

# Bibliotherapy as an Intervention among university student with Black Mail

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## **Abstract**

*This study investigated the effect of boibliotherapy as an intervention for blackmail female students in Al mustansryia University , for (344) female students ages (19-22) years, They fulfilled Black Mailblackmail questions which consist of (19) items (32) subjects who received higher score on the questionnaire were selected through randomized sample of Art college.*

*Interventions based on bibliotherapy approach was done on (32) participants in 14 one hour session. All participants fulfilled the questionnaire another time. Data were collected by Black Mailblackmail and analyzed by Spss.*

*Software through t-test for two matched sample . the results revealed significant differences ( $p>0.05$ ) in post-interventional phase for approval to mean scores pre- intervention these result provides some evidence that the Bibliotherapy has effectiveness in prevent the participants from been victims to blackmailers.*

**Keyword:** Bibliotherapy , student , Black Mailblackmail.

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## **Introduction**

Blackmail is a powerful form of manipulation in which people close to us threaten (either directly or indirectly) to punish us if we don't do what they want. At the heart of any kind of blackmail is one basic threat, which can be expressed in many different ways.

A criminal blackmailer might threaten to use knowledge about a person's past to ruin her reputation, or ask to be paid off in cash to hide a secret. Black Mail blackmail hits closer to home. Black Mail blackmailers know how much we value our relationship with them. They know our vulnerabilities. Often they know our deepest secrets. And no matter how much they care about us, when they fear they won't go their way, they use this intimate knowledge to shape the threats that give them the payoff they want: our compliance.

Knowing that we want love or approval, our blackmailers threaten to withhold it or take it away altogether, or make feel we must earn it. For example, if you pride yourself being generous and caring, the blackmailer might label you selfish or inconsiderate if you don't accede to his wishes. If you value money and security, the blackmailer might attach conditions to providing them or threaten to take them away. And if you believe the blackmailer, you could fall into a pattern of letting him control your decisions and behavior. We get locked into a dance with blackmail, a dance with myriad steps, shapes and partners.

In Iraq , blackmailer and victimization in the cyber space had remained a subject of great trepidation, but lacks awareness. Bizarre. combination. Of nature of attacks; ever changing trends of the victimization, limited knowledge about direct laws which address cyber crimes in Iraq and rights victims in cases of cyber attacks, contribute greatly towards forming a weird approach to cyber victimization scenario. There are millions of internet users in Iraq now who are frequenting the cyber space on a regular basis for professional, commercial, socializing and educational purposes. Since the IT sector in India have seen a boom in the 1990's, (which still continues), almost every household falling in the economic zone of . Moderate income groups to high income groups, have internet access at home and people from the age group of 13 to 70 years, belonging to these clusters, are regularly using the internet either at home, or at work places, or at educational institutes, or at cyber cafes. But along with internet- dependency,

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victimization of 'cyber citizens' and also of those who are not in the 'internet', have grown in an alarming rate, in spite, Iraq has an exclusive legislation dedicated for information technology, e-governance, e-commerce and also e-socialization to a certain extent; this has hardly helped in curbing the ever increasing victimization of individuals in the cyber space in Iraq.

Sadly enough, less awareness brings in more victimization and cyber and space victimization is no exception. In Iraq awareness of cyber victimization has remained limited to several informative and useful tips on how to save one's personal computer and personal data from identity-frauds, Black Mail blackmailers etc. Unintervent on program on prevention of cyber victimization in Iraq is the need of the hour.

### **Bibliotherapy Defined**

Biblioeducation, bibliocounseling, bibliopsychology, bookmatching, biblioprohylaxis, corary therapeutics, literatherapy, guided reading, and biblioguidance are all names that have been used to mean the same thing: bibliotherapy (Pehrsson & McMillen, 2005; Rubin, 1978). Bibliotherapy comes from the Greek *biblio*, meaning book, and *therapy*, meaning help—thus, the first simple definition being to use books to help, or treat, those with problems (Pardeck, 1999; Pardeck, 1984; Shechtman, 2009). However, a more clear definition needs to be set to understand the diversity and range of literature that is used in treatment, along with understanding the difference between using literature for leisure, expressive, or educational purposes versus using literature with a psychotherapeutic intent (Favazza, 1966; Fincher, 1980). In a very broad sense bibliotherapy is the use of books to help people with personal problems, whether they be emotional, physical, or developmental (Abdullah, 2002; Fincher, 1980). However, Franklin Berry's (1978) definition clarifies the roles of those who participate in the process of bibliotherapy, along with the literature used, stating: Bibliotherapy is a family of techniques for structuring an interaction between a facilitator and a participant, an interaction which is in some way based on their mutual sharing of literature in the broadest sense possible (p. 25). As such, bibliotherapy is not limited to superior authority figures, such as psychiatrists or psychologists, but to a variety of trained professionals within the realm of education, psychotherapy, or other helping professions (Pardeck & Pardeck, 1984). Furthermore, patients in treatment or hospitals are not the only recipients of bibliotherapy, as practically anyone can take part as a participant. Interaction between the facilitator and the participant may take place within a group or one-on-one setting, but bibliotherapy sources can be experienced either inside or outside the direct relational setting. Bibliotherapy is provided using the medium of literature, of which a variety of written or spoken vehicles, self-created or otherwise, are used, such as: music, cinema, theater, poems, short stories, or novels (Fincher, 1980).

To be clear, however, bibliotherapy lies in two different categories, with therapists practicing clinical bibliotherapy to help those with more significant behavioral, emotional, and psychological problems. Lay helpers and professionals, such as teachers, implement "developmental bibliotherapy by using literature to facilitate normal development and self-actualization with a more or less healthy population (Afolayan, 1992; Catalano, 2008; Kramer & Smith, 1998; Pehrsson & McMillen, 2005).

**History of bibliotherapy.** The idea of bibliotherapy has existed for many centuries, with the specific term being put into use only within the last one hundred years (Fincher, 1980; Shechtman, 2009). The Greeks' library at Thebes displayed the message, "The Healing Place of the Soul," and Aristotle believed that literature led to the arousal of healing feelings and emotions within people (Fincher, 1980; Tews, 1970; Zaccaria & Moses, 1968). Additionally, a medieval library in Switzerland bears the words, "The Medicine Chest of the Soul" (Fincher, 1980).

Afolayan (1992) cites 1840 as the first documented use of bibliotherapy as an intervention, and was first recognized and accepted as part of librarianship in 1904 (Tews, 1970). Beginning in the late 1800s and early 1900s, librarians would assist doctors to "prescribe" books to patients in hospitals to familiarize

them with the symptoms of their medical conditions , (Catalano, 2008; Pehrsson & McMillen, 2005). Crothers (1916) coined the phrase “ bibliotherapy” in a published article, using it to describe the process of introducing literature to help medical patients understand their conditions and problems. In the 1930s, librarians worked with counselors to assist in compiling lists of written material to help people modify their own thoughts and feelings (Pardeck, 1994).

In the first half of the 20<sup>th</sup> century the focus was on using literature to help adults with medical or Black Mail problems, but beginning in the latter half of the century, the practical applications of bibliotherapy began to expand to schools, correctional facilities, and everyday life situations (Tews, 1970). In the 1950s and 1960s, counselors and therapists began using literature psychodynamically to prevent and solve personal problems or improve self-concept (Lenkowsky, 1987). Through this expansion books could be used as a strategy to help children handle their own developmental needs and problems (Sullivan & Strang, 2003).

**Goals of bibliotherapy.** Those who have researched and used bibliotherapy list the following as possible goals that might be achieved through the bibliotherapy process: (a) to provide awareness that others have dealt with a similar problem and that they are not the first or only one to have dealt with such a problem, (b) to provide information about problems, (c) to provide new insight into a specific situation or problem, (d) to help an individual more freely discuss a problem, and thus be led to understanding and insight of the problem, (e) to help communicate new values and attitudes toward a specific problem, (f) to help an individual understand that there is more than one solution to a problem, (g) to give insight into new or alternative solutions to a problem, (h) to help an individual plan a practical and positive course of action to solve his or her problem, (i) to help relieve mental and Black Mail pressure, (j) to nurture an individual’s honest self-appraisal, (k) to increase an individual’s understanding of human behaviors and motivations, and (l) to provide a way for a person to find interests outside of him- or herself (Aiex, 1993; Cook et al., 2006; Pardeck, 1995).

**Implementation of bibliotherapy.** A book cannot be expected to stand alone, but is to be accompanied by forethought, research, planning, anticipation of questions, and should be read ahead of time (Catalano, 2008). Stephens (1981) provides five steps for the implementation of bibliotherapy.

First, students should be identified by observing classroom behaviors, along with interviewing teachers and parents (Sullivan & Strang, 2003). Once specific students have been identified who would benefit from a bibliotherapeutic intervention, the logistics of how the intervention will be conducted should be determined—whether it be strictly with individuals, small groups, or the whole classroom (Sullivan & Strang, 2003). Aiex (1993) explains that some individuals feel freer to express themselves when working one-on-one with a facilitator, but the group experience can provide an opportunity for students to feel a sense of belonging and security as members share common experiences that then lessen the anxieties increase insight and perspective about problems.

Next, it is very important to select books or literature that directly address the problems that the students are facing. These books must also deal with the problem in a realistic way, have characters that allow the students to identify with, and take into account the participant’s age, reading level, Black Mail development, gender, backgrounds, interests and cultural perspectives (Pardeck, 1995; Sullivan & Strang, 2003).

The person facilitating the intervention must decide how the literature will be read (e.g., out loud, with partners). It is important for an open, active dialogue to take place while reading, as discussion about themes and ideas will help the leader to assess how the participant's level of understanding of the story, as well as identification taking place with the character(s) (Eppler, & Sullivan, & Strang, 2003).

Other activities, such as drawing, role-playing, and writing, allow each student to express and share his or her feelings, demonstrating their experience of identification, catharsis, and insight (Sullivan & Strang, 2003). To help students apply what they are reading and ‘understanding into their own lives, it is important to implement follow-up

activities, such as drawing, creative writing, puppetry, and role-plays, letting children further reveal their understanding of the themes and how they might generalize them to everyday situations ( Sullivan & Strang, 2003).

Pehrsson & McMillen (2005) recommend that those who implement bibliotherapy understand the history, potential benefits and limitations, as well as application and techniques for specific populations so that it can be ethically used in the most beneficial way. More recently Prater, Johnston, Dyches, and Johnston (2006) provided ten steps of how to implement bibliotherapy in a school setting.

The first five steps take place before beginning bibliotherapy. First, the teacher who will use bibliotherapy with a student must be sure that they have undertaken the effort and time to get to know and understand the student. Then, the facilitator should work to identify if there are others at the school who are able to help them work with the student. Next, the parents should be informed about and solicited for information that can provide help and support in understanding the problem as well as provide specific support to the student in working with their problem. The last step before implementing bibliotherapy is to create a plan of action by defining the specific problem and goals for the student, along with planning the activities that can help them (Prater et al., 2006).

The last five steps take place during as the facilitator and student are engaged in 'bliotherapy. To begin bibliotherapy, appropriate literature should be selected for use, being aware of the suitability of a book according to the developmental age and reading ability of the student, the portrayal of the topic, the realism and honesty of the characters that can provide realistic expectations, and the literary quality (Aiex, 1993; Cook et al., 2006; Pehrsson & McMillen, 2005; Prater et. al, 2006). Next, the literature is introduced to the student in an interesting way to incite interest, and is presented with plenty of time for discussion and other activities to help students explore and express their feelings about the story as they are able to identify the parallels between their own lives and the characters' (Catalano, 2008; Cook et al.. 2006; Prater et al., 2006). Post-reading activities are important to help students advance in the stages of bibliotherapy by allowing further expression of their own feelings and experiences, while also identifying what they have learned in terms of solutions to their issue or other real life applications to their problem (Cook et al., 2006; Prater et al., 2006). Finally, the bibliotherapy experience should be evaluated and improved as the facilitator identifies those things that went well and other things that did not seem to work as well and could be improved (Prater et al., 2006). When these steps are followed, it reiterates that the facilitator, and not the book itself, is the "therapist," and thus separates bibliotherapy from other reading experiences (Catalano,2008).

**Stages of bibliotherapy.** The goals of bibliotherapy are met as a participant is led through the stages, or process, of bibliotherapy as it carefully implemented as an intervention. Literature that approaches and portrays the inner feelings, hopes, and dreams of a reader creates a world that differs by only a small degree to the psychological reality of the reader (Tews. 1970). Bibliotherapy creates an Black Mailresponse that brings about change through a process .of phases that parallels those in psychoanalysis: identification, catharsis, and insight (Fincher, 1980; Kramer & Smith, 1998; Lenkowsky, 1987; Morawski, 1997; Pardeck & Pardeck, 1984; Riordan & Wilson, 1989; Tews, 1970). By identifying and connecting with the characters in the . istory, a participant empathizes with the characters as they see that others with similar needs, problems, situations, and feelings as their own; this then helps the participant to understand that they are not alone, validating his or her own thoughts and emotions (Cook et al., 2006; Herbert & Furner,1997; Morawski, 1997; Pardeck, 1995). This lessens the fright, isolation, and anxiety that a participant feels about his or her own problems and associated feelings, which allows for a verbal or nonverbal release of emotions to take place as the participant is able to watch the character successfully resolve a particular dilemma (Herbert & Furner, 1997; Morawski, 1997).

After releasing Black Maitension, a participant is then better able to apply what they learn to their own situations (Kramer & Smith, 1998; Morawski, 1997; Pardeck, 1995; Sullivan & Strang, 2003). Through the basic plot, storyline,

or development of a character, the participant gains insight about his or her own self and others, developing greater insight into their own emotions and empathy for others, thus recognizing ideas and alternatives into how a problem can be realistically dealt with and solved (Fincher, 1980; Pardeck, 1995; Pardeck & Pardeck, 1984). Each stage in the process leads to the next, and ultimately leads to positive changes in attitudes and behaviors in the participant (Lenkowsky, 1987). To be certain that identification, catharsis, and insight take place, care must be taken to plan and follow a basic course for implementing bibliotherapy (Catalano, 2008; Cook et al., 2006).

**Strengths of bibliotherapy.** Resistance to identifying or working on problems is a major issue in any form of therapy, and bibliotherapy seeks to break down the participant's resistance by focusing the attention outside of him or her, thus creating a safe space within a story situation similar to real life where the problem can be objectively discussed (Pardeck & Pardeck, 1984; Prater et al., 2006). By helping the participant to feel safe, bibliotherapy also encourages the development of rapport between the facilitator and student participant (Eppler, Olsen & Hidano, 2009).

Benefits from bibliotherapy for the participant have been reported to involve self-awareness, clarification of emerging values and the development of one's own ethnic or cultural identity; greater empathic understanding of others; increased appreciation of others from different cultures, viewpoints, and experiences; improvement of coping skills; exploration of alternative solutions: reduced negative emotions such as stress, anxiety, or loneliness; and increased self-esteem, interpersonal skills and Black Maturity (Pehrsson & McMillen, 2005). If nothing else, stories can serve as a stimulus or vehicle for expression of emotions and the telling of one's own story (Eppler et al., 2009; Pehrsson & McMillen, 2005).

At times a student may not be resistant to talking about their thoughts and feelings, but they may have a difficulty in verbalizing or processing their own thoughts and feelings (Cook et al., 2006). By allowing the students to read literature or create their own stories, bibliotherapy provides a foundational space where thoughts, feelings, behaviors, and actions of characters can be identified and analyzed in relation to the students themselves (Cook et al., 2006; Eppler et al., 2009; Prater et al., 2006). Manifold (2007) and Pardeck (1995) both have acknowledged and described the influence of the images and words as an art that ignites the imaginative thinking of a child that guides them as they create a psychologically safe space to explore their memories, the meaning of the words, and the thoughts and feelings of the character. McArdle and Byrt (2001) affirm that bibliotherapy enables participants to take on a vicarious role to identify and give voice to feelings and emotions, along with exploring problems and possible solutions.

Not only does bibliotherapy facilitate discussion of the problem as a context for change, but facilitates change to take place as the participant obtains greater insight and problem solving skills, learning by imitation of positive models who demonstrate problem solving and adaptive behavior for similar problems (Pardeck & Pardeck, 1984; Prater et al., 2006). Moreover, bibliotherapy may prevent more serious Black Maturity psychological distress through Black Maturity relief that takes place as the participant understands that their own issues are "normal," being validated by the similar story and characters within the literature (Pardeck & Pardeck, 1984; Prater et al., 2006).

For children and adolescents, bibliotherapy is very helpful in guiding students along in their development, apprising them of the normal stages of development, issues they'll face, and solutions other children or teenagers have used to address those issues (Abdullah, 2002). Additionally, books and stories are a simple and fun way to teach social skills and solutions to social situations by allowing students to learn to try new solutions to their problems (Orton, 1997; Prater et al., 2006).

Finally, books are an inexpensive and easily obtainable resource, making bibliotherapy a cost-effective treatment, especially where resources are limited (Favazza, 1966; Pehrsson & McMillen, 2005; Sullivan & Strang, 2003). Bibliotherapy can be implemented as an intervention with little training as long as advanced planning and preparation have taken place, making it very cost efficient to implement in a variety of settings with a variety of groups or

individuals (Cook et al., 2006; Pehrsson & McMillen, 2005). Moreover, bibliotherapy is a non-invasive, safe method of intervention that is familiar and friendly to children and students (Sullivan & Strang, 2003).

**Limitations of bibliotherapy.** Despite the many benefits that bibliotherapy offers, researchers do acknowledge that it is not a panacea on its own, and for best results should be used in conjunction with help from professionals who can provide additional therapeutic treatments (Pardeck, 1995; Pardeck & Pardeck, 1984; Riordan & Wilson, 1989, Shechtman, 1970; Zaccaria & Moses, 1968). Furthermore, bibliotherapy has not been shown to be effective for all problems (Pardeck & Pardeck, 1984). This may be due to the fact that books are not available for specific topics, that students are not ready or willing to confront their personal problems, or that they are unwilling or have a difficulty reading (Abdullah, 2002, Pardeck, 1995; Prater, et al., 2006).

Pardeck and Pardeck (1984), as well as Kramer and Smith (1998) caution bibliotherapy providers about the shortfalls that may happen during the bibliotherapy process, such as: (a) participants failing to identify themselves with the character in the story, and instead thinking about the presented problem as something separate from themselves; (b) frustration felt by the participant, resulting from materials not being matched to his or her reading level; (c) the participant having fears or anxieties aggravated by reading about their own problems; or (d) the helper not being aware that the relationship between the participant and helping person may actually contribute in larger part to the resolution of the problem than the bibliotherapy process. Furthermore, the effectiveness of bibliotherapy may be negated by the facilitator if they themselves do not have a good understanding of children, of the subject matter, of literature, or are ineffective at interacting with children through discussion and follow-up activities that are key in solidifying identification, catharsis, and insight for the child (Catalano, 2008).

Another frustration in the implementation of bibliotherapy is the lack of clarity from empirical research about the effectiveness of bibliotherapy for specific problems (Marrs, 1995; Riordan & Wilson, 1989), especially when using literature with children, as empirical research still mostly focuses on the use of self-help literature for adults (Prater et al., 2006; Riordan & Wilson, 1989). In the case of imaginative literature, anecdotal and case studies are abundant but empirical studies are very few, while the empirical studies that have been completed generally have insufficient details for replication (Pehrsson & McMillen, 2005). However, most studies and meta-analyses do conclude that bibliotherapy is effective one way or another, and to some degree or another (Marrs, 1995; Pehrsson & McMillen, 2005).

### **Bibliotherapy as Treatment**

Bibliotherapy is used across almost every helping profession by a variety of professionals to help treat diverse illnesses and issues people face, among various age groups and populations (Shechtman, 2009). In early part of the 20<sup>th</sup> century, bibliotherapy was usually used for clinical problems of physical and mental health among adults, but more currently has been provided as a therapy in helping children with a range of mental and developmental difficulty, such as academic achievement, adoption and foster care, lack of assertiveness, anxiety, chemical dependency, child abuse and neglect, conflict resolution, dealing with death, depression, diversity awareness, divorce, family violence, giftedness, homelessness, increased self concept, stress, unhealthy attitudes, inappropriate behaviors, problem solving, self-destructive behavior, separation and loss, coping with teasing or bullying, and maintaining social relationships (Catalano, 2008; Cook et al., 2006; Pehrsson & McMillen, 2005; Prater et al., 2006; Sullivan & Strang, 2003). Pardeck and Pardeck (1984) indicate the use of bibliotherapy to specifically address issues of children, such as: alcohol and drug addiction, divorce and separation of parents, mental and behavioral problems, moving to a new home, physical disabilities, pregnancy and abortion, serious illness and death, sexual awareness, sibling relationships, and stepparents.

Bibliotherapy is currently used by a variety of professionals in a variety of settings (Sullivan & Strang, 2003; Tews, 1970). Clinical psychologists and counselors, with the help of librarians, find and choose specific books to help individuals with psychological needs. Health professionals, such as doctors and nurses, provide pamphlets, brochures, and other information to educate and help their patients cope with the Black Mailstress of illness and medical procedures. Communities upon religious teachers and advisers to guide them in their spiritual and Black Mailprogress by imparting sacred and religious texts. Teachers and librarians provide

#### **Material and Method:**

The statistical community of this sample conclude all undergraduate feminan students in art psychology in almustansirya university (19-22) years .Twenty four student (female) who received higher scores ( 32) of Black Mail blackmail questionnaire via available sampling method then they divided in two equal control and experimental groups randomly (n=12).

At first the researcher explained that participants information will be kept confidential . The all participants level of Black Mailblackmail in pretest , then interventions based on biblio therapy approach conducted in 10 groups sessions ( about 60-90 minutes )for experimental group after intervention , the questionnaire full filled for all participants and the collected data analyzed by spss version 18 and covariance analysis method . The biblotherapy approach session are followed :

1<sup>st</sup> session : welcome and getting to know other members and introduction of Bilbo therapy , and the book of interest ;( Black Mail blackmail " by susan forward).

Session 2<sup>nd</sup> : Understand the blackmail transaction

2<sup>nd</sup> session : Read book to understanding the blackmail transaction , talking about what the following:

#### **Examples of Black Mail**

» “If I ever see another man look at you I will kill him.”

» “If you ever stop loving me I will kill myself.”

» “I’ve already discussed this with our pastor/therapist/friends/family and they agree that you are being unreasonable.”

» “I’m taking this vacation - with or without you.”

» “Your family hates me. How can you say you love me and still be friends with them?”

> “You’ve ruined my life and now you are trying to stop me from spending money to take care of myself.”

> “I took the money because you always put yourself first and don’t seem to care about my needs.”

Session 3<sup>rd</sup> : Talking about :

#### **Emotions Felt by Victims of Black Mail**

\*They feel insecure , unimportant , unworthy and generally bad about themselves .

\* They doubt their ideas and needs .

\* They feel isolated.

\* They may have consistent physical ailments as a result of the stress.

#### **Characteristics of the Victim and Black Mail**

##### **Victim:**

\* Constantly seeks approval

\* Does their best to avoid anger and keep peace

\* Takes the blame for anything that happens to others

\* Has compassion and empathy

\* Tends to feel pity or obligation

\* Believes they need to give in because it is the “right thing to do”

\* Has self-doubt with no sense of their worth, intelligence or abilities

**Session 4<sup>th</sup>** : Talking about :

Black Mail

\* Has great fear of abandonment and deprivation or of being hurt.

\* Feels desperate.

\* Needs to be in control of things.

\* Experiences frequent frustration.

\* Has thought distortions regarding the reasonableness of their demands.

\* Has had someone emotionally blackmail them and sees that it works to get them what they want.

**Tools the Black Mail Uses to Create FOG**

\* Making demands seem reasonable.

\* Making the victim feel selfish.

\* Labeling with negative qualities and connotations.

\* Pathologizing or crazy making.

\* Making a demand that needs an immediate response.

\* Allying themselves with someone of authority or influence i.e. parents, children, mental health professionals, religious leaders etc.

\* Comparing the victim to a person that the victim does not like or is in competition with. Learning the victim's "triggers".

\* Assess how much pressure to apply before the victim will give in.

\* An excessive need for approval.

\* An intense fear of anger.

\* A need for peace at any price.

\* A tendency to take too much responsibility for other people's lives. :

\* A high level of self-doubt

\* We let ourselves down.

\* A vicious cycle ensues.

\* Rationalizing and justifying.

\* We may betray others to placate the blackmailer.

\* It sucks the safety out of the relationship.

\* We may shut down and constrict Black Mail generosity.

**session 5<sup>th</sup>**: Discussions :

The impact on our well-being:

\* Mental health .

\* Physical pain as. a warning .

**what is Necessary to Stop Black Mail**

\* The victim must begin to look at the situation in a new way.

\* They must detach from their emotions.

\* They must realize that they are being blackmail and that it is not appropriate for the blackmail to be treating them In that manner.

\* They must make a commitment to themselves that they will take care of themselves and no longer allow this abusive treatment.

- \* They need to see that a demand is being made on them and that it makes them uncomfortable.
- \* They must determine why the demand feels uncomfortable.
- \* They must not give into the pressure for an immediate decision.
- \* They must set boundaries to be able to take time to consider the situation and to look at all of the alternatives to make the decision.
- \* Finally, they must consider their own needs first for a change, in this process.

**Session 6<sup>th</sup>: How to Respond to Black Mail**

Below are some specific ways to answer the most common types of responses. It can't be emphasized too strongly how important it is to practice saying these statements until they feel natural to you; how to respond to the other person's catastrophic predictions and threats. Punishers and self-punishers may try pressuring you to change your decision by bombarding you with visions of the extreme negative consequences of doing what you've decided to do. It's never easy to resist the fear that their bleak vision will come to pass, especially when the theme they're pounding home is "Bad things will happen - and it'll be your fault." But hold your ground.

<b>When they say:</b>	<b>The you say:</b>
*If you don't take care of me, I'll wind up in the hospital/on the street/unable to work. * You'll never see your kids again. *You'll destroy this family. *You're not my child anymore. *I'm cutting you out of my will. *I'll get sick. *I can't make it without you. * I'll make you suffer *You'll be sorry.	*That's your choice. *I hope you won't do that, but I've made my decision. *I know you're very angry right now. When you've had a chance to think about this, maybe you'll change your mind. *Why don't we talk about this again when you're less upset? Threats/suffering/tears aren't going to work anymore. * I'm sorry you're upset.

**Session 7<sup>th</sup>: Discussion how to deal with blackmail :**

<b>When they say:</b>	<b>The you say:</b>
*I can't believe you're being so selfish. This isn't like you. You're only thinking of yourself. You never think about my feelings. * I really thought you were different from the other women/men I've been with. I guess I was wrong. *That's the stupidest thing I've ever heard. *Everyone knows that children are supposed to respect their parents. *How can you be so disloyal? *You're just being an idiot.	* You're entitled to your opinion. * I'm sure that's how it looks to you. *That could be. *You may be right. * I need to think about this more. * We'll never get anywhere if you keep insulting me. * I'm sorry you're upset.

<b>When they say:</b>	<b>The you say:</b>
*How could you do this to me (after all I've done for you)? * Why are you ruining my life?	* I knew you wouldn't be happy about this, but that's the way it has to be. * There are no villains here. We just want

<p>*Why are you being so / stubborn/obstinate/selfish?</p> <p>*What's come over you?</p> <p>*Why are you acting like this?</p> <p>*Why do you want to hurt me?</p> <p>*Why are you making such a big deal out of this?</p>	<p>different things.</p> <p>* I'm not willing to take more than 50 percent of the responsibility.</p> <p>*I know how upset/angry/disappointed you are, but it's not negotiable.</p> <p>* We see things differently.</p> <p>* I'm sure you see it that way.</p> <p>* I'm sorry you're upset.</p>
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**Session 8<sup>th</sup>:** Handling Silence :

But what about the person who blackmails through anger that is expressed covertly through sulks and suffering? When they say nothing, what can you say or do? For many targets, this silent anger is far more maddening and crazy than an overt attack. Sometimes it seems as if nothing works with this kind of blackmailer, and sometimes nothing does. But you'll have the most success if you stick to the principles of non-defensive communication and stay conscious of the following do's and don'ts.

In dealing with silent blackmailers ,DON'T:	DO use the following techniques:
<p>*Expect them to make the first step toward : resolving the conflict.</p> <p>*Plead with them to tell you what's wrong.</p> <p>*Keep after them for a response (which will only make them withdraw more).</p> <p>*Criticize, analyze or interpret their Motives, character or inability to be direct.</p> <p>*Willingly accept blame for whatever they're upset about to get them into a better mood.</p> <p>*Allow them to change the Subject.</p> <p>* Get intimidated by the tension and anger in the air.</p> <p>* Let your frustration cause you to make threats you really don't mean (e.g., "If you don't tell me what's wrong, I'll never speak to you again").</p> <p>*Assume that if they ultimately apologize, it ; will be followed by any significant change ; in their behavior.</p> <p>* Expect major personality changes, even if they recognize what they're doing and are willing to work on it. Remember: Behavior can change. Personality styles usually don't.</p>	<p>* Remember that you are dealing with people who feel inadequate and powerless and who are afraid of your ability to hurt or abandon them.</p> <p>* Confront them when they're more able to hear what you have to say. Consider writing a letter. It may feel less threatening to them.</p> <p>* Reassure them that they can tell you what they're angry about and you will hear them out without retaliating.</p> <p>* Use tact and diplomacy. This will reassure them that you won't exploit their vulnerabilities and bludgeon them with recriminations.</p> <p>* Say reassuring things like "I know you're angry right now, and I'll be willing to discuss this with you as soon as you're ready to talk about it," Then leave them alone. You'll only make them withdraw more if you don't.</p> <p>* Don't be afraid to tell them that their behavior is upsetting to you, but begin by expressing appreciation. For example: "Dad, I really care about you, and I think you're one of the smartest people I know, but it really bothers me when you clam up every time we disagree about something and just walk away is hurting our relationship, and I wonder if you would talk to me about that."</p> <p>* Stay focused on the issue you're upset about.</p>

	<ul style="list-style-type: none"> <li>* Expect to be attacked when you express a grievance, because they experience your assertion as an attack on them as an attack on them.</li> <li>* Let them know that you know they're angry and what you're willing to do about it. For example: "I'm sorry you 're upset because 1 don't want your folks to stay with us when they're in town, but I'm certainly willing to take the time to find a nice hotel for them and maybe pay for part of their vacation."</li> <li>* Accept the fact that you will have to make the first move most, if not all, of the time.</li> <li>* Let some things slide.</li> </ul>
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These techniques are the only ones that have a chance to interrupt the pattern that's so typical of a silent, angry Blackmailer, the cycle that goes "Look how upset I am, and it's all your fault. Now ' figure out what you did wrong and how you're going to make it up to me." I know how infuriating it is to have to be the rational one when you feel like strangling the other person, but it's the only way I know to create an atmosphere that will allow change to take place. Your hardest job will be to Stay non defensive and to convince the quietly angry person that it's OK for them to be angry when they've spent a lifetime believing just the opposite.

**Results**

Data analyzed by descriptive indexes (mean and standard deviation) and they were presented in Table 1 mean scores of to Black Mail in pre- test phase (  $p>0.05$ ) but this difference is significant in post- interventional phase ( $p = 0.001$ ). The abstract results of t-test analysis for matched sample in comparison of Black Mail in post- test phase among . revea , there is a significant difference between in mean scores of  $t=11.669$  so, it seems that group interventions based on bibliotherapy can promote the prevention against Black Mailblackmail pre-post test group training based on bibliotherapy is 0.77. It means that 77 percentages related to changes of may be explained by.

Table 1 : Black Mailblackmail scores

Variable	Group	Pre-test		Post-test		T
		mean	Standard deviation	Mean	Standard deviation	
Black Mailblackmail	32	19.50	4.75	9.70	4.75	11.669

Table 1 indicate there is significant difference between the (pre-post) test in Black Mailblackmail scores .

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**Questions of perception of subjective well- being**

Variables	Always	Sometimes	Never
1. Others use threaten language to make a demand.			
2. Others use threaten words to make a demand.			
3. Others put the blame on me in order to get what they want.			
4. Others use hints to point out my faults.			
5. If you don't listen to me, there will be a consequence.			
6. Others give someone special treatment in order to please me.			
7. Others place guilt on me by saying that they can't be successful without my help.			
8. I feel remorse if I don't meet someone's needs.			
9. Others complain that I am selfish and don't consider them.			
10. Others do their best to make me feel guilty.			
11. Others make alternatives such as:" choose me or the other".			
12. Others discontinue relationships that lack cooperation.			
13. Others threat to die in order to attaining their goals.			
14. if I don't listen to others, they will hate me.			