

Hostage Negotiation Consultant: Emerging Role for the Clinical Psychologist

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Police departments across the nation are requesting the consultation of psychologists during hostage incidents. There is a growing body of literature on the psychological aspects of hostage situations and negotiation. I review the existing body of literature with respect to who takes hostages and why, selection of negotiators, the role of the clinical psychologist as a consultant, victims' responses to being held hostage and theoretical explanations for the Stockholm Syndrome, and psychological sequelae and treatment suggestions after release.

Hostage negotiation is now a firmly established concept in virtually all law enforcement agencies in the United States. Some large police departments have their own training courses, and the smaller ones receive training from the large agencies, the state police, or the FBI (Federal Bureau of Investigation). These training courses often recommend consultation with a clinical psychologist during a hostage situation, particularly if circumstances indicate that the hostage taker is mentally disturbed.

Curiously, although law enforcement agencies recognize the potential contributions of a psychologist in hostage situations, psychologists as a group seem much less aware of the growing body of literature on hostage taking and hostage negotiation. The vast majority of articles about the psychological factors involved in hostage negotiation have been published in law enforcement journals; very few articles appear in psychiatric journals. Those articles in psychiatric journals usually focus on the victim's response after the incident and on treatment rather than on the negotiation process itself. If psychologists are going to participate in the negotiation process in addition to providing postincident treatment to victims, then it would be prudent for those psychologists to familiarize themselves with the body of knowledge in that area.

Because this relatively new role for psychologists has received so little attention in psychological literature, I highlight major aspects of hostage negotiation, including the types of hostage takers and their motivation for taking hostages, selection of negotiators, the role of the psychological consultant, victims' responses to being held hostage and theoretical expla-

nations for the Stockholm Syndrome (to be described), and psychological sequelae and treatment suggestions after release.

Who Takes Hostages?

Most articles list three (Goldaber, 1979; Pearce, 1977; Stratton, 1978) or four (Fuselier, 1981a; Hassel, 1975; Maher, 1977) basic types of hostage taker: (a) the political activist or terrorist, (b) the criminal, (c) the mentally disturbed person, and (d) the prisoner.

Stratton (1978) identified the political terrorist as the most difficult to negotiate with because of this type's "total commitment, exhaustive planning, and ability to exert power effectively" (p. 7). Political terrorists take hostages to obtain as much publicity as possible for their cause, and their demands often go beyond the authority of the local police department, requiring the involvement of federal officials.

Hassel (1975) asserted that the hostage situation most frequently faced by law enforcement officers in the United States is that of a criminal trapped while committing a crime. He believed that a trapped, armed robber poses the worst initial threat to both hostages and the police.

According to Supervisory Special Agent Thomas Strentz, a faculty member at the FBI Academy, approximately 52% of all hostage incidents involve mentally disturbed people (Strentz, 1985). (Note the apparent change in "most frequently occurring" type of hostage taker from criminal [Hassel, 1975] to mentally disturbed [Strentz, 1985].) The term *mentally disturbed* includes any diagnosable mental disorder, but the hostage taker usually falls into one of the following categories: (a) paranoid, various types, (b) depressed, various types, (c) antisocial personality, or (d) inadequate personality (Fuselier, 1981a). Maher (1977) considered the mentally disturbed hostage taker the hardest to handle. Interestingly, three authors (Hassel, 1975; Maher, 1977; Stratton, 1978) described different types of hostage takers (trapped criminal, mentally disturbed, and terrorist, respectively) as being the most difficult to deal with or as posing the greatest threat. These contradictory descriptions reflect a significant problem for both practitioners and authors writing about this topic: There appears to be no systematic nationwide collection or compi-

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lation (much less review or analysis) of information on hostage incidents by any law enforcement agency in the United States. Thus conclusions are drawn and generalizations are made on the basis of incidents from one particular city or from those incidents with which an author is personally familiar.

Two authors (Hassel, 1975; Fuselier, 1981a) also listed prisoners as a distinct fourth category of hostage taker.

Why Do People Take Hostages?

Political terrorists take hostages for four basic reasons: (a) to show the public that the government cannot protect its own citizens; (b) to virtually guarantee immediate coverage and publicity for their cause; (c) to support their hope that after repeated incidents the government will overreact and place excessive restrictions on its citizens, thus causing civil discontent; and (d) often to demand the release of members of their group who have been incarcerated.

If a hostage is taken in a criminal situation, it is usually because of the criminal's inability to complete the crime and escape before the police arrive. In this case, the criminal takes hostages spontaneously to ensure his or her own safety. Therefore, he or she invariably demands safe passage, a means of escape, and often additional money.

Mentally disturbed people, of course, may take hostages for a variety of reasons. The person may be responding to hallucinations or delusional beliefs. He or she may be trying to prove to someone that he or she is not inadequate and powerless, or he or she may feel that life is not worth living and the best that he or she can do for his or her family is to remove them from this "terrible" life (Fuselier, 1981a).

Prisoners usually take hostages to protest conditions within the prison system, and most often the hostages are prison employees. These hostages give them bargaining power and a significant amount of media exposure. Needham (1977), in summarizing a 48-item questionnaire sent to the 50 largest cities in the United States and to the Departments of Correction in all 50 states (with a 52% return rate), concluded that there was a high degree of concurrence between negotiation tactics in prison situations and those considered standard in other law enforcement negotiation situations. Furthermore, the report of the Office of the Attorney General of the State of New Mexico (1980) on the riot and hostage situation at the New Mexico State Penitentiary in February 1980 revealed that the incident was resolved by means of negotiation strategies and tactics identical to standard police negotiating tactics. My experience during the Atlanta prison siege (November 23 to December 4, 1987) also confirmed that prison hostage incidents can be resolved by standard negotiation tactics, as long as one is prepared for a prolonged incident.

Selection of Negotiators

The abilities and skills of the negotiator obviously are quite crucial to the outcome of any hostage incident, yet we still have little information on what makes a good negotiator. Only Gelbart (1979) published a study that addresses this issue. Although his dissertation title refers to success as a hostage negotiator, Gelbart really identified the personality characteristics of those selected merely for negotiation training. The subjects selected tended "to be highly adequate in

social skills, communication ability, social presence, intelligence, and seem to be able manipulators" (p. 4558-B). They also scored significantly higher than rejected applicants on the Dominance (*Do*), Sociability (*Sy*), Tolerance (*To*), and Intellectual Efficiency (*Ie*) scales of the California Psychological Inventory and were an older and more experienced group.

Numerous unpublished law enforcement manuals spell out the "desirable personality traits" for negotiators, listing descriptive terms such as emotional maturity, credibility, good listening ability, good verbal ability, practical intelligence, and "ability to think clearly under stress" (Fuselier, 1981b). Although *successful negotiation* can be operationally defined as an incident in which no one gets injured, it is clearly understood among law enforcement negotiators that the skill of the negotiator is but one variable among many that may affect the eventual outcome. Therefore, in attempting to identify "successful negotiator traits" solely on the basis of the outcome of the hostage situations, one would obviously fail to take into account many other (often uncontrollable) variables. Clearly, this critical selection process deserves much more attention than it has received to this date.

The Role of the Clinical Psychologist

Although law enforcement personnel in general seem willing to use psychologists as consultants in hostage situations, psychologists working in law enforcement are divided in their opinions about the value of such consultants. Powitsky (1979) maintained that although psychologists may contribute significantly by performing certain collateral duties, such as gathering information for negotiation strategy and serving as posttrauma counselors for hostages, "the majority of practicing psychologists, especially those who work outside of the criminal justice system, would not be very helpful (and some would be harmful) in a hostage-taking situation" (p. 30). Poythress (1980) placed himself in the camp of the "guarded optimist," believing that "mental health professionals may have something to offer in the hostage situation, but probably less than the field commanders might hope for" (p. 34). He also listed three reasons why field commanders should not enlist a psychologist's opinion about the dangerousness of a situation or in the decision to use negotiation instead of tactical operations. First, most psychologists have little, if any, formal training in these matters because there exists little scientific data in this area, and few psychologists have had enough field experience to develop intuitive answers or insights. Second, he stated that their predictions about the probable dangerousness of a given person in a given situation are notoriously bad. Third, using Meehl (1954) as a source, Poythress indicated that using statistical (actuarial) methods rather than clinical judgment greatly increases the accuracy of such predictions. Although he thought that it would be better for field commanders to make major decisions without the opinions of psychologists, Poythress did offer an actuarial chart to aid in predicting violence.

Wardlaw (1984), though sharing Poythress's (1980) concern about using the psychologist to predict dangerousness of a hostage situation, indicated that the psychologist can contribute to the negotiation process by suggesting ways of handling

particular interactions with the hostage taker and, more importantly, by monitoring the behavior of other team members and assessing their reactions to the stressful situation.

On the more optimistic side, Stratton (1977) believed that the psychologist can be of benefit and that when the field commander consults with the psychologist, "the chances are better that a particular situation will resolve itself successfully without injury to anyone" (p. 74). Reiser (1982) also believed that a psychologist can contribute as a backup and adviser to the negotiation team. He asserted that they can provide training in the areas of (a) assessing the motives and personality of the hostage taker, (b) interviewing and communication skills, (c) dealing with stress and fatigue, and (d) understanding of the Stockholm Syndrome.

I (Fuselier, 1981b) recommended that psychological consultants be used, but only after they receive training in hostage negotiation concepts. "A typical, well-trained clinical psychologist with no specific training in hostage negotiation will only be of slight assistance" (p. 15), but if that psychologist is "exposed to information available about hostages, hostage taking, and negotiation procedures, then [the police] will have a very valuable addition to [their] hostage negotiation team" (p. 15). After such additional training, including attendance at a hostage negotiation seminar, the psychologist can assist in both determining whether a mental disorder exists and deciding on a particular negotiation approach, regardless of whether mental disorder does exist. Furthermore, even with additional training, the psychologist should be used as a negotiation consultant and not as the primary negotiator. This would allow the psychologist to maintain a more objective role in assessing the mental status and performance of the negotiator.

Because it was evident that there was not a consensus of opinion among psychologists and other mental health professionals as to an appropriate role (if any) during the negotiation process, I conducted a survey to determine whether there was a consensus among police departments on the use of psychologists (or other mental health professionals) as consultants during the negotiations process.

Thirty-four municipal police departments (ranging in size from 26 to 12,000 officers) completed a questionnaire covering a variety of topics related to hostage negotiation. The answers were provided by the negotiation team leader or a command-level officer if there was no negotiation team. On that questionnaire, five questions were related to the use of a mental health consultant. Those questions and responses were as follows:

Question 1: Does your department have designated negotiators? Of 34 participants, 31 (91%) responded yes. Furthermore, as department size increased, that percentage quickly reached 100%: Of 24 departments with more than 151 officers, 24 (100%) said yes; of 10 departments with 151 or fewer, 7 (70%) said yes.

Question 2: Does your department use a mental health consultant to the negotiation team? Of the 31 departments with a negotiation team, 18 (58%) said yes. Again, as department size increased, the percentage of departments responding yes also increased: Of 19 departments with more than 427 officers, 15 (79%) said yes; of 12 departments with 427 or

fewer, 3 (25%) said yes. The two largest departments stated, "We used to use one but no longer do because our team has acquired sufficient experience."

Question 3: How is the consultant used in negotiation incidents? (More than one response was allowed.) Of the 18 departments, 13 (72%) used theirs for assessment of subject, 10 (56%) for postincident counseling for police, 7 (39%) for postincident critique, 5 (28%) for negotiation techniques, 5 (28%) as a liaison with other mental health professionals, 3 (17%) for interviewing the subject's family, 2 (11%) for postincident counseling for victims, 1 (6%) for "other" (e.g., assistance in training), and none as primary negotiator.

Question 4: Is your consultant trained in hostage negotiation techniques? Of 18 departments, 8 (44%) said yes, 8 (44%) said no, and 2 (11%) did not know.

Question 5: Is the mental health professional considered a consultant to, or a member of, the hostage negotiation team? Of 18 departments, 15 (83%) considered the mental health professional a consultant, whereas 3 (17%) considered that person a member of the team.

Even from this relatively small sample, some generalizations are possible. First, even small municipal police departments are likely to have designated negotiators, and, as the size of the department increases, the presence of a negotiation team becomes a virtual certainty. Second, although overall only 58% of departments report using a consultant, this percentage will increase as department size increases. However, the percentage may again decrease among the very largest departments. Third, the consultants are being used most often in a manner consistent with their clinical training—that is, assessment of the mental status of the subject. Fourth, only slightly less than half of the consultants have received training in hostage negotiation techniques, which may be one factor accounting for why only 28% (5 of 18) were used to provide input on negotiation tactics. Last, the great majority (83%) are considered consultants to, rather than members of, the negotiation team. This may be a reflection of the "sworn officer" versus "civilian" dichotomy often present in law enforcement agencies.

Victim Response and the Stockholm Syndrome

The behavioral responses of victims must be considered in two separate but related phases. The first set of behaviors occurs while the person is being held hostage, the second after being released. Although each individual's reaction to being taken hostage is unique, a common set of behaviors, called the Stockholm Syndrome, is likely to occur. The name for the syndrome comes from a 1973 hostage incident in Stockholm, Sweden, in which four bank employees were held for 5 days in a bank vault. Surprisingly, the hostages reported fearing the police more than their captors during the ordeal, and afterwards they felt puzzled because they had no ill feelings toward their captors (Ochberg, 1980b; Strentz, 1979). This phenomenon occurs quite frequently in hostage incidents and does not seem to be related to the age, sex, or nationality of either the hostages or the captors. The syndrome appears to consist of three conditions that may be present individually or in combination (Ochberg, 1980b): (a) negative feelings on

the part of the hostage toward authorities, (b) positive feelings on the part of the hostage toward the hostage taker, and (c) positive feelings reciprocated by the hostage taker toward the hostage.

Strentz (1979) indicated that development of the syndrome depends on the interaction of three factors: the passage of time, whether hostages are isolated, and whether contact between the hostage taker and the hostage is positive or negative. In general, if the hostage takers keep in frequent contact with the hostages (e.g., all in the same room) and if that contact is positive (or, really, not negative; e.g., no beatings, rape, or verbal abuse), then the passage of time (even a few hours) will promote development of the syndrome. Conversely, if the hostage taker abuses the hostages or isolates them—for example, by placing them in a separate room or by making them wear hoods—the passage of time will not significantly aid in development of the syndrome.

Police negotiators are trained to promote the development of the Stockholm Syndrome, even though hostages may become sympathetic with the hostage taker and antagonistic toward the police, because any reciprocation of positive (sympathetic) feelings by their captor obviously increases the hostages' chances of survival. This was dramatically illustrated in the case history provided by Ochberg (1978). He interviewed Gerard Vaders, a victim of the 1975 South Moluccan train hijacking in Holland. Mr. Vaders stated that he had been chosen as the third person to be executed if the police did not meet the latest deadline. Through the night one of the hostage takers repeatedly stated, "Your time has come. Say your prayers." In the morning, when he was to die, he asked to give another hostage a message to his family. As the terrorists listened, he explained to this fellow hostage his family situation, giving advice to his wife about working out difficulties with a foster child, recounting a recently resolved marital crisis, and stating his feeling that he had failed as a human being. When Mr. Vaders finished and stated his readiness to die, the terrorists said, "No, someone else goes first."

The Stockholm Syndrome has numerous implications for the negotiation process (Ochberg, 1980a). First, in any rescue attempt, a hostage cannot be trusted to cooperate and assist the rescuers. Strentz (1979) reported some former hostages' saying that if a hostage taker who had treated them fairly had said, "Stand up," when assaulting police officers yelled "Lie down," they would have stood up. Second, released hostages cannot be relied upon to give accurate information about conditions inside the siege area. Third, hostages may be unwilling to testify against their captors and may even join the hostage takers in speaking out against authority figures. The final and perhaps most important implication is that hostages and their captors may develop mutually positive feelings that promote the survival of all concerned.

Theoretical Explanations

In efforts to explain the Stockholm Syndrome, authors frequently recognize the use of the defense mechanisms of denial and regression, but they also attempt to provide a more comprehensive theoretical framework. Strentz (1979) discussed the phenomenon of identification with the aggressor but did not see it as an adequate explanation. Rather, he viewed the syndrome as "regression to a more elementary

level of development. . . . The hostage is more like the infant who must cry for food, cannot speak, and may be bound. Like the infant, the hostage is in a state of extreme dependence and fright" (p. 4). Ochberg (1980a) adopted a similar position, stating, "Captivity makes one so infantile and so frightened that the individual recovers a certain primitive, unconscious, positive feeling. This can be traced to the way the infant feels trust, pleasure, and something like gratitude toward the parent who removes the terror of infancy" (p. 74). He further believed that adults who experience this feeling in captivity do not understand it as infantile affection; rather, they translate the feeling into emotions more appropriate for their age and gender.

Symonds (1983) also stressed infantilism:

An individual beset by basic anxiety responds with primitive adaptive behavior. Adaptive responses learned in maturity evaporate, to be replaced with infantile survival mechanisms. I call this response in victims traumatic psychological infantilism. It compels an individual to cling to the very person who is endangering his life. At this point, victims become placid and compliant. If the atmosphere of terror persists, the psychologically traumatized victim perceives that the terrorist, who wields the power of life and death, has chosen to let the victim live. Then a very profound behavioral and attitudinal reaction occurs within the victim: Now he sees the terrorist as a "good guy." This phenomenon is called pathological transference. (p. 75)

Some generalizations, then, about the behavior of hostages while being held can be made, and some theoretical explanations are available. Supervisory Special Agent Frederick J. Lanceley, a faculty member at the FBI Academy, quotes Machiavelli (1513/1947) as follows: "Men, when they receive good from whence they expect evil, feel the more indebted to their benefactor" (p. 28). Although not offered as a theoretical explanation of the syndrome, this quotation seems to address the heart of the matter. This feeling of "indebtedness" was dramatically illustrated by the statement of one of the flight attendants on Trans World Airlines (TWA) Flight 355, hijacked by Croatian nationalists in September 1976. Immediately after the nonviolent resolution of the incident, this flight attendant said to the leader of the terrorists, "Thank you for giving me back my life."

Psychological Sequelae and Treatment Suggestions

The behaviors and reactions of hostages after their release have, to a greater extent, been addressed in the psychiatric and psychological literature. These articles, for the most part, focus on identifying the psychological sequelae to being held hostage (Fenyvesi, 1977, 1980; Hillman, 1981; Ochberg, 1980a) or on offering treatment suggestions (Symonds, 1979; Wolk, 1981). Although Ochberg (1980a) first noted that "There is no compelling synthesis of recent hostage events organized as a guide for the clinician" (p. 73), he did describe four basic response patterns as follows: One group responds quite well, stating that the crisis "provides an opportunity for mastery, reassessment of values, renegotiating of critical relationships with others and a feeling of a new lease on life" (p. 74). A second group seems generally unaffected by the incident. Dutch survivors of the second Moluccan train hijacking in Holland in 1977 were rural people with a stoic outlook and were "as nonpsychologically-minded as people

could be" (p. 74). Wilhelm Van Dijk examined these people and found them remarkably untouched by the incident. The last two groups are (a) those who are affected by the incident and suffer psychological symptoms but avoid seeking help and (b) those who suffer and do seek help (Ochberg, 1980a). Ochberg further stated that one third to one half of the hostages he had seen belonged to the latter two groups. He noted a variety of psychological symptoms, ranging from anxiety in the form of nightmares, startle reactions, and phobias to self-medication with drugs and alcohol, psychophysiological reactions, delayed-onset depression (particularly after the "celebrity" status has ended), and paranoid reactions, obsessions, and various idiosyncratic adjustment difficulties.

Symonds (1979) described a treatment approach for hostage victims used at New York's Karen Horney Victim Treatment Center. Developed from work with the victims of concentration camps, the treatment begins with continual reassurance to hostages that their behavior during captivity is fully acceptable. The treatment then focuses on (a) the early restoration of power to the victim, (b) reduction of the feeling of isolation through nurturance, (c) diminishing the feelings of helplessness by encouraging participation in planning for the future, and (d) encouraging feelings of control to reduce the stress of being subjected to someone's domineering behavior.

Wolk (1981) described a two-pronged approach used in working with correctional facility employees who had been held hostage. This method centered on environmental manipulation in the form of transfer to a less violent facility or reassignment to a less stressful work area in conjunction with individual and group psychotherapy that stresses expression of anger at their former captors and recognition and acceptance of their vulnerability.

The acceptance of (and perhaps demand for) negotiation as a response of first choice in hostage situations has thrust law enforcement officers into the field of crisis intervention. They are often expected to deal with potentially violent individuals who are in the midst of a psychological and emotional crisis. As indicated by the differing (and sometimes contradictory) descriptions and explanations of various components of the hostage negotiation process, this relatively new field of law enforcement is still evolving. Police departments are still working on basic negotiation strategies (i.e., behavioral change) and attempting to assess the likelihood that a person will carry out his or her threats of violence. "Successful" negotiator characteristics are still postulated on face validity alone. Apparently, even the issue of whether a psychologist has anything unique to offer in the negotiation scenario is still open for debate. We still have only the most rudimentary understanding of the development of the Stockholm Syndrome and its effect on hostages during an incident and arguably even less information about the residual effects of being held hostage and effective treatment paradigms. Therefore, it seems clear that the role of the psychologist as a consultant to this process offers numerous opportunities for contributions by both the practitioner and the researcher.

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Received February 27, 1987

Revision received July 21, 1987

Accepted July 30, 1987 ■