

Cyberbullying and the Digital Self

Karthik Sivashanker, M.D.

The effect of online social networks (OSNs) on youth mental health has gained national attention in the wake of tragic and potentially avoidable suicides by victims of cyberbullying. The medical literature and popular media have described some differences between cyberbullying and traditional bullying.^{1,2} Cyberbullying experts often recommend blocking bullying messages or closing a child's accounts when the bullying goes on too long.³ Although sensible recommendations, they do not address the unique importance of the "online" identity to youth with psychological difficulties.⁴ OSNs offer such youth alternative opportunities for positive peer interaction, self-expression, and control of self-presentation that they find difficult to obtain in face-to-face interactions.⁴ Their online identities are strongly intertwined with their sense of self and to treat their online identities as discardable is to misunderstand the shifting nature of the "self" in the digital age. I learned this lesson through my treatment of patients such as S.H.—a hypothetical case based on my actual experiences working with children and adolescents during psychiatric residency.

S.H., a 15-year-old girl, was psychiatrically hospitalized after an overdose. She had been bullied through comments on her Facebook page and other online sites for being a "lesbian," although she had not yet declared her sexual preferences. S.H. was clearly depressed and expressed feelings of profound helplessness. She was not sure who was mocking her. S.H. felt more depressed, anxious, and vulnerable when bombarded with nameless and faceless online insults than she did when teased or taunted in the schoolyard. She initially tried ignoring the comments, but they lingered online despite her appeals to have them removed by website administrators. Try as she might, the Internet would not allow her to forget their painful words. She then responded angrily, but her online retorts only inflamed the cyberbullies. Ultimately, she

overdosed because "there isn't anything I can do." The inpatient team held discussions with her parents and school administrators, started treatment for her depression, and arranged for a comprehensive outpatient plan that included more structured monitoring of her online activity.

As part of the treatment plan, her parents first tried blocking the unwanted messages. The harassment did not stop. The offenders created new anonymous profiles or posted derogatory comments to other websites or Facebook pages. With the patient's consent, her parents ultimately closed her Facebook account and limited her online activity. S.H. became more depressed after these interventions. Despite the harassment, she identified strongly with her online persona, which she viewed as a "better" representation of herself. In S.H.'s view, the whole that included online pictures, quotes, comments, and connections was greater than the sum of its parts. In aggregate, these parts represented an "online self"—an extension of S.H. herself—that had suddenly been destroyed. She began verbalizing more suicidal statements, as if the death of her online persona foreshadowed her own death.

The loss of her online persona was clearly hindering her recovery. I wondered if a different online response, one that could provide S.H. with a greater sense of control and security in her online world, might make a difference. I encouraged her to start a private online blog as an outlet for her thoughts and feelings. Importantly, only people she invited could read this blog. Although initially reluctant, S.H. quickly found the blog to be a source of positive reinforcement from friends and family. This response allowed her to explore her sexual identity. She joined other online groups such as a teen lesbian, gay, bisexual, and transgender group and eventually "came out" as lesbian. During her hospitalization, many of her friends offered support. We encouraged them to provide support in person and online. S.H. began reaching out to friends online and

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offline and even started looking forward to viewing the same online pages she had once dreaded.

The transformation in S.H.'s online and offline life was noticeable; the rebirth of her digital self and the attendant sense of control and security served as a counterweight to her prior online experiences. S.H. experienced grief with the loss of her online self, followed by anger and mourning. However, there appeared to be another stage beyond acceptance for S.H. that might be termed "revival," which gave new life or spirit to her online persona. This step enhanced her recovery, in conjunction with psychotherapy, medications, and appropriate restriction of online activity.

How might we rethink our responses as parents and providers to cyberbullying? To answer this, we must re-understand ourselves now that socialization and identity exploration increasingly occur online. We are no longer "humans" but fledgling cyborgs: a blend of technology and biology that is increasingly interconnected and interdependent. Prosthetic limbs, pacemakers, "external" memory cards (when was the last time you left the house without your smartphone?) are only the beginning of a fundamental transformation of humankind. Similarly, our offline self is increasingly tied to our online self. To amputate the latter can be potentially traumatic, just as removing a limb can be traumatic. Although limiting or eliminating Internet access may work for some individuals, others may experience subsequent "phantom" pain in the form of distress, depression, and even increased suicidality.

The modern psyche functions as a complex psychological ecosystem: a community of living organisms (i.e., our offline selves in our biologic brains) and nonliving components (i.e., our online selves in the Internet "super brain") best understood in relation to each other. Therefore, we must use comprehensive interventions that address the entire system. For example, helping our patients build supportive online attachments strengthens their resilience by reinforcing their identity and self-esteem.

My work with S.H. revealed opportunities to improve our field. First, we must strive to increase our readiness by educating ourselves and the public on OSNs and mental health.^{1,2} Medical schools and residency programs should require courses in OSNs. The pre-Internet generation of physicians may benefit from courses that increase familiarity and competency with the Internet. In

contrast, the hyperconnected, post-Internet generation is more likely to misuse technologies it views as commonplace—such as posting patient information online—than to avoid the use of these technologies. The post-Internet generation may benefit from courses that explore and clarify the fuzzy boundary between the virtual and physical worlds.

Second, we should build connections with other fields and embrace new technologies. In this way, we will provide children and their families with responsive interventions in a rapidly changing social world. This might entail collaborating with OSNs such as Facebook and suicide prevention groups, attending new technology conferences to stay current with the latest trends in the Internet, or even developing a "geek squad" modeled after large technology companies to provide technologic expertise for mental health professionals.

Third, we should extinguish social-media fires with social-media water (counter negative online comments, online). S.H. pointed out to me, "There is something about a Facebook 'like' that no medication or therapy can give me." Our online interventions, such as helping her to create a private blog and encouraging her family and friends to express their support online and offline, targeted the injury to her digital self in a way that traditional approaches did not.

By educating the public and ourselves, learning from other fields and industries, reconstructing rather than erasing our patients' online identities, and confronting the practical, ethical, spiritual, and technologic challenges posed by OSNs, we will keep pace with the rapidly shifting world around us. We must also look inward as a profession to re-imagine our understanding of the self. To continue treating online identities as disposable, even in the face of cyberbullying, is to misunderstand the shifting nature of the "self" in the digital era. &