



We're all germaphobes and agoraphobes now: The way back



I got a call from my hairdresser today. Because New York City officially enters “phase 2” this week, haircuts can resume—with social distancing, masks and disinfectant precautions. I felt like I’d just won the lottery!

And that’s as it should be. Recently, in Missouri, two hairdressers tested positive for COVID-19. Because records are scrupulously kept in hair salons, it was a simple matter to contact trace all 140 clients who were exposed to them. The good news: Not one of them contracted the coronavirus! A vindication for observing sensible social distancing and hygiene guidelines as some places begin to graduate from sheltering-in-place.

As the lockdown unwinds in some states, there remains uncertainty over whether it’s prudent to resume normalcy. Could there be a second wave, even worse than the first, like the 1918 flu pandemic? Or is the virus petering out, and precautions proving adequate to stem its propagation? Not to mention the economic toll that continued sequestration is causing. Are we being overly cautious, or reckless? Nobody really knows yet.

Nevertheless, we’re emerging. And that leaves the majority of us fearful of germs and scared to go to public places—by design. In less troubled times, we’d label

these attitudes pathologic. They conform to psychiatric diagnoses—germaphobia and agoraphobia.

Note that features of germaphobia include “associated decontamination rituals such as compulsive handwashing, washing and cleaning compulsions, and avoidance of potential contaminants.” Hallmarks of agoraphobia include “Fear of crowds or waiting in line, enclosed spaces, such as movie theaters, elevators or small stores, and using public transportation, such as a bus, plane or train”. These normally crippling phobias have become normalized.

Stories like these don’t help: “Couples Should Wear Face Mask During Sex, New Study Suggests” in an online publication with the sensible moniker *Wellness Captain* (June 10, 2020). The article is based on a review in the *Annals of Internal Medicine* entitled “Sexual Health in the SARS-CoV-2 Era”.

Wellness Captain writes: “According to the new study, couples can prevent the spread of the coronavirus if they take certain precaution measures in the bedroom, before, during and after having intercourse. The main one would be wearing face masks and avoid kissing each other.”

They also advise showering immediately after sex.

Only if you scroll down or bother to read the initial study can you ascertain that these precautions extend only to people *who have not been quarantining together!*

The “ick factor” will be hard to eradicate. In an article in *Psychology Today*, one of my recent *Intelligent Medicine* guests, Dr. Austin Perlmutter writes about “How Negative News Distorts Our Thinking”:

“Watch, read, or listen to the news, and you’re likely to come away believing that the world is rapidly descending into disaster and chaos . . . Exposure to consistent, sensationalized pessimism and negativity has become the norm for those keeping up with the news.”

Humans are prone to “negativity bias”. It’s a basic survival mechanism reinforced by natural selection. It helped us to avoid danger across millennia. But this hardwired brain reaction is difficult to extinguish, even when peril abates and it’s safe to resume normalcy.

Additionally, there’s a media bias toward negative, emotionally-charged information. This has accelerated in an age of readily-available social media where posts are monetized based on clicks. One study revealed that headlines with negative, fear-inducing implications generate 30% more engagement than positive headlines.

Another factor that accentuates pervasive fear is the inherent negativity bias of medicine. We doctors are taught to play the “rule-out” game: A headache is not deemed an ordinary tension headache unless dire possibilities—a cerebral aneurysm, temporal arteritis, brain cancer, dangerously high blood pressure—are ruled out. If we simply dismiss the headache and send the patient home, the penalties can be steep: a missed diagnosis can spawn a malpractice suit, loss of hospital privileges, even delicensure.

I believe the same negativity bias has characterized the medical establishment’s reaction to COVID-19. Not that well over 100,000 deaths isn’t a catastrophe. But it’s in our DNA as physicians to advocate for precautions to avert disease, and to anticipate the worst consequences. And thus, “modeling” of the pandemic has resulted in some curves that seem wildly exaggerated when mapped over the data as it

happened. Early on, politicians justified their decisions about lockdown as “We’re just listening to the doctors and health authorities”, who naturally might have prioritized medical concerns over the economic and societal ramifications of the lockdown.

How to unwind?

We’ll need to look to the lessons of psychiatry in dealing with obsessive compulsive disorders (OCD) to reverse the widespread inordinate fear of germs and going out in public as the pandemic (hopefully) recedes.

That may mean prescribing a media “diet” for those obsessively combing news stories for evidence of new outbreaks and scary but unproven new ways the virus can spread.

It also might entail borrowing from cognitive behavioral therapy (CBT) to provide a reality check and to avert “catastrophizing”. Another tactic used to combat phobias is “exposure therapy”—gradual progressive reacclimation to the feared environment. This can even be facilitated with new tools at our disposal, like virtual reality simulations.

Finally, since anxiety states propagate phobias in an ever-escalating vicious cycle, we need a wide-reaching program of mental hygiene. Diet, exercise, and relaxation training should be the mainstays of such an initiative—we’ve talked at length about natural measures for curbing depression and anxiety, including the selective use of supplements—with medication as a last resort, perhaps just as a temporary bridge toward recovery. Reconnecting with nature and repairing our social connections should be prioritized as lockdown strictures relax.

This does not mean abandoning prudent measures where warranted—like wearing masks, handwashing, social distancing, testing, and contact tracing.

And finally, it’s going to require responsible leadership from our politicians, our medical authorities, our journalists, even our clergy, to inspire us to transcend our fears. It’s time to begin healing.