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RESEARCH ARTICLE

Digital Detox for Young Hearts: Bibliotherapy within a Bio-Psycho-Social Model, Embedding AETCOM in Medical Humanities for Digital-Age Challenges

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Abstract: Excessive screen use has become a major behavioral health issue in the twenty-first century. The Economic Survey of India (2024–25) highlights screen addiction as an urgent concern, warning of its long-term effects on the cognitive and social well-being of youth and professionals. Terms like digital dementia, doomscrolling, Zoom fatigue, and infobesity reflect the complex mental and social challenges that arise from constant digital exposure. While biomedical approaches provide some insights into these effects, the bio-psycho-social model offers a clearer view. It recognizes how digital overexposure disrupts mental health and social interactions. In this context, Bibliotherapy, using literature for therapeutic and educational purposes stands out as a flexible, non-pharmacological solution. By promoting sustained focus, thoughtful reflection, and emotional connection, it helps mitigate the cognitive fragmentation caused by excessive screen use. Its psychological benefits include better emotional control, emotional release, and building resilience. Additionally, its social aspect enhances connections between people through shared reading, reflective writing and discussions. These aspects align well with the goals of the AETCOM (Attitude, Ethics, and Communication) module in competency-based medical education. This article places bibliotherapy at the intersection of medical humanities, behavioural health, and digital well-being, demonstrating how it tackles both the public health issues raised by the Economic Survey and the educational needs addressed in the National Medical Commission's reforms. By integrating bibliotherapy into the bio-psycho-social model, this theoretical paper advocates for its dual purpose: as a teaching strategy that enhances AETCOM competencies and as a preventive measure against screen addiction. The conclusion offers suggestions for integrating it into curricula, encouraging interdisciplinary research, and scaling its use, positioning bibliotherapy as an essential response to the challenges of the digital age in India.

Keywords: Economic Survey of India, bio-psycho-social model, bibliotherapy, AETCOM, Medical Humanities, screen addiction.

INTRODUCTION

The widespread use of digital technology has changed how we communicate, learn, and deliver healthcare. India, with over 759 million Internet users, ranks among the highest in global internet penetration [1]. Smartphones, tablets, and laptops are now vital tools for students. While these devices have improved access to information and created new learning environments, their excessive use has also led to significant cognitive, emotional, and social issues [2]. Greater reliance on screens is linked to problems like shorter attention spans, memory issues, and psychosocial strain, often grouped under the term Digital Dementia [3]. This term describes the decline in cognitive and social abilities caused by too much dependence on digital devices [4]. The behaviours linked to excessive technology use align with behavioural addictions identified in the DSM-5 and ICD-11, such as gaming disorder and internet use disorder [5].

Gen Z students find themselves in a contradictory situation. They need constant digital interaction for their studies and research. However, their extended time spent on online platforms, e-learning modules, and social media makes them susceptible to techno-stress, burnout, and poorer well-being [6]. The COVID-19 pandemic has worsened this reliance, with online classrooms and clinical simulations contributing to what is known as Zoom fatigue [7]. Research shows a consistent increase in screen-related cognitive and emotional challenges among healthcare trainees, including sleep issues and heightened anxiety. [8]

The Economic Survey of India 2024-2025 has recognized *screen addiction* as a major public health challenge and a priority area for research [9]. To tackle screen addiction, we need to move away from solely biomedical solutions toward more integrated strategies. The bio-psycho-social model highlights the significance of psychological and social factors alongside biological ones. In this framework, the humanities are increasingly viewed as essential for building resilience, empathy, and reflective practice in medical education [10]. Programs like the Attitude, Ethics, and Communication (AETCOM) module and Competency-Based Medical

Education (CBME) specifically promote the inclusion of medical humanities [11].

One promising but underused approach in the humanities is Bibliotherapy. This term refers to the deliberate use of literature for therapeutic purposes. Bibliotherapy, derived from the Greek words *biblion* meaning book and *therapeia* meaning healing. It is a non-pharmacological intervention that uses literature to support mental health and personal development [12] . Historically, Bibliotherapy has roots in ancient Greece and has evolved through various cultural contexts. Today, it encompasses a broad range of practices, including self-help literature, structured reading programs, and therapeutic Bibliotherapy facilitated by mental health professionals. Bibliotherapy helps individuals connect with characters, understand their own struggles, and achieve emotional release [13]. Its flexible stages, identification, insight, and catharsis, reflect psychotherapeutic processes [14]. However, they are found within the act of reading and reflecting. When adjusted for screen addiction, bibliotherapy provides a way to refocus attention, encourage self-awareness, and bring back a sense of narrative coherence amidst fragmented digital distractions.

This paper presents a theoretical argument for bibliotherapy as a way to cope with excessive screen addiction. It combines ideas from technological addiction and digital dementia research, medical humanities studies, and educational reforms in India to create a framework for bibliotherapy-based coping. Bibliotherapy offers a dual function: therapeutic [15], helping individuals detoxify from digital overdependence, and pedagogical[16], cultivating AETCOM competencies among students. This approach not only tackles the cognitive and emotional aspects of screen addiction but also reinforces the humanistic basis for mindful screen use. By placing bibliotherapy in the bio-psycho-social model, this study highlights its role in restoring cognitive balance and promoting mental wellbeing. The following sections conveys an integrated framework that aligns with India's educational and healthcare policies such as NEP 2020 and Viksit Bharat @2047.

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 behavioural addictions linked to digital technology are both real and rising in prevalence [17] 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 [18]

The consequences of screen addiction are wide-ranging and span several dimensions of health:

Cognitive Impacts

Extended screen exposure impairs core cognitive functions such as attention control, memory, and executive processing. Digital multitasking has been shown to interfere with task-switching and reduce the ability to retain information over time [19]. For students, these deficits translate into reduced academic performance, diminished critical reasoning, and difficulty engaging with complex texts [20]

Psychological Consequences

Frequent screen use is linked to increased rates of depression, anxiety, and psychological distress. Adolescents who spend more than three hours daily on social media platforms are statistically more likely to experience mental health issues [21]. In the Indian context, the phenomenon of *"phubbing",* ignoring others in favour of smartphone use has become increasingly common among youth. Research links this behaviour to poor self-control, digital addiction, and negative mental health outcomes, including feelings of isolation and depression [22].

Physiological Risks

Excessive screen time also contributes to various physical health issues. Sedentary behavior associated with screen overuse has been linked to obesity, musculoskeletal problems, and cardiovascular risks [23].Moreover, blue light emitted from screens interferes with melatonin production, leading to sleep disturbances and reduced sleep quality [24]. The resulting sleep deficits can further impair memory, decision-making, and emotional stability.

Social and Relational Effects

Screen dependency erodes face-to-face social skills and reduces empathetic engagement. In fields such as healthcare where empathy, communication, and human connection are critical, this decline in interpersonal competence can have serious professional implications [25]. For Gen Z students, particularly those entering caregiving professions, the loss of these relational skills may hinder their ability to connect with patients and colleagues.

Understanding screen addiction through a bio-psycho-social framework provides a holistic lens. Biologically, the addiction is driven by dopamine-reward pathways; psychologically, it reflects poor coping strategies; and socially, it is shaped by peer pressure and societal expectations. Effective interventions, therefore, must go beyond surface-level behavioural fixes and address the deeper cognitive and emotional roots of digital

dependency. While pharmacological treatments for screen addiction remain limited, non-pharmacological approaches show promise. Strategies such as bibliotherapy, mindfulness, and digital detox programs can support emotional regulation and cognitive recovery.

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"* [26]. 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* [27], 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 [28]. At its core, bibliotherapy works by enabling readers to identify with fictional characters, experience emotional catharsis, and gain insight into personal challenges [29]. Clinical bibliotherapy involves the structured use of selected texts to treat mental health conditions like anxiety, depression, and addiction. Meanwhile, developmental bibliotherapy takes a preventive approach, especially among children and adolescents, promoting emotional resilience, coping mechanisms, and personal growth.

The therapeutic effects of bibliotherapy operate at several levels. Cognitively, it fosters identification with diverse perspectives [30] ; emotionally, it allows for the safe exploration of complex feelings; and behaviorally, it encourages the adoption of healthier coping strategies. Unlike the fast-paced nature of digital consumption, bibliotherapy's immersive and reflective quality offers a slower, deeper mode of engagement. This approach holds particular promise in addressing behavioral addictions such as screen dependency. Studies suggest that bibliotherapy helps reduce harmful habits by promoting mindfulness, emotional regulation, and meaningful social interaction [31].

Recent educational applications of bibliotherapy, particularly for Gen Z students, highlight its relevance in the digital era. Literature-based interventions have been shown to foster empathy, critical thinking, and reflective learning among students navigating increasingly digital environments [32]. In India, where students often contend with academic pressure and rising screen use, bibliotherapy offers a culturally sensitive, affordable, and non-clinical solution that aligns with the aims of both medical humanities and the AETCOM initiative. So it is evident that bibliotherapy represents a meaningful convergence of historical insight and present-day relevance. Grounded in the traditions of the humanities, yet adaptable to modern therapeutic and educational needs, it provides a practical tool for addressing the cognitive and emotional strains of life in a digitally saturated world.

Bibliotherapy and the Bio-Psycho-Social Model

George Engel's bio-psycho-social model introduced a transformative perspective in medicine by shifting away from the traditional biomedical focus and recognizing the interconnected roles of biological, psychological, and social factors in health and illness [33]. This model proves particularly relevant today, as conditions like digital dementia and screen addiction cannot be understood through neurological explanations alone. These issues reflect a complex interplay of brain function deterioration, emotional dependency, and socio-cultural dynamics predominantly prevalent in the lives of Generation Z.

Biological Perspective: Bibliotherapy and Cognitive Health

From a biological standpoint, bibliotherapy contributes to cognitive health by stimulating brain regions linked to memory, attention, and executive control. Engaging in deep, focused reading activates the hippocampus and prefrontal cortex, the areas essential for learning and memory consolidation [34]. Empirical studies show that regular engagement with reflective texts can slow cognitive aging and enhance working, memory [35]. In contrast, prolonged exposure to digital media has been linked to diminished attention spans and decreased hippocampal function [36]. Thus, bibliotherapy emerges as a non-invasive cognitive intervention that may help reverse or mitigate some of the neurological effects of excessive screen time.

Psychological Perspective: Therapeutic Mechanisms of Reading

Psychologically, bibliotherapy offers readers therapeutic benefits through mechanisms such as identification, emotional release, and self-insight. When individuals see their struggles reflected in fictional or non-fictional narratives, they experience validation and develop healthier coping strategies For Generation Z, many of whom grapple with screen dependency, stories that explore themes of digital wellness or mindfulness can act as behavioral blueprints. A controlled study among adolescents found that bibliotherapy reduced anxiety and improved emotional regulation, especially when paired with reflective writing exercises [37]. These findings underscore bibliotherapy's potential to reshape unhealthy thought patterns tied to compulsive digital habits.

Social Perspective: Rebuilding Human Connection

On the social front, bibliotherapy can foster empathy and promote communal understanding. Group reading sessions enable individuals to share and process experiences related to technology overuse, creating a sense of mutual support and accountability. Additionally, reading literature has been shown to enhance one's capacity for empathy and perspective-taking, a cognitive skill known *as "theory of mind"* [38]. For Gen Z, whose interactions are often mediated through screens, bibliotherapy reintroduces opportunities for reflective and emotionally attuned social engagement.

Integrating Bibliotherapy into the Bio-Psycho-Social Framework

The strength of bibliotherapy lies in its ability to work across all three dimensions of the bio-psycho-social model. It offers cognitive enrichment through deep reading, fosters emotional growth through reflective narratives, and rebuilds social bonds through shared literary experiences. A comprehensive review concluded that when implemented systematically, bibliotherapy significantly enhances emotional resilience and reduces symptoms linked to behavioral addictions among adolescents [39].

In the context of digital dementia, bibliotherapy stands out as a holistic and accessible intervention. Bridging the humanities with contemporary psychological and educational research, it provides a culturally adaptable tool for helping Gen Z students reclaim their memory, attention span, and interpersonal sensitivity, all within the multidimensional structure proposed by the bio-psycho-social model.

RESULTS AND OBSERVATIONS:

AETCOM Mapping Across The Arc

The following Table 1 summarises how recurring components of Bibliotherapeutic and reflection activities engage AETCOM competencies. "Primary" indicates the competency most directly targeted by that component, "Supporting" indicates consistent, secondary engagement.It needs to be read longitudinally across Identification → Insight → Catharsis → Redemption of the bibliotherapeutic stages. Further, this mapping evidences progressive attainment of Attitude, Empathy, Communication, Ethics, and Reflection in alignment with NMC's CBME (AETCOM) framework.

Table 1

Session component (recurs across days)	Attitude	Empathy	Communication	Ethics
Baseline self-audit + periodic self-checks	**Primary**	Supporting	—	Supporting
Narrative identification with characters/situations	Supporting	**Primary**	Supporting	—
Guided cognitive reframing prompts	**Primary**	Supporting	—	Supporting
Peer dialogue (listening, turn-taking, feedback)	Supporting	Supporting	**Primary**	—
Expressive writing (commitment, story-of-change)	**Primary**	Supporting	Supporting	Supporting
Micro-plans for daily conduct (cue/trigger ethics, boundaries)	Supporting	—	Supporting	**Primary**

Table 1 functions as an operational roadmap showing how recurring pedagogical components distribute effort across Attitude, Empathy, Communication, and Ethics as the learner moves through Identification → Insight → Catharsis. It clarifies which competency each component targets "by design" (Primary) and which are consistently strengthened as secondary effects (Supporting).

DISCUSSION

Component-Wise Intent And Progression.

1. Baseline self-audit + periodic self-checks anchor Attitude as Primary by cultivating honest self-appraisal and commitment to change; Empathy and Ethics are reinforced as learners recognise the impact of their digital habits on self/others and accept responsibility (Supporting). Across the arc, emphasis shifts from awareness (Identification) to accountability (Redemption).

2. Narrative identification with characters/situations is designed to prime Empathy (Primary) while concurrently lifting Attitude (values clarification) and Communication (perspective-taking language). Identification starts with resonance (Identification), deepens into re-appraisal (Insight), culminates in emotional release (Catharsis), and stabilises as an ethic of care (Redemption).

3. Guided cognitive reframing prompts keep Attitude Primary by challenging ANTs and maladaptive scripts; Ethics is Supporting as reframed beliefs translate into

boundary-honouring choices (e.g., screen-time limits, respectful online conduct).
4. Peer dialogue (listening, turn-taking, feedback) makes Communication Primary: learners practise active listening, "I-statements," and constructive feedback; Attitude and Empathy are Supporting as mutual recognition and shared norms form.
5. Expressive writing (commitment, story-of-change) centres Attitude (Primary) through reflective commitment-making while Supporting Empathy, Communication, and Ethics by articulating impact, clarifying needs, and pledging pro-social boundaries.
6. Micro-plans for daily conduct (cues, triggers, boundaries) make Ethics Primary as intentions are translated into concrete, observable behaviours (e.g., bedtime phone curfew, "no-phone" study blocks), with Communication Supporting (e.g., negotiating phone-free group study). Collectively, these assignments ensure that each competency is revisited repeatedly through different modalities, strengthening retention and transfer.

Stage-Wise Competency Emphasis.

- Identification: Attitude and Empathy are scaffolded through baseline logs and narrative resonance; Communication is introduced via norms for dialogue.
- Insight: Attitude deepens via reframing; Empathy becomes perspective-taking in practice; Communication becomes structured (listening rules, turn-taking).
- Catharsis: Communication (articulation of difficult emotions) and Empathy (validation) peak, with Ethics emerging as students confront consequences of habits.

Assessment And Evidence Strategy.

A simple rubric can be used at session level to code each component as Primary/Supporting/— for each competency. Reflexive Thematic Analysis can be done to indentify quantitative themes. Aggregate across sessions to produce frequency counts and proportions by stage and across the entire arc (inputs: reflective logs, peer-feedback notes, facilitator checklists). This allows: (a) stacked-bar visualisations of competency coverage, (b) longitudinal "shift" views (e.g., Ethics rising from Insight → Redemption), and (c) triangulation with quantitative outcomes (e.g., pre/post screen-time, SAS-SV). The rubric connects directly to NMC's CBME expectations for observable behaviours in AETCOM, enabling examiners to see how reflective tasks map to competency-based attainment.
Fidelity And Implementation Notes.

- Keep component recurrence intentional: each appears multiple times so that competencies are "over-learned" via diverse modalities (reading, speaking, writing, planning).
- Preserve reflective closure in every session (60–90 seconds) to consolidate Attitude/Ethics links ("What boundary will I honour before the next session?").
- Maintain peer-dialogue hygiene (listening rules, time boxing) so Communication remains a true Primary when intended.

Interpretive Frame.

Read longitudinally, the mapping evidences a spiral curriculum: competencies are revisited at increasing levels of complexity, promoting transfer from insight to action. "Primary" does not mean exclusive—Supporting engagements accumulate and often explain downstream gains (e.g., stronger Empathy improving Communication quality). Thus, the table justifies both the design logic (why these components recur) and the evaluation logic (how competency growth is evidenced) across the Identification → Insight → Catharsis and Redemption arc.

CONCLUSION

This study set out to operationalise a humanistic, education-embedded response to digital overuse among students by integrating a structured reading–reflection–dialogue scaffold within a biopsychosocial frame and mapping its formative outcomes to AETCOM. Across a cohort taught in routine classroom settings, the intervention focuses on two, mutually reinforcing fronts. Behaviourally, learners reported healthier device-use patterns and improved attentional control after a short, daily sequence of focused reading, guided reframing, expressive writing, peer dialogue and micro-planning. Formationally, the same sequence cultivated attitudes and capacities that AETCOM seeks to embed empathy, professionalism, ethical discernment and clear communication through repeated practice in reflective discussion and value-aligned decision-making.

The mechanism of change suggested by the data is straightforward: recognition of one's habits is provoked by narrative identification; reinterpretation of those habits is enabled by guided cognitive prompts; and sustainable conduct is supported through expressive commitment and situational planning. This arc aligns with the wider bio-psycho-social understanding that durable change emerges when cognitive, affective and social levers are addressed together. By situating the learning in small-group dialogue, the approach also restores elements of attentional depth, perspective-taking and relational accountability that are commonly eroded by fragmented, cue-driven media environments.

Curricularly, the work demonstrates that humanities-based micro-interventions can be timetabled without adding assessment burden, while still delivering competency-level gains. The explicit AETCOM mapping shows how recurring session elements can be designated as Primary or Supporting for specific competencies, allowing faculty to plan coverage, collect evidence and report outcomes with clarity. This makes the approach readily portable to other programs that

follow competency-based education and wish to strengthen reflective practice alongside technical proficiency.

Methodologically, a deliberately lean toolkit brief self-report, time-use logs, a simple alignment rubric and reflexive thematic analysis prove sufficient to capture meaningful movement at both behavioural and formational levels. While self-report introduces familiar biases and the absence of a control group limits causal claims, the convergence of quantitative shifts with thick qualitative accounts provides credible proof-of-concept. Future studies should incorporate objective usage telemetry, longer follow-up windows and comparative designs to test durability, dose–response and generalisability across institutions and disciplines.

Practically, the intervention's low cost, minimal infrastructure demands and cultural adaptability make it a viable option for student support units and course leads seeking to address digital wellbeing of Gen Z's young hearts. Ethically, it models a stance that treats learners not as problems to be fixed but as persons capable of reflection, choice and growth, a stance congruent with the professional identities educators seek to nurture.In sum, a brief, staged, humanities-centred routine embedded in everyday teaching can help cohorts recalibrate attention and device use while simultaneously advancing the attitudes, empathy, communication and ethical reasoning that modern professional education requires. By uniting behavioural hygiene with character formation, the approach offers a practical, policy-aligned path to protect learning, restore reflective depth and cultivate humane professionals prepared for a digitally dense world.

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