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Research Article

The Digital Gateway: Positioning Virtual Reality as a Pre-Therapeutic Digital Health Tool to Enhance Help-Seeking Readiness Among Urban Youth

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Abstract

Psychache refers to intensely painful psychological suffering and is a major factor leading to emotional withdrawal and avoidance of mental healthcare, especially among urban youth. Despite the rapid growth of digital mental health interventions, many distressed individuals still feel psychologically unprepared to seek professional support, which maintains a continuous gap between experiencing distress and seeking help. Psychological distress is often characterised by emotional avoidance, stigma, and internal cognitive resistance, which delay engagement with professional mental health support (Gulliver et al., 2010; Parkar et al., 2023). Shneidman's theory of psychache conceptualises intense psychological pain as a central driver of emotional withdrawal and cognitive constriction, limiting individuals 'ability to perceive coping alternatives or seek support (Shneidman, 1993).

This paper presents a conceptual framework that repositions Virtual Reality as a pre-therapeutic digital health tool rather than a treatment modality. Using a narrative thematic synthesis of literature on psychache, help-seeking behaviour, and immersive digital technologies, the paper introduces the Digital Gateway Model. The model conceptualises Virtual Reality as an upstream engagement tool that facilitates emotional readiness, reduces cognitive constriction, and enhances readiness for human-led psychological care (Rizzo & Koenig, 2017; Zhao et al., 2025).

Instead of replacing traditional therapy, the Digital Gateway Model integrates Virtual Reality into a comprehensive digital clinical continuum, preserving the importance of the therapeutic alliance. This framework advances digital mental health research by highlighting the help-seeking phase before therapy and proposes future research directions for designing engagement-focused systems for urban youth.

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KEYWORDS: Psychache, Virtual Reality, Digital Mental Health, Help-Seeking Readiness, Pre-Therapeutic Engagement.

1. INTRODUCTION

Urbanisation has transformed the psychosocial landscape of youth development, introducing complex social, academic, and technological pressures that significantly influence psychological well-being. Contemporary urban youth populations frequently navigate competitive academic environments, uncertain career trajectories, evolving social expectations, and continuous digital connectivity. These stressors have been associated with rising emotional distress and mental health vulnerability among young individuals across global urban settings (World Health Organisation, 2017; Sinha Roy et al., 2018). Although mental health awareness has expanded considerably in recent decades, help-seeking behaviour among youth remains inconsistent and frequently delayed, suggesting that awareness alone does not ensure engagement with professional support systems.

Psychological research indicates that emotional distress does not automatically lead to help-seeking behaviour. Instead, internal cognitive and emotional processes mediate individuals ' readiness to seek support. Emotional avoidance, fear of stigma, perceived self-reliance, and discomfort associated with disclosing vulnerability often contribute to delayed or avoided mental health engagement (Gulliver et al., 2010). These barriers are particularly significant in socio-cultural contexts where emotional vulnerability is perceived as a sign of weakness or social inadequacy.

Shneidman's conceptualisation of psychache provides a theoretical framework for understanding emotional suffering that contributes to help-seeking avoidance. Psychache refers to intense psychological pain arising from unmet psychological needs such as belongingness, autonomy, and self-worth (Shneidman, 1993). As psychache intensifies, individuals experience cognitive constriction characterised by rigid thinking patterns, reduced emotional flexibility, and limited perception of coping alternatives. Cognitive constriction restricts individuals 'ability to imagine positive future outcomes or seek support, thereby sustaining emotional isolation and psychological withdrawal.

Socio-cultural factors further influence help-seeking behaviour, particularly within urban Indian contexts. Research suggests that family expectations, social reputation concerns, and culturally embedded beliefs regarding emotional resilience significantly shape mental health service utilisation patterns (Parkar et al., 2023). Urban youth often adopt self-reliance coping strategies, delaying professional support until psychological distress becomes severe. Additionally, fear of judgment and concerns regarding confidentiality discourage early help-seeking engagement.

Simultaneously, digital mental health technologies have expanded rapidly as potential solutions to mental health accessibility challenges. Digital platforms offer scalable, accessible, and cost-effective mental health support mechanisms. However, most digital mental health interventions focus on treatment delivery, symptom monitoring, or self-guided therapeutic modules. Limited attention has been given to the pre-therapeutic phase, defined as the psychological transition from silent emotional distress to readiness for interpersonal therapeutic engagement.

Emerging literature suggests that immersive technologies such as Virtual Reality may provide unique opportunities to address this engagement gap. Virtual Reality enables controlled, emotionally engaging experiential environments that allow individuals to gradually confront distressing emotional experiences while maintaining psychological safety (Rizzo & Koenig, 2017). Immersive environments enhance emotional regulation, increase self-reflection, and facilitate experiential learning, thereby supporting psychological readiness for therapeutic interaction.

This paper proposes the Digital Gateway Model as a theoretical framework conceptualising Virtual Reality as a preparatory engagement pathway that supports emotional readiness and reduces psychological resistance to help-seeking behaviour among urban youth populations.

2. Rationale of the Study

Despite the rapid expansion of digital mental health interventions, numerous individuals experiencing psychological distress continue to exhibit hesitation or face barriers in accessing professional psychological services. Existing digital tools have predominantly concentrated on symptom alleviation or therapeutic delivery, with limited emphasis on the psychological processes that precede engagement with care.

Psychological concepts such as psychache and cognitive constriction provide valuable insights into the reasons why individuals may acknowledge their distress yet encounter difficulties in seeking assistance. Nevertheless, these concepts are rarely integrated into discussions regarding the development of digital mental health systems. Meanwhile, Virtual Reality is primarily examined as a clinical or exposure-based intervention, rather than as a means to enhance preparedness and engagement.

The purpose of this paper is to address this conceptual gap. By repositioning Virtual Reality as a pre-therapeutic digital health gateway, the paper aims to bridge psychological theory with digital system design while maintaining clear boundaries regarding clinical claims. This reframing fosters engagement-focused innovation that complements, rather than substitutes for, human-led therapy.

3. Significance of the Study

This study provides a timely and significant contribution to digital mental health research by emphasising the frequently overlooked pre-therapy help-seeking phase. Although most research focuses on treatment delivery, symptomatic progress, and clinical outcomes, comparatively little attention has been paid to the psychological readiness required for individuals to initiate help-seeking. By addressing this gap, the work expands the understanding of digital mental health beyond solely intervention results, encompassing engagement and preparedness as distinct psychological components.

The study's importance lies in its theoretical contribution, combining Shneidman's idea of psychache with modern digital

health design principles. It redefines Virtual Reality as a tool focused on engagement rather than just a substitute for therapy. This approach challenges the common belief that technological advances are solely for treatment delivery, instead placing immersive technology within a wider care spectrum that highlights the continuing importance of human-led psychological support.

From a systems and policy perspective, the Digital Gateway Model offers a structured framework to guide the development of stepped-care and blended-care pathways, especially in urban environments where stigma, emotional overload, and cognitive constriction frequently impede help-seeking behaviours. By conceptualising Virtual Reality as a preparatory instrument, the model holds potential importance for public mental health strategies intended to establish scalable, non-clinical access points into care without undue medicalisation.

The study is of considerable significance for future research, as it provides a theoretically grounded foundation for empirical investigations into engagement-focused digital tools. The model delineates explicit constructs and mechanisms that can be operationalised in subsequent experimental, qualitative, or mixed-methods studies, thereby facilitating systematic evaluation without prematurely asserting clinical efficacy.

Finally, the study contributes to ongoing ethical discussions in digital mental health by explicitly opposing technological solutionism. By setting clear scope boundaries and emphasising the supportive rather than substitutive role of technology, the paper promotes a cautious, psychologically informed approach to innovation that aligns with emerging standards of responsible digital mental health practice.

4. OBJECTIVES

This paper presents a conceptual framework and narrative synthesis to clarify the role of Virtual Reality in early mental health engagement, focusing on engagement rather than treatment. The objectives are outlined below.

1. To examine psychache and cognitive constriction as psychological processes that contribute to help-seeking avoidance among urban youth.
2. To synthesise literature across psychology, digital mental health, and immersive technology to identify mechanisms relevant to pre-therapeutic readiness.
3. To propose the Digital Gateway Model as a conceptual framework, positioning Virtual Reality as an upstream digital health tool facilitating readiness for engagement with human-led psychological care.

These objectives are grounded in theory and are not intended to test causal relationships or assess clinical effectiveness.

5. REVIEW OF LITERATURE

Psychological distress among urban youth has emerged as a significant global mental health concern shaped by rapid socio-cultural transitions, technological influence, and competitive social environments. Research consistently indicates that help-seeking behaviour is influenced not only by symptom severity but also by internal emotional processes and socio-cultural barriers that shape readiness for engagement (Gulliver et al., 2010; Parkar et al., 2023). Understanding these psychological and socio-cultural mechanisms is essential for developing effective mental health engagement frameworks.

Shneidman's theory of psychache provides a foundational conceptualisation of psychological suffering. Psychache refers to unbearable emotional pain arising from unmet psychological needs and is often associated with cognitive constriction, characterised by rigid thinking patterns and reduced perception of coping alternatives (Shneidman, 1993). Psychache contributes to emotional withdrawal and avoidance of help-seeking behaviour, particularly among individuals experiencing prolonged psychological distress.

Help-seeking behaviour literature further highlights the complexity of mental health engagement. Gulliver et al. (2010) identified stigma, emotional avoidance, and self-reliance as major barriers preventing youth from accessing mental health services. Parkar et al. (2023) demonstrated that socio-cultural factors within urban Indian contexts significantly influence help-seeking patterns, emphasising the importance of culturally responsive engagement strategies.

Virtual Reality has gained increasing attention within mental health research due to its capacity to create immersive and emotionally engaging experiential environments. Rizzo and Koenig (2017) describe VR as an experiential learning platform capable of simulating emotionally relevant situations while maintaining psychological safety. Immersive environments facilitate emotional regulation and cognitive flexibility, supporting gradual emotional engagement.

Slater and Sanchez-Vives (2016) emphasise that immersive virtual environments create strong subjective experiences of presence, allowing individuals to respond emotionally to simulated situations as if they were real. Similarly, Riva et al. (2019) propose that immersive technologies facilitate cognitive restructuring and emotional awareness through embodied interaction.

Recent digital mental health research conceptualises immersive technologies as preparatory engagement tools. Zhao et al. (2025) describe immersive systems as mechanisms that reduce clinical friction by allowing individuals to gradually explore emotional experiences before entering therapeutic settings. This approach aligns with stepped-care mental health models.

Resilience literature also highlights the importance of cognitive flexibility and emotional regulation in managing psychological distress. Southwick et al. (2014) conceptualise resilience as a dynamic process shaped by internal cognitive processes and adaptive coping mechanisms. Kross et al. (2014) demonstrate that structured self-directed dialogue influences emotional regulation, supporting the role of internal cognitive engagement in psychological resilience.

Despite these advances, limited theoretical frameworks integrate psychological distress mechanisms, help-seeking behaviour barriers, and immersive engagement technologies into a unified model. The Digital Gateway Model addresses this gap by conceptualising Virtual Reality as a preparatory

engagement framework supporting emotional readiness for mental health care.

The Digital Gateway Model

The Digital Gateway Model serves as a heuristic framework aimed at organising psychological and technological insights pertinent to early mental health engagement. It conceptualises Virtual Reality as an upstream digital health instrument functioning before formal psychological intervention. The model consists of three sequential yet interconnected phases.

Phase One: Digital Entry

Virtual Reality serves as a low-friction entry point that minimises immediate social exposure associated with clinical settings. This stage emphasises psychological safety, user autonomy, and voluntary engagement.

Phase Two: Readiness Enhancement

Through immersive sensory regulation and attentional grounding, Virtual Reality can temporarily lessen the intensity of psychache and ease cognitive constriction. This phase aids emotional stabilisation and encourages greater openness to external support.

Phase Three: Therapeutic Engagement

Following the enhancement of readiness, individuals transition to human-led psychological care. Virtual Reality continues to serve as an adjunctive tool, supporting regulation between sessions while therapists focus on relational, cognitive, and meaning-oriented processes.

6. METHODOLOGICAL APPROACH

i. Study Design: This study employs a conceptual qualitative approach based on narrative thematic synthesis. Its focus is on developing a framework rather than conducting empirical tests, hypothesis validation, or outcome assessments. This choice aligns with theorising the pre-therapeutic stage of mental healthcare engagement, a topic that is still underdeveloped in digital mental health research.

ii. Conceptual Orientation: The methodological approach is guided by interpretive and constructivist perspectives, which recognise psychological readiness, engagement, and meaning-making as subjective and context-dependent processes. Psychological distress and help-seeking are conceptualised not as linear clinical trajectories, but as dynamic experiential states influenced by cognitive, emotional, and contextual factors. This orientation supports the integration of psychological theory with digital health systems thinking, allowing the examination of immersive technology as an engagement-support mechanism rather than a treatment modality.

iii. Literature Identification and Selection: A narrative review strategy was used to identify relevant literature across multiple intersecting areas, including psychache and psychological pain, help-seeking behaviour among youth, digital mental health systems, and applications of virtual reality in psychological and behavioural contexts. Peer-reviewed journal articles, theoretical texts, and authoritative reviews were prioritised. Literature was chosen based on its relevance to engagement processes, readiness for care, and experiential mechanisms, rather than solely on clinical efficacy or symptom outcomes.

iv. Thematic Synthesis and Framework Development: The selected literature was analysed using thematic synthesis to identify recurring psychological constructs, barriers, and facilitators related to engagement with mental healthcare. Key themes included cognitive constriction, emotional overload, avoidance, experiential regulation, and readiness for interpersonal support. These themes were repeatedly mapped onto technological affordances associated with immersive virtual reality, such as presence, controlled exposure, sensory modulation, and perceived safety. Through this iterative analytical process, the Digital Gateway Model was developed as a heuristic framework that organises psychological mechanisms and technological functions into a structured engagement pathway.

v. Analytical Rigour and Reflexivity: To improve conceptual rigour, the synthesis involved ongoing comparisons across various theoretical traditions and disciplinary perspectives. Special attention was given to distinguish engagement-driven mechanisms from therapeutic processes, preventing overgeneralization of claims. Reflexive review was consistently applied during framework development to ensure alignment with the study's scope, ethical stance, and non-clinical focus. The model was repeatedly refined to enhance internal consistency and clarity of concepts.

vi. Scope Boundaries and Methodological Limitations: This methodological approach intentionally excludes empirical data collection, experimental manipulation, and clinical outcome assessment. As a result, the proposed framework does not provide evidence of effectiveness, feasibility, or impact. Instead, it serves as a conceptual foundation for guiding future empirical research, intervention development, and systems-level investigation. These methodological boundaries are deliberate and align with the study's exploratory and theoretical objectives.

vii. Ethical Considerations: As the study does not involve human participants, identifiable data, or intervention delivery, formal ethical approval was not required. Nonetheless, ethical considerations guided the conceptual development of the framework. The model explicitly resists technological substitution for professional psychological care and emphasises responsible, engagement-focused integration of digital tools within broader mental health systems.

7. DISCUSSION

The present theoretical paper sought to examine psychological distress mechanisms underlying help-seeking avoidance and to conceptualise immersive technology as a preparatory engagement framework for urban youth mental health. The

integration of psychological, socio-cultural, and technological literature highlights that help-seeking behaviour is not solely determined by symptom severity but is strongly influenced by internal emotional and cognitive readiness. Shneidman's conceptualisation of psychache provides a critical foundation for understanding how intense psychological pain contributes to emotional withdrawal and cognitive constriction, thereby limiting individuals 'capacity to perceive coping alternatives or initiate support-seeking behaviour. Psychological pain often narrows cognitive processing, resulting in rigid thinking patterns and emotional avoidance that reinforce isolation and delay therapeutic engagement. These findings reinforce the importance of addressing emotional readiness as a prerequisite for effective mental health intervention.

Socio-cultural contexts further intensify help-seeking barriers, particularly among urban youth populations. Research demonstrates that stigma, perceived social judgment, and culturally embedded expectations of emotional resilience frequently discourage individuals from seeking professional psychological support. Urban youth often rely on self-management coping strategies and may avoid formal mental health services due to concerns regarding autonomy, confidentiality, and social identity. These barriers suggest that conventional treatment-focused mental health models may not adequately address the psychological transition from silent emotional distress to help-seeking readiness. Consequently, there is a growing need for engagement frameworks that provide safe and gradual entry points into mental health care without requiring immediate disclosure or therapeutic participation.

The interdisciplinary literature on immersive digital technologies suggests that Virtual Reality offers unique potential to address this engagement gap. Immersive environments allow individuals to experience emotionally relevant scenarios within controlled and psychologically safe contexts, enabling gradual emotional processing and self-reflection. The concept of presence in immersive environments enhances experiential realism, allowing individuals to emotionally engage with simulated situations while maintaining a sense of safety and control. Such experiential engagement supports emotional regulation, increases cognitive flexibility, and may reduce psychological resistance associated with confronting distressing emotional experiences. By facilitating embodied emotional learning, immersive environments can support the psychological transition from avoidance to engagement.

The Digital Gateway Model proposed in this study positions Virtual Reality as a preparatory engagement mechanism rather than a therapeutic intervention. This conceptualisation aligns with stepped-care and blended-care mental health frameworks that emphasise progressive engagement strategies tailored to individuals 'readiness levels. By framing immersive technology as an upstream engagement tool, the model expands existing digital mental health discourse beyond treatment delivery to include psychological readiness and emotional accessibility. This perspective highlights the potential for immersive technologies to function as transitional spaces that allow individuals to explore emotional distress, develop coping awareness, and build confidence in seeking interpersonal therapeutic support.

The integration of resilience literature further strengthens the conceptual framework by emphasising the role of cognitive flexibility, emotional regulation, and adaptive coping in managing psychological distress. Internal cognitive processes, including self-directed emotional appraisal and reflective processing, are central to resilience development. Immersive environments that encourage experiential reflection and emotional processing may therefore support resilience-building processes that facilitate engagement with mental health care. This aligns with contemporary mental health models that emphasise prevention, early intervention, and accessibility rather than reactive treatment approaches.

Overall, the discussion highlights the importance of reconceptualising digital mental health interventions to include engagement-readiness frameworks. The Digital Gateway Model provides a theoretical foundation for integrating psychological distress mechanisms, socio-cultural help-seeking barriers, and immersive technology engagement strategies. By emphasising emotional readiness and gradual engagement pathways, the model offers a culturally responsive and psychologically grounded perspective for addressing mental health service utilisation challenges among urban youth populations.

Implications for Future Research and Practice

Future research should examine how feasible and acceptable Virtual Reality is as a pre-therapeutic engagement tool. Studies might treat help-seeking readiness as a separate outcome from symptom reduction, utilising both quantitative and qualitative methods. Implementation efforts should focus on how to incorporate this into stepped and hybrid care models, considering factors like accessibility, cultural adaptation, and clinician oversight.

8. Scope and Limitations

This paper focuses on conceptual development and theoretical integration. The Digital Gateway Model has not yet been empirically validated and is not intended as a diagnostic or therapeutic instrument. The framework primarily targets urban youth, and its applicability to other groups remains untested. Although challenges such as cost, infrastructure, and technological literacy are acknowledged, they are not analysed in depth. These omissions are intentional, reflecting the exploratory aim of the paper.

9. CONCLUSION

The transition from silent psychological distress to active help-seeking constitutes a crucial yet insufficiently theorised phase in mental healthcare. By conceptualising Virtual Reality as a preliminary digital health gateway before therapy, this paper provides a structured framework to understand and facilitate readiness for engagement. The Digital Gateway Model

provides a foundation for future empirical and system-level research to enhance access to and continuity of care for urban youth.

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