

Is Covid-19 Making Everybody Crazy? Black Box Warnings about the Virus and Mental Health

by Paula J. Caplan, Ph.D.

The covid pandemic has provided a golden opportunity for some psychotherapists, Big Pharma-funded entities, and others, who have sounded an alarm, claiming that massive numbers of people are "mentally ill" because of fears of the virus and reactions to social distancing. <https://www.washingtonpost.com/health/2020/05/04/mental-health-coronavirus/> Media producers have promoted these warnings during May, which was deemed Mental Health Awareness Month. A recent *Washington Post* article headlined "A third of Americans now show signs of clinical anxiety or depression, Census Bureau finds amid coronavirus pandemic" made that claim. And in a recent *New York Times* article, psychologist Andrew Solomon, reporting data that nearly half of respondents said the pandemic harmed their "mental health," shockingly equated this with mental *illness* becoming "universal reality." <https://www.nytimes.com/2020/04/09/opinion/sunday/coronavirus-depression-anxiety.html>

In a June 5 press release, the American Psychiatric Association (APA), a lobby group for psychiatrists, reported an increase in psychiatric disorders during the pandemic that it based on an anonymous, online screening tool. Screening tools that allegedly tell the test-taker whether they have a "mental illness," including this Mental Health America (MHA) tool (<https://screening.mhanational.org/screening-tools>), are usually based on a list of feelings and difficulties that most people feel sometimes, and the cutoff points they give for when you should seek professional help are not scientifically based. This tool includes instructions to take their Depression test if you are feeling overwhelming sadness. Do we really want to call overwhelming sadness in response to the isolation, fear, and unknown future occasioned by the pandemic a mental illness? They say to take their Anxiety test if worry and fear are affecting your daily functioning. Who these days doesn't worry whether their mask is adequate, whether they have washed their hands enough times and in hot enough water, whether to stay away from a beloved, elderly relative for fear of communicating the virus and thus increase their loneliness or go see them, wearing mask and gloves and staying six feet apart but still worrying because we might find out later that six feet of distance was *not* enough?

Such claims promise a vast expansion of the market for therapists, but such claims carry great potential for harm, adding to the burdens of people with upsetting but understandable, deeply human feelings by informing them they have psychiatric disorders. Anyone having upsetting feelings deserves love, help, understanding, and support, whether from family and friends or, if they choose, from clergy or therapists. But people also deserve to know about the dangers of classifying all upset as mental illness.

There are two common meanings of the term "black box," and both apply here. One meaning comes from the Food and Drug Administration's black box warnings to alert potential consumers to a product's dangers, and as applied here, people should be warned not to rush to call their upset "mental illness."

When people are struggling, suffering, or responding in unusual ways, they frequently fear their feelings mean they are "mentally ill," that they should be "doing better" than they are. One of the most helpful things that therapists can do is to let them know that their feelings are deeply human reactions, not signs of illness.

A hard look at four facts makes it clear that caution is warranted before pathologizing reactions to the current pandemic:

- (1) Little is known about covid19 or how to protect oneself from it, and its effects can be fatal, so feeling confused, frightened -- even terrified, powerless, and helpless should not be classified as psychiatric disorders but rather as a normal and understandable reaction to extremely unusual events.
- (2) As poet Heather McHugh observes, in our daily lives under ordinary circumstances, we tend to avoid "our fundamental terror at our own deaths," but the pandemic's massive concentration of so many deaths at once, and the fact that our own death is now more likely to be imminent, "makes the burden of the knowledge of mortality weigh" heavily on us. McHugh cites Audre Lorde's poem, "'A Litany for Survival," which ends with the line "we were never meant to survive." Suddenly to be confronted with something so terrifying for many people that they usually drive it out of awareness is a shock and disorienting in its own way: The fleeing doesn't work as well now, so how to begin finding other ways to cope with our mortality?
- (3) Physical isolation from others interrupts the participation in community that is proven to be healing; but social distancing and stay-at-home policies drastically reduce participation in community. Connections via zoom calls have skyrocketed and can be helpful but have drawbacks (https://www.wsj.com/articles/why-does-zoom-exhaust-you-science-has-an-answer-11590600269?mod=trending_now_pos4). Many include numerous participants, which can inhibit deep conversations about feelings and creation/maintaining of meaningful relationships. Further, there is some strain involved in monitoring who is speaking and when to jump in, and it requires extra energy to remember to stay within camera range, monitor when to mute and unmute oneself, and project enough to be heard. No zoom call can replace human touch, which promotes security, happiness, and belonging. Being unable to hug a loved one without fear of unknowingly transmitting or getting the virus seriously interferes when we want to see people with whom we do not live -- grandparents, elderly parents, grandchildren, friends, neighbors.
- (4) Many people are grappling with increased loneliness, alarm about losing jobs and work identity, new financial crises, and child or spousal abuse. Asians and Asian Americans have been targets of discrimination and abuse because of claims that covid19 originated in China. Many African Americans and Latinx people and people in nursing homes, prisons, and psychiatric hospitals know that their risk of getting the virus is higher than that of others, compounding fear, suffering, and anger about the reasons for the increased risk. Upset due to any of these causes should not be called mental illnesses. The same applies to frontline healthcare and other essential workers and people who have suddenly had to provide constant care for family of all ages and education for offspring or those grieving loved ones' deaths. As with military veterans traumatized by war, or victims of all forms of oppression and violence, the *last* thing such people need is to be told their reactions are proof that they are psychiatrically disordered; the message that they should be "coping better" only adds to their burden.

No wonder so many people are feeling upset!

People who are suffering emotionally from the effects of covid19 deserve help, but it must be real help, such as lifting their economic burdens, protecting them from violence, and increasing community support, including all of us showing we are willing to listen to what they are going through and acknowledging how common these struggles are. Importantly, we must let them know that their suffering does not warrant classifying them as mentally ill. (as psychiatrist

Dainius Puras, Special UN Rapporteur,
notes: https://www.madinamerica.com/2020/05/bringing-human-rights-mental-health-care-interview-dainius-puras/?mc_cid=8671bca0f9&mc_eid=adf82dfbd5)

An increasingly pervasive pattern is the leaping to recommend "therapy" or "mental health services" when attention is drawn to human suffering. This relates to the older meaning of "black box" as something whose inputs and outputs can be viewed but whose internal workings are unknown. The terms "therapy" and "services" are black boxes, so vague that they can include the entire range of good and bad therapists and approaches. Often, well-meaning friends and family, and certainly legislators, feel they have done their bit by sending someone to therapy or voting to increase funding for such services without ensuring that the therapists are caring and effective or that the services actually help. Some therapists are terrific, and some approaches classified as "mental health services" help some people, but some therapists cause harm. Likewise, psychiatric drugs sometimes help but very often harm

(https://www.amazon.com/Anatomy-Epidemic-Bullets-Psychiatric-Astonishing-ebook/dp/B0036S4EGE/ref=sr_1_1?crd=1SBVG3CIMIF8Y&dchild=1&keywords=anatomy+of+an+epidemic&qid=1590278551&srefix=Anatomy+of+an+epidemic%2Caps%2C123&sr=8-1), and their use has skyrocketed early in the pandemic (<https://rxisk.org/starship-corona-captains-log/>, https://www.wsj.com/articles/more-people-are-taking-drugs-for-anxiety-and-insomnia-and-doctors-are-worried-11590411600?mod=hp_lista_pos1, <https://www.fdanews.com/articles/print/197425-drugmakers-report-zoloft-shortage-amid-covid-19>), perhaps due to people assuming they would need them, but has now declined to around pre-pandemic levels

<https://www.nytimes.com/2020/06/21/health/coronavirus-mental-health-anxiety.html>. Other approaches can cause harm, and some services actually increase suicides. Furthermore, as soon as a person is diagnosed as "mentally ill," their own focus and that of professionals tend to veer sharply away from nonpathologizing, low-risk and no-risk approaches that are known to be effective. More than two dozen of the latter, such as involvement in the arts, physical exercise, meditation, having a service animal, doing volunteer work, and having a listener, can be seen at <http://www.youtube.com/playlist?list=PL51E99E866B9D735E> (these are from a conference about veterans but can be helpful for anyone) (see also <https://www.nytimes.com/2020/05/27/well/move/coronavirus-exercise-stress-mental-health-depression-mood-resilience.html?action=click&module=RelatedLinks&pgtype=Article>). But entities like the APA do not tend to mention such approaches but only focus on therapy and drugs, and the MHA screening tool they cite urges people to see a mental health professional.

Lauren Tenney, Ph.D., a psychologist with expertise in trauma and human rights violations, says that "emotional responses people are having to the unnatural and traumatic circumstances created by the pandemic are not signs of supposed 'mental illness.'" She stresses that people who are "experiencing a range of emotions outside of their comfort zone ought to see these emotional upheavals as par for the course and attempt to embrace the depths of feelings social isolation can create." She urges those who are suffering: "Actively work to connect with others who are having similar experiences" and suggests that "People should be supported in finding resiliency in the face of environmental adversities."

Even Google is getting into the act, partnering with the National Alliance on Mental Illness (NAMI) to post an "anxiety self-assessment" tool. The announcement of the partnership included description of NAMI, which is heavily funded by Big Pharma (<https://www.centerforhealthjournalism.org/2014/10/15/discredited-patient-group-fights-mental-illness>, <https://www.motherjones.com/politics/1999/11/prozacorg/>), as a "grassroots" organization and uses a tool that is based directly on a psychiatrized description of anxiety and is titled with a

psychiatric disorder's name. Furthermore, they will "provide access to resources" – there's that black-box word again, "resources," developed by NAMI.

A major source of confusion is that when the terms "mental health problems" or "mental health conditions" (<https://www.who.int/news-room/detail/14-05-2020-substantial-investment-needed-to-avert-mental-health-crisis>) are used — instead of, for instance, "emotional upset" or "suffering" — it is very often taken to mean "mental illness." As a result, media reports of increases in which understandable reactions to the pandemic are described as "mental health problems" are easily assumed to indicate increases in psychiatric disorders. Compounding the confusion is that psychiatric disorders are widely – but wrongly – assumed to be scientifically validated entities, so in the face of claims of increases in mental illness, rarely is the basic question, "But isn't 'mental illness' defined unscientifically and by whoever has the power to define it?" Instead, the assumption is made that it's clear what "mental illnesses" are and that they are rising.

One example is a recent warning that the pandemic will increase "postpartum depression" and "perinatal mood and anxiety disorders" <https://www.nytimes.com/2020/05/27/parenting/coronavirus-postpartum-depression-anxiety.html>. The author, a psychiatrist, comes nowhere near to questioning the validity of these categories and simply alleges that they are partly neurobiologically caused, and she pathologizes expectant mothers' totally reasonable fears the pandemic provokes, despite acknowledging that social supports (harder to get in the covid era) are crucial to preventing what would more properly be called postpartum isolation, fearfulness, and sadness rather than psychiatric disorders.

Curiously, the World Health Organization's Director-General Dr. Tedros Adhanom Ghebreyesus warns that the "pandemic is highlighting the need to urgently increase investment in services for mental health or risk a massive increase in mental health conditions in the coming months," despite noting that pandemic factors like "social isolation, fear of contagion, and loss of family members is [sic] compounded by the distress caused by loss of income and often employment." <https://www.who.int/news-room/detail/14-05-2020-substantial-investment-needed-to-avert-mental-health-crisis>

The psychiatrizing of America has been so efficacious that many professionals and laypeople readily assume the traditional mental health system can and should solve all emotional problems. Evidence of the limitations of that system include high and increasing rates of suicide and death and high and increasing rates of long-term disability of people treated in that system. Good therapists – and laypeople – can help normalize feelings and explore useful ways to cope. But therapy must not be seen as the only option or as the one that will definitely help. What has been proven helpful to suffering people has included freedom from economic pressures, poverty, violence, oppression, and inadequate physical health care; a safe place to live; and meaningful human connections. Even the authors of a recent *British Medical Journal* article warning of a "tsunami" of "mental health cases" (https://www.bmj.com/content/369/bmj.m1994?=&utm_source=adestra&utm_medium=email&utm_campaign=usage&utm_content=daily&utm_term=text) note that the people most at risk are those with "precarious livelihoods" and "poorest health," and fortunately, some groups are assuring people that their upset is understandable in light of the strange, new, massively and abruptly changed circumstances and being torn from their usual communities and sources of support (<https://www.nytimes.com/2020/05/27/us/coronavirus-college-mental-health.html>).

Controlled studies of approaches aimed to reduce emotional suffering are nearly impossible to create, but an interesting contrast of the effects traditional, pathologizing approach and those of nonpathologizing ones is reported in a recent article about two neighboring Ohio regions. Although more information is needed from similar contrasts, the report from these two is of interest. https://www.ashlandsource.com/thrive/mental-health-services-in-ohio-prepare-for-their-own-surge-of-new-clients/article_80a2556a-238d-5c7a-a68d-621425a247cc.html#utm_source=ashlandsource.com&utm_campaign=%2Fnewsletters%2Flists%2Fheadlines%2F%3F-dc%3D1588158012&utm_medium=email&utm_content=headline The Richland County Mental Health Board, which has encouraged the traditional use of counseling and crisis hotlines, reports a recent increase in suicides. Nearby, Ashland Mental Health and Recovery Board executive director Steve Stone, whose Board advocates nonpathologizing approaches, or what he calls “self-care” and “natural support systems,” reports that their crisis services have not increased and in some respects have slightly decreased, and there have been no suicides and no increase in new people seeking help. He cited peer support programs as crucial to keeping their numbers low, including a sewing group, in which community members made hundreds of face masks, and a writing group that will write letters to patients in state hospitals during the pandemic. Stone is quoted as saying that they rely very little on state hospital and inpatient programs, and he “thinks the need for professional mental health services will remain low based on common sense approaches of people taking care of themselves as well as each other.”

It will add to the tragedies caused by the current pandemic if all hope is focused on the mental health system and is diverted from the many things that reduce suffering and that do so without calling all suffering mental illness.