Embedding Fawning: A Feminist Grounded Theory of Trauma Survival in Clinical Practice

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Abstract

Dominant trauma theory emphasises fight/flight (and freeze), overlooking "fawning" (appeasement) as a response to traumatic events or experiences. This constructivist Straussian grounded theory (GT) study explored how five experienced Australian mental health practitioners interpret fawning in counselling practice in the absence of formal training. Using repeat semi-structured interviews analysed via the constant comparison from a postmodern feminist lens, we identified three categories: (1) *Contextualising Fawning as an Adaptive Survival Response*; (2) *Transforming Shame through Meaning-making*; and (3) *Structural Barriers to Recognition*. Findings reveal that practitioners develop sophisticated ecological frameworks to recontextualise fawning from individual pathology to contextual adaptation. This reframing enables rapid transformation of survivor self-concept from shame to self-compassion through what participants described as profound "aha moments" of recognition. However, gendered socialisation patterns, training gaps, and epistemic exclusion within mental health professions continue to marginalise these responses. Our findings highlight implications for counselling education, such as inclusion of appeasement responses in curricula, explicit attention to power and gendered socialisation, and transparent, context-sensitive assessment. We argue that integrating these elements can strengthen trauma-informed practice and improve support for survivors whose responses have been marginalised.

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Introduction

The evolution of trauma theory reveals a persistent tension between expanding empirical understanding and entrenched theoretical frameworks that limit recognition of diverse survival responses. Cannon's (1932) foundational fight-or-flight model emerged from laboratory studies of male subjects and animals, establishing a binary conceptualisation that continues to dominate clinical understanding despite mounting evidence of its limitations (Taylor et al., 2000; Bracha et al., 2004). Selye's (1946) general adaptation syndrome theory reinforced this model by focusing on physiological stress responses without accounting for the social and relational dimensions of threat.

This androcentric foundation created systematic blind spots that postmodern feminist scholars have increasingly challenged. Taylor et al. (2000) directly confronted the masculine bias in stress research by proposing the "tend-and-befriend" model, demonstrating that affiliative responses represent biologically grounded adaptations rather than deviations from "normal" stress responses. Their work revealed a fundamental contradiction that while fight-or-flight theory claimed universality, it described responses more typical of men under specific conditions.

Porges' (2009a, 2009b) polyvagal theory further challenged binary thinking by introducing neurobiological foundations for understanding immobilisation and social engagement as adaptive responses. However, a critical gap persists between Porges' neurobiological insights and Taylor et al.'s social-behavioural observations, as neither explicitly addresses how power dynamics shape which responses are available or adaptive in each context. This gap is precisely where fawning (also known as appeasement) responses become theoretically significant.

Recent scholarship has begun to address this gap through explicitly political analyses. For example, Bailey et al. (2023) formally proposed replacing the stigmatising term "Stockholm Syndrome" with "appeasement", grounded in polyvagal theory. This shift reframes such survival responses from psychological pathology to neurobiological adaptation. However, Bailey et al.'s focus on neurobiology, while valuable, does not fully account for the socio-political contexts that determine when appeasement becomes necessary.

Postmodern feminist trauma theorists provide the missing political dimension. Herman's (1992) analysis of how women's trauma responses have been systematically pathologised connects directly to contemporary debates about epistemic injustice (Fricker, 2007). Herman showed that excluding women's experiences from trauma theory was not accidental but

reflected power structures that delegitimised "feminine"-coded responses. This insight gains currency through scholars like Thompson (2021) and Johnstone and Boyle (2018), who argue that trauma theory must explicitly incorporate the socio-political contexts of oppression.

The convergence of these theoretical developments reveals three critical insights that prior literature has not fully integrated. First, neurobiological research (Porges, 2009a, 2009b) and behavioural research (Taylor et al., 2000) both challenge binary trauma models, but neither adequately addresses power dynamics. Second, postmodern feminist analyses (Herman, 1992; Thompson, 2021) provide crucial contextual understanding but require integration with contemporary neurobiological insights. Third, recent attempts to legitimise appeasement responses (Bailey et al., 2023) remain primarily focused on individual-level mechanisms rather than the systemic factors that shape their expression and recognition.

These theoretical gaps translate into practical limitations in mental health education and practice. While evidence increasingly supports the prevalence and adaptiveness of fawning responses in interpersonal trauma (Pill et al., 2017; Cromer & Smyth, 2010), clinical training continues to emphasise individualistic frameworks that may inadvertently reproduce victim-blaming narratives (Narruhn & Clarke, 2020). This disconnect between emerging theory and practice creates an implementation gap where practitioners are often left without adequate frameworks for understanding and responding to fawning behaviours.

The present study addresses this implementation gap by examining how experienced practitioners make meaning of fawning in the absence of formal theoretical guidance. By focusing on practitioner meaning-making processes, this research provides empirical insight into how theoretical integration might occur at the practice level, potentially informing broader efforts to update trauma education and clinical frameworks.

Methods and Procedure

Following ethical clearance from the institutional Human Research Ethics Committee (HREC), participants were recruited via targeted advertisements on social media. A modest honorarium of AUD$50 was offered to compensate participants for their time and insights, in line with ethical guidance to avoid coercion (Lynch, 2014). Inclusion criteria required participants to have at least five years of clinical experience working with individuals who have experienced interpersonal trauma, proficiency in English, membership in a professional organisation with an ethical charter, and availability for repeat interviews (approximately one hour each) given the cyclic data collection and analysis in a Straussian GT study. Recruitment paused after five participants (meeting these criteria) responded to our adverts. They were provided written informed consent after reviewing key documents including an information sheet, initial interview schedule, support resources, consent forms, and a debriefing protocol.

From our initial partial literature review (an exploratory engagement with literature to sensitise researchers without imposing a *priori* theories), we developed a semi-structured interview schedule to explore how participants conceptualised fawning as a trauma response in their practice. The schedule comprised 12 core questions with prompts, for example: *"How do you understand the concept of fawning?", "What is your professional experience with trauma responses and the concept of fawning?", "How do you think the fawning response is represented in counselling/psychological theory? Is it underdeveloped or underrepresented in training?"*, and *"What would you like the broader field to understand about this phenomenon?"*. These guiding questions evolved over time as emerging findings informed subsequent interviews.

We conducted repeat one-on-one interviews via Zoom. Each interview was recorded and transcribed verbatim, and transcripts were returned to participants for accuracy checking (member checking). Upon confirmation of accuracy, the recordings were deleted. All transcripts and related materials were stored securely (password-protected cloud storage) in accordance with ethics protocols, to be retained for five years before destruction.

Anonymity and privacy were maintained by using pseudonyms for all participants and redacting any identifying details (workplaces or specific locations). All five participants identified as women. Data collection continued until we reached data saturation (Strauss & Corbin, 1998) after approximately 11 hours of interviews (including follow-up sessions and member checks). Table 1 summarises key demographic information for each participant, including age range, professional qualifications, areas of practice, and years of relevant experience. All names are culturally appropriate pseudonyms.

Table 1. *Demographic Information of Sample*

Name	**Joy**	**Anne**	**Em**	**Karen**	**Jane**
Age	45-50	66	34	47	50-60
Professional Qualification	Bachelor Criminology, BPsych (Honours), Resource Therapist, EMDR Therapist, Graduate Diploma (Systemic Couple Therapy)	Master of Art Education/Art Psychotherapy Grad Dip Art Therapy, Diploma of Fine Art	Social Work Degree, Psychology Degree, Clinical Mental Health Social Worker, Emotion Focused Therapist	Bachelor of Social Work (Honours), Post Graduate Loss Grief and Trauma Counselling, Somatic Experiencing Training	PhD Politics Grad Dip Psychotherapy

Trauma Work Type	Victims of domestic and intimate partner violence/childhood abuse/neglect	Victims of abuse (children), War veterans, Perpetrators and victims of Domestic violence, Adult survivors of childhood sexual abuse / childhood trauma, Institutionalised childhood sexual abuse	Complex trauma, Family violence, abuse, exploitation and neglect. Historical trauma (i.e. Institutionalised sexual abuse, forced adoption, people that are living with disability and historical sexual abuse, sexual assault survivors and women in the sex industry	Sexual assault/ domestic violence (children) War trauma and torture (Refugees), Domestic violence (women) Prison counsellor (men)	Complex Trauma, Dissociative Disorders Adult survivors of complex childhood trauma
Educational Development/ Training	Drug and Alcohol Interventions, Relationship counselling, Educator/Trainer	Visual Art Art Therapy Psycho-analytically Oriented Art Psychotherapy	Complex trauma training, somatic approaches to trauma (i.e. Bessel Van Der Kolk, Babette Rothchild, Janina Fisher, Dan Siegal, Dr Rick Hanson). Somatic alongside Verbal approaches, Mindfulness, Neuropsychology, Neuroplasticity	Somatic Experiencing Training, Childcare (early childhood)	Cert 4 in Workplace Training and Assessment
Years of Related Work Experience	20	40	11	6	20

Analytic Strategy

This study employed a constructivist Straussian GT approach, which differs from classic Glaserian GT in several keyways. Straussian GT permits initial literature engagement to sensitise researchers to relevant concepts while maintaining analytical openness (Strauss & Corbin, 1998). Our constructivist orientation acknowledges that data and analysis are co-constructed between researchers and participants rather than "discovered" as objective truth (Charmaz, 2014). In practice, this meant we approached the data recognising that meaning emerges through interaction and interpretation, which is well-suited for exploring practitioners' subjective sense-making around fawning. This stance also emphasises researcher reflexivity and theoretical sensitivity (awareness of concepts from prior knowledge) while maintaining rigour through systematic procedures (Howard-Payne, 2019).

Data analysis followed Strauss and Corbin's (1998) multi-stage coding process. We began with open coding, which is a line-by-line examination of each transcript to identify and label key concepts in the data. Next, we engaged in axial coding, relating categories to their subcategories by exploring properties and dimensions of each concept and looking at how they interconnect. Finally, we employed selective coding, integrating the major categories and subcategories around a core category (the central phenomenon of interest). Throughout these stages, we used the constant comparative method as the analytic backbone, continuously comparing data segments, codes, and categories across interviews to identify patterns, variations, and evolving theoretical relationships (Glaser & Strauss, 1967; Strauss & Corbin, 1998). The constant comparative method operates through four key processes: 1) Comparing incidents applicable to each category, 2) Integrating categories and their properties, 3) Delimiting the theory, and 4) Writing the theory (Howard-Payne, 2019).

This iterative process ensured analytical rigour by requiring us to continually question and refine emerging interpretations in light of new data, leading to progressively more refined theoretical understandings. We also employed theoretical sampling during data collection whereby our early analysis guided adjustments to subsequent interview questions and the recruitment of any additional participants or follow-ups to further develop emerging categories. We determined that data saturation was achieved once the fifth interview yielded no new properties or insights for the core categories (Strauss & Corbin, 1998).

Throughout analysis, we kept analytic memos to document our decision-making and reflexive thoughts. This audit trail captured how our feminist positioning and prior experiences may have influenced interpretations, thereby increasing transparency. Verbatim quotations from participants are presented in the findings to illustrate each category and its dimensions; we use ellipses and bracketed clarifications where needed for readability. Internally, we noted each quote's transcript page and line number to ensure traceability of data, reinforcing the transparency and trustworthiness of our analytic process.

Findings and Discussion

Our analysis revealed that practitioners construct meaning around fawning through an ecological lens encompassing individual, relational, and structural dimensions. Three main categories emerged, reflecting how participants navigate the absence of formal training by drawing on alternative frameworks to validate fawning as a contextually appropriate survival behaviour.

Category 1: Contextualising Fawning as Adaptive Survival

Dimension 1.1: From Pathology to Adaptive Strategy

Participants consistently emphasised the importance of reframing fawning from an individual pathology into an adaptive survival strategy. This recontextualisation required them to move beyond traditional, individualising frameworks toward a more holistic, biopsychosocial understanding of trauma responses. As Jane explained: *"Fawning is an unfortunate term, but it fits well within the three F's … Prior to that utilisation, if we talked about fawning on someone, it almost implied a sort of obsequious, you know, a lack of self-respect – a pejorative term, really, fawning. But of course, in the trauma context it's really anything but [weak]. We're talking about a survival response … really linked to coping mechanisms and [it] can be quite strategic."* Jane's reflection shows how reconceptualising fawning as an adaptive, contextually driven response challenges the tendency of dominant frameworks to label it as a character flaw.

Participants described the profound relief clients experienced when fawning was reframed in this way. Em shared, *"I can just picture so many women [who have] had those 'oh, this all makes sense' moments … there's sort of a letting go of, 'there's something wrong with me. I'm crazy, I'm defective, I'm to blame'."* In these moments, what had been internalised as personal weakness was reinterpreted as an understandable coping strategy in context, which greatly reduced survivors' self-blame.

Dimension 1.2: Biological and Neurobiological Foundations

Participants also demonstrated a sophisticated understanding of fawning as a biologically and neurologically embedded response. Joy described humans as *"creatures with a physiological arousal response … our nervous systems are hard-wired to take care of us without thinking."* She and others saw fawning as occupying an intermediate state in the arousal spectrum. *"One's the accelerator on and one's the accelerator completely off. I think fawning fits in between that, as a more learned helpfulness"*, as Joy said, comparing it to states of hyper-arousal (fight/flight) and hypo-arousal (freeze/collapse). Karen elaborated on the physiological complexity of sustaining a fawn response: *"If you are consistently hypervigilant but also trying to fawn, it's like trying to drive a car with the accelerator and the brake on at the same time. It's exhausting, I notice a lot of clients have chronic health issues."* These insights align with contemporary neurobiological trauma theories that locate appeasement behaviours within our evolved threat-response systems (Porges, 2009a). In other words, participants recognised that fawning has a grounding in our autonomic nervous system's social-engagement circuitry. It is not a chosen weakness, but a hard-wired adaptive option that can come at a physiological cost when chronically engaged.

Category 2: Transforming Shame through Meaning-Making

Dimension 2.1: Disrupted Assumptions and Self-Blame

Participants identified how fawning responses often shatter survivors' fundamental assumptions about themselves and the world, leading to intense shame and self-blame. Many survivors hold an implicit "just world" belief, which is the notion that good things happen to good people and that one can control outcomes by behaving "correctly". When trauma violates these assumptions, survivors may irrationally blame themselves for what happened. Fawning can be especially hard to reconcile with notions of agency and resistance. Joy shared a powerful example of a male client in his 60s who had experienced childhood sexual abuse: *"There's a lot of self-blame, you know. Horrible … 'why did I do this? Why didn't I say [when my caregiver asked] "Is he [sexually assaulting you]?" Cos he kind of got found out'."* The client's retrospective self-interrogation of *"Why didn't I cry out? Why did I comply?"*, illustrates how survivors can internalise responsibility for abuse, especially when their trauma responses (like freezing or fawning) are misinterpreted as passive consent or weakness.

Participants lamented how often the systems around survivors inadvertently compound this shame. Jane observed systemic therapeutic failures: *"Therapy has tended to be 'what can you do to make your situation better?' Now for someone who is a victim of relational trauma, that's just incredibly shaming and completely missing the mark. So, the idea of what can you do fits into a just-world [belief] – bad things shouldn't happen to good people. If you'd done X, this wouldn't have happened."* In Jane's view, traditional therapy paradigms too often locate the problem (and solution) in the individual, reinforcing the notion that the survivor "should have" acted differently. This outlook, however well-intended, can reinforce survivors' guilt by implying they had control or choice during the trauma.

Participants also discussed how institutional betrayals and societal denial exacerbate survivor shame. Jane noted, *"We've had all these royal commissions and they come out with great recommendations. But actually implementing them – there are all these interests and stakes in them not being implemented."* These systemic failures to protect and validate survivors (in churches, schools, care systems) can lead to re-victimisation and a deepened sense of personal defectiveness. Em described the pervasive survivor guilt she encounters: *"Sitting with survivors who feel immense guilt and shame because they allowed it to happen. Because they didn't run away. Because they didn't say no loudly enough."* This internalised responsibility reflects assumptive world theory (Janoff-Bulman & McPherson Frantz, 1997) where, in an effort to make sense of trauma, survivors may rewrite the narrative to assume they had control *("If only I had done X, it wouldn't have happened"*), thereby preserving an illusion of justice or order at the expense of their self-worth.

Dimension 2.2: Integration and Meaning Reconstruction

Despite these challenges, participants described profound therapeutic transformations when fawning is openly named and contextualised. Meaning-making within a supportive therapeutic relationship helped turn shame into compassion and insight. Em reflected on witnessing these shifts: *"I just love seeing women go on [this journey]. It's just amazing seeing them shift from being sort of a shadow of themselves, to being full and connected, powerful, powerful human beings."*

Crucially, this transformation required explicit attention to both personal and structural dimensions of trauma. Em emphasised: *"You need to name it, validate it, believe the victim. You need to place it within its systemic context. You need to highlight the sexism and oppression and the inequality; that's all part of the healing journey."* This approach moves beyond individual symptom management toward developing the survivor's critical consciousness of the social conditions of their trauma. It aligns with Herman's (1992) stage model of recovery – establishing safety, remembrance and mourning, reconnection – but extends it by explicitly integrating political analysis into the healing process.

Participants recounted specific "aha" moments when clients reconceptualised their fawning response. Em described many clients having: *"Those 'oh this all makes sense' moments and you can just see the overwhelming relief and emotion that comes with it, because there's a letting go of 'I'm crazy,*

I'm defective, I'm to blame'." In these moments of meaning reconstruction, survivors often experience a flood of relief as the weight of self-blame is lifted. What changes, participants noted, is not the factual memory of what happened, but the interpretation of those actions: from "I failed" to "I did what anyone might do to survive an impossible situation."

While acknowledging the value of somatic trauma therapies (which often de-emphasise narration of the trauma story), participants advocated for a more comprehensive integration that includes narrative and systemic elements. Em critiqued purely body-focused interventions: *"Van der Kolk … his approach is just, you don't have to talk about what happened. And I agree to an extent – you don't need to articulate the abuse. But…"* She argued that healing also requires putting the experience into words and context when the survivor is ready: "You need to name it, validate it … place it within its systemic context." In other words, bodily processing of trauma is essential but insufficient if the survivor's socio-political reality is not addressed. Participants' approach to integration thus marries the somatic with the narrative-political. This integrative meaning-making aligns with Herman's (1992) emphasis on meaning in recovery, while also echoing postmodern feminist and decolonial critiques that urge naming of oppressive structures in the healing journey. By doing so, participants felt they were not only reducing individual distress but also empowering survivors to reclaim their stories from pathologising or victim-blaming cultural narratives.

Category 3: Structural Barriers to Recognition

Dimension 3.1: Gendered Socialisation and Double Binds

All participants highlighted how gendered socialisation creates complex double binds that both shape fawning responses and impede their recognition in practice. Karen, drawing on her experience working in prisons, described intense masculine social pressures: *"It's not safe [for men] to be seen as weak. I wonder if for men that fawning equals weakness. Like, if you go along with what's going on … that fight response is a better option for them than a fawning response, because of what they've been told."* From boyhood, many men are conditioned to believe that submission or appeasement is shameful; thus, if they do fawn under threat, it may deeply conflict with their identity, and they may later deny or reframe it.

Conversely, women are often expected to appease as a default social role yet paradoxically are also punished if they fail to do so. Karen noted, *"What I noticed with men, and maybe some other women as well, is that when women don't use that fawning response on social media, they are seen as bitches or, um, hardcore feminists."* In other words, women who refuse to "play nice" or appease, even in everyday situations, can be socially penalised. This creates a bind where women learn appeasement as a safety and likeability strategy, but then, in a trauma context, that same response might be judged as "weak" or "passive".

Participants distinguished between everyday people-pleasing and trauma-driven fawning. As Jane explained, *"Women are very socialised to be people-pleasing, but people-pleasing doesn't begin to speak to what fawning in a trauma sense is, which is literally trying to adapt to survive by not igniting the source of threat, by trying to fit in around them, by pre-empting what [the abuser] wants and keeping safe by trying to protect oneself."* This distinction is critical as fawning is not just "being nice" or conflict-avoidant by choice; it is a fear-driven survival manoeuvre. Gender socialisation lays the groundwork, teaching women to prioritise others' needs and teaching men that compliance equals weakness, and trauma then exploits that groundwork in life-or-death situations.

Participants also pointed out a telling paradox, which is that appeasement is openly taught and valued in certain sanctioned contexts, yet pathologised in personal trauma contexts. Jane gave the example of crisis negotiation: *"You have police negotiating… you don't antagonise and make demands of the person who's taken someone hostage. There are great attempts to get on their good side strategically."* In hostage situations, "fawning" by negotiators is considered a smart strategy to avoid violence. But when an individual (especially a woman) uses similar appeasement strategies with an abusive partner, it is often misunderstood or stigmatised as "co-dependency" or lack of assertiveness. Recognising this double standard, Jane argued, broadens understanding: *"The more we can say that men are utilising this response in different contexts, the more it starts to broaden understanding. It's not just women, even though it's used in quite a gendered way."*

Ultimately, participants saw the marginalisation of fawning as tied to the broader devaluation of responses coded as "feminine" within traditionally masculine-oriented frameworks. Jane remarked, *"It's interesting that fawn is passive and yet it's been less attended to… and it's connoted [with] femininity. But it is a creative, innate coping strategy that makes absolute sense in context."* Her point underscores that fawning's lower status in trauma theory mirrors the lower status historically accorded to traits associated with women (passivity, submission) in a patriarchal system.

Dimension 3.2: Professional Training Gaps and Epistemic Exclusion

All participants identified a profound disconnect between what they were formally taught and what they encountered in practice regarding fawning responses. Several admitted they initially had no language or framework from training to identify what some clients were doing. Em's reaction upon first hearing of the concept was telling, *"Gosh, I had never heard of it!" and Anne similarly said, "I do think it's underrepresented in professional training and in other sectors. And the reason I say this is because… not until I heard of this research, I hadn't really come across it."* This illustrates that standard curricula in counselling, psychology, and social work may omit appeasement as a trauma response altogether. As a result, practitioners only come to recognise and understand fawning through on-the-job experience, independent study, or in this case, through participating in research.

Participants linked these training limitations to broader epistemic exclusions in mental health professions. Jane observed that despite movements toward more relational and trauma-informed care, an *"individualistic hangover"* persists in the psy-disciplines: *"Despite all our emphasis on relationality, I think it's still strong. There's still a fallout of kind of individualising, privatising problems… seeing them as characterological rather than about the context the person is operating in."* From this perspective, the marginalisation of fawning is not just an oversight but a symptom of a larger bias in the field that favours internal, individual explanations over contextual ones.

The political dimensions of these exclusions were explicitly recognised by participants. Jane noted that awareness is – slowly – growing: *"Now we're so much more aware of the social/cultural/political context of mental health and certainly trauma too… but it's still a late realisation for a lot of clinicians."* She tied this shift in part to broader social movements: *"With #BlackLivesMatter and #MeToo, everyone's belatedly realised you cannot keep politics out of mental wellbeing and psychological health."* In other words, recent cultural reckonings with systemic injustice have begun to penetrate trauma practice, highlighting the need for frameworks that acknowledge power and context.

Participants even framed their engagement in this study as a form of political advocacy. Em expressed hope that this research would prompt structural change: *"You've [the*

researchers] highlighted something that needs to be expanded on more… I would hope that any expansion into that area that psychology or social work or counselling takes really takes a structural lens. To understand not only the micro fawning that occurs but the systemic fawning… and how they're inseparable. And we need social change, ultimately. You can't expect women to change fawning behaviour if the system around them doesn't." Here, Em is extending the idea of fawning beyond individual behaviour ("micro") to how entire systems or institutions demand appeasement ("systemic fawning"). This comment reiterates a core feminist principle, that the personal is political. Helping individual clients cannot be fully separated from advocating for social conditions that no longer coerce or punish appeasement responses.

Finally, participants warned that decontextualised interventions (however well-meaning) can be dangerous. Jane gave a clear example, where teaching a survivor to "just be more assertive" without considering their power context can backfire: *"Trying to be assertive in an unequal power relationship can be a very dangerous thing, so it can make sense that the fawn response is utilised."* This underlines why practitioners in this study felt it was crucial to validate fawning as making sense in context, rather than hastily trying to extinguish it. Instead of urging clients to change their behaviour in isolation, the onus shifts to practitioners and systems to change how they interpret and support that behaviour.

Taken together, these categories reveal how practitioners constructed meaning around fawning despite the lack of formal guidance. Category 1 provides the conceptual foundation by repositioning fawning as an adaptive survival response rather than a pathology. Category 2 demonstrates the therapeutic impact of this reframing (how it helps transform survivor shame into empowerment through contextualised meaning-making). Category 3 identifies the structural and cultural barriers that have kept fawning hidden and stigmatised, highlighting why such reframing is often absent from mainstream practice. In combination, the categories illustrate practitioners' creative, critical meaning-making processes that enable them to validate clients' experiences of fawning while working within (and pushing against) the constraints of their professional contexts.

Novel Theoretical Contributions

This study makes several distinct contributions to trauma theory, extending beyond existing scholarship. First, it provides what appears to be the first empirical exploration of how practitioners themselves interpret and respond to fawning in the absence of formal frameworks. Prior research has established the neurobiological basis for appeasement responses (polyvagal theory in Porges, 2009a) and has critiqued the omission of these responses in trauma theory (Thompson, 2021), but no studies have examined the interpretive processes that clinicians use in real time to make sense of fawning in practice. Our findings begin to fill that gap.

Second, the ecological framework that emerged from our data demonstrates how practitioners integrate insights from disparate theoretical traditions (neurobiological, feminist, and social constructionist) to develop a coherent approach to fawning. This grassroots integration process, documented in participants' accounts, reveals specific mechanisms through which theoretical innovation occurs at the practice level. The framework expands on existing ecological models of trauma (Bronfenbrenner, 1986) by explicitly incorporating power dynamics and epistemic justice considerations as central, rather than treating socio-political factors as a peripheral context.

Third, the study identifies a previously under-recognised phenomenon, which is the rapid transformation of shame through contextual meaning-making about survival responses. While Herman's (1992) classic model of trauma recovery emphasises the importance of meaning-making, and assumptive world theory (Janoff-Bulman & McPherson Frantz, 1997) explains how trauma challenges core beliefs, our findings show how explicitly reframing a "disempowered" response like fawning into a survival strategy can catalyse an almost immediate shift in a survivor's self-concept from one of pathology to one of resilience. This suggests that meaning-making interventions may be even more powerful than previously understood when they directly address structural dimensions of trauma (such as gendered power imbalances and victim-blaming ideologies) rather than focusing only on individual cognitive reappraisal.

Advancing Clinical Practice Understanding

Our findings challenge dominant assumptions about trauma treatment, particularly the limitations of individualistic approaches for survivors who exhibit fawning responses. Current evidence-based treatments largely focus on symptom reduction and individual skill-building. For example, many mainstream interventions (as popularised by works like van der Kolk's The Body Keeps the Score, 2014) emphasise techniques to regulate the nervous system or challenge personal cognitions. Participants in this study consistently reported that such approaches, when applied without context, often increased shame in clients who fawn. If a therapy protocol implies that the solution is to train the individual to respond "better" (fight, flee, assert boundaries), a fawning survivor may only feel more defective for not being able to do so. Our research provides initial empirical evidence that contextual, power-aware approaches, which validate the fawning response and situate it within external circumstances, may be more effective for this subgroup of trauma survivors.

The study also advances understanding of specific therapeutic mechanisms. Participants identified a process through which intense shame can transform into self-compassion almost instantaneously (the "aha moment" when a survivor fully grasps that their fawning was an adaptive way to stay safe). This phenomenon is distinct from the slower processes of gradual exposure therapy or cognitive restructuring typically discussed in trauma treatment. It suggests there is a potentially unique pathway to healing for certain trauma presentations, one that hinges on insight and reframe rather than prolonged exposure or skills training. In practice, facilitating these insight-based re-interpretations of survival behaviour could become a targeted therapeutic strategy.

Furthermore, our study highlights how gendered socialisation creates differential therapeutic needs and considerations. The finding that men may experience additional shame around fawning due to norms of masculinity (making it more difficult for them to acknowledge or work through), whereas women may face criticism when they don't fawn (being labelled "difficult" or "aggressive"), indicates that trauma therapy must be gender-responsive. It is not enough to generically teach about fawning; clinicians should be mindful that clients of different genders might carry different narratives and societal pressures around the behaviour. This insight extends the existing gender-informed trauma literature by identifying specific mechanisms (masculine shame, feminine social expectations) through which socialisation influences both the manifestation of trauma responses and the process of therapy.

Implications for Professional Education and Training

Our study reveals critical gaps in professional training that, to date, have not been systematically documented. It is widely acknowledged that trauma content in curricula has been insufficient (Courtois & Gold, 2009); our research provides

concrete evidence of how these gaps manifest in practice and the consequences for client care. Specifically, all participants had to develop alternative understandings of fawning through on-the-ground experience or independent learning, indicating that current training programs are not just incomplete but potentially counterproductive if they implicitly dismiss or pathologise what is actually an adaptive response. When training fails to mention appeasement, practitioners may either overlook it or misinterpret it, thereby unintentionally perpetuating the very stigma and misunderstanding that this study's participants worked to overcome.

To address these shortcomings, we identify several specific content areas that should be integrated into mental health training programs:

1. Curricula should include coverage of neurobiological literacy such as polyvagal theory and "tend-and-befriend" research (Taylor et al., 2000) to provide students with a biological foundation for understanding a range of trauma responses. The current emphasis on fight-or-flight is simply too narrow for real-world clinical practice;
2. Practitioners need explicit training in recognising and analysing power relations (gendered, racial, socioeconomic) that shape trauma responses and recovery processes. This represents a significant shift from individualistic training models toward a more sociological or systemic lens;
3. Epistemic justice awareness training should address how professional knowledge systems themselves may exclude or pathologise certain populations' experiences. For example, students could learn how trauma theory has historically marginalised women's accounts, and how similar patterns might affect other groups. This helps future practitioners recognise and correct knowledge gaps (like the absence of fawning in theory) as issues of injustice, not just oversight;
4. Trainees should be taught to assess contextual frameworks in their relational, cultural, and political settings rather than automatically treating them as symptoms of individual disorder. This might involve integrating ecological and intersectional case formulations into diagnostic and treatment planning exercises.

Implementing these changes in education could better prepare clinicians to validate and work with responses like fawning. Moreover, teaching about appeasement as a normal trauma response can itself have a destigmatising effect and new practitioners entering the field would carry an expectation that such behaviours are part of the adaptive repertoire, not signs of "weak character" or pathological attachment.

Broader Social Justice Implications

Our findings underscore that professional mental health practice can either perpetuate or challenge larger systems of oppression. In line with arguments by postmodern feminist scholars that trauma treatment is inherently political (Thompson, 2021), this study shows how even the language and concepts used in therapy connect to structural power dynamics. For instance, whether a clinician views a survivor's appeasement as "maladaptive dependency" or as "intelligent self-preservation" is not neutral as it can either reinforce or resist societal victim-blaming narratives.

This research also illuminates specific mechanisms of epistemic injustice within mental health. The systematic exclusion of fawning from textbooks and training is an example of what Fricker (2007) calls structural epistemic injustice, when certain knowledge (often that of marginalised groups) is omitted or discredited because it challenges dominant paradigms. We document how this exclusion has tangible effects as practitioners felt underprepared, survivors felt misunderstood, and harmful misconceptions went unchallenged. In a sense, the lack of formal recognition for fawning constituted a secondary harm to survivors, an invalidation that occurred in the therapy room or institution when their experiences did not fit the "approved" model.

On a more hopeful note, our findings suggest possibilities for resistance and transformation within these professional structures. The participants in our study demonstrated how frontline practitioners can act as agents of change by creatively integrating marginalised knowledge. In their everyday practice, they effectively bridged postmodern feminist insights, neurobiology, and client narratives to fill the gaps left by formal theory. This kind of grassroots innovation implies that social change in mental health might emerge not only from top-down policy shifts, but also from bottom-up practice-based movements. In other words, when enough clinicians start validating appeasement, teaching peers about it, and perhaps publishing case studies or curricula, the field can evolve to include it formally.

Study Limitations and Methodological Considerations

Several limitations of this study must be acknowledged. First, the sample consisted exclusively of practitioners who identified as women, all based in similar sociocultural contexts within urban Australia. Their perspectives, while richly detailed, may not capture how practitioners with other gender identities or those from different cultural backgrounds make sense of fawning. Therefore, the transferability of our findings to all mental health practitioners is limited as we describe how these practitioners construct meaning, which may or may not align with others' experiences.

Second, by focusing on practitioner perspectives, we only access one side of the therapeutic equation. We did not interview clients/survivors in this study. While practitioners provided some observations about client experiences, our results do not directly represent survivor voices. This means we cannot fully know from this data alone how survivors feel about these meaning-making processes or whether they agree with practitioners' interpretations.

Third, as a qualitative GT project, our aim was exploratory and theory-generating, not to determine prevalence or efficacy. We cannot claim that most practitioners think a certain way, nor can we prove that the approaches described actually improve client outcomes. Those questions would require different methodologies (surveys for prevalence, controlled trials for efficacy).

It is also important to note that our own theoretical lens (a postmodern feminist perspective) undoubtedly influenced the research. While we have been transparent about this stance and believe it helped us notice power dynamics in the data, it may have also inclined us to emphasise certain properties (like gender and oppression) over others. Researchers with a different orientation might have asked different questions or interpreted some data points differently.

Despite these limitations, the study has several strengths that enhance credibility. We conducted repeat interviews with each participant, allowing for deeper exploration of concepts and member checking (participants could validate or clarify our interpretations in follow-ups). We used the constant comparative method and memo-writing to ensure a systematic and reflexive analytic process, rather than relying on hunches or first impressions. We also employed theoretical sampling to test

and refine emerging ideas until we felt saturation was reached. Together, these strategies support the trustworthiness of our findings, even if they are contextually bounded.

Future Research Directions

This study points to several important avenues for future research. Foremost is the need for outcome-focused studies as we need to investigate whether the contextual, power-aware approaches to fawning that participants described actually lead to better survivor outcomes compared to more standard treatments. For example, a useful next step could be a comparative study where one group of clinicians is trained to explicitly validate and reframe fawning in therapy (perhaps as part of a meaning-making intervention), while another group provides a typical evidence-based trauma treatment that does not address fawning. Outcome measures could include client self-compassion, trauma symptoms, and therapy engagement. A randomised controlled trial or mixed-method design could shed light on whether directly addressing fawning (and the shame around it) accelerates recovery or improves wellbeing.

Another priority is research from the survivor's perspective. Our study was practitioner-focused; the complementary piece would be to talk with trauma survivors directly about their experiences of fawning and its treatment. Qualitative studies – via in-depth interviews or participatory research – with survivors who identify with the fawn response could enrich our understanding. They could reveal nuances that practitioners might miss, such as what language resonates or alienates them when discussing appeasement, or what their own meaning-making process looks like outside therapy. Survivor voices are crucial for designing interventions that truly meet their needs.

Mixed-methods research could also explore relationships between survivor characteristics and the use or impact of fawning. For example, quantitative measures could examine if certain factors (such as type or chronicity of trauma, age, cultural background, gender) correlate with stronger tendencies to fawn or with differing therapeutic preferences. Qualitative data alongside could explain why those patterns exist. An intersectional approach is important here, questioning how might race, class, disability, or sexuality intersect with gender in shaping fawning responses and their interpretation? Community-informed participatory research, involving survivors as co-researchers, would ensure these investigations remain grounded in the expertise of lived experience.

On the professional side, research should examine how to effectively integrate fawning content into training curricula. For instance, studies could develop and pilot educational modules on trauma responses beyond fight/flight (including appeasement and freeze) to see if they improve student knowledge and sensitivity. It would also be worth evaluating different teaching approaches (does learning through case studies, simulated clients, or reflective discussion) to determine how well new practitioners grasp the contextual nature of fawning. Longitudinal research could track whether adding this content in training leads to changes in practitioners' clinical skills or client outcomes down the line.

Finally, further theoretical work can continue to refine the emerging model of fawning as an ecological, power-informed phenomenon. Cross-disciplinary dialogue (bringing in perspectives from sociology, gender studies, neurobiology) will help build a more robust theory. Our findings suggest that transforming trauma practice requires simultaneous attention to multiple levels such as theoretical frameworks, professional education, and political awareness. Future scholarship might explicitly explore strategies for synchronising these levels of change.

Synthesis: Toward Transformed Trauma Practice

Overall, this study demonstrates that mental health practitioners can develop sophisticated approaches to marginalised trauma responses even within constraining professional structures. The ecological framework that emerged – integrating neurobiological, relational, and political dimensions – provides a comprehensive model for understanding fawning that moves decisively beyond viewing it as an individual pathology. Instead, fawning is conceptualised as a contextual adaptation with meaningful survival value.

Our research suggests that true transformation of trauma practice may require parallel shifts in theory, education, and politics. Theoretical innovation alone is insufficient if practitioners on the ground lack training in new frameworks. Educational reform is limited if it occurs in isolation from a broader recognition of how professional knowledge can exclude certain voices. And raising political awareness (encouraging therapists to recognise oppression) will not translate into better therapy unless practitioners have practical frameworks and tools to apply that awareness with their clients.

Perhaps most significantly, our study illustrates how epistemic justice in trauma care can be advanced through practice-based meaning-making that validates survivor knowledge while challenging dominant assumptions. The rapid "shame-to-relief" transformations that participants described indicate that approaches which honour the survivor's adaptive responses (instead of judging them by normative standards) may unlock therapeutic power that traditional methods miss. In effect, by reframing fawning, practitioners were not only healing trauma but also subverting the narrative that those who appease are "weak" or "broken".

The implications extend beyond the specific issue of fawning. They raise broader questions about whose knowledge counts in mental health and how clinical practice can become more inclusive of diverse survival strategies. By documenting how practitioners successfully integrated a marginalised response into a coherent therapeutic approach, this study contributes to ongoing efforts to decolonise trauma practice, that is, to challenge the colonial and patriarchal biases in what is considered valid knowledge or "best practice". It offers practical guidance for clinicians working within current constraints: even if one's training omitted something, it is possible (and necessary) to keep learning from clients and from outside voices.

In sum, our findings highlight a path toward trauma-informed care that truly serves all survivors. When practitioners validate the full range of human responses to adversity (including those historically overlooked or stigmatised) they help create a mental health system that no longer privileges a narrow set of reactions aligned with dominant cultural values. Instead, such a system would honour each survivor's adaptive ingenuity, thereby fostering healing that is grounded in understanding rather than judgment.

Conclusion

Mental health practitioners face a fundamental challenge in serving clients whose trauma responses fall outside dominant theoretical frameworks. This study reveals that, in the absence of formal guidance, practitioners can develop effective approaches to fawning by creatively integrating insights from multiple paradigms within explicitly power-aware, postmodern feminist frameworks. The ecological understanding that emerged from participants' accounts challenges core assumptions of individualistic trauma treatment, while offering practical guidance for contextualised,

socially informed practice. The finding that making meaning of survival responses can rapidly transform a survivor's self-concept from "pathology" to "resilience" points to new possibilities for trauma intervention, ones that centre on validating adaptive responses rather than solely aiming to eliminate symptoms.

However, our analysis also shows that structural barriers (including gendered professional socialisation, training gaps, and epistemic exclusion) continue to marginalise fawning within mainstream trauma theory and education. Addressing these barriers will require systemic changes by integrating neurobiological literacy, power-analysis skills, epistemic justice awareness, and contextual assessment approaches into how we train and supervise practitioners. Reframing the meaning of fawning (from individual pathology to contextual adaptation) represents a broader opportunity to decolonise trauma practice by valuing knowledge previously pushed to the margins. Our study provides both empirical grounding for this reframing and practical evidence that such change is possible, even now, through the innovation of thoughtful practitioners.

Ultimately, advancing trauma practice may depend on precisely this kind of practitioner-led innovation that bridges theoretical traditions while maintaining a clear commitment to validating diverse survival strategies. Such innovation offers a pathway towards more inclusive and effective trauma treatment, one that honours the full range of human responses to threat, rather than privileging only those responses historically deemed acceptable. The implications reach beyond clinical technique to touch on fundamental questions of knowledge, power, and healing in the mental health professions. By showing how practitioners can successfully integrate marginalised responses into coherent care, this research contributes to the ongoing effort to build mental health systems that truly serve and restore dignity to all survivors of trauma.

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