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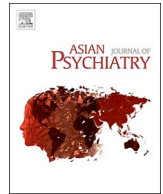
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Coronaphobia and chronophobia – A psychiatric perspective



Covid-19, reported as of December 2019, is affecting thus far, at time of writing this report (March, 2020) around 200 countries, with more than 1.500.000 cases and circa 20 % mortality rate. Although the psychiatric sequelae of Covid-19 have not been yet systematically studied, it is very likely that a terrified experience of such a drastic viral pandemic, coupled with sense of uncertainty and with the dissemination of lots of misinformation through social media, would take its tremendous toll on mental health of those doomed to be afflicted with illness, household contacts and those witnessed this exceptional moment (Xiang et al., 2020).

Psychiatric ramifications of Covid-19 can range from issues with adjustment/coping, exacerbation/relapse of underlying psychiatric diagnoses, to inciting de novo psychiatric disorders. Many factors seem at play. Viral infection might be directly at core of etiopathogenesis of psychiatric syndromes and this has long been demonstrated in schizophrenia (Kneeland and Fatemi, 2013). Experience of quarantine, self-isolation, lockdown, economic crunch and so forth can act as proximal events/allostatic load in genetically predisposed vulnerable population or in mentally ill patients.

Psychiatric fallouts include, inter alia, anxiety-packed reactions normally accompanying shuttered basic assumptions (regarding personal invulnerability, viewing selves in positive light, perceiving world as wholesome and meaningful, etc) when failing to be assimilated into pre-existing experience. This may take form of panic attacks with dread of losing control or impending doom and getting home-bound, thanatophobia- dread of death, hypochondriasis- morbid preoccupation of getting infected with COVID-19 at first sneeze, flare-up of OCD regarding contamination with ablutomania- compulsive washing or else needlessly compulsive hoarding of groceries, just to name a few. A hysterical contagion (mass hysteria) then sets in. Chronophobia- dread of passing time is a common experience for those in quarantine; a neurotic fear of time typically described in prison neurosis where duration and immensity of time is utterly terrifying to prisoner and

passage of time throws him into a panic. At a later stage, people become phlegmatic automatons who live by the 'clock'- wondering when the 14-day isolation is over, when curfew is over, and most importantly when this hardship is over. ICU psychosis and deliria are well-known for those deteriorating cases mandating ventilatory support and monitoring. Some might cope, in maladaptive way, only by resorting to alcohol and substance use. When it is over, those severely traumatized might suffer PTSD with flashbacks and nightmares as if reliving experience at slightest reminder. Enduring personality changes might also ensue.

Psychotic breakthrough symptoms in schizophrenics as media 'conspiracy' explanations tend to fuel persecutory delusions as do loss of freedom, sensory deprivation, and ego-fragmentation for those on self-quarantine. Some might go further and sense it as 'Armageddon', 'Day of Final Judgement', and 'End of World' with nihilistic delusions (Cotard syndrome) and enosimania of committing unpardonable sins deserving punishment on top of MDD. Contrariwise, some would seek refuge in spirituality with sebastomania, unio mystica, and 'oceanic feelings' of bipolarity.

Suicidality as a release or relief from 'incurable illness'- coronaphobia or a feeling of bleak and barren future might be an ultimate tragedy. Sorely, COVID-19-related suicides have been recently reported from India.

All this underscores the pivotal role psychiatrist can play in this crisis. Besides addressing these psychiatric matters formally, psychiatrists do have a societal obligation. They are in fact in a unique position to offer a balanced perspective to improve the knowledge, attitude and practices about the illness as well as addressing the generalized anxiety and apprehension. (Banerjee, 2020)

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Authors declare no conflict of interests in the past 36 months. No financial or nonfinancial benefits have been received or will be received from any party related directly or indirectly to the subject of this article.

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