

CASES THAT TEST YOUR SKILLS

Confined to a wheelchair after an automobile accident, a teenager finds an outlet for his anger on the Internet—and in the process terrorizes a small town. You are charged with breaking the cycle of violence and restoring the young man's equanimity.



The case of the quadriplegic cyberterrorist

History | A turn for the worse

Mr. P, 22, presented as intelligent and well-oriented. He was serving a 1-year prison term after pleading guilty to a charge of distribution of dangerous material.

Mr. P had no history of psychiatric treatment or hospitalizations, drug addiction, paranoia, hallucinations, or suicide or homicide attempts. In fact, before his arrest in 1999, he had always been viewed as a model youth.

Born in a small Midwestern town, Mr. P's childhood and early adolescence were unremarkable. He was popular, always on the honor roll, and exhibited no serious behavioral problems. He and his best friend had been inseparable since the third grade. Both played school soccer and were in the marching band. As Boy Scouts they hiked, canoed, swam, and did good deeds together.

Mr. P's life changed 7 years ago, when he and his friend, then both 16, rode to the local mall in a late-model Thunderbird. Mr. P's friend, a newly licensed driver, sped at 50 mph in a 35-mph zone, on a curving, gravel-covered back road in foggy weather. The youth lost control of the car, which spun around and smashed into a tree on the passenger's side. The driver emerged unharmed, but the impact rendered Mr. P tetraplegic. An incomplete C6 spinal cord transection allowed some movement in the arms and wrist, but no lower extremity function. Sensation was intact, except for orgasmic anesthesia.

After the accident, their friendship ended. The youth did not respond to Mr. P's phone calls or letters. A year later, Mr. P sued his former friend for driving to endanger, but the defendant, under 18, was too young to be held legally responsible under state law.

Mr. P missed months of school, but with tutoring, summer sessions, and an indomitable will he graduated from high school on time and with honors. He won a scholarship to college, where he studied computer sciences.

Those familiar with Mr. P were impressed—and inspired—by his courage, but his inward suffering was well concealed. Activities he once enjoyed were now out of reach. Unable to even get in and out of bed independently, he had no social life. Despite his hard work and intelligence, he was a bored quadriplegic teenager with time on his hands.

Mr. P turned to the Internet, where he ultimately began communicating with members of a chat room for students of a middle school 1,000-plus miles away. The younger students with whom he dialogued could not see he was wheelchair-bound. Freed from the identity of a physically disabled person, he could "try on" other identities. He assumed the identity of an eighth-grader, and kept a data bank on students with whom he had online contact at the school: their names, addresses, interests,

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pets, etc. Before long, he was spending 8 hours a day online.¹

Eventually, Mr. P. blew his cover. Some of the youths picked up on his online slip-ups and challenged him, demanding that he reveal his identity.

Infuriated, Mr. P. identified himself by the name of one of their classmates. (That classmate was harassed at school, a result Mr. P said he later regretted). He then told the youths, "If you don't believe me, I'll blow you up."

What started as a source of restoration for Mr. P suddenly left him feeling discredited and rejected. The more he went online, the more disrespected he felt.

On Oct. 19, 1999, Mr. P posted two photos on the chat room: the school in the cross hairs of a rifle scope and the principal bleeding through simulated bullet holes in the head and chest. He invoked the horror of the recent Columbine High School massacre with the words: "Remembering those two heroes in Columbine, '99: R.I.P. Eric Harris and Dylan Klebold." Beneath a "hit list" of 24 eighth-graders and three of their teachers, he wrote: "Some of you lucky individuals will go home with more bullet holes in your body than you came with."

Mr. P also directed the students to Web sites featuring graphic photos of child pornography and sex abuse. One state attorney general remarked that the pictures were among the most graphic he had ever seen.

Before the students arrived for school the next morning, police with bomb-sniffing dogs patrolled the hallways and inspected classrooms. Teachers searched student's books and backpacks for suspicious items. Parents of youths on Mr. P's "hit list" were in panic, too scared to let their off-spring leave their houses, let alone go to school.

If Mr. P's goal was to invoke terror within the middle school's community, he had done just that. Just 6 months after the Columbine tragedy, the threat of another school massacre had hit home. The terrorist was a quadriplegic several states away, but as far as anyone in town knew, a potential killer lurked among them.

Would you consider the patient a terrorist? Can a pattern of escalation be discerned in Mr. P's case?

Dr. Sperber's observations

Terrorism is defined as the use of violence or threats to intimidate or arouse anxiety to further some objective. The objectives, which terrorists feel cannot be accomplished in conventional ways, may be political, religious, ethno-nationalistic, or psychosocial (as was Mr. P's objective).

Mr. P's emotional state evolved from feelings of powerlessness and disrespect, to mortification, to shame rage and a thirst for vengeance that ultimately drove him to a terroristic act. It is hypothesized that these emotions are also the precipitating factors in all of terrorism's guises (*Table*).

Powerlessness. Feelings of impotence constitute one of the most important factors that give rise to terrorism. As Hoffman writes, "All terrorism involves the quest for power—power to dominate and coerce, to intimidate and



control ... Terrorism is designed to create power where there is none, or to consolidate power where there is very little."²

Kaufman notes that those who feel powerless identify with the aggressor. "Terrorism is essentially a strategy of the powerless. Groups who have felt decidedly powerless and humiliated for decades have reversed roles. The tormented now become tormentors."³

The crippling auto accident rendered Mr. P physically powerless. This was compounded by the psychic impotence that began when his once-inseparable friend abandoned him.

Disrespect. We all need to bond with other humans. Those who feel disrespected, rejected, abandoned, or marginalized may use violence to reconnect.

“The need to belong is of central importance,” Post writes. “Alone, alienated, on the margins of society, seeking to belong, to find acceptance, to find others who feel the same way...for such individuals what a wonderful feeling it is to find that one is not alone, to find likeminded individuals ... to be accepted at last.”⁴

Through their disrespect, the students in the chat room made Mr. P feel discredited and marginalized. That intense pain also reopened the psychic wound of having lost his best friend.

Mortification. Disrespect, coupled with the powerlessness of being unable to alter the humiliation, produces the most dysphoric of all human emotions—mortification.

Mortification, from the Latin *mortis* (death) and *facere* (to make), makes one literally feel like dying. Such feelings often result in suicide, although murder or homicide accompanied by suicide may also occur.

At the time of his arrest in 1999, Mr. P told police, “I’d like to slit my ex-friend’s throat.”⁵ When questioned about his statement, he replied, “It was just a figure of speech. I would never do such a thing.”

Shame rage. Shame is a difficult emotion to dispel. When overwhelmed by guilt, one can place blame: “It’s not my fault—he did it.” The ashamed, however, are unable to project or externalize their shame, which only intensifies the dysphoria, increasing the angry affect and further mortifying the victim.

Vengeance. At a certain level of intensity, the urge to end shame rage curdles it into the yearning for “sweet” revenge. The desire to “get even” and “right wrongs,” however, only adds to the disrespect and disempowerment, fueling retaliative flames and increasing the victim’s likelihood of committing a terrorist act.

What is Mr. P’s diagnosis? What treatment goals would you set for this patient?



Dr. Sperber’s observations

Psychopathologists seek to find a mental disorder or personality type common to all terrorists. Antisocial, narcissistic, and borderline personality disorders are the most frequently identified. “Terrorism is characterized by what I call paradoxical narcissism,” Pies writes. “Terrorists—particularly those with a radical or fundamentalist religious bent—appoint themselves as judge, jury and (quite literally) executioner of those they despise.”⁵

Regarding antisocial personality disorder, Cooper states that political terrorists might more accurately be described as “psychopathic or sociopathic personalities for whom political terrorism provides a vehicle for impulses that would otherwise find another outlet.”⁶

A study of the psychodynamic factors leading to terrorism may be more fruitful than the ongoing search for a personality type or cognitive style common to all terrorists. Those who fit the mold of a terrorist perceive some inequity or injustice that they seek to rectify and may or may not have a personality disorder. Mr. P, in fact,

was diagnosed with a personality disorder.

The correlation between age and terrorism also cannot be ignored. Many young people embark on the challenges of adulthood with confidence, enthusiasm, and idealism, but some, like Mr. P, encounter marginalization, disrespect, and powerlessness. In exploring the relationship of terrorism to age and group process, Levine reports:

“If, at this critical juncture [from adolescence to adulthood, youths] are exposed to ministrations and solicitations of individuals and groups who seemingly offer ‘antidotes’ to their melancholic miasma, they may be particularly susceptible to these initiations.” Once at-risk youths join a group, he writes, “they see a way out, either ideologically or psycholog-

Mortification can lead to suicide, murder, or homicide accompanied by suicide

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ically, and start to feel considerably better about themselves and their circumstances.”⁷⁷

This was the case with Mr. P when he started visiting the middle school chat room: “In real life, I was isolated from my friends and stayed at home most of the time. The very thing I was missing in my social life was discovered on the Internet. I found these friends, and it made me feel good to be part of the community again ... Even though these friends were 1,500 miles away and I had never seen them, I felt a strong connection and involvement with them ... However, when they started to disbelieve me, I threatened to kill them all.”

The host-vector model, a paradigm commonly used to analyze infectious diseases, also may help explain why some people respond in terroristic fashion while others who experience the same injustices do not. People who feel secure are less likely to be infected by the viruses of disrespect and disempowerment and can more easily halt their escalation to violence.

At the time of Mr. P’s cybercrime, his “resistance” to deprecation was low, since he had still not overcome an earlier “infection,” i.e., the crippling accident and his ex-friend’s subsequent abandonment.

Although it is hazardous to draw parallels between a single clinical case and global terrorism, certain generalizations appear self-evident. A recent Harvard symposium that addressed hostility toward the United States, especially in the Arab and Muslim world, touched upon how perceived powerlessness can fuel terrorism. Symposium participants referred to Frantz Fanon’s concept of the “cleansing valve of violence.” “Even random violence against a perceived

oppressor is seen as a redemptive act ... a way for peerless people to feel power, to feel they can gain their self-respect.”⁷⁸

Violence, however, has no cleansing value. It only disempowers the perpetrator, leads to more violence, and in the end imperils human survival. As we have seen with Mr. P, one person’s evolution from victim to terrorist threw an entire town of 10,000 people into a panic.

How would you treat Mr. P?



Treatment Restoring self-respect

Biweekly psychiatric treatment sessions, lasting from 15 minutes to an hour, were conducted in the prison infirmary during Mr. P’s incarceration.

The long-term treatment goals—empowering the patient mentally and spiritually, and restoring his self-respect—began with empathy. In the first 2 months, I tried to get from Mr. P some sense of what it feels like to be a quadriplegic. He provided verbal and written responses to my questions. In one of these responses—a letter titled “What It’s Like To Be Me”—Mr. P described at length the daunting daily difficulties behind such simple tasks as getting dressed, opening containers (with his mouth because of right-hand paralysis), and sitting up and shifting positions in bed.

Role-playing was another crucial therapeutic tool. By playing the role of his former friend, Mr. P gradually realized that his friend’s “indifference” to his plight was a way of distancing himself from overwhelming guilt over the injury he had caused. In this way, Mr. P could experience his ex-friend’s guilt and forgive him.

In the final months of therapy, we used the insights derived from treatment to write this report, to which he contributed. He felt remorseful about his crime, but at the same time found his collaboration on this article empowering. He was gratified that the tragedy of his quadriplegia and the ensuing terror incident could be used to edu-

Progression from feelings of powerlessness and disrespect to mortification, rage, and a desire for vengeance is a common emotional pattern among terrorists. This case of a young man who committed an isolated terroristic act illustrates how empathic treatment can help disrupt escalation toward terrorism.

BottomLine

Related resources

- ▶ Mannix M, Locy T, Clark K, et al. Internet crime: the Web's dark side. *US News World Rep* Aug. 28, 2000:36.
- Reich W (ed.) *Origins of Terrorism: Psychologies, Ideologies, Theologies, States of Mind*. Washington, DC: Woodrow Wilson Center Press, 1998:65-85.
- ▶ Juergensmeyer. *Terror in the Mind of God: The Global Rise of Religious Violence*. Berkeley: University of California Press, 2000.

AUTHOR AFFILIATIONS

Michael A. Sperber, MD, psychiatric consultant, Middlesex (MA) Sheriff's Department, Billerica, MA.

DISCLOSURE

The views expressed in this article are not necessarily those of the Middlesex (MA) sheriff or the sheriff's department

cate physicians and other patients. Psychotropic medications were never prescribed. Mr. P was paroled after serving 6 months of his 1-year sentence. He is back at college, and his outlook on life has improved greatly.

Dr. Sperber's observations

By understanding the pattern of escalation to terrorism, psychiatrists can help break the cycle of violence in some patients. Empathic compassion, introduced at any step in the cycle of terrorism, can disrupt the patient's pattern of escalation. In Mr. P's case, a treatment plan that emphasized empowerment offered transformative potential.

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