

Aetcom-Aligned Bibliotherapy As A Pedagogic Intervention For Digital Well-Being

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Abstract

This paper examines the pedagogical relevance of bibliotherapy within the framework of medical and health humanities as a reflective response to digitally mediated cognitive and behavioural challenges in contemporary learners. Drawing on humanities-based reading practices, the study positions structured reflection as an educational strategy that enhances self-awareness, ethical sensitivity, and attitudinal orientation toward responsible digital engagement. The proposed bibliotherapy-based pedagogical model is conceptually aligned with India's National Medical Commission's competency-oriented educational principles, emphasising reflection, communication, and professional values. Methodologically, the paper integrates reflective writing, guided reading, and thematic interpretation to demonstrate how narrative engagement can translate abstract competencies into lived learning experiences. The analysis foregrounds meaning-making and introspection as core mechanisms of change. By situating bibliotherapy within formal curricular discourse, the study challenges the marginalisation of humanities in health education. Overall, the paper argues that bibliotherapy offers a feasible, theoretically grounded, and pedagogically robust approach for integrating digital wellbeing and professional formation in academic settings.

Keywords: Bibliotherapy, Medical humanities, Digital wellbeing, Reflective learning, Ethical sensitivity, Health sciences education.

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Introduction

The omnipresence of digital technology has fundamentally transformed how we communicate, learn, and deliver healthcare. As of April to June 2025, India has 1,002.85 million internet users (*PIB Headquarters*, 2025). While digital platforms enable unprecedented access to information, their excessive use has led to "digital dementia"—a decline in attentional capacity and memory retention attributed to device over-reliance (Shanmugasundaram & Tamilarasu, 2023). Popular terms like "doomscrolling," "Zoom fatigue," and "infobesity" capture the emerging psycho-social challenges where users feel overwhelmed by the sheer volume of digital stimuli. For students, the challenge is twofold: they are part of a vulnerable "Gen Z" cohort and must also role-model healthy technology habits (Chardonens, 2025). Integrating bibliotherapy into AETCOM based activity, offers a novel way to counterbalance digital overload while simultaneously nurturing essential professional competencies like empathy and reflection.

Excessive screen time and smartphone overuse have become pervasive behavioral concerns among young adults, with emerging evidence linking such habits to anxiety, poor sleep, and impaired academic performance (Chen et al., 2017). Some researchers have even warned of "digital dementia," a term coined by Spitzer to describe cognitive decline from overreliance on digital devices (Greenfield, 2015). In university settings, nearly one-third of students may meet criteria for problematic smartphone use (Sohn et

al., 2019), underscoring the need for interventions that address this modern "behavioral addiction." Bibliotherapy – the therapeutic use of reading and reflection – offers a reflective tool to tackle these issues by engaging individuals with narratives and guiding them to draw personal insights. Prior studies show that guided reading can help people gain insight and "re-signify" their habits (Cornerstone University, 2025), fostering motivation to change. In the context of medical education, such reflective practices also align with Attitude, Ethics, and Communication [AETCOM] competencies, cultivating self-awareness and empathy in future professionals (Tikare & Dhundasi, 2021).

Literature Review

Digital Addiction and the Narrative Antidote

The term digital dementia was introduced by German neuroscientist Manfred Spitzer to describe a pattern of cognitive decline resembling early-onset dementia, attributed to chronic overuse of digital technologies (Ms, 2024). Spitzer's central thesis draws a parallel between physical and cognitive fitness: just as muscles weaken without physical exercise, cognitive faculties may deteriorate when digital tools replace active mental engagement. Subsequent empirical studies have validated many of Spitzer's concerns. Evidence points to a strong link between heavy screen exposure and reduced attention spans, memory deficits, and impairments in executive functioning (Moshel et al., 2023). Clinical observations from South Korea, a nation with high digital engagement, indicate a rise in memory-related

complaints among young adults, echoing early signs of cognitive dysfunction (Ali et al., 2024). While some critics argue that the label “dementia” may be hyperbolic, the associated symptoms reflect tangible and increasingly prevalent risks to mental functioning. Thus, Digital dementia should be viewed not just as a neurological issue but as a behavioural and cultural syndrome.

AETCOM and CBME: Humanities and Ethics in Health Sciences Education

In the field of health sciences education, India’s regulators have already operationalized the NEP’s interdisciplinary ethos through curriculum reforms that embed humanities, ethics, and communication skills into medical training. The Attitude, Ethics and Communication [AETCOM] module introduced by the Medical Council of India [MCI] in 2018 [now overseen by the National Medical Commission] is a prime example. AETCOM is a longitudinal training program spread across all years of the MBBS curriculum that aims to inculcate empathy, ethical practice, and patient-centered communication in future doctors. The MCI, in its foreword to the AETCOM handbook, acknowledged that teaching of medical ethics and communication had “*not received due attention in the existing medical curriculum.*” The AETCOM module was developed as a direct response, striving to balance the five roles of the Indian Medical Graduate “*Clinician, Leader & member of health care team, Communicator, Life-long learner and Professional*” – right from the first year of training. It is “*genuinely expected that this module plays a vital role in providing a coherent picture of how Attitude, Communication and Bioethics can be integrated within medical curriculum,*” making medical education more comprehensive and aligned to societal health needs (National Medical Commission, 2020). By formally integrating bioethics, humanities, and soft skills into a traditionally science-heavy curriculum, AETCOM reflects a policy commitment to produce health professionals who are not only clinically competent but also emotionally intelligent and culturally sensitive. This underscores the value of humanities like narrative understanding, empathy through literature, in healthcare education and practice.

The Competency-Based Medical Education [CBME] framework introduced in India represents a deliberate shift from time-based training to an outcomes-oriented model that explicitly includes non-technical competencies most notably attitudes, ethics and communication as core graduate attributes (Sharma et al., 2024). Embedding these competencies throughout the undergraduate curriculum requires structured pedagogy, longitudinal assessment and faculty development so that ethical reasoning and professional behaviour are not treated as ancillary topics but as assessable graduate outcomes. The

Attitude, Ethics and Communication [AETCOM] module operationalizes this aim by providing year-wise learning objectives, case scenarios, teaching strategies and assessment rubrics that make the affective and ethical domains teachable and examinable alongside biomedical competencies (National Medical Commission, 2020).

Medical humanities function as both a pedagogical complement and an epistemic corrective to technicist tendencies within CBME by cultivating narrative competence, moral imagination and reflective practice. These capacities shown to improve empathy, patient-centred communication, and ethical sensitivity in clinical encounters. When integrated with AETCOM, humanities-based activities including literature, narrative medicine, reflective writing, arts-based observation create formative spaces for students to rehearse difficult conversations, reflect on professional identity formation, and demonstrate ethical decision-making in context; moreover, emerging evaluations of AETCOM implementations indicate that reflective portfolios and humanities-infused sessions enhance students’ self-reported empathy and ethical awareness, underscoring the practical synergy between CBME’s outcomes orientation and humanities methods for cultivating professional values. (Shaw et al., 2022; Ud giri & Ganganahalli, 2024)

Screen Addiction and Its Impact on Health

Screen addiction has increasingly been acknowledged as a significant public health issue. The World Health Organization’s inclusion of gaming disorder in the ICD-11 reflects the broader medical consensus that behavioral addictions linked to digital technology are both real and rising in prevalence (*Gaming Disorder*, 2018). While not every instance of prolonged screen use meets clinical diagnostic criteria, many digital platforms are designed with addictive features of variable reward systems and immersive interfaces that promote compulsive use (Griffiths, 2005).

Bibliotherapy: Historical and Contemporary Perspectives

Bibliotherapy, the practice of using literature as a therapeutic tool, has a deep and varied history. Rooted in the Greek words *biblion* [book] and *therapeia* [healing], the concept reflects an ancient belief in the healing power of reading. The library at Thebes, for instance, bore an inscription referring to it as a “healing place for the soul” (Rubin, 1978). The modern use of the term gained prominence in the early 20th century, especially following the publication of a widely read essay in *The Atlantic* (Crothers, 1916), which discussed literature’s role in easing mental distress. After World War I, bibliotherapy found practical application in military hospitals, aiding soldiers in psychological recovery from trauma

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(Pardeck, 1993). At its core, bibliotherapy works by enabling readers to identify with fictional characters, experience emotional catharsis, and gain insight into personal challenges (Pehrsson & McMillen, 2007). Studies suggest that bibliotherapy helps reduce harmful habits by promoting mindfulness, emotional regulation, and meaningful social interaction (Gregory & Vessey, 2004).

Theoretical Framework: Three Stages of Transformation

Bibliotherapy operates through a structured psychological process that bridges fiction and reality (Cohen, 2016).

- a. **Identification:** The student identifies with a character’s struggles, lowering defensiveness regarding their own digital habits.
- b. **Catharsis:** Emotional release occurs as the reader vicariously experiences the character's challenges and resolutions.
- c. **Insight:** The reader recognizes parallels between the narrative and their life, enabling internal motivation for change

These bibliotherapeutic stages resonate strongly with the **cognitive-behavioral cycle of change**. Identification corresponds to raising awareness of the problem, often considered the first step in any change which is acknowledging it.

Catharsis correlates with the emotional engagement needed to overcome denial or apathy. Insight aligns with cognitive restructuring, changing one’s understanding and attitudes about the behavior. And reflection parallels the commitment and maintenance phase. It features developing a plan with social support and continued self-reflection. Through these mechanisms, bibliotherapy acts on multiple levels of the person, which ties back to the biopsychosocial model (Laborde, 2016): *cognitively* [insight], *affectively* [catharsis], and *socially* [universalization via group sharing]. It is perceived that an intervention that successfully moves a learner through identification → catharsis → insight → action is implicitly addressing the psychological and social dimensions of their behavior, not just the behavior itself.

Mapping Bibliotherapy to AETCOM Competencies

The National Medical Commission's AETCOM framework focuses on Attitude, Ethics, and Communication. Bibliotherapy activities can be mapped directly to these competencies.

Table 1. Mapping AETCOM Competencies to Bibliotherapy-Based Intervention Activities

AETCOM Competency	Bibliotherapy Activity	Observable Learning Outcome	Assessment Method/Tool
Attitude [Professionalism & Self-awareness]	<i>Baseline self-audit</i> of daily screen use (students log and reflect on their device habits); Ongoing self-checks during the program. <i>Expressive writing</i> of personal commitments [e.g., a letter to oneself about balancing digital use].	– Honest self-appraisal of one’s digital habits [recognition of problem areas]. – Willingness to change demonstrated by setting personal improvement goals. – Professional attitude in class [e.g., reduced phone use during sessions, showing respect].	Reflective journal Evaluation with a rubric for depth of insight and sincerity. (Center for Innovative Teaching and Learning, n.d.) Self-assessment checklist where students rate their behavior change efforts. (Centre for Community Welfare Training & Furneaux-Cook, 2023) Facilitator’s observation log (Wisdom Library, 2025) of students’ professionalism [e.g., arriving to sessions without gadgets, attentiveness]
Empathy	<i>Narrative identification</i> with characters in literature [reading stories that portray individuals facing challenges, including those due to digital issues]. <i>Group discussion</i> focusing on characters’ feelings and motivations.	– Improved ability to articulate the feelings/perspectives of characters [and by extension, other people]. – Expressions of understanding and compassion when peers share experiences [e.g., not dismissing others’ struggles with tech use].	Group discussion evaluation using a checklist (Kember et al., 1996) [e.g., does student acknowledge others’ viewpoints, use empathetic language] Role-play (Rønning & Bjørkly, 2019) where students must respond to a “person” distracted by technology; scored for empathy in communication.

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AETCOM Competency	Bibliotherapy Activity	Observable Learning Outcome	Assessment Method/Tool
		<ul style="list-style-type: none"> – Notable instances of empathetic behavior in understanding digital addiction 	<p>Jefferson Scale of Empathy (<i>Jefferson Scale of Empathy</i>, n.d.) [student version] can be administered pre- and post-module to detect changes in empathy levels.</p>
Communication	<p><i>Peer dialogue sessions</i> about the readings [students practice active listening, turn-taking, giving feedback on interpretations].</p> <p><i>Sharing of reflective writings</i> in small groups [verbalizing one’s thoughts coherently].</p>	<ul style="list-style-type: none"> – Enhanced active listening skills (e.g., student consistently waits for others to finish and responds relevantly in discussions). – Clear and respectful expression of ideas during discussions [even on sensitive topics like personal tech habits]. – Better non-verbal communication cues [eye contact, nodding] and team communication observed in problem-based learning sessions, attributed by students to bibliotherapy practice. 	<ul style="list-style-type: none"> – Facilitator observation checklist (<i>Art Therapy Checklist</i>, n.d.) during discussions [looking for communication behaviors: did the student listen without interrupting? Did they summarize others’ points accurately?]. Peer feedback forms (Miake-Lye et al., 2019) where students rate each other’s communicative clarity and listening in group work. Video review of a group discussion [with student consent] where faculty or the group itself evaluates communication dynamics against AETCOM criteria.
Ethics (Professional Ethics & Responsibility)	<p><i>Guided ethical reflection</i> on scenarios from the texts [e.g., a story character faces a moral choice related to technology – such as respecting privacy vs. curiosity in a digital context – students discuss what’s right].</p> <p><i>Micro-plans for digital conduct</i> focusing on ethical principles (like fairness, respect, non-maleficence in digital interactions).</p>	<ul style="list-style-type: none"> – Improved recognition of ethical issues in daily digital behavior (e.g., privacy, professionalism online). – Students articulate their own ethical stance on tech use [for instance, “As a student, I will not use my phone during class time because it’s disrespectful”] – Observable responsible behaviors: adherence to agreed norms [no unauthorized recording of class, maintaining confidentiality in online groups, etc.] 	<ul style="list-style-type: none"> – Written reflection prompts (University, n.d.) scored with an ethics rubric [does the student identify the ethical conflict and justify a stance based on principles?]. Scenario-based assessment (UNSW Sydney, n.d.): short answer or discussion of a case study [e.g., a student tempted to check social media while with a patient] to see if student applies ethical reasoning. Mentor feedback in rotations noting any professionalism concerns or improvements related to tech [e.g., “student refrains from using phone on exam/class unless necessary”].
Reflection	<i>Daily reflective journaling</i> connecting	– Depth of personal insight achieved, as	– Reflection journal rubric (School of Communication and

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AETCOM Competency	Bibliotherapy Activity	Observable Learning Outcome	Assessment Method/Tool
	<p>the reading to personal experience [students answer prompts like “How does this story make me think about my own habits/values?”]</p> <p><i>End-of-module reflection essay</i> summarizing what they learned about themselves and their digital behavior.</p>	<p>evidenced by journals [students reference changes in their mindset, lessons learned from stories].</p> <ul style="list-style-type: none"> – Ability to connect literature themes to one’s own life and future practice [e.g., “This story taught me about the importance of presence, which I will apply as a student...”]. – Growth mindset demonstrated: students can reflect on initial difficulties and how they improved over time. 	<p>Information) assessing aspects like self-awareness, integration of narrative lessons, honesty, and growth over time.</p> <p>Portfolio review (Suazo et al., 2025): If students keep a portfolio of various reflective pieces, faculty can evaluate progress in reflective capacity from start to end.</p> <p>The Critical Incident Analysis (Team, 2025) method: students write about a critical moment in the module that changed their perspective, which is then discussed or assessed for reflective depth.</p>

Table 2: Assessment Framework and Timing for Evaluation of the Pedagogical Intervention

Domain	Tool	Timing
Digital behaviour	SAS-SV (Kwon et al., 2013)	Pre- and post-intervention
Screen use	Self-report log (Sutton, 2025)	Weekly
Professional competencies	AETCOM rubric (National Medical Commission, 2020).	End of module
Reflective depth	Reflective Thematic analysis (Politz, 2025)	Post-intervention

The Table 2 summarises the multi-modal assessment strategy used to evaluate changes in digital behaviour, professional competencies, and reflective capacity across the intervention period.

Conclusion

This paper establishes the relevance of medical humanities-oriented bibliotherapy as a structured, pedagogically sound response to emerging concerns around excessive digital engagement in contemporary learners. By situating reflective reading and guided narrative engagement within formal academic settings, the study demonstrates how humanities-based interventions can be aligned with competency-oriented educational goals. The framework foregrounds reflective capacity, ethical sensitivity, and attitudinal awareness as central outcomes rather than ancillary benefits. Importantly, the approach treats digital overuse not merely as a behavioural issue but as a cognitive and psychosocial

concern with educational implications. The emphasis on reflective engagement strengthens metacognitive awareness and promotes intentional digital practices. Such integration underscores the role of humanities in fostering self-regulation and professional maturity. The findings collectively reinforce the pedagogical legitimacy of bibliotherapy within health and allied education contexts.

The study further highlights the value of embedding reflective humanities practices within existing curricular and assessment frameworks. By aligning reading-based reflection with recognised competency domains, the intervention avoids the common critique of humanities as peripheral or non-assessable. Instead, it positions bibliotherapy as a measurable and outcome-oriented educational strategy. The structured reflection process facilitates deeper insight into personal digital habits while simultaneously nurturing ethical reasoning and communicative sensitivity. This dual focus bridges personal wellbeing and professional formation. The approach also supports longitudinal reflection, encouraging sustained cognitive engagement beyond episodic interventions. Such curricular integration enhances coherence between educational objectives and learner experience. Consequently, the model advances a balanced pedagogy that integrates cognitive, ethical, and behavioural dimensions of learning.

Finally, the paper contributes to the growing discourse advocating interdisciplinary responses to digitally mediated cognitive challenges. It demonstrates that non-pharmacological, low-resource interventions grounded in humanities scholarship can

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complement existing educational and wellbeing initiatives. While the study is exploratory in scope, it provides a conceptual and methodological foundation for further empirical validation. Future research may extend this framework across diverse educational contexts and incorporate comparative or longitudinal designs. The emphasis on reflective literacy and ethical self-awareness remains particularly relevant in digitally saturated learning environments. By foregrounding meaning-making and critical reflection, the intervention supports sustainable behavioural change. Overall, the study affirms that medical humanities-informed bibliotherapy holds significant promise as an educational and preventive strategy in the digital age.

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