Cognitive Distortions and Coping Strategies: Stockholm Syndrome among Victims of Assault in Ivory Coast

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ABSTRACT

Following an assault in Abidjan, Ivory Coast, 9 women presented atypical psychological symptoms. Emotional ties were established between them and their attackers. They develop animosity towards the police. It's Stockholm syndrome. 5 of them received psychological support in Cognitive Behavioral Therapy (CBT). The aim is to understand the cognitive distortions that modify the perception of reality. The analysis of the interviews after 8 sessions revealed coping strategies. In order to cope with adversity, the participants have developed a particular psychological functioning, which little is known in Côte d'Ivoire.

Keywords: Adaptation, cognitive distortions, coping, Stockholm syndrome.

I. Introduction

When, during a violent incident, a singular psychic event can take place, emotional links can be established and connected to the aggressor and the victim. The literature refers to this as psychic bonding. The victim feels connected to the abuser despite the context of abuse, violence, and power imbalance. Paradoxically, Behavioral strategies and cognitive distortions emerge and are reinforced. There is a lack of literature and research on this subject in Côte d'Ivoire, just as few studies on African victimology. This lack of resources does not mask the reality on the ground, nor does it negate the potential psychic links that may be established between victims and aggressors. The causes and effects of psychological bonding are not clearly defined, which makes it slow and painful for victims and those around them to recover.

One of the most demonstrative cases of psychic bonding is the “Stockholm syndrome” (Fonseca & Oliveira, 2021). This term was coined in 1973 following a bank robbery in Stockholm, Sweden. Criminals and hostages were confined for six days (Martin, 2005). According to some reports, victims developed empathy, affection, and even complicity with their captors. It is a link between the aggressor and the victim that has been little known until now and is strange from a commonsense point of view. This phenomenon has been dubbed “Stockholm Syndrome”. When investigating similar experiences in the West, it has been noted that this fact is common in religious sects, in relationships between potential prisoners of war and their captors, and in family relationships with children victims of abuse and/or incest (George, 2015).

This syndrome is considered by some authors (Fonseca & Oliveira, 2021; George, 2015) to be a defense mechanism that includes cognitive distortions of the perception of reality. Such distortions are also called “cognitive dissonance” by Festinger (1962). For the author, these dissonances exist when there is a conflict or incongruity between distinct beliefs or when the subject is confronted with information that refutes their previous beliefs. Cognitive dissonance creates an uncomfortable psychological state, which motivates the creation of brain mechanisms through strategies to reduce discomfort. For example, the victim creates elaborations or even justifications for the behavior of her abuser since her main belief is that she is not being mistreated. By applying such a theory in treating Stockholm syndrome, considering this psychological phenomenon as a simple defense mechanism...
becomes problematic. To a certain extent, defense mechanisms represent unconscious “barter” in which the individual sacrifices personal development for a false sense of security (Chabrol, 2005). So, the cognitive distortions at work in Stockholm syndrome are psychological barriers erected by the victim that need to be deconstructed in order to help him or her recover.

Creating cognitive distortions involves brain mechanisms in the form of adaptation strategies to reduce discomfort (Festinger, 1962). So, can we talk about a coping response rather than a defense mechanism in Stockholm syndrome? Coping strategies are adaptation mechanisms developed to control, reduce, or tolerate aversive situations (Bruchon-Schweitzer, 2001). These strategies come into play when the ability to cope with a situation is exceeded. They have been studied, but in the case of Stockholm syndrome, due to its rarity, the process involved in its appearance and development is little studied and largely unknown. The approach of cognitive distortions in Stockholm syndrome as a coping strategy could give a different orientation to victimological psychotherapy in Côte d’Ivoire. Based on a clinical experience with sex workers in Abidjan, who were sequestered all day and who developed few negative effects towards their aggressors, we will attempt to understand the cognitive aspects of Stockholm syndrome. By reflecting on the psychology of victims and taking into account their psychopathological characteristics, we hope to open up avenues of work to enable the implementation of intervention strategies and the construction of a clinical protocol in this type of case.

For this reason, the study seeks to provide a new perspective on managing Stockholm syndrome. The general aim is to analyze cognitive distortions as a coping strategy. The methodology used is qualitative to shed practical light on conceptualizing the phenomenon under study. A series of interviews with the victims is briefly presented.

2. Methodology

2.1. Site and Survey Participants

Our intervention took place in Abidjan (a city in Ivory Coast), in the commune of Abobo, to the north of the city. It has the distinction of being the most populated (1,500,000) and economically weak (Guérard & Lannes, 1971). With the collaboration of a local Non-Governmental Organization, we interviewed five sex workers after they have been attacked and taken hostage.

16 women, mainly sex workers, were attacked by masked men in the morning. They were robbed and then held captive all day by masked men, the neighborhood having alerted the police. They were finally released in the evening, and the assailants were arrested and taken to the police station. Among these women, seven systematically filed complaints of assault. But nine of them refuse to do so. When questioned, they all said with a smile that they had been treated well, adding that they excused and understood the behavior of their attackers. They go so far as to take advantage of “the opportunity offered to them” to plead for a fairer distribution of income by condemning social inequalities and partial justice, which uses “the police to hurt the poor.” The captivity lasted 16 hours. Faced with everyone’s lack of understanding, we were called in. Several interviews were organized to identify the coping strategies put in place by his women.

2.2. Manifestations and Cognitive Distortions of Stockholm Syndrome

For Oliveira (2005), two major signs establish the Stockholm syndrome: (a) The victim’s feeling of sympathy for their attacker, and (b) the aggressor’s feeling of sympathy for his victim. This is a paradoxical phenomenon that results in a psychic connection or “fraternization” between the victim and their attacker. The syndrome is characterized by:

1. The development of a feeling of trust between the victim and their attacker,
2. The victim’s positive feelings towards the aggressor,
3. The appearance or development of hostility towards law enforcement or any other person who tries to help the victim (Martin-Du-Pan, 2009).

The psychological mechanisms that underlie these thought patterns that characterize Stockholm syndrome are called cognitive distortions. Typically, an individual who sacrifices himself to his attacker identifies certain survival strategies for himself, which help him psychologically and physically. Once the instinctive survival mechanisms are put in place, the emotional, behavioral, and intellectual components are distorted. There are certain basic principles identified by psychologists (Fonseca & Oliveira, 2021):

1. The individual tries to emphasize positive emotions (“If he doesn’t yell at me, if he isn’t violent, that gives me hope.”),
2. Negative emotions are completely negated (“I do not think about it.”),
3. One’s own opinion disappears in favor of that of the aggressor,
4. Justifications arise (“It is not his fault but that of the system.”),
5. There is admiration for the attacker.

2.3. Cognitive Distortions and Thought Patterns among Sex Workers

The psychology of sex workers has been studied, and it highlights several characteristics such as the lack of power over their body, sometimes due to sexual abuse suffered during childhood, the divide or psychological dissociation between private life and professional life, negative self-image, emotional distress, mental health problems and addiction (Neff, 2008).

In Ivory Coast, women who engage in this profession are stigmatized, and like everywhere else, they often have trouble with the police. In a study conducted in 2019, Konan et al. (2019) found that 66.2% of sex workers declared having freely chosen prostitution of their own free will, 26.5% had been victims of violence (physical or verbal) at least once from clients, and 29.5% had been victims of violence from other sources (law enforcement and other female sex workers). So, the police are not always protective of these women.

While Jovelin (2011) suggests that prostitution should be seen in a global context, that of gender relations, we believe that we must also take into account the judicial relations between sex workers and the police. These social relationships between holders of the social order and women perceived as disturbing public order act re-traumatization.

Sex workers have a vision of life that is not common due to frequent exposure to violence and dehumanization produced by their lifestyle or the psychosocial factors that led them to make this life choice. How many of them experience recurring traumas that distort the vision they have of themselves and the world? The interviews conducted allow us to understand how Stockholm syndrome was established and the cognitive distortions present.

3. Results

We interviewed the 9 women who presented the symptoms of Stockholm syndrome. However, only 5 of them agreed to be accompanied by cognitive and behavioral therapy. This form of therapy includes a number of techniques to help an individual overcome a traumatic event. It is a combination of cognitive therapy, which aims to change the way you think, and behavioral therapy, which aims to change the way you act. The goals of therapy are to help the patient understand their experience, understand their feelings towards their attacker, and help them overcome their trauma. Several sessions are necessary to achieve cognitive-behavioral remediation. Depending on the patient’s difficulties, 8 to 32 sessions are essential.

3.1. Case 1: CO, 19 Years Old

CO has been a sex worker for 2 years. She comes from a blended family and claims to have suffered sexual violence in her childhood, the attacker being her stepfather. She was homeless from the age of 14, following yet another sexual assault. For the patient, the hostage-taking is not one. Experience is expressed differently. She perceives her attackers as “victims of the system, which perpetuates social injustices.” She expresses compassion towards her attackers and remains convinced that prison will “only make their situation worse.”

After 8 sessions, CO accepts the fact of having suffered trauma but is “only linked to having a gun to his head.” The patient continues to think that she and her attackers are victims. According to them: “They get along like us, they are not bad, they have not done us any harm. The real bad guy was my stepfather, who abused me. They did nothing.” Regarding the police, she believes that: “in general, they are the ones who harm us, they round up our clients, they throw us in prison.”

For the patient, the parallel is quickly established between the past traumas and the hostage-taking experience, experienced as a minor incident. This thought pattern remains after several therapy sessions. This suggests a coping mechanism for dealing with adversity, which includes cognitive distortions of perception of reality. Here, the victim creates subjective elaborations, which justify the behavior of her attacker. Added to this are feelings of hostility towards the police, who are perceived as persecutors. The police seem to symbolize here the paternal figure of the stepfather, aggressive and oppressive.

3.2. Case 2: TB, 21 Years Old

TB is a sex worker. For five years, she has been a single mother. She fled an abusive father and found herself on the street. Since then, she has prostituted herself to support herself and her son. TB presents a fantasized account of the attack where one of the kidnappers allegedly took “care of her” and asked her if she wanted to eat or drink water. Asked if she had been threatened with a weapon, she replied:
“Yes, but... it was just to scare us; otherwise, they are not very bad. If the police hadn’t come, something could have happened between one of them and me.” Here, she expresses attraction for the one who knew how to demonstrate a tenderness that she seems to have lacked.

After 8 sessions, TB questions his mental health: “Doctor, am I sick? These men wanted to hurt us, but why do I still like them? Maybe because I know they haven’t had an easy life like me.” She cries, talks about a sexual assault suffered in previous years, and ends by saying: “At least they didn’t rape me.”

Like the previous patient, TB refers to past traumas in terms of comparison to that of hostage-taking. She seems to admit to having been attacked. However, the empathetic feelings towards the attackers remain.

3.3. Case 3: KS, 22 Years Old

A sex worker for two years, KS claims to have fled a forced marriage in her village. Without resources, she has been a prostitute ever since. She presents the kidnappers as victims of a system and identifies with them: “If I were a man, I was going to steal; it is because I am a woman that I am selling myself. It’s the trouble that pushes us to do this, I understand. Those who hurt us here are the police. They prevent us from working.”

After 8 sessions, the patient always shows empathy for her attackers and animosity toward the police officers, whom she describes as “bad.” Cognitive distortions are always present and interfere with the perception of reality. The negative image is attributed to the police, and the attackers are the “good guys.” The split here could intervene as a defense mechanism to protect a personality already weakened by deleterious living conditions. It is a fabulous story where the unconscious imagination mixes with a subjective understanding of reality. It helps to maintain cognitive distortions even when confronted with real facts.

3.4. Case 4: BM, 17 Years

A sex worker for eight months, BM is a runaway and has been on the street for one year. She claims to have been very afraid for her life during the first hours of the attack. But the attackers, according to her, were reassuring.

After 8 sessions, the patient claims to have been confused the first few days following the attack. But after several sessions, she “sees things more clearly.” She has her own interpretation of her thought patterns: “I was very scared that day. It stopped me from thinking carefully. I think if the police hadn’t come, they would have hurt us.” Here, 8 sessions were enough for the patient to question her initial judgments of the situation.

3.5. Case 5: LF, 19 Years Old

LF is a victim of incestuous sexual assault. Attacked by her father, she runs away from home and ends up in the sex industry to “support herself and finish her studies.” She doesn’t trust the police because she says she was “rejected” by the police when she filed a complaint against her father: “They didn’t believe me.”

After 8 sessions, the patient remains convinced that the police want to harm her. Reminiscence of trauma appears to reinforce cognitive distortions. The hostage-taking is hidden as if canceled in his speech.

We had to interrupt the therapy because the patients were forced to leave the apartments they were occupying following a complaint from the neighborhood.

4. Discussion

Innate physiological variations and the perception of danger in the reaction process are fundamental to the individual’s ability to cope with external threats. When individuals are exposed for a period to stress, to the threat of losing their life, to the domination of an aggressor, cognitive distortions can appear. Empathy towards the aggressor, animosity towards the police or any other helping person, justification for the act of aggression. It’s Stockholm Syndrome. It is a rare phenomenon, already observed since 1973. Very little theorized, the symptoms observed are often listed as post-traumatic stress disorder (PTSD). Perceived as a mental disorder for some and as a defense mechanism for others, Stockholm Syndrome is not unanimously agreed upon in the scientific community (Josse, 2022). For these reasons, it does not appear in the DSM V, the “bible” of mental disorders.

However, unlike PTSD, victims do not feel empathy towards their attacker (Fonseca & Oliveira, 2021). If recognition as a mental disorder is problematic, the fact remains that understanding the syndrome seems relevant. Still poorly understood, victimization is a complex process. For better care, the need to deepen the understanding of the concept is highlighted by this study, both theoretically and practically, even socially. In this study, the participants have atypical characteristics that are worth
noting. They are sex workers. They have a traumatic past of violence and intra-familial sexual abuse committed by trusted adults. These situations make them vulnerable, according to Fonseca and Oliveira (2021). Indeed, in her study on psychic connections and Stockholm syndrome, the author emphasizes cognitive distortions as neuropsychological processes allowing the individual to adapt to harmful life situations. For the researcher, the vulnerability of the trauma victims makes them once again subject to Stockholm syndrome because they become sensitive due to their altered cognitive structure. These conclusions are in the same direction as the present study.

Oliveira (2005) has described this emotional feeling that arises between the victim and the aggressor despite the violence suffered. Also, according to Burkett and Young (2012), hormones influence the reaction or lack of reaction in individuals when faced with a violent situation. The perception of danger activates two brain mechanisms. One inhibits behavior, and the other increases arousal levels. Faced with this situation, the central nervous system activates emergency triggers and generates behavioral and cognitive responses to protect itself from a possible attack. The cognitive distortions in Stockholm Syndrome, therefore, constitute an adaptive response to the danger represented by a hostage situation, where the individual is afraid for their life. We remain cautious about the generalization of this study. Indeed, on the one hand, the rarity of the phenomenon makes natural observation difficult, and on the other hand, we have observed this syndrome in women battered by life who probably survived with a facade of resilience. Also, considering the fact that probably having been confined for a whole day by attackers who took care of her unconsciously appeared as a moment of respite and rest for women struggling with multiple adversities.

We interviewed only five women who interrupted the consultations after 8 sessions, leaving several questions unanswered and meriting further work: Does Stockholm syndrome only “graft” onto cognitive structures already weakened by previous violence? How does the resilience process work in these atypical cases? What are the success rates of CBT applied to this type of patient in Côte d’Ivoire?

5. Conclusion

Stockholm syndrome deserves attention if we are to understand victimization in Côte d’Ivoire and adapt psychological care. In view of the above, this research on Stockholm syndrome and its mechanisms suggests that the cognitive distortions observed are coping strategies that enable victims to adapt. This syndrome is not only the result of the fragility of the people taken hostage, “relieved to have escaped the worst,” and therefore strangely grateful to the aggressor. Rather, it is the result of an invasion of the victim’s psychological integrity, which triggers cognitive adaptation known as distortions. Perception and thought patterns are modified, giving rise to a psychic link between the victim and the aggressor. The psychological vulnerability could increase these dissonant thought patterns among sex workers. The subject is far from exhausted; psychotraumatology still has “mysteries” to reveal to the scientific world.

Conflict of Interest

The authors declare that they do not have any conflict of interest.

References


