



Parasocial Interactions, Intolerance to Uncertainty and Mental Health Rehabilitation During Pandemics

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Uncertainty and Decreased Socialization: The New Norm

The COVID-19 pandemic has raised prolonged threats to the self, family, and friends in the health, financial, and social domains. Uncertainty about health, illness, vaccines, jobs, and life, in general, has become the new norm, with exposure to pandemic-related information (and misinformation). This constant threat and uncertainty seems to decrease mental well-being [8]. Uncertainty is difficult to tolerate for persons in the general population and those with mental illness [10]. Intolerance to uncertainty (IU) is a dimension of mental well-being which has been associated with psychological distress, lower resilience, and quality of life [10]. It is quite clear that this pandemic is certain to increase uncertainty and intolerance to it, especially in the vulnerable population. IU has been demonstrated as a trait in paranoid schizophrenia [13]. It can perpetuate paranoid thinking and is associated with poorer outcomes in persons with mental illness [7].

Seeking emotional and informational support, positive reframing, active coping, and humor are a few adaptive coping skills, in addition to professional help (Cognitive Behavioural Therapy) that may help to mitigate the effects of IU [12]. During the pandemic,

and the lockdown, none of these options are readily feasible as real human contact remained restricted.

A recent study showed IU was low in paramedics, police officers, and firefighters. This may have been due to better coping skills due to the nature of their jobs [1]. Regular exposure to events of uncertainty may have helped them to have lesser IU. Drawing a parallel, one can then speculate that regular exposure to events with more predictable outcomes could help decrease the psychological distress associated with IU.

In addition to uncertainty intolerance, the pandemic has necessitated stricter social distancing measures that have subsequently progressed to social isolation, which has further contributed to worsening asociality in severe mental illnesses by a restricted opportunity for social interactions. During the pandemic and lockdown, families were confined to their homes with access to mainstream media as their only source of information to the external world.

Televised Game Shows and Sports as a Medium to Reduce IU and Improve Parasocial Interactions (PSI) and Aid in Rehabilitation

Severe mental illnesses [SMI] such as schizophrenia led to significant morbidity and negatively impact the person, family, and lead to poorer health, finances, and functioning. Significant negative and cognitive symptoms of schizophrenia are associated with poorer outcomes. Gameshows, sports, and other television

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entertainment programs that enlist active participation from an audience can help rehabilitate persons with SMI. Some of the perspectives for rehabilitation through media include.

1. *Self-esteem and Hope*: Hope is a powerful phenomenon, especially in chronic SMI. Hope need not be restricted to the personal domain and can involve positive desire or an expectation in the future. Low levels of hope are associated with poorer outcomes [4]. Sports psychology suggests that identification with a favorite team can instill positive self-esteem through positive distinctiveness and collective self-esteem through virtual social media [9].
2. *Belongingness and Social Identity*: There are several reasons people affiliate with sports teams. It may be because the group represents a geographical or ethnic representation, or because others in primary and secondary social circles affiliate with the team, or simply because the sports team is famous [bandwagon effect]. Sports affiliation promotes affiliation to a larger social group that may improve social cognition and asociality domains of schizophrenia. Additionally, sports affiliation may prevent alienation and promote self-worth [2]. PSI has been shown to reduce stigma against those with mental illnesses. Moreover, it also helps to minimize self-stigma in those with mental illnesses. Additionally, televised team sports promote virtual socialization. Due to the teams being geographically or regionally divided, a sense of belongingness perseveres through most audiences. Sports bring back certainty, team effort, and emotions. These are not only for an individual but for a group as well. PSI can be simplified to be the psychological connection individuals identify with the fictional or media personalities [5]. Although this relationship seems to be one-sided, it has crucial effects on the human psyche, self-esteem, body image, loneliness, and romantic relationships [11].
3. *Uncertainty Reduction*: Sporting events, through behavioral prediction models with a finite number of outcomes [win/loss/draw], lead to significant degree of uncertainty reduction and enhanced coping with adverse effects. This also serves as a more meaningful engagement of a person's time. Televised game shows, sporting events have probably aided in reducing IU and improving PSI. Additionally, there is a shift in the focus on discussion topics in the family away from COVID that is a welcome change.
4. *Emotional Expressivity*: Traditionally, sporting events are associated with hedonistic enjoyment and emotionality, and therefore it may improve diminished emotional expressivity seen in schizophrenia. This helps in enhancing motivated cognitive behavior (a trait that is deficient in schizophrenia).
5. *Improved Impetus for Physical Activity*—Sports viewing and interest may also improve physical activity through the viewers themselves playing the outdoor games and viewing it as they emulate their favorite sportspersons.
6. *Cognitive Engagement*: Game shows may also serve to keep the patients engaged through play along with opportunities where the audience gets to play the game for free alongside the contestant virtually and brings in additional cognitive engagement and can serve as an activity for a structured daily routine of patients with schizophrenia.
7. *Social Engagement*: Televised programs can provide an opportunity to engage with a person's social environment virtually by giving an opening for conversations, with a greater degree of engagement in goal-directed pro-social behavior.
8. *Social Cognition and Theory of Mind Benefits*: PSI may bridge the gaps in real-life interactions and social deficits [6]. The COVID-19 pandemic provided these gaps in abundance. Thus, IU and loneliness could both be replaced by healthy PSI. Therefore, virtual and media interactions can play an essential part in filling these deficits and maintaining psychological well-being [3]. Game-shows showcase the possibility of anyone, irrespective of social strata, with a chance to win. The audience goes through the emotional highs and lows of the participants simultaneously. They get a particular result after each uncertain question and involve themselves emotionally with the joy of winning. The PSI may enable the audience to participate in the contestant's good fortune in this financially challenging phase. This may also lead to personal satisfaction and gratification with cognitive processes that promote the theory of mind.

9. *Scheduled Activity*: Systematically chosen television or internet-based “entertainment” content may be integrated into the rehabilitation process. So, we need to better understand which aspects of television shows and sports may help certain people with mental illnesses. Thus, virtual media and sports may have much more to offer us rather than just entertainment. At the very least, they may serve as a welcome addition to the activity schedule of persons with severe mental illnesses.

The previous editorials in the Journal since the onset of the pandemic had all cautioned about the impact on persons with mental health problems and psychiatric disorders, due to restrictions on social activities, being home bound and stoppage of day care and institutional rehabilitation facilities and services. Employing different parasocial interaction methods can be viable alternatives. Since these methods have been employed now for the first time over the last one year of the pandemic, evidence will build over time, and keep us prepared for future pandemics or lockdown situations.

This issue once again has interesting articles from different parts of the world. It has an article from Ethiopia focusing on the mental health situation during the pandemic among communities living in a zone; one on depression as a path to change: an adult woman’s voice about parenting practices, mental health and recovery from Romania; a research which has examined the interactions sexual minorities with SMI with family members and non-intimate partner relatives from the USA, where the authors have suggested that practitioners are advised to attempt to include family members and address family relationships in rehabilitation services, regardless of the sexual orientation of persons with SMI.

A scoping review from Sweden describes the state of current research regarding supported education services for individuals with mental health problems, with a particular focus on studies that address both educational and vocational goals; and a study on disability certificates which notes that these are issued mainly for intellectual disability, mental illness chronic neurological conditions, autism, stroke and muscular dystrophy.

The value of therapeutic writing as an adjunct to psychotherapy in addressing emotion regulation is

discussed as a case study. Therapeutic writing may have potential advantages in providing a way to internalize the skills, enhancing clients’ agency and clinical outcomes, reducing burden on healthcare systems; a report on network analysis from Netherlands, demonstrated an indirect relationship between cognitive functioning and caregiver burden, in caregivers of Huntington’s disease.

As expected, there are quite a few submissions related to the covid-19 pandemic. In one paper on effect of covid-19 on mental health rehabilitation centers, the authors from Italy and Pakistan, expose the role that psychiatric rehabilitation plays during the COVID-19 crisis. Since COVID-19 pandemic has remarkably raised mental health concerns, one of the high risks and possibly neglected groups includes individuals undergoing mental health rehabilitation, the impact on which can be significant as compared to the rest of the population, points a user’s perspectives. A similar experience is reported from the United Kingdom, which outlines their response to the coronavirus pandemic, including the standard operating procedure introduced and, at a trust level, the changes made to clozapine monitoring. Lastly, a case report demonstrates the usefulness of conducting social group work for adults having developmental and intellectual disabilities and improving the quality of life.

The pandemic seems to be receding, and the lessons learnt from this last one year would keep us prepared for any future uncertainties and be able to tolerate them, and the parasocial interactions will have some preventive and promotive effects on mental health.

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