent of its fibers being sensory. For this reason, the vagus nerve is called by some the *nerve of connection* or the *soul nerve* because without the vagus balanced and regulated, it is nearly impossible to connect with the sense of Self, the body, as well as with others. I will now briefly explore some of the human biology around this theory.

The vagus nerve (referred to as singular) is the largest nerve in the body which is made up of two cranial nerves that start on the right and left side of the brainstem and travel throughout the body to most of our primary organs. The vagus nerve sends information to the brain about a person's state of wellbeing. Messages are transferred to and from the brain to the body through electrical and chemical signals, to and from nerve cells.

The autonomic nervous system (ANS) is also known as the *automatic* nervous system because it automatically regulates the *involuntary* activity in our bodies. For instance, without any effort or awareness on our part, it regulates our respiration, blood pressure, heart rate, breathing and digestion, the function of organs, our emotions (through the endocrine system), and sexual arousal, all of which are connected to our bodily functions. Most pertinent to this topic, the ANS is also deeply connected to our most basic survival through the oldest parts of the brain. Dr. Deb Dana (2018) explains the work of the ANS as being "to ensure we survive in the moments of danger and thrive in times of safety" (p. 17). When I talk about regulating the nervous system, this means the nervous system has gone into dysregulation or a survival state and needs to return to a state of homeostasis or what Porges also calls "states of trust or safety" (Porges & Dana, 2018, p. xxi). Regulation and dysregulation refer to this involuntary system which can become dysregulated and have difficulty coming back online, and this can contribute to a

sense of helplessness when a person cannot get back to a state of regulation. This swing between regulation and dysregulation has been a mystery of science for millennia.

For many years, the ANS was recognized as only having the *sympathetic* and *parasympathetic* branches, but Stephen Porges identified a third component, *the social engagement system* in the polyvagal theory (Porges & Dana, 2018, p. xxi). We now know that there are *three* branches of the autonomic nervous system: the sympathetic dorsal vagal (fight-or-flight or *active* survival responses); the parasympathetic dorsal vagal (freeze or *passive* survival responses); and the ventral vagal or *social engagement system* (the safety and socially connected response).

It is important to note that these survival responses are deeply ingrained in the autonomic nervous system, which has been very slow to develop and change over hundreds of millions of years in order to overcome unimaginable challenges to allow humans survive as a species. Bessel van der Kolk says that "the automatic behavioural fight, flight, or freeze responses are our evolutionary heritage of dealing with threat, and our individual implicit memories of how our own bodies once attempted to cope with the threat of being overwhelmed" (Ogden et al., 2006, p. xx). It is fascinating to think that within each human's ANS is the key to a deeper understanding of millions of years of evolution.

### 3.1.1. The Social Engagement System: The New Branch of ANS

Porges' largest contribution to understanding please/appease is the identification of the *ventral vagal*, also known as the *social engagement system*. A person accessing their social engagement system generally feels a sense of wellbeing, safety and regulation. In this state of regulation, a person is able to connect to their own experiences and with others comfortably—a person has access to their resources and can make balanced choices and decisions in their best interest (Dana, 2018, p. 13). In this state of connection, the sympathetic and parasympathetic systems are in a harmonious state of regulation.

This would be everyone's day to day experience *in a perfect world*. As Dana (2018) explains, "We experience well-being when the three parts of our autonomic

nervous system work together" (p. 14). This regulated ventral vagal sympathetic branch allows humans to have exuberance, motivation, enthusiasm, joy, initiative, and a sense of adventure. When a regulated ventral vagal parasympathetic system slows the heart rate and respiration, it calms muscular contraction, and is critical in allowing humans to fall asleep. It mediates the free flow of feelings of pleasure and allows for a state of relaxation.

The social engagement system directly responds to *trust*, *certainty*, *security*, *predictability*, *meaningful connections* and *love*. In contrast, the ANS does not respond well to be *betrayal*, *isolation*, *evaluation*, or *uncertainty*. ANS arousal automatically arm the defence system.

### 3.1.2. Key Evolutionary Functions of the Social Engagement System

In order to understand how please/appease factors into the polyvagal theory, I explored the key defining functions of the social engagement system and how it works to generate safety. According to polyvagal theory, the social engagement system developed in order to support the survival of mammals, acting to keep the species alive by procreating and nurturing future generations. If this is true, it would mean that the social engagement system is a 'regulated' survival mechanism. All of which helps broaden discussion of the interesting variety of survival adaptions and how they might work and, in particular, how they shed light on the unusual nature of please/appease.

According to Dana (2018), the social engagement system (the ventral vagal complex) can inhibit (down regulate) both of the older forms of defense (hypo and hyper arousal) (p. 42). In other words, the social engagement system puts a break on stress responses in order to create a sense of safety which fosters homeostasis and offers mammals a broader range of prosocial behaviours including caregiving, attachment, play, creativity, intimacy, attunement, presence, a sense of embodiment, connection, compassion, cooperation, reproduction, communicating through facial expressions and eye contact. Dana (2018) adds a list of responses, "calm, happy, meditative, engaged, alert, ready, relaxed, savouring and joyful" (p. 26).

Dana (2018) illustrates how the hierarchy of adaptive responses are sequenced from newest to oldest: “the newest social engagement system circuit is used first; if this fails to provide safety, the older circuits are recruited sequentially” (p. 58). For example, when the social engagement system fails to protect from danger, or when communicating or pleading doesn’t stop the threat, the ‘active’ survival responses take hold (e.g. fight and flight); and if this is not an option then the passive responses automatically activate (Dana, 2018, p. 31). Adaptive responses are thus organized sequentially.

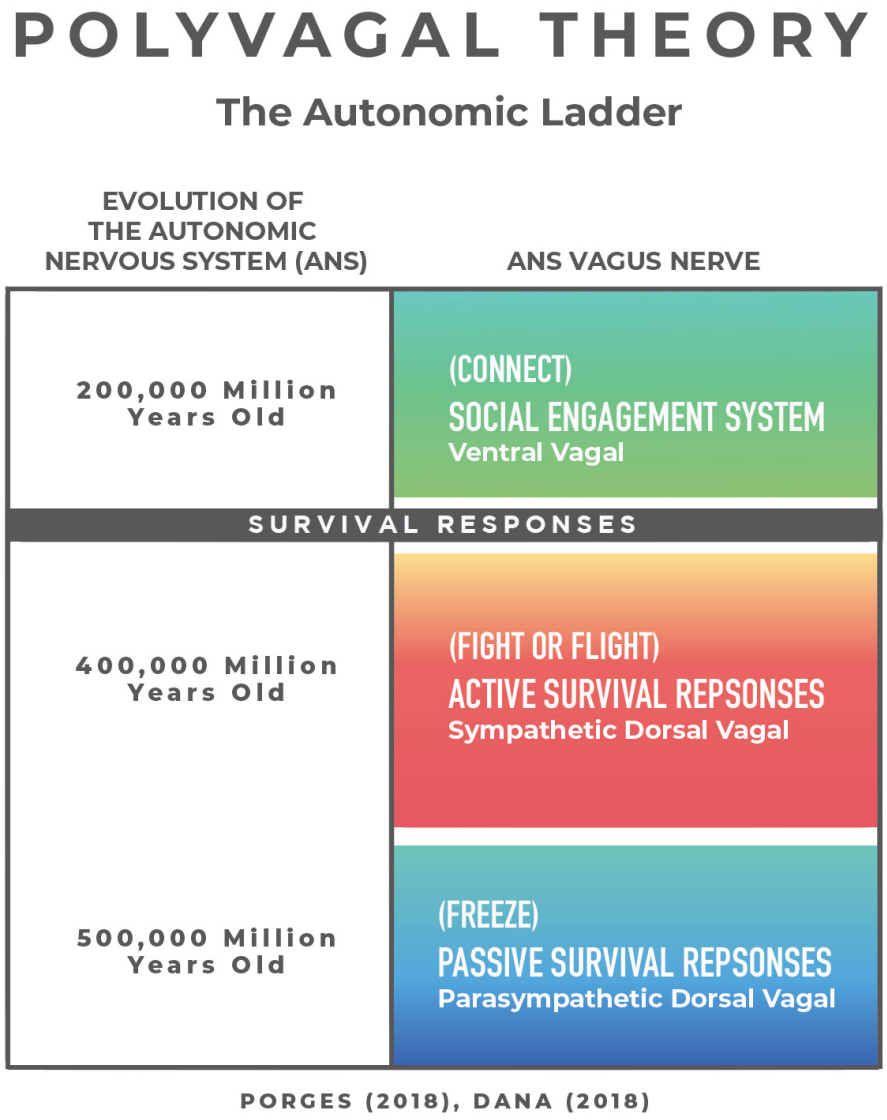


**Figure 3.1. The Autonomic Ladder: Movement from a regulated ANS to a dysregulated system.**

This diagram shows the evolution of the responses moving from the oldest biological defence responses, the passive responses, at the bottom of the autonomic ladder to the newer social engagement system. Diagram is based on Deb Dana’s (2018) Autonomic Ladder, from *Polyvagal Theory in Practice*.

The best way to illustrate the function and movement of the vagal system in daily life is by using Dana's analogy of the *autonomic ladder* whereby it is easy to see the vertical movement of responsiveness up and down the polyvagal system (see Figure 3.1).

Dana (2018) also shows that the state of safety, homeostasis and connection available through the social engagement system is "incompatible with the neurophysiological states that support defense" (p. 58). The important distinction here is that the social engagement system is absolutely a state of autonomic regulation, which *directly opposes* neurophysiological states of defense.

To summarize, the survival system is activated sequentially. The social engagement system has a regulating role in mammals. It is the opposite neurophysiological state to that of survival responses. When the dysregulated *active* and *passive* survival defences are initiated, these states prevent people from connecting with others.

### 3.1.3. Trauma's Impact

Once dysregulated, ideally, the nervous system will return to a state of equilibrium. But this is not necessarily the case with trauma. Levine describes this when he says that the capacity to feel safe, which is the cornerstone of a healthy psyche and body, is undermined by trauma (Heller, 2019, p. x). Dana (2018) discusses the impacts that trauma can have on the social engagement system:

> The adverse behavioural and psychological effects of trauma appear to target a disruption of the social engagement system, its management of defense reactions, and its contribution to co-regulation and cooperative behaviors, including intimacy and play. (p. 52)

Understanding how trauma works physiologically shows how it can cause a variety of complex issues affecting a person's ability to self-regulate and function in the world. Dana (2018), explains that the polyvagal theory "can be thought of as the science of feeling safe enough to fall in love with life and take the risks of living" (p. 188). The risks that people might take to live and love fully are then compromised.

Although the social engagement system addresses the relational nature of the autonomic nervous system, this state is a 'regulated state' and does not account for the

dysregulating nature of the please/appease survival response. I conclude that there is a distinct gap in the polyvagal theory that does not account for the *dysregulation* of the *social engagement system*.

### 3.1.4. Broadening the Scope of Survival Responses

Another area where terminology became problematic, when addressing the please/appease response was the oversimplification of the myriad possible survival responses into 'fight, flight, or freeze'. Many researchers are unclear in identifying what a survival response is; instead they will use the fight, flight, or freeze responses to define it. In this thesis I posit that all adaptive responses to a threat or a perceived threat are *survival responses*. I broadly define survival responses as adaptive autonomic nervous system responses to stress, threat and danger used for self-protection or the protection of others which can become deeply ingrained in the ANS in conjunction with traumatic incidents.

For example, if a tree were falling and I needed to get out of the way, there are a series of adaptive responses that I might engage in to get to safety. My *active* survival responses would kick into gear: my senses would heighten, I would scan for an escape route, see if anyone else is in danger, I would duck, cover my head, dodge falling branches, or jump over hurdles. This might loosely be classified as flight but, to be more accurate, I prefer to call these series of adaptations *active* survival responses.

In this present study, *not* using the terms *fight, flight, or freeze* means that I have to find broader terms to classify the neuro-biological responses occurring in the body under stress or threat. What is most important to understand about current survival response research is that there are two distinct processes which are occurring when the autonomic nervous system goes into a survival state—the body goes into either *active* responses or *passive* responses to escape danger. Therefore, it is more precise to use the terms such as *active* and *passive* responses over the generalization of fight, flight or freeze.

Through this research, it is clear that there is an intricate world of survival which is not always clearly seen or explained—of which I have only begun to explore.

Broadening the scope of understanding to encompass the possibility or probability that humans adapt in *more* than three specific ways, this inclusive approach allows for more precise terminology to understand how our survival system is *constantly* protecting humans from danger in diverse and interesting ways.

### 3.1.5. Active Survival Responses: Mobility & Hyperarousal

Active survival responses are most often referred to as *fight or flight* but, as I have already stated, the body has a myriad of active stress responses when faced with threat or danger. Dr. Pat Ogden, who created Sensorimotor Psychotherapy, lists many other *active* responses which can manifest through the body's impulses:

> They include fight/flight and a multitude of other possible reactions such as engaging the righting reflexes to regain balance, turning away from a falling branch, lifting an arm to avoid a blow, slamming on the brakes to prevent an accident, twisting out of the grip of an assailant, and so on. (Ogden & Minton, 2000, p. 156).

The sympathetic branch (*dorsal vagus)* of the vagus nerve responds with an increase of adrenaline and provides the body with a surge of energy to escape danger (Dana, 2018, p. 8). The sympathetic branch can become mildly to severely dysregulated by stress or trauma and this state is called hyper-arousal. The sympathetic system shows up as anxiety, panic, stress, overactivity, habitual defensiveness, aggression against self or others, hyper-alertness, hyper-vigilance and uncontrollable bouts of rage (Ogden & Minton, 2000, p. 158). Mobilization can become a way to avoid feeling. Flight means to flee, run or escape danger by launching into hyperactivity.

Being unable to engage these *active* survival responses to protect ourselves "is a critical factor in determining whether or not a horrible experience will leave long-lasting scars." (Van der Kolk, 2015, p. 54). Having healthy access to active responses, in other words, being engaged in the process of getting to safety, plays a fundamental role in prevention of *and* the recovery from trauma. Dana (2022) points out that please/appease survival response is an "autonomic coping strategy" which is common in dangerous or even violent homes,

> where I make it looks like I am socially connected and engaged but my sympathetic system is really there running the show. The autonomic

purpose is to make sure that I do not activate that other person's sympathetic fight response. So, my system is really attuned to what it needs to not do to not activate the other person's fight survival response.

She offers an important insight into please/appease which there is a fear of the dysregulation of the other person, with a desire to keep them calm. What so often happens is that the child is unable to turn to someone to seek co-regulation when this scenario happens because it is often the caregiver which is the person that is at risk of dysregulation.

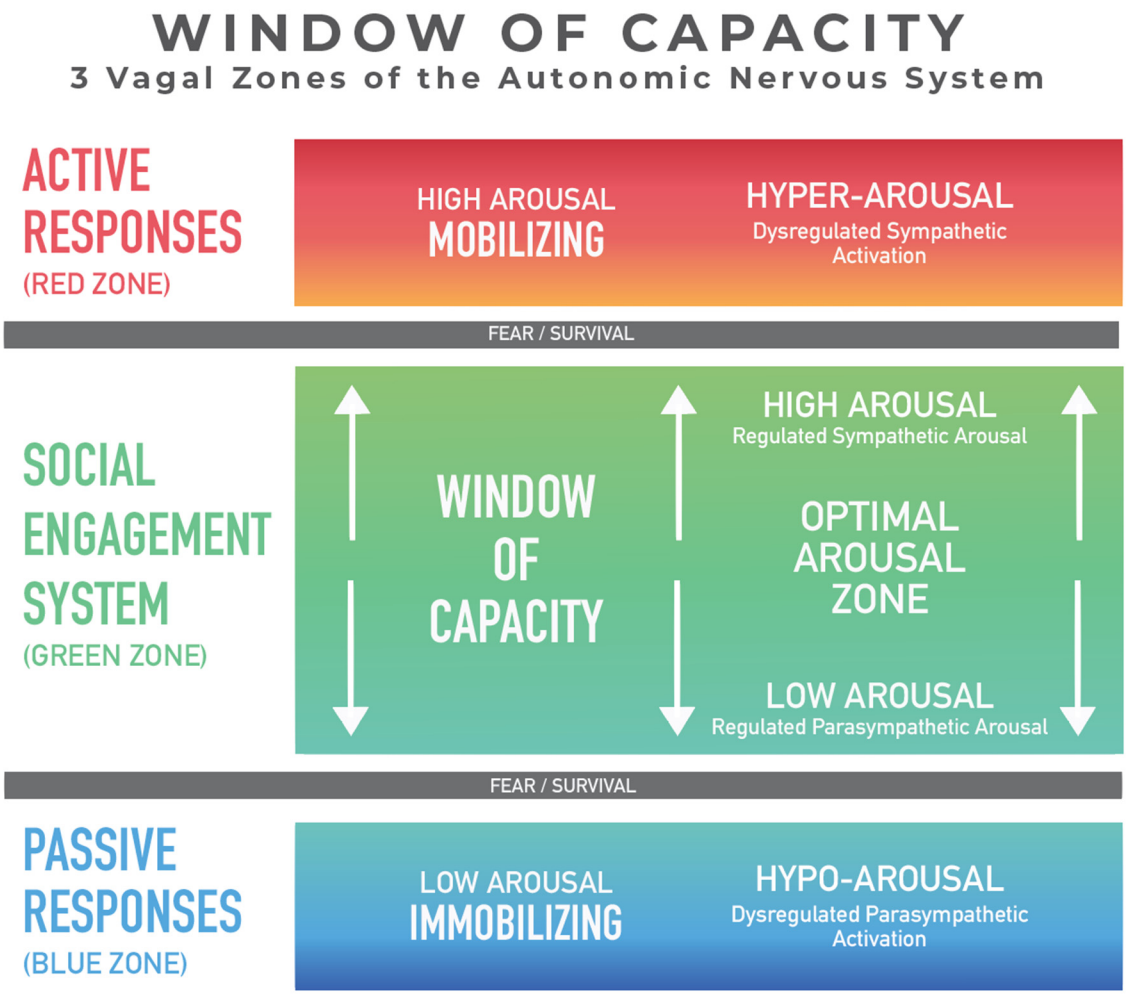


**Figure 3.2. The Window of Capacity illustrates how a person in optimal arousal of the ANS is able to have high and low arousal without moving into dysregulation or survival.**

This diagram shows the social engagement system as a regulated state, also called 'optimal arousal.' For those with trauma their ANS can get triggered into a hyper or hypo aroused states, and remain activated over extended periods of time cause the ANS to become dysregulated into overactive or underactive states of survival. Diagram is based on Dan Siegel's Window of Tolerance from *The Developing Mind, 1999* and Deb Dana's (2018) Autonomic Ladder, from *Polyvagal Theory in Practice*.

### 3.1.6. Passive Survival Responses: Immobility & Hypo-arousal

Passive responses lead to increased energy conserving processes, called hypo-arousal, which is a contradictory state called ‘alert immobility.’ In its extreme manifestation, this state is characterized by high arousal with an almost complete lack of mobility (Ogden, 2015, p. 32). It has been called a feigning of death.

*Active* responses (such as fight and flight) are not necessarily an option when children are threatened. They have “limited mobility, strength and experience” (Cozolino, 2017, p. 305). At best, the freeze response allows the person to assess danger and decide if they will continue to freeze or bound into action to escape the danger. But if mobilization is not available or does not work to escape danger, the autonomic nervous system instinctively moves to the very bottom of the autonomic ladder (see Figure 2) which controls the immobility response (freeze) as the oldest survival response to danger. The “primitive vagus” is the last resort. It can trigger a person into states of *shut down*, *collapse*, and *dissociation* (Dana, 2018, p. 11).

Once passive responses are activated in the body, there is a shift in human biochemistry, a transition from a state of relaxation or calm to a state of stress where the blood flows away from secondary functions to primary ones in order to survive the threat. In severe cases, the body moves into pure survival, using only the energy necessary to stay alive and shutting down all non-essential systems in the body. This can cause a person to be emotionally flat, apathetic and have a low level of energy or lack of motivation which can manifest as a sense of 'numbness' and 'shutting down' within the mind (Siegel, 1999, p.254). Cognitive and emotional processing become severely impaired, and problem-solving functions are diminished and confused (Ogden, 2000, p.160). Individuals can be disconnected from themselves, their bodies, their feelings, or to others. Dana (2018) explains: “Some of the daily living problems can be dissociation, problems with memory, depression, isolation, and no energy for the tasks of daily living” (p. 12). The most important take away here is that this is an automatic state because it is the oldest response to stress in the body. It causes the body to go into energy conservation and immobilization. It is the state often associated with people experiencing trauma and PTSD.

## 3.2. The Origin of Caretaking

> *"Early caretaking and intimate relationships are a fundamental building block in the evolution of the human brain" (Cozolino, 2017, p. 202).*

In the polyvagal theory there is no clear explanation for the please/appease survival response. There are similarities to the social engagement system which is documented *only* as a regulated state, whereas please/appease is a dysregulated 'survival' state. Please/appease is not explicitly active *or* passive because it also uses aspects of the social engagement system. It reflects aspects of the active and passive survival responses as well as the social engagement system. In order to contextualize please/appease, I needed to explore the evolutionary history of caretaking itself as a very specific neuro-biological milestone in human attachment.

Porges discovered that the third branch of the ANS, the social engagement system, developed 200 million years ago. The ventral vagal *nerve* pathway (the social engagement system) is what is associated with a person's earliest limbic attunements. Allan Schore (2017) explains that in utero through to age two, or what he calls after one thousand days from inception, humans develop most of their patterns of attachment.

Human history is recent in comparison to that of the evolutionary development of the ANS. It was only roughly 2.4 million years ago. Beginning in Palaeolithic times, humans began to live in larger, more sophisticated social groups, which encouraged new trends of hunting, gathering, the development of better communication and extended periods of caretaking. Humans were forced to develop more social skills which fostered the development of language, particularly communication through body gestures and facial expressions, in order to facilitate more sophisticated relationships. These social skills demanded more cortical development and processing ability for higher level social tasks (Cozolino, 2017, p. 202).

Many mammals are born with the ability to take on the challenges of survival, however "[i]n the course of evolution, primates have experienced increasingly long periods of maternal dependence" (Cozolino, 2017, p. 11). This has allowed human infants to develop higher-level, complex social skills and to postnatally develop the survival skills and abilities needed (Cozolino, 2017, p. 202). In fact, the human infant is born the

most codependent of any species, indicating a need for the development of complex social functions. As Cozolino (2017) explains:

> Prolonged childhood and the differentiation of the two cerebral hemispheres has allowed for the development of a neocortex so complex that we have become capable of spoken and written language, self-consciousness, and the construction of both private and social selves. (p. 12)

Without this extended period of caretaking, the brain would not have evolved the more sophisticated and complex psychosocial functions in the *social* cerebral cortex**.**

The social engagement system is said to have evolved 200 million years ago and developed out of the social demands on the brain to ensure the survival of the species. Heller (2019) addresses the countless studies that have been done to support the idea that "[o]ur brain and nervous system are not isolated, but interconnected and social. At our core, we are social beings who regulate through connection with others" (p. 6). All these studies emphasize that the mammals' first line of defence is 'interpersonal,' with humans having had to adapt to more and more social demands as the species evolved. Humans have evolved and adapted to life in communities which required communication using verbal and nonverbal social cues to convey each other's intentions.

### 3.2.1. How Attachment Trauma Sets In

The neocortex allows humans to know and question their sense of Self. Interestingly, Cozolino (2017) shows how the neocortex also has its evolutionary shortfalls which are very characteristic of human beings, including anxieties about things that could happen, being depressed by unfortunate possibilities, or sad about possible loss. He goes on to explain that "[o]ur imaginations can simultaneously create exciting new worlds as well as the fears that prevent us from fully living in them" (p. 12). Bessel van der Kolk describes the onset and impact of trauma:

> For human beings the best predictor of something becoming traumatic seems to be a situation in which they no longer can imagine a way out; when fighting or fleeing no longer is an option and they feel overpowered and helpless. (Ogden et al., 2006, p. xxi)

This is a common understanding of how trauma sets in for most people. What is less commonly stated is that, when dealing with early developmental issues, an event which

becomes traumatic plays out differently for infants and young children. Their first response to danger or threat is to attach to a primary caregiver in order to stay safe (Levine, 2021). Their first instinct is to turn to a protector, someone bigger and stronger, because they are legitimately helpless.

Srouf and Siegel (2011) illustrate this well, noting that "young ground-dwelling animals run to a place of protection when frightened" while "primates like chimpanzees and gorillas run to a protective adult, who then carries them to safety" (p. 1). They go on to say that "humans—the most dependent of mammal infants—are wired like their primate cousins to form attachments, because they couldn't survive without them" (p. 1). Attachment science highlights that there is a primal need for infants and young children to attach to their caregivers. A guiding assumption is that attachment is an adaptive strategy and an interpersonal survival response. I assert that the 'attachment survival response' is missing as a primary survival response from the polyvagal theory.

The new mammalian brain, or neocortex, allows humans to have concepts and ideas, to create and imagine (Siegel & Sroufe, 2011, p. 19). This part of the brain is very intricate and performs many of the complex functions such as higher-order thinking, decision making, and analytical thinking. This part of the brain allows humans to regulate the emotional and instinctual survival responses—to think before acting. It is the part of the human brain that can take the emotional meaning from the limbic brain and act morally and ethically. The neocortex also allows humans the capacity to be self-reflective.

For the child, the cerebral cortex (within which the neocortex is housed) is present but is not fully developed until the mid-twenties. The developed cerebral cortex handles the major functions which are thought of as specifically human brain activity, such as strategizing, rational thought, organization, and logic. The limbic system and brainstem are largely unconscious, but when the triune-brain (three specific aspects of the brain which activate these passive and active responses as well as the social engagement system) are working together optimally, the cerebral cortex "observes, participates, and guides" them (Stanley, 2016, p. 21). As Stanley (2016) explains, "A mature cerebral cortex is able to plan complex strategies that include the wisdom of the body, make

executive decisions based on innate ways of knowing, and authentically feel compassion and empathy for oneself and others." (Stanley, 2016, p. 21).

In summary, human beings adapted to complex social situations by developing a deeply complex social engagement system with abilities to conceptualize and experience the *personal* and *social* self. At the same time, humans are limited by the primitive nature of the emotional, survival brain which is not wired for connection. This deeply engrained survival instinct is incredibly useful in keeping humans alive, yet it can hinder the recovery from trauma causing a multitude of mental health challenges such as complex-PTSD. The brain evolved to develop more sophisticated cortical functions as a result of an extended period of caretaking in primates in which the young become ever more *dependent* on their immediate caregiver for survival. Understanding why and how the attachment system was formed helps to better situate the please/appease survival response.

## 3.3. Reframing Dependency & Co-dependency

> *"We would not be co-dependent adult children if our developmental needs had been met. When these needs are not adequately met in infancy, severe problems result." (Bradshaw, 1992, p. 137)*

As shown through the evolution of caretaking, dependency on an immediate caregiver is not only normal but essential to survival and reflected in our human history. Infants and children are naturally codependent because children do not have strength, cognitive functions or physical ability to take care of themselves. If they are not cared for, most children will die. Dependency and codependency endure beyond caring and being cared for and results in a lot of issues such as addiction, trauma and complex mental health issues. Reframing codependency looking through an evolutionary lens I believe it can help bring more compassion to those suffering from attachment-based trauma.

Ideally, children would be taught to outgrow codependency. But when a child has been developmentally arrested through the neglect of their dependency needs, "…he either isolates and withdraws or clings and becomes enmeshed" . Bradshaw (1992) goes

on to explain that each child desperately needs to know that "(a) [the child's] parents are healthy and able to take care of [them], and (b) that [the child] *matters* to [their] parents" (p. 40). If the child does not get these affirmations, the child can become dysregulated and try to get their needs met in unhealthy ways which can become the origins of the please/appease survival response. It is therefore critical to understand how attachment theory informs please/appease as well as all survival responses.

Children have a fundamental need for safety, attunement, love, and attachment. Codependency is a natural part of the development of an infant and evolutionarily has allowed the human species to be able to develop the ability to attach and attune to others, to have rational thought, language and the vast array of abilities afforded by the prefrontal cortex.

## 3.4. The Attachment System: The Social Nature of the Please/Appease Response

It is evident from this research that the please/appease survival response develops from a child's maladaptive formative relationships. Attachment theory sheds light on the earliest ways in which children adapt to a variety of interpersonal stressors. As shown above in 'The Origin of Caretaking,' when faced with a perceived or real threat, a child's instinct is to attach to a caregiver for support. In this section, I show that attachment adaptations fit the definition of survival responses despite the current literature not explicitly stating this.

Dr. Diane Heller (2019) calls interpersonal adaptations made in early childhood attachment adaptations (p. 13). Additionally, Patricia McKinsey Crittenden (1999) clearly defines attachment theory as a "theory about protection from danger" (p. 145). Heller (2019) goes on to explain that attachment theory shows how children adapt, exposing their ability to organize and create coping strategies in the face of danger (p. 13). Any adaptive survival response that is learned early on in response to threat or danger, if repeated or left unresolved, can become a lifelong pattern of relating to others.

The four early attachment adaptations are secure, anxious, avoidant, and disorganized. Secure attachment is the ideal attachment adaptation, as it allows a child to

freely express (perceived) ‘negative’ emotional states without becoming dysregulated. Those who have an anxious adaptation work particularly hard at keeping connection, which is characterized as an overactive attachment system. The avoidant adaptation is the opposite, shutting down the attachment system—becoming an underactive attachment system. Those with disorganized adaptation seek to attach, but the attachment figure is chaotic or frightening, thereby creating a profound inner conflict for the child looking for safety and security.

Bowlby asserts that secure attachment is not only circumstantially ideal but what humans are “biologically designed for” (Heller, 2019, p. 9). The hopeful message is that this secure state of attachment is biologically programmed in every person, regardless of the conditions they were exposed to when growing up, “and our job is to find out more about what’s interfering” (Heller, 2019, p. 19) with our natural inclination to secure attachment.

There is a profound connection between the social engagement system and secure attachment. Dr. Pat Ogden, the developer of Sensorimotor Therapy, sheds light on how attachment and social engagement “build upon each other” (Porges & Dana, 2018, p. 45). Being socially engaged can increase the bond of attachment with others, and “a secure attachment with sufficient interactive repair when misattunements occur develops a healthy social engagement system” (Porges & Dana, 2018, p. 45). Ogden helps to clarify that a healthy social engagement system is dependent on healthy bonds of attachment and repair in infancy, childhood, and even into adulthood. The attachment system is oriented toward trust and connection with others, as is the social engagement system; they are intimately connected.

### 3.4.1. Attachment Theory

The science of attachment explains how a child develops adaptive strategies due to dysfunction in their family of origin, whether mild or severe. In Maslow’s *Hierarchy of Needs* he asserts that the most essential human needs begin with our physical needs such as food, shelter and water. Second in the pyramid are emotional and psychosocial needs for safety—both of these are considered basic needs. Attachment theory shows

why and how this is so fundamental and impactful. Whether or not these basic needs are met can determine the trajectory of a person's interpersonal life. Also reflected in attachment theory is the third tier; once these safety needs are met, which is the sense of relationship and connection with others.

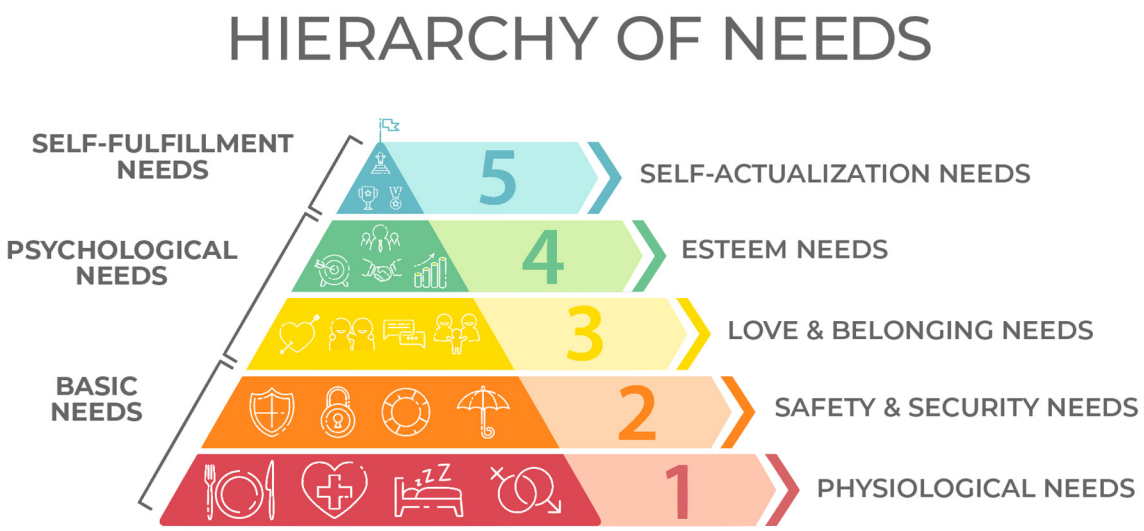


**Figure 3.3. Maslow's Hierarchy of Needs**
This diagram shows the hierarchy of needs from the bottom up, with physical and safety needs as a precursor to connection with others. These basic needs will first be negotiated before intimacy can be established.

Attachment theory shows that humans are born with an innate predisposition to seek safety and closeness from a primary caregiver. Ideally, the caregiver becomes a secure base for the child, keeping a child safe from danger in order to increase their chances of survival by avoiding separation.

It is in times of distress that a person's attachment adaptations are activated, as this adaptation is the underlying framework that provides a base of security in times of crisis. Ideally a child would feel a sense of belonging and become 'securely attached', or "comfortable with closeness in relationships but also have a sense of independence. However some infants receive care that is incongruent with their needs" (Ferriby et al., 2015, p. 938) and develop adaptive responses. Benoit (2004) explains how these adaptive responses form: "Infants come to anticipate specific caregivers' responses to their distress and shape their own behaviours accordingly (e.g. developing strategies for dealing with distress when in the presence of that caregiver) based on daily interactions with their

specific caregivers" (p. 542). This insight is key to understanding how a child can develop long-term adaptive patterns by altering their behaviour in response to how the caregiver responds to their child's distress.

The four major adaptive outcomes previously mentioned can now be divided into two categories: organized and disorganized. Organized attachment adaptations, such as secure, anxious, or avoidant, mean that a person will have an organized way of dealing with stress, whether they self-soothe or seek a caregiver for support. Disorganized attachment adaptations are about desiring closeness with a caregiver who is also their source of stress. It has been found that one person can have a mix of attachment adaptations. This is due to having to adapt to different caregivers and circumstances and having to form the appropriate adaptive responses accordingly (Heller, 2018, p. 3).

According to McKinsey Crittenden's (1999) attachment research, danger is the key ingredient that activates the need for the development and organization of protective survival strategies. McKinsey Crittenden's (1999) goes on to say that *safety* is not what causes the species to create adaptive responses, rather, it is *danger*. The species that is most able to detect and respond adaptively to danger will be the surviving species since "adaptation requires flexibility of strategy in the face of changing life contexts" (Crittenden, 1999, p. 147). Her research framing adaptations in terms of attachment theory is key to understanding the nature of adaptive responses. She is talking about adaptations of an *interpersonal* kind.

McKinsey Crittenden (1999) proposes that the more mature children become, the more they are able to "develop increasingly sophisticated, complex and contextually adapted strategies for reducing the danger of the specific environments in which they find themselves." (p. 146). This raises an important point that is critical to understanding how patterns of adaptation can become more sophisticated as a person grows accustomed to danger. It also explains the complex nature of the responses and how they become more and more complex with age.

Before jumping into the specific adaptive responses, I want to touch upon the key concepts of attunement and repair, as the quality of connection with the caregiver, that attachment theory is founded upon.

### 3.4.2. Attunement & Repair

> *"The emotional quality of our earliest attachment experience is perhaps the single most important influence on human development" (Siegel & Sroufe, 2011, p. 1).*

Although attunement is a key factor in explaining attachment, many dictionaries do not yet acknowledge it as a real word. Research confirms that the quality of the emotional connection, or what is called limbic attunement, is one of the biggest determinants of a child's social and emotional wellbeing. Attunement begins from the earliest moments of mother-infant interaction. Reflecting, rather than imitating, the mirroring motions of maternal attunement are best seen when the mother is holding her baby and her facial expressions change with the child's. One of my favourite expressions is that attunement means the Self meeting another's Self.

Attunement is described as, "the sensitive responsiveness to the infant's cues …attunement, or sensitivity, requires that the caregiver perceive, makes sense of, and respond in a timely and effective manner to the actual moment-to-moment signals sent by the child" (Siegel & Sroufe, 2011, pp. 1–2). When caregivers are in tune and accurately reflect the child's internal world, the child develops an accurate perception of herself. Neuroscience has shown the circuitry within the brain that is stimulated only when the child is properly attuned to a caregiver (Siegel & Sroufe, 2011, p. xv). This accurate mirroring acts as an affirmation, giving the child confirmation of their existence. Secure attachment can make a child feel safe, secure and protected (Benoit, 2004, p. 541).

I consider myself very fortunate to have experienced one of life's purest forms of attunement from the age of 7 months until 3 years old. Although this story is of attunement with an animal, it is indicative of the profound impact that can take place when two beings feel connected to one another.

My father surprised our family with a small curly-haired puppy for my first Christmas. From the moment Coco arrived in our home, he and I were inseparable. Photographic evidence and my mother's recollections tell of my late-night escapades—before I was even able to walk; when everyone was asleep, defying the laws of gravity and logic, I would escape my crib, open two large doors and unlatch the metal clips on

Coco's kennel. When my parents awoke in the morning, they would find me snuggled, safe and cozy in his cage. For the first years of my life, seeking out proximity and closeness with Coco was a regular night-time occurrence, and I persevered despite all the odds.

He was the perfect friend for a baby, as we both communicated non-verbally, and instead in the language of the senses. Somehow, we understood each other perfectly. There was a simplicity to Coco's unconditional affection. Most significantly, I received consistency, safety and comfort from his presence which was a welcome contrast to the lack of these factors elsewhere in my early life.

Misattunement can be very impactful for a child depending on its severity and frequency. One of the major issues in trauma recovery is not necessarily the traumatic event itself, but how those around supported the person after the event. If an abused child is dismissed by their caregiver, this dismissal can deeply impact how the child feels about themselves and about trusting others with their pain and struggle. Children need a degree of secure attachment for *meaningful repair.* Such repair can be in the form of an apology, it can be treating a distressed child with respect and listening to them, believing them when they bring their issues to the caregiver, or stepping in to protect the child when they are afraid. Van der Kolk illustrates how this lack of repair is a huge component of the lasting impacts of trauma: "trauma is not simply a physiological response. The essence of trauma is utter helplessness combined with the abandonment by potentially protective caregivers" (Ogden p. xxi). Van der Kolk goes on to emphasize the huge impact this repair can have:

> The abuse is secondary to your parents not protecting you. By your parents not having protected you is the core issue. It's not who put what in what orifice and let's deal with that traumatic memory. It's all about who can I count on to be there for me when I feel upset. (Van der Kolk, 2019)

When a child is left feeling utterly helpless due to a traumatic event *and* they do not have someone to turn to, to speak to, or the person does not believe them, then they do not have support to help them overcome the event and navigate the trauma. I added the word *meaningful* to the repair, because I experienced many *meaningless* apologies in the past when my caregivers would have an emotional breakdown which was preventable, and no real remorse or action was taken to stop these happening again in the

future. This made the apology hollow and meaningless to me. It foreshadowed the inevitability that these emotional breakdowns would happen again and again, and which unfortunately fostered anxiety and mistrust instead of the positive impacts of meaningful repair.

### 3.4.3. Secure Attachment

Accurate mirroring and attunement results in what attachment theory calls a 'securely' attached child. When a primary attachment figure is consistent in responding to a child's distress in an attuned, loving and sensitive manner, the child learns that they are free to express 'negative' emotions and become secure in knowing that they will be comforted, and that contact will be maintained until they feel safe again.

Securely attached individuals develop the capacity for interdependency. This means that they are generally well-adjusted and self-reliant when alone and in partnerships. This does not mean that a securely attached child does not have problems; it just means that they have a more secure base from which to draw feelings of safety and security.

The child develops "a strategy for dealing with distress" that is secure and organized (Benoit, 2004, p. 542). The strategy is organized because the child has a solution for distress, which is to seek proximity with a caregiver and have a positive experience that brings regulation and balance. Children looking to ease distress invariably do so in the proximity of their caregivers. They learn that being comforted by their caregivers is a positive experience. Secure attachment indicates that the Self of the caregiver is in contact with the Self of the child.

### 3.4.4. Misattunement: Organized & Disorganized Attachment

A caregiver who is emotionally distant, unclear or unresponsive, is likely someone whose own trauma interferes with parenting. They, in turn, bring up a child who develops an unclear picture of themselves. "The child may then be able to see only part of the sea inside or see it dimly. Or the child may develop a lens that sees well but is fragile, easily disrupted by stress and intense emotions" (Siegel, 2011, p. xv). I will now

describe what happens when these basic attachment needs go unmet and how an individual continues to seek fulfilment of those unmet basic needs throughout life.

Crittenden (1999) explains that the interpersonal adaptive strategies in response to danger or threat are created to reduce this type of danger. She explains that, “adaptive strategies will elicit parental attention, even if this involves angry or risk-taking behavior; when the danger is parent hostility, adaptive strategies will reduce it” (p. 146). The interdisciplinary literature shows that children develop attachment adaptations so that in times of distress they are able to protect themselves and simply cope. In addition to secure attachment, there are two other adaptive attachment responses that are considered ‘organized’: anxious and avoidant. In short, organized means that it has a more predictable pattern. While disorganized attachment is exactly as it sounds, not organized or predictable, which will be explored in more depth below. Illustrating these adaptations, I will show how please/appease shows up specifically as anxious and disorganized attachment adaptations.

### 3.4.5. Anxious Attachment: Organized

When distressed, the anxious or anxiously attached person suffers from an intense fear of abandonment and rejection. This causes an overactive attachment system that binds a person tightly to another figure in order to ease their suffering and prevent abandonment. The ‘bond’ with the caregiver is gravely impacted. In order to avoid feelings of anxiety, they reach for connection and external stimulus to find relief, which can breed addictive and codependent behaviour. When they reach for closeness and comfort, they can come across as insecure, clingy, emotional, needy, jealous, possessive, or incoherent. They can be quite demanding and excessively reliant on closeness, approval and attention from others.

Their close relationships are often unstable and unsatisfactory. Their family backgrounds are often complex and filled with conflict. People with anxious attachment may view themselves as unlovable or unworthy but have positive regard for others. Anxious attachment develops as a result of inconsistent support from the primary caregiver.

In Bowlby's view these individuals typically were exposed to one or both parents who were unresponsive to the child's signals, actively disparaged or rejected the child, withdrew love as a discipline technique, threatened to abandon the family, or commit suicide as a means of coercing a spouse or of disciplining the child, or insisted that the child act as an attachment figure for the parent. A child growing up under such duress is constantly anxious lest they lose access to an attachment figure (Lapsley et al., 2000, p. 138).

As a child, I could feel my dad's mood shift when I walked into the room. His face would turn to conflict and disappointment. I felt that my existence alone made him angry. I walked on eggshells and prayed for invisibility. I hated myself at times, disappointed in my inability to gain his favour, not matter what I did to make him see me in a good light. I would ask myself, "how could I make him happy to see me?" and "what was wrong with me?

At age 7, I was sitting down at the dinner table-with the same dreadful feeling I had most nights—with a huge knot of anxiety in the pit of my stomach because I knew that, even if my dad was in a good mood, there was always something he could criticize me for. This one night, I could feel his eyes on me and it made me so nervous that, as I reached for my drink, I accidentally tipped my glass over. I heard him tut-tutting me as I scrambled to clean up the wet mess, humiliated and mad at myself for making a mistake again. These episodes only confirmed that I was a mistake, rather than what my dad wanted me to be. Every time I succumbed to the anxiety, I fell out of favour with my dad and the room got cold. I felt I had to step up my game for the next encounter so that he would not be disappointed in me. This dynamic in our relationship had me working very hard to constantly win his favor and keep in his good books. Our relationship centered around my need for his affection, and his affection for people appeared to change with his moods.

I also had a repeated experience with my dad when I would have trouble falling asleep and my mum would tell me to go see my dad in the tv room. He would hold me lovingly until I calmed down, but most often, at the very end, he would abruptly send me

off to bed as though he was annoyed with me. This type of interrupted regulation is linked to anxious attachment, which Heller (2019) describes in detail:

> Interrupted regulation occurs when a child is trying to relax and calm themselves during a moment of high-quality attention and love by the parent, but the parent suddenly disrupts the experience without any warning. In other words, the child has relaxed into the relationship to regulate or receive nurturance, connection, and love, and the parent does the one thing that most endangers the child's ability to do so. This tendency typically points to a parent's preoccupation with their own attachment wounds, an injury suffered from their own parents that is easily transmitted to their child. (p. 84)

This type of interaction is typically associated with relational anxiety which is, again, typical of anxious attachment.

### 3.4.6. Avoidant Attachment

When in distress, people with avoidant attachment avoid interacting with and being supported by others. They avoid and suppress their emotions and attachment needs, avoid feelings and introspection, and avoid closeness or being dependent on anyone. They can be distant, dismissive and lack intimacy with others by being defensive (Y. Girme, personal communication, Jan 6, 2020), withdrawn and aloof. They push people away. Avoidant attachment develops "from little to no parental emotional support, such as consistently ignoring a crying child" (Ferriby et al., 2015, p. 938). Avoidant attachment often develops when an infant's needs for sensitive responsiveness and emotional closeness are not met, "including those pushed towards early independence,"(Siegel & Sroufe, 2011, p. 4). The pain of connection is so bad that it is better to be alone.

People with avoidant attachment need space and can easily feel smothered in their relationships. Avoidant attachment values personal freedom, and people may pride themselves on being independent or even anti-dependent. They are self-reliant to a fault, may dismiss the significance of close relationships, and often fare well in isolation. To avoid feelings of anxiety they cut off connecting to their own emotional life and appear not to need connection with others.

> Infants whose caregivers consistently respond to distress in insensitive or 'rejecting' ways, such as ignoring, ridiculing or becoming annoyed, develop a strategy for dealing with distress that is also 'organized', in that they avoid their caregiver when distressed and minimize displays of negative emotion in the presence of the caregiver. The strategy is said to be 'organized' because the child 'knows' exactly what to do with a rejecting caregiver, i.e., to avoid the caregiver in times of need. This avoidant strategy is also 'insecure' because it increases the risk for developing adjustment problems. (Benoit, 2004, p. 542).

People with avoidant attachment usually have a positive sense of self and high self-worth, but a deep distrust of others, feeling suspicious of people's intentions and questioning their reliability. They generally have good personal and social skills. People with avoidant attachment often report distant relations with family.

### 3.4.7. Disorganized Attachment

> *"Fear again is the most depressing of all the emotions; and it soon induces utter, helpless prostration, as if in consequence of, or in association with, the most violent and prolonged attempts to escape from the danger, though no such attempts have actually been made." (Darwin, 1989, p. 62)*

In an environment where the person who is supposed to be the source of safety also becomes a threat, "two systems with conflicting goals are activated simultaneously or sequentially: the attachment system, whose goal is to seek proximity, and the defense systems, whose goal is to protect […] This intolerable conflict results in the disorganized—disoriented attachment pattern" (Ogden, 2015, p. 33). There is a significant contrast with the two 'organized' adaptations seen above. When there is consistency in relationship, the child may develop deep insecurities, but at least they can adapt and create effective, consistent defenses to protect themselves. With unpredictable caregivers, the child struggles to adapt and adjust to the environment. The adaptation is dysfunctional.

This inconsistency can reflect a caregiver who is too dysregulated. This caregiver has unresolved trauma, is frightening or angry, chaotic, panicked, always in crisis, has erratic behaviour or extreme mood swings or, in worse cases, is abusive. All of these circumstances can be extremely dysregulating for a child. Rather than being the source of

safety, the caregiver becomes a dysregulating force in the child's life and therefore a threat, which requires the child to find adaptations that at least afford a modicum of safety.

Ogden (2015) explains how disorganized attachment tends to be the most dysregulating of all a adaptations, "Children who suffer attachment trauma fall into the disoriented—disorganized category and are generally unable to effectively auto- or interactively regulate, having experienced extremes of low arousal (as in neglect) and high arousal (as in abuse) that tend to endure over time" (Ogden, 2015, p. 33). Ogden says these children lack the ability to regulate self-regulate due to the confusing nature of their earliest relationships.

When children are small, they rely on the caregivers to help regulate them, until they build up the capacity to be able to do this themselves. The process is called co-regulation. When a caregiver is having trouble regulating their own fear and distress, they will often struggle to calm their child's distress. In this case, the child will not learn to find balance in the optimal arousal zone and will find themselves constantly hyper and hypo-aroused. The child will not learn the critical skills of self-regulation and self-soothing, nor the ability to co-regulate with others (Heller, 2019, p. 87). This will make a child feel vulnerable to, and insecure in their ability to stay balanced in, life's ups and downs.

Disorganized attachment's defining features are a desire to be close but with a deep fear of rejection, mistrust of others, and fear of intimacy. Individuals with disorganized attachment struggle to be on their own or in connection with others. They show both anxious and avoidant tendencies. They have tremendous emotional range; they feel quite deeply and display empathetic qualities. This attachment adaptation is most associated with people who have experienced trauma, in particular, attachment trauma.

A child who needs their caregiver but also fears them experiences an internal crisis. It forces a child to build a persona to present to the world in order to keep their fragile sense of self together. They often have a lack of self-worth, are unsure of themselves, shy, unassertive and find it difficult to relate to others (Y. Girme, personal communication, Jan 6, 2020). Under distress, they tend to be disorganized in their

response to challenges; rather than be defensive, they tend to be self-protective to avoid closeness and getting hurt; they find difficulty in expressing feelings. Disorganized attachments tend to be associated with the most challenging family backgrounds (Y. Girme, personal communication, Jan 6, 2020). Heller (2019) explores how disorganized attachment becomes problematic over the long term:

> Disorganized attachment […] style is characterized by an excess of fear, and the attachment system is at cross purposes with the instinct to survive threat. When stressed, sick, or frightened, a child naturally wants to seek comfort and protection from a loving parent, but what do they do when the same parent is the source of fear or distress? People with this style can get stuck in a threat response and/or swing between avoidance [anxiety] and ambivalence without much of an identifiable pattern. (p. 14)

As Heller addresses above, a key indicator of disorganized attachment is how a person can swing between avoidance and anxiety in a disorganized or chaotic manner.

My parents sacrificed so much for their children's safety and happiness. They protected us from a lot of their hardship to make sure we had childhoods. Yet there was an imbalance in how much they sacrificed. Quite often, they sacrificed at the expense of their own unmet needs, which became an unspoken currency in our exchanges—manifested as unspoken expectations, demands, and obligations as a trade for their sacrifice. Their own unresolved and unmet needs made their way into the requests being made on me and my siblings and got lodged between the love we had for each other.

When I was a teenager, army boots were in fashion, and I desperately wanted a pair. My father said, "Absolutely not!"

"Why not?" I objected.

He replied, "Because I said so."

This was a typical response from him and he would seldom explain why he said 'no' so adamantly. What I thought was him trying to control and suppress me. I found out later in life, was a traumatic memory of him being locked in the dark cellar by his father when he had misbehaved; he would watch his father's army boots pacing back and forth from the crack under the door. It goes to show that the impacts of trauma are far reaching and complex. These traumatic undertones continued to surface in his erratic moods.

My father did not mean to be so frightening, inconsistent, controlling and authoritative—this is what he believed parenting was; this was the way he was treated in his family and this was his attempt to protect me from the suffering he had experienced. For all the ways that he got it wrong, it was not for a lack of love. Unfortunately, many times his anger and lack of communication left us guessing; for me, this translated into feelings of being hated instead of being truly cherished and loved. In speaking with my father now, I know he worked every day of his life to make our lives better. I have a better perspective on the impacts of trauma and why he acted the way he did—but small children do not have this perspective.

Growing up, I learned it was best to anticipate the worst with my father. The inconsistent and explosive nature of his temper was jolting, even frightening at times. My nervous system learned to take whatever I could get; I could have a hug one hour and be screamed at the next. I had to adapt to the changing tides of his temper. He did not only frighten me, but my whole family and I learned it was better to quietly find solutions to my anxieties and fears on my own. This meant exchanging my desire for closeness for invisibility or solitude.

As a child, I often times I felt loved and hated in equal measure—which put a crack down the centre of my life. Stuck between two worlds, I found myself trapped between the desire to reach out and the fear of reaching out. I learned that it was better to be destitute, afraid and alone than be the target of humiliation, rejection, hatred and disregard. Stuck in the in-between place, being frozen, being invisible, not needing my parents was at times safer than the desperate impulse to reach out for help.

The apparent hate directed at me, the terror of an aggressive or inconsistent parent, was often palpable. My parents barely hit me, but the unspoken anger in the air was tangible. The threat of punishment came through a look of disappointment, a constantly watching eye waiting for a mistake, then pouncing and declaring my imperfection, critical commanding tones that rattled me on the inside. It is quite humiliating to constantly be subject to the threat of rejection and forced into doing what my dad wanted or be risk punishment.

## 3.5. Attachment Trauma

There are many terms that can reference attachment trauma, such as relational trauma, interpersonal trauma, and developmental trauma. Because of the relevance of the attachment system and attachment theory to the please/appease response, attachment trauma is the most accurate term to describe this very specific and pervasive form of trauma which takes place between the child and the influential figures early in life.

It is important to acknowledge that the words trauma and post-traumatic stress disorder (PTSD) are susceptible to stigma, confusion, prejudice and misunderstanding, and yet almost everyone experiences varying degrees of trauma in their lives. Trauma and PTSD are commonly occurring; the cause and the symptoms of trauma are incredibly varied, and it "can be caused by seemingly benign events" (Levine, 1997, p. 41). As I discussed above, there are four major categories of attachment adaptations, and I assert that each of these attachment-based adaptive responses can be problematic and traumatic long term to varying degrees.

Attachment trauma is a category of trauma which pertains specifically to that which has occurred in the context of attachment figures or primary caregivers, most often due to complex, recurring, abnormal, distressing or upsetting caregiving patterns. Pat Ogden explains how to distinguish between attachment which is traumatic and that which is not,

> Children can become frightened when their attachment figures criticize them for making mistakes, push them to excel, indicate they are disappointed in them, or punish them if they are idle or fail. Children neurocept danger in these situations because at a primitive level, parental disapproval implicitly threatens them since they are dependent on their caregiver for survival, safety, and a sense of belonging. These dynamics cause a degree of emotional distress, but not always so severe as to result in an insecure attachment or in strongly dysregulated arousal of traumatized children. (Dana, 2018, p. 45)

There are times when children experience misattunement which can be stressful for the them, yet not push the child into high levels of dysregulation. What Dana points out here is that the main indicator of trauma is the intensity of the dysregulating impacts that occur during the event and afterwards. Using this lens, I propose that attachment

trauma is experienced on a continuum from mild to severe. This allows for the acknowledgement of lower levels of dysregulation which are also important and can still impact a person's life severely. It is important to note that it is common for disorganized attachment to be associated with higher levels of dysregulation or trauma.

As explored above, attachment adaptations reflect the person's ability to cope with stressors. When a person has more difficulty integrating due to the repeated impacts of disorganization of their neural network, this person can become stuck in a state of survival, adopting this way of living as their daily 'norm.' Bessel van der Kolk explains that "when you grow up in an environment that is quite misattuned to you, your chances of trauma become much higher. So, you get a combination of these distressed early caregiving patterns and then specific incidents that just deepen the whole issue" (Tronick & Van der Kolk, 2020). In other words, once a child already has a susceptibility to trauma through their early attachment challenges, their chances of the trauma being compounded are higher. He adds that "[a] safe attachment system is your greatest protector against trauma." (Tronick & Van der Kolk, 2020), stressing that there is no stronger defence for a child than the secure bond from an early age.

Van der Kolk (2018) discusses the pervasive and impactful nature of interpersonal injuries, saying that "most painful injuries are inflicted by the people we love and depend on. That is the source of the deepest human grief, as well as the most psychiatric disturbances (p, 31). Van der Kolk clarifies the way that injurious experiences from early attachment inform a lot of underlying traumatic issues: "[f]or many, many people the underlying issue behind the traumatic stress is the attachment system that they fall back into, to protect them against the traumatic stress" (Tronick & Van der Kolk, 2020). This highlights the profound impact these early experiences can have.

While attachment trauma addresses early developmental trauma which occurs specifically between caregiver and child, I will use the term relational trauma to reference a broader category of trauma which occurs as a result of any interpersonal encounter. This can include attachment trauma but does not exclude other social encounters which are not specific to early childhood, such as domestic abuse, sexual assault or war torture.

## 3.6. Complex-Trauma & Complex PTSD

Attachment trauma is closely interconnected with complex-trauma and its long-term impact is complex post-traumatic stress disorder (complex-PTSD). Post-traumatic stress disorder (PTSD) commonly occurs from a single traumatic incident, such as a car accident or instance of sexual abuse. In contrast, complex-PTSD is caused by repeated traumatic incidents or events, for example: repeated bullying or repeated domestic or sexual abuse. This type of repeated trauma often makes recovery more complicated because the trauma is deeply rooted and has accumulated over time.

Attachment trauma often results in complex-PTSD because the traumatic experiences were repeated by an attachment figure or caregiver to create a distinct series of attachment adaptions. Complex-PTSD is characterized by nightmares, avoidance, distressing emotional flashbacks, memory suppression, social anxiety, feelings of shame and guilt, lack of hope, distrust, and bouts of anger. Complex-PTSD can be associated with mental and physical health challenges as is shown in the latest findings on chronic pain. In the present study, I will refer to attachment trauma, with the understanding that complex-PTSD is embedded within its very fabric.

As a young child, I experienced terrifying reoccurring nightmares and many of the kind accompanying symptoms of complex-PTSD such as social anxieties, panic attacks and later depression and chronic anxiety. In the nightmare, armed soldiers would take over our family home, keeping my parents, brother and sister hostage. In the variations of the dream over many years, I was never caught and taken hostage because I was particularly skilled at hiding and being as quiet as a mouse. In the dream, I was terrified, but my mind was sharp and focused. The terror turned to thrill in having to push through my fear and devise an impossible plan to save my parents and siblings. I had no choice; if I did not save them, who knows what the soldiers would do to them. I watched from the crack between the wardrobe doors, weighing all the options and waiting for windows of opportunity to execute my rescue plan.

Sometimes I was able to start my rescue plan to save my family but seldom was there an end to the dream, whether of success or failure. I was, however, always the one family member who was free to assist with the escape. I would awaken most nights with

this weight on my shoulders, feeling surges of adrenaline and terror, and sometimes I would call my mother to help calm me down. This nightmare haunted my dreams through my childhood, but also caused me to have insomnia for years as an adult because I was too anxious to fall asleep.

In 2020, at the beginning of the COVID-19 pandemic, I began to have anxiety and panic in my waking life that reflected the same kind of fear I experienced in the nightmares. I could only assume that this quality of terror was surfacing now to highlight my deep, almost desperate need to keep everyone safe. With lockdowns being implemented around North America, I could feel a crippling need to rescue everyone from this real-life nightmare, yet I felt absolutely helpless being stuck at home. In many ways this was worse than the nightmare, but the apocalyptic terror was like someone very familiar sardonically visiting me after all these years. My extreme response surprised me; no doubt that some form of PTSD was surfacing, with extreme and uncontrollable bouts of anxiety, panic and immobility which I had never encountered, nor do I wish for anyone to experience. Eventually the anxiety began to cease, but it took several months.

### 3.6.1. Survival Response Becoming Trauma or PTSD

The survival response is a natural impulse to protect, but Daniel Siegel (2018), a well-known educator, researcher, and psychiatrist defines trauma simply as “an experience we have that overwhelms our capacity to cope” (p. 3). When our system becomes overwhelmed, the experience cannot be assimilated or integrated within the brain and nervous system.

Peter Levine (2021) outlines the part that survival responses play: “Trauma is something that happens in the body; a specific set of defensive responses against threat, but then they become defensive responses against the feeling of the sensations of threat.” This touches on a very important component of the internalization of the traumatic experience, which can polarize a person from their own inner experience. Van der Kolk (2015) explains that people can get caught in looping fear cycles where their “lives will be held hostage to fear until that visceral experience changes” (p. 99). Fear is the keyword here since it plays a huge part in survival responses.

Levine goes on to explain that if the traumatic event(s) are left unresolved, the adaptive survival response remains. It will protect the system from anything that brings on the sensation of threat, whether real or imagined, whether internal sensation or external *until* the original event that caused the fear response is resolved (Levine, 2021).

Those with trauma can feel as though they are a victim of their biological responses to an event that happened years ago. According to Porges' theory, it all comes down to safety. But the solution is not as simple as naming the problem. The nervous system does not respond well to uncertainty; it thrives on certainty, consistency, assurances, trust, and reliability. As seen in attachment theory, if a child learned uncertainty, this adaptive response could become locked in the body as a means to survive the world and create a neural 'habit.' A person will always gravitate to the 'best of' strategies in their repertoire of reactions. In times like these, those of great uncertainty, it can be a challenge to stop the incessant seeking, to let go of the need to control and release the hold from the old and familiar ways of doing things.

To sum up this section, I would like to show how the various theories and concepts in this chapter work as a whole system when seen in the context of my own personal experiences. The story below contextualizes the complicated impacts of early attachment, ANS dysregulation and complex-PTSD, to show how they are intimately connected to each other.

In my adult life, 2015 brought a series of events that sent my life into chaos; I lost a real estate investment and therefore had to relocate. The business I helped to build shut its doors; I had to find new work. Business was tied in with friends and this put additional pressure on my close relationships, leaving me fairly isolated. I was in major financial distress and, to top it all off, my father suffered a stroke.

The compounded anxiety of so many unforeseen stressors was completely overwhelming and something inside me broke. I shut down, closed off, and busied myself trying not to get swallowed by the grief and pain. My earliest survival system, in particular, my earliest attachment system, reengaged. I was already struggling, but in addition to the list of stressors above, my unresolved childhood wounds began to add to

the pile of stress at my doorstep, bringing feelings as raw as if they had happened only yesterday.

Through this experience, I learned that in times of severe distress, I resorted *way* back to the survival responses and the skills I employed as a child which worked back then to keep me safe. In other words, as an adult I was relying on the survival skills of a child. It never occurred to me that it would be an important and natural developmental step to adapt these old habitually learned responses to the age-appropriate skills of adulthood. Under the pressure and stress of the circumstances, all my patterns from childhood were exaggerated and the wounds of that young child were governing my life.

As attachment theory indicates, humans use our attachment systems in times of distress and I turned to my disorganized system, which was to isolate myself, become hypervigilant, be invisible, hide, busy myself, continue performing tasks as though nothing was wrong, push my feelings down and away, become hyper independent so I didn't have to rely on anyone, and show a brave face so as not to inconvenience others.

When I turned to others for understanding and kindness in my distress, I was devastated when a similar rejection occurred. It was as though the exact pain I experienced as a child was being relived; the times that I was too much, that my feelings were not appropriate, that I was not accepted and treated with kindness in my despair were compounding my anxiety. I began to develop panic attacks.

In times of compounded distress, I was unable to keep a level head, or to lean on others for the strength I needed. I had to resort back to my inner *foundations*, my own strengths and, in so doing, I also found my deep inner weaknesses. Like the foundation of a building, when I went to seek the deepest strength within me, I found huge cracks in my foundation which felt as though they were being held together with cardboard and glue.

I had no other choice, I would have to start rebuilding from the ground up. This took more effort than I had at the time, but I knew if I let the pain take over that I would be swallowed up by the trauma and to never return. I was afraid that the impacts of the compounded stress would harden me and cause my more loving, trusting Self to slowly disappear. I wanted to make sure that I did not lose access to my inner vitality and to my Self.

## 3.7. Limiting Beliefs

Of the most detrimental aspects of trauma work are the *limiting beliefs* which develop in conjunctions with survival adaptation. IBP calls the most vulnerable limiting belief systems 'the basic fault,' named after the deep fracture which causes the Earth's tectonic plates to shift. These are often the site of earthquakes; similarly, the 'basic fault' is a vulnerable fracture that can shake a person's foundations to the core. These can be best identified when thinking back on what it was that caused someone to go to the deepest, darkest and most painful places inside. These can be shrouded in pain and shame, leaving a person utterly devastated.

The *basic fault* takes the form of *limiting beliefs systems*, which are comprised of one or two core messages that people internalize and that impacts their daily actions and thoughts. In an IBP Master Class with B. Kitaen-Morse, she clarified another key insight from IBP which pertains to the nature of the Self: "All of the history we have, didn't injure us, didn't damage us, didn't make us worthless, it created belief systems and from those belief systems, habits" (personal communication, March 14, 2021). A common expression in IBP is that 'our histories are what happened to us; they are not who we are.'

Kitaen-Morse's hopeful perspective brings more understanding to please/appease and survival responses. In the exploration of please/appease, I found 'never enough' as a detrimental limiting belief that a person can inherit and play out in their life. As long as these limiting beliefs are left unaddressed, they will inform how a person sees themselves and the world from moment to moment. *Never enough* will be explored more in the following chapters. A key assumption in this study is that these belief systems turn to 'habits' of relating to Self and *other*—clouding connection and presence with life.

## 3.8. Completing the Cycle of Trauma

> *"[Trauma's] most bizarre symptoms can be resolved if we are willing to let our natural, biological instincts guide us. To accomplish this, we need to learn a whole new way of understanding and experiencing ourselves." (Levine, 1997, p. 42)*

Dr. Peter Levine, the founder of Somatic Experiencing Therapy, was one of the first to notice that, when the autonomic nervous system is unable to successfully complete the threat response, and the threat overwhelms the system, the response remains incomplete and continues to replay until resolved. In other words, a person gets stuck in the moment and in whichever stress response(s) was unsuccessful in allowing them to escape or resolve the event. The unresolved nature of the stress response is the onset of PTSD.

According to Levine's work, trauma is characterized by four components that show up to a certain degree in a person who has been traumatized: 1. Hyperarousal; 2. Constriction; 3. Dissociation; and 4. Freezing (immobility) which is associated with the feeling of helplessness. Levine (1997) adds, "Together, these components form the core of the traumatic reaction. They are the first to appear when a traumatic event occurs" (p. 132).

The successful completion often involves activating mobilizing responses in order to get some empowerment back and move out of the freeze response. Levine describes how this occurs. It begins when the active (fight or flight) responses are not available to escape danger and the individual instinctively adopts the freeze response.

The energy that would have been discharged by executing the active 'fight or flight' strategies is amplified and bound up in the nervous system. In this emotional and anxious state, the now-frustrated fight response erupts into rage; the frustrated flight response gives way to helplessness. The individual who has moved into the stage characterized by rage or helplessness still has the potential to move abruptly back into a frantic flight response or a raging counterattack. If the organism is able to discharge the energy by fleeing or defending itself and thus resolve the threat, trauma will not occur (Levine, 1997, p. 99).

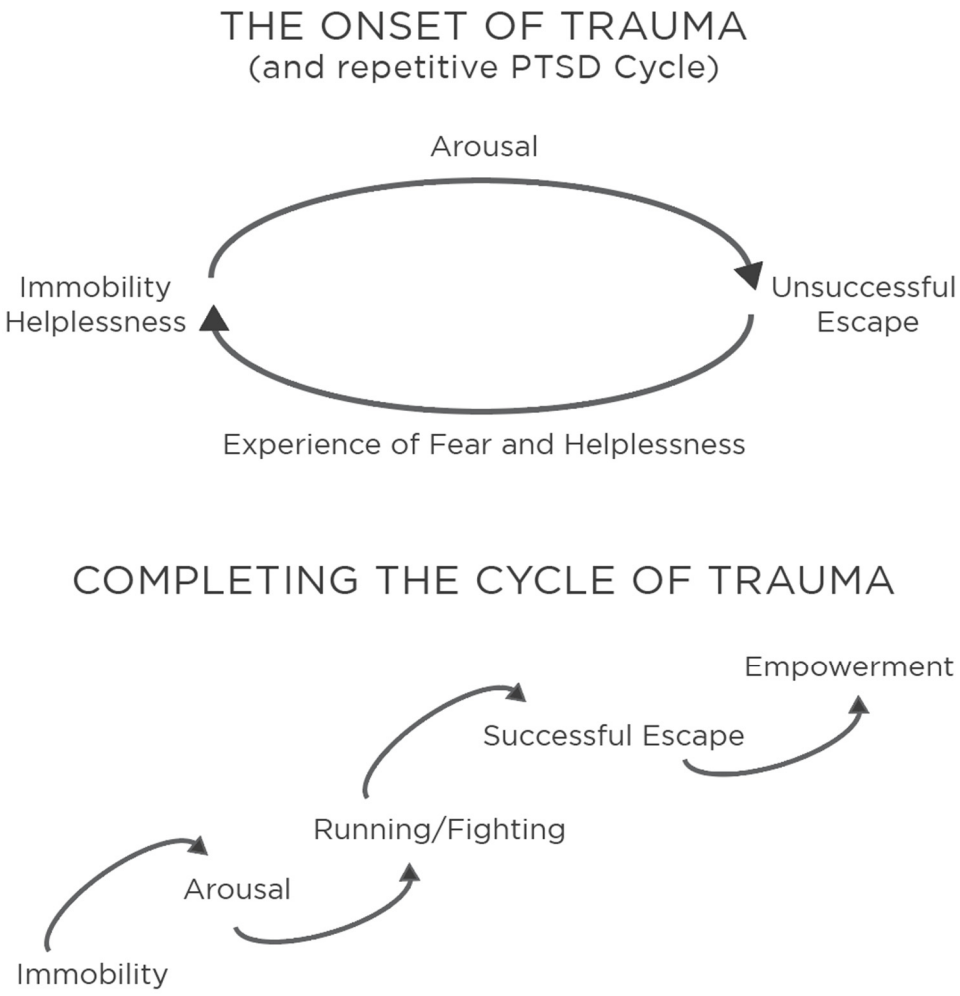


**Figure 3.4. The Biology of Transformation: Completing the Cycle of Trauma**
In this diagram Levine shows created to illustrate one of his client's experiences. It illustrates clearly how trauma becomes a closed cycle, *and* it can be resolved through the successful completion of the escape from the traumatic event. When this does not occur, the person falls into helplessness becoming susceptible to trauma. Diagram and concept is based on Peter Levine's (1997) The Biology of Nancy's Transformation from *Waking the Tiger*.

## 3.9. Conclusion

To recap this chapter, I explained some of the advancements in understanding the autonomic nervous system (ANS) through the polyvagal theory. In particular, the discovery of the third branch of the ANS, the social engagement system, helps shed light on please/appease. I also highlighted in what ways please/appease is not being represented in the polyvagal theory and highlight where the interdisciplinary literature and attachment science may help to explain this gap in the theory. As a result, I had to broaden the scope of survival responses from fight-flight-or-freeze to be more inclusive

of the array of responses that are accessed under duress; I categorized these as *active* and *passive* responses.

I examined the evolution of caregiving in order to identify where please/appease may have originated for humans. In this exploration, attachment is a primary response in early development. The child reaches for a caregiver to protect them because they do not yet have the strength or developmental capacity to protect themselves. This early relationship is crucial to the wellbeing of the child insofar as the child is indisputably dependent on the caregiver for most of their needs in these early years. When crucial developmental needs go unmet it causes issues for the child.

Attachment science shows many of the symptoms and characteristics of please/appease survival response within the anxious and disorganized adaptations. These attachment adaptations are indeed strategies to survive and appear to function as adaptive survival responses to *dysregulating* or *maladaptive* interpersonal encounters. For the sake of clarity, it is important to explicitly identify these attachment adaptions as *interpersonal* survival responses.

Levine's diagram illustrating the cyclical nature of trauma and the biological transformation which can occur as trauma is resolved. It also illustrates how a survival response without successful escape or execution can become traumatic and cause the looping patterns that are so common to PTSD and complex-PTSD. His diagram also helps to contextualize the symptoms and characteristics of please/appease and how the impacts of please/appease can develop into complex-PTSD, thus indicating its traumatic nature. Attachment science shows that when a person becomes repetitively dysregulated as a result of human interaction, they resort to their earliest strategies or attachment adaptations. Therefore, I see that Levine's diagram can be adapted to specifically address these 'attachment' adaptations. I conclude this chapter by drawing a connection between the gap found in the polyvagal theory with the attachment adaptations or what I think could more accurately be called 'survival responses.' This highlights that the evolutionary origins of please/appease are housed in early human caregiving and attachment. This helps to clarify where, on the evolutionary timeline, please/appease may have emerged and how it factors into the current understanding of survival responses.

# Chapter 4.

# Early Developmental Origins of Please/Appease

> *"Some things must be dealt with at the roots. Trauma is one of these things" (Levine, 1997, p. 186).*

A complex survival response such as please/appease requires further consideration of its developmental roots or origins. These developmental origins will be treated in depth in this chapter. Although the term *please/appease survival response* has only *just* secured the title as a legitimate survival response, there is *no lack* of documentation on this pervasive phenomenon. However, the characteristics and dynamics of this response are well recognized and documented by researchers, clinicians, and theorists using *various* designations, terms, depictions and constructs. Jurkovic (2014) identifies this same issue in his research on parentification saying, "[o]ur literature search uncovered a multiplicity of interrelated constructs" (p. 3).

Many of the interdisciplinary sources premise that pleasing and appeasing others at the expense of one's sense of Self is an adaptive response created out of necessity to mitigate stress or threat—thereby indicating that it is a survival response. This helps to contextualize the symptoms which so closely resemble complex-PTSD. With this understanding, I began to gravitate toward trauma-informed research where I started to uncover the mystery of this multivalent and multifaceted construct which has individual, interpersonal, transferable, existential and ethical components (Jurkovic, 2014, p. xiii).

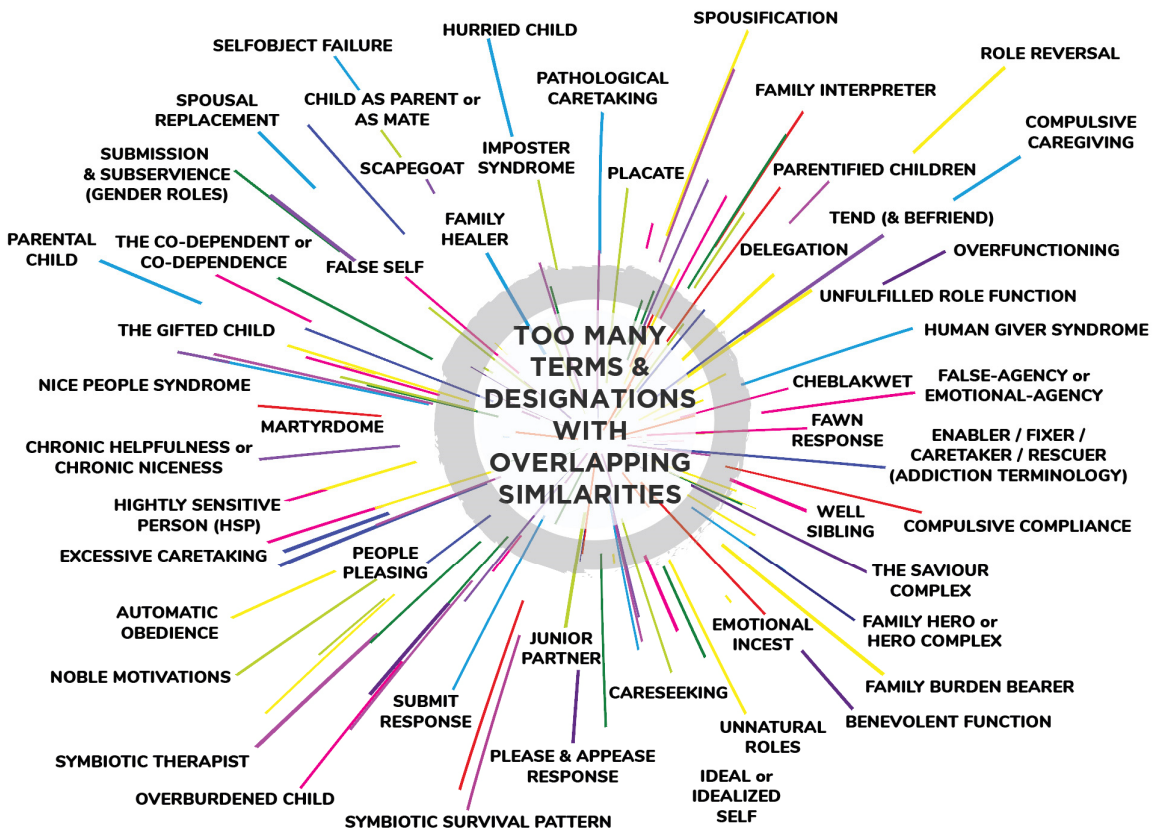


**Figure 4.1. Too Many Designations, Terms and Constructs**
These are the various designations, terms and constructs I identified which bear close resemblance to the please/appease survival response and point to its adaptive nature.

This first section of chapter 4—the 'Age of Impact'—explores early developmental theories in context with my own lived experiences. This approach informed a critical unfolding story of the *origins* of please/appease. I also explore my chosen definition of the Self, and how foundational the psychosomatic developmental stages are to a healthy and whole sense of Self. In the second section 'The Origins of Please/Appease,' I consolidate the insights from the following section into nine key formative experiences which were identified as signaling the onset of please/appease.

## 4.1. Age of Impact

Nearly every theory, concept and researcher I sourced agreed that please/appease most commonly stems from early development. Far fewer sources discussed

please/appease stemming from mid-late childhood, but there is clear evidence that this does occur.

### 4.1.1. Development in Early Childhood

Reiterated by many theorists *and* reflected in my own personal experience is that the development of the please/appease response happens in early childhood, infancy and possibly even in utero. Below are multiple theories and accounts linking the development of the please/appease response to early childhood.

Donald Winnicott addresses the early onset of pleasing and appeasing, or what he calls 'the birth of compliance' which is formed from an early age by accommodating the needs of others (Kahn, 1986, p. 314). In Winnicott's examination of the early life of his clients he found that the parental needs can be so pathological that the child's needs to take a back seat and adapt to ensure their survival in the environment. This adaptation of who they are can become a life pattern (Kahn, 1986, p. 314) and deeply "interfere with the psychosocial development and identity formation" (Kahn, 1986, p. 310) of the child.

Karen Horney was one of Winnicott's contemporaries who impacted his thinking. She wrote that a child growing up with adverse influences may not have permission to develop according to their own needs as a result of primary caregivers who were too preoccupied with their own 'neuroses' to love them or treat them as individuals (Smith, 2007, p. 63). In other words, the caregiver is unavailable for the level of attunement that allows the child to develop a clear sense of Self.

Rosenberg and Kitaen-Morse (1996) explain how false-agency develops in early childhood, and how it originates from a state of fear.

> But, if a child comes to believe [their] survival depends on [their] ability to attend to the parent, self-agency psychologically takes a back seat […] Taking on responsibility for the life, actions, and well-being of others establishes a lifetime pattern of core self-abandonment. […] These children fear that if they can't fix their parents they will not be cared for and will die. In hopes of finding their inner feelings of self, stability, and worth they mistakenly try to fix others to attain self-validation, rather than turning inward to their own core body voice (p.37).

It is important to note that for young children who cannot get their needs for love and acceptance met, this can *feel like* life-or-death for the child. Adapting who they are to fit their parents' needs is not a choice so much as is a necessity for their survival.

Alice Miller, a famous Polish psychologist and author, formed a hypothesis in working with her clients about what she called the 'gifted children' who "were raised by parents whose emotional needs were greater than their ability to attune to their children" (Cozolino, 2017, p. 353). Bradshaw (1992) discusses how the unresolved wounds of the caregiver and unmet needs can hinder their ability to meet the needs of their own children (p. 34). He goes on to say that the carer's wounded inner child can feel resentful and angry at the child's neediness "…or will try to get their own needs met by making their child an extension of themselves" (Bradshaw, 1992, p. 34).

Pete Walker uses the term the 'fawn response' and the 4F's to describe his theory of fight, flight, freeze and fawn. Walker is one of the few, in a growing school of thought, who classifies the please/appease response, or what he calls the *fawn response,* as a major survival response. He also claims that "the disenfranchisement of the fawn type begins in childhood. [The child] learns early that a modicum of safety and detachment can be gained by becoming a helpful and compliant servant of her exploitative parents"(Walker, 2013, p. 122).

Walker (2013) explains that he chose the word *fawn* to capture the pathetic and groveling nature of this survival response. Although he captures this quality of humiliation which is prevalent in the response, I personally find this association very disempowering and shameful. This term does not encompass many other qualities with which it is also characterized. I also find some of his wording extreme, such as being a *servant* to *exploitative* parents. While I disagree with his general caregiver-shaming language, it is true that *some* parents do exploit their children. Many caregivers, however, humiliate and shame their children without awareness of the power imbalances that can occur between caregiver and child—where the caregiver wields as much power as they like over this small child. But I do find Walker's interpretation helped me to recognize the feelings of powerlessness, shame, humiliation and defeat that were provoked in me as a young child. I began to question this early power-imbalance and how it was still

impacting my life today, and I wondered whether I wanted them to do so any longer. I do, however, agree with Walker when he talks about being compliant in exchange for a modicum of safety or moments of stability. This points to the nature of *fawn* or please/appease as a survival response.

Even at six years old I could feel myself offering to help, agree, or please in order to avoid an argument or foul moods. I remember the sense of stiff obligation and urgency when setting the table for dinner. I could feel a burning question in me, "Am I doing this because I want to, or because I feel that I have to?" A part of me was *motivated* to help my mother from a place of care, support and love. Often this pure *desire* was weighed down by stress and urgency because we were also preparing the house for my father's return from work, and we did not want to give him reason to be critical or provoke a fight. I often performed tasks because it was easier to avoid an argument with my parents, even if I still felt myself lacking internal volition. If I did what they asked, or correctly anticipated their needs, was it out of love and a desire to help? According to this study, love was not the motivating factor, fear was. Now I can see that I preferred the moments of stability that compliancy afforded me over the unpredictable nature that came with my fight for autonomy and freedom from the obligation. This was a choice *I* made, but it was made specifically to ease the stress in our home.

Roland Bal (2016) is one of the few people who has published specifically on the *please* response itself. His quote clearly reflects my own experience: "The "choice" to please and adapt to her mom's needs and "forget" her own, is not done on a fully conscious level. It is a choice forged out of the best possible survival option to deal with what is at hand. It is made out of absolute necessity" (p. 51). The right to have choice is key to trauma recovery. This important insight will be explored further in the following chapters.

Lisa M. Hooper, a prominent *parentification* researcher, said in an interview that some of the "behaviors start out in childhood, and become exacerbated in adulthood" (Lamothe, 2017). *Destructive parentification* is considered to be a form of *emotional abuse* or *neglect* where a child takes on the role as caregiver of their sibling or parent, instead of the other way around (Lamothe, 2017). Another account by Jurkovic (2014)

shows this role as caregiver disrupts the child's development, "[m]oreover, disruptions in their negotiation of early stage-salient tasks (e.g., formation of a secure attachment to a primary caregiver, exploration of the environment) because of excessive demands to accommodate to parental figures affect their mastery of subsequent tasks" (p. 10). These accounts all show the critical role that the *caregiver* plays in the formation and exacerbation of please/appease.

B. Kitaen-Morse (personal communication, June 8, 2021) spoke on the formation of what she calls 'false-agency,' the experience is through the sensory system or 'felt sense.' When false-agency begins early in life, the effects can become normalized. False-agency can become deeply ingrained and internalized as a result. She also discussed how false-agency is passed down through generations and as early as in utero.

I want to briefly touch on two very important developmental factors which take into consideration how children make sense of the world while their brains are in development: omnipotent thinking and internalization. The research herein points to how these two factors can manifest as a form of developmental arrest that can well become problematic later in life, showing up in how please/appease manifests. I believe that these will help to inform recovery in adulthood.

### 4.1.2. Omnipotent Thinking

Omnipotent thinking can be seen in how a child is unable to distinguish between their imagination and what adults perceive as reality. Omnipotent thinking is commonly seen in parentification, where the child believes they are all-powerful and can save and fix others. It has also been called *the savior complex* or the role of *family hero*. A child's abilities are as boundless as their imaginations. They believe that they can do anything, for example 'fix others.' This is a beautiful quality, which allows children to be children. However Rosenberg & Kitaen-Morse (1996) describe the consequences to this kind of boundless imagination when it pertains to please/appease:

> As [a false-] agent, a young child takes on an impossible task trying to make a parent feel fulfilled, happy, stable, and content. This is not something any person can provide for another, much less a child for a parent. Therefore, the child is doomed to have nothing more than temporary victories. Even the

> small victories are a lie that just perpetuates the [false-] agency stance. The parent's momentary "fixes" can cause the child to feel omnipotent, but because it never lasts for long, the child ultimately feels bad about himself or herself. They feel they have done something wrong, failed at this job that is so vital to their survival and well-being. (p. 37)

This quote reflects the motivation to help or fix their caregivers, yet discouragement comes when they realize that this 'fix' is only temporary. If the caregiver is fulfilled, stable, and content, this means they will be safer and happier. For this, the child will trade their sense of Self and their own developmental needs for what they believe will ensure more stability and safety.

Magical or omnipotent thinking is not based in the reality of a fully formed neo-cortex. Due to this underdeveloped aspect of the child, magical and omnipotent thinking can become problematic later in life. If a child's key developmental stages (which I will explore in more detail below) have been arrested, then the adult does not learn the difference between what is and is not real; they remain stuck in the magical thinking of a child's mind.

### 4.1.3. Internalization

Another important factor which determines the extreme nature of the please/appease response on a spectrum from severe to mild is whether a child internalizes the caregiving role as an organized part of their identity. On the extreme end of the spectrum, an individual would *fully* identify with the role of pleasing and appeasing the parent (Jurkovic, 2014, p. 10). Someone on the milder end of the spectrum might experience the tasks as external demands and expectations as functional and necessary (Jurkovic, 2014, p. 10). These are two very different experiences of growing up somewhere on the please/appease spectrum.

### 4.1.4. Emerging Later in Life

There is also evidence to support the development of please/appease later in life, particularly in later childhood and adolescence. B. Kitaen-Morse (personal communication, October 12, 2021) spoke on how some people develop false-agency later

in life from a crisis in the family, say, if the child is separated from their family, or a caregiver is sick in the hospital, or if a primary caregiver dies.

Jurkovic (2014) wrote that the patterns of parentification are not always present in infancy or early childhood but can develop as the child grows older and is capable of taking on more motor and verbal skills. Jurkovic (2014) goes on to explain that:

> [t]he earlier and the more age inappropriate the caretaking task, the more destructive the consequences for the child. Young children simply do not have as many internal or external resources to cope with caretaking demands as do their older counterparts, especially those in adolescence. (p. 10).

Age can determine whether a child can even perform some of the more physical tasks of taking care of another child or cooking dinner. B. Kitaen-Morse (personal communication, October 12, 2021) discussed how the children who develop please/appease patterns later in life tend to find it much easier to recover. The child does not experience the same impacts of deep internalization or a fusing with the child's identity. If please/appease develops later in the child's life, in adolescence or even adulthood, as has been seen in wars and hostage situations, the *internalization* and *omnipotent thinking* may *not* be influencing factors in the recovery process.

## 4.2. The Whole *Self*: Core *Self*

As is already indicated above, a lack of identity formation or loss of Self is commonly documented in please/appease. Therefore 'self' needs to be defined, as well as differentiated, because of the countless popular notions of 'self-concept.' For these purposes, Self is being capitalized as a proper noun to differentiate this core Self from common definitions of self. Many cultures, belief systems and religions around the world express a similar concept of Self. The Self has been called or been connected to 'life force,' 'vital core,' 'essence', 'spirit,' 'soul,' 'core Self,' 'authentic self,' 'prana,' 'chi,' 'Buddha nature,' 'vital force,' or 'I AM.' I draw from two psychotherapy models to frame the definition of Self which I use in this research. I draw from Integrative Body Psychotherapist (IBP) and Internal Family Systems (IFS), because these two models offer me the clearest framework in my research.

In IBP, the Self is experienced as a sense of well-being, continuity and identity that is felt in the body as a balanced and integrated *state of being*. IBP works with the principle of the whole person, which assumes "that body, mind, and spirit are experientially inseparable aspects of being. […] At the center of it all lies the essence of Self, the human spirit" (Rand & Fewster, 2015). This sense of Self is viewed as wholeness, the connection of these elements within, as opposed to a fragmented sense within.

Similarly, in IFS 'Self-energy' is the core or essence of one's being. It is energizing, embodied, relational, openhearted, spacious, joyful and peaceful (Minor, 2017). Richard Schwartz, the founder of IFS, identified eight common qualities of 'Self energy': curiosity, calmness, clarity, connectedness, confidence, courage, creativity and compassion (Anderson et al., 2017, p. 3).

However some cultural perspectives hold that the person/self is born damaged or flawed and therefore is in deficit from day one. This deficit breeds dependency on external resources, definitions and ideals to find identity. Both IBP and IFS practitioners agree that every person is born with an intrinsically whole Self, and that this sense of Self remains completely intact at the core of the person throughout their lifetime. They also agree that the Self remains unharmed and unscathed by traumatic experience.

Unfortunately this was not a perspective that I gained from my early conditioning; what *I learned* from 'original sin,' is that humans, women in particular, are born fundamentally weak and flawed and have to spend a lifetime making up for these inherited internal deficiencies. Drawing from the therapeutic IBP and IFS models of Self*,* I have had the opportunity to question and reframe my own self-concept to ask some important questions: What if there is nothing fundamentally wrong with me? What if there is nothing to forgive, fix or pay forward? If this is the case, I would have a clean slate, no 'lack' to make up for, nothing to struggle or strive for or fail at *every day*.

An understanding of a whole and unflawed Self is echoed in B. Kitaen-Morse's (personal communication, September 25, 2021) explanation of IBP's concept of the Self. She describes two distinct states: the first is called the Self or *natural state,* which is a state of overall balance and wellbeing in the body. The second is a *defense* or *survival*

*state*. In this state, people are problem-oriented, more cerebral, distracted, cut off from body sensations and feelings, with less connection to Self and other.

When people become stressed, they may default to a familiar stress response which houses an old defense system. According to B. Kitaen-Morse this causes a disconnection from the Self and its "transmission of internal authentic healthy cues" (personal communication, September 12, 2020). She calls this disconnected state the *survival or defense state* and describes it as an emotional part of a person that is influenced by past injury. B. Kitaen-Morse goes on to explain that,

> In the survival state, […] there is no way to solve a problem or return to a balanced state when trying to do it from the place of survival. It must be done by consciously returning to the Self, the core of wellbeing in the body, because this is an effective solution-oriented state. It is like trying to fix something that is not broken. (personal communication, Sept 12, 2020)

In other words, a person's history is what happened to them, not who they are. The core belief that this Self is not broken or damaged is a very positive and solution-oriented starting point. B. Kitaen-Morse further explains the distinct states, "The embodied state is natural and integrated—we have natural capacities like connection, clarity and love that are interrupted by the shut down, space out distraction of defense and stress" (personal communication, October 11, 2022).

In an IBP Master Class with B. Kitaen-Morse, she clarified another key insight from IBP which pertains to the nature of the Self: "All of the history we have, didn't injure us, didn't damage us, didn't make us worthless, it created belief systems and from those belief systems, habits" (personal communication, March 14, 2021). This perspective is at the core of the concepts I am exploring throughout this thesis. These belief systems turn to 'habits' or, as I call them *adaptations* or *survival responses.* They are ingrained messages inside the person, such as 'not good enough' which can wreak havoc within a person's life. From these false-beliefs, default protective/defensive responses are formed as a way of walking through the world to stay safe.

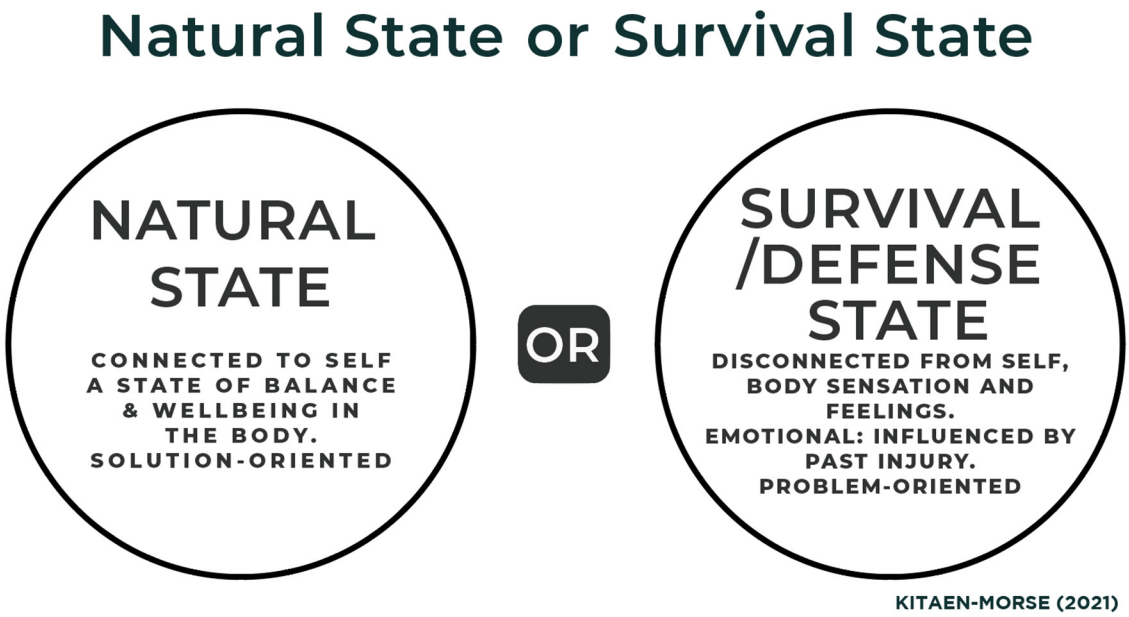


**Figure 4.2. Natural State or Survival/Defense State**
According to B. Kitaen-Morse, co-developer of Integrative Body Psychotherapy (IBP), there are two distinct states: the 'natural state' is one of regulation where the core Self is connected and present; and the 'survival or defense state' which is more emotional and influenced by past injury. Diagram is based on the original concept of the theory of the Survival State and Natural State by Beverly Kitaen-Morse (personal communication, Sept 12, 2020).

## 4.3. Early Developmental Stages

Erik Erikson was a developmental psychologist and psychoanalyst who designed a comprehensive map of the *psychosocial* development of humans from early life onward. He asserts that the Self develops in a predetermined order through eight stages of psychosocial development which build on each other, from infancy to adulthood. The term *psychosocial* refers to how a person's individual psychological/ego needs potentially conflict with the needs or demands of the caregiver, community or society (Erikson & Erikson, 1997, p. 15). Erikson asserted that there is *one* psychosocial crisis for each stage, which directly correlates with the conflict between individual needs and the needs of others. The child develops the strength of character to live a healthy and confident life buy resolving the crisis.

Erikson's theory sheds light on how the *needs* of the caregivers and society as a whole can interfere with the psychological development of the child. Erikson's

model has shown to be of critical importance to understanding the early impacts of developmental interruptions and in understanding please/appease.

Erikson illustrates that the four earliest developmental phases are naturally codependent in an infant and child's earliest stages of development (which he also called healthy dependency needs). Bradshaw (1992) paraphrases Erikson's theory as consisting of four major developmental stages: boundaryless dependence, counter-dependence, independence and finally interdependence (p. 58).

Each step of a person's development is critical in the formation of a healthy sense of Self. Bradshaw (1992) explains that "[i]f the child's needs are not met at the proper time and in the proper sequence, he moves on without the resources necessary to meet the tasks of the next stage" (p. 34). According to Erikson, if a child misses the age-appropriate developmental need then the child's ascent through the developmental steps will weaken and the child "will be arrested at that stage of development" (Bradshaw, 1992, p. 19). Additionally, children require guidance in order to master each stage of development. This means that without help from a caregiver of any kind, the child will not have the support required to master the critical stages of their development.

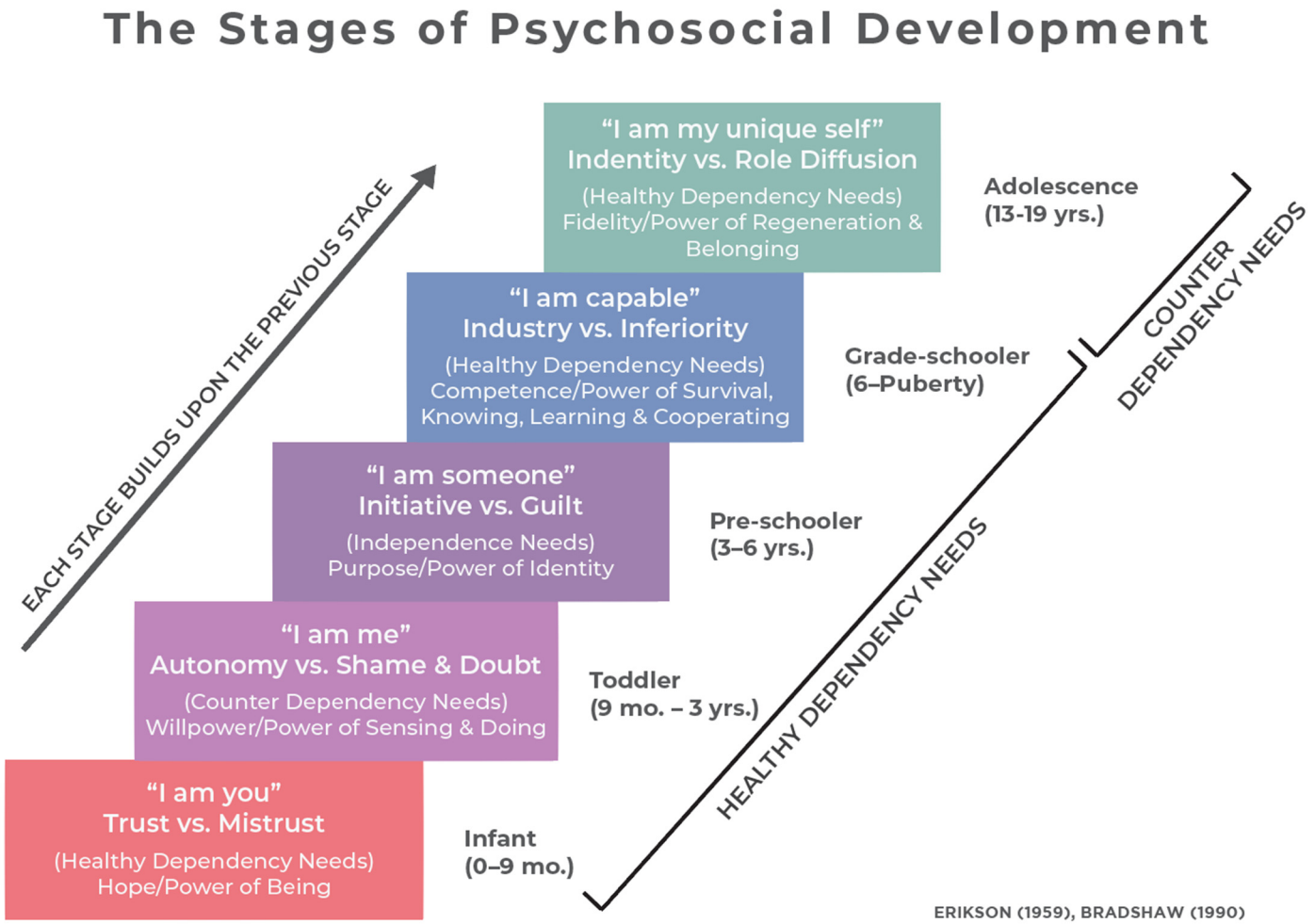


**Figure 4.3. Five Early Stages of Erikson's Psychosocial Developmental Theory**
The first five stages of Erikson's Developmental Theory help to inform the early onset of the please/appease response and its symptomology. Credit Erik Erikson (1997) and John Bradshaw (1992).

### 4.3.1. Infancy Stage: Dependence & Trust

In adulthood, Codependence has a negative and even shameful association in adulthood. But infants and young children have little choice because they are naturally dependent. Again, Erikson calls this healthy dependency. Their survival is dependent on the care and nurturance of others. Bradshaw (1992) points out the helplessness of a child when he writes, "We had no say about the beginning of our lives; we were completely dependent on our caretakers for survival. Our needs were dependency needs — that is, they could be met only by our caregivers" (p. 59). Bradshaw's explanation only further supports the understanding that infants are dependent and therefore attachment to a caregiver is a primary means of survival.

In the infancy stage, the first developmental task is to create basic trust with the caregivers. If the caregivers are trustworthy, the child will gain a sense of hope. (Bradshaw, 1992, pp. 12–13). Bradshaw (1992) goes on to say that infants have the interpersonal, intersubjective and intercorporeal (relationship with one's own body) understanding that they are connected to the caregiver: "I am you." Infants have no formed identity but only presence, receptivity and being from moment to moment (p. 12-13).

Ideally a primary caregiver will communicate the message that 'I will take care of you, you won't have to take care of me.' If this does not occur, our earliest developmental needs are left unmet, often leaving a longing into adulthood, reflecting the stage of development when the interruption occurred. This can become problematic as an adult and, according to Bradshaw (1992), is the basis of codependency:

> Children are dependent and needy by nature, not by choice. Unlike an adult, a child cannot meet his needs through his own resources, so he must depend on others to fill these needs. Unfortunately, this dependence on others is the child's greatest vulnerability. The child doesn't even know what he needs or what he feels. For better or for worse, his life is shaped from the beginning by the ability of his primary caretakers to know and to meet his needs at each stage of development" (p. 34).

Donald Winnicott was a British pediatrician and psychoanalyst whose concept of the 'good-enough' mother (Winnicott, 1960, p. 591) or caregiver has become readily adopted by the clinician community and parents alike. It allows for realistic expectations

of primary caregivers and dispels the myth of a perfect caregiver. The *good enough* caregiver forms a trust with the child which allows the child to form an early bond with the caregiver and fashion a sense of identity—all built on the notion that the child is *all right*. According to Winnicott, without this early trust bond, the child develops a distortion of their sense of Self (Kahn, 1986, p. 311).

### 4.3.2. Toddler Stage—Counter-Dependency: Exploration, Individuation & Differentiation

In the early toddler stage, the child begins to explore and test their own boundaries, realizing that they are their own person. The toddler seems to ask: *'If I step away from my caregiver, will they still be there for me? Will I be safe?'* It begins to occur to the child that they are not an extension of their caregivers but are their own person and thus they desire to individuate from their caregiver(s). Winnicott perfectly encompasses this developmental stage with the concept of the 'good enough parent,' encouraging the healthy separation from the caregiver in gentle stages with the certainty that the caregiver will return. "If the mother cannot allow the child to separate, or the child lacks the pleasure or confidence in these developing abilities, separation individuation will be compromised, stunting the child's development towards autonomy (Kahn, 1986, p. 311). Here Winnicott confirms Erikson's stages of development and shows how the child can become arrested if this psychosocial developmental need is not met.

The stage where a child develops a sense of boundary, gains their own willpower, a sense of power that they are a person in their own right, is about individuation and safety. During this individuation stage, also called a psychological birth (Bradshaw, 1992, p. 108), the child learns about their own boundaries—what is ok and what is not. Sadly, this stage of development is often negatively identified as 'the terrible twos.' If this sense of autonomy is not successfully gained, the child feels *shame* and *doubt* instead. When children lose the ability to know what is right and wrong, they can find themselves lost in doubt and unable to make healthy choices or be able to protect themselves in the future. Cozolino (2017), explains that adults who did not properly individuate at a key time in early development struggle with unclear boundaries (p. 43)

I was not taught to individuate from my parents, but I was certainly taught to be independent—though unfortunately these are not the same. In our home, my parent's needs and boundaries were of more value than my own. Some of my *needs* and boundaries were not respected and, as a result, I struggled to respect my own boundaries and say *no.* For example, I often still take on more work than I can handle. Most of the time, I take on more and more - no matter how much it is beyond my limit—no matter the cost to my personal life and to my loved ones. Partly I do this with a blind and hopeful optimism. But underneath the hopeful optimism, I am actually disconnected from my own needs *in a practical way* where I know my limits and can keep a healthy and balanced lifestyle. I see this as a developmental stage that I missed—individuation as a real-life skill that I did not learn and now have to teach myself.

Bowen, the founder of Family Systems theory, says that the family is where the child learns emotional regulation and to be able to differentiate from the other family members. Differentiation is defined as "the development of autonomy—a recognition of the balance between the needs of self and others" (Cozolino, 2017, p. 43)—despite the natural desire to belong and the need for approval of the family system (Titelman, 2015, p. xv). When the person does not develop a sense of Self through the natural process of differentiation, and is less able to regulate, they are more prone to dissociative, codependent and primitive behavior in their relationships with others (Bowen, 2007, p. 72). This is an interesting correlation with the 'codependent' tendencies associated with please/appease.

In Bowen's codependent model of the dysfunctional family, the more *interdependent* the system, the less differentiation of Self is available to each family member. In other words, the codependent model can severely halt the development of Self in early stages because of its interdependent or codependent nature, where every person plays a role in support of the dysfunctional system. Science is now confirming that the less developed one's sense of Self is, the more susceptible that person is to the influence of others, societal pressures, and groupthink. Conversely, someone who has a strong sense of Self is less susceptible to being influenced by others.

Erikson's stages of development are critical for a child's psychosocial development, in particular the toddler stage, since it is crucial for a child to develop an autonomous Self with boundaries. I believe that these two early stages are key to understanding where many early developmental issues surface in regard to the development of please/appease.

## 4.4. The Origins of Please/Appease

Although early and later development can differ in impact and complexity of please/appease, there were key formative experiences regardless of the age of impact. I have generated a list of nine key originating factors of please/appease:

1) Core Missattunement: Role Reversal of the Caretaking Role
2) Lack of Consent: Overriding Boundaries
3) Conditionality & Rejection
4) Threat of Abandonment, Emotional Neglect or Low Nurturance
5) Impossible Expectations, Perfectionism & Idealism
6) Shame & Guilt
7) Crisis for Control
8) Objectification & Power Imbalance
9) Socialization: Unhealthy Social Expectation & Cultural Norms

### 4.4.1. Core Misattunement: Reversal of the Caretaking Role

A major factor in the origin of please/appease is lack of attunement and repair. As discussed in attachment theory, there can be devastating impacts as a result of misattunements between the carer and child. In the individuation stage, children begin to separate themselves from their caregivers and learn proper boundaries. Ideally a child will freely receive the message, *'You don't have to take care of me, I'll take care of you.'* in order to learn healthy separation and boundaries. But when a child looks into their

caregiver's eyes, and instead of seeing a reflection of themselves, they see their caregivers' wounded self, the child will mold themselves to their caregivers' *psychic* needs (Cozolino, 2017, p. 355). The unmet needs of the primary caregiver are (often unconsciously) communicated to the child, and a reversal of the dependency role between the primary caregiver and their children occurs (Jurkovic, 2014, p. 213). Bradshaw (1992) expresses the adaptive or *un-natural* nature of this role reversal process, "Parents need to give their children time, attention, and direction, not use them to fill their own need. […] Such behavior reverses the order of nature" (Bradshaw, 1992, p. 42). In this case, the caregiver is unable to see the child for who they actually are because of their own (unmet) needs and wants. As a result, a parent's unresolved trauma can make it difficult to attune to their child, which can deeply impact the interpersonal bond between a child and their caregiver. In this way, it can also be said that intergenerational influences cause misattunement when unresolved family trauma is passed down through the generations. Those with anxious and disorganized attachment, pathological caretakers, the false-agent, the codependent, the gifted child, and parentified children—all suffer from early misattunement.

According to Winnicott, a carer who is not 'good-enough' lacks the necessary attunement. They inadvertently disconfirm the infant because the caregiver instead "substitutes her own gesture with which the infant is to comply. This compliance on the part of the infant is the earliest stage of the creation of the False Self and occurs because the mother is unable to sense her infant's needs" (Kahn, 1986, p. 313). Fewster (2010) also highlights this predicament:

> In this critical reversal of the natural sequence, the roles of mother and child may undergo an inversion through which the child is coerced into becoming the consistent, caring and loving regulatory presence, attending to the needs of the mother. In this way the fledgling Self is stripped of its own volition and drawn into the service of the caring other (p.205).

Both testaments are poignant, illustrating the powerful impact the caregiver has in confirming or disconfirming the child. When the child is disconfirmed by a consistent lack of attunement Winnicott the child learns to comply or, as Fewster shows, they give up their own of volition.

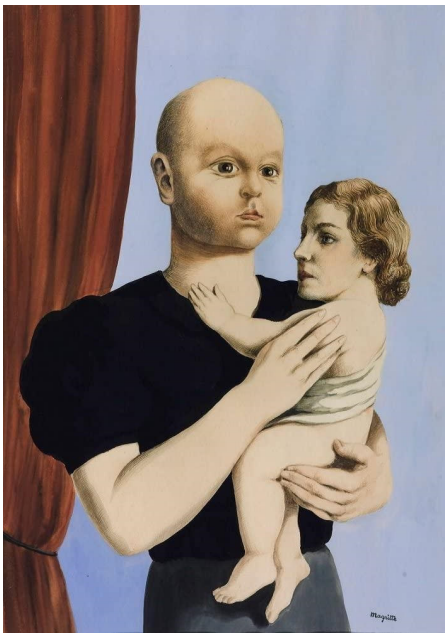

**Figure 4.4.** ***The Spirit of Geometry by*** **René Magritte**
Retrieved from https://www.tate.org.uk/art/artworks/magritte-the-spirit-of-geometry-t00892

This concept is illustrated (above) in a painting by René Magritte named *The Spirit of Geometry*. He depicted this role reversal with a mother holding her child, only their heads are reversed. Magritte grew up in Belgium during the late 1800s with a mother who was deeply depressed and suicidal. At night his mother was locked in her room for her own protection, but often Magritte would stay there to keep her company. He was unable to help her when she snuck out one night and drowned herself (Cozolino, 2017, p. 357).

This painting is a perfect example of the early formation and impacts of please/appease which can be best understood viewing this through the profound impacts of misattunement as seen in attachment theory. When the mother looks at the child she sees herself and, by proxy, puts the child in the role of the parent. Corolino (2017) interprets the painting, saying: "This painting suggests that the young Magritte looked into his mother's eyes and found fatigue, depression, and emptiness. In her eyes he read, "You be the mommy—I'll be the baby," and he complied" (p. 358). Like René Magritte, I also experienced this role-reversal growing up. My mother looked to me for stability and understanding when she and my father were at odds. This left me feeling unsafe

because I had to be extra-strong for my mother when she was afraid, and I felt responsible for the *success* of their relationship.

Many of the interdisciplinary sources I drew upon contended that the 'act' of role-reversal is done maliciously, consciously or with mal-intent. Sometimes this is the case, however my primary caregivers did not do this consciously or maliciously. In fact, the role-reversal between caretaker and child is often unconscious. A caregiver could be struggling financially which makes them less available for their child's needs, or they could be suffering from unresolved sexual-abuse and this clouds their ability to be present for their child. But whatever the precipitating factors, there are an overwhelming number of sources which indicate that role reversal can "leave deep emotional scars well into adulthood [such as] severe anxiety, depression, and psychological distress" (Lamothe, 2017). This research indicates how role-reversal is synonymous with please/appease.

### 4.4.2. Lack of Consent: Overriding Boundaries

> *"Any trauma that happens to you at a young age will impact your capacity to set healthy boundaries, and your ability to open up and be vulnerable." (Bal, 2016, p. 55).*

The best way to truly protect a child is to make sure they have a sense of healthy boundaries. Humans have what is called a *kinesphere* (in movement education circles) or *peri-personal space* which "immediately surrounds the body and can be represented in the brain as a multisensory and sensorimotor interface mediating physical and social interactions between body and environment" (Orioli et al., 2019, p. 1). What this means is that there is a sensory system which is more energetic than functioning in strictly physical ways between the body and the outer environment.

The lack of healthy boundaries often indicates that the person is more susceptible to future exploitation, abuse and/or neglect and has to learn to protect themselves by forming defenses. Walker (2013) says, "Boundaries of every kind are surrendered to mollify her parents, who repudiate their duty of caring for her" (p. 131). Here Walker addresses the challenge that *fawn types* encounter in having to give up personal

boundaries, which is to say, having others encroach into their kinespheres, to accommodate otherwise preoccupied caregivers.

When a child's boundaries are not respected, and they have no room to cultivate an energetic connection with the world, their dignity, autonomy, their right to say 'no' are compromised. The child comes to have a thwarted sense of Self, a lack of assertion and choice. One experience which exemplifies how a boundary can be crossed in early development is a memory my mother shared with me recently. She explained that when I was 3 years old we went on a road trip to visit my grandmother. I did not want to be buckled into my car seat. I protested, screamed, and yelled "No!" over and over until my mother had to pull the car over to get me to calm down. When she unbuckled me I calmed down, but when she sat me down and tried to buckle me back in, I began to scream again, this time in defiance "You're not the boss of me!" She grabbed me by the shoulders, trying to shake the protest out of me. This brought tears to my eyes, and she replied, "Yes I am the boss of you. I am your mother!"

After doing years of research on trauma and early development, hearing this story as an adult, I responded with shock and I felt instantly unnerved in response to my mother's answer… even angry. On the one hand, I understand her frustration with a screaming child whose desire to be unbuckled is totally unreasonable on a long drive back to Toronto from Niagara with two kids in the car. On the other-hand, I am now aware of how disempowering and discouraging this experience would have been for me. I know this because I lived it more than once. In order to mitigate the aggression that came with my outbursts of passionate autonomy, I had to push down my feelings, shut down my voice. But my feelings and voice were there to fight for my rights and autonomy over my own actions, needs and desires—no matter how ridiculous my protests might have seemed to a busy parent.

The fact that my mother was short with me and so forceful was not as much the issue as her being the 'boss of me,' the authority over my life. The message I received that day (and was reinforced many times afterwards) was that I was too small to have rights of my own. I was the responsibility, but also the property of my parents until I was an adult in my own right. I learned that they are the authorities over my life and 'I am

helpless and powerless.' My 'no' was not respected but overridden. This can be quite dehumanizing and humiliating over time for children. Additionally, when was I to learn the skills of Self-authority if not learned while I was living with my caregivers?

Disciplining children and being the 'boss' of them was commonly represented in Canadian culture through TV shows, movies and other media at the time. Had my mother known the implications and consequences of this authoritative approach to parenting, she would have perhaps reacted differently. Had my mother said, "You're right, I am not the boss of you, but I am your mother and being a mother means that I am responsible to keep you safe. You need to have your seatbelt on to make sure you're safe in the car. Can you see why mummy wants to help you put on your seatbelt?" This type of exchange would have had me involved in the decision-making even if I did not like it. There was an opportunity to meet my mother halfway which is quite different from being forced and told what to do.

It might seem strange that this minor shift could have such an impact, but an adjustment such as this would have given me far more autonomy and self-confidence. It would have allowed me to discover my own boundaries in relationship with others and their needs. According to Erikson, this respect of a child's autonomy and development at such a key stage of individuation can go either way: either the child develops this sense of autonomy, or they develop shame. The shame would foster instead the formation of rigid armoring systems built on fear and helplessness (which are both very closely tied to please/appease).

Walker (2013) explains how children learn that voicing their "no" and protesting against their caregivers can escalate a situation. He writes, "As a toddler, the *codependent* learns quickly that protesting abuse leads to even more frightening parental retaliation. She responds by relinquishing her fight response, deleting "no" from her vocabulary and never developing the language skills of healthy assertiveness." (Walker, 2013, pp. 130-131). After I protested wearing the seatbelt, my mother shook me, escalating the intensity of our disagreement. I, in turn, learned it was better not to protest, but instead internalize my disagreement in a deep anger. This repeated experience of having my boundaries

overstepped also taught me that people have a right to overstep my own boundaries and that I must comply with the authoritative demands on me.

Unfortunately, many people will be able to relate to this story because it is illustrative of a common parental approach to child rearing for generations. I want to emphasize that I intentionally chose this example to show the impact a simple interaction can have on a child. This was not the only time my parents used this approach with me and long-lasting impacts are felt if repeated often enough. The child grows up without understanding a healthy sense of autonomy must be cultivated and protected. The commonality of this example only further highlights the pervasiveness of attachment trauma.

### 4.4.3. Conditionality & Rejection: Human Doer

Rogers (2004) found that children who are motivated by the nurturance of maternal energy will adapt their behaviour and sacrifice their own needs for the regard and approval of their parents. In this section, I examine how a child is motivated to get their own needs met, and will go to any length, even sacrifice themselves, to get what they need. Rogers (2004) also found that a child who adapts to an identity that is approved by the carer will place the carer's needs above their own. The child's desperate need for love means that they will overcome any condition, no matter how humiliating (p. 246). Caregivers may exploit this desperation by working a child harder in order to get their own needs met. Rogers explains, **"**Because of the need for self-regard, the individual perceives his experience selectively, in terms of the conditions of worth which have come to exist in him" (Rogers, 2004, p. 246). In other words, the child does not question the huge Self-sacrifice that is being asked of them, they must do what they must to get their own needs met.

There is a transactional nature to this dynamic because the child learns that love and acceptance are not freely given but must be earned. Walker (2013) describes this when he says that, "The fawn types seek safety by merging with the wishes, needs and demands of others. They act as if they believe that the price of admission to any relationship is the forfeiture of all their needs, rights, preferences, and boundaries" (p.

122). Walker further explains that, in order for the child to feel safe in the environment, they must trade their needs for the needs of another, with a transactional intent that *If I do or give you this, you do or give me that.* The child hopes that this transaction will be fair and reciprocal in time. The negotiation in this case would be that *'If I do this, you will love and care for me in the way I need.'* Even if the caregiver is unaware of this negotiation, the child will sacrifice themselves in an attempt to get what they need.

Affection becomes almost monetary—something to be traded and bartered. I would argue that conditionality is the beginning of a child's objectification. If a child feels they must alter themselves to be loved, they sacrifice their sense of Self to accommodate the caregiver. Their main priority then becomes winning affection, gaining approval, and proving themselves as worthy, as opposed to just being themselves. The child becomes a *human-doing* as opposed to a *human-being*. These children will placate, beg, please, plead, appease and comply in order to get what they need to survive, even if they regret later the things they do and say. This is well documented in anxious attachment adaptation which is characterised as an overactive attachment system where a child must work extra hard to gain approval and affection.

In Bowlby's initial research on attachment theory that he released in 1979, he found a form of attachment which he called 'Compulsive Caregiving,' which later reflects the qualities of the anxious attachment, "in which parents fail to respond to the attachment behaviors of their offspring, who prematurely and eventually compulsively caretake as a way of maintaining proximity and connecting to parental figures" (Jurkovic, 2014, p. 218). The key component is that the child does what the caregiver needs to maintain proximity and connection, which again ties to the attachment psychology showing how the child's primary response is to maintain closeness and attunement with the caregiver.

Rogers (2004) touches on the impacts that this dynamic of conditionality can have on a child's sense of worth:

> This, as we see it, is the basic estrangement in man. He has not been true to himself, to his own natural organismic valuing of experience, but for the sake of preserving the positive regard of others has now come to falsify some of the values he experiences and to perceive them only in terms based upon their value to others. Yet this has not been a conscious choice, but a

> natural—and tragic—development in infancy. The path of development toward psychological maturity, the path of therapy, is the undoing of this estrangement in man's functioning, the dissolving of conditions of worth, the achievement of a self which is congruent […] with experience, and the restoration of a unified organismic valuing process as the regulator of behavior. (pp. 226-227)

There is a lot to be gained from Roger's perspective in understanding that the person has experienced a great devaluation of themselves and that this must be restored in order for the person to find Self congruence again.

During the process of training in body psychotherapy, I began to tap into some deeply held beliefs that I had never measured up in my father's eyes—that I was not accepted or acceptable. I had no real proof, although tapping into my body made the memories feel very real. Years later, on a visit with my family, and without my prompting, my mum confided something I had felt but had never confirmed: that during my mum's pregnancy both my parents expected me to be a boy. My father, in particular, wanted a son to carry on the family name and legacy. When I was born a girl, my father made his disapproval known. I now realize that I internalized his disappointment throughout my childhood. I became a tomboy, focused my attention on being clever and industrious, and tried my hardest to make up for the fact that I was born the wrong sex—something I could not control. I did get some praise from my dad for this and sometimes was split in my identity. For example, I felt at odds with my identity when I was forced to wear dresses for special occasions and could never figure out how to completely please my dad—was I to act like a girl or a boy? The mixed messaged about who I was supposed to be crossed my inner wires, making me awkward and uncomfortable in my body. When my mum told me this story of being born the *wrong* sex, it confirmed what I had long felt and what I had been learning in my therapeutic training. My inner struggle to conform, please, and appease my father *finally* made sense and helped me realize how much it had truly impacted me, every day of my life. I grew up knowing that I never measured up but understanding *the why* helped me make sense of those deep-rooted feelings.

According to Ogden, tones of disapproval, ambivalence, inattentiveness, judgement, criticism and disappointment are signs of threat or danger (Dana, 2018, p.

45). As has been discussed in this study, in times of danger a person will create adaptive responses to protect themselves. Van der Kolk (2015) adds:

> Children who develop in the context of ongoing danger, maltreatment and disrupted caregiving systems are being ill served by the current diagnostic systems that lead to an emphasis on behavioral control with no recognition of interpersonal trauma. Studies on the sequelae of childhood trauma in the context of caregiver abuse or neglect consistently demonstrate chronic and severe problems with emotion regulation, impulse control, attention and cognition, dissociation, interpersonal relationships, and self and relational schemas (p. 159).

What happened to me as a child only further highlights the pervasive and generally unrecognizable nature of attachment trauma.

### 4.4.4. Early Threat of Abandonment: Emotional Neglect or Low Nurturance

Lyons-Ruth (2021) presented some findings from her long-awaited 30-year longitudinal study at the 32nd Boston International Trauma Conference, in a talk called *Beyond Fight Flight or Freeze*. In her presentation she showed that neglect had one of the most profound impacts on at-risk children. This neglect, which she and many others describe, can have less to do with an absent parent and more to do with a parent who is emotionally unavailable. She explains this further:

> I use this title for specific reason, it is an under conceptualized and under studied form of threat. We tend to conceptualize threat most often as threat of attack, injury, which motivates the adaptive responses of fight, flight or freeze. But there has been much less attention to what the early threat of abandonment means to the infant. There's been low work on neglect. Much more work on harsh parenting than on low nurturance. Low nurturance is not traumatic in itself but a deprivation of some sort. (Lyons-Ruth, 2021)

*Parentification* has been identified as a "*potential* form of neglect" (Hooper, 2008, p. 34). Walker (2013) shows some of the detrimental impacts of emotional neglect on a developing child:

> Emotional neglect, alone, causes children to abandon themselves, and to give up on the formation of the self. They do so to preserve an illusion of connection with the parent and to protect themselves from the danger of losing that tenuous connection. This typically requires a great deal of self-

> abdication, e.g., the forfeiture of self-esteem, self-confidence, self-care, self-interest, and self-protection. (p. 97)

Walker named it the *fawn* response because there is an element of desperation and groveling at the feet of those that hold the key to the unmet needs. Emotional neglect has the child feel they have to beg or plead for love. This fear of abandonment translates from wanting love so badly and compromising so much that the child gives up the sense of who they are for their own survival within a dysfunctional family system.

The underlying rejection causes shame for a child, unworthiness, a sense of abandonment and core loneliness where a child has to dig deep to find strength. Neglect is a form of rejection which can leave profound hurt in its wake. Because this hurt makes an imprint on the nervous system, it can keep people stuck in fear, pain, and shame for years. Some people turn to harmful avoidance strategies that not only create more anguish but put them at even greater risk of being rejected. When left untreated, fear of rejection can lead to withdrawal and isolation which can feed devastating feelings of loneliness and emptiness.

### 4.4.5. Impossible Expectations, Perfectionism & Idealism: Never Enough

According to Horney, the 'ideal self' emerges as a result of the anxiety generated by a problematic environment (Smith, 2007, p. 59). The 'despised self' is born from the failure to live up to the fantasied and "exaggerated compensatory demands of the idealized self" (Smith, 2007, p. 59). Horney believed that self-hatred stems from anger with the idealized self, which becomes directed toward the 'actual self' for not being what it 'should' be. She called the compelling need to live up to a grandiose self-conception the *tyranny of the should* (Smith, 2007, p. 59).

Cozolino (2017) discusses caretaking and compulsive perfectionism as a way to continually "compensate for a feeling of unworthiness and the anticipation of more disappointment and abandonment" (p. 356). This particular explanation feels painfully accurate in my experience. There are many accounts of perfectionism in the interdisciplinary literature. People with a high tendency towards perfectionism may strive to make a positive impression in the eyes of other people due to social anxiety. This may

cause them to make an excessive effort to become a better person. At the same time, they are likely to become harsh critics of other people's shortcomings, urging them to become perfect (Karaşar, 2020, p. 45).

Bradshaw (1992) discusses how perfectionism is synonymous with control and rigidity which can be emotionally abusive in a dysfunctional home (p. 86). Bradshaw goes on to explain that the impossibility of perfectionism leaves the child feeling a deep and toxic shame that they will never meet the impossible expectations: “Nothing you say, do, feel, or think is okay. You shouldn’t feel what you feel, your ideas are crazy, your desires are stupid. You are continuously found to be flawed and defective” . I can deeply relate to these feelings of being flawed and defective, specifically growing up with the feeling that I was never in good favour with my father. No matter how hard I tried to be a good daughter (or tomboy), something felt innately wrong with me *that I could not fix*.

Walker (2013) discusses how children use “perfectionism as a strategy to make her parents less dangerous and more engaging. Her one hope is that if she becomes smart, helpful, pretty, and flawless enough her parents will finally care for her” (p. 25). Continued failure to win the caregiver’s regard leaves the child to conclude that they are flawed. The child generates an inner and/or outer critic which runs non-stop in order to cover up or avoid the pain of further rejection, punishment and the pain of past abandonment (p. 26). Bradshaw (1992) also addresses compulsive perfectionism and how it can become an addiction. Perfectionism can be used to distract from painful underlying feelings when people become “absorbed in detail as a way to avoid our feelings of inadequacy” (p. 23).

I was a perfectionist growing up, and still have many perfectionist tendencies. For instance, when I was around 8 years old, I was playing in my room when I could hear my mother getting more and more frantic in the kitchen. Her movements were hastened, and I heard her call, “Dinner is almost ready, and Papa will be home soon.” I knew that any moment I would hear him close the front door. It was never clear what mood he would be in after work—happy and loving or livid and discontent. Regardless, we were to meet him at the stairs when he got home. I could have gone to help my mother, but I dragged my heels, until I heard the door close. My body stiffened as I dropped everything I was

doing to meet him at the door. I joined my brother and sister as we rushed to the front hall. Dad had obviously had a difficult day, and his coldness sent shivers down my spine. My mother emerged from the kitchen. I watched her face turn pale. She hurried us into the dining room to help her and get us seated while my father washed up.

My mother had the table set meticulously and dinner was hot and ready to serve when my father came in. We all seated ourselves quietly and tried to lighten the mood, but his anger dominated the room. We started to serve ourselves and I turned to look at my father. He sat in absolute silence, staring with a single pointed focus at the middle of the table. My mother looked at him with concern and asked, "What is it? Do you need something? Did I forget something?" Our hearts sank as we sat with the tension that was building. The silence persisted and each of us sat stiff in the silence trying to anticipate what *he* might need. My heart extended across the table as I watched in pain my mother becoming more and more panicked.

He made my mother sit in silence for several minutes before he said in a commanding tone, "Where is the salt and pepper?" He managed to find the two items that were missing from the table. Rather than acknowledge the amazing spread, the orderly home, the well-behaved children, he chose to punish her for forgetting to put the salt and pepper on the table.

My mother suffered the consequences if she did not get every detail right to please and appease him. Watching this dynamic between our parents taught us that this emotionally abusive demeanour was condoned. As a result of learning this way of interacting socially, perfectionism: which is comprised of never enough, impossible expectations and idealism have played out throughout my life and are still recurring themes today.

This story highlights the intense emotional landmines in my home. My dad was particularly hard on me. I felt that I could not change myself enough to make him happy. I adopted an inner voice with impossibly high expectations; *I'm never enough and I won't ever be accepted until I am enough*. I internalized this standard for myself: *I will be ok when I am all those things that my parents want me to be, or that I think I should be*.

In *The Body Keeps the Score*, van der Kolk (2015) gives an account of a client who was intensely critical and ruthlessly judgmental of himself and others, which was impacting his personal life, leaving him isolated, despised and lonely. When he was asked what he was afraid would happen if he stopped being so judgmental (p. 295), he answered that he would be susceptible to being hurt and humiliated. In his words, "If you criticize others, they don't dare hurt you [...] If you are perfect, nobody can criticize you" (p. 296). This illustrates the incredibly vulnerable pain underlying perfectionism which can stem from a person's earliest vulnerabilities in relationship with others. In my own life, perfectionism, idealism and impossible expectations accompanied the please/appease survival response.

### 4.4.6. Shame & Guilt: 'Too Much' and 'Not Enough'

> *"Shame is when we feel we have not lived up to other's expectations." (B. Kitaen-Morse, personal communication, March 23, 2021)*

Rosenberg & Kitaen-Morse (1996) document the deep rooted feelings of badness and shame which tend to be the undertone of false-agency. Brené Brown (2012) distinguishes the difference between guilt and shame: "Shame is a focus on self, guilt is a focus on behavior. Shame is "I am bad." Guilt is "I did something bad." People living with the please/appease response often have shame as a limiting belief.

Hierarchical shame-based parenting was common for many cultures through many generations and, unfortunately, still remains in practice today. Shame is about fear of exposure, being found out as *actually* bad. Messages such as *I'm bad*, *I'm worthless*, *I don't belong*, *I'm not lovable*, create *toxic* shame. This toxic shame is not body activating, but body deadening—which is on the hypoarousal spectrum.

Since my parent's first child was a girl, my dad was sure that his second child would be a boy. He felt he was 'owed' a son, following the traditional European notion that having a boy was necessary in order to carry on the family name. It was an impossible situation for a me, being born the wrong sex. His apparent disappointment continued throughout my childhood and I began to internalize it as direct criticism and

rejection of who I was. Cozolino (2017) illustrates how children internalize the message of badness:

> Because children equate punishment with guilt, they can confuse being neglected or abused as evidence of their innate badness…This assumption of guilt on the part of the children both protect the parent and selves as the developmental core of shame and negative self-image. Because this self-image is organized and stored by implicit systems of affective memory, the child's later-developing identity forms around this unconscious, negative core. (p. 356)

I relate to the feeling explained above; Caretaking others helped to *make up* for my innate badness. Further, I argue that children equate punishment with not only guilt, but also with shame. The child learns that it is not just their behaviour which is bad but can also come to believe that they themselves are bad. Rosenberg and Kitaen-Morse (1996) describe the attempts the child makes to fix the caregivers when they write:

> The parent's momentary "fixes" can cause the child to feel omnipotent, but because it never lasts for long, the child ultimately feels bad about himself or herself. They feel that they have done something wrong, failed at this job that is so vital to their survival and well-being. As an adult [the false-agent is] haunted by the irrational feelings that they are bad and have done something wrong. To compensate for this gnawing emotional feeling in their body, they spend their whole lives trying to be the best they can. (p.37)

This interdisciplinary literature helped me to identify a co-occurring feeling linked to please/appease—'you're too much' and 'you're not enough.' These two messages appear to be closely linked, both of which underlie the feeling of shame. Children learn that they are both *too muc*h and *not enough* almost simultaneously. These opposing messages deeply contribute to the confusion that accompanies the loss a Self. For example, a child who is naturally exuberant and playful but is constantly scolded for being 'too loud' or generally 'too much' can easily feel that they must adapt who they are to fit their caregiver or society's needs to be 'less.' As explored in the previous chapter, the need for a child to adapt who they are makes them feel that they have been *rejected* with the underlying message that they are *not enough*.

I received the message "you're too much" on several occasions during my childhood. I remember being laughed at by my family for showing my emotions. They mocked me saying, "you're being over emotional." This show of emotion was 'too much.' I was inadvertently told to shut my emotions down—that they were too much for

others and inappropriate to share, or not welcome, and then minimized. Simultaneously, my own Self-expression was also being *rejected* and, therefore, I was *not enough* as I was. I would need to adapt to meet their expectations of what was acceptable.

The pain of rejection can be profound. Heller (2019) writes, "Even if the rejection isn't always flavored with obvious hostility, it can still have a profound impact on kids, especially if it occurs regularly" (p. 60). These two underlying messages of 'not enough' and 'too much' are *limiting beliefs* that encourage the child to be *smaller* by shutting down expression of Self and *adapting* the self even further to be more acceptable to others.

### 4.4.7. Crisis for Control

> *"When caretakers are untrustworthy, children develop a deep sense of distrust. The world seems a dangerous, hostile, unpredictable place. So, the child must always be on guard and in control." (Bradshaw, 1992, p. 12)*

The word *control* is reiterated often in the interdisciplinary literature. It is a very important part of the discussion. The literature on codependency, often refers to control as a negative, but I prefer to view the control as essential to a person's survival. When an environment is unstable, the child finds ways to control their external surroundings in order to stabilize their internal world and feel safe. In other words, control is a means of survival. In the current discourse, codependency and controlling behaviours have many negative connotations. Unfortunately, this only furthers the stigma people struggling with these characteristics face. Traumatized people need empathy and understanding, not more shame and stigma. Furthermore, codependency is only one symptom in a much broader context of many survival responses and coping mechanisms. Bradshaw (1992) explains that when there is lack of safety, control becomes one of the only ways a child can manage their environment (p. 12).

In the TV show *Jane the Virgin* (Diamond, 2016), Jane and her mother, Xiomara, have a close but tense relationship which only becomes more tenuous as Jane becomes a woman. In Season 2, episode 17, Jane finds her mother drunk at *her* bachelorette party,

kissing a young man in the hallway. When Jane confronts her, Xiomara calls her "a control freak." Jane yells, "You know why I'm such a control freak, mom? Because I grew up with you! You were so out of control!" In the episode, Jane and Xiomara exemplify the role reversal and crisis for control within the caregiver/child relationship. The episode also illustrates how a child depends on their caregiver for stability. If they do not find the stability they need in their caregivers they will try to find it elsewhere or adapt to fabricate a safer environment, hence Jane becoming a 'control freak.'

Jane and her mother are an example of a child-parent relationship that has reversed caretaking roles. Xiomara became pregnant with Jane at 16 and had to grow up at a young age to take care of her daughter. While she tried to become the parent that Jane needed, she sometimes acted out with irresponsible, wild, and risky 'teenage' behaviour. In turn, Jane grew up taking on more and more responsibility and often felt like the parent to her mother. Jane's grandmother also lives with them and since the mum got pregnant, her religious grandmother criticized her relentlessly.

When Xiomara acts out in extremes, Jane becomes triggered into the responses that worked for her when she was younger, such as controlling her external environment to calm her own internal feelings. In this case, Jane tries to control her mother's behaviour and encourages her to act responsibly. This scenario is expressed well by Rosenberg and Kitaen-Morse (1996):

> As [a false-] agent, a young child takes on an impossible task trying to make a parent feel fulfilled, happy, stable, and content. This is not something any person can provide for another, much less a child for a parent. Therefore, the child is doomed to have nothing more than temporary victories. (p. 37)

Although this attempt to try to manage her mother gave Jane a certain level of (what felt like) control or security throughout her life, it does not actually fix her mother's unresolved issues. Furthermore, in this complex dynamic between carer and child, Jane having been born when Xiomara was only 16, she feels responsible for her mother's loss of youth. So whenever Xiomara makes poor choices that harm her daughter, Jane is always quick to forgive and act like the adult in the relationship, while her mother tries to humiliate her for doing so. In this episode, Jane finally puts her foot down, saying that it is not okay for her mother to act out in this way and leave Jane with the fallout.

This example exemplifies the role-reversal/parentification experienced in please/appease. When adults act out their unresolved issues and act as children, it creates a lack of safety for a child and can spur a need to be in control, take responsibility and mature too early in order to restore a sense of safety. Jane compromises her own *need* to be a carefree child so as to ensure her mother's stability.

Janet Heimlich's (2011) book *Breaking their Will* attests to the impacts of unquestioned socialization and cultural norms on how children are treated. She writes:

> I conclude that it comes down to whether children are living in a religious authoritarian environment, due to the way that such cultures affect parents. In more tolerant cultures, parents are allowed the necessary autonomy to make their own decision about child rearing, whereas in religious authoritarian cultures, mothers and fathers tend to follow prescribed norms that are often not designed to meet the child's individual needs. (p. 20)

Heimlich confronts an important question about a parent's autonomy or ability to question norms that may be causing them to make decisions which are not in their child's best interest. Al Anon uses the terms the *codependent*, *enabler*, *rescuer* and *fixer*. Codependents come to believe that if they control everything in order that they do not get hurt again, it can become an addiction which Bradshaw (1992) calls *control madness* (p. 13). After all, there is security in control. The deep fear that underlies this need for control can cause a person to overwork because they do not trust anyone else to do the job right (Bradshaw, 1992, p. 12).

### 4.4.8. Objectification & Power Imbalance

In Miller's (2008) book the *The Drama of the Gifted Child* she explores the sensitive nature of the gifted child, and how they feel they must comply with their caregiver's wishes. Miller (2008) was most vocal and passionate in addressing how the *gifted child* develops their specific symptomatology as a result someone in a position of power using humiliation, contempt, and disrespect for the weak. Miller (2008) also claims that children's distress has been trivialized because this socially acceptable power imbalance in parenting sees children less as people in their own right and as the parent's property (p. 92).

Miller brings up moral and ethical concerns about the nature of the power imbalance and children's rights. Parenthood is a position of power, and it has been socially condoned for generations to use fear and control tactics as common child rearing practices—yielding power through authoritative or strict means (Miller, 2008, p. 97). Miller's (2008) passion is evident in her writing as she displays true concern for the protection of the innocent children who cannot protect themselves:

> Except in the case of murder or serious bodily harm, this unrestrained use of power is tolerated by society; what adults do to their child's spirit is entirely their own affair, for the child is regarded as the parents' property in the same way as the citizens of a totalitarian state are considered the property of its government. Until we become sensitized to the small child's suffering, this wielding of power by adults will continue to be regarded as a normal aspect of the human condition. (p. 91)

Miller openly names and questions the societal norms surrounding the power imbalance between child and adult, in particular the *absolute* and *condoned power* adults have over the child's 'spirit.' She also clearly states that this objectification of children is abusive. In so doing, Miller highlights a broader systemic and societal issue which condones an authoritative, hierarchical approach to parenting and which has been used to subdue, silence and tame the wild or unruly nature of the child. It is evident that Miller disagrees with any parenting style which deems it socially acceptable to disregard a child's own needs and treat them as a possession or object. Miller (2008) adds, "[a]s soon as he is regarded as a *possession* for which one has a particular *goal*, as soon as one exerts control over him, his natural growth will be violently interrupted" (p. 97). Objectification discredits the child's rights and choices and, as a result, "The child's needs for respect, echoing, understanding, sympathy, and mirroring have had to be repressed, with several serious consequences" (Miller, 2008, p. 34).

The problems with authoritative parenting come into view in the story of my mum trying to buckle me into the car seat. I was someone small and vulnerable to be easily controlled and my parents had the power over me. Through these repetitive interactions over many years, I began to feel less and less access to my boundaries, my rights as a human being to say no, my sense of choice and volition.

Miller stresses the importance of becoming more conscious of the impact parents have on their children, in particular the unconscious impact of pain and humiliation

internalized in childhood. These wounds have far reaching effects. Miller (2008) highlights the unresolved power dynamics that are left unquestioned in one generation and are played out in the next (p. 90). She makes an important observation in regards to the gifted child, "[w]e can only solve this riddle if we manage to see the parents, too, as insecure children—children who have at last found a weaker creature, in comparison with whom they can now feel very strong" (p. 89). She goes on to explore *strength* and *weakness* of character, saying that those who are *weaker* 'disregard' those who are smaller as a defense to protect themselves against their own feelings of vulnerability and helplessness (p. 90). The *strong* person learns from experience that they do not need to demonstrate their authority using contempt because they know that they also have within them the same vulnerability and helplessness as the child (Miller, 2008, p. 90). Awareness of the caregiver's own vulnerability is thus a large part of the solution. From this place of awareness and understanding, caregivers are able to see the child as having their own agency and less so as a threat to their own authority or a trigger for their own buried sense of unresolved helplessness.

### 4.4.9. Socialization: Unhealthy Social Expectation & Cultural Norms

> *"Although gender stereotypes harm men and women alike, they especially harm women because they reinforce patriarchy and sexism. For this reason, it's important for women to try to free ourselves from their oppressive grip. Self-compassion is just what we need to do this." (Kristin Neff, 2022)*

One theme that I was unable to escape in the interdisciplinary literature was socialization. In Western society, women remain stereotyped as the subservient wife, self-sacrificing woman, caregiver, martyr, sweet girl, and accommodating everyone. I continue to encounter social ideals that dictate that I be quiet, override my own needs, submissive, compliant, sensitive, nurturing, forgiving, kind and empathic in my roles both in and outside my home. Although this is not always explicitly stated, it can be an undercurrent teaching gender role from a young age which encourage them to sacrifice themselves in caring for others, whether that be their husband, their parents, their children, or anyone else needing care. These norms dictate women take responsibility for other's problems and feel guilty when they have needs of their own. Under these

conditions, person is susceptible to the development of the please/appease as a key survival response.

Observing my own socialization, after many group sessions with women, I am not alone in saying that setting boundaries is a double-edged sword. Socially, women are encouraged or pressured to 'eventually' give in to men's wishes and coaxing. This is a common social admonition here in North America. I am taught to eventually give in. Therefore my 'no' actually means 'maybe' or, if I am coaxed enough, a 'yes.' The famous Christmas season song *Santa Baby* is an excellent example of the exasperating nature of this dynamic. In the song, a man asks a woman to stay longer, and she clearly says 'no' multiple times—until eventually, she just gives in. Although this is meant to be a cute and playful song about a man convincing a woman to stay cause its cold outside. It also illustrates how commonplace and condoned it has been for a man to push and push till a woman's 'no' becomes a 'yes.' In this song, her 'no' is treated as negotiable; her wishes are not respected, honored or taken seriously.

I have encountered this more times than I can count. I do not say this to shame men; instead I say this to point out a social construct which is problematic, inappropriate and needs to be questioned for its more serious consequences. Someone in one of the women's groups I attended once said, "No is a full sentence!" This statement surprised me, and I continue to meditate on the actual truth of that statement and how difficult it is for me to comprehend.

I *needed* my father's love and care for me when I was a child. The danger in my socialization in a patriarchal home was that I was inadvertently taught that I *needed* him because, without his approval, I had no value as a female. *He* gave me value. I see this gender role modeled every day, in the media (magazines, social media, romance films, fairy tales) and in unrealistic cultural ideals of love. There is a common, culturally accepted idea that love is something that a person must attain from another in order to find joy and fulfillment—the idea that someone else can 'complete' you. I was read this in fairy tales as a child. The subtext of all this tells me that I am incomplete. Don't get me wrong, I believe in love, but I have no qualms about admitting that this model has left me

disconnected, disembodied, lost, broken and disheartened. When I look deeper, there is this belief that I am not good enough.

I also felt the heavy weight of being *responsible* for my father's happiness. I felt that my reason for being alive was to fulfill his deepest yearning for a healthy *son*, not a daughter. When I continually failed to make my father happy, I was left feeling like a failure. I felt constantly punished, I was of less value, I was treated as an inconvenience and a disappointment. There was *no* doubt that having been born a boy would have been *better*. But there *truly* was little I could do to remedy this.

It is important to note that, while I encountered multiple portrayals of please/appease that emphasized the impacts of gender norms on women, the socialization of please/appease affects men as well. For example, my brother, born after me, was the *only son* in my family who could carry on my father's family name. My dad believed this was imperative. My brother experienced a huge weight of pressure from the time he was a small child and was groomed to be the 'man of the house.' The perfectionistic nature of my dad made it nearly impossible for my brother to measure up to the standards my father set, and my brother was often humiliated. Men, too, can be affected by please/appease.

Confronting convention and tradition in my life has been met with a lot of opposition. Some social constructs are not to be questioned and I got the message, "*Don't rock the boat!"* One ideal I grew up with in a European household was traditionalism, and with this came long lists of the *unquestioned ways that I had to behave and things that I had to do*. For instance, I felt badgered for years by my extended family with the questions, "Do you have a boyfriend?", "When will you get married?", "How many kids do you want to have?" These questions would cause so much anxiety in me, because of the social pressure and so much expectation. At 9 years old, *I decided enough was enough!* I had to find a way to stop the badgering and took extreme measures: "I will never get married!" I announced with enough volume and intention that my whole family could hear me. The room went quiet and many wide and horrified eyes were on me at my *extreme* declaration. For a traditional European family, I may have gone a bit too far, but it did work. I was not bothered with these questions again.

At times it becomes quite clear that the ideals taught to me early on and the invisible social rules dictate who I am supposed to be and what I am supposed to do. In a conversation, a friend told me a joke saying, "tradition is peer pressure from dead people." This made me laugh and in equal measure, feel queasy. At times, it can feel as though I have these generational influences riding my back, and I am a slave to their whims.

## 4.5. Motivated to Please and Appease

> *"Children's instincts to bond with their parents drive them to do so regardless of the terms and conditions." (Cozolino, 2017, p. 355)*

I conclude that all of the nine categories above are due to a *lack of proper attunement* and appear to be motivated by *fear of abandonment, rejection or withdrawal*. As misattunements were described in detail in chapter 3, I want to focus this section on the deep core anxiety found in each of the above categories—a fear of abandonment. The anxiety caused by abandonment, withdrawal or/and rejection appears to be the main motivator for a child to turn to the please/appease survival response. Both a *lack of attunement* and a *fear of abandonment* draw correlations with attachment theory—but *the fear of abandonment/rejection,* in particular, is a key indicator for *anxious attachment adaptation*.

The threat of abandonment, or the impacts of emotional neglect, can feel like death for a young child. A child must adapt who they are to make sure the parent does not leave them. This is often talked about in terms of a 'loss of Self,' which Cozolino (2017) describes as "[t]he child, robbed of the possibility of self-discovery, compensates by caring for the parent under a real or imagined threat of abandonment" (p. 352). Dr. Gerry Fewster (2010), IBP instructor, psychologist and specialist in Child and Youth Care, wrote:

> Deprived of the essential life-affirming bond, the infant has nowhere to go and faced with the terrifying prospect of abandonment, regresses to the most primal need on the developmental continuum—physical survival. In this case he or she will readily sacrifice all other needs to ensure that the external life support system is in place and working effectively. (p. 205)

Fewster emphases how the fear of abandonment means life-or-death for a child and, when the attachment bond is absent, they must adapt by resorting to the most basic need of physical survival. Van der Kolk (2015) addresses the intense anger, guilt or fear that a child can experience as a result of early abandonment:

> When, for example, children fear abandonment, it is not in counterreaction to their intrinsic homicidal urges; rather, it is more likely because they have been abandoned physically or psychologically, or have been repeatedly threatened with abandonment. When children are pervasively filled with rage, it is due to rejection or harsh treatment. When children experience intense inner conflict regarding their angry feelings, this is likely because expressing them may be forbidden or even dangerous. (p. 142)

The fear of abandonment or rejection can create very complicated patterns of please/appease where the person may override their own needs and desires in order to please others in the attempt to gain acceptance. Their ability to set boundaries can become severely compromised causing the person to be unable to voice their own needs and desires. As a result, the person can have trouble setting boundaries, be left with intense anger, conflict about their anger, and a whole series of by-products of please/appease that will be explored in the following chapter.

In an episode ("Severed Ties," 2009) of the Canadian television series *Heartland*, Katie, a young girl about 4 or 5 years old, begins to display unusual behaviour. When Katie did what her mother wanted, she would look at her mother and say, "Mama happy?" If her mother replied, "Yes," Katie would go back to playing, pleased with herself. Her 'first time' mother was over-anxious that her daughter Katie was not developing *as* quickly or was not *as* smart as the other kids her age and for this reason wanted to send her to a highly regarded preschool. Her mother's need to know that Katie was in the best school, because she *should* be performing at a higher level for her age, arose from her own anxieties. It was evident that Katie's wellbeing and best interests were not at the forefront of her mother's decision making; they appeared to be about easing her own anxieties and trying to rectify the possibility that her daughter *might* have a learning disability.

Later in the episode, when Katie did not get accepted into the school of her mother's choice, she asked, "Mama happy?" and her mother replied, "No." Katie furrowed her brow as if she had done something unforgivably wrong—that it was her

fault that her mother was displeased. Her mother's 'unhappiness' appeared to be her responsibility and at her age could easily result in internalization of this failure thereby causing deeper feelings of guilt and shame. In this TV clip, it is evident that Katie wants her mother to be happy, but in the episode, it was also clear that her mother's happiness overrides Katie's own happiness, needs and desires. To illustrate my point, Katie's desire for her mother to be happy is a pure desire, except when she has to Self-abandon for the needs and wants of her mother, which are not attuned with her child. How can this be an act of love when it only benefits one person?

The danger is that when children unconsciously learn to adapt who they are for others, and this is affirmed as good behaviour, it can become a deeply imbedded habit of protection. Children learn to associate pleasing and appeasing with love because they get approval from their caregiver but also lose the connection with their sense of Self and needs. Humans are neurobiology is wired to be social. It is the over-adaptation to others that can becomes problematic.

In an IBP Master Class with B. Kitaen-Morse (personal communication, March 14, 2021), she discussed the deep internalization a child feels if the limbic connection is not present for the child. Without a fully formed cortical brain the child often makes other-people's disappointment about themselves and their worth. This can become detrimental to their own development. Instead of the healthy Self to which they can refer, the child forms the underlying belief that they have to earn their worth and that it is not awarded naturally. This can become an underlying 'core theme in life.'

If a child grows into an adult who believes their self-worth is dependent on making other people happy and moderates their wellbeing, mental and emotional clarity, and how their body functions based on their responses to other people, they can become deeply affected by the please/appease survival response. Pleasing and appeasing others becomes such an early and formative pattern to their way of being in the world that the person does not understand the depth of its effects, if left unresolved. Please/appease can come to permeate all areas of life.

In the conference talk given by Dr. Karlen Lyons-Ruth (Lyons-Ruth, 2021) which I mentioned earlier on, she shows there may be two distinct forms of threat. Lyons-Ruth

said the less subtle forms of trauma such as "hostile threat, harsh treatment, abuse, differentially activate the right amygdala and lead to fight, flight or freeze that we have seen in many other studies throughout the animal kingdom." She also notes the second threat response which appears to be abandonment threat "from disengagement or withdrawal" (Lyons-Ruth, 2021) present in early life, and less so in later life. Although more research is needed, she mentions the activation of "a separate aspect of the limbic stress network which is the left amygdala" (Lyons-Ruth, 2021). She describes this second threat as occasioning a "maladaptive response" (Lyons-Ruth, 2021) to a primary caregiver's withdrawal. Instead of fight-flight-or-freeze, "the child needs to call and contact-seek to try to approach the parent and this is an aspect of the need to engage with the parent and continue to seek engagement with the parent, at that point, on the parents terms" (Lyons-Ruth, 2021). Lyons-Ruth's findings appear also to highlight the gap in the current theories of survival responses which does not incorporate the strictly interpersonal survival adaptation for this please/appease response. Lyons-Ruth (2021) claims that this second threat system is a result of a withdrawal of the caregiver and forces the child to have to adapt to accommodate the 'parents' terms.

## 4.6. Conclusion

While the please/appease survival response generally starts early in life, there is clear evidence that it can develop and impact people later in life. I have found some syndromes and complexes that illustrate pleasing and appeasing behaviors which can occur later in life due to extremely traumatic circumstances such as war and abduction, which did not show any connection to early life. I chose to focus on the overwhelming amount of research which points to the early developmental and relational origins of please/appease.

I identified the main developmental patterns of the please/appease survival response as involving: core misattunement—reversal of the caretaking role; lack of consent and overriding boundaries; conditionality and rejection; threat of abandonment, emotional neglect or low nurturance; impossible expectations; shame and guilt; crisis for control; objectification and power imbalance; and

unhealthy socialization. These nine developmental patterns or conditions each point to a lack of proper attunement and appear to be motivated by fear of abandonment or withdrawal.

Anxiety and fear of abandonment, withdrawal or/and rejection thus appear to be the main motivators for a child to turn to the please/appease survival response. This fear of rejection is also a key indicator for anxious and disorganized attachment adaptation, once again drawing a correlation with attachment theory. The withdrawal threatens to create shame messages such as being *not enough*, *too much*, and *not loveable*. Infants and children internalize these messages to become limiting beliefs which are major contributors to a loss of Self in conjunction with the sense of rejection. This loss of Self would not become so problematic without the shame messages.

The findings in the chapter attests to the interpersonal nature of please/appease—which is developed in large part to maladaptive interpersonal encounters. The early developmental onset and interpersonal nature implicate the primary caregivers as well as socio-cultural beliefs, norms and pressures. But, immediate caregivers have the most demonstrable influence on a child and their earliest development.

# Chapter 5.

# The Characteristics of Please/Appease

## 5.1. Shame & Loss of *Self*

Loss of Self is an overarching theme as I begin to examine the characteristics of the please/appease survival response in the interdisciplinary literature. The discoveries in this study show that please/appease develops in the following ways—early misattunement: carer-child role reversal; disregard for a child's boundaries; conditionality and rejection; threat of abandonment: emotional neglect or low nurturance; high or impossible expectations; shame and guilt; a crisis for control; power imbalances and objectification; and harmful socialization.

When examining closely each of these developmental patterns, I see a commonality in the primary caregiver inadvertently asking a child to adapt who they are to accommodate themselves for others. The child is left feeling as though they are *not good enough* or *deeply flawed*—as though something is deeply wrong with who they are. I conclude that if a child were experiencing *some* or *all* of these underlying developmental patterns of please/appease, that child is receiving the message that their shortcomings are disappointments and worthy of them feeling shame. In the same way that children may blame themselves for their parents' divorce, young children developing these patterns of please/appease tend to internalize the message that they are a disappointment and the source of their caregiver's discontent. These stressful experiences contribute to a profound inner conflict and the child's sense of Self can become fragmented. In this chapter I will show that the please/appease survival response is characterized by a loss of Self. Although the expression, a 'loss of connection with Self' is more accurate, 'loss of Self' is very well documented and remains fairly accurate to the experience.

The experience of a 'loss of Self,' can be incredibly painful and, I suggest even traumatic for a young child. Like the turtle withdrawing into its shell, the child must withdraw their natural inclinations to instead fabricate an idealized social self. And since

a loss of Self is such a fundamental component of please/appease (I suggest they are one and the same), I have chosen to focus the first part of this chapter on understanding how a loss of Self occurs in relation to please/appease. This section is foundational to the following chapter section in which I explore 'the characteristics of please/appease.' An alternative chapter title might have been 'the symptomology of a loss of Self.' In other words, 'the characteristics of please/appease' appear to be symptomatic of the distress caused by the loss of Self.

### *5.1.1.* The Impact of a Loss of *Self*

> *"Why can't people just like me for who I am?"*
> *"Nobody likes anybody for who they are. That's why we have to pretend to be better than who we are and then let people find out the truth later."*
> *(Johnson, 2016)*

Donald Winnicott talks about the *False Self* as a defense, a mask of politeness and behaviour which complies with people's expectations (Winnicott, 1965, pp. 140-152). The False Self is said to emerge to conform to the demands of the environment. In this instance, the *True Self* remains undeveloped and hidden. The False Self has one major positive function: to hide and protect the True Self by being *compliant* with environmental demands. It is thus a defense against the exploitation and annihilation of the True Self" (Kahn, 1986, p. 313). The False Self functions as a survival response with a crucial and positive function of protect the Self from danger—which closely resembles please/appease.

Horney who founded the notion of the 'ideal self' identified that the 'ideal self' is created out of an anxiety within the child within an unsupportive environment. Horney noticed that "the child becomes alienated from his/her real self when it does not evoke sufficiently positive or growth-affirming responses from significant others" (Smith, 2007, p. 59). In order to cope, the child constructs an 'idealized self' which gives the child comfort, a sense of safety and security to create a positive identity as opposed to the Self which is perceived to be unacceptable.

Carl Rogers in the 1940's borrowed the concepts of the 'real self' and the 'ideal self.' The real Self is depicted as a relaxed experience of Self—while the idealized self is the 'self' a person would like to be. According to Rogers (2004), when a child is unable to reconcile between the real and ideal selves, an inner conflict occurs; if they are not reunited as one whole Self, there remains a deep incongruence between the two, and the gap between the two can continue to grow larger (p. 226).

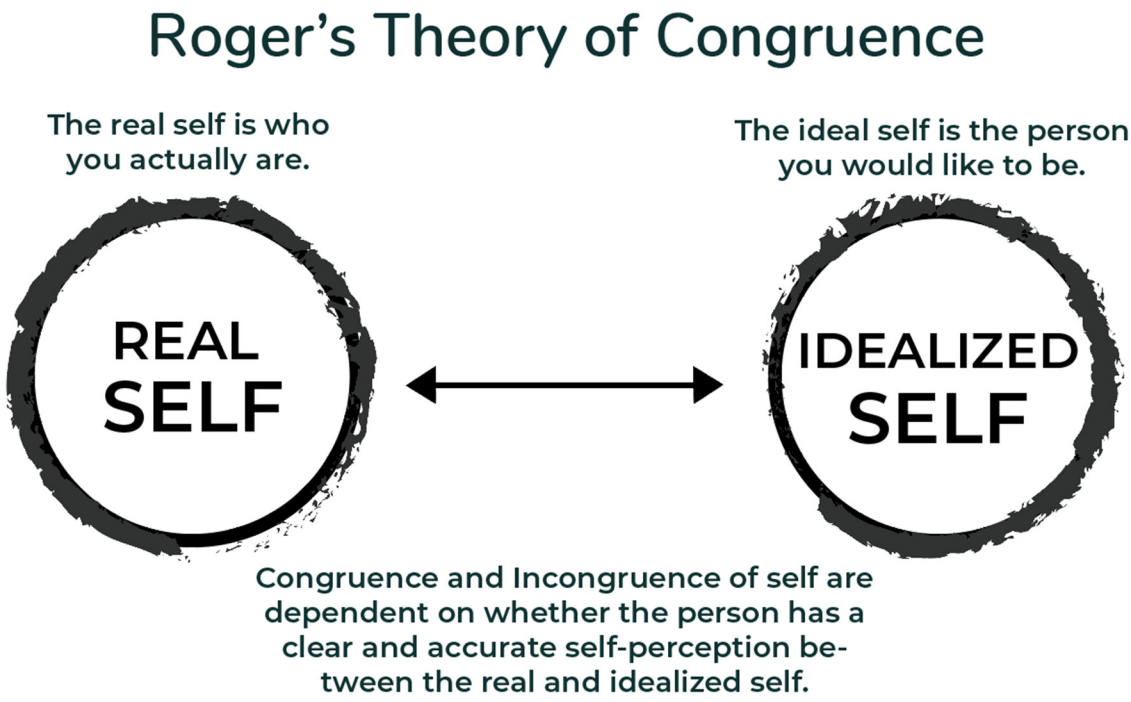


**Figure 5.1. Roger's Theory of Congruence**
When a child is unable to reconcile between the real and ideal selves, an inner conflict occurs which Roger calls an incongruence, and the gap between the two can continue to grow without developing a clear self-perception. Diagram is based on Carl Rogers' (2004) Theory of Congruence from *On Becoming a Person*.

Horney described this 'real self' as the Self with possibility which exists in each person. The real Self is vital, has values, healthy morals and "cannot develop fully without a positive environment" (Smith, 2007, p. 59). The real Self is able to adapt to each circumstance and person when needed and in this way is reflective of a secure attachment adaptation of the social engagement system.

The ideal self is characterized by a loss of Self. (p. 343). Peter Walker (2013) who expresses the non-verbal, non-cognitive nature of the early socialization of the fawn response (please/appease) writes:

> All this loss of self begins before the child has many words, and certainly no insight. For the nascent codependent, all hints of danger soon immediately trigger servile behaviors and abdication of rights and needs. These response patterns are so deeply set in the psyche that, as adults, many codependents automatically and symbolically respond to threat like dogs, rolling over on their backs, wagging their tails, hoping for a little mercy and an occasional scrap. (p. 132)

In an IBP master class with Beverly Kitaen-Morse (personal communication, February 9, 2020), co-developer of IBP, she discussed how she had little to no Self-agency in her first marriage. She had lost her sense of Self in her roles as *wife* and *mother* and found herself struggling to care for her own needs. From this realization, she began to document her recovery process and developed the concept that IBP calls 'false-agency' Which is described as taking care of the needs of others before your own, at the expense of your own well-being (Rosenberg & Kitaen-Morse, 1996, p. 198).

The IBP concept emerged out of the work of Daniel N. Stern who contributed greatly to the understanding of the developmental stages of the child and the emergence of the 'sense of Self.' In his well-known book, *The Interpersonal World of the Infant* (1985), he explored the concept of "Self-agency, in the sense of authorship of one's own actions and the non-authorship of the actions of others: having volition, having control over Self-generated action…" (p. 71). He went on to describe Self-agency as one "of the experiences available to the infant, and needed to form an organized sense of core self" (Stern, 1985, pp. 70–71). This was confirmed in 2021 by B. Kitaen-Morse who told our group that any issues around our volition are to be found in our earliest development through the quality of our limbic attunement with primary caregivers. "Did we have to change or were we allowed to be ourselves? What are the obstacles to your own volition?" (personal communication, June 8, 2021).

In summation, when a child is asked to adapt who they are or who they present to the world to accommodate others, the please/appease response is formed. A child feeling they have to prove that they are loveable and who tries to earn love is likely to resort to pleasing and appeasing and thus risk the loss of Self. This is where please/appease is so unique. Please/appease is a key adaptive strategy because the child has an underlying fear that they will lose affection, acceptance or care if they are their real or authentic Self.

### 5.1.2. Parts Theory: The Multiplicity of the *Self*

The Internal Family Systems (IFS) approach goes beyond the false self or real Self. The theories above are dichotomous as they are either real or false, authentic or ideal, one or the other. IFS looks at the sense of Self and loss of Self as different parts of a whole instead of a binary. IFS calls this idea 'multiplicity.' IFS breaks down the function of survival responses, how people compartmentalize their stress, and how this occurs in the body.

In IFS, 'Self-energy' or the 'Self' is at the core of one's being. According to IFS, if aspects of the child are ignored then the child perceives this as a rejection of these parts of them. These aspects of their rejected Self are sent into exile within the person to keep them safe from further rejection and pain. It reminds me of the turtle that easily protects itself from danger by withdrawing into its shell. The child is "defined by who the [parent] both perceived him to be and denies him to be" (Ogden, 2015, p. 35). Similar to a survival response, the Self must withdraw to stay safe. This has also been called Self-abandonment. Parts theory asserts that the Self remains intact while in exile.

The Self has two adaptive strategies to survive stress and traumas. These allow a person to continue to function day-to-day; they are called Manager and Extreme (or Firefighters) parts which IFS calls 'protective roles' or 'protector parts.' Parts theory also suggests that managers and extremes are, at their core, aspects of the Self which has had to adapt in order to manage stress.

Managers are proactive and develop special skills to keep balance by managing and maintaining their normal routine to prevent bad things from happening. They protect exiles from the danger of being repeatedly hurt or even from re-experiencing pain from the past. As a result, some of these parts can be anxious or hypervigilant as they are always scanning the environment for threats or perceived threats. For example, a manager may adapt to avoid difficult feelings by over-working to distract from the pain and protect the Self in exile from hurt or trauma. They also manage the persona (who a person thinks they are or should be) and the image they present to the world, akin to Horney's ideal self. They can create protective beliefs that help fend off danger as, for

example that ‘men are bad’ or ‘people are not trustworthy.’ Managers can be controlling and authoritative.

The second protective role is the extreme parts. The extremes help to protect from the pain when managers fail in preventing the pain from being felt. In other words, the extreme parts will try to stop the pain once it has started. Extreme parts tend to be reactive, dramatic, impulsive and do not consider consequences. Extremes are associated with high stress, high emotions, and high physical sensation, and find it difficult to regulate or calm down. Extremes make extreme choices when desperate to protect the Self and can result in addiction, shaming, numbing, suicide or severe dissociation—all employed to stop the pain.

Managers and extremes are adaptive responses. When they are overused, IFS explains, the parts can become burdened by the task of protection. They lose access to their natural inclinations and become less and less in touch with the natural inclination of the Self. This theory views the pleasing and appeasing parts under the category of ‘managers.’ According to parts theory, these pleasing and appeasing parts would be adaptive parts of the person to protect the Self from pain and suffering. It could also be said that the various characteristics of the please/appease survival response, which are highlighted in this chapter, could be seen as individual parts—depressed parts, anxious parts, people-pleaser parts, codependent or needy parts, empathic parts, loyal parts, appeasing parts and so on. To take this one step further, anxious parts might be taking up energy to distract from deeper feelings which are lurking below the sympathetic activation. This part would be doing its job well as a manager to distract from the pain. As IFS views the human being as a whole yet multiplicitous system, these parts are merely doing their adaptive tasks to help the system survive. Ideally, once they have done their job in protecting from danger, they would be free to return to a natural state again. Unfortunately, trauma can prevent this from happening and the person must engage the survival system even when danger is not imminent. Viewing please/appease through this model, it seems the survival response is comprised of a cluster of protective parts which might be made up of some managers and some extreme parts. In the scope of this project, I see the *multiplicity* of the Self as the spectrum in between black and white.

Parts theory helps break down the order of what happens during a loss of Self. When under threat, the Self goes into exile and parts of the child develop or employ adaptive strategies by using manager parts and extreme parts of themselves. Interestingly, parts theory and the polyvagal theory together show how the core Self will never emerge out of 'exile' without a real sense of safety. This theory also shows how a person can compartmentalize aspects of themselves and their life so as not to have to be present (in their body) and in the moment by employing manager parts to automate their day-to-day activities and tasks.

### 5.1.3. Shame = Decreased Status

Healthy shame is what allows humans to distinguish between right and wrong. Feeling remorse motivates people to learn and adjust their behaviour. There is toxic shame or trauma-induced shame, however, which contaminates a person's thoughts and diminishes their connection to Self.

A study conducted by Kemeny, Gruenwalk and Dickerson (2004a) explores "the consequences of exposure to events that threaten one's social self (i.e., one's social value or status)." The authors argue that "a decrease in one's social status and social regard is the primary elicitor of the experience of shame" (p. 153). They identify humanity's innate motivation to 'preserve the social self,' and posit that shame threatens social status. They assert that "the motivation to preserve a positive social self would have evolved and been maintained as a fundamental motivation along with the motive for physical self-preservation" (p. 154). This statement implies humans evolved to need a survival system specifically to preserve a positive *social* self as well as the physical one. I absolutely agree, and please/appease is testament to this. Another finding in their study suggests that shame is fundamentally a social experience similar to please/appease (p. 154). They also suggest that the emotion of "shame (and pride) may be one way that individuals feel their place in the social hierarchy" (p. 154).

Below you will see a series of characteristics of please/appease—many of which resemble this list in which Kemeny, Gruenwalk and Dickerson (2004a), characterize shame:

> Shame has been recalled as being characterized by feelings of being small and inferior in comparison to others, a sense of social isolation, feelings of rejection, a desire to hide, and feelings of self-consciousness coupled with feelings of low power and low status (Tangney, Miller, Flicker, & Barlow, 1996; Wicker, Payne, & Morgan, 1983). Recalled incidents or imagined scenarios in which shame emotions are likely to be felt are often those in which the self is the subject of negative social evaluation, such as situations of failure or poor performance. (p. 154)

Shame serves the purpose of maintaining one's social status by protecting the social self when it is under threat. When this happens, Kemeny, Gruenwalk and Dickerson (2004a) propose that an "integrated set of psychobiological processes is initiated" which they call the social-self preservation theory (p. 154).

## 5.2. The Characteristics of Please/Appease

The following characteristics and dynamics of pleasing and appeasing are a result of the developmental patterns. Without the initial impact which creates the need for please/appease, these characteristics would not surface in response to this survival response. According to these insights, both a fear of abandonment and the generation of shame as fundamental to how the loss of Self occurs and how please/appease develops.

This loss of Self creates the environment for the following dysregulation a person experiences in the please/appease survival state. Most of the characteristics and symptoms presented below are multi-faceted and, rather than happening sequentially, they appear to be occurring simultaneously. For the sake of clarity, however, I have categorized the characteristics and symptoms in order to better understand how the please/appease response presents.

### 5.2.1. Loyalty-Based Need

*"If you have something to prove, you're still a prisoner."— Edith Eger*

If a fundamental human need in early development is to attach, then a child's need to be close can supersede their need for respect and dignity. In Karpel's (1976) study on the role patterns of destructively parentified children, he was able to

differentiate children on an observable and functional level by noting a tendency to be bound by excessive loyalty and concern to primary caregivers who unilaterally exploit, abuse, neglect and inflict injustices. Some children do this without any evident caretaking. Those who do succumb to abusive 'caretaking' he termed 'loyal objects' who fall into the category of pathologically parentified children. "In the interest of meeting their own affective, ego, or superego needs, parents may assign their children missions that take advantage of their loyalties" (Jurkovic, 2014, p. 214).

Loyalty-based need is clearly exemplified in the movie *Georgia Rule* (Marshall, 2007). It is a poignant film about a young girl, Racheal, who grows up with a single alcoholic mother who made many questionable choices, one of which was to marry a man who sexually assaults her daughter from the age of twelve to fourteen. The mother finds out years later when Racheal's dysfunctional behaviour becomes impossible, which leads to the most compelling scene. her mother finds out, she goes on a drinking binge and then confronts her husband. Afterwards her mother goes over to talk to Racheal about the conversation, and starts the discussion with, "It is so much easier to believe what you need than what you know. I need Arnold. He has me convinced and you have me convinced." Her daughter's body posture collapses slightly and her eyes look down at the ground. "I came to tell you that I believe you, and that none of this is your fault." The daughter breaks down and retracts her accusations by telling her mum that she was lying. Then her mother leaves the room and goes directly to reconcile with her husband. Later that night, Racheal negotiates with her stepfather: "Look, as long as my mother's happy you win everything, I won't even hold it against you. Keep my mother happy, ok?" "Ok," he replies.

The scene paints the picture perfectly. Rachael spent years hiding the assault from her mother because her mother was happy with Arnold, and her mother's need for happiness trumped her own needs to have the truth exposed so that she could get her mother's support. Arnold was characterized as the man who stopped her from drinking and held her together, and her mother, in her own need for him, was blind to her daughter's needs.

This movie scene helped me understand where my own loyalties lie. I have had many experiences that have made me question how transparent I could be my parents. A question that circled my mind in these moments is, 'will it contribute to their stress and happiness or cause more concern and stress?' Most time, my parent's overall contentment and keeping equanimity at home was more important and many times I kept my personal problems to myself.

More recently, my father was ill but refused to go to the hospital due to the pandemic. Thankfully my mother was in communication with me and although I was thousands of miles away, I called the paramedics to ask what could be done. I told the paramedic his symptoms and she said, "I understand that he may not want to go to the hospital, but it would be good to get a paramedic to check him out to make sure he's ok." In that moment, I became anxious about going against my father's wishes even though I knew logically that visit this could only benefit him. I said to the nurse, "Can I call you right back? I just need to check if my parents are ok to have the paramedics visit the house." Although she understood my father's wishes, she was aghast and became slightly impatient with me, "This visit from the paramedics could save his life—that's how serious his symptoms are. He should be checked out now!"

She was kind and made a compromise that they would check him out and he had the option to go to the hospital or not. I told her that *if* they made it clear that he had the *option* to go to the hospital that they should go to the house and check on him. I spent the next 30-40 minutes waiting in anticipation for the paramedics to arrive. My body was shaking with fear that my parents would *disown me* and *hate me* for overriding his wishes. Looking back on this experience, it is irrational that I should be so afraid of going against my parents' wishes —to the point that my fear of losing their favour would risk someone's life. The fact that this was even a question is frightening to me. I do not characterize this as one of my best moments, but it perfectly illustrates the paralyzing, fear-based nature of loyalty-based need.

I did not ask, but this could very well be the reason that my mother was unable to call the paramedics herself. There was no doubt that I was a little girl in an adult's body

being caught in the middle of this scenario. If I were a child in this scenario, it is possible that I would not have been able to overcome the fear.

I received a panicked text from my mum saying, “I am in the ambulance; you saved your father’s life, thank you!” I almost fainted with relief that she was not angry with me. Again, more of my energy was locked up in the past, with a paralyzing fear of losing their affection. Ultimately, the underlying concern was for my father’s wellbeing, and fortunately this won over my fear. He did pull through, but this was a telling and challenging scenario.

### 5.2.2. Performance & Role Assignment

> *“The greatest burden a child must bear is the unlived life of its parent.”*
> *— Carl Jung*

My family *role* became an integral part of my identity and how I understood the world. If I could not be loved for who I was at my core, at least I could be helpful and comfort others. A really important element which appears in several sources is the child taking on roles that are required of them and often assume a pseudo-maturity. The child is threatened by the loss of something fundamental to their existence if they do not take on the role and perform. As in parts theory, a person must take on roles and survival strategies in order to survive. In family systems theory, a dysfunctional family requires each person to take on a role in order to keep the balance within the dysfunction. Each role has a purpose and fills a need in the family system.

According to Jurkovic (2014) there are *two* distinct roles (or demands) that a caregiver will solicit when a need *must* to be filled. One is the *instrumental* role of the caretaker or what he calls ‘parentification’ of children. The other distinct role is *expressive* and ranges from primarily physical demands to the more emotional or psychological demands (Jurkovic, 2014, p. 8).

*Instrumental* roles are limited to caretaking tasks that are functional or physically oriented and serve to maintain and support the household (Jurkovic, 2014, p. 8) such as cooking, cleaning, caretaking a sick parent, earning household income, or child-care.

Stressors that would bring about the need for this role in the family might be a sick parent, a large family, or economic stress.

*Expressive* roles are related to the more emotional, homeostatic, psychological and intergenerational issues in the family (Jurkovic, 2014, p. 8). Those who perform expressive tasks become responsible for the more complex socioemotional needs of the family by taking on the 'invisible' caretaking roles. These can manifest in tasks such as "protecting family members, serving as a confidant, companion, or mate-like figure, mediating family conflicts, and providing support, nurturance, and comfort" (Jurkovic, 2014, pp. 8–9). Stressors that could trigger the need for this role assignment in the family might be caregivers who have unresolved generational trauma, depression, or an unhappy marriage.

The line between the two is not always clearly defined. The underlying motivation to do instrumental tasks might be motivated by expressive needs; expressive caretaking demands may be accompanied by more instrumental tasks. And in some situations children do both (Jurkovic, 2014, p. 9). Regardless, parentification can become destructive. Jurkovic (2014) writes:

> When parentification assumes pathological proportions, parents are often unwittingly replaying painful and abusive scripts from their own childhood and setting the stage for succeeding generations to do the same. In the process, their children's intrinsic loyalty, concern, and trust are exploited, often egregiously. (p. xiii)

I relate to what Jurkovic describes as parents "replaying painful and abusive scripts" only for the children to repeat the very same patterns. I believed that my family's discontentment and stress was something I could fix. Unresolved trauma from caregivers is easily passed down through the lineage of a family. This is a fascinating topic which encompasses epigenetics and intergenerational or anscestral trauma. In my case, I did not know how to manage the extent of my family's inner suffering. My role became multifaceted, and I *inadvertently* became the one responsible for fixing both sides of my family. I became the peace keeper, the secret protector, the mediator, the healer, the therapist, and the ally for my parents and siblings.

### 5.2.3. Feelings of Being an Imposter

Symptomatic of the 'False Self,' Winnicott noticed his clients' abilities to give appearances of being healthy and happy in their lives, but inside there was a void, an emptiness, and the deep turmoil of feeling a phony (Winnicott, 1965, p. 146).

Feelings of being an imposter are characteristic of those dealing with the please/appease response. Self-abandonment and Self-alienation can be severe for those who have prioritized others' needs above their own, compartmentalizing their sense of Self in order to continue functioning in what seem to be normal circumstances. In many cases, the parents are the authority, and the child must bend to their will.

The imposter syndrome mirrors many qualities of please/appease. Feelings of being not good enough and fundamentally inadequate, pleasing and appeasing others, debilitating self-doubt, such as feeling completely inadequate, unworthy, and even defective. The origins of imposter syndrome mimic the developmental origins of please/appease. It is likely that many people who suffer from *imposter syndrome* are struggling to manage the please/appease survival response (or the loss of Self).

### 5.2.4. Chronic Niceness and Politeness

> *"I can't give you a sure-fire formula for success, but I can give you a formula for failure: try to please everybody all the time."*
> *— Herbert Bayard Swope*

Chronic niceness is discussed in several theories such as IFS and IBP. When please/appease is at play, niceness can function as a veneer and protective layer which is socially acceptable. It is much easier to appear refined, pleasant, nice, polite, accommodating, friendly, and presentable than to risk rejection by being one's authentic Self after this Self has been harshly rejected.

This niceness that is associated with please/appease was called the *nice person syndrome* in *Anxious to Please* (2006) by James Rapson and Craig English. Niceness or what has also been called chronic niceness (Rapson & English, 2006, p. 27) is typically used to gain and keep favor. People with nice person syndrome want to be liked and are

willing to bend themselves to the needs and desires of others. It is likely that people with chronic niceness will lose sight of themselves and their own wants and needs in the process. They put others on pedestals and feel they are worthless if they let someone down. This can lead to a lack of Self-worth and a fear of abandonment. Further, nice person syndrome is closely associated with anxiety as their fear of not being liked causes great stress.

In the book *Burnout*, the writers Nagoski and Nagoski (2020) call chronic niceness the *human giver syndrome*. They describe human givers as "attentive, loving subordinates" and that they "must, at all times, be pretty, happy, calm, generous, and attentive to the needs of others, which means they must never be ugly, angry, upset, ambitious, or attentive to their own needs" (Nagoski & Nagoski, 2020, p. xiii). They go on to describe how human givers are expected to give and never take, please and never disappoint. If a human giver fails at being kind and obedient, they are "punished, shamed or even destroyed" (Nagoski & Nagoski, 2020, p. xiii). There is an internationally understood ethos that Canadians are polite to a fault. In an interview on an American talk show (*LIVEKellyandRyan*, 2021) Ryan Reynolds is confronted about being Canadian. The talk show host says, "You are Canadian, so inherently you are very kind, you don't lie, you say sorry every two seconds." Reynolds replies, "Yes, yes, but inside it's just bubble gum and broken glass." The interviewer also comments on the politeness of the bus notice that says "SORRY, NOT IN SERVICE."

There are benefits to being polite, inclusive, honest, pleasant and giving. One is that it makes for a social, kind and caring culture. Secondly, as Reynolds jests, the kindness and politeness can be a pleasant veneer on the surface, concealing feelings and issues which may not be culturally acceptable to share.

A good example of chronic niceness can be seen in customer service jobs. Often customer service representatives are required to smile and be cordial in the face of very difficult and even abusive customers. If they do not, they risk losing their job and their source of income. Similarly, a person's niceness can be taken advantage of by others and treated as disposable and unworthy of kindness or respect.

In this study, people-pleasing and appeasing appears to be motivated by a deep core anxiety of a decrease in one's social status. When this fear translates into needing to be accepted externally, over time this can increase the gap between the authentic Self and the false-self (or manager parts), which function as the *ideal social* self which is what is shown to world. Finally, if chronic niceness is learned and developed in early childhood, it can become an ingrained pattern of social interaction and be very difficult to unlearn.

My level of vulnerability left me open to negative things happening around me and to me. I had to find ways to cover up the pain and mask it to be friendly and positive. This not only protected me, but also gave me a strong attitude to be able to confront my own struggles and meet life in a way that was safe.

### 5.2.5. Sensitive and Empathic to the Needs of Others/ Regulating Others, the Fixer

Gifted children, caregivers, empaths, and fixers tend to be apt healers and talented at knowing how to regulate others, even if they are not as good at regulating themselves. As Cozolino (2017) explains,

> Bright and sensitive children attune to and regulate the parents' emotions and come to reflect what the parents want from them. These children will usually appear mature beyond their years and find comfort in their ability to regulate the feelings of the people around them...these children are filled with a sense of inflated self-importance. Miller and Winnicott call pathological caretaking a particular manifestation of the false self. (Cozolino, 2017, p. 352).

Underlying the devotion to their caregivers and siblings is an underlying care and desire for them to be well. Unfortunately, the love and care, although often authentic, are bound in obligation, survival and unmet needs—with promises of love, acceptance and reward.

Walker explains how this can show up: "Some [fawn types] became almost psychic in their ability to read their parents' moods and expectations. This then helped them to figure out the best response to neutralize parental danger. For some, it even occasionally won them some approval" (Walker, 2013, p. 141). They've taken on another person's stress, so the sense of who they are and what their problems are become entangled in another person's sense of Self. When the sensitive person loses their sense

of Self, they lose their boundaries. In my own life it has been hard at times to separate what traumas are strictly my own and what are the family's.

Women especially can take on characteristics of their partners (language, clothing, accents). There is a great example of this sensitivity to others, where a merging of identity can occur, in the 1999 feature film *Runaway Bride* (Marshall, 1999). The main character, Maggie, changes her identity each time she enters a new relationship to match her partner. The premise of this movie is that she gets engaged several times but on the wedding day she becomes anxious and ends up leaving the man at the altar. When Ike, a reporter decides to cover a story on what he calls, "the Runaway Bride," he interviews Maggie's former fiancés and asks them the same question: "How does Maggie like her eggs cooked?" Each former fiancé has a different answer from, "Scrambled, just like me!" or "Poached, just like me." It turns out that Maggie's preferences in how her eggs were prepared changed each time to match her partner's.

Ike confronts Maggie about this pattern of matching each partner, "You were so lost, you didn't even know what kind of eggs you liked! With the priest, you wanted scrambled. With the deadhead, it was fried…" In an attempt to defend herself, she says, "That is called changing your mind." Ike replies, "No, that's called not having a mind of your own." In this example, Maggie melds with the identity of her partner. When this becomes problematic is when people in the please/appease survival response lose sight of their own identity. People struggling with please/appease can become highly accommodating to others, but without healthy boundaries they can lose their entire sense of identity in relationships. Cozolino (2017) explains some consequences:

> For Miller, gifted children are exquisitely sensitive to the cues of parents, and they have the innate ability to mold themselves to their parents' conscious and unconscious messages. These are the children who are often called codependent and are overrepresented in service professions such as doctors, nurses, social workers, and therapists. In essence, their jobs are an attempt to parlay their defenses into a career. (p. 355)

I relate to Cozolino's interpretation of Miller's work. When training as a psychotherapist a distinct skill that I had to learn was *discernment* so that I was able to clearly distinguish between myself and my clientele and remain objective. Unfortunately, discernment is not often taught in training programs. This was a skill that I had to teach myself, and it

confronted my past around setting clear boundaries, distinguishing and articulating my emotions. Bal (2016) describes the blurry line that occurs between empathy and the *please* response that occurs due to a loss of Self,

> Please response is not the same as empathy […] Healthy empathy is the ability to understand and have compassion for another person situation without losing your sense of self and the importance of your own needs. When you engage in a please or fawn response you give up a sense of self, a sense of healthy identity and have taken on responsibilities that aren't yours to carry. It is a survival response made in at time of need which becomes a liability when you no longer need it. (p. 50)

He explains this well, showing how this survival response is detrimental if still engaged in later in life well past the situations that precipitated it.

### 5.2.6. Chronic Anxiety: Hypervigilant and Over-Functioning

> *"Repetitive exposure to hostility leads to hyper arousal [fight—defense] into a sense of constant danger that exceeds infant's capacity to avoid." (Tronick & Van der Kolk, 2020)*

Hypervigilance is common to trauma. Lack of safety keeps the nervous system scanning for threat. This hypervigilance can look like constantly scanning the environment, walking on eggshells, feeling extreme anxiousness, monitoring others' feelings, and adapting to suit others' needs. It is important to note that hypervigilance often translates into labour as it is time and energy consuming to constantly be on high alert.

When I first moved to Vancouver, I went to a doctor who had very good reputation for dealing with anxiety. One visit to his clinic he asked, "Rate your stress level on a scale from 1-10." I responded with "7 or 8." He did not say anything but worked with me to calm my anxiety. At the end of the sessions my stress levels were much lower and once day he said, "You know, it's not normal to be functioning at such a high level of anxiety every day. This low level of stress you are experiencing now is what most people experience on a daily basis." No one had ever explained this to me before, and my mind went blank with disbelief. I told him that I could not imagine what it would be like to feel calmness on a more regular basis.

### 5.2.7. Built up Rage and Anger

Please/appease can present as built-up rage and anger and can often wreak havoc on a person' life both internally and externally. In some cases, emotions become so deeply repressed that when they do emerge later in life the person has no coping mechanisms to handle such powerful emotions. In a somatic movement workshop that I attended (2021) with Bernadette Pleasant, she did a fascinating talk about how anger can be a sign that an injustice has occurred. This was a profound moment for me. My associations with anger had often been conflicted because anger felt invasive, scary and far too powerful.

I agree that anger is an emotional response to injustice; anger is a power emotion. It arouses dormant energy within to *take action*, to *effect change* and *make an unfair or unjust circumstance right*. Anger can become dangerous and toxic when suppressed, and the more anger that is built up, the more distortion can occur around the target of the anger.

When anger is discouraged and deemed 'socially unacceptable' it can inhibit the child, preventing them from acting on their own behalf to protect and affirm their autonomy. If not dealt with respectfully, a child can learn to hide or suppress their anger. The danger in this is that children inadvertently learns that their feelings are not important or valid and that complying is their best option. Anger is an important emotion to learn how to harness. I believe that it is the gateway to the Self. Anger helps me to know what is right or wrong for me. It enables me to assert myself and set healthy boundaries for my own wellbeing.

I took a course called Movement for Trauma with Jane Clapp in the fall of 2020. Near the end of the course, our group was encouraged to do an exercise in boundary setting. In the exercise we were instructed to press the dowel into the ground and say the word "No," slowly increasing the volume and intensity. I noticed how difficult it was for me to take up space with my voice; I became hyper aware of volume and did not want anyone to hear me. I persevered and finally unleashed a huge "NO!" Surprisingly, I left totally out of control—it was too loud, too much, too assertive. Whatever was surfacing

had been supressed for far too long. Soon to be followed by a deep pang of anger at how many times my *no* had not been respected and valued.

I used this experience from these two workshops as precious learning about how to value, respect and express my anger in a healthy way. I did not think about the importance of learning how to express powerful emotions like anger. I had not been modeled a safe way to manage this emotion, *but* here were a practical tools and frameworks to manage and express anger—as well as the sense of loss, sadness and grief that tends to surface along with the suppression of anger.

### 5.2.8. Victimhood: Lack of Volition and Choice (Helplessness/Hopelessness)

Victimhood has been a word of contention for decades in Western society. It has a plethora of negative conotations and associations, often being seen as a weakness. For many dealing with the lingering impacts of trauma, the feeling that there is *no way out* inevitably creates a sense of helplessness and victimhood. Unfortunately, the cultural stigma and the negative connotations only reinforce the sense of victimhood and helplessness. My understanding of victimhood has changed in the course of the present study. Instead of victimhood being a weakness, I see it as a lack of volition, a lack of autonomy and the inability or fear to make one's own choices.

At the core of chronic please/appease tendencies is a helpless, disempowered, hopeless and defeated child or adolescent. They are left without the dignity to make choices for their own wellbeing and to have the choices made be respected. As a result, the person can feel helpless, as though they have no other choice than to comply. Helplessness is a major precursor in trauma becoming PTSD.

People struggling with trauma can become stuck in the victim role. People can be in victimhood without being in a state of please/appease. But when victimhood is as a result of the early developmental patterns of please/appease then people can feel helplessly caught in this pattern without escape. The experience of a loss of Self is very scary for a child. They can feel guilty for saying 'no,' have personal boundaries overstepped, feel deeply ashamed of who they are, develop limiting beliefs which

confirm that they are *never enough* and *bad*. Without agency, authority and boundaries, people dealing with the impacts of trauma are bound to unconsciously repeat the same unconscious survival patterns.

Walker (2013) identifies the detrimental characteristics of the *fawn* survival response, such as codependence, grovelling, servitude, obsequious, people-pleasing, perfectionism, being treated like a doormat, or slave, (p. 107). The grovelling, servitude, slave and doormat attest to the almost pathetic, helpless and victimized nature of having to beg for affection and be taken advantage of as a result. Walker (2013) also highlights the positive side of the fawn response which is that these people are loving, have a sense of service, are able to compromise, listen, are fair, and are peacemakers (p. 106). This helps to illustrate how, once the trauma can be overcome, these loving and helpful parts of the person might be freed up.

The absolute need to keep peace in *my* home environment became a *job* for which I was not paid. The impulse was so deeply unconscious it overrode my own volition, as though there were an invisible and unspoken obligation to do what others wanted from me or expected of me. My actions were governed by this force that said, "*I have to*, even if I'm *not sure I really want to."* This would explain the many times I have experienced burn out and exhaustion at the end of the day.

### 5.2.9. Enabling is Not Love

This loss of Self at the core of please/appease can be detrimental to close relationships because the biggest challenge then becomes that of behaving authentically. "[False-agency] does not allow for people to be authentic, for partners to accurately reflect one another. Nor does it create an environment for mutuality in which each person has the support, respect and breathing room for solving his or her own problems" (Rosenberg & Kitaen-Morse, 1996, p. 38). Unfortunately, the love and care for the other person, although often authentic, is bound in obligation, survival and unmet needs—with often unspoken promises of love and acceptance. Rosenberg and Kitaen-Morse (1996) describe how enabling becomes problematic in relationships.

> Taking on another's problems and issues as one's own eventually causes the recipient of the [false-] agent's "generosity" to feel incompetent and unworthy, the opposite of the agent's intention. This way of over-giving undermines the most loving of relationships. It deadens sexuality and the body, creates bewildering anger, and surprisingly, puts distance between people (p.38).

Enabling creates codependency which does the opposite of what the person intends. The person being 'fixed and managed' is not afforded the opportunity to make mistakes and learn the skills of life. The underlying message in please/appease is that if I stabilize you and make you happy, then you will do this for me. In a functional family system this dynamic is understood though unspoken. But in a dysfunctional family system this unspoken contract can cause havoc.

I grew up in a controlling environment and for this reason I would say that it was also enabling. My parents felt like they had to be in control of all the details, otherwise they felt a loss of control. My mum wanted to be the solution to my problems and, while I never doubted my mother as a kind-hearted person, I felt inundated at times. It became difficult to actually receive her kindness because she would just come and fix the issue or fill the gap. I did not feel that I had enough breathing room to figure things out on my own. What would I do when my mother was not there to fix things for me?

Despite the challenges I had with being inundated, I learned to reciprocate this with my mother, and I would continue to repeat this same dynamic in my own life. When my mum would get frazzled from everything going on in her life, I would help to coregulate her. At times, there was a natural exchange and she was also able to coregulate me. Much of the time, my mother could talk to me when she was having a hard day. If she was ok, it would ease the tension at home. The promise with enabling behaviour is that it comes out of a need for survival: if I fix *you*, then *you* will be fine and then *I* will be fine and *I* can then prioritize my own needs; the problem in a dysfunctional system is that there were always new problems. There was never enough progress made so that I could feel like the environment was stable enough to *stop* the enabling dynamic and take care of my own needs.

Having grown up in such an enabling environment, I fear doing this to anyone else. It is an invasion of space and boundaries. In this role, I assume that I can fix others

and make them better. Unfortunately, this desire to fix, care, save, help and make-up for other people's declared or undeclared needs, when executed from compulsion, is overwhelming for both parties. It usurps a person's Self-authority. It creates codependent relationships rather than mutual, co-regulating, functional relationships. It repeats dysfunctional patterning from childhood, bringing the past into the present day.

I realize now that please/appease is enabling. I accommodate the other and do not show up for the relationship in a balanced way. I found myself constantly having to be an emotional support for a good friend of mine, because they needed and relied on my support. This developed into a dependency for me to help keep them regulated, like the dynamic in my early bond with my mum. But when I tried to feel or think or micromanage their emotions for them, then they could not learn. Twas here no incentive for them to find their own empowerment or solutions. I had to learn to first step out of the emotional support role, then learn how to create a healthier supportive dynamic with a lot more room for the other person to learn to be a better support to themselves, empowering them to step into their own lives whether they are able to, want to or not. Now, I have more perspective of the impact of enabling others, and more capacity to love and support them where they are at knowing every person has a volition whether they use it or not.

### 5.2.10. Rebellion: Acting Out Rebellion

The opposite of compliance is rebellion. There is a swing that occurs when a person realizes that they have very little choice and control. They seek control where they can find it, fighting for some spaces and places where the Self can express itself in any way at all.

I found a comical representation of this in the tv series *Gilmore Girls* (Chemel, 2006) that exemplified my own decision-making paradigms at times in my life. Lorelai, the main character, is a young mother who grew up with parents who had extremely high expectations. In this episode, Lorelai is staring at pop tarts lying on her breakfast plate, which is a common breakfast food for her. She declares to her daughter Rory, "I don't know if I like pop-tarts… Is this something I like?" She goes on to say:

> I can remember the first time I had a pop-tart. It was at my friend Erica Catcha's house, and she said, “Do you want a pop-tart?" And I knew my mother would recoil at the very idea of me having a pop-tart. […] And so, I had one. And I opened the little silver wrapper, and I took a bite, and I thought nothing had ever tasted so good. I thought it tasted like freedom. It tasted like I was my own person. The pop-tart tasted like freedom and rebellion and independence. (Chemel, 2006)

Finally, she asks, “I mean what if I don't like what I like because I like it, but because my mother doesn't like it and doesn't want me to like it?” She goes on to say, “But now I think I don't know if I like pop-tarts. What if I don't like pop-tarts? Would I like pop-tarts if [her parents] Richard and Emily had served me pop-tarts on a silver platter and demanded I eat every bite? I don’t know” (Chemel, 2006). This is a fascinating take on the way that a person can get lost in trying to have control and choice in a stultifying environment and, given the restricted nature of their choice paradigm, can only do the absolute opposite of the parents’ wishes in order to have any choice or say in their own life.

I can relate to this example because being disobedient as a child was my way to have a say, show volition, and gain some control over my life. Unfortunately, once a person is only left with defiance and rebellion as the sole option to turn to, their decision-making paradigm becomes very limited, giving them the option of making many bad decisions to feel freedom. I actually created a personal credo that carried me through my teens and twenties: “Freedom at all cost, for any price” and I used this motto for making decisions in my life.

I felt controlled by my parents and unfortunately the only choices that left me feeling a shred of freedom were in defiance of my strict parents. This was my only control. In a way, I learned from and modelled my parents’ control and decided that I was going to be fixed and stubborn and have my own way. Even if it wasn't what I really wanted, I was going to assert my right to choose, right or wrong! It was a choice I made to be stubborn and unmoving like my dad. A battle of wills. I refused to give in, even though he was bigger and stronger, and I made him so angry.

I recall at twelve and even thirteen years old, I was still secretly playing with dolls. At fourteen, something changed in me, and I was suddenly like a wild tiger in a

cage—desperate to be free and angry at being confined. Against my parents' wishes and concerns, I lashed out. As many teens do, I sought *freedom* in sex, drugs and rock and roll. I was going to show my parents that I could do things *differently from them and succeed! That I could be happy and free.* With the certainty and confidence that I had *all* the answers, I pounced into the arms of my first boyfriend; the love, acceptance and adoration that I received from him were in contrast with what I felt at home.

I traced the threads back that led me to be so undiscerning, rebellious and obstinate—my parents' rules, early experiences beyond my recollection… and the dictates of the generations before me. I wanted to be free, to be me, an individual, but the complicated undertones of my socialization kept sounding and resounding. Growing up I learned that women had to be attentive to a man's every need and desire; I learned that women were an object that had little value except the value that a man placed on her. In intimate relationships, I gave everything, and I emptied myself out thinking this was true love. It happened slowly at first—it was a relief to leave myself behind to be what I thought 'he' wanted, what a 'good woman' should be. But after a while, I barely recognized myself in the mirror. I forgot who I was and when it ended, I returned to find the wreckage that I had left behind.

I went from relationship to relationship hoping this pattern would simply resolve itself, but over the years I began to hide my heart and refused to conform to the ideals of love. Giving *my all* was no longer an option. I fought for my independence with ferocity. I resisted the notion that another person would make me significant—a baby, a son, a husband, a life partner, a nuclear family, a white knight, a boyfriend…a man.

In my life when I try to stop this pleasing and appeasing, I can so easily swing from one extreme to another. I can go into anger, become oppositional and refuse to continue pleasing and appeasing. I only get momentary relief from the behaviour and then I am pulled right back into feeling guilty for not pleasing and appeasing and the cycle begins again. Both patterns are part of the same cycle, or the opposite extremes of the same spectrum. The challenge has been *stopping* the cycle.

There was always love in my close relationships, but more than I care to admit, the undertone was governed by fears of the past reliving itself through these old insecure

relational dynamics. These survival strategies are motivated by the need to create a sense of safety by attempting to control the environment outside. Stopping the behaviour itself is not effective in completing the cycle of trauma. The major question I continue to encounter throughout my life is how to interrupt and stop this incessant pattern?

In relationship, I would find myself fighting for my freedom to *be myself* 'based' upon the survival strategies of a child and adolescent rather than on the mature, emotional intelligence of an adult. This loss of Self*,* left me at a loss for skills in Self-care, Self-value, and Self-knowledge which left me ill provisioned for real intimacy. So, when crisis hit, I left. This became a trend early on in my intimate relationships, friendships, family and in my professional life.

According to Rosenberg and Kitaen-Morse (1996), there are three major strategies that people employ to try to get free from please/appease or what they call false-agency but they also suggest that these strategies do not work. In fact, they can be just as destructive as please/appease itself (p. 203):

The first strategy, what they call Super-agency, is to pour on the false-agency one last time and fix everyone, with the hope that everyone will be 'fixed' and they will be loved for their amazing efforts. Unfortunately, there is no end to this cycle. This is an impossible task (Rosenberg & Kitaen-Morse, 1996, p. 203).

The second strategy is what they call 'Permission.' They plead with the person they are in false-agency with and ask for the person to let them go. To recognize the great work they have done and to let me go please! Unfortunately, no matter the amount of permission the person gets, this negotiation will likely not bear fruit because the deeper issue remains unresolved (Rosenberg & Kitaen-Morse, 1996, p. 203).

'Counter-agency' is the third strategy used to break free from the pattern of false-agency. This is the rebellious or oppositional approach. By doing the opposite of what people want, the counter agent is actually just as stuck and controlled by others as the agent (Rosenberg & Kitaen-Morse, 1996, p. 203). Similar to the TV episode described above, where Lorelai takes this oppositional stance, although she thinks that this is empowering and gives her control, she is still subject to the same swing of compliance and rebellion.

Another great example is in the afore-mentioned TV series *Jane the Virgin* (Diamond, 2016), Xiomara and her mother, Alba, exemplify several characteristics of please/appease and the need for control. Alba was an incredibly strict mother with strong religious morals and convictions. She believed that pre-marital sex was a sin and forced Xiomara to vow to stay a virgin until her wedding night. When Xiomara becomes a teenager, she starts rebelling against her mother, breaking some of her patterns of pleasing and appeasing. In order to break away from her mother's control, Xiomara goes to an extreme. She acts out by drinking, risk-taking, and engaging in promiscuous behaviour, ultimately leading to her pregnancy at 16 years of age. When people grow up in strict environments, they often feel that the only way to get free of the rules is to go to the other end of the spectrum—which can push them into risky and dangerous behaviour.

## 5.3. The Contracted and Armoured Nature of Please/Appease

Donald Winnicott addresses the *constricted* nature of a person's life and their relationships. The following characteristics are unique and connected because they clearly reflect the constricted nature of please/appease. Constriction can manifest as repression, muscular holding, holding breath, physically making one's Self smaller or trying to be invisible, or repressing emotions. The armoured nature of please/appease, and the defensive stance serve to keep the Self protected. Other symptoms of this constricted life can be feelings of depression, entrapment, inadequacy or a feeling of being a phony. In this section, I will explore the variety of ways that this shows up in the interdisciplinary literature that exposes symptoms of please/appease.

### 5.3.1. Repression of Personal Needs: A Habit of *Self*-Neglect

> *"The child's needs for respect, echoing, understanding, sympathy, and mirroring have had to be repressed, with several serious consequences." (Miller, 2008, p. 34).*

A pattern of Self -neglect can create a pattern of core-abandonment (IBP) or the Self in exile (IFS). A child wants to be delighted in, otherwise they push down and hide

these delightful parts of themselves where they can remain safe. Children need to know that they are of value and worthy of being treated well. If a child is treated unfairly or inappropriately, they know something is wrong. Walker (2013) writes, “She cleverly forfeits all needs that might inconvenience her parents. She stopped having preferences and opinions that might anger them.” (p. 131).

Kate Manne wrote a book on Misogyny, examining how women support misogyny through the structure of the ‘Human Giver Syndrome.’ She addresses the power structures that keep people away from having a sense of their own power. She addresses the inevitability of burnout with the standard behavior of human giver syndrome. She says, “In Human Giver Syndrome, the giver isn’t allowed to inconvenience anyone with anything so messy as emotions” (Nagoski & Nagoski, 2020, p. xiii).

### 5.3.2. Difficulty Receiving

In Bowlby’s early research in 1978, he identified additional attachment styles that were later eliminated from the final four categories, but the third of his styles resembles closely the phenomenon of please/appease with the compulsion to give, which he identified as the compulsive caretaker, and which later became anxious attachment.

> These individuals are actively involved in relationships, but always as a giver of care, never as a recipient. The etiology of this pattern can be traced to parents who were unable (because of illness, incapacity, or disability) to provide care for the child, but who were pleased to receive it, or to demand it, from the child. (Lapsley et al., 2000, p. 139)

Bowlby adds that, “Thus, from early childhood, the person who develops in this way has found that the only affectional bond available is one in which he must always be the caregiver and that the only care he can ever receive is the care he gives himself” (Bowlby, 1978, p. 14). This provides a lens on why receiving is difficult for those who grew up in an environment where they learned that the relationship was about giving care more so than receiving it due to the caregivers’ struggles and preoccupations.

I would like to share an anecdote that illustrates the automatic tendency to give to others. In 2017, I was in the midst of the eight-week *Mindful Self Compassion* 8 program.

We were being guided in a meditation called ‘Compassionate Friend.’ In the meditation I visualized a good friend coming to me in trouble and asking for help. My response was empathetic, supportive and kind. I dropped what I was doing to make myself available. My tone was compassionate and caring.

When asked to do the same, but this time replace a friend with myself who was asking for my own help, to my surprise my response was dismissive and cruel. My tone was harsh and critical, as though I was inconveniencing myself. I could not imagine ever treating anyone else this way. Firstly, I had always prided myself on being a good friend, but it had never occurred to me that there was a deficit in the inclusion of my own Self in this equation. Secondly, I realized I was much more comfortable with the act of giving than receiving. I also realized that Self-compassion was a wonderful quality, but it was so much easier to give than to receive. Only giving compassion to others and not to myself means that I am treating others with a higher esteem than myself. It has taken me quite a bit of time to become more comfortable to receive kindness and compassion.

Difficulty receiving is a quality which is well documented in codependency where people are known for sacrificing themselves and their time to help and please others. They have a hard time saying no; they feel guilty if they are not sacrificing themselves for others; They worry about rejection and feel underappreciated for the things they do for others. Codependency prevents having healthy, balanced relationships where the needs of both people are recognized and met. A codependent relationship tends to leave people frustrated, confused, exhausted, and unfulfilled. It is enabling which reinforces a belief that others are defective or unworthy in that relationship.

### 5.3.3. Split from the Body

When a person develops pleasing and appeasing as a child, they put a *hold* on their developmental urges in order to accommodate others. Without appropriate boundaries, children begin to develop rigid armouring systems over time—very slowly and incrementally. These can manifest as armouring by to tightening muscles, holding breath to cut off sensation, pushing feelings down, deadening body sensation, and suppressing emotions.

In the beginning of this writing process, a common theme was the challenge in connecting with my body sensations. I found this particular narrative particularly interesting: There are times when the feelings within surface and my body can be an unsafe place, a threat. I retract, I recoil and hide from the tidal wave of unpleasant feelings. I confine my feelings to my thinking mind. This is a safe zone which ends at my neck and my mind regulates how much gets through to the other side. I push my real feelings deep down. I keep them well preserved and bottled up, I attempt to store them to open at my convenience.

When I forget the connection to my Self, my body is a house with no one home—it is no longer a safe place. I frantically search outside for reference points to help me find my way. I flutter on the surface of my life, but there is this whole world that happens beneath the surface which is calm and connected and safe. I forget that I have an inner compass which leads me right back to my center. I forget that this place settles all my fears and worries. I escape the busyness of my mind by remembering me, by sinking back down below the stormy waves into the silence of the ocean. Now my body is a safe haven again, and the fear and worries cease. I am home.

### 5.3.4. Depression and Anxiety: Lack of Vitality

Bradshaw (1992) says that depression is caused by the child's abandonment of Self to adopt a false self; He goes on to say, "This abandonment of the true self amounts to having an empty place inside. I've referred to this as the "hole in one's soul" phenomenon" (p. 586). Bradshaw's view of depression resulting from a loss of Self is echoed by others. Miller (2008), described the gifted child as devoid of vitality because their true Self was unavailable to them. She explains that this created a vulnerability and sensitivity to more easily getting dysregulated by life-events, in particular, in response to the unconscious needs of the caregivers for nurturance and care (p. 59). Glennon Doyle (2020) expresses the deadening and displacing impacts of depression and anxiety, "Depression and anxiety are body snatchers that suck me out of myself so that I appear to be there but I'm really gone. Other people can still see me, but no one can feel me

anymore—including me." Anxiety and depression are often documented together and are impactful by-products of a loss of Self.

### 5.3.5. Erasure of *Self*: Invisibility

I found *safety* in being *invisible* amidst the unpredictable tension in my childhood home. When I was young I used to hide in cupboards, closets, wardrobes, in hard to reach spots where no one could find me. I remember the quiet and calm I got from having these small spaces all to myself. My default response was to disappear, and if I hid or drew as little attention to myself, this ensured that I was not the target of any unpredictable moods.

When an animal is scared or hurt, it crawls into a safe hiding space and will stay there until it is safe to emerge. I found safety in hiding from the stresses at home. Sometimes I hid for fun, waiting for the moment that my mother would notice I was missing, and I would wiggle in the anticipation at being found. My mother always acted surprised to find me, even when I hid in the same places. But sometimes I hid in the deepest, darkest, smallest of places—somewhere that no one else could fit; I would go here when I was in shock at the harshness, the cruelty and fear that cursed through my blood at being picked on and bullied once again.

I did not only hide physically. Afraid of my own vulnerability, I did my best to hide it away. I also began to hide my feelings. I would hide my tears, silence my voice, not speak up against injustice. I pushed it all down to stop the influx of harshness that *shut me up* and *told me to behave*, *to be good*, *to be quiet*… *that adults were bigger and knew better*. I disappeared into the background of my life. Being invisible was my way to avoid the glares, avoid the tones, avoid the judgement, the coldness, the harshness that berated my existence. But in my secret hiding place I was able to be as vulnerable as I felt and allow my feelings to come out.

Being invisible was how I adapted—but the *threat* was also invisible. It was not physical. It was in the air, palpable to me. If I could anticipate any threats, then I might be able to prepare or fix the problem and mitigate the impacts that often *left me reeling*. Without consistent *help to repair and reorient*, most often I was left alone to have to re-

orient myself. If I was unsuccessful, I would be criticized. “You are the acting strangely!” they would say, “What is wrong with you?”

The more I pushed my emotions down and in…the more broken I felt, the more I needed support to hold myself together. But the lack of support and direction a little too early left me under-resourced. The deficit became too much, my inner desperation became too much, *I became* too much and then was criticized for this. I hoped someone would understand me and teach me how to manage all this. I needed someone to see that I didn’t need criticism or pity. I was alone, too small to know how to help myself or know what to do about it.

### 5.3.6. Suppression of Expression

*“Children are better seen and not heard.” — Unknown*

Children are governed by the early functions of the developing brain which are dominated by the limbic and reptilian brains. The limbic and reptilian brains are not logical and practical, or even verbal, but *sensory* (the felt sense, neuroception), *instinctual* and *emotional*. Unfortunately, too many young children are encouraged to supress their expression, emotions, and longings behind a lock and key. The code of silence is common for trauma survivors. In particular, when pre-verbal children experience trauma and do not find an avenue to articulate their suffering, it leaves so many post-traumatic emotions unexpressed.

One powerful emotion in the trauma recovery process is grief, which is more difficult to access for those who are experiencing trauma. Until the pain of the compromise and loss are felt, the grief lies dormant and waits for an opportunity to be felt and heard. As discussed earlier, anger is a common emotion that is often suppressed in children. Another is shame, which can be deeply submerged and challenging to access because it is, by definition, so humiliating and uncomfortable to share with others.

Levine (2015) discusses how some traumatized children learn that showing emotion is futile and learn the futility of active responses to get to safety and regulation. He also discusses the important role that emotions play in informing effective action.

Even if children get the emotional signals, they do not necessarily recognize what they are feeling. Levine describes in detail the confusion that this causes for the person:

> This inability to recognize what is going on inside-to correctly identify sensations, emotions, and physical states causes individuals to be out of touch with their needs and incapable of taking care of them, and often extends to having difficulty appreciating the emotional states and needs of those around them. Unable to gauge and modulate their own internal states, they eventually collapse in the face of threat or lash out in response to minor iterations. The hallmark of daily life becomes futility. (Levine, 2015, p. xxii)

Levine highlights the complex nature of a child who does not know what they are feeling, let alone know how to respond to threat and danger, all because they are cut off from their emotions. Emotions signal to the body how to respond to the world. When the child learns that emotions did not help them when in needed, they learn futility, helplessness, hopelessness and become gripped by the feeling that there is no way out.

Another interesting phenomenon which surfaced in the interdisciplinary literature was when a child's feelings and expression of emotion trigger the caregiver's unresolved, supressed and unexpressed emotions. Miller (2008) points out that, "Many adults first become aware of their feelings of helplessness, jealousy, and loneliness through their own children, since they had no chance to acknowledge and experience these feelings consciously in childhood" (p. 90). This was something I experienced in my home. My sensitive nature was likely a trigger for my father's long suppressed, unresolved issues. I felt I had to apologize for the way I was because it felt as though I upset him every time I entered a room.

When a child's vulnerability brings up long suppressed issues, without the right understanding and tools the caregiver can shame the child by shutting down, denying, rejecting, shaming the child and sending their sense of Self into crisis. Miller (2008) explains how unexpressed feelings in a caregiver can cause unwanted power dynamics in the carer-child relationship, "Disrespect is the weapon of the weak and a defense against one's own despised and unwanted feelings, which could trigger memories of events in one's repressed history." (p. 102). Miller (2008) goes on to explain that the caregiver's repressed emotions triggered by the child become "the fountainhead of all contempt, all discrimination" in the "covert exercise of power over the child by the adult" (p. 102).

Miller (2008) discusses the surfacing of early trauma that can be re-lived in adulthood and which may surface without understanding the "original connection ever becoming clear. The connection can be deciphered only when the intense emotions have been experienced in therapy and successfully linked with their original situation" (p. 34-35). I agree with Miller that, at times, the connection to the trigger may be difficult to see and that therapy can offer the tools and perspective to more easily navigate these challenges.

Suppression of expression was another major theme that surfaced repeatedly in my own writing. Since the challenges that 2015 brought, I survived by busying myself. This was an excellent strategy to focus my grief and suffering into something positive, but the busyness allowed me to keep pushing the pain farther down. Only years later am I just realizing that the wall that I built to protect myself from the pain fundamentally isolated me further from my Self and others. The walls kept the free-flowing expression of pain and grief at bay, but also stopped the free-flowing expression of love, joy and creativity. I learned the hard way that there is no compartmentalizing one part of myself. Unfortunately, I ended up cutting myself off from both the things that brought me *joy* and the things that brought me *pain*.

One example is that I had not picked up my camera in five years. This was a good indicator that something was wrong, but I had such a struggle to feel any joy or enthusiasm that I was not inspired to do any photography. Creativity is an expansive state, and it is difficult to be in that flow of creativity in a contracted state. More recently, I was charmed into joining an online photography course that was teaching skills I had been wanting to learn for years. Once I had made the payment, something incredible happened: this overwhelming, authentic sense of loss and grief came over me, then an overwhelming sense of relief came over me and I felt a deep peace in feeling even the possibility of being connected to that creative Self.

My body did not agree with this strategy to dealing with my stress and I began to develop severe panic attacks. The symptoms improved in the following years, only to resurface in the early stages of the pandemic in 2020. The pandemic brought on a profound panic in me, and I descended into a deep depression. The panic re-emerged bringing with it prolonged periods of a full freeze response and body paralysis which I

had never experienced so blatantly and for such extended periods. I was unsure how I would re-emerge. I did everything to try to get my body moving through the freeze response. I tried physical activity, but sometimes this aggravated my already agitated state with worse bouts of immobility. I learned through the process that moving out of this passive freeze response was not going to happen through physical movement alone. It was much more about allowing the safe expression of my locked-up emotions, which I could compare to wild animals locked in a cage.

What happened primarily is that I shut down the expression of my feelings and pushed everything down deep into the recesses of my being. I hid them from others. I was numbing myself through this process, which I believe was causing the panic and freeze responses. I would do, do, do, and then collapse. The only thing that worked with the severity of those symptoms was to try to allow myself enough time. I would begin to thaw, but I had to slow down enough to allow the deeper feelings to emerge.

When the panic would start, I kept finding myself saying, "*I'll be fine*, *calm down*, or *just breathe*." Although this helped to calm me, I found that it was blanketing the panic with calmness and bypassing the expression of the deeper feelings. The analogy I began to use to describe this process was to stop taking the impulse or spark to express and dampen it with water—smouldering or hindering the impulses from finding expression. After shutting down and dulling my inner spark to move through the immobility, it was a process of allowing safe expression and reminding myself that I can take it slowly. Who knew that it would take a global pandemic to slow me down enough to realize that I hadn't slowed down since early 2015.

I would like to conclude this section with some of Miller's (2008) insights about children who learn to supress and not express emotion:

> …for a child can experience her feelings only when there is somebody there who accepts her fully, understands her, and supports her. If that person is missing, if the child must risk losing the [caregiver's love] in order to feel, then she will repress her emotions. She cannot even experience them secretly, just for herself […] But they will nevertheless stay in her body, in her cells, stored up as information that can be triggered by a later event. (Miller, 2008, p. 34)

I appreciate Miller's acknowledgement that the caregivers play a *major* part in whether a child learns to the shut down of emotions or learn healthy expression of emotions. The most important factor in what Miller expressed is that the child will repress emotion if they are attuned to and supported in their healthy expression. Otherwise, they must shut down their own developmental needs and desires. This is a key element which is key to understanding please/appease.

# Chapter 6.

# Exploring the Insights of this Study

This study took me on an inward journey. I navigated the testy terrain of my own inner landscape. I knew when I began, that this journey came with some risk. At times I could hear the deadly click of a land mine below my foot. These were critical moments of learning about my own lived experience, my own resistence. This final chapter is an exhalation—I made it to the end…now what did I learn from going on this incredible journey?

In this chapter I present the insights which were derived from the pertinent interdisciplinary literature and my own self-narrative. By investigating both methods in tandem, I noticed discrepancies where one approach would take me down one path and the other would pull me in another direction; this led to surprising insights which exposed gaps in the current theories and concepts pertaining to pleasing and appeasing which I could not have anticipated when I began the study. Right up to the final revision, this chapter has continued to take form as a 'theory of the please/appease survival response'—which has personal value and, I trust, value for others.

I have sought answers to questions about the evolutionary origins, the developmental patterns, and the characteristics of the please/appease survival response. The questions pertain to a broader question about how please/appease differentiates from love. Below are the significant study findings presented in a progression which highlights how I arrived at these insights.

### 6.1.1. Fourteen-Step Process: The Onset of Please/Appease

The multivalent nature of the please/appease response is complex with a wide and diverse variety of characteristics which hint at its chronic impact. Through exploring the interdisciplinary literature and incorporating self-narratives in chapters 3, 4 and 5, I have identified a fourteen-steps process to inform the onset of the please/appease survival response which appears to trigger its various characteristics. In real life, this series of

events appears to be occurring simultaneously. For the sake of breaking down the distinct experiences however, I have listed a rough progression to help contextualize how the please/appease response occurs:

1. **Unresolved Wound, Unmet Needs & Fear:** The caregiver's needs supersede the child's needs (for a variety of reasons, which often reflect their own unresolved childhood wounds, traumas and unmet needs—and are therefore driven by an underlying *fear*).
2. **Threat:** The child feels a sense of *threat* at the risk of losing a caregiver's attention, favour, approval and acceptance *if* they do not accommodate the caregiver's needs.
3. **Role Reversal:** This translates into a life-or-death *fear* that the caregiver will neglect, reject, disengage, abuse, withdraw or abandon the child (stated or under-stated) which forces the child to have to choose between their own needs and those of the caregiver.
4. **Survival Needs Adaptation:** The child prioritizes and accommodates the caregivers' needs by adapting themselves to *keep* or *gain* the caregiver's favour, approval and acceptance; In this way the child ensures that the caregiver is *content enough* to fulfill their role as caregiver—for the child to have their *basic survival* and *psychological needs* met.
5. **Idealized Social Self—Please/Appease:** This causes the child to create an adaptive response (please/appease) which serves as an idealized version of who they are *supposed* to be, and how they are *supposed* to act. This adaptation protects them by lessening the threat of dysfunctional or hostile social interaction. This is done by engaging the *social engagement system* to become more accommodating, helpful, loving, caring and sincere.
6. **Love or Fear:** Because this adaptation is a means of pleasing and appeasing another to reduce threat, the child finds themselves in an unhealthy dance of *being* loving and *acting* loving without clear distinction between them due to an under-developed Self and boundaries.
7. **Beliefs of Rejection:** The child interprets this need to adapt who they are, to accommodate the caregiver, as a *rejection* of their sense of Self. The shame messages: 'I am not enough' and/or 'I am bad' are inadvertently communicated and internalized.
8. **Shame:** These messages are associated with shame which has a negative impact on the developing brain, including inhibiting the connection to Self.
9. **Underdeveloped *Self*:** The child's focus on achieving their own developmental tasks is redirected toward accommodating the primary caregiver's needs—causing a role reversal. Erikson's theory shows that when please/appease develops early enough, children will miss the vital developmental stages of *trust* and/or

*individuation* from the caregivers which are key to the development of a healthy sense of Self.

10. **Loss of *Self*:** The child is thwarted in their ability to develop their sense of Self. A 'loss of Self' occurs because the child must push away their own needs or Self - abandon to stay in favour, which is a means of survival. Without the support to accomplish the essential tasks within each developmental stage, the child misses key developmental stages and the pride that accompanies their accomplishment. This becomes a pattern of Self-abandonment which re-enforces patterns of complex-PTSD.
11. **Behaviour is Encouraged:** Without the Self present to give the child direction, the child begins to look outwardly for cues. This adaption to accommodate the caregiver is affirmed and supported in some way by the caregiver (whether conscious or not), thus creating an affirmation to look outside the (now underdeveloped sense of) Self for validation and approval.
12. **Lack of Boundaries & Consent:** This dynamic becomes a power imbalance because the child will not have developed healthy boundaries and healthy differentiation from others. A power imbalance in the relationship creates dysfunctional models of relationship without a healthy sense of respect, consent and personal boundary.
13. **Attachment Trauma:** If the above pattern is repeated often enough, a loss of Self can become an internalized pattern of Self-abandonment, which makes the person more susceptible to trauma as they will have an underdeveloped sense of Self and boundaries which are key to be able to protect themselves.
14. **Complex-/PTSD:** As a result, this loss of Self creates a split, a chasm, in their life that forces the person into a dualistic, black and white existence, which closely resembles complex-PTSD. I assert that this loss of Self can become traumatizing and cause complex-PTSD with a wide range of possible accompanying symptoms.

In the following sections, I go into more detailed insights based on the above progression.

### 6.1.2. Insight 1: Developmental Undertones

Please/appease can develop in infancy and early childhood, but there is also evidence that please/appease develops later in childhood and adolescence. However, infancy and early childhood were overwhelmingly documented. The age of impact was shown to determine the complexity of recovery later in life. When developed earlier in life, the recovery was shown to be more complex because of the child's underdeveloped cortical brain. Children have omnipotent or imaginative thinking and can deeply

internalize their environments. These two things help to identify the earliest origins of please/appease.

These early please/appease patterns can cause developmental arrest in certain areas. Erik Erikson identified this exact pattern in his theory of the psychosocial stages of development which shows the susceptibility to please/appease particularly in the toddler stage of *exploration and individuation*. The interrupted developmental patterns may show up later in life if left unresolved—still showing signs of internalisation, omnipotent thinking, as well as shame and guilt. When the developmental patterns are interrupted in very early childhood, the impacts can be more complex and present as symptoms of complex-PTSD. While the development of please/appease in mid-childhood and adolescence may not be as deeply rooted and is documented to be more easily resolved.

### 6.1.3. Insight 2: Please/Appease is a Loss of *Self*: A Fundamental Inner Crisis

According to this study, the please/appease response develops from the following relational dynamics: carer-child role reversal; disregard for a child's boundaries; conditionality and rejection; threat of abandonment; emotional neglect or low nurturance; high or impossible expectations; shame and guilt; a crisis for control; power imbalances and objectification; and harmful socialization.

Each of these developmental dysfunctions requires the child to adapt who they are to the demands of others, thereby leaving the child feeling as though they are not good enough, deeply flawed, or as though something is very wrong with them. The child must withdraw their natural inclinations and instead fabricate an idealized social self which is acceptable to the caregiver.

This causes a fundamental inner crisis, a loss of connection with Self*,* causing a loss of volition and Self-authority, which is a major component of please/appease (I would argue that they are one and the same). I posit that this loss of Self causes an internal crisis within the young person that brings on a variety of symptoms seen in PTSD and complex-PTSD. I see this loss of Self as the stressor which propagates the need for the please/appease adaptive response. Loss of Self is at the root of the long list

of characteristics of the please/appease survival response, which closely resembles complex-PTSD. The loss of Self causes a huge tear in the fabric of a person's reality, affecting all areas of their life.

### 6.1.4. Insight 3: An Interpersonal Survival Response

The findings from this study support the solely interpersonal origins of please/appease. The developmental origins of please/appease (carer-child role reversal, lack of consent, high or impossible expectations, threat of abandonment, guilt and shame, power imbalances and objectification, conditionality of affection, a crisis for control and the harmful social expectations) all attest to interpersonal dynamics or social nature of please/appease. My own experiences confirm that the please/appease survival response originates from maladaptive and/or dysregulating interpersonal encounters which cause the infant/child/adolescent to create an *idealized social* self in order to return to some form of homeostasis.

The early developmental and interpersonal patterns implicate the earliest caregivers as well as cultural socialized beliefs, norms and pressures. Please/appease shows how much the primary caregivers and their families influence children in their early development. Caregivers' trauma, beliefs and cultural values are commonly passed down to their children for better or for worse.

### 6.1.5. Insight 4: Motivating Factor: Fear of Abandonment, Rejection, Neglect, Withdrawal of Acceptance, Affection or Care

> *"Dependency parading as love' is rooted in her deep fear of abandonment." (Bradshaw, 1992, p. 18)*

According to this study, the please/appease response takes form when a child is asked to adapt who they are or who they present to the world to accommodate others. When a child feels they must prove that they are loveable and try to earn love, it is likely to see the development of please/appease and a loss of Self. This is where please/appease is so unique. Please/appease is a key adaptive strategy because the child has an

underlying fear that they will lose affection, acceptance or care if they are their real or authentic Self.

These developmental origins each point to a lack of healthy attunement and repair. The anxiety caused by the fear of abandonment, neglect, withdrawal or/and rejection appear to be the main motivators for a child to turn to the please/appease survival response. This fear of rejection is also a key indicator for anxious and disorganized attachment adaptation, once again drawing a correlation with attachment theory.

The correlation between the lack of attunement, fear of neglect and abandonment, and the development of shame and limiting beliefs, is seen in the progression of pleasing and appeasing. The impacts can be severe for infants and children, it is commonly documented that emotional neglect can feel like *death* for a child. In attachment theory, it is commonly seen that misattunement causes children to adapt who they are to make sure the primary caregiver does not leave them. Cozolino (2017) speaks to this: "[t]he child, robbed of the possibility of Self-discovery, compensates by caring for the parent under a real or imagined threat of abandonment" (p. 352).

Walker's (2013) *fawn response* highlights the desperation and groveling nature which can be present with this response (p. 107). He illustrates how emotional neglect makes the child feel that they must beg or plead for love to have their basic and psychological needs met. The child's desperate desire for love and safety causes them to compromise and trade their sense of Self for their own survival within a dysfunctional family system.

### 6.1.6. Insight 7: Trauma-Induced Shame—The Root of Please/Appease

> *"Emotional abuse comes in the form of rigidity, perfectionism, and control. Perfectionism produces a deep sense of toxic shame." (Bradshaw, 1992, p. 45)*

It has become evident to me that nearly all of the characteristics of please/appease attest to one overarching theme—a 'loss of Self.' This loss of Self appears to happen

when a child feels that they must adapt themselves to belong and be acceptable to others by creating a more acceptable or ideal social self. Unfortunately, this can be tied to a child's core underlying belief of *rejection* of who they are, *badness* and *never being enough*.

Shame was found as closely connected to the developmental patterns and symptoms displayed in the list of characteristics of please/appease. This loss of Self can be experienced traumatically by the child because it creates a core anxiety within the child of emotional neglect or fear of abandonment that they must prove their worth and work hard to get their attachment needs met. As Bradshaw (1992) points out, toxic shame is at the core of the wounded child,

> All these kinds of abuse create toxic shame—the feeling of being flawed and diminished and never measuring up. Toxic shame feels much worse than guilt. With guilt, you've done something wrong; but you can repair that—you can do something about it. With toxic shame there's something wrong with you and there's nothing you can do about it; you are inadequate and defective. (p. 47)

Some caregivers will shame their children unwittingly, often due to their own unresolved traumas and socialization. They may follow a shame-based parenting approach which has been openly condoned by many cultures and societies for generations. In shame-based parenting, a child grows up in an environment with the Self being disconfirmed and causing this belief system that the child is *bad* or *not enough*. Many parents, if they had been made aware of the detrimental impact of shaming a child, may not have done so.

Kemeny, Gruenwalk and Dickerson (2004a) identified that "a decrease in one's social status and social regard is the primary elicitor of the experience of shame" (p. 153). This perfectly reflects the list of developmental origins of please/appease. They posit that shame threatens social status and that humanity has an innate "motivation to preserve a positive social self would have evolved and been maintained as a fundamental motivation along with the motive for physical self-preservation" (p. 154). This statement implies that humans also evolved a survival system specifically to preserve a positive *social* self—please/appease is testament to this.

Erikson's psychosocial development model draws a direct correlation between the manifestation of shame and when a child does not properly experience the developmental

stage of *individuation* and *exploration* early in their development. Exploration and individuation are critical in the development of the sense of Self required for not falling into the traps of please/appease.

### 6.1.7. Insight 5: Attachment Theory: The Science of Human's Earliest Interpersonal Survival Adaptations

Origins and characteristics of please/appease were overwhelmingly documented in attachment theory, particularly in *anxious* and *disorganized* attachment adaptations. Please/appease is a purely social phenomenon which shows up in conjunction with complex-PTSD symptomology. The *sometimes* subtle nature of misattunement between adult and infant is a reminder of the *subtle* nature of attachment trauma which is easily normalized and minimized, yet is evidently causing serious issues in people's lives as is well documented in the plethora of studies on attachment.

Although attachment 'styles' are not explicitly called survival responses, I found quite a lot of evidence showing that these 'styles' match the definition of a survival response. For example, McKinsey Crittenden (1999) defined attachment theory as a "theory about protection from danger" (p. 145), and Heller (2019) explicitly identifies attachment 'styles' as "attachment adaptations" (p. 13) which are formed in times of challenge to adapt and survive. It is evident in the present study that attachment theory has identified a cluster of specifically interpersonal survival responses. I believe this identification will help to fill in the gaps in the current understanding of please/appease and help to distinguish social responses from the current dominant survival responses.

Lyons-Ruth (2021) distinguishes the less subtle forms of trauma from the more explicit threats, explaining that "hostile threat, harsh treatment, abuse**,** differentially activates the right amygdala and leads to fight, flight or freeze that we have seen in many other studies throughout the animal kingdom." She also notes the second threat response which appears to be abandonment threat "from disengagement or withdrawal" (Lyons-Ruth, 2021) in early life and less so in later life. Although more research is needed, she mentions the activation of "a separate aspect of the limbic stress network which is the left amygdala" (Lyons-Ruth, 2021). She describes this second threat as a "maladaptive

response" (Lyons-Ruth, 2021) to a primary caregiver's withdrawal. Instead of fight-flight-or-freeze, "the child needs to *call* and *contact seek* to try to approach the parent and this is an aspect of the need to engage with the parent and continue to seek engagement with the parent at that point on the parents terms" (Lyons-Ruth, 2021). Lyons-Ruth's findings *also* highlight the gap in the current theories of survival responses which do not incorporate the strictly interpersonal survival adaptations that encompass the please/appease response. Lyons-Ruth (2021) claims that this second threat system is as a result of a withdrawal of the caregiver which forces the child to have to adapt to accommodate the *parents' terms*.

There are opposing ideas around what constitutes *traumatic* or *dysregulated* threats. According to this research however, I am looking for answers to explain the subtler, overlooked impacts of trauma. In this light, it is impossible to overlook the profound impacts of the *loss of* Self on a young person during their development. I suspect that anxious attachment can definitely be characterized as *traumatic* at times, if how *trauma* is currently understood is re-examined. I believe that Lyons-Ruth may have identified this second response system to help shed understanding of the profoundly impactful loss of Self.

The loss of Self occurs in a state of deep anxiety and causes symptoms of complex-PTSD. I posit that there are milder and more severe manifestations of please/appease in the symptomology of complex-PTSD, which is evident in the expression of please/appease in both *anxious* and *disorganized* attachment. I hope this illustrates the possibility that there is a spectrum of impact for this fear of abandonment and withdrawal.

Disorganized attachment helps to explain the more severe manifestations of please/appease, since disorganized attachment is often identified with attachment trauma. In disorganized attachment, children "are generally unable to effectively auto- or interactively regulate, having experienced extremes of low arousal (as in neglect) and high arousal (as in abuse) that tend to endure over time" (Ogden, 2015, p. 33). The child shuttles between both anxious and avoidant tendencies in an unpredictable manner

making self-regulation especially difficult for them. The challenge to regulate shows up in many ways as the person grows into adulthood if not addressed.

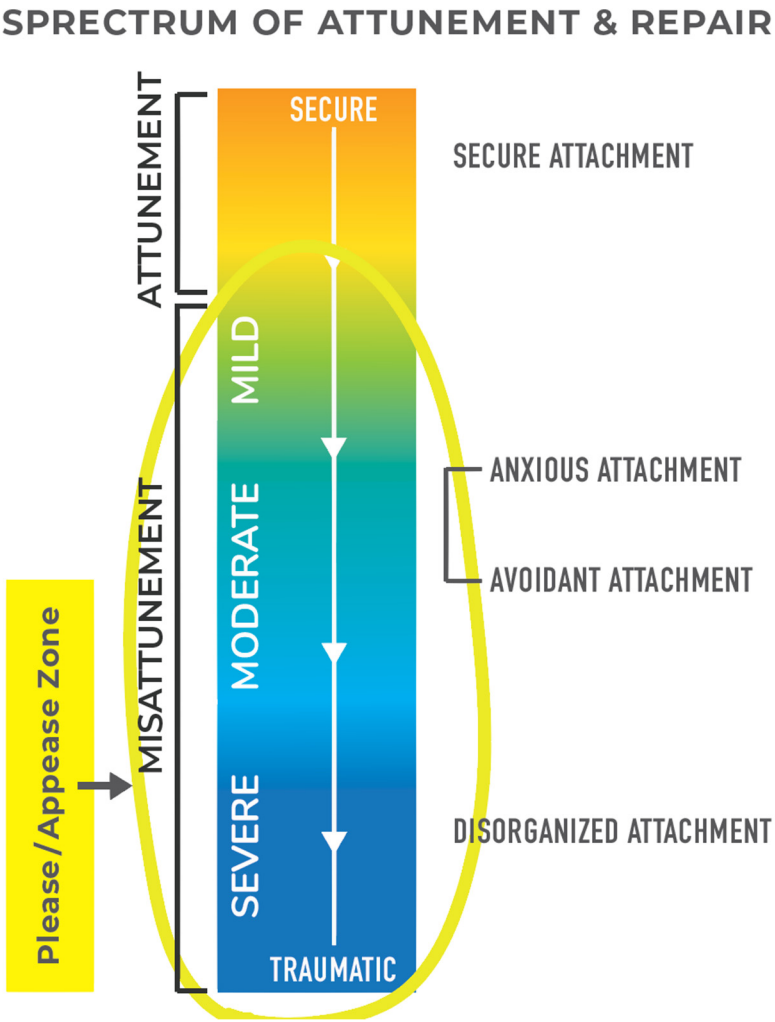


**Figure 6.1. The Spectrum of Attunement and Repair**
This scale helps to illustrate the spectrum from milder manifestations to the more deeply rooted traumatic impacts seen with please/appease and the complex PTSD symptomology that accompanies it.

### 6.1.8. Insight 6: The Interpersonal Threat Response System

> *"McKinsey Crittenden's (1999) explains that safety is not what causes the species to create adaptive responses—rather, it is danger" (p. 147).*

Attachment theory shows the huge impact a lack of proper attunement can have on the development of mental health and the functioning of the nervous system, and on the child's sense of Self. There is a clear correlation between the please/appease survival

response and many of the qualities of 'anxious attachment' adaptation in attachment theory. Another relationship was found between the qualities of 'disorganized attachment' adaptation and please/appease. The connection to disorganized attachment is most likely due to the fact that it has aspects of both *anxious* and avoidant attachment. The motivating factor of please/appease is a fear of abandonment which is synonymous with anxious and disorganized attachment, which, I believe, is key to understanding please/appease and its profound connection to attachment science.

Attachment theory provides a comprehensive account of the intricate ways that humans are wired to connect. This theory highlights the primal need of infants and young children to attach to their caregivers. It confirms a guiding proposition that *attachment* is an adaptive strategy and an interpersonal survival response.

It is evident from the diverse literature on survival structures and theories presented in chapter three that caregiving and/or attachment have evolved as the more social cortical brain has slowly evolved over millions of years. The evolution has allowed the human species to survive, but also to thrive. The neuroscience gives insight into how a very sophisticated cortical brain has brought positive changes while also causing some mental health issues. Along with the sophisticated development of the social brain came the need to develop new and specifically social survival responses.

I propose that in the face of threatening interpersonal encounters humans access a parallel *interpersonal threat response system* which bridges the polyvagal theory and attachment theory to fill the gaps identified herein. Within this hybrid *response* system are a series of adaptations which help to explain the complex interpersonal survival adaptations of human beings. These concepts are explained in further detail in the following sections.

### 6.1.9. Insight 8: Obedience & Rebellion: Swinging Between Extremes

A number of dichotomies emerged as I did this research: regulated and dysregulated states of the nervous system; a survival self and a natural Self; the black and white nature of trauma; left and right hemisphere of the brain; love and fear; scarcity and abundance; domestication and wildness; Self and shadow; True Self and False Self;

Idealized self and True Self; a rational scientific explanation alongside a lived story; a very significant dichotomy playing out in please/appease is the one between *obedience* and *rebellion*, or *compliance* and *non-conformity*. I have found myself swinging between the two on multiple occasions. There is a swing that occurs when a person realizes that they have very little choice and control. They seek control where they can find it, fighting for some spaces and places where the Self can express itself in any way at all.

Kitaen-Morse and Rosenberg (1996) identified a concept they call *counter-agency* which is a reactive response to false-agency (or please/appease). When someone finds they can no longer continue with the pleasing and appeasing behaviour, they try to stop the behaviour by doing the exact opposite and try to stop by rebelling against the pleasing and appeasing behaviour. Unfortunately, this swing of extremes does not stop the repetitive pattern of the survival response. By doing the opposite of what people want, the counter agent is actually just as stuck and controlled by others as the false-agent (Rosenberg & Kitaen-Morse, 1996, p. 203). Both patterns are part of the same cycle, or the opposite extremes of the same spectrum. This reflects the repetitive pattern of PTSD. The challenge is to stop the cycle. Using a model like Peter Levine's 'Biology of Traumatic Transformation,' the motivational thrust to get free can be channelled into positive efforts to bring this cycle to completion (see Figure 6.3.).

## 6.2. A Hybrid Social Engagement Response: The Theory of a Dysregulated Social Engagement System

The insights above lead me to see please/appease in a very unique light. I have come to disagree with Walker's (2013) model that asserts that please/appease, or what he calls the *fawn response*, is the *fourth* primary response. His model asserts that there are 4f's, and they are fight, flight, freeze and fawn.

*Firstly*, the oversimplified use of fight-flight-or-freeze excludes an array of human survival responses and, therefore, I was unable to use this oversimplified model in my own investigations. Instead, I found the terms 'active' and 'passive' responses were more inclusive and broadened the scope of survival responses to include, for example, faint, collapse, shut down, comply, dissociating, attach/cry or please/appease.

The fight, flight (active) and freeze (passive) survival responses are indeed inbred primary responses born from hundreds of millions of years of evolution and survival. However the uniquely social characteristics of please/appease are not specifically explained in either active or passive responses within the polyvagal theory. It is evident to me that there is a gap in the thinking around the current evolutionary model of the polyvagal theory that excludes a clear explanation of the please/appease survival response.

*Secondly*, according to the polyvagal theory, the social engagement system is a *regulated* state. While please/appease does display certain characteristics found in the social engagement system, its classification as a 'survival response' indicates its often dysregulated survival nature. This anomaly illustrates the need to be more inclusive and identify the evolutionary history of please/appease in order to expand on the current theories. I propose that a set of hybrid *interpersonal* survival responses be considered in the polyvagal theory that better explain a 'dysregulated' social engagement system.

*Thirdly*, this study points to a parallel survival system which is engaged specifically in maladaptive interpersonal encounters. I propose that this is the *interpersonal threat response system* which corelates well with attachment theory. Please/appease is a unique survival response because it appears to be an adaptation of a social engagement response—*seemingly* caring, nurturing, caretaking and loving. The interdisciplinary literature and my lived-experiences show that being in a state of survival is a dysregulated or fearful state with the prime objective *to survive*. I propose that please/appease is an adaptation of the regulated state of the social engagement system—a *dysregulated social engagement system*.

While attachment theory offers well researched interpersonal survival responses, I propose bridging polyvagal theory and attachment theory to create a more inclusive and comprehensive account. This connection between the two theories would then explain the anomaly that is the please/appease survival response. I will summarize below the proposed adaptation of attachment science to the current polyvagal theory.

This hybrid polyvagal theory model proposes the inclusion of a parallel survival system which is interpersonal in nature—*the interpersonal threat response system*. When

dealing with *specifically interpersonal encounters*, rather than defaulting to fight, flight as the first line of defense, I propose that people would default to the *interpersonal threat response system*. The attachment adaptations can be considered integral and formative survival adaptations of the infant and child (this model can also be adapted to include adult attachment patterns as well). The human child would perish without the *interpersonal threat response system*. This accounts for a dysregulated social engagement system, which then accounts for the unique nature of the please/appease survival response. Lyons-Ruth identified that the impacts of early fear of abandonment and withdrawal sets off a secondary threat system to that of the fight-flight-or-freeze threat system which is brought on by "hostile threat, harsh treatment, abuse" (Lyons-Ruth, 2021) and which activates the right amygdala. As opposed to this potential secondary threat response which appears to be brought on by socially maladaptive threat of withdrawal, disengagement or abandonment activates the left amygdala. Her research supports my findings that show a gap in the current theories where please/appease fits into the current evolution of survival responses.

As seen in the diagram below, please/appease is depicted under the *interpersonal threat response system*, which is a primary developmental adaptive response. Please/appease is then housed within anxious attachment and disorganized attachment and therefore should still be distinguished as such. In other words, I think it is important to distinguish the please/appease response from designations of anxious or disorganized attachment adaptations until further research is done that can say otherwise.

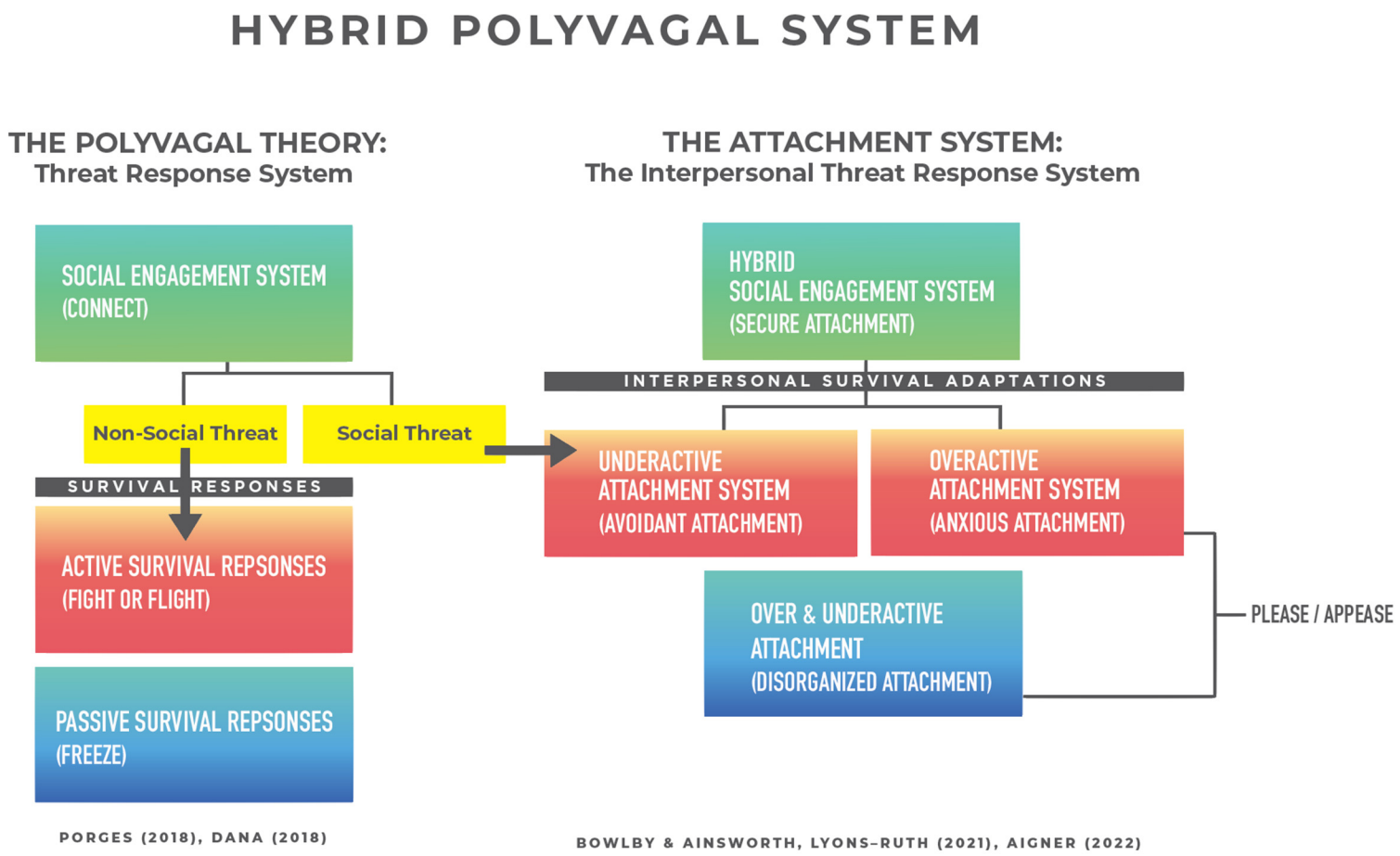


**Figure 6.2. The Hybrid Polyvagal System**

Note: Currently the polyvagal theory does not account for a dysregulated social engagement system, only dysregulated states of hyper and hypo arousal. This hybrid autonomic ladder proposes the inclusion of a parallel hybrid survival system which is specifically interpersonal in nature—the *interpersonal threat response system*. This including attachment adaptations as integral and formative survival adaptations of the infant and child (this can be adapted to include adult attachment patterns as well).

### 6.2.1. Bridging Three Theories: Survival Responses vs. Protective Roles

The merger between the *attachment theory* and *polyvagal theory* is foundational to seeing how humans have evolved to have a sophisticated social brain *and* an interpersonal threat system. In addition to bridging attachment theory with polyvagal theory, I propose bridging the contributions of another theory, Internal Family Systems' (IFS) *parts theory.* Parts theory makes an enormous contribution to further understanding of the nature of survival and broadening the scope to become more inclusive and representational.

Earlier, I address the limiting framework of fight-flight-or-freeze; instead, I propose using the terms *active (hyperarousal)* and *passive (hypoarousal)* responses. But Internal Family Systems (IFS) offers a concept of the *multiplicity* of the Self which helps to shed light on how humans adapt to stress or trauma. It also highlights how varied and common these adaptations are; IFS calls these *protective roles* or *protective parts*.

*Protective parts* are aspects of a Self which has had to adapt to manage stress or any form of trauma. These protective parts allow a person to compartmentalize the stress in order to retain day-to-day functioning. There are two categories of protective roles: *manager* and *extreme* (or Firefighters) parts. Parts theory also suggests that managers and extremes are, at their core, aspects of the Self which has had to adapt in order to manage stress.

In IFS, 'Self-energy' or the 'Self' is at the core of one's being. According to IFS, if aspects of the child are ignored then the child perceives this as a rejection of these parts of them. These aspects of their rejected Self are sent into exile within the person to keep them safe from further rejection and pain.

Using the IFS model, the term *please/appease* survival response, which tends to be more of an *active* survival response, is not completely accurate because *pleasing* and *appeasing* could easily be distinct *parts* of a person or a distinct *role* they have taken on. Each part would have a distinct reason for working together and hyperfunctioning in order to protect the Self from harm.

Both pleasing and appeasing fall under the category of *managers* which are resourceful in adapting to maintain some order and routine to protect exiles from the danger of being repeatedly hurt or re-experiencing pain from the past. It is common for managers to be anxious or hypervigilant to scan for threats or danger. Through the IFS model, the full please/appease phenomenon with all of its various characteristics, would be comprised of a cluster of protective parts which would be made up of some managers and some extreme parts.

This model challenges the binary nature of viewing adaptive strategies as separate from the Self. IFS looks at the sense of Self and loss of Self as different parts of a whole instead of a binary. IFS calls this idea 'multiplicity.' It is a holistic model which views these protective roles as aspects of the Self which take over allowing the authentic Self to retreat into exile to stay safe—like an understudy, stepping in for the star actor. This also describes perfectly the loss of Self which occurs in please/appease.

When I began this project, it was evident that the phenomenon of please/appease was not clearly categorized as a survival response. However, the more I read, the more sources pointed to an intricate world of survival that may be falsely labelled and falling between the cracks. For instance, van der Kolk (2022) explains how shame also acts as a survival mechanism,

> This self-blame and this self-shame has a certain survival capacity and that means that if I behave myself differently, this won't happen to me. This really creates a new part. […] The shame is almost, invariably, it's a part people develop in order to protect themselves from future harm.

Shame is often identified as an emotion, but I question if shame falls into a category of emotion which exists to protect—a protective part or survival response? I do not have the answer to this question. Similarly, I question whether fear is also an *emotion* (or part) which exits to protect. Darwin (1989) explains the deadening impacts of fear,

> "Fear again is the most depressing of all the emotions; and it soon induces utter, helpless prostration, as if in consequence of, or in association with, the most violent and prolonged attempts to escape from the danger, though no such attempts have actually been made." (p. 62)

In Doyle's (2020) book *Untamed*, she explains how feelings function to return her to herself, and distinguishes these from how "Depression and anxiety are body snatchers

that suck me out of myself so that I appear to be there but I'm really gone." Perhaps she is right, depression, shame, and these body deadening (hypoarousal) 'emotions' are not emotions at all, but adaptive responses to stress. Perhaps they are dysregulated adaptive strategies *disguised as emotions*. Similar to the way please/appease is a survival strategy *disguised as love*.

I would like to share a personal example experience that I had with *dissociation*. I had been working hard on a book project for many years. However, as the project was wrapping up, the stress from the traumatic events in 2015/2016, which I had unwittingly dissociated, began to resurface. It felt as though I was snapping out of a dissociative state—almost as though I had amnesia, and memories were resurfacing of the person I was before the project. I was utterly confused and panicked. I was experiencing fragmented emotions and physical irregularities. *Dissociation* became an *extreme protective part* which helped me to numb the pain and defeat by sending it into exile. In addition to this dynamic, I had to adopt an array of manager parts to help me function on the surface of the turmoil at the foundation of my life; one manager that I adopted was to *over-busy myself* so I had limited time to be with others for fear of being betrayed or hurt again.

Using the model of IFS, it is easy to see how the adaptive strategies are infinite, layered and unique to reflect each person's developmental, social, environmental, and cultural influences. These protective parts, act in a very similar capacity to survival responses. I suggest that IFS's contribution of *multiplicity* fills a huge gap in the current framework on survival responses.

## 6.3. Fighting to get Free and Interrupting the Cycle

Levine identifies four components that show up in a person who has been traumatized: 1. hyperarousal 2. constriction 3. dissociation 4. freezing (immobility) associated with the feeling of helplessness. He states, "[t]ogether, these components form the core of the traumatic reaction. They are the first to appear when a traumatic event occurs" (Levine, 1997, p. 132). PTSD sets in when the person does not successfully escape a traumatic event.

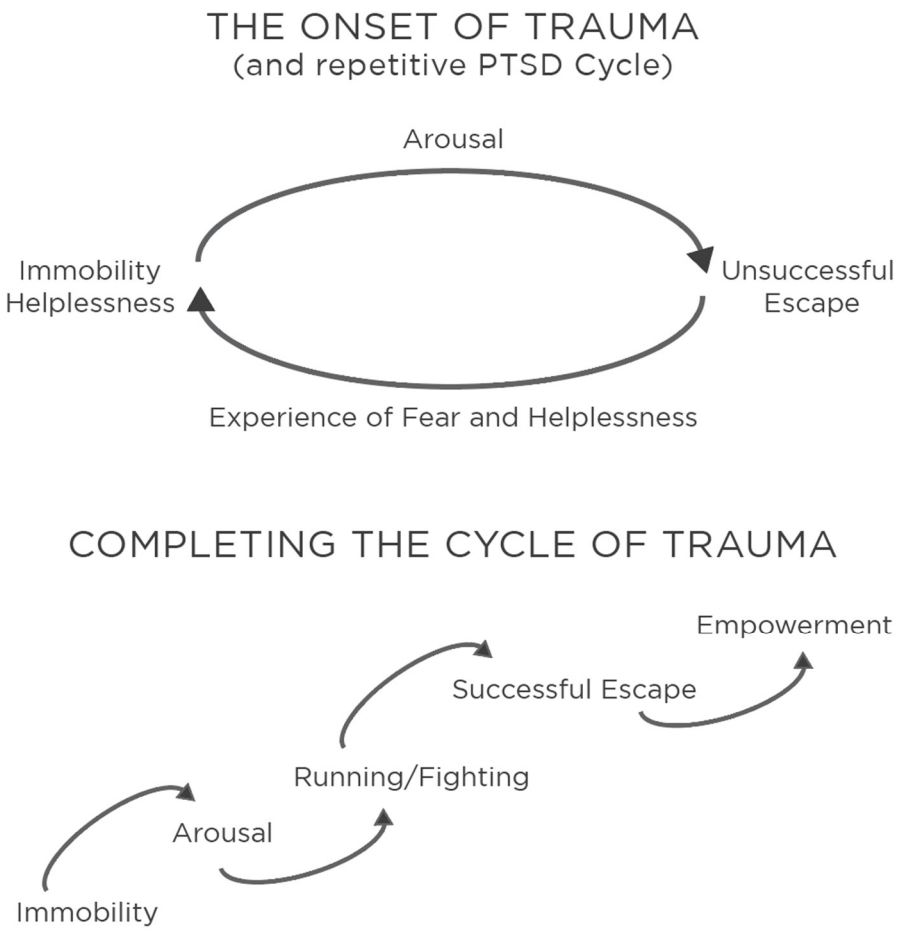


**Figure 6.3. The Biology of Transformation**
Diagram and concept is based on Peter Levine's (1997) 'The Biology of Nancy's Transformation' from *Waking the Tiger*.

Addressing please/appease as a survival response helps to put recovery into clearer perspective. As Levine shows, the pattern must be interrupted, otherwise the cycle continues retelling the same unresolved story. I assert that the rebellion that people experience in *counter-agency* is a healthy desire fueled by the *fight* to resolve the trauma, but unfortunately it is misguided. I take this one step farther and propose that this fight may at times mirror the same qualities of the healthy developmental stage of exploration and individuation of a toddler with a desire to test boundaries and individuate.

Trying to make sense of please/appease using Levine's diagram is challenging because it acts a bit differently due to its relational nature; often these attachment-based

traumas and complex-PTSD require the rebuilding of healthy relationship. The findings indicate that the resolution of please/appease might instead be seen in this light:

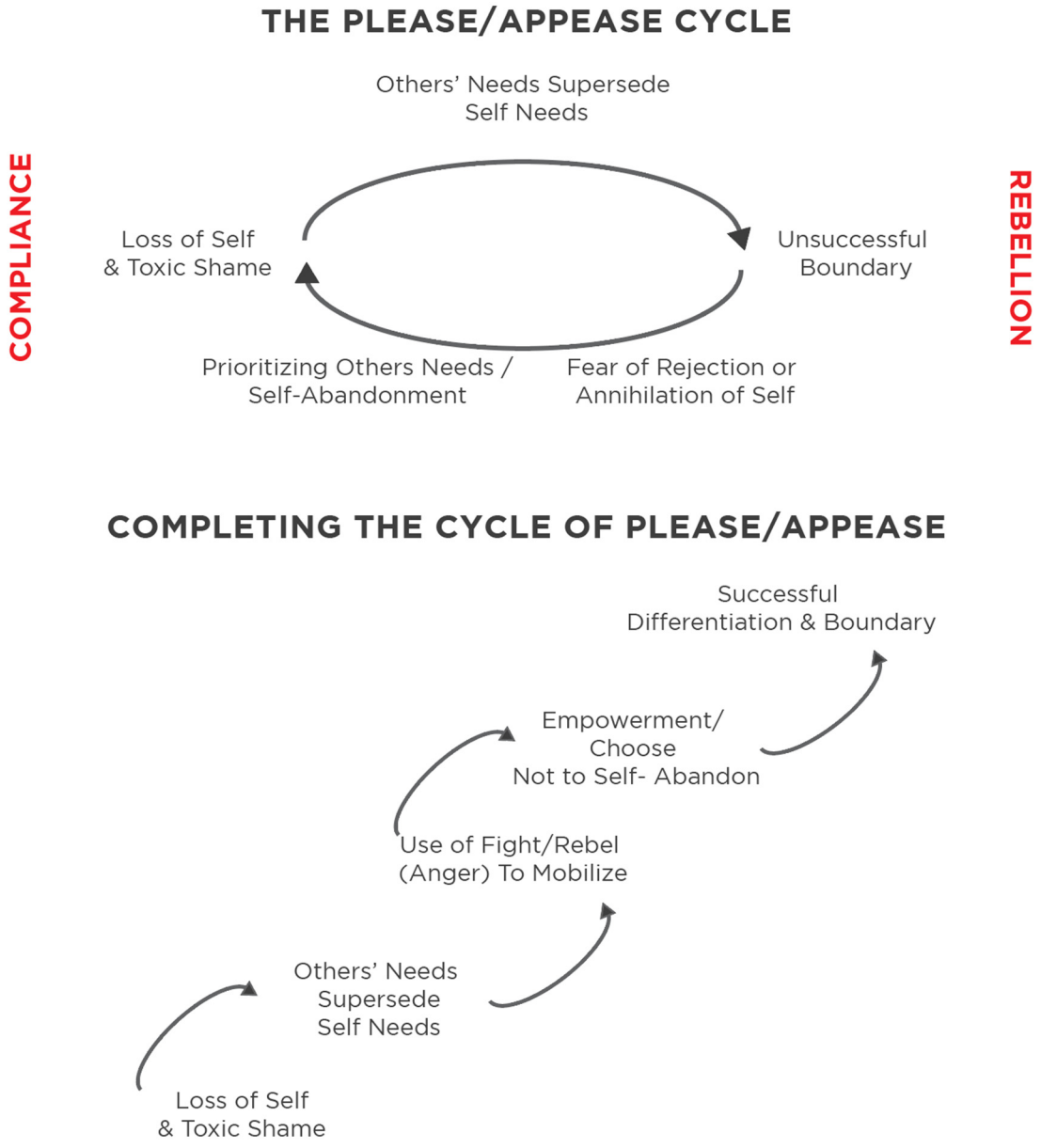


**Figure 6.4. The Cycle of Please/Appease and The Biology of Transformation out of Please/Appease**

Concept is based on Peter Levine's (1997) The Biology of Nancy's Transformation from *Waking the Tiger*.

## 6.4. Please/Appease is a Distortion of Love

What is clear from this research is that *secure attachment* is representative of a regulated sense of security or a *loving bond* according to attachment theory. While please/appease can easily be mistaken for love in the way that people in a state of please/appease survival response appear to be loving, caring, genuine and sincere. Survival responses are often motivated through the need to self-protect and thereby ensure survival. Brené Brown (2010) shares insights from her years in shame research: "We cultivate love when we allow our more vulnerable and powerful selves to be deeply seen and known, and when we honour the spiritual connection that grows from that offering with trust, respect, kindness and affection" (p. 26). Pleasing and appeasing behaviours are the opposite of this definition of love. Please/appease requires a shutting down of vulnerability and a false Self to be generated to hide the parts that were rejected.

It stands to reason that this fear of abandonment, neglect or withdrawal, that is the motivating factor in the creation of this unique survival response, could be in equal part about the fear of being split from the Self than split from the caregiver. After all, in theory and in my own experience, the child relies on the co-regulation of the caregiver to help them know who they are. If a caregiver with a loss of Self is mirroring this for the child, I suspect the child will mirror the caregiver's lack of connection to their own Self.

A core finding in this research at the root of please/appease is a feeling of badness or shame which leaves the person split from their sense of Self and causes a fear that they are 'not good enough.' Brown (2010) adds that "[s]hame, blame, disrespect, betrayal and the withholding of affection damage the roots from which love grows. Love can only survive these injuries if they are acknowledged, healed and rare" (p. 26). While please/appease is founded on shame and misattunement, this statement confirms the disparity between love and please/appease. It also points to the damage that shame can do to a loving bond. I agree with Kitaen-Morse's perspective on shame, saying that "shame is when we feel that we have not lived up to others' expectations" (personal communication, March 23rd, 2021).

Ruth Lanius (2021) shares another critical insight into the loss of Self, identifying that secure attachment is the foundation for the origin of the Self.

> This is often the basis of our traumas, not being seen, acknowledged. Not having someone to help regulate their emotions and so emotions and arousal states become incredibly overwhelming. They haunt people. And they have no ways of regulating. At the time of the trauma, this is very much a survival mechanism, but in the aftermath, not having had that secure base in addition to experiencing large T traumas often prevents a sense of self forming fully. (Lanius, 2021)

Even parents with no malice toward their children can miss the subtle impacts that cause such a profound experience of loss of Self for a child. In Lanius' research on the formation and loss of Self, she had to ask the question "How is a child formed by the formless?" (Lanius, 2021). There is a formlessness about how a child is. In order for sense of Self to be nourished and sustained, a person needs their boundaries respected. They need to be accepted and not controlled. They need to feel choice and a sense of autonomy and support in accomplishing their most critical developmental phases.

The danger is that when children unconsciously learns to adapt who they are in order to be please others, *and* this is affirmed as good behaviour, it can become a deeply imbedded habit of protection. They learn to associate pleasing and appeasing with love. They get approval from those around them but lose connection with their own Self and needs. Through this desperate desire to be loved and approved, the individual learns that love is gained and not given freely. They do not learn the value of staying connected to Self, but the importance of gaining approval externally. Instead of following the inner cues that emerge from a healthy sense of Self, they turn their attention to external factors. It creates a habit of forfeiting their own needs and Self-care at the most basic and fundamental level throughout their lives. The very notion that love is gained, and not given freely, is a distortion of love.

## 6.5. Study Conclusion: Love *and* Fear?

*"A life lived in fear is a life half lived" (Luhrmann, 1992).*

I found countless artifacts, in popular culture programming, in the interdisciplinary literature and in my personal life which illustrated ill-defined distinctions between love which is governed by survival and love which is not. The subtlety between *love* and *fear* is what makes the please/appease survival response difficult to identify and nearly invisible to the eye. My initiating question was, if people in the please/appease survival response appear to be loving, but this is not actually love, then what is it? My answer to this question is *fear*. I came to the understanding that please/appease (fear) is not love. But neither is fear the opposite of love. Fear is the obstacle to love.

Reading between the lines of this study, I see that the please/appease response is a complex survival system based on a *'survival' fear* of the annihilation of the *idealized social* self. In other words, a person must protect themselves in adapting to maladaptive *interpersonal* encounters by creating a more appealing and acceptable social self—an *ideal* social self. If what Kemeny, Gruenwalk and Dickerson (2004a) discovered is true, and a major elicitor of shame is the decrease of a person's social status and regard (p. 153), then this would help to explain how please/appease is socially derived and entrenched in shame.

A fear of neglect, rejection and abandonment *appears* to be the motivating factor behind the development of please/appease as a strategy and defenses to withstand the maladaptive nature of the environment. In this case, a person has to Self-abandon (loss of Self) in order to *fit in* or *belong*. The *idealized social* self is a fabrication; it is built on the *shoulds* and *should nots* of our earliest social encounters, and cultural influences. It is built on the ideals of others. It is built on the *fears* of others. Shame appears to be the glue that holds together this survival system. *Shame* is the *fear* that feeds the belief system—whispering in a person's ear, saying 'you do not belong,' 'you are not loveable,' 'you have no value,' 'you are bad and wrong for being as you are.'

Winnicott was onto something when he wrote that the "[False Self] is thus a defense against the exploitation and annihilation of the True Self" (Kahn, 1986, p. 313). If I follow Winnicott's logic, this ideal social self is a fabrication to protect the true Self from being annihilated by adverse interpersonal encounters. This is indicative that the need to belong is secondary to the need to protect the true Self.

I suggest that the sense of Self is the *magnetic north* by which humans have a working internal compass—without which a person's inner navigation and purpose is adrift. Instead of seeking and finding *clarity* and *insight* from within, the person must look to the world outside themselves to try to find some point of reference in their interpersonal constellation. I suggest that the please/appease survival response is governed by a much more existential *fear*—the fear of separation from this inner guidance system (or magnetic north)—the Self. Through this lens, the concept behind *attunement* and *repair* in attachment studies is a map for how someone can either *stay connected* or *become disconnected* from their sense of Self—their inner guidance system.

Although I found myself drawn into please/appease during the writing of this study, this only exaggerated the unconscious nature of its impacts and the irony; once again, I found myself caught in the very trap I was trying to analyze. Refusing to look at this issue until it became an obstacle to the completion of my degree. What I discovered when I finally stopped to pay attention to the *elephant in the room* was this multifaceted Self, ME, which stood like an enormous, magical, regal elephant in the room.

I had never really seen this part of me *like* this before. I had *only* ever seen her as an eye-sore. I learned that she was *weak* and *pathetic* and *in my way*. I would apologize for her to others, embarrassed by her awkward presence. I hid her with blankets and pushed her into corners. I pretended I did not know her. I acted a role and played someone else to hide this shameful and unforgivable Self which had been rejected so many times before. She has been shamed, shunned, ignored, humiliated and undermined for so many years; Yet there this elephant/Self stood patiently waiting and watching horrified at the blatant disrespect and abuse she has had to endure.

Looking at this scene, I am not sure how I had become so cruel. I *must* have perceived these as appropriate ways to treat the rejected. *If my true Self was not*

*acceptable, then I would have to neglect her, wouldn't I? Push her away and become someone more acceptable?* This shamed part of me endured such abuse and humiliation. I realize that this part of me that has been abandoned, shamed and abused is a *little worse for wear*, but I also see her resilience. Despite the abuse there remains a vibrancy, a life force, a vitality which has been waiting to be accessed.

I spent so many years pushing my Self away for fear that I would be rejected. When in fact, I had *already* been severely rejected and it left a legacy—I was now the one doing the rejecting of my Self. I sacrificed such an integral part of me. Dr. Edith Eger (2018) a psychologist and holocaust survivor shares this insight about her own healing journey:

> Far from diminishing pain, whatever we deny ourselves the opportunity to accept becomes as inescapable as brick walls and steel bars. When we don't allow ourselves to grieve our losses, wounds and disappointments, we are doomed to keep reliving them. Freedom lies in learning to embrace what happened. Freedom means we muster the courage to dismantle the prison, brick by brick. (p. 6)

The elephant represents my rejected Self, and the pain and shame of this rejection was too difficult to face. Instead, I tried to push her away, hate her, punish her, pretend she did not exist—which did not resolve anything or make her go away. I believe what Eger is saying is that what I push away and avoid will continue to haunt me; facing the fear and feeling the difficult emotions will bring me closer to freedom.

Kristin Neff highlights that "Love reveals everything unlike itself" (Neff, n.d.). Whatever feelings have been suppressed and locked down tend to find their way to the surface in their attempt to find resolve and healing. In this study, I see that pleasers/appeasers tend to harbor deeply held anger and grief—both challenging emotions which are not socially condoned or well understood in Western culture. Part of the repair process that is bound to surface will be to find a healthy means of expression of difficult emotions.

This thesis is about the reconciliation—bridging the black and white divide in myself, by bringing back my wise, dignified, distinguished, embodied (elephant) Self. Allowing her to take up the space *she* needs, to value *her* enormous contribution to providing the safety and security that I so blindly sought elsewhere when *she* was

critiqued for her size, colour, weight, way of being. I must now reclaim my own narrative and learn to love and accept *her* as she is. I am the adult now. If the current norms are not inclusive or accessible enough for my elephant/Self's size, colour, weight, way of being, then I get to stand up for her rights.

On the journey back to Self, I must actively choose *love* over *fear* because the survival system is accustomed to choosing fear due to its effectiveness in keeping me alive. I agree with my mentor B. Kitaen-Morse that it is near impossible to see a way *out of* survival *while in* a state of survival (personal communication, Sept 12, 2020). B. Kitaen-Morse also sheds light on the natural Self state, "The embodied state is natural and integrated—we have natural capacities like connection, clarity and love that are interrupted by the *shut down*, *space out*, *distraction* of defense and stress." (personal communication, October 11, 2022). Therefore, a *choice* has to be made to interrupt the cycle.

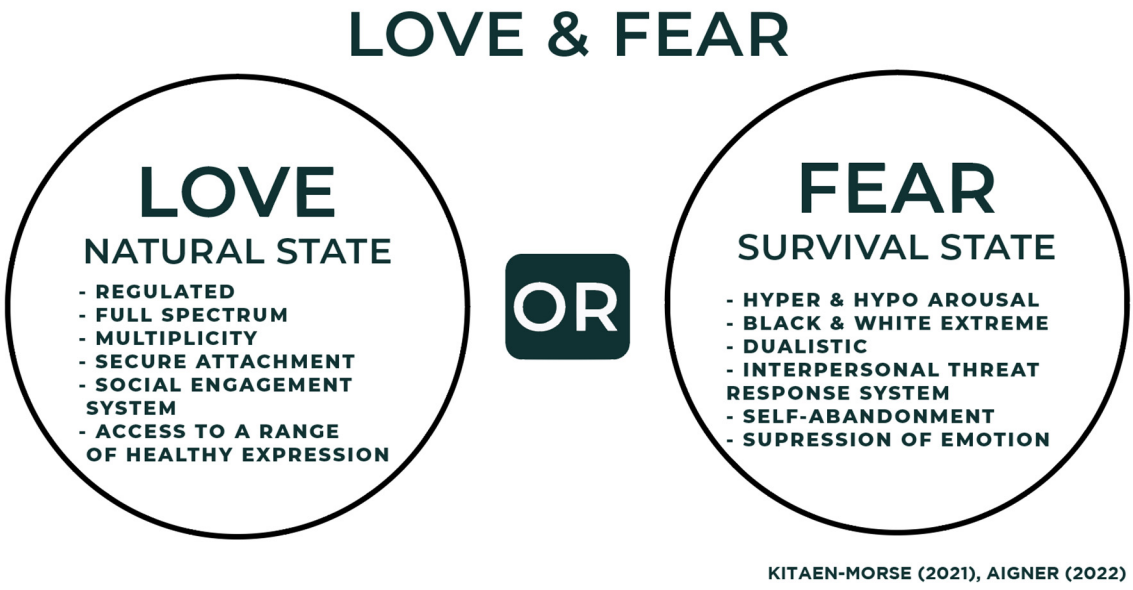


**Figure 6.5. Love or Fear: Natural *Self* or Survival Self?**
Diagram is based on the original concept of the theory of the Survival State and Natural State by Beverly Kitaen-Morse (personal communication, Sept 12, 2020).

One survival pattern which I use to actively override wants, needs, my Self, and my feelings is to over-busy myself. After all, in a survival state, I have to make up for the lack of worth and belonging inside. This is a pattern that I have to *actively* interrupt because it is second nature and there is no end to the *lack* and *scarcity*—I will be working

to prove myself for eternity. Edith Eger (2018) wrote an incredible book called *The Choice* in which she describes the power of the mind to overcome all adversity. She says, "Each moment is a choice. No matter how frustrating or boring or constraining or painful or oppressive our experience, we can always choose how we respond" (p. 156). During this study, it became clear that finding Self-authority, volition and choice in the areas of life where this feels hopeless is a choice.

In a weekend workshop, my teacher and mentor Beverly Kitaen-Morse (personal communication, October 9, 2021) taught our group a powerful three-step process she calls *Wake up, Show Up and Connect!* to interrupt the cycle of Self-abandonment. (I would not suggest anyone try this without full instruction.) The first step is to work with somatic breath to wake up the body while remaining present. The next step involves remaining present to whatever is arising (whether unwanted emotions or memories). The next step—from this place a person is able to really connect to our authenticity, sense of Self and feel a sense of aliveness. This requires a further choice to stay present with the Self and choose empowerment to confront whatever emotions or struggles come in the way of the experience of staying present. Once I am able to bring myself out of the survival state and back into the moment, out of the *doing* and into a balanced state of *being,* I do not feel the same drive to *accomplish* in order to prove my worth.

I remain on the road of recovery, but this conclusion helps paint a picture of what lies ahead for me. I agree with Erich Fromm (2006) who says that "Love, is the only satisfactory answer to the problem of human existence" (p. i). The active choice to face my fears in order to access a 'love' which is not driven by survival allows for my authentic Self to be truly honoured, loved, seen, heard and respected—expanding my scope of experience of Self and life to a multiplicity of colour, a full spectrum *between* the black and white.

## 6.6. Limitations

This thesis is not intended to be a case study that can be applied universally to the lives of others. It is a study of one and analyzed by that one individual. I am both the researcher and the researched. I hope, however, that my narrative deep-dive can have wider applicability, and that reading this research might be something of value to an interested reader—through the tools of self-narrative, interaction with the pertinent literature, and the journey of Self-discovery.

I drew from diverse interdisciplinary literature, which can assist in highlighting the varied experiences of people who might identify with the please/appease survival response. As I am the only 'one' analyzing both my personal experiences and the literature to draw a comparative conclusion, undoubtedly there will be unconscious biases in what I write, which might not necessarily reflect the full gamut of people's experiences. The advantage is that any bias I introduce will, at least, be consistent.

This research does not tell the full story of my life, but an aspect of it. This study of the please/appease response is limited to the events and encounters in my life which I found to be most pertinent to this research. I trust that, in the writing of certain of these events and encounters they may resonate with other people's circumstances.

My experience does not compare with another's experience. It is my hope that this thesis will lay out general principles that can speak to people with differing intersections of interpersonal trauma in a meaningful way. All people are not the same, and all suffering is not the same.

This research offers a deeply reflective and well-researched exploration of self-becoming. I have hesitated to write this section because stating the study's 'limitations' due to its autobiographical nature ought not undermine its worth and efficacy. Although the process of my own self-becoming is the focus of this study, the conclusions should not be dismissed. Had I only been analyzing the literature and popular culture references, I would not have derived the insights from my own struggle with pleasing and appeasing. This process was critical in discerning the gaps in the literature and the gaps in my own life.

There is a rigor to this approach which differs from the warrants of strictly empirical research and literature synthesis. The personal introspection required far more of my time and energy than if I were to keep the thesis topic at arm's length. It required me to be up front about what I found in the literature related to pleasing and appeasing and how this showed up in my personal life. I found connections and threads of my own unravelling at times that eventually led me to telling a larger story about please/appease.

I stitch together *knowledge* which has direct application to how events in my life have shaped and reinforced my coping mechanisms and survival strategies. This *knowledge*, applied to my daily life, fashions a *wisdom* borne of experience. Sharing this wisdom is what I trust makes this study of value to others. In other words, the knowledge I gained from the literature would have remained only *on the page* without the experiential component. This introspective storying brought this knowledge to life.

Many social systems function without a trauma-informed perspective. The education system, for example (a system which was trauma-inducing for me), is one that quite literally 'locked me in a broom closet' in order to scare me into being more studious. Through the lens of trauma, the 'system' itself can become the authority and gatekeeper which inadvertently isolates, polices, punishes and undermines those who do not fit the mold or follow its rules. In this study, I did my best to create a safe space for a silenced part of me to be heard—to take the risk of stepping out of the broom closet.

I trust that my journey can inspire others. I designed the study to make information more accessible. Although I hope reading this will help others embarking on their own explorations of self-becoming, it would be remiss of me not to acknowledge professional limitations on the study. What I suggest along the way for psychotherapeutic practices is derivative of what is essentially this exploration of self-becoming. The study is not a guide for therapists in working with their clients. Although I am a certified psychotherapist and instructor, I did not write this study as a psychotherapist advising others in their own practices. This study documents my personal journey exploring the please/appease survival response *and* I am also professionally trained.

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