

# **Psychological Health, Communication and Behavior Patterns in the Hostage-taking: Crisis Negotiation as Police Education**

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## **ABSTRACT**

*Negotiation is considered as an interaction process in which two or more parties try to agree on a mutually acceptable outcome in a conflict situation, in the form of a relationship between two or more social actors in order to reach a certain agreement and a certain goal. In this case, effective communication is essential to save lives.*

*In the specific condition of hostage-taking, we speak of operational strategic negotiation, where communication and listening become strategic tools to protect the kidnapped person and require time for the crisis situation to be resolved in the best possible way. In order to understand a hostage-taking it is necessary to know what kind of people make these gestures, the risks of the negotiating action, the behavior and the possible psychophysical consequences of the negotiating actors. The health of the negotiating parties, regardless of whether it is stress, clinically certified pathologies or trauma, becomes itself an element of meditation and investigation to resolve a crisis situation. Communication becomes the strategic and formative-educational tool to understand the Other, but in a negotiation team it is important that the member of the negotiators and investigators recognise or denounce their distress or incapacity when working in the current emergency.*

**Keywords:** *hostage negotiation, strategic communication, police education, victimology, crisis management*

## **INTRODUCTION**

### **Victimology and crisis management**

The first element from which to approach the topic of the presented research is that of victimology in general. Victimology studies the victim's bio-psycho-social sphere, but not only: it studies the relationship that the victim had with his

attacker (therefore also his role acted within that particular circumstance), it studies the environmental context (physical and psychological) of what the reality is, the phenomenology of the victim within which a criminal action was carried out and, in the case of a surviving victim, it studies the physical (biological damage), psychological (short-medium trauma) consequences -long term), and social (reactions of the primary group, such as the family, the secondary group, such as friends, and control agencies, such as the police or courts).

Victimology was born as an autonomous science within what can be the area of criminology in general: until the 1950s criminology had considered the victim, but marginally or in function of the study of the criminal; only since the 1950s has victimology achieved its autonomy (Strentz, 2006). The aims of the victimology are diagnostic (the study of the victim can be important for the diagnosis of the situation and the problems that emerge), preventive with respect to the crime and remedial because the injured party is taken into account in a restorative way.

This change in the 1950s occurred because with the birth of criminology, therefore centering the study of the phenomenon on the offender and on his motivations, what had in the past been experienced as reparation or revenge (in the Arab code, the death penalty can be suspended by the pardon of the family members of the person or persons killed; family members may participate in the execution). As for current history, the victim problem was addressed only in 1985 with the UN declaration on the rights of the victim. So we have to leave, from the existence of the basic behavior models, which categorize the human being, so that he recognizes himself as an individual belonging to the same species, and this not in the moral sense, but as a preliminary biopsychic condition, of which, however, he is also part the human ability to moralize. In the case of violent crime such as kidnapping, the paralysis caused by fright demonstrates the existence of reflections of the instinct for conservation, which, in extreme crises, automatically come into operation (Greenstone, 2005).

The priority of conservation is evident. These are primitive functions, which are linked to the instinct that tends to safeguard the elementary and conditioning functions of life itself. The seized ego appeals to compassion, it becomes inactive and has confidence only in an attitude that causes reactions protection and care. Mental inactivity can regress in this situation up to the peroral stage. When the regression of self-responsibility, to the point of an appeal to solidarity that should activate protection, remains without a valid answer, the feeling of revenge is awakened. This leads to disappointment, distrust and depressions up to a situation extreme of lethargy. Heinrich von Kleist described minutely and in a psychological way, how, following victimization, a revenge can develop when public order is too weak to guarantee recognizable justice. The legal situation in our society does not include emotional reactions such as revenge, especially when they involve relatively long-term planning.

The result is the feeling of impotence, and it is precisely this feeling that creates the pathological situation we know, under the name of remote shock. It is dominated by the desperation of those who feel isolated. This can also be revealed in the form of a paradoxical reaction, in which the target of hatred is changed, when the victim identifies himself with the attackers (Greenstone, 2005).

### **Identification of the victim with the aggressor**

The best known case is perhaps that of Patricia Hearst, daughter of the very rich American publisher Hearst. Other examples are found in the drama of the hijacking of planes Zerqa in 1970 and in the business of Moluccans in Holland in 1977. In addition, the statistical material of "Division Research on Terrorism" of the Rand Corporation of Santa Monica, which contains the results of 47 kidnapped and surviving men (late April 1978), confirms this phenomenon by calling it "Stockholm syndrome" due to the fact that the girls held hostage during a bank robbery in Stockholm had established excellent relationships with their attackers (later we will develop the syndrome). The phenomenon of Russian prisoners in the Second World War can also be considered analogous, who fought - after being taken prisoner - with Hitler's troops.

When the attackers offer the victims they have seized the possibility of solidarity with them, finding themselves in a situation of constraint, they usually use them. It is typical of the operation examples of conservation instincts. The reason why the victim identifies with the aggressor's will is to be found only in the relationship of power that has been created. In the cases mentioned here, it is clear that the attackers have proven to be more powerful than the protective environment usually guaranteed by public order. In such situations, the psychic sequence evidently follows the motivations contained in the law on the functioning of three-pole groups, as described by T. M. Mills in 1954 and by A.F. Henry in 1956, based on the sociology of Georg Simmel.

The action of the instinct for conservation can be directed in two different directions (Alexander, Klain 2009): 1. that of revenge; 2. that of the conversion, that is of the identification with the aggressor against the order of the company, which has not been able to guarantee the protection required at the moment of the first reflex caused by the paralysis of the fright.

The terror situation thus has a reorientation effect, which can also be defined as "re-education through compulsion".

Stockholm syndrome promotes far-reaching emotional relationships between kidnapping victims and their captors; it appears to be an automatic, often unconscious, emotional response to the trauma of becoming hostage and involves both kidnappers and kidnapped. In fact, it generally consists of three phases: positive feelings of the hostages towards their kidnappers, negative feelings of the hostages against the police or other government authorities, reciprocity of positive feelings by the kidnappers (Westcott, Kathryn 2013).

The term "Stockholm syndrome" was used for the first time by Conrad Hassel, special agent of the FBI, following a famous episode that happened in Sweden between 25 and 28 August 1973: two robbers held hostage three women and one man in the "security room" of the Sveriges Kreditbank in Stockholm.

Although their lives were continually endangered during the prison period, which was followed with particular attention by the media, it turned out that the victims feared the police more than the kidnappers feared, that one of the victims developed a strong sentimental bond with one of the abductors (which lasted even after the episode) and that, after release, he was asked by the seized clemency for kidnappers and in the process some of the hostages testified in their favor.

This syndrome can affect hostages and kidnappers of all ages, of both sexes, of all nationalities and without distinction of socio-cultural background. Certain factors would facilitate its onset: the duration and intensity of the experience, the dependence of the hostage on the offender for his survival and the psychological distance of the hostage from the authorities (Westcott, Kathryn 2013; Strentz, 2006).

It would seem that the positive ties between the kidnapper and the kidnapped did not form immediately, but were already solid enough by the third day of captivity. This could be justified by the fact that in the first moments after the kidnapping, the kidnapped experiences a total state of confusion, also found in some typical responses to trauma: denial, illusion of obtaining release, frantic activity and examination of conscience.

Once the initial trauma has been overcome, the victim becomes aware of the situation he is experiencing and must find a way to endure it; all this, together with the increase in time spent together by victim and kidnapper and isolation from the rest of the world, facilitates the alliance with the kidnapper. The lack of strong negative experiences, such as beatings, carnal violence or physical abuse, facilitates the genesis of the syndrome; less intense abuse, deprivation and humiliation tend to be rationalized and the victims are convinced that the kidnapper's show of strength is necessary to control the situation or justified by their incorrect behavior (Cantor, Price 2007).

Often the link between kidnapper and kidnapped begins on the basis of a common resentment towards the police, which most often is perceived by the hostage as threatening: the insistence on the surrender of the criminal and the possibility of an incursion pose the victim in a constant state of anxiety and fear for his own safety. Furthermore, law enforcement officers are considered less powerful than the offender himself because, as mentioned above, they have failed in their protective role and guarantors of public order since the kidnapping took place.

Once developed, the possible duration of this syndrome is not yet known with precision, but it seems that it can persist for several years. However, it should be emphasized that even those who developed the Stockholm syndrome have had sleep disorders, nightmares, phobias, sudden startles, flashbacks and depression.

Various explanations have been given to this phenomenon.

Some authors believe that this link between the hostages and kidnappers resulting from the state of real addiction that is developed between the kidnapped and her captors; the latter control food, air and water, essential elements for survival, reinforcements that from a behavioral point of view, when granted, would justify the gratitude and gratitude that the hostages show towards their jailers. Other authors, the majority to be honest, instead deal with the phenomenon from a more typically psychoanalytic point of view; in general, they claim that the ego in the attempt to find a balance between the instinctive demands of the Id and an anguished reality can only put in place defensive mechanisms.

According to Freud there are three instances of the personality: the id , the ego, the superego. The id is what gives rise to every instinctual relationship , but also the death drives. We can define it as the seat of all that is irrational, impulse, instinct. The superego, on the contrary, represents the rule, rationality. 'what others believe downwardly you to do. So it is dictated by the interaction with society. the superego is driven by a logic conventionally recognized as "fair" by others, not by what the individual really wants. The ego is the mediator between these two instances ( Lombardi 2005; Strentz, 2006).

The two defense mechanisms that are most often referred to are regression and identification with the attacker. With regard to the regression, the priority of conservation enacts instinctive functions, infant character, so the reactive feeling of the victim is concretized in a tense attitude to cause protection and care; the hostage is similar to the newborn: he must cry so that he can be fed, he cannot speak, he is forced into immobility, he is in a state of total dependence on an omnipotent adult and he is afraid of an external world experienced as threatening. Identification with the aggressor, on the other hand, causes the factual reality relating to the hostile nature of the persecutor to be distorted; the paradoxical sharing of the persecutor's point of view allows the subject to overcome the psychic conflict, given on the one hand by the dependence on a threatening attacker and on the other by the inability to "get rid of" or escape from it precisely because subordinate to him, with the secondary advantage that the harassments that come from him are justified, and therefore less intolerable (Greenstone, 2005) .

The perpetrator, in turn, "undergoes" reverse identification. The more a hostage manages to be recognized in his identity, the more difficult it becomes for the kidnapper to harm him. It is in fact proven that most people can not do harm to others, unless the victim remains anonymous. Moreover, it seems that the kidnappers feel a certain affection towards the kidnapped people also as a sign of gratitude for the collaboration received, perhaps driven by a desire unconscious of being loved and respected. In the face of these considerations, more and more kidnappers, excluding occasional ones, organize themselves in such a way as not to

create relationships that imply affection with the kidnapped ones, avoiding as much contact as possible.

### **The pathologies of possible hostages**

The study of the response to stress in extreme conditions assumes a fundamental importance, in a different field from the military one (or in war theater), precisely because it is caught in unprepared and absurd subjects already subjected to strong stresses during their ordinary life .

First of all, it should be made clear that being taken hostage is trauma. Contrary to other traumatic situations, however, in this condition there is generally no less possibility of transforming suffering in various ways, in sufficient time to adapt and process it with a voluntary, generally utilitarian action.

Peter McIntyre suggests extremely clear guidelines for this but which require prior information and specific training:

- i. you have lost your body but not mental control ;
- ii. you must prepare to resist a period of mental and physical exertion and to survive this you will need a positive mental attitude ;
- iii. as far as possible, try not to show emotions;
- iv. use sensitivity positively to plan how you will behave.

As in almost all human actions , our psyche chooses the one that, with less effort, offers guarantees of greater economy and less suffering.

In accordance with your predisposition, you can have two opposite responses: one facing the outside of the subjects , which expresses their situation in such a way as to be understood by others, and one internalized of a psychosomatic type, of which only the involuntary effects are visible .

Stockholm syndrome is an automatic, often unconscious, emotional response and is linked to the trauma of being a hostage; it is not a rational choice of the hostage who, aware of what is happening to him, instinctively or by calculation uses the most convenient behavior to try to make friends with the kidnapper. It has also been called "common sense syndrome or victim identification", precisely because of the defense mechanism that underlies a desperate defense of one's existence (and psychic survival) that the hostage makes during the kidnapping. For the establishment of the Stockholm syndrome are the conditions that we have already analyzed.

The hostage defense mechanisms are generally (Greenstone, 2005):

- i. identification with the aggressor, which is operated unconsciously by the hostage who identifies with the aggressor in order not to be punished or condemned;
- ii. introjection, as the hostage, unable to assert his demands existential and vital, try to think like the kidnapper to defend your needs;

- iii. regression id, the return to a state of experience and behavior less mature and unreal. For the victim, the kidnapper appears omnipotent, he is the one who controls the relationship between the outside and the inside of the environment in which the hostage is located; victim and executioner, for different reasons, live outside (police, judicial authorities, etc.) as a threat. The weapons that the police are preparing to use against the offender are, in the end, also directed against him in the mind of the hostage;
- iv. the refusal, a rejection reaction that takes over at a time when the mind is no longer able to sustain the altered environmental conditions. To survive the mind reacts as if nothing had happened .

A classic example of how Stockholm syndrome can continue even after the condition of close subjection and direct threat is technically terminated is the aforementioned case of Patricia Campbell Hearst, a rich Californian heiress kidnapped on February 4, 1974 by the Symbionese Liberation Army . Started as kidnapping for extortion, just ten weeks after the victim, she became a lover of one of his kidnappers and an accomplice in a bank robbery. Another example of a reaction that can affect the hostage in conditions of particular tension is what has been called London syndrome, in which one or more hostages manifest an attitude of non-cooperation or belligerence towards the kidnappers. This behavior emerged during the siege of the Iranian Embassy in London in 1980. On that occasion, the hostage Abbas Lavamani reacted to stress with a particularly controversial and quarrelsome attitude towards the kidnappers and in open disagreement with the other kidnapped. After a few days of siege, at the time of the choice of who to kill for demonstration purposes, he was chosen, as (probably) an element of danger and disagreement within the homogeneous community created between kidnappers and "collaborative" hostages (Cantor, Price 2007; Julini 2015) .

Another case occurred in June 1986 in Beverly Hills, during a robbery degenerated into barricade, when a security guard (lying and with his face on the ground) was killed. The kidnapper then explained his choice by stating that “ he was talking to him from behind”.

Another extreme emotional reaction identifies a further syndrome, called "hysterical grouch syndrome", which consists in the victim's inability not to attract attention to himself with tears and implorations of grace and self-pity.

An example of this is the crisis that occurred in Rochester, New York, in 1985. A barricade of a black man with white and black hostages, started on an anti-racial claim, ended with the killing of an African American hostage (woman) because he had continually stressed the diversity of his race, pleading for mercy and crying persistently and continuously (Klein, 2009).

There are simultaneously psychosomatic symptoms induced by the stress of the hostage condition. Medical literature generally associates them with the generic condition of the prisoner, and there seems to be universal consensus on their existence and direct

dependence on that condition. In the circumstances described above, however, they must be carefully considered and evaluated by the negotiator not for the seriousness of the disease itself, but for the influence that these can exert on the behavior of the kidnapper.

### **Possible pathologies of the negotiators**

The psycho-emotional crisis, in situations of crisis and hostage-taking, does not exclusively concern the kidnapper and his victim.

There are in fact some studies, quite recent and not very developed even at an international and academic level, which show that the negotiator is also affected by some psychological pathologies that can seriously affect the operation in progress and his health after the negotiation, more aggravated in case of failure of the operation or death of the hostage (Alexander, Klein 2009; Greenstone 2005).

The situation faced by the negotiator, especially if protracted over time with seizures that can last several days and more, can create a permanent state of anxiety in him. Anxiety can turn into a sort of vicious circle that leads to isolation and exhaustion. Bad perception of stress can lead to excess euphoria and / or states of deep depression. In the long run the situation can turn into the so-called "burn-out syndrome".

The burn-out syndrome (or more simply burn-out ) is the pathological result of a stress-causing process that affects people who practice helping professions , if they do not respond adequately to the excessive stress loads that their work leads them to hire. The burn-out affects educators ,doctors, teachers , policemen , prison guards, , priests and religious (especially if on a mission), nurses , carers, medical radiology technicians, psychologists , psychiatrists , professional educators in protected psychiatric houses, psychiatric rehabilitation technicians, lawyers , social-workers , physiotherapists, hospital doctors, midwives, medical and nursing students, managers and operators of prevention and protection services, civil protection personnel, volunteer workers, researchers , etc.

These figures are loaded with a double source of stress: their personal stress and that of the person being helped. It follows that, if not properly treated, these subjects begin to develop a slow process of "wear and tear" or "psycho-physical" decline, due to the lack of energy and ability to support and discharge the accumulated stress; in one word they "burn".

In these conditions, it can also happen that these people face an excessive load of the problems of the people they care for, thus no longer being able to discern between their own life and theirs. The burn-out involves emotional exhaustion , depersonalization , an attitude often marked by cynicism and a feeling of reduced personal fulfillment . The subject tends to escape the ' working environment absenting more often and working with enthusiasm and interest always children, to experience frustration and

dissatisfaction, as well as a reduced empathy towards the people he should be concerned with. The burn-out is often accompanied by a deterioration of the physical, psychosomatic symptoms such as' insomnia and psychological such as depression . The discomforts are felt first in the professional field, but then they are easily transported on a personal level: the abuse of alcohol , of psychoactive substances and the risk of suicide are high in subjects suffering from burn-out (Alexander, Klein 2009; Greenstone 2005).

### ***Levels of the burn-out***

In this paragraph we can here present and identify the following aspects tracking a scheme distinguishing two types of levels about burn-out:

#### ***Individual level:***

- negative attitudes towards customers / users;
- negative attitudes towards oneself;
- negative attitudes towards work;
- negative attitudes towards life;
- drop in job satisfaction;
- drop in commitment to the organization;
- reduction of the quality of personal life;
- worsening of the state of health.

#### ***Organizational level:***

- increased absenteeism;
- increase in turnover;
- decrease in performance;
- decrease in the quality of the service;
- decrease in job satisfaction.

Among the ailments that the negotiator could feel due to the persistence of the stress condition to which he is subjected , the " compassion fatigue " cannot be omitted . It is a phenomenology that is generated as a defensive mechanism towards the difficulties and stress caused by the feeling of deep participation towards someone who is suffering. Compassion fatigue (also known as a secondary traumatic stress disorder) is a condition characterized by a gradual decrease in compassion over time. It is common among trauma victims and individuals who collaborate directly with trauma victims (Strentz, 2006). She was first diagnosed with nurses in the 1950s. Patients may experience several symptoms including desperation, decreased pleasure experiences, constant stress and anxiety, and a widespread negative attitude.

## **CONCLUSION**

The most recent international and national literature (Greenstone 2005; Lombardi 2005; Strentz 2006; Cantor, Price 2007; Julini 2015) poses a rather new theme on the subject of hostage negotiation, as explained in the previous paragraphs.

Even in the most recent studies, the victim and "his syndromes" are the object of study and research; in the specific case, analyzing again the psychological, emotional and communicative difficulties of the hostage victim becomes important to go further and change the paradigm in order to also understand the health of those who are negotiating and the pre and post-crisis consequences in the negotiator.

The health of the parties in the negotiation, regardless of whether it is stress, clinically certified pathology or trauma, itself becomes an element of meditation and investigation to resolve a crisis situation. The communication become the strategic tool to understand the Other, but in a negotiation team is important that the member of negotiators and investigators acknowledge or report their discomfort or inability when working in the ongoing emergency. Working in crisis and mediating with human life in hostage builds up stress, uncertainty and dulls the psycho-communication skills of the negotiator (Buoncompagni, 2018).

In the intercultural context, open to the encounter with the Other and to the attempt to build global networks and open communication overcoming prejudices, the negotiation must be contextualized and re-evaluated in order to reach a new and different balance between those procedures and the process. Its cultural paradigm makes it a non-antagonistic conflict management tool, an empowerment option for individuals, a procedure that also takes care of relationships and a tool capable of introducing pragmatism into society and the management system of conflicts (Julini, 2015).

The figure of the negotiator in case of hostage taking is a fundamental element. But both his communication skills and action strategies are important, as well as his psycho-physical well-being. Otherwise, the state of malaise can have negative effects both professionally and personally, and can also lead to a decrease in productivity, an inability to focus on situations, the development of new feelings of incompetence and doubting one's skills.

Burn-out syndrome can only be cured with radical changes in professional life.

Often needs adequate psychotherapy. Drastic interventions must be carried out, but objectively it is not always possible to implement them. Prevention is much more realistic, but since many events over which you have no control can lead to burn-out, there are points to focus on trying to prevent the syndrome; according to the studies they are:- recognize your limits.

Adjusting your expectations to reality, thinking positive without being overwhelmed by counterproductive irrational thoughts, treating physical health, keeping stress under control. Establishing clear and precise objectives, planning strategies for

achieving your goals. These are the operational stages. In addition stress control cannot be improvised, it must be planned in time (Lombardi, 2005).

It should be borne in mind that these long-term strategies risk losing effectiveness, because stress changes and consequently the ways in which it is controlled must change.

The crisis situation generates a psycho-physical crisis even in individuals who, beyond their social and professional role, live off emotions that easily influence human behavior.

Therefore, negotiating in crisis and emergency contexts means knowing how to protect one's health and that of the victim, guaranteeing, at the same time, the kidnapper the possibility of re-establishing his psycho-physical integrity, communicating his crisis and being re-inserted into society through a path of care and socialization so that you find stability and awareness.

All this is possible first of all when negotiation becomes a fundamental element of the educational and training path of law enforcement agencies. Negotiation is therefore also to be understood as the result of a mix of culture, education and cognitive and linguistic strategy to be applied in daily life and more so during a crisis.

Police education is itself negotiation, it is synonymous with "curing" (and "good health") in the field of communication and public safety. "Cure", in this case, goes beyond any physical or mental illness; it means being able to foresee the consequences of what citizens perceive as good or bad in a community and acting to ensure that cooperation and peace of mind last for a long time.

"Curing" in police education means communicating and educating the population about security and social order, eliminating fear and suspicion towards the Other, erasing selfishness and prejudices by building new strategies and trust every day with the support of the institutions.

Health, communication and behavior patterns in the hostage are key elements in police training and police actions, important aspects in the negotiation of the crisis, here considered as police education.

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