

## Appeasement: replacing Stockholm syndrome as a definition of a survival strategy

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### ABSTRACT

**Background:** Stockholm syndrome or *traumatic bonding* (Painter & Dutton, Patterns of emotional bonding in battered women: Traumatic bonding. *International Journal of Women's Studies*, 8(4), 363–375, 1985) has been used in mainstream culture, legal, and some clinical settings to describe a hypothetical phenomenon of trauma survivors developing powerful emotional attachments to their abuser. It has frequently been used to explain the reported 'positive bond' between some kidnap victims and their captor's, although scarce empirical research has supported this assertion. It has been used in various situations where interpersonal violence and mind control are reported and where clear power differentials exist, such as in child sexual abuse, intimate partner violence, human trafficking, and hostage situation scenarios.

**Objective:** We propose replacing Stockholm syndrome with 'appeasement,' a term that can be explained through a biopsychological model (i.e. Polyvagal Theory) to describe how survivors may appear emotionally connected with their perpetrators to effectively adapt to life-threatening situations by calming the perpetrator.

**Conclusion:** We believe the term appeasement will demystify the reported survivor experiences and will, in the eyes of the public, victims, and survivors, provide a science-based explanation for their narratives of survival that may initially appear to be contradictory. By understanding the potent reflexive neurobiological survival mechanisms embedded in appeasement, individuals and families can operationalise their survival from a perspective that supports resilience, a healthy long-term recovery, and normalises their coping responses as survival techniques.

### Apaciguamiento: Reemplazar el síndrome de Estocolmo como definición de una estrategia de sobrevivencia

**Antecedentes:** El síndrome de Estocolmo o vínculo traumático ha sido utilizado en la cultura dominante, en algunos contextos legales y clínicos para describir un fenómeno hipotético de sobrevivientes de trauma que desarrollan fuertes vínculos emocionales con su abusador. Se ha utilizado frecuentemente para explicar el supuesto "vínculo positivo" entre algunas víctimas de secuestro y sus captores, aunque escasa investigación empírica ha respaldado esta afirmación. Se ha utilizado en variadas situaciones en las que se informa de violencia interpersonal y control mental y donde existen claras diferencias de poder, como abuso sexual infantil, violencia de pareja, tráfico de personas y situaciones de rehenes.

**Objetivo:** Proponemos reemplazar el síndrome de Estocolmo por "Apaciguamiento", un término que se puede explicar a través de un modelo biopsicológico (ej. Teoría Polivagal) para describir cómo los sobrevivientes pueden aparecer emocionalmente conectados con sus perpetradores para adaptarse efectivamente a las situaciones de amenaza vital calmando al perpetrador.

**Conclusiones:** Creemos que el término apaciguamiento desmitificará las experiencias reportadas por los sobrevivientes y a los ojos del público, víctimas y sobrevivientes, proveerá una explicación de base científica para sus narrativas de sobrevivientes que pueden inicialmente parecer contradictorias. Al comprender los potentes mecanismos reflexivos de supervivencia neurobiológica integrados en el apaciguamiento, los individuos y familias pueden operacionalizar su sobrevivencia desde una perspectiva que respalde la resiliencia, la recuperación saludable a largo plazo y que normalice sus respuestas de afrontamiento como técnicas de sobrevivencia.

### 绥靖：替代斯德哥尔摩综合症作为一种生存策略的定义

**背景：**斯德哥尔摩综合症或创伤性联结 已被主流文化、法律和一些临床环境用来描述创伤幸存者对施虐者产生强烈情感依恋的假定现象。它经常被用来解释报道中一些绑架受害者与绑架者之间的“积极联结”，尽管很少有实证研究支持这一主张。它已被用于报告人际暴

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### 关键词

斯德哥尔摩综合症; 绥靖; 幸存; 心理韧性; 多层迷走神经理论

### HIGHLIGHTS

- Changing and redefining how victims are viewed and portrayed in mainstream media.
- Appeasement emphasises the asymmetry and adaptive strategy used to regulate and calm the captor, thus minimising potential injury and abuse.
- Stockholm syndrome does not reflect the survivor's experience nor does it acknowledge the negative impact that the label has on the survivor.

力和精神控制以及存在明显权力差异的各种情况，例如儿童性虐待、亲密伴侣暴力、人口贩卖和人质环境场景。

**目的：**我们建议用“绥靖”取代斯德哥尔摩综合症，这个术语可以通过生物心理学模型（即多层迷走神经理论）来解释，以描述幸存者可能怎样与肇事者在情感上联结起来，从而通过安抚肇事者来有效应对威胁到生命的情境。

**结论：**我们相信，绥靖一词将阐明报道的幸存者经历，并将在公众、受害者和幸存者的眼中，为他们最初看似矛盾的幸存经历叙述提供科学的解释。通过了解绥靖中有效的反射性神经生物学生存机制，个人和家庭可以从支持心理韧性、健康的长期恢复并将其应对反应正常化的角度，从幸存中继续生活。

## 1. Critique of Stockholm syndrome

Words can carry strong messages about intentionality, motivation, and healing. Consider the recent awareness around the use of victim versus survivor. Some people choose to use the word victim when describing life-threatening traumatic experiences, while others prefer the word survivor, warrior, or victor. What is important is that individuals who have experienced these traumas have a voice in how they refer to themselves and that the words we use accurately reflect their lived experiences.

One particularly problematic term for survivors of kidnapping, as well as trafficking, interpersonal violence, and sexual abuse is ‘Stockholm syndrome’. Stockholm syndrome was originally proposed when trying to explain why some survivors of hostage-type situations do not, to the outside observer, appear to react to their situation with fight or flight, and furthermore seem to sympathise with their perpetrator as supposedly evidenced by lack of cooperation with police, and expression of understanding or lack of expression of hostility toward their perpetrator. The term has since been used in other traumatic situations in which there are power imbalances such as kidnapping, and abusive relationships. The word Stockholm syndrome postulates a positive emotional relationship between victims and abusers that developed because of the trauma (Jülich, 2005). This term persists despite several critiques.

First, Stockholm syndrome has been interpreted to assume that there is a relationship between perpetrator and victim that reflects mutual care and affection between them, but that mutuality does not exist in cases of abduction, abuse, and perceived life threat (Graham et al., 1988). Furthermore, Stockholm syndrome attempts to explain survival from captivity as a formula derived from the perpetrator or observer’s perspective (Namnyak et al., 2008). The variables include: the perceived threat to survival; the belief the threat will be carried out; the captive perceives some small kindness from the captor; and the hostage experiences the perceived inability to escape. Each of these perspectives requires a level of conscious processing that contradicts what occurs physiologically during a terror state. These conceptual difficulties

with Stockholm syndrome may explain why a review of the professional literature on survival techniques utilised during violent crimes (Jordan, 2013) demonstrates a lack of validated criteria for Stockholm syndrome as a psychiatric diagnosis along with a limited empirical research base (Geisler et al., 2013). The concept’s origin in the media rather than research or clinical practice and its application to various crimes, ages, and interpersonal contexts raise questions about its meaning, validity, and continued relevance to theory building and research (Namnyak et al., 2008).

Although past theorists have suggested that the concept of Stockholm syndrome may help normalise survivors’ behaviour (Graham et al., 1988), it can be argued that the term does not reflect survivor experience, a critique not yet reported in the professional literature. A more accurate term would be ‘appeasement’ because the word and overall description of appeasement emphasise the asymmetry in the relationship and the adaptive strategy to regulate and calm the captor, thus minimising potential injury and abuse to the victim (Treisman, 2004).

Using the Polyvagal Theory’s (Porges, 2011) assertion of the fundamental drive to internalise a sense of safety through sociality (Porges, 2022), we propose that the term appeasement may be operationally defined to more accurately describe a powerful instinctual strategy to survive and thrive regardless of the circumstances that can be separated from the concept of mutual affection and bonding with the perpetrator. This perspective can be applied to a variety of populations where the power differential and basic survival needs perpetuate abuse and victimisation regardless of the previous relationship with the perpetrator.

## 2. A brief history of appeasement as a response to threat

Cantor and Price (2007) introduced the concept of appeasement, proposing that it is a natural mammalian response to entrapment or confinement. They suggested that appeasement could contribute to a better understanding of PTSD, Stockholm syndrome, and hostage dynamics. They proposed a step in articulating the normalisation of a shutdown process and

suggested implications for further understanding of victim dynamics. From their perspective, appeasement was a pacification and submission response. Since appeasement may serve to de-escalate a situation, it was suggested that the resulting pacification could contribute to survival. Although we reject the definition of Stockholm syndrome, Cantor and Price's appeasement concept helps operationalise dynamics present in circumstances where a victim perceives and experiences threat to physical and psychological survival, especially when there is social isolation.

However, the Cantor and Price formulation of appeasement misses the two-way functional interaction, with the beneficial neurobiological impact of co-regulation, between perpetrator and victim that is better understood in defining appeasement through the Polyvagal Theory. The Polyvagal Theory (Porges, 2004, 2021, 2022) suggests that when faced with a life threat the foundational survival circuits originating in the brainstem, which regulate bodily organs via the autonomic nervous system, take over moving the nervous system into a defensive state that supplants intentional behaviour and social interactions. This process is observed as a variation of the cascade of fight/flight/freeze and potentially collapse and shutdown. This defensive cascade is dependent on autonomic states that functionally divert neural activity from higher brain structure resulting in reducing problem-solving capacity, limiting cognitive processing, and displacing intentionality and authentic forms of sociality with defensive strategies. Basic survival needs can determine and impact an individual's definition of life threat. For example, a parent facing housing and food insecurity can experience a lack of resources as a life threat. Social connection to the perpetrator may be experienced as a type of lifeline.

Dissociation is a product of these foundational survival-oriented brainstem circuits and may serve as a buffer to the realisation that one's life is at risk. From the polyvagal perspective, dissociation is viewed as an unconscious process that serves as a protective buffer when a threat is imminent. When an individual dissociates, their higher level of thinking is disrupted and the autonomic functions of the nervous system take over to optimise the regulation of bodily systems via the autonomic nervous system, even during life-challenging situations. Heart rate is slowed, digestion is interfered with, and awareness is impacted. Individuals who have suffered a traumatic (life-threatening experience) may internalise a feeling of extreme vulnerability and may have difficulty moving out of the dissociative state (Cantor & Price, 2007). From a pure survival stance, the slowing of heart rate, digestion interference, and impaired reality perception serves to save resources and protect from panic. Although these strategies of conservation are evolutionarily effective in asocial reptiles, they compromise

homeostatic functions and sociality for humans. It is later, after the imminent threat has passed, that continued dissociation can become problematic, resulting in an array of mental and physical health comorbidities. By accepting the preeminent need to survive as a biological imperative, then disassociation could be studied as an adaptive survival-related physiological buffer in response to overwhelming circumstances. In extended periods of captivity or when under threat, an individual may function in a disassociated state, allowing for a tolerance of the intolerable.

### 3. A science of safety leads to an understanding of the internal processes supporting survival

The motivation to feel safe is a primary goal of the nervous system (Porges, 2022). The Polyvagal Theory (Porges, 2021) provides an innovative scientific perspective that includes the neurophysiological description of the neural circuit that down-regulates threat reactions. This physiological adjustment occurred during the evolutionary shift from asocial reptiles to social mammals (Porges, 2021). From the perspective of evolution, the shift in the autonomic nervous system is at the core of our ability to connect socially with others. When we apply and refine the concept of appeasement to the Polyvagal Theory's assertion of the fundamental drive to internalise a sense of safety, we can more accurately describe the powerful instinctual desire to survive and thrive, regardless of the circumstances. In this context, the concept of appeasement eliminates most suggestions of mutual affection and bonding when in survival mode. The importance of feeling safe as an objective feeling has been debated going back to the earliest psychologists, such as Wundt (Ogden, 1907).

The ambiguous language used to describe emotions and feelings adds to the challenge of operationalising a 'felt sense of safety' (Porges, 2022). Polyvagal Theory suggests a definition of resilience in victims/survivors that conceptualises a hierarchical explanation of feelings as higher brain interpretations of the neural signals conveying information regarding visceral organs (e.g. heart, gut, etc.) to the brainstem (Geisler et al., 2013). This bio-psycho-evolutionary perspective emphasises the foundational function of the autonomic state in the subjective experiences of global feelings and specific emotions. Within this hierarchical conceptualisation, feelings of safety are preeminent and form the core of an enduring motivational system that shifts autonomic state, which in turn drives behaviours, emotions, and thoughts.

When faced with a physical threat, the natural response is to revert to a defensive stance, including fight/flight or a complete shutdown of emotional responses (Porges, 2022). Faced with a situation

where no escape is immediately possible, some survivors may have the resource to express a type of ‘super social engagement’ that may enable them to engage and effectively co-regulate and calm their perpetrator. We operationally define this capacity to co-regulate and calm the perpetrator as appeasement. The ability to access the appeasement process is conceptualised as a type of ‘super social engagement’ that requires the neural capacity to manage a hybrid state that enables access to the calming and social cuing of the social engagement system (Porges, 2011, 2021, 2022), while simultaneously maintaining access to the energetic mobilisation sympathetic system to engage fight/flight behaviours if necessary (Porges, 2011). Firsthand accounts from survivors of abduction underscore their awareness of the importance of establishing some type of social connection with the perpetrator. Repeated themes of awareness of the need for the establishment of connection are brought into therapeutic settings and are described by these survivors. In the terms used within Polyvagal Theory, this process of connection between the survivor and the perpetrator is considered ‘co-regulation,’ a process through which there is a mutually beneficial bi-directional expression of cues of safety that functionally calm the autonomic nervous system and observable behaviour (Mohandie, 2002).

Not only does social engagement help calm the autonomic nervous system, the withdrawal of this social engagement can dysregulate the system. This may necessitate a continued need for social engagement in order for the survivor to stay safe. In a study on co-regulation between mothers and infants, the caregiver of young children provides cues to calm infants. Specifically, prosodic tone was demonstrated to help regulate a baby who is having behavioural distress. Furthermore, the infants appeared distressed after social engagement was withdrawn from their caregiver. This particular study not only focused on the impact of prosodic tone on the infants’ internal stress, it also presents the dis-regularity impact of social withdrawal, suggesting the bio-directional impact between two autonomic nervous systems (Sarrate-Costa et al., 2022).

The ability to appease when in an activated state requires sufficient regulation to appear to the perpetrator as being calm. This form of regulation is not easily accessed or universally available but requires innate abilities to resources to inhibit the sympathetic arousal that would trigger the perpetrator’s defense. Appearing calm and sending cues of engagement when faced with a predator provides an opportunity for co-regulation to occur. The visceral response to threat is a foundational survival circuit located in the brainstem and shared by several vertebrate species that preceded the evolution of social mammals. These circuits coordinate sympathetic arousal or

dorsal vagal shut down to support survival via defensive behaviours. The ability to be in the proximity of a life-threatening individual or event, without shutting down, fleeing, or fighting, requires the ability to access the social engagement system with its neurophysiological dependence on the ventral vagal complex that regulates primary structures (e.g. facial expression, the intonation of voice) upon which social connection and co-regulation are dependent (Porges, 2022). Activating the neural substrate to appease is a challenge to the nervous system and is not an easily accessible intentional behaviour. Rather, it requires a retuning of the autonomic state that opportunistically maintains sufficient inhibition over the adaptive threat reactions of the sympathetic nervous system (i.e. fight/flight) or the dorsal vagal system (i.e. shutdown, collapse, fainting, defecation). By placing an autonomic state at the core of feelings of safety or threat, the pragmatic survival behaviours of fight and flight and complex problem-solving strategies that would lead to escape are consequential and dependent on the facilitatory function of the autonomic nervous system in optimising these strategies. Similarly, turning off the threat reactions and calming the autonomic state via the ventral vagal pathway will promote interpersonal accessibility, while simultaneously supporting the co-regulation of the autonomic states of both the survivor and the perpetrator. This model positions the autonomic state as an intervening variable, mediating the interpretation of contextual cues and shaping the reactions of both predator and captive. Within this conceptualisation, depending on the individual’s autonomic state, the same contextual cues and challenges may result in different behavioural, cognitive, and physiological reactions. This would be true both within and between individuals.

#### **4. Appeasement is a powerful utility for survival, adaptability, and resilience**

There is a range of responses among individuals who share the same traumatic environmental context. Studies on hostages indicate that a calm, regulated state may increase survival rates (Jaeger et al., 2014). Furthermore, the adaptive utility of appeasement in the experiences of survivors of abuse may functionally neutralise defensive strategies in the victim as well as the perpetrator via neural circuits communicating cues of safety. Thus, if the perpetrator starts to feel safe with the victim, then there is the possibility of the perpetrator’s nervous system calming and receiving cues of safety emitted by the victim, resulting in less violence, anger, and injury. This is not to be confused with the notion of fawning. Fawning is the use of people-pleasing to diffuse conflict and earn the approval of others (*The Association between a Psychotherapist’s Theoretical Orientation and Perception*

of *Complex Trauma and Repressed Anger in the Fawn Response* – ProQuest, n.d.). It's a maladaptive way of creating safety in our connections with others by essentially mirroring the imagined expectations and desires of other people.

We propose that the victim is not using fawning techniques, but is indeed influencing the perpetrator by an internal process of co-regulation (Porges, 2004). Co-regulation encourages regulation of both captor and abductee. It is a feature that enables all mammals to downregulate defensive strategies like yelling and screaming and instead promotes sociality by enabling psychological and physical proximity without the consequences of injury, even in survival situations. It is this calming mechanism that adaptively adjusts to protect us when in fight-or-flight mode (Geisler et al., 2013). This message has been confused by some as Stockholm syndrome or as a type of affection instead of a powerful adaptive survival reaction. In fact, fawning does not use the powerful biological forces of co-regulation. Fawning involves less attunement and is more one sided. In addition, from a polyvagal perspective, fawning may have the opposite effect of appeasement because it could be perceived by the aggressor as a highly vulnerable state, inciting more aggression (Reid et al., 2013).

Bonanno and colleagues' research (Bonanno & Burton, 2013) builds on the growing body of literature that underscores the acceptance that the fluid process of the nervous system and self-regulation has become an important variable for understanding the resiliency (Bonanno, 2021; Chen & Bonanno, 2020; Jiang et al., 2021). In summary, the first step of self-regulation is an assessment of what is required in the specific scenario. The second step, according to Bonanno's theory, is the choice of what they describe as a regulatory response. The question becomes, what can I do? Lastly, the question becomes, is it working? The last question requires a conscious assessment of the strategy. It may be assumed that in a life-or-death situation, the question becomes, how likely am I to be kept alive? This research supports the notion that the nervous system, especially brain structures involved in regulating intentional behaviour, plays an important role in survival. However, from a biological perspective, what is missing is the understanding of the role that foundational brainstem survival mechanisms play in response to imminent danger. It is also unclear how one develops a resilient enough autonomic state to be able to have an appeasement response in the face of that threat.

It is well documented that conscious thought is impacted by the biological response to terror (Pyszczynski et al., 1999). In times of life threat, the foundational survival circuits in our nervous system take over and interfere with executive functioning, suggesting that logical thought and strategy development are fully unconscious processes. All mammals operate from the perspective of safety versus vulnerability. A

flexible nervous system provides options for survival and resilience, although these actions may be the result of unconscious processes. Animal models have also presented data to support that all mammals reach a level of saturation in which the threshold is too high for one nervous system to influence the other without rest and deactivation (Chemtob et al., 1992). This is important when understanding resilience because, in many situations, the fate of the victim is, of course, predicated by the pathology or motivation of the perpetrator.

## 5. Clinical implications

Treating trauma victims/survivors is not a one size fits all process. There are numerous treatment approaches, many supported by robust evidence-based research (Han et al., 2021; MacFarlane & Kaplan, 2012; *Review of Narrative Therapy: Research and Utility* – Mary Etchison, David M. Kleist, 2000, n.d.; Warshaw et al., 2013; Williamson et al., 2010). The common variable across modalities is the adaptive nervous system of the individual trying to make sense of the horrific past. The question initially is 'why didn't you leave?' but a more important question is 'how did you survive?' The clinical focus should support the natural instinctual process that kept the individual alive. Post recovery, the challenge becomes how to help support the internalisation and the realisation that there is no longer danger and life threat. There lies the dilemma, victim/survivors of long-term and isolative abuse seen in kidnapping and interpersonal violence are often led to believe there will always be danger and life threat even when the perpetrator is not present. Fear immobilises and compromises higher level processing re-enforcing dependency.

The belief that one fell in love with the perpetrator can be confusing and frightening to an individual who has experienced captivity. The concern can lead to fears of further vulnerability and may connote the message that the individual is capable of being easily fooled. Another factor is the message given to family members that the individual intentionally did not escape out of a twisted allegiance to the perpetrator. This message is also confusing and dysregulating to family members and supporters, which can prevent the family members from being actively supportive of the survivor. Perception of support is important to the healing and well-being of the whole family system (Bailey et al., 2020). To begin to receive and give this support, it is important for survivors and their families to understand that kidnapping, trafficking and intimate partner violence by definition occur in contexts of differentials. Captivity in these circumstances can be easily confused with love as survival needs shape dependency in the same way a small child is forced to depend on the caregiver.

Finally, shame has been identified as one of the key factors underlying many trauma symptoms (López-Castro et al., 2019; Saraiya & Lopez-Castro, 2016). Ideas such as Stockholm syndrome can increase shame. Providing survivors with the appeasement framework normalises and commends the survival mechanism given the rare capacity to engage the social network when under threat. Appeasement can and should be framed as an alternate explanation for what may be a strong survival tactic, a tactic not solely intentional, but dependent on the capacities of a resilient autonomic state as a resource.

## 6. Purpose and hopeful outcome of this article

In the field of trauma research, recognising resiliency as the norm has grown from being considered rare to being viewed as a majority outcome (Bonanno, 2021). What is not so clear is what variables constitute resilience. A large body of research has looked at personality variables, supportive resources, financial and educational assets, minimal searching for meaning and experience, and expression of positive emotions (Bonanno, 2004; Bonanno et al., 2015). Another important variable cited is emotion regulation strategies. Posing the question of how or what makes one individual more able to handle adverse events more positively than others? Research has not been able to accurately assess the future coping ability of individuals perceived to be resilient at the time of traumatic stress.

As Bonanno's research presents a picture of modest outcomes for isolating and categorising individual variables found in the resiliency literature (Bonanno, 2021), we postulate that operationalising a singular explanation for survival and achieving resiliency cannot be condensed down to a singular or multi-variable recipe. Logically, a state preserving resources and altering the reality of circumstances would be optimum for preventing overwhelming anxiety and, in some cases, what I refer to as voodoo death (Cannon, 1942; Lex, 1974).

The goal of our proposed model of appeasement is to provide an alternative to the Stockholm syndrome in understanding how a survivor may have navigated and functionally adaptively negotiated with the perpetrator's nervous system. Additionally, we propose the introduction of a powerful unconscious survival response. Appeasement is not guaranteed to survival, but we propose appeasement to be one possible unconscious process when faced with a life threat in the context of interpersonal violence. This life threat is the key factor for appeasement to occur. The understanding that one person's nervous system can unconsciously impact another nervous system has been identified in research looking at therapeutic presence

and variables contributing to effective therapeutic interventions (Geller & Porges, 2014; Porges & Dana, 2018). When this theory is applied to circumstances involving captivity and life threat, it provides a plausible explanation of how we can understand and honour the survivors who have had a regulated nervous system that when confronted with life threats enable them to express features of calmness, interest, and social engagement. Thus, possibly diffusing or altering the agitated state of the perpetrator. As a caveat, the model is solely explanatory to honour the capacity of the survivors who have had the resource to access appeasement during life-threatening situations. The model does not infer that this capacity can be learned or trained. Further research should include the impact of operationalising this concept in a manner that supports the healing and well-being of survivors of a variety of crimes. An important research question should be: 'If survivors behaviour is supported as a resiliency factor and labelled in terms that underscore unconscious processes, will it impact the recovery process in a positive manner if their experience is conceptualised from their perspective and not that of the preparator?'

## Disclosure statement

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## References

- Bailey, R., Dana, D., Bailey, E., & Davis, F. (2020). The application of the polyvagal theory to high conflict Co-parenting cases. *Family Court Review*, 58(2), 525–543. <https://doi.org/10.1111/fcre.12485>
- Bonanno, G. A. (2004). Loss, trauma, and human resilience: Have we underestimated the human capacity to thrive after extremely aversive events? *American Psychologist*, 59(1), 20–28. <https://doi.org/10.1037/0003-066X.59.1.20>
- Bonanno, G. A. (2021). The resilience paradox. *European Journal of Psychotraumatology*, 12(1), 1942642. <https://doi.org/10.1080/20008198.2021.1942642>
- Bonanno, G. A., & Burton, C. L. (2013). Regulatory flexibility: An individual differences perspective on coping and emotion regulation. *Perspectives on Psychological Science*, 8(6), 591–612. <https://doi.org/10.1177/1745691613504116>
- Bonanno, G. A., Romero, S. A., & Klein, S. I. (2015). The temporal elements of psychological resilience: An integrative framework for the study of individuals, families, and communities. *Psychological Inquiry*, 26(2), 139–169. <https://doi.org/10.1080/1047840X.2015.992677>
- Cannon, W. B. (1942). "Voodoo" death. *American Anthropologist*, 44(2), 169–181.
- Cantor, C., & Price, J. (2007). Traumatic entrapment, appeasement and complex post-traumatic stress disorder: Evolutionary perspectives of hostage reactions, domestic abuse and the Stockholm syndrome. *Australian & New Zealand Journal of Psychiatry*, 41(5), 377–384. <https://doi.org/10.1080/00048670701261178>

- Chemtob, C., Hatfield, E., & Hsee, C. K. (1992). Assessments of the emotional states of others: Conscious judgments versus emotional contagion. *Journal of Social and Clinical Psychology, 11*(2), 119–128. <https://doi.org/10.1521/jscp.1992.11.2.119>
- Chen, S., & Bonanno, G. A. (2020). Psychological adjustment during the global outbreak of COVID-19: A resilience perspective. *Psychological Trauma: Theory, Research, Practice, and Policy, 12*(S1), S51–S54. <https://doi.org/10.1037/tra0000685>
- Geisler, F. C. M., Kubiak, T., Siewert, K., & Weber, H. (2013). Cardiac vagal tone is associated with social engagement and self-regulation. *Biological Psychology, 93*(2), 279–286. <https://doi.org/10.1016/j.biopsycho.2013.02.013>
- Geller, S. M., & Porges, S. W. (2014). Therapeutic presence: Neurophysiological mechanisms mediating feeling safe in therapeutic relationships. *Journal of Psychotherapy Integration, 24*(3), 178–192. <https://doi.org/10.1037/a0037511>
- Graham, D. L. R., Rawlings, E., & Rimini, N. (1988). Survivors of terror: Battered women, hostages, and the Stockholm Syndrome. In *Feminist perspectives on wife abuse* (pp. 217–233). Sage Publications, Inc.
- Han, H. R., Miller, H. N., Nkimbeng, M., Budhathoki, C., Mikhael, T., Rivers, E., Gray, J., Trimble, K., Chow, S., & Wilson, P. (2021). Trauma informed interventions: A systematic review. *PloS one, 16*(6), e0252747. <https://doi.org/10.1371/journal.pone.0252747>
- Jaeger, J., Lindblom, K. M., Parker-Guilbert, K., & Zoellner, L. A. (2014). Trauma narratives: It's what you say, not how you say it. *Psychological Trauma: Theory, Research, Practice, and Policy, 6*(5), 473–481. <https://doi.org/10.1037/a0035239>
- Jiang, X., Topps, A. K., & Suzuki, R. (2021). A systematic review of self-care measures for professionals and trainees. *Training and Education in Professional Psychology, 15*(2), 126–139. <https://doi.org/10.1037/tep0000318>
- Jordan, J. (2013). From victim to survivor - and from survivor to victim: Reconceptualising the survivor journey. *Sexual Abuse in Australia and New Zealand, 5*(2), 48–56. <https://doi.org/10.3316/informit.832896370790754>
- Jülich, S. (2005). Stockholm syndrome and child sexual abuse. *Journal of Child Sexual Abuse, 14*(3), 107–129. [https://doi.org/10.1300/J070v14n03\\_06](https://doi.org/10.1300/J070v14n03_06)
- Lex, B. W. (1974). Voodoo death: New thoughts on an Old Explanation. *American Anthropologist, 76*(4), 818–823. <https://doi.org/10.1525/aa.1974.76.4.02a00060>
- López-Castro, T., Saraiya, T., Zumberg-Smith, K., & Dambreville, N. (2019). Association between shame and posttraumatic stress disorder: A meta-analysis. *Journal of Traumatic Stress, 32*(4), 484–495. <https://doi.org/10.1002/jts.22411>
- McFarlane, C. A., & Kaplan, I. (2012). Evidence-based psychological interventions for adult survivors of torture and trauma: A 30-year review. *Transcultural Psychiatry, 49*(3–4), 539–567. <https://doi.org/10.1177/1363461512447608>
- Mohandie, K. (2002). Human captivity experiences. *Journal of Threat Assessment, 2*(1), 3–41. [https://doi.org/10.1300/J177v02n01\\_02](https://doi.org/10.1300/J177v02n01_02)
- Namnyak, M., Tufton, N., Szekely, R., Toal, M., Worboys, S., & Sampson, E. L. (2008). 'Stockholm syndrome': Psychiatric diagnosis or urban myth? *Acta Psychiatrica Scandinavica, 117*(1), 4–11. <https://doi.org/10.1111/j.1600-0447.2007.01112.x>
- Ogden, R. M. (1907). Wundt's doctrine of psychical analysis and the psychical elements, and some recent criticism. I. The criteria of the elements and attributes; II. Feeling and feeling analysis. *Psychological Bulletin, 4* (2), 47–49. <https://doi.org/10.1037/h0065062>
- Porges, S. W. (2004). Neuroception: A subconscious system for detecting threats and safety. *Zero to Three (J), 24*(5), 19–24.
- Porges, S. W. (2011). *The polyvagal theory: Neurophysiological foundations of emotions, attachment, communication, and self-regulation* (Norton series on interpersonal neurobiology). W. W. Norton.
- Porges, S. W. (2021). Polyvagal theory: A biobehavioral journey to sociality. *Comprehensive Psychoneuroendocrinology, 7*, 100069. <https://doi.org/10.1016/j.cpnec.2021.100069>
- Porges, S. W. (2022). Polyvagal theory: A science of safety. *Frontiers in Integrative Neuroscience, 16*, 871227. <https://doi.org/10.3389/fnint.2022.871227>
- Porges, S. W., & Dana, D. (2018). *Clinical applications of the polyvagal theory: The emergence of polyvagal-informed therapies* (Norton series on interpersonal neurobiology). W. W. Norton.
- Pyszczynski, T., Greenberg, J., & Solomon, S. (1999). A dual-process model of defense against conscious and unconscious death-related thoughts: An extension of terror management theory. *Psychological Review, 106* (4), 835–845. <https://doi.org/10.1037/0033-295X.106.4.835>
- Reid, J., Haskell, R., Dillahunt-Aspillaga, C., & Thor, J. (2013). *Trauma bonding and interpersonal violence*. Psychology of Trauma. [https://digitalcommons.usf.edu/fac\\_publications/198](https://digitalcommons.usf.edu/fac_publications/198)
- Review of Narrative Therapy: Research and Utility – Mary Etchison, David M. Kleist, 2000. (n.d.). Retrieved July 1, 2022, from <https://journals.sagepub.com/doi/abs/10.1177/1066480700081009>
- Sarrate-Costa, C., Lila, M., Comes-Fayos, J., Moya-Albiol, L., & Romero-Martínez, Á. (2022, November 22). *Reduced vagal tone in intimate partner violence perpetrators is partly explained by anger rumination*. Springer. <https://link.springer.com/article/10.1007/s12144-022-03994-z>
- Saraiya, T., & Lopez-Castro, T. (2016). Ashamed and afraid: A scoping review of the role of shame in post-traumatic stress disorder (PTSD). *Journal of Clinical Medicine, 5*(11), 94. <https://doi.org/10.3390/jcm5110094>
- The Association between a Psychotherapist's Theoretical Orientation and Perception of Complex Trauma and Repressed Anger in the Fawn Response—ProQuest. (n.d.). Retrieved June 30, 2022, from <https://www.proquest.com/openview/83faad71347dae7bba4d3b130d083e88/1?pq-origsite=gscholar&cbl=18750&diss=y>
- Treisman, D. (2004). Rational appeasement. *International Organization, 58*(2), 345–373. <https://doi.org/10.1017/S002081830458205X>
- Warshaw, C., Sullivan, C., & Rivera, E. (2013). *A systematic review of trauma-focused interventions for domestic violence survivors*. Retrieved October 11, 2022, from [http://www.nationalcenterdvtraumamh.org/wp-content/uploads/2013/03/NCDVMTMH\\_EBPLitReview2013.pdf](http://www.nationalcenterdvtraumamh.org/wp-content/uploads/2013/03/NCDVMTMH_EBPLitReview2013.pdf)
- Williamson, E., Dutch, N., & Clawson, H. C. (2010). *Evidence-based mental health treatment for victims of human trafficking*. Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services.