Depressive Realism and Functional Fear:
An Alternative Perspective on Psychological Distress During the COVID-19 Pandemic

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I n the wake of the global outbreak of coronavirus disease 2019 (COVID-19) caused by a novel β-coronavirus (severe acute respiratory syndrome coronavirus 2), a significant amount of research has been devoted to estimating the psychological impact of this pandemic. Studies[1,2] have reported high rates of symptoms of anxiety and depression, both in the general population and in specific groups such as health care workers who are at a higher risk of experiencing psychological distress.[3] Rates of 23% to 45% have been reported for anxiety symptoms and 20% to 23% for depressive symptoms.[1–3] Such figures have rightfully caused consternation among mental health professionals and policy makers, some of whom have already described the emerging situation as a public mental health crisis.[4] With no intention of minimizing the seriousness of these concerns, there are a number of alternative points of view that merit consideration when addressing an issue of this magnitude and complexity.

The first has to do with the assumption of a linear relationship between the impact of the COVID-19 pandemic and adverse mental health outcomes, which is implicit in the existing literature and more particularly in the statistical methods it has employed. While such a model appears intuitively obvious, it may not always be accurate when confounding variables are taken into account. For example, an analysis of the association between economic status and depressive symptoms found that this relationship was linear in men but nonlinear (an inverted U-shaped curve) in women.[5] Similarly, although religious involvement is often thought to be a protective factor against depression, a more fine-grained analysis has demonstrated that this relationship is also nonlinear (in this case, a U-shaped curve).[6] In this context, research on the frequency of symptoms of depression and anxiety during the COVID-19 pandemic should be studied more carefully and subsequent data tested for relationships

beyond a simple linear correlation. Furthermore, any such findings should be viewed in the light of disaster psychiatry literature, which suggests that communities pass through a number of stages of collective psychological change as they adapt to adverse circumstances.[7]

The second point of view has to do with the distinction between symptoms of depression and anxiety and syndromal diagnoses of anxiety disorders or depression—a distinction that is sometimes blurred even in published reports.[1] The reported frequencies of these symptoms are several orders of magnitude higher that the estimated prevalences of the corresponding syndromal disorders, which are around 4.4% for depression and 3.6% for anxiety disorders.[8] While these higher reported rates may partly reflect the accuracy of the screening instruments used,[9] another possibility that merits consideration in this specific context is that these subsyndromal symptoms may represent adaptive responses in some cases. From an evolutionary perspective, anxiety-like responses prepare an organism to address environmental threats in general.[10] Certain obsessive-compulsive–like responses may play a specific role in defense against infectious pathogens,[11] and depression-like changes in mood and behavior may protect both individuals and their kin from infection, improve the chances of recovery in infected individuals,[12] and allow for more realistic appraisals of challenging situations, sometimes termed *depressive realism*.[13] In line with these hypotheses, it has been observed that fear of COVID-19 was significantly associated with positive behavioral changes such as social distancing and adherence to hygiene measures, a phenomenon that the researchers referred to as *functional fear*,[14] while reduced worry was associated with a lesser likelihood of engaging in behaviors aimed at minimizing the risk of COVID-19 infection.[15] Viewed from this perspective, a crucial question is how to distinguish between adaptive and maladaptive anxiety-like (or even depression-like) symptoms and what specific vulnerability and resilience factors operate in either case.

The third perspective, based on a different explanatory model for depression, postulates that depressive symptoms play a role analogous to physical pain, protecting the individual from social adversity instead of tissue damage.[16] In cases of severe social adversity, this defensive response may reach the level of syndromal or major depression, which has the added function of acting as a "cry for help."[16] Such a model is of particular relevance in the context of the COVID-19 pandemic, wherein the direct risks

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associated with infection are compounded by social and economic disruptions, including social isolation, worsening of preexisting economic disparities, and an elevated risk of specific forms of chronic and severe adversity, such as unemployment or domestic violence.[17–19] In such cases, it can be argued that mental health care alone is insufficient to achieve remission from depression unless it is accompanied by attempts to ameliorate the adverse psychosocial circumstances that are maintaining the disorder.[16]

In summary, attempts to quantify psychological distress during the COVID-19 crisis are a necessary step toward planning and implementing mental health care; however, such quantitative data must be interpreted critically, keeping in mind the complex relationship between environmental circumstances and mental health, the possibly adaptive function of some forms of psychological distress, and the need to alleviate social and economic hardship in parallel with the delivery of psychological or pharmacologic interventions. Such an approach could enhance the quality and real-world applicability of future research, lead to a better understanding of the line that separates adaptive from pathological psychological responses, and, more importantly, lead to optimized strategies for the prevention and management of psychological distress as the COVID-19 pandemic continues to run its course.

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