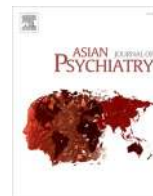




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## Letter to the Editor



## The role of psychiatrists in addressing COVID-19 conspiracy theories

As Tandon (2020) mentions in a previous editorial for the *Asian Journal of Psychiatry*, this journal is strongly committed to publishing research on the COVID-19 pandemic, and thus, the editor invited authors to reflect on this issue. In such a manner, I believe the role of conspiracy mongering and its implications on mental health ought to be explored.

The etiology of COVID-19 has not so far been well-established. It has been posited that it developed from bat origin coronaviruses that may have been harbored in a wet market of Wuhan, China (Rothan and Byrareddy, 2020).

Yet, that has not stopped conspiracy theories from emerging. Some of these conspiracy theories have political overtones. In the United States, some people have accused Chinese scientists of engineering COVID-19 in labs as a bioweapon; in China, some people have accused the US of importing COVID-19 to Wuhan, in the context of international military games in August 2019. Some other non-political conspiracy theories are also increasingly popular. It is claimed that 5 G networks accelerate the spread of the virus. Bill Gates is also frequently blamed for deliberately spreading the virus, so as to make money selling the vaccine.

These rumors are of great concern to public health officials. If the wider public does not accept the conventional explanation for the origin of COVID-19, then it will be more difficult for healthcare workers to persuade people to accept treatment and prevention options. COVID-19 has now become yet another medical conspiracy theory, and as Andrade (2020) shows, medical conspiracy theories are detrimental to public health efforts. In order for the public to comply with principles of treatment and prevention, physicians and healthcare workers must be trusted. However, if medical conspiracy theories are rampant, the implementation of public health policies becomes more difficult, because people are unlikely to comply, given their mistrust.

Psychiatrists have a significant role to play in addressing the spread of conspiracy theories regarding COVID-19. In order to eradicate such conspiratorial thinking, we ought to understand where it comes from. In the same manner that psychiatrists must recur to an accurate diagnosis for adequate treatment, psychiatrists can now use their diagnostic concepts in order to determine the comorbidity of conspiratorial thinking with particular psychopathologies, and on the basis of that knowledge, some concrete public health policies can be proposed.

Research has established that people who are prone to accept conspiracy theories are predisposed to suffer from Paranoid Personality Disorder (Darwin et al., 2011). In this disorder, patients have a generalized mistrust of others, they may be hypersensitive, feel easily insulted, and are constantly on the watch for what others may do to them. Additionally, they are eager observers, seeking for patterns that most of the time are in-existent.

These features are clearly present in all the versions of conspiracy theories regarding COVID-19. People with paranoid ideation are

unlikely to accept that a virus that has turned so devastating, is simply a natural phenomenon. People with paranoid personalities are far more likely to believe the world is an evil place, and therefore, any catastrophe as big as the current pandemic, had to be designed by evil people.

Studies have also established a correlation between proneness to believe conspiracy theories, and prevalence of Schizotypal Personality Disorder (Cichocka et al., 2016). In this disorder, patients feel unease relating to others and keeping close relationships; likewise, a frequently observed feature is odd behaviors (particularly related to dress modes) and magical thinking.

Some conspiracy theories relate to the magical realm, by invoking the intervention of beings such as aliens, vampires, fairies, etc. In the context of COVID-19 conspiracy theories, such entities have not been typically invoked. Yet, conspiracy theories about COVID-19 nevertheless preserve schizotypal ideation, to the extent that such theories are deeply irrational, and engage with some measure of magical thinking. People with Schizotypal Personality Disorder are frequently uninterested in meaningful social relationships, but they tend to compensate that by having a rich inner mental life; in this endeavor, they may fantasize with conspiracy theories, and ultimately come to believe them very strongly.

Narcissist Personality Disorder is another diagnosis that researchers have correlated with proneness to accept conspiracy theories (Golec de Zavala and Federico, 2018). In this disorder, patients have exaggerated feelings of self-importance, and require an excessive need for admiration, usually to the point of lacking empathy towards other people. This makes it more likely that, whenever such patients get infected with COVID-19, their sense of self-aggrandizement compels them to believe that, given their importance to the world, such misfortune could not be a mere accidental feature of the natural world, but rather, it had to be an attack by some sinister cabal.

Now, it is important for psychiatrists to keep in mind that ideation about conspiracy theories is not necessarily pathological. Research has shown that paranoid traits (on which conspiracy theories ultimately rely) exist on a continuum in the general population (Bebbington et al., 2013); the same can be said of schizotypy and narcissism. Consequently, people with no particular diagnosed psychopathologies can and do believe in conspiracy theories.

However, if those three mental disorders (Paranoid Personality Disorder, Schizotypal Personality Disorder, Narcissistic Personality Disorder) have higher levels of prevalence in any given population, then it is more likely that conspiracy theories will more easily spread in that particular population. People who accept already circulating conspiracy theories are not necessarily pathological, but people who come up with such theories in the first place, are more likely to suffer from mental disorders.

Therefore, even if belief in conspiracy theories about COVID-19 is

not necessarily pathological, one effective way of (at least partially) eradicating such beliefs is by contributing to a more robust public mental health. During the current pandemic, and as a result of the effects of enforced quarantine, stress levels have been particularly high. Consequently, psychiatrists have been requested to address this. Yet, psychiatrists must not leave aside that, in the current context, their specialty is crucial, not only to treat patients who may be suffering depression and anxiety as a result of the current state of affairs, but also to provide coping techniques to patients with particular personality disorders. By so doing, these patients will be less inclined to accept conspiracy theories about COVID-19, and such ideas will circulate less in society.

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I declare no conflict of interest

### Declaration of Competing Interest

The authors report no declarations of interest.

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### References

- Andrade, G., 2020. Medical conspiracy theories: cognitive science and implications for ethics. *Med. Health Care Philo.* 1–14.
- Bebbington, P., McBride, O., Steel, C., Kuipers, E., Radovanic, M., Brugha, T., Jenkins, R., Meltzer, H., Freeman, D., 2013. The structure of paranoia in the general population. *Br. J. Psychiatry* 202, 419–427.
- Cichočka, A., Marchlewska, M., Golec de Zavala, A., Olechowski, M., 2016. “They will not control us”: in-group positivity and belief in intergroup conspiracies. *Br. J. Psychol.* 107, 556–576.
- Darwin, H., Neave, N., Holmes, J., 2011. Belief in conspiracy theories: the role of paranormal belief, paranoid ideation and schizotypy. *Personality Individual Differences* 50, 1289–1293.
- Golec de Zavala, A., Federico, C.M., 2018. Collective narcissism and the growth of conspiracy thinking over the course of the 2016 United States presidential election: a longitudinal analysis. *Eur. J. Soc. Psychol.* 48 (7), 1011–1018.
- Rothan, H.A., Byrareddy, S.N., 2020. The epidemiology and pathogenesis of coronavirus disease (COVID-19) outbreak. *J. Autoimmun.* 2020, 102433.
- Tandon, R., 2020. COVID-19 and mental health: preserving humanity, maintaining sanity, and promoting health. *Asian J. Psychiatry*, 102256.

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