

Review

‘Stockholm syndrome’: psychiatric diagnosis or urban myth?

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Objective: ‘Stockholm syndrome’ is a term used to describe the positive bond some kidnap victims develop with their captor. High-profile cases are reported by the media although the diagnosis is not described in any international classification system. Here we review the evidence base on ‘Stockholm syndrome’.

Method: Databases (PubMed, EMBASE, PsycINFO, CINAHL) were systematically searched. We compared features of cases widely reported in the English language media to identify common themes which may form a recognizable syndrome.

Results: We identified 12 papers that met inclusion criteria. The existing literature consists mostly of case reports; furthermore there is ambiguity in the use of the term. No validated diagnostic criteria have been described. Four common features were found between the five cases studied.

Conclusion: There is little published academic research on ‘Stockholm syndrome’ although study of media reports reveals similarities between well publicized cases. This may be due to reporting and publication bias.

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Summations

- ‘Stockholm syndrome’ is commonly used by media sources as a term to describe the positive bond a kidnap victim develops towards their captor.
- No validated diagnostic criteria for ‘Stockholm syndrome’ have been described; existing literature is of limited research value and does little to support ‘Stockholm syndrome’ as a psychiatric diagnosis.
- Analysis of cases widely reported in the media reveals four common features in victims of ‘Stockholm syndrome’; each victim experienced direct threats, they were kept in isolation, had an opportunity to ‘escape’ during their period of captivity but failed to use it and showed sympathy with their captors postcaptivity. This suggests an identifiable pattern of experience and behaviour may exist amongst victims described by the media.

Considerations

- ‘Stockholm syndrome’ is not a recognized Medical Subject Heading (MeSH).
- Sources of information for widely publicized cases were of varying reliability in terms of the events that lead to the diagnosis of ‘Stockholm syndrome’; the authors had no access to primary sources.
- Identification of a pattern of features exhibited in ‘Stockholm syndrome’ may be due to reporting bias.

Introduction

The term ‘Stockholm syndrome’, eponymously named after a failed bank robbery in Stockholm, Sweden, has been used to describe the positive

emotional bond a kidnap victim may develop towards their captor. It is speculated that this bond develops as part of the victim’s defence mechanism to allow them to sympathize with their captor, leading to an acceptance of the situation, limiting

defiance/aggression toward the captor and thus maintaining survival in an otherwise potentially high-risk scenario (1). The terms 'terror bonding' and 'traumatic bonding' have been used as synonyms to 'Stockholm syndrome' (2).

On the morning of Thursday 23 August 1973, a 32-year-old prison-escapee, Janne Olsson, armed with a submachine gun, walked into the *Sveriges Kreditbanken* in Norrmalmstorg Square, Stockholm, Sweden. He fired several rounds from his weapon, injuring one police officer. He then took four bank clerks hostage. Olsson's first demand was that his prison-mate, 26-year-old Clark Olofsson, should be released from prison and allowed to join him; the Swedish government agreed to the demand. Olofsson joined Olsson and the pair proceeded to barricade themselves and their four hostages into the bank's 3.3 × 14.3 m vault (3). The ensuing chain of events would lead to what is now known as 'Stockholm syndrome'. The four hostages appeared to bond with the captors: they seemingly did not want to be rescued by the police. One is quoted as saying 'This is our world now ... sleeping in this vault to survive. Whoever threatens this world is our enemy' (4).

To date, there have been few studies on the frequency of 'Stockholm syndrome' amongst kidnap victims or its long-term effects on their mental health. Furthermore, although different ratings scales exist for identifying 'Stockholm syndrome' in women who have experienced domestic abuse (2) and in soldiers involved in combat (where it is described as 'acute operational stress') (5), 'Stockholm syndrome' is not included in any international classification system of psychiatry. In ICD-10 the category 'Acute stress reaction' (F43.0), includes 'transient disorders triggered by exceptionally stressful life events', is probably the most relevant (6).

Criteria have been proposed to describe 'Stockholm syndrome'; the most widely quoted are Graham's (1995) criteria based on a study of nine different victimized groups (2) Graham postulates four precursors to the development of 'Stockholm syndrome': i) that there exists a perceived threat to survival and belief that the threat will be carried out, ii) that the captive's perceive some small kindness from the captor in the context of terror, iii) that the hostage experiences isolation from perspectives other than those of the captor and iv) that the hostage has a *perceived* inability to escape.

Aims of the study

To systematically review the existing published literature on 'Stockholm syndrome' and identify

and describe any existing diagnostic criteria. We will compare and contrast the features of high-profile cases of victims of 'Stockholm syndrome' to identify common features between each case. We will evaluate the current evidence regarding 'Stockholm syndrome'; is it a valid psychiatric construct, or merely a convenient label adopted by the media for high-profile cases?

Material and methods

Systematic review

We developed a broad search strategy as we were aware that little work in this field had been published and we wished to include as many papers as possible for final review. An initial search strategy was developed for the PubMed database by searching the text term 'Stockholm syndrome' (it is of note that it has not been allocated a MeSH). We searched for 'Stockholm syndrome' and then searched for the following text terms: 'terror bond', 'traumatic bond', 'kidnap victim' 'hostage' (MeSH term) and the names of high-profile kidnap victims. The name 'Nils Bejerot' was also searched as he was the psychiatrist involved in hostage negotiations at the original Stockholm bank robbery and coined the phrase 'Stockholm syndrome'. All search terms were then combined with 'Stockholm syndrome' using the 'AND' Boolean and were translated and repeated in a range of databases. Those searched up until 31 January 2007 were EMBASE (Excerpta Medica Database 1980+), PsycINFO (1876+), CINAHL (Cumulative Index to Nursing and Allied Health 1982+), PubMed, SIGLE, Google™ Scholar, ISI Web of Knowledge and The Cochrane Library. Reference lists in retrieved papers and reviews of the subject were hand searched.

Papers were selected using the following criteria: articles had to include the term 'Stockholm syndrome' and be published in the English or Swedish language. If there was disagreement as to the inclusion of a publication, the paper was reviewed by an independent reviewer (ELS). All findings were tabulated (Table 1).

Analysis of cases reported by the media

These cases were identified using common internet search engines (i.e. Google™) and media databases including LIBRIS (the National Library of Sweden's online bibliographic service) using the search term 'Stockholm syndrome'. A detailed narrative on each case was prepared by individual authors using British and USA media archives (Times

Table 1. Summary of published literature on 'Stockholm syndrome'

Author	Methodology	No. of subjects	Main findings
Favaro et al. (1)	Retrospective, semi-structured interview	24	'Stockholm syndrome' is an indicator of severity of the experience, linked to isolation and dehumanization. No correlation with development of PTSD
Auerbach et al. (8)	Captivity simulation with structured interviews	57	Emotion-focused training created more friendly hostage behaviour which tends to evoke a friendly dominant behaviour from the terrorist. Emotion-focused training enhanced hostages ability to adjust to stress of captivity
Julich (10)	Retrospective unstructured interviews	21	Children are particularly susceptible to developing 'Stockholm syndrome'. Childhood sexual abuse may not be reported due to bond of 'Stockholm syndrome'
Graham et al.(2)	Questionnaire	764	Cohort of women interviewed on a university campus about their current and past relationships Strong states of arousal, caused by fear, may be misinterpreted as attraction (bonding). By labelling feelings as love, it provides hope and therefore possible routes of escape. Length of time in relationship, both before and after abuse started, relates to likelihood of development of 'Stockholm syndrome'. 'Stockholm syndrome' may relate more to psychological than physical violence
Wesseliuss and DeSarno (9)	Structured interviews	6	Only one out of six hostages developed 'Stockholm syndrome'. This hostage had most positive contact with hostage taker
Naber-Morris (12)	Validation of a questionnaire	563	Theorized precursors to the development of 'Stockholm syndrome' based upon female students that were child victims of abuse, completing questionnaires as: i) threat to one's life; ii) inability to escape from abuser; iii) isolation from others; iv) victim's perception of some kindness by abuser
Solomon (7)	Interviews	35	Levels of 'Stockholm syndrome' increase with better quality of treatment by captors. Abuse by captors discourages the development of 'Stockholm syndrome'
Fulton (14)	Author's opinion	NA	Reflective essay on the development of emotional ties between care workers and clients in residential homes. Mainly based on personal experiences
West (11)	Review of case studies and review articles	NA	Pseudo-identity is a response to stress, and enables victims to cope with extraordinary situations
Gordon (32)	Academic internet review	NA	The process of identification with the terrorist's view-point has manifested itself in the reactions of the US with increasing interest in the study of terrorism
Cassidy (33)	Case 'scenarios'	NA	Psychological exploration of 'scenarios' about cult members, domestic violence victims and women in abusive relationships
Slatkin (34)	Case reviews	20 000	FAA, FBI and police prison records of 447 hijackers and their hostages involved in skyjackings. Factors of length of captivity and quantity of interaction had a positive relationship with the development 'Stockholm syndrome'

online, Chicago Tribune and CNN), as well as newspaper articles and transcripts from interviews with the victims and their families after the event. Results were then tabulated according to a framework of themes; 'duration of captivity', 'experiences during captivity', 'hostage's postcaptivity experiences'. These themes were used to compare and contrast the circumstances surrounding each of the kidnaps and the situations in which the victims were held in.

Results

Systematic review

Of the eight databases that were searched, only three yielded results for 'Stockholm syndrome', these were PubMed (11), PsychINFO (44) and

CINAHL (10). When the search term 'hostage' was searched, PubMed produced 221 results; however when the 'AND' Boolean was used to include 'Stockholm syndrome' only three articles were retrieved. Similarly, when the term 'Kidnap victim' was searched on the same database, 2945 results were found, yet using the 'AND' Boolean to include 'Stockholm syndrome' yielded four results. These findings demonstrate how although research into hostage situations does occur, the term 'Stockholm syndrome' is rarely used or recognized in academic research.

A total of 12 papers met the inclusion criteria and are described in Table 1. The available literature centres mostly on case reports based upon retrospective interviews with hostages, people who have experienced child abuse and victims of domestic violence. Many of the

findings in these papers were contradictory. One states that 'Stockholm syndrome' is an indicator of severity of the experience (1), while another study concludes that the 'level' of 'Stockholm syndrome' that a hostage experiences increases with better quality of treatment by the hostage taker and that in fact abuse by the captors discourages the development of 'Stockholm syndrome' (7). Another study suggests that the development of the syndrome may be related more to psychological abuse rather than physical abuse (2). In a study that attempted to simulate the experience of captivity the authors found that when the 'hostages' had previous emotion-focused training to create a more friendly behaviour on the part of the hostage this evoked a friendly, dominant behaviour on the part of the hostage taker (8), possibly increasing the likelihood of a positive bond to develop. Similarly, using structured interviews, Wesselius and DeSarno (9) found that only one of the six hostages interviewed had developed 'Stockholm syndrome'; this hostage had experienced the most positive contact with the captor.

Very few of the studies attempted to explain why 'Stockholm syndrome' may develop in victims, but several theories were put forward. Young people may be particularly susceptible to developing 'Stockholm syndrome' as they develop positive feelings toward the adults to whom they are dependent on for protection and provision of basic needs. This makes them less able to relinquish this positive bond if the adult becomes the abuser (10). In a hostage scenario, the victim becomes the child and the hostage taker the adult.

Several authors postulate that hope of escape may be an underlying cause. Strong states of arousal, caused by fear, may be misinterpreted as attraction (bonding); by labelling these feelings as love, it provides the hostage with hope and therefore possible routes of escape (2). By adopting a friendlier behaviour, the hostage may adapt better to the stress of captivity (8). Taking on a pseudo-identity is also thought to enable victims to cope better with captivity (11) as it may create a psychological separation between their normal world and their captive state (see Table 1 for a summary of the existing literature).

We did not identify any validated diagnostic criteria for 'Stockholm syndrome' in any of the papers reviewed in this study, although a few papers offer suggestions for potential criteria (2, 12, 13). A large discrepancy regarding the definition of 'Stockholm syndrome' exists between the papers reviewed. The definition ranged from labelling the bond a residential care worker may

feel toward their client as 'Stockholm syndrome' (14) to describing the relationship between victims of child sexual abuse or domestic violence and their abuser (2, 10).

Analysis of high-profile reported cases

The five selected cases were widely reported in the media. Table 2 outlines the main events that occurred in the individual cases. The largest source of information for these cases was from non-peer-reviewed media in the form of internet archive material, newspaper articles and interview transcripts. Since the 1970s, the label 'Stockholm syndrome' has been used to describe the behaviour of a number of kidnap victims, who have apparently behaved in similar ways to as the original Stockholm hostages. In 1974, American heiress, PH, was abducted by the Symbionese Liberation Army. For the first 57 days of her captivity she was locked in a closet and subjected to physical and sexual abuse, following which she remained loyal to her captors and even assisted them in terrorist activity. In her trial she claimed she had been brainwashed and intimidated and coerced into her part in the robbery (15).

More recently in 2003, ES was returned home following 9 months of captivity at the hands of Wanda Ileen Barzee and Brian David Mitchell. Mitchell purportedly took ES to be his wife following a religious revelation (16). During her captivity ES was physically and psychologically abused; tied to a tree, kept in a hole and threatened with a knife. She was taken out in public, but made to wear heavy veils and prohibited from speaking to anyone. Despite this she had opportunities to escape which she never utilized (17). Upon her safe return there was much frustration in the community when it was discovered that she had gone unrecognized among them and not sought help (16, 18).

Over the past year, two other kidnap cases have been widely reported in the media: NK and SH. NK, aged 10, was abducted while on her way to school in Vienna in 1998 by Wolfgang Priklopil. Thereafter she was held for 8 years, initially in a small windowless room, where she was beaten and photographed by her captor. In later years she had a number of opportunities to escape. She escaped in 2006, when Priklopil was distracted; she has since expressed signs of grief over Priklopil's subsequent suicide (19–23). SH was allegedly kidnapped in 2003 at the age of 11. He was found in 2007 following a police investigation into the abduction of another young boy. Since his release, it has become apparent that he lived with a

Table 2. Analysis of high-profile media cases

Name (initials) (age), location and length of captivity	Perpetrator and motive	Pseudo-identity assumed	Experiences during captivity	Postcaptivity experiences
EO (20 years), KE (23 years), BL (30 years), SS (24 years) Randomly taken hostage at a bank robbery Stockholm, Sweden 6 days	Jan Erik Olsson was on leave from prison when he walked into the a bank in Stockholm, opened fire on two policemen and took four hostages. He demanded that his friend Clark Olofson be allowed to join him and a ransom to the equivalent of \$730 000 in return for the hostages safety	None	Hostages were threatened with death if ransom demands were not met; perpetrators carried guns at all times and used them to threaten the captives Captives were forced into snare traps around their necks, so that in the event of a police intervention with gas the hostages would strangle themselves When hostages were confronted by police during the stand-off, they made hostile comments toward the police. There are reports of hostages resisting being rescued by police	None of the captives have publicly denounced the behaviour of their captors. Reports exit that the four captives refused to testify at the trial and even raised money for their kidnappers' legal fee. At least one of the captives is known to have remained in contact with their captor. The psychiatrist Nils Bejerot used the term 'Stockholm syndrome' to describe the captives' behaviour
ES (14 years) Salt Lake City, USA 9 months	Brain David Mitchell (50-year-old) and Wanda Ileen Barzee. Mitchell believed he was a Mormon prophet and took ES to be his 'wife'	Yes – 'Augustine'	Threatened with a knife and tied to a tree or kept in a hole. Reportedly also experienced rape, verbal abuse and the threat of violence during captivity. Taken into public spaces at times, but was forced to wear heavy veils and was not allowed to speak to anyone but captors. Had opportunities to escape or be rescued but did not utilize them	Identified herself as 'Augustine' and said 'I know what you're thinking. You guys think that I'm that ... girl who ran away'. She repeatedly asked what would happen to her captors, showing ongoing concern for their welfare. Mitchell was declared mentally incompetent to testify at the trial
NK (10 years) Vienna, Austria	Wolfgang Priklopil abducted NK on her way to school. The media speculated that his motives for this were for child. However, NK's account after kidnapping does not explicitly validate these theories		Kept in a small room with no windows. After 6 months allowed upstairs during the day. Threatened with the idea that if she tried to escape she would be blown up. She was beaten and photographed by Priklopil. Had several opportunities to escape – even went on a ski-trip with her captor	Felt she had not missed anything during her imprisonment. Her captor committed suicide shortly after her escape. She expressed sadness and grief over this. Reported that in some ways her captivity was a good thing as it meant she wasn't exposed to negative influences. States that she knew she didn't want to remain in captivity as it wasn't the purpose of her life and felt it was unfair
SH (11 years) Missouri, USA 4.5 years	Michael Devlin allegedly abducted SH while he was riding his bicycle in woods near his home	Yes – took perpetrator's surname	There were many opportunities for escape during captivity. He is reported to have conducted a relationship with a local girl close to his alleged captor's home. Had personal contact with police on two separate occasions, where he identified himself as alleged captor's son	SH has kept his opinions to himself thus far and communicated primarily through his mother. At this point in time, the trial of Devlin is yet to begin
PH (19 years) Berkeley, USA 19 months	Symbionese Liberation Army (SLA), an American paramilitary/terrorist group active in the 1970s. Intended to swap PH for jailed members of the SLA. This failed and so they demanded ransom of \$6 million worth of food for the bay area of San Francisco, USA. PH was still not released	Yes – 'Tanya' and 'Pearl'	Kept blindfolded in a closet for 57 days. Physically and sexually abused and forced to confess past misdeeds, which were manipulated so that PH became critical of herself and her family's wealth. She joined the SLA in their criminal activities and was famously caught on film wielding an assault rifle while robbing a bank in San Francisco. During the robbery, PH had several opportunities to escape	In her trial, PH claimed she had been abused, which caused her to join the SLA. Defence was based around the claim that her actions could be attributed to being brainwashed. PH argued she was coerced and intimidated into her part in the robbery; she was convicted and sentenced to 7 years which was annulled by President Carter. She served only 22 months. After her release from prison, PH married her former bodyguard. She has written several books and has had roles in several films. Granted a full pardon by President Clinton in 2001

significant degree of freedom, even having a relationship with a local girl. He too never utilized his freedom to escape (24–28).

Many similarities between each case were identified. All the victims of ‘Stockholm syndrome’ had been abducted or held hostage by persons previously unknown to them and were held in close confines, isolated from the outside world and subjected to only the captive’s perspective. All victims experienced abuse, although the extent and type of abuse (physical, sexual, emotional or neglect) that occurred during the time of captivity is unclear in some of the cases. They all experienced a continuing threat to their survival during their time in captivity and many of the victims assumed pseudo-identities.

All victims had opportunities to escape (with the exception of the hostages in the Norrmalmstorg bank robbery), which they did not utilize; in all cases after their rescue and safe return, victims showed sympathy towards their captors. There were also several demographic similarities between the victims. All were relatively young at the time of their captivity (range: 10–30 years).

Discussion

The existing literature on the subject of ‘Stockholm syndrome’ is sparse; the majority of the literature is based on case reports with little reference to how ‘Stockholm syndrome’ was diagnosed and what, if any, is its significance in terms of management of victims. ‘Stockholm syndrome’ is rarely mentioned in peer-reviewed academic research.

In some studies, adapted existing scales for depression and post-traumatic stress disorder (PTSD) were used (2, 8, 12). Several criteria have been suggested to describe ‘Stockholm syndrome’; the most widely quoted is Graham’s (1994) criteria based on a study of nine different victimized groups (2, 12) although this is not a set of validated diagnostic criteria. This lack of standardization has created ambiguity with regards to what a diagnosis of ‘Stockholm syndrome’ actually means and bias within studies leading some to conclude that ‘Stockholm syndrome’ is a rare occurrence, while others suggest it is a more common phenomenon. Furthermore, this review was unable to identify any studies that validate ‘Stockholm syndrome’ as a separate nosological entity, leaving us to question the use of the term: is it purely a fabrication of the media to allow society to assimilate the behaviour of captor and captive into a manageable entity or does it have a distinctive phenomenology suggestive of a valid psychiatric syndrome?

A ‘syndrome’ is defined as ‘a combination of signs and/or symptoms that form a distinct clinical picture indicative of a particular disorder’ (29). The data drawn from the five cases studied identify a pattern of similar experiences between each case (Table 2). However whether these similar experiences are characteristic of a specific abnormality (i.e. ‘Stockholm syndrome’) or whether they characterize the behaviour one experiences under extremely stressful situations, such as a being taken hostage, must be accurately assessed. Our research into the five high-profile cases revealed four common features: each victim experienced direct threats of physical/sexual abuse/emotional abuse made against them; they were all kept in isolation in close confines and/or physically restrained; they all had an opportunity to ‘escape’ during their period of captivity but failed to use it, with the exception of the Norrmalmstorg robbery (it can be argued that the hostages in Norrmalmstorg may not have voluntarily left the situation) and they all showed sympathy with their captors postcaptivity. These common features identified in the high-profile cases are similar to previous research theorizing the precursors for the development of ‘Stockholm syndrome’ (2, 12).

The five ‘Stockholm syndrome’ cases in this study captured the public’s attention via high-volume media coverage both during captivity and immediately after release. It may be that the label of ‘Stockholm syndrome’ helps to negate the need to explain inexplicable behaviour. We find little evidence that it describes a specific psychiatric syndrome that may require specific treatment or have long-term implications for the mental health of its victims, indeed, one study reported that the development of ‘Stockholm syndrome’ was actually *unrelated* to the development of PTSD (1).

Our analysis of reported cases suggests that the impact of captivity may have a lasting impact on personality and function. The captives described in case reports are all young; it is most likely that the impact of captivity earlier in life has a profound effect on future personality development and functioning. It is interesting to contrast this with the experience of older captive hostages (for example, in the 1980s several people were taken hostage in Beirut, Lebanon. These included Brian Keenan, a 35-year-old held for over 4 years (30) and Terry Waite, a hostage negotiator, held for 5 years, at the age of 48 (31). They did not develop such a bond with their captors.

The major limitation for this study is reporting bias. We relied upon information from media sources for accounts of the five cases. The fact that the concept of ‘Stockholm syndrome’ has been

broadened to describe a variety of situations also acted as a limitation, blurring the original meaning of the term which was to specifically describe the positive bond between hostage and captor. In addition we found that most of the 'diagnoses' of 'Stockholm syndrome' have been made by the media – we had no access to primary sources of information such as mental health assessments. If the quality of published work in this field is to improve, clear diagnostic criteria which have face and construct validity are required. The relative infrequency of hostage situations makes this (fortunately) impractical. However, other situations in which 'Stockholm syndrome' has been reported, for example, domestic violence, are much more common. Future work could involve the long-term follow-up of victims who displayed positive bonds toward their captors as few of the papers reviewed discussed long-term psychiatric morbidity. Accurate detailing of what took place during and immediately after captivity as well as thorough assessments of the victims' premorbid history would be essential.

In summary, a systematic literature review has identified large gaps in research into 'Stockholm syndrome'. Existing literature does very little to support its existence yet case studies demonstrate a possible pattern in the behaviour and experiences of people labelled with it. We found similarities between widely reported cases studies into hostage/kidnap victims that could be used as the basis for diagnostic criteria. We also suggest that labelling the hostage victim with a psychiatric syndrome makes their story more readable and more likely to boost media circulation. The mystery of the origins of psychiatric illness holds society with fascination; psychiatry does not deal in absolute values and definitions, it is easy for the media to have free reign with medical terms, such as 'Stockholm syndrome' that have, as yet not received comprehensive assessment and validating criteria.

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