

The Stockholm Syndrome Psychosocial Varieties and Interdisciplinary Implications

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ABSTRACT: In August 1973, after the siege and the hostage situation in the Stockholm Sveriges Bank, caused by Jan-Erik Olsson, the entire psychiatric and psychological knowledges in the matter of victimology and posttraumatic stress disorder reached an unexpected level. After 6 days of siege, all the victims declared sympathy, emotional debt and gratitude, even infatuation towards the captor in contrast to hostility and fear towards the authorities. There are many hypotheses on this type of behavior; some believe that the syndrome is a temporary subconscious survival mechanism while others classify it as a mental disorder with pathological base that emerges in cases of psychological trauma. Since 1973, the symptoms of Stockholm syndrome have been recognized in other non-acute, abusive situations such as victims of domestic violence or child abuse with aspects of intergenerational transmission of violent behavior and heavy implications regarding the development of criminal behavior, potential therapy and social reinstatement of the victims. This paper will analyze the varieties of symptoms, the medical management, the characterization of both the victims and the offenders, highlighting the psycho-social foundation of this behavior, the interdisciplinary aspects and heavy implications of these situations, especially in secular, religious and patriarchic communities such as East European countries.

KEYWORDS: abuse, behaviour, psychiatry, Stockholm, victimology

Introduction

The Stockholm syndrome has been, from 1973 until present day, a real controversy in both scientific and social environments. We know that the first described symptoms were those present in the victims of the Swedish Kreditbanken robbery and hostage situation. The people that were taken hostage experienced a deep emotional connection with the captors, even after the police freed them and arrested the guilty. Even with the victims receiving psychological guidance, there were a lot of questions surrounding the situation and almost half of the scientific world believed that the phenomenon was just an urban myth or, at most, a form of Post-Traumatic Stress Disorder. The victimology of the Stockholm syndrome has been a powerful debate topic within the psychiatric and psychological society and although there are varieties of situations and symptoms recognized, the pathophysiology is based on just suppositions and case studies (McKenzie 2004, 15).

Once the pathology was unanimously recognized within the scientific society, Stockholm type behavior has been observed in different situations such as: abused children, abused women, members of certain religious cults, prisoners of war or, the most terrifying cases: some of the victims of concentration camps.

Within this paper, we will describe the main pathologic hypotheses of the syndrome and the varieties present in some particular social and cultural areas, especially in old traditional, secular, patriarchic, poor communities with vulnerable individuals easily exposed to violence but also we will note some important exceptions.

Elements of the paper

At first, the Stockholm syndrome was categorized as a Post-Traumatic Stress Disorder while some believed that the event was just an isolated behavior disorder. As more and more cases appeared, in different circumstances, the scientific community began to recognize the aspects of the syndrome as an independent pathological phenomenon with real need of patient management. It was also believed that it takes a particular type of personality of the victim and particular type of abuser personality with a long time relationship for the event to happen (captors, kidnaping victims and a long time of captivity). As more cases were attended, the varieties of symptoms shaped different

perspectives over the involved parties and more questions. It is certain and widely confirmed that the syndrome represents a modified survival instinct. The way this primary function is used by a particular individuals depends on his life experience, personality, education level, emotional filters and personal history of physical and emotional trauma. Finally, this complex will determine the symptoms and the temporary or definitive character of the pathology with future social and medical implications (Ekblad and Roth 1997, 109).

We will refer at the persons involved as "abuser" and "victim" because, over the years it was demonstrated that the captor-hostage relation is just one variety of the syndrome and do not define the entire phenomenon. The primary aspect of the Stockholm syndrome is represented by the emotional bond between the abuser and the victim. It has been demonstrated that developing an emotional connection with an abuser represents a complex psychological mechanism that is built on the intensity of the experience and not on it's length. Explaining this bond is the most difficult process and it holds the key for future management of the case. The foundation of the relationship between abuser and victim is not the captivity, which is a variable condition, but isolation. Isolation during captivity is somewhat a clear aspect but in abuse victims, isolation refers to removing that person from his family, friends, colleagues, social and professional activities and breaking any form of independence. Most of the times, victims don't even realize the isolation and the deep apurtenance until things are too far gone (Demarest 2009, 11)

Within the isolation, the victim will start to realize his/her life is in danger, often fear of the death is involved. Also, within the families with history of violence an abuse, the fear of physical and emotional pain will be the main emotion. Being cut off from any outside help, the victim understands that his/her survival and physical integrity depend on none other than the abuser. During the time of threat, the abuser may show signs of "mercy" or small gestures of affection or tenderness and for those gestures, victims will develop gratitude, those being the moments she is relieved of fear. Those signs of affection come often as a surprise, as a break in the habit, as an interruption of the somewhat "normal" existence. The feeling of gratitude is built as a more and more powerful emotion as the victim has no more control over his/her life and the abuser is finally seen not as the person who created a dangerous situation but as the man who offers a chance at life. The more this emotional bond is formed, the more the victim will find justifications and will blame themselves for the violent outbreaks of the abuser and she/he will develop aggressive tendencies towards outside people that try to save her. In the same time, the abuser will make everything in his power to limit the interaction between potential savers and his victim and also, if the victim wants to leave, he will resort to emotional blackmail, suicidal threats, begging for love, cutting the victim's access to material good, or threats towards the children, if they exist. The vicious cycle will continue, creating a fault in the mind and soul of the victim, making him/her see the abusive relationship as a normality. This is often the case of women abuse and the presence of the syndrome could be an explanation for a lot of cases in which the woman does not want to break up with the abusive partner even after strong physical abuse, for the small possibilities of therapy and low chances of social reintegration (Adorjan, Kelly & Pawluch 2012, 450).

Although there are a multitude of variants of Stockholm syndrome, this paper will refer at 2 aspects: long term abuse and short term abuse. This classification will help analyzing the social and educational circumstances as well as the consequences for involved persons, the social implications and psychological and psychiatric management. Short term abuse refer to people suffering short or limited time life threatening situations such as prisoners of war or different cases of hostages. Long term abuse is referring not necessary to an imminent life threat but to a long time of abusive relationship, with a known person, with anterior sentimental implications and a progressive evolution to physical, sexual or emotional violence. In these cases, isolation comes gradually. Understanding long term abuse is maybe most important as it's implications are heavy. The conditions that will lead to the abusive situation involve often small communities, rural or limitrophe urban areas, with low educational level, low material possibilities, with deep rooted religious or secular anti-values traditions such as "women are week, they do not need education, they need to be humble and prepare to be good housewives, good mothers", patriarchic values or

areas with high criminal rates. The "weak women" mentality is what gives power to the abuser through the eyes of the victim and also, is the main motive for them blaming themselves during crisis or unhappiness. Misinterpreted religious terms or values is another phenomenon that is transmitted to every generation and helps developing great differences between women and men. In rural environments, where religious traditions are deep rooted there are some beliefs that the woman has to be subjected to the man and if she will forgive him than she will receive blessings and power to endure the pain or, if she is worthy, she will receive the miracle of her husband transforming into a better man that doesn't abuse her. Also there are beliefs that no matter how big the physical or the emotional pain is, it is more important for the children to have both parents because this is the highest social standard that the community imposes. Divorces and separation of parents is judged and considered a sin and the society will push that woman and those children aside, isolating them and considering them a fault in the system. Educational features are essential when it comes to abusive long term situations. Education brings perspectives, high standards, offers multiple possibilities for the future offers a chance to career and to independence which lower the perspective of isolation and dependency for young women. In small communities, young women tend to abandon school looking for easy earned money and a comfortable life. In exchange for that, they sacrifice without knowing, the future of free choices, leaving a man (usually an older one), to take progressive control of their lives, promising material and family values. Later on, without personal income, without social or professional life, her existence will depend entirely on the man and the only psychological comfort and safety will be the emotional bond with the abuser. On the other hand, long history of family violence is a character that has been recognized as a transmitted condition within generations. Aggressive behavior will be taken over by every generation and children raised within these families will develop a need for abuse or violent relations. Many of the women that come for psychiatric or legal assistance due to abusive situations or for depression, describe having daughters that experience the same type of abusive relationships or sons that develop the same type of abusive personality as the father. Beyond the pathophysiological implications of the intergenerational transmission of aggressive behavior, it is certain that this phenomenon tends to be perpetuated and affect the future of young people. Also, history of personal psychological or physical trauma will explain certain psychological gaps that can serve as foundation for future relationship problems. On the other perspective, the one targeting the short term abuse, case studies and case descriptions cannot focus on particular tendencies and conditions that could lead to the syndrome developing. We can assume that the immediate life threatening situation and it's emotional impact is sufficient for victim to search for any humane or empathic characteristic in the captor and finding such signs will be enough for them to create that bond which they believe, will save their lives (De Fabrique, Van Hasselt, Vecchi, and Romano 2007, 98).

If we talk about consequences, the confirmation of the presence of Stockholm syndrome within abusive relationships demonstrate that they are indeed important as they affect not only the persons involved but the future of the communities and the entities involved in social, legal and medical management.

If we discuss the matter of short term abuse with victims developing the Stockholm syndrome, the aftermath tends to be less complicated. We established that symptoms develop within relative short or limited time of immediate life threatening situations with high emotional impact and moreover, it is the abuser's personality that makes the victim eventually feel safe around him; it is the way the abuser creates a safety net around the victim within the dangerous situation is what makes victims develop feelings for him. But when the situation is terminated and victims return to freedom and the elements of their lives before the event, the emotional bond is disabled; some victims may experience some symptoms for a while after the event but, with proper help, therapy and the family and social reintegration, those symptoms disappear. It is the strong anchoring in their previous life that helps them surpass the traumatic event and also the motive why the symptoms will unlikely remain for longer periods; the survival instinct that develops the syndrome in that limited time will fade away without any threats but, depending on the experience's characteristics,

victims may develop some forms of post-traumatic stress, depression or anxiety episodes that can receive psychiatric care with good results in the life quality (Cantor and Price 2007, 377). For victims of long term abuse that develop the syndrome, the story is very different. Most of the victims that experience long term abuse will have psychological and social background that ease the way to developing symptoms and later, a particular behavior. They often do not have any anterior different experiences in social, family or professional life so the survival instinct and psychological background create an absolute discrepancy between outside world and the pathological relation, building normality on the emotional bond with the abuser whom they think is connected directly to their existence. Victims believe that their life and every element of their life is depending absolutely on the person who created the situation and that is the reason why many women in those case will return in that environment even after important physical violence. In fact, the violent outbreaks will cause an inversion in the survival instinct that developed the Stockholm syndrome, and, for a short while they will tend to run away and ask for help in the outside world, seeking legal, medical and social assistance. But once the outbreak passes and her life is safe, the dependency and the emotional bond returns, the outside world becomes something strange and the outside people that want to help her become a threat for the relation that she considers normal, so, she will return to the abuser, at some point, depending on the emotional impact that the violent outbreak had on her. It is somewhat the same experience that abused children have because it is possible for them to develop Stockholm symptoms especially when they do not have any life experience, they are at an age of developing psychological, social and intellectual skills and growing in this type of family will create a different definition of normal that will determine their future. On the other hand, the age of the child can also be an advantage because extracting him at the right time from the pathological environment and integrating him within normal social standards can have a good outcome (Sackett 2001, 120).

Unfortunately, from medical, social and legal perspectives, Stockholm syndrome in cases of long term abuse, has a very low rate of positive outcome for victims. If in cases of limited time abuse, the anterior life of the victim and the legal prosecution of the offender will return the balance of life at almost all levels, the long term abuse comes with complicated elements that often result in the failure of management.

For abused women, extracting them from the pathological environment, is an almost impossible job. At least in Romanian communities, the management of these cases involve heavy efforts and good results come from less than 10% of the cases. As we presented above, violent outbreaks can cause such women to go and seek help; the police force will be involved first and after that, the forensic medicine will drive a complete physical and psychiatric expertise on the victim. After that, psychological and psychiatric therapy will try and assist the victim as well as social assistance with medication, psychological session and isolating the woman and eventually her children from the violent environment and integrating her into social groups. Moreover, the victim will be guided through the steps of regaining her independence by offering her a place to stay and educational possibilities. All those efforts focus on the victim regaining the control over her life. As we can see there is a big infrastructure and financial effort from all state authorities that will have no positive outcome as the women will return to their "comfortable normal" life. Some people will try and make a reference to the animals that grow in captivity. When you release them, they will often go back inside the cage where they feel safe instead of facing the freedom that they do not know how to use. Our own personal opinion is that this comparison is somewhat forced but it is clear that the mind and soul of these women are so cleaved that they truly believe that they cannot survive outside the pathological *status quo*. Another issue could be the legal implications for the abuser. Even if the woman is proven to be an abuse victim, without her official accusation, the police cannot investigate nor press any charges against the offender. And the truth is, the majority of the victims will drop all charges before they return within the relation. Some women are doing this out of fear, because of the power that they think the abuser has but most of them need to go back when the abuser start to show tenderness, emotion, guilt or when they start emotional blackmail. Psychologic explanation of the victim believing those clearly false love proves, is the

feeling the abuser induces in the mind of the victim: that he is weak, suffering, that he is in reality humane and lost without the woman that he wants. This false feeling is what empowers the woman for a short time; it is what makes her feel important and needed and it gives her a slight false impression of superiority over her abuser. But returning to that environment is a trap and the next violent outbreak will often be more aggressive and more violent than the previous ones. There were cases when the victims showed up being killed or in critical conditions at the hospital short time after the "escape attempt". As we analyze these situations we can see the sad truth: the victims of Stockholm syndrome within long term abuse have low to none chances of living a normal life and exiting the dangerous environment is not only a dead end but can result more dangerous for their lives than complying with the abusive relation. All this is completed by the important efforts of state authorities in helping these victims with almost zero positive results which can be defined as waste of material, infrastructure and medical assets in hope of resolving a tragic and severe social problem. Furthermore, there are studies within the Romanian communities that show that at some point in their lives, woman that endure and forgive for long time physical and emotional abuse can become themselves the aggressor. There is a debate on whether the cause for a woman killing her partner resides in the psychological deformation and the belief that her freedom will not be possible as long as the abuser lives or if the abuse of the children and an accentuated maternal instinct determine a psychological crisis and motivates the victim to become a killer. It is certain that from all perspectives, these women live in a vicious cycle that is very hard to brake (Jensen 2001, 110).

Regarding children that develop some forms of Stockholm syndrome after being exposed to different types of domestic violence (on them or witnessing the abuse), legal, social and medical management can be successfully applied on them with the condition that they can be extracted from the violent environment in time, meaning childhood or preadolescent period. Children exposed to domestic violence often reach adolescent period with lack of intellectual stimulation and developing psychological features that resembles the characteristics from their family. They often choose a criminal life with legal implications affecting their future and often social and educational reintegration is harder. As an adult, childhood trauma can affect the relationships they will choose, driving them to build pathological emotional bonds or accepting abusive and violent behavior as a normal experience. But not all is lost as not all children and adolescents that end up under legal custody will end up criminals, as the percentage of young people that are well social and educational reintegrated is higher than the one of women that are assisted post-abuse. The problem is still identifying the children that need such assistance as mothers in violent families do not ask for help and outsiders in the social environment don't involve in those matter out of some self-preservation instincts that surpass the need of doing the right thing. Even after a lot of state and non-profit organizations programs against domestic violence and despite all legal efforts to narrow this phenomenon, at least in Romania, there are still legal and social issues that prevent positive outcomes for these victims (Montagna, 2019, 300).

Conclusions

As a conclusion, the Stockholm syndrome can be defined not as a mental disorder but as a variety of symptoms that appear as a defense mechanism within people being isolated from the outside world by an offender. The term isolation has different connotation according to the circumstances of the event. It can refer to short term abuse with high an immediate life threatening situations such as prisoners or hostages in wars or criminal acts or it can refer to long term abuses where the condition develops progressively on a particular social, educational and psychological background such as women and children exposed to domestic violence.

The primary mechanism of the syndrome is developing an emotional connection with the abuser. On one side, the abuser will make the victim feel safe with small gestures of kindness and affection within the dangerous threatening situation; on the other side, the victim will develop a self-preservation process that imply an emotional bond and gratitude towards the man who has control over her/his life and that shows kindness. As the circumstances of the isolation are variable

and the psychological background of the victim and offender have certain particularities, the evolution of the syndrome can cause temporary or even long term effects on the victim's mental balance. Legal, social and medical management have positive outcomes for people with basic anterior normal life that can be easily reintegrated and assisted once the dangerous elements are removed and the abuser is detained by the authorities. For violent relationships with long history of abuse, victims develop a definition of normal within the pathological relationship that will act as protective shield but will isolate them more from the outside world. The outcome for these victims is often a sad one as even after very traumatic events, they choose to return to the pathological relation which they consider normal. For women in these situations there are low chances of exiting that environment but for the children there are more legal possibilities of extracting and reintegrating them in a safe social and educational life with possible good chances of a normal future. The main problematic consequence of such relationships enduring is that the abuser will not face law penalties and for the victim that her chances for a normal life are weak and furthermore, women and children exposed to these events can evolve themselves into aggressors.

A very interesting theory is that the syndrome is developing somewhere at subconscious level, where primary instincts reside. For people with good reality anchoring and normal conscious functions of comparison, abstracting, analyse and generalization and also with good conscious control over emotions, social rules and morals the temporary appearance of the syndrome can be explained by the high and immediate cut of conscious balance and knowledge in face of emotional impact and life threat which make the primary survival instinct to take control. For victims of long term abuse, often from communities with strong patriarch traditions, misinterpreted religious rule and lack of intellectual and social stimulation, primary functions, deep rooted rules and lack of educational stimulation can cause the survival instinct to be processed with uncontrolled emotions which will lead to the adaptation of the victim at a self built normal life and removal of every outside implication in order to secure the complete and successful survival of the individual, managing the known dangers by subjecting and loving the offender. Subliminal beliefs are stronger and harder to modify than conscious beliefs that are filtered by negative and positive thoughts, by implemented social standards and morals and by educational foundation because they do not suffer any alterations within judgement processes. If this theory was accepted by the scientific community, then at a legal level we would have the chance of demonstrating the lack of discernment even for adult victims which would legally make the extraction, therapy and further management of the case easier.

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