

Toward the Development of a New Hypothesis and Measure for Narcissistic Victim Syndrome

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Abstract

Narcissistic Victim Syndrome is an area that remains unexplored and without established methods, procedures, or guidelines. Continued work in this area is a push toward understanding and assisting those who have been through traumatic entrapment circumstances in a more meaningful way. The current study forwards a hypothesis that victims of traumatic entrapment that exhibit symptoms of Narcissistic Victims Syndrome will *also* exhibit symptoms of Narcissistic Personality Disorder. The participants would be recruited from identified scenarios of traumatic entrapment including, but not limited to, victims of hostage trauma, extreme domestic violence (emotional, physical, or both), and traumatic sex trafficking and current measures for Narcissistic Personality Disorder are used to establish a baseline for initial research. This study forwards a hypothesis that victims of traumatic entrapment that exhibit symptoms of Narcissistic Victims Syndrome will *also* exhibit symptoms of Narcissistic Personality Disorder, and that in circumstances of traumatic entrapment, the victim identifies with, becomes emotionally bonded to, and ultimately becomes engaged in appeasement of the agonist due to the dynamic of paradoxical fulfilment of complementary narcissistic personalities. The proposed research design is put forward to study Narcissistic Victim Syndrome in order *(a)* to assess the mental health state of and determine correlation, if any, among the victims of narcissists after extreme circumstances of traumatic entrapment and *(b)* to further assess if there does, indeed, exist a narcissistic component to their personality that would benefit from the emotional appeasement of and emotional bonding with a narcissistic agonist in such circumstances.

Toward the Development of a New Hypothesis and Measure for Narcissistic Victim Syndrome

The study of Narcissistic Victim Syndrome (NVS) has virtually no peer reviewed research into its validity and value as a diagnosis. Yet it exists in the observation of many who work with narcissists and their victims. Under the more common moniker of Stockholm Syndrome, NVS has been reviewed and critiqued in many extremes, ranging from the perspective of a creation of media sensationalism (Namnyak, Tufton, Szekely, Toal, Worboys, & Sampson, 2008) to that of an evolutionary defense mechanism for survival (Cantor & Price, 2007; Watson, Cantor, & Price, 2007) and even held to be co-opted by the feminist psychology for their own means and ends as a label for the emotional bonding during and damaging results from domestic abuse (Adorjan, Christensen, Kelly, & Pawluch, 2012). However, Narcissistic Victim Syndrome has not been provided any final legitimacy as an established disorder or as a diagnosis with conclusive measures of its own.

Defining the Common Ground and Context of Study

Traumatic entrapment is a complex interaction defined here as any combination of “exploited power imbalances, physical and sexual abuse, humiliation, dehumanization, as well as vague and unpredictable threats, which are clearly specified within coercive controlling behaviors” (Raghavan, R. & Doychak, K., 2015, p. 584).

There are many different diagnostic criteria from which researchers have labelled survivors of traumatic entrapment. Each of these different complexes, syndromes, and disorders have their own unique descriptors. However, what Stockholm Syndrome, Narcissistic Victim Syndrome, Complex Post-Traumatic Stress Disorder (C-PTSD), and all other similarly labelled issues hold in common is an “identification with the aggressor” (Jameson, 2010, p. 338) and “a

seemingly paradoxical idealization of the abuser” (Cantor & Price, 2007, p. 379). For the purposes here, there is no delineation made between separate labels unless necessary for a specific measure or proposal.

In the study of Narcissistic Victim Syndrome, there is quite a bit of peripheral information that exists, but very little that directly examines a diagnosis with any depth outside connecting the symptoms in its various forms to the symptoms of existing conditions, e.g. Complex Post-Traumatic Stress Syndrome. Much of the study in traumatic entrapment situations is done from the context of the perpetrator or abuser, the narcissist directly. Examining this literature does provide a connection, context, and conduit toward studying the victim through the lens of a particular working hypothesis.

Organization of the Review

This review is organized in such a way as to lead through a brief history of the subject matter, comment on the hypothesis extended, examine some of the current literature involved, and provide a look at the missing elements of research that could be undertaken from here. As with many subjects, the amount of material for review could be daunting. In this case, choices had to be made as to what studies and reviews would be admissible. The literature search was conducted through three databases—Psychology and Behavioral Sciences Collection, PsycARTICLES, and PsycINFO—with the search parameters limited to papers that were peer-reviewed, published between 2006 and 2016 (with three notable exceptions), and contained direct discussion of or research into Stockholm Syndrome, Narcissistic Victim Syndrome, Narcissistic Personality Disorder (NPD), or C-PTSD in relation to traumatic entrapment.

Methodological Differences and Need for Further Research

In nearly every case, the subject of the narcissist is foremost in the paper or research. There is some mention of victims in the reviews, but they are nearly all conclusive that such victims are passive agents and helpless to participate in the trauma any further than an unwilling target. In many cases, such an approach to the victims would be sufficient. However, in the cases where there are symptoms of Stockholm Syndrome and other related conditions, such behavioral changes cannot be merely handed off as passive complicity of the victim. Yet in each case where even these conditions are identified, the majority of references in studies continue to either suggest passive complicity or are merely silent on any additional behavioral factors on the part of the victim that could be a contributing factor to their acquiescence and appeasement of the abuser.

To this end, merely fitting the victim into a convenient definition of passive and unwilling participant, there is a lack of further need to understand the dynamic that occurs between the abuser and victim as well as no conclusive evidence as to why some victims of abusers in traumatic entrapment scenarios will develop these conditions and others will not.

The current research into Narcissistic Victim Syndrome appears to lack anything more than case study reports based on witness testimony of previous hostage and abusive events. Certainly this is a difficult subject to approach from the standpoint of the victim who has already been traumatized through the event itself. Subjecting the victim to even more measures that could bring up potentially negative affects is to be approached carefully and compassionately.

Review

Stockholm Syndrome was first a media sensation after the 1973 bank hostage situation in Stockholm but was not really defined in any conclusive manner until the 1980s and early 1990s (Adorjan, Christensen, Kelly, & Pawluch, 2012; Namnyak, Tufton, Szekely, Toal, Worboys, & Sampson, 2008). Early attempts at categorizing this response to traumatic entrapment fell into simple post-traumatic stress disorder (Wesselius & DeSarno, 1983, p.45).

The late 1980s saw the usurpation of Stockholm Syndrome by the feminist psychologist, Dee Graham, and the insistence that society itself perpetuated the syndrome on all women (Adorjan, Christensen, Kelly, & Pawluch, 2012).

Reason returned to the study of traumatic entrapment and the abusers in the mid-1990s with some minimal guidelines provided for identifying the victims (Adorjan, Christensen, Kelly, & Pawluch, 2012). Again, the majority of studies continued to classify these victims under the labels of PTSD, Hostage Response Syndrome, even common depression (Adorjan, Christensen, Kelly, & Pawluch, 2012; Jameson, 2010; Namnyak et al, 2008; Wesselius & DeSarno, 1983).

Common Assumptions of Narcissistic Victim Syndrome

All studies, however, do hold that these disorders and syndromes, when viewed under the conditions of traumatic entrapment, share in common an “identification with the aggressor” (Jameson, 2010, p. 338) and “a seemingly paradoxical idealization of the abuser” (Cantor & Price, 2007, p. 379). Without minimizing the grotesqueness of the victimization involved, the victim identifying with the abuser due to a sense of their own narcissism acting out could have an effect of fulfilling a dimension of the victim’s *own* narcissism thereby creating the opening for the agonist to exploit toward their own means, and subsequently, for the subordination of and

appeasement by the victim in order to survive the abuse that is created in a dynamic of paradoxical fulfilment of twin narcissistic personalities.

Retrospective Review of Measures

In order to accomplish this study, a review of the current measures and processes is necessary.

Since the 1980s, case studies as well as “unstructured interviews of kidnap and siege victims, and retrospective analysis of these events, rather than on any standardized psychological testing of apparent victims” (Jameson, 2010, p. 343) have been used as the primary means of determining Stockholm Syndrome, PTSD, and similar disorders (Namnyak et al, 2008; Wesselius & DeSarno, 1983; Wink, 1991).

In 2007, Cantor and Price did make some connections between Stockholm Syndrome and both evolutionary survival mechanisms and C-PTSD. They concluded that more research into the measures of C-PTSD needed to be explored (Cantor & Price, 2007, p. 383). They also provided some of the first clues about the relationship of abuser and victim when they found the nature of the *appeasement* of the abuser is “highly specific” in circumstances in which Stockholm Syndrome (i.e., NVS, C-PTSD, etc) is finally diagnosed (Cantor & Price, 2007, p. 383).

In the 1990s, both the PTSD Checklist and Posttraumatic Stress Disorder Checklist for Civilians (PCL-C) assisted endeavors to explore symptoms of those “exposed to a traumatic event that was life threatening or had risk to physical integrity of self or others” (Mount, 2006, p. 130). This was a good start but still not enough to explore deeper into the motivations underneath the emotional trauma bonding of the victim with the agonist.

Need for Further Research and Measures for Narcissistic Victim Syndrome

When looking into the field of narcissistic personality studies, there appear to be virtually no studies on the victims from any other perspective than the trauma inflicted upon them. There seems to be a prevalent attitude through all the major studies that victims acted out of self-preservation (Cantor & Price, 2007) or some kind of emotional bonding that transcended reason and afflicted the victim with a lack of identity outside that of the abuser (Jameson, 2010). These two polarities appear to be the choices when it comes to NVS, yet they all agree the victim was emotionally available and willing to appease the abuser and a type of hypnosis settled over them (Adorjan, Christensen, Kelly, & Pawluch, 2012; Jameson, 2010; Namnyak et al, 2008).

Toward a New Hypothesis and Measure for Narcissistic Victim Syndrome

The current study forwards a hypothesis that victims of traumatic entrapment that exhibit symptoms of Narcissistic Victims Syndrome—by whichever symptom designator of choice is being used—will *also* exhibit symptoms of Narcissistic Personality Disorder. Using Wink's two operational definitions of narcissism—Vulnerability-Sensitivity [i.e., covert narcissism] and Grandiosity-Exhibitionism [i.e., overt narcissism] (Wink, 1991)—it is hypothesized that in circumstances of traumatic entrapment, the victim identifies with, becomes emotionally bonded to, and ultimately becomes engaged in appeasement of the abuser due to the dynamic of paradoxical fulfillment of complementary narcissistic personalities. It is further hypothesized that the victim will score heavily in the *hypersensitivity* dimension of narcissism (Edelstein, Newton, & Stewart, 2012; Wink, 1992). The connection with covert narcissism, vulnerability, and sexual aggression are positive correlated (Widman & McNulty, 2010; Zeigler-Hill, Enjaian, & Essa, 2013) in a way that could be yet another marker.

The current study begins to approach these questions through the systematic study of the *victim* of traumatic entrapment. In this manner, the study proposes to add further information and depth to current information regarding Narcissistic Victim Syndrome and add to the dialogue over extreme circumstances to best understand the psychology of the abuser and the victim together.

To that end, it is proposed the study of Narcissistic Victim Syndrome may include the use of current measures and procedures already used for Narcissistic Personality Disorder [see Methods] in order to assess the mental health state of and determine correlation, if any, among the victims of narcissists after extreme circumstances of traumatic entrapment and further assess if there does, indeed, exist a narcissistic component to their personality that would benefit from the emotional appeasement of and emotional bonding with a narcissistic agonist in such circumstances. Using the same foundation as examining the agonist, the victim can also be examined for complementary narcissistic traits.

Narcissistic Victim Syndrome is an area that remains unexplored and without established methods, procedures, or guidelines. Continued work in this area is a push toward understanding and assisting those who have been through traumatic entrapment circumstances in a more meaningful way.

Methods

Participants

The participants would be recruited from identified scenarios of traumatic entrapment including, but not limited to, victims of hostage trauma, extreme domestic violence (emotional, physical, or both), and traumatic sex trafficking *in which the victims have been identified as*

having made a positive emotional bond with the agonist, e.g., Stockholm Syndrome (Jameson, 2010; Cantor & Price, 2007), Narcissistic Victim Syndrome, Complex Posttraumatic Stress Disorder (C-PTSD; Cantor & Price, 2007), etc. Individual diagnoses using the Structured Clinical Interview for DSM–5 (SCID-5-CV; First, Williams, Benjamin, & Spitzer, 2015) followed by the Structured Clinical Interview for DSM–5 Personality Disorders (SCID-5-PD; First, Williams, Benjamin, & Spitzer, 2015) will be conducted to establish a baseline for inclusion in the study when presented with a corresponding diagnosis of Narcissistic Personality Disorder (NPD) on the latter measure.

Any scenario of traumatic entrapment with additional victims not presenting the trauma bond symptoms, e.g., hostage rescues, will be screened for diagnoses of any disorder with the Structured Clinical Interview for DSM–5 (SCID-5-CV; First, Williams, Benjamin, & Spitzer, 2015) to collect data for future studies.

In this study, the participant selection was finalized with 152 females (95%) and 8 male (5%) for a total of 160 individuals with ages ranging between 19 and 41 [$M = 26.9$, $SD = 1.56$]. The ethnic makeup of the group was determined to be 120 White / Caucasian (75.00%), 22 Hispanic / Latino (13.75%), 15 Black / African-American (9.38%), 2 Asian (1.25%), and 1 Undisclosed (0.63%). All participants were survivors of nonspecific traumatic entrapment—the circumstances meeting the formal definition and the individual meeting the initial criteria of the baseline inclusion measures—from a University of Texas psychology research grant to interview and solicit participants for this study. No compensation was given for participation in the research study itself.¹

¹ As a matter of full disclosure and due diligence, this paragraph is for inclusion of material designed only to provide a sense of scope to the current paper.

Materials

This study will use several measures to ensure a complete profile of the victim is presented. Given the lack of available empirical studies and measures specific for Narcissistic Victim Syndrome, the use of current measures for Narcissistic Personality Disorder are used to establish two basic assumptions: *first*, that the victim does present with a diagnosis of NPD and, *second*, that the victim has a set of well-being markers that put them in congruence with the narcissistic agonist.

Baseline measures. The baseline measures for inclusion in the NVS study, as mentioned previously, are the Structured Clinical Interview for DSM–5 followed by the Structured Clinical Interview for DSM–5 Personality Disorders.

In addition to the above measures, Posttraumatic Stress Disorder Checklist for Civilians (PTSD-C) is used to determine the status of PTSD in the victim (Mount, 2006). Given the DSM-IV did provide for *disorders of extreme stress not otherwise specified* (DESNOS), and the DSM-5 has merely lumped everything into Post-Traumatic Stress Disorder with no additional qualifiers for Complex PTSD, this checklist at least provides a baseline on which to work given the lack of diagnostic criteria that is legitimized for empirical psychological research on Narcissistic Victim Syndrome.

Narcissism measures. The second set of measures will follow Wink (1992) along 3-dimensions of narcissism—*(a) willfulness, (b) hypersensitivity, and (c) autonomy*—through the observer-based California Adult Q-Sort (CAQ; Park & Colvin, 2014; Edelstein, Newton, & Stewart, 2012; Wink, 1991) and a self-report CPI Narcissism scale (Wink, 1992).

The California Adult Q-Sort (with Wink's narcissism prototype in use) is an observer inventory of 100 items, ranging from 1 (*extremely uncharacteristic*) to 9 (*extremely characteristic*). It judges narcissism across three scales—(a) *willfulness*, (b) *hypersensitivity*, and (c) *autonomy*—and shows an aggregate $\alpha = .91$ (Wink, 1992). This study will use five observers per participant.

The CPI Narcissism scale uses the California Psychological Inventory that includes 434 true-false questions. Adding Wink's narcissism prototype into the measure requires only 100 of these items to be scored for the determination of the dimension of narcissism. This has a mean alpha (α) of .75 when these narcissism scales are applied. Using this scale provides the study with the means to determine the base factor of narcissism the participant exhibits, i.e., Vulnerability-Sensitivity or Grandiosity-Exhibitionism (Wink, 1991).

The Narcissistic Personality Inventory (NPI; Park & Colvin, 2014; Vater et al, 2013) is added to the measures next to provide depth to the SCID-5-PD and CAQ. The NPI is a forced choice format of 40 items with items such as “I really like to be the center of attention” and “I am an extraordinary person” on a 4-point scale (Park & Colvin, 2014, p. 280). It has an internal consistency of .83 (Vater et al, 2013, p. 303). While there are subsets of scales that can be calculated independently, we will only calculate the the overall score of the NPI for use in this study.

Additional measures. Using Wink's two operational definitions of narcissism—Vulnerability-Sensitivity [i.e., covert narcissism] and Grandiosity-Exhibitionism [i.e., overt narcissism] (Wink, 1991)—further measures are used to establish markers for psychological well-being and satisfaction, vulnerability, and self-esteem. These measures will produce a more

complete profile of the victim and used to further correlate both the self-reported perspective of well-being, from multiple measures, and the dimension of narcissism present in the victims that exhibit Narcissistic Victim Syndrome.

Dimensional Assessment of Personality Pathology–Basic Questionnaire (DAPP-BQ) is a measure used to assess personality disorders along 18 scales in five categories: Emotional Dysregulation, Dissocial Behavior, Social Avoidance, Compulsiveness, and Other. Each category has various questions that range from “I have tried to commit suicide” to “If people make me angry I quickly smother my feelings” to “I feel as if there is a large void inside me.” It has internal consistency reliabilities for the 18 scales range from .85 to .94 (Vater et al, 2013).

Satisfaction with Life Scale (SWLS) is a five-item measure in which statements such as “The conditions of my life are excellent” and “If I could live my life over, I would change almost nothing” are rated on a 7-point scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*). It reports a mean $\alpha = .87$ (Edelstein, Newton, & Stewart, 2012). This scale is used to assess the state of mind about the victim’s view of their life in the immediate moment.

Sexual Narcissism Scale (SNS) is a 40-item measure given to determine the components of narcissism in the sexual domain. The responses were given on a 5-point scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*) including “One way to get a person in bed with me is to tell them what they want to hear” and “The feelings of my sexual partners don’t usually concern me.” Four reverse-scored items were provided as a control response. Overall, all subsections included, $\alpha = .91$ (Widman & McNulty, 2010).

Rosenberg Self-Esteem Scale (RSES) is a ten-item Likert scale questionnaire with statements as “I feel that I am a person of worth, at least on an equal plane with others” and “At

times I think I am no good at all.” It uses a four-point scale ranging from 1 (*strongly agree*) to 4 (*strongly disagree*). Internal consistency for the RSES ranges from 0.77 to 0.88. (Vater et al, 2013).

Ryff Scales of Psychological Well-Being (SPWB) is a self-reporting measure of 84 questions that examines six areas—self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life, and personal growth—on a scale of 1 to 6, with 1 indicating strong disagreement and 6 indicating strong agreement; and it includes statements such as “I have confidence in my opinions, even if they are contrary to the general consensus,” “In general, I feel I am in charge of the situation in which I live,” and “Some people wander aimlessly through life, but I am not one of them.” Internal consistency on the SPWB is determined by subsection and ranges from .86 to .91 (Edelstein, Newton, & Stewart, 2012).

Zung’s Self-Rating Depression Scale (ZSDS) is used to determine perspective of emotional state of mind and mental health that lead to trauma bonding and appeasement of the agonist by the victim. Participants are provided a 4-point scale to respond to positive or negative statements such as “My mind is as clear as it used to be” and “I feel that I am useful and needed” ranging from 1 (*a little of the time*) to 4 (*most of the time*). The ZSDS has a reported $\alpha = .82$ (Edelstein, Newton, & Stewart, 2012).

Procedures

The study will include an informed consent form, which all participants will fill out prior to the administration of the questionnaires and interviews, in which they acknowledge their understanding of the process, basic details of the study, and assured of the anonymity of their responses and participation. Each participant will be interviewed privately.

The interview process takes place over several weeks. Various measures require different components from the CAQ which requires the use of five observers to the ability to do multiple questionnaires in an afternoon without fatigue, e.g., RSES, SWLS, to the need for a single day to work through the CPI in a reasonable amount of time and without adding stress to the participant.

Once the questionnaires and interviews are completed, all participants will be debriefed as to the nature and purpose of the study and once again assured of the anonymity of their responses and participation in any resultant case studies and publication of the study.

Limitations of the study. It is important to note several limitations to this study as well as opportunities that could be addressed in future approaches to this subject matter.

First, there appears to be a preponderance of women that are afflicted with NVS as opposed to men. Correlating victims of traumatic entrapment situations in which men are involved and examining the well-being scales along with the personality measures could provide insight into this phenomenon. It could be that men are less willing to admit to their emotional bonding with an agonist during interviews and skew the samples during the interview process.

Second, while there is some research suggesting otherwise (Sansone & Sansone, 2011), women are historically more likely to be diagnosed with Borderline Personality Disorder (BPD) than Narcissistic Personality Disorder. It is possible that given the similarities in disorders separated only on a dimension of gender, BPD could be as likely a diagnosis for the female victims as the traits of covert narcissism found in NPD. This is another opening for further research into Narcissistic Victim Syndrome.

Finally, given the use of the specific operational definitions, a side hypothesis would be extended that narcissistic abusers rate high on the *willfulness* or *autonomy* (or both) dimensions of narcissism. While not specific to this study itself, it is possible that collection of data on both victims and abusers might happen during the course of handling any particular traumatic situation. Such a side hypothesis would also go toward providing evidence of the complementary narcissistic personalities.

Data Analysis

The results of the study would be analyzed through the use of Pearson's correlation coefficient. Due to the longitudinal nature of this study in order to gather quantitative data, it would be impossible to conjecture at the immediate results of such measures and whether the hypotheses provided would be supported or unsupported by the evidence gathered.

Expected Results

The current study forwards a hypothesis that victims of traumatic entrapment that exhibit symptoms of Narcissistic Victims Syndrome—by whichever symptom designator of choice is being used—will *also* exhibit symptoms of Narcissistic Personality Disorder. Using Wink's two operational definitions of narcissism—Vulnerability-Sensitivity and Grandiosity-Exhibitionism (Wink, 1991)—it is hypothesized that in circumstances of traumatic entrapment, the victim identifies with, becomes emotionally bonded to, and ultimately becomes engaged in appeasement of the agonist due to the dynamic of paradoxical fulfilment of complementary narcissistic personalities. The study anticipates to find the majority, if not all, victims leaning heavily toward the Vulnerability-Sensitivity scale.

It is further hypothesized that the majority, if not all, victims will score heavily in the *hypersensitivity* dimension of narcissism (Edelstein, Newton, & Stewart, 2012; Wink, 1992). The connection with covert narcissism, vulnerability, and sexual aggression are positive correlated (Widman & McNulty, 2010; Zeigler-Hill, Enjaian, & Essa, 2013) in a way that could be yet another marker.

This research design is proposed to study Narcissistic Victim Syndrome in order *(a)* to assess the mental health state of and determine correlation, if any, among the victims of narcissists after extreme circumstances of traumatic entrapment and *(b)* to further assess if there does, indeed, exist a narcissistic component to their personality that would benefit from the emotional appeasement of and emotional bonding with a narcissistic agonist in such circumstances.

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