



Placing the Stockholm Syndrome in Perspective

By G. DWAYNE FUSELIER, Ph.D.

On an August morning in 1973, an escaped convict took four bank employees hostage in Stockholm, Sweden. For 131 hours, the hostages shared a bank vault with another convicted criminal, the former cellmate of the hostage taker, who had demanded his release from a nearby penitentiary. Despite their ordeal, after the incident, the hostages reported that they had no ill feelings toward the hostage takers and, further, that they feared the police more than

their captors. Psychologists called this newly discovered phenomenon the Stockholm Syndrome.¹

A coping mechanism also known as the Survival Identification Syndrome, the Common Sense Syndrome, or, simply, transference, the Stockholm Syndrome usually consists of three components that may occur separately or in combination with one another: negative feelings on the part of the hostage toward authorities, positive feelings on the part of the hostage toward the

hostage taker, and positive feelings reciprocated by the hostage taker toward the hostage.² Although a recognized phenomenon, during the last 25 years, the Stockholm Syndrome has been overemphasized, overanalyzed, overpsychologized, and overpublicized. Those occasions where the Stockholm Syndrome actually occurs remain exceptions to the rule. In fact, most hostages do not identify or sympathize with the hostage taker, nor do they see the police as their

adversaries. Rather, they realize that the hostage taker represents the problem, and the police, the solution. They also understand that, in general, the police should not acquiesce to the demands of hostage takers. Thus, with some notable exceptions, during a critical incident, hostages will behave in a manner that does not put their lives in jeopardy.

According to the FBI's Hostage/Barricade System (HOBAS), a national database that contains data from over 1,200 reported federal, state, and local hostage/barricade incidents, 92 percent of the victims of such incidents reportedly showed no aspect of the Stockholm Syndrome.³ When victims who only showed negative feelings toward law enforcement (usually due to frustration with the pace of negotiations) are included, the percentage rises to 95 percent. In short, this database provides empirical support that the Stockholm Syndrome remains a rare occurrence.

Despite such evidence, some crisis negotiators may have lost sight of the fact that full-blown Stockholm Syndrome occurs only in very few victims. As a result, they may continue to perpetuate some common misconceptions.

COMMON MISCONCEPTIONS

The Relationship Between the Hostage Taker and the Hostage

Some researchers suggest that the transference that occurs as a part of the Stockholm Syndrome commonly develops during intense life-or-death situations. In doing so, they imply that transference will

occur in most crisis negotiation situations. In fact, Freudian psychoanalysts use the term to describe a phenomenon that can develop between psychoanalysts and their patients. During a session, the psychoanalyst remains nondirective and neutral, encouraging the patient to talk freely and without interruption. As a result, patients may transfer the attributes of individuals close to them—for example, their fathers or mothers—to the therapist, or they may transfer their own feelings about or reactions toward significant others to the therapist. The therapist recognizes this and uses it to help the patient change maladaptive behavior. Most important, even in psychoanalysis, the therapist does not succumb to the psychological phenomenon of transference. The same holds true in the relationship between the hostage taker and the hostage; therefore, the Stockholm Syndrome rarely occurs.

Interviews with released hostages, specifically in longer-term

incidents (e.g., the TWA 847 hijacking in 1985, where the hostages were held for 2 weeks, and the Cuban uprising at the federal correctional institution in Talladega, Alabama, where the hostages were held for 12 days) revealed that the majority of the hostages showed no evidence of the Stockholm Syndrome. Most of the hostages expressed fear that their captors would kill them and realized that law enforcement officers attempted to do everything possible to help them.

The Relationship Between the Hostage Taker and the Negotiator

The belief that a relationship forms between the hostage taker and the hostage negotiator also represents a common misconception. After interviewing numerous flight attendants who had experienced a hijacking, FBI researchers concluded that three factors must be present for the syndrome to have the potential to develop. First, a

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significant length of time must pass.⁴ Second, the hostages and the hostage takers must maintain contact (i.e., the hostages are not hooded or isolated in a separate room), and third, the hostage takers must treat the hostages kindly, or at least not physically abuse or verbally threaten them.⁵

When the syndrome did develop, the hostages frequently said that because they were trapped together, they shared the same fears and frustrations as the hostage taker. That is, the hostages feared that the police would accidentally kill them in an assault, and they wanted to get out of the situation. By examining factors necessary for the potential formation of the syndrome, researchers have concluded that the syndrome cannot occur with the negotiator. The negotiator is not trapped in the same room with the hostage taker and does not share the same fears and frustrations.

In 1989, the FBI's Special Operations and Research Unit (SOARU), the predecessor to the crisis negotiation unit, and the University of Vermont surveyed over 600 police agencies, asking, among other questions, "Due to emotional involvement with the subject, has your negotiator ever interfered with or jeopardized an assault?" Not a single agency answered yes. Yet, some researchers still have concluded that some negotiators may hesitate at the critical moment and possibly cause the operation to fail. This assumption represents a variation of the belief that negotiators cannot be told about an impending assault because of the chance they may divulge critical information to

the captors, thus foiling the attack. The latter belief, which persists despite no supporting empirical evidence, may prove fatal because tactical teams planning a rescue or assault may erroneously fail to use the negotiation team to do everything to make the subject an easy target.

What perpetuates so many misconceptions and erroneous beliefs about the infamous Stockholm Syndrome? First, many find it provocative. In the original incident, a female hostage allegedly had

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consensual sex with one of the hostage takers. Moreover, law enforcement training reviews of actual incidents understandably tend to focus on those involving extraordinary circumstances. In addition, the exceptions prove more interesting, prompting additional discussion. Because the exceptions garner so much attention, they seem much more prevalent.

Finally, the Stockholm Syndrome remains overemphasized because of its psychological nature. Historically, law enforcement

negotiation has been psychologically oriented. Because crisis negotiation represents the attempted verbal manipulation of the behavior of others, it seems natural to use the Stockholm Syndrome to describe certain incidents. However, the fact that researchers can name or label a phenomenon does not mean they really understand it. In recognition of this problem, the FBI recently modified the abnormal psychology portion of its basic crisis negotiation course to downplay the use of labels. Instead, the FBI's basic course emphasizes active listening and crisis intervention skills.

CONCLUSION

Law enforcement should continue to study the Stockholm Syndrome, while keeping in perspective the extent and frequency of its occurrence. Although each person's reaction to being taken hostage remains unique, a set of behaviors may occur with some victims. The syndrome can consist of one or more of the following behaviors:

- One or more hostages may exhibit anger and frustration (negative feelings) toward police, believing either that the police are not doing enough to end the incident or are preparing an assault that may further endanger the hostages.
- One or more of the hostages may begin to show sympathy (positive feelings) toward their captors, believing that they are not such bad people or trying to convince themselves that the hostage takers will not harm them.

- The hostage takers may reciprocate and show compassion (positive feelings) toward one or more of the hostages.

Still, the syndrome usually does not develop with hostages. Although the duration of the incident remains important, the emotional intensity of the incident and perceived powerlessness of the hostages prove more important than the simple passage of time. Finally, if the victim receives or witnesses physical or psychological abuse, the syndrome is extremely unlikely to occur. Even if some aspect of the syndrome has developed, it can and usually will cease if the captors either verbally or physically abuse any of the hostages.

In short, the Stockholm Syndrome does not appear as pervasive as negotiators once thought. Although depicted in fiction and film and often referred to by the news media, the phenomenon actually occurs rarely. Therefore, crisis negotiators should place the Stockholm Syndrome in proper perspective. ♦

Endnotes

¹ Thomas Strentz, "Law Enforcement Policy and Ego Defenses of the Hostage," *FBI Law Enforcement Bulletin*, April 1979, 1.

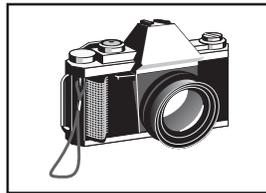
² Frank M. Ochburg, "What Is Happening to the Hostages in Tehran?" *Psychiatric Annals*, May 1980, 186; and Supra note 1.

³ HOBAS, March 1998.

⁴ The FBI's Crisis Negotiation Unit recently concluded that the amount of time that passes proves less important than other factors, including the emotional intensity of the incident and the victims' feelings of loss of control and perceived fear for their lives.

⁵ Supra note 1.

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