
EDITORIAL

This too shall pass: coronaphobia and other fears

“The heart’s memory eliminates the bad and magnifies the good, and thanks to this artifice, we manage to endure the burden of the past.” Gabriel García Márquez, 1985, *Love in the Time of Cholera*.

Life-threatening events, whether perceived or real, elicit tangible fear. A lurching heart, breaking out in a cold sweat, gasping for breath and trembling are all physical manifestations of fright, which, when rebranded as a physiological stress response, does little to dilute the agonising constellation of acute sympathetic sensations. These protective mechanisms are meant to restore homeostasis, and yet survival mode, which urges some to fight, some to flee, and some to freeze and shrink back, is by design, deeply distressing. Fear of a pandemic is a thing.¹ It transpires that a pandemic of fear is also.

The global COVID-19 disaster has gripped the world. It has our attention. We – healthcare professionals and lay people alike – have become experts on the SARS-CoV-2 virus, where it originated, how quickly it is spread, aerosols versus droplets, spike protein mutations, incubation periods, COVID-19 symptoms, viral loads, antibody responses, poor prognostic signs, gold standard and other diagnostics, social distancing, quarantining and shielding, respiratory and hand hygiene, PPE and face mask comparisons, case fatality rates, public health statistics, contact tracing, clinical trial phases, promising treatments and vaccines. This scholarship gives us a measure of control. The edginess of the unknown can be reduced to scientific fact. What is there to fear?

But it is not called a COVID threat for nothing. Deep down we know, sometimes first hand, what the SARS-CoV-2 virus is capable of. Danger is lurking. Our physical, emotional, spiritual and financial wellbeing are at risk. No one is immune, possibly not even those who have recovered from the illness.² We may actually die, maybe not from, but with this virus. Alone. The virus is a formidable foe (Anthony Fauci).³ It is therefore appropriate and normal – and dare one say sane? – to feel afraid, anxious and overwhelmed, among a wide range of other emotional reactions to the pandemic.

COVID anxiety may be exacerbated by stay-at-home regulations, although for those whose primitive default setting is to flee or freeze, hunkering down or battenning down the hatches may offer transient comfort while weathering the storm.⁴ For those who prefer to fight, however, being trapped in a nationwide lockdown may cause acute panic or aggravate feelings of dread. Intense irritability and restlessness of cabin fever may result from prolonged isolation and confinement, and these feelings may be

accompanied by lethargy, depression, difficulty concentrating, decreased motivation, impatience, food cravings, difficulty waking, frequent napping and hopelessness. How do we cope? Where do we find equanimity? How do we accept that which we cannot change without navigating the other stages of grief? In order to build stress resilience, we are urged to get out of the house, spend time outdoors, nurture social connections virtually, exercise, eat healthy meals, set goals, use our brains, get creative, carve out some “me-time” for mindfulness, deep breathing and relaxation exercises, express gratitude and stick to our brave new daily routines and structure as much as possible.⁵ After all, modulated change gives us a fighting chance of adapting to our revised circumstances and of growing while nature recalibrates. Importantly, social distancing should not be interpreted as social isolation, and yet many are secluded, disconnected and scared of amongst others, the virus, poverty, food insecurity, homelessness, authority and abuse.

Coronaphobia is not rare.⁶ Fear has gripped the world.⁷⁻¹⁰ This may be powered by an infodemic of misinformation, fake news and cybercrime, made possible by our incredible technological capacity, news and social media platforms. Most have easy access to obscene amounts of information, visible at every turn.¹¹ There is a flurry of COVID-related cyberchondria (when Google turns your headache into a brain tumour) associated with escalating online searches. Anxiety may also be disguised as resentment and fury; heroes and victims may quickly become persecutors in the unfolding drama.^{12,13} The cracks are starting to show. People with a history of mental illness are being triggered.⁴ However, it is not only those with a previous anxiety disorder who are susceptible. Older or immunocompromised people aware of their increased mortality risk, as well as those close to them who may fear for them and feel helpless to protect them, children and frontline healthcare professionals may be particularly vulnerable to this heightened anxiety.¹⁴

This begs the question: When does the physiological become pathological? Relentless stress responses that engage the hypothalamic-pituitary-adrenal (HPA) axis, autonomic nervous system, cardiovascular, immune and metabolic systems, recruiting stress-related and other hormones, neurotransmitters and cytokines, may precipitate lengthy anxiety and related disorders such as generalised anxiety, panic, obsessive compulsive, illness-related and post-traumatic stress. These are all rooted in fear, demanding hyper vigilance and avoidance of potentially “dangerous” situations. Ironically this adaptive protection becomes counterproductive, severely distressing

and disabling.¹⁵ It appears that frontline healthcare workers are most at risk of not only being infected, but also of burnout, anxiety, fear of transmitting the virus, PTSD, depression and increased alcohol use.^{8,16} Fear and helplessness may peak when the COVID-19 outbreak peaks. Taking back control and flattening the fear curve may necessitate embracing proper mental health support and treatment.¹⁶ Anxiety disorders should be treated holistically. In the meantime, we can choose to do our best to protect ourselves and others, to live in the present, day by day, moment by moment, often on the knife's edge of uncertainty, and to remind ourselves that this too shall pass.

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