

## LETTERS TO THE EDITORS

# Increased risk-taking behavior during the COVID-19 pandemic: psychological underpinnings and implications

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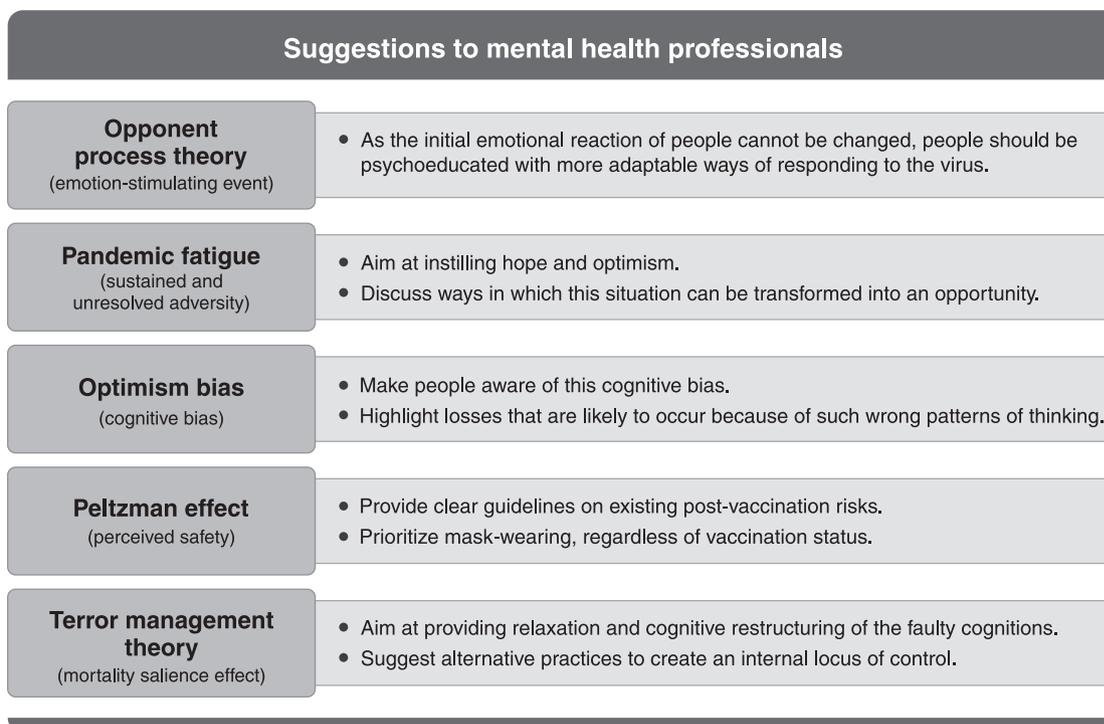


The coronavirus disease 2019 (COVID-19) pandemic spread fear, angst, and uncertainty in both the public domain and the healthcare sector.<sup>1</sup> However, as the fight against the pandemic has entered its second year, the public has become less fearful of the virus, which manifests through risk-taking behaviors, including neglect of safety measures and low adherence to COVID-19 mitigation strategies.<sup>2</sup> Some underlying psychological factors and reasons for these behavioral changes are highlighted below:

- The opponent process theory of emotion contends that, when people are repeatedly exposed to an emo-

tion-stimulating event, their initial affective reactions are automatically opposed by mechanisms in the central nervous system to create stronger opposite affective reactions.<sup>3</sup> This is evident in the case of the COVID-19 pandemic. When the World Health Organization (WHO) declared the COVID-19 outbreak as a pandemic in January 2020, the initial affective reaction of fear/panic was predominant. Consequently, high adherence to virus mitigation strategies was observed. This is supported by a review of 3,163 articles which shows that one of the biggest predictors of adherence to mitigation and safety practices is fear of contracting the virus and its repercussions.<sup>4</sup> As a result of constant exposure to this emotion-stimulating event, the opposite affective reaction of risk-taking behavior has emerged.

- Pandemic fatigue is another reaction to such sustained and unresolved adversities that is characterized by feelings of hopelessness and distress. Continued and repeated exposure to safety measures, fueled by the uncertainty regarding the end of the pandemic, desensitizes people. This motivates them to forgo recommendations and restrictions imposed to contain the spread of the virus, leading to increased risk-taking behavior.
- Optimism bias is the tendency of people to underestimate the chances for a negative event to occur and overestimate the chances for the occurrence of a positive event. Although optimism seems to be a good attribute to have during the pandemic, optimism bias can be dangerous. In the context of the current situation, people with this cognitive bias tend



**Figure 1** Suggestions for mental health professionals to counteract increased risk-taking behavior.

to neglect COVID-19 safety protocols and underestimate the possibility of getting infected by the virus.

- The Peltzman effect can be used to explain the increased risk-taking of people post vaccination. According to this theory, when safety measures are mandated, people develop a tendency to engage in risky behaviors and make more unsafe decisions. The perceived safety brought by vaccination makes people forgo all other safety measures such as mask-wearing, social distancing, and hygiene, thereby making them more susceptible to infection.
- The terror management theory suggests that people experience anxiety and fear when they become aware of the inevitability of death. This mortality salience spread as COVID-19 cases and the death rates increased. To reduce this anxiety, people engage in compensatory hedonic behaviors to gain a sense of control.<sup>5</sup> Risk-taking can be considered as a self-indulgent behavior that results in the development of an internal locus of control over death due to COVID-19.

Mental health professionals should consider these factors while providing psychological intervention. Some suggestions for efficient management of the possible negative effects of increased risk-taking behavior are given in Figure 1. This will ensure that global and national efforts to combat the spread of the virus will not go in vain.

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## Disclosure

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# Translation and validation of the Structured Interview for Prodromal Syndromes (SIPS) to Portuguese

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In the past three decades, there has been increasing interest in the study of the ultra-high risk state for psychosis (UHR).<sup>1</sup> Originally proposed as "at-risk mental state" by Yung et al.,<sup>2</sup> this state represents wide and heterogeneous modifications of an individual's perception and/or behavior which can precede full-blown psychotic episodes, with some studies showing a transition rate of 18% after 6 months and 36% after 3 years.<sup>1</sup>

This prodrome can be separated into three major syndromes:<sup>2</sup> attenuated positive symptoms syndrome, brief intermittent psychotic symptoms syndrome, and genetic risk and deterioration syndrome. Many instruments have been developed to assess these phenomena. One such instrument, the Structured Interview for Prodromal Syndromes (SIPS), has been used for more than 17 years, with good indicators of its reliability and validity.<sup>3</sup>

The SIPS is a structured interview that diagnoses and measure the severity of the UHR state.<sup>4</sup> It consists of the Scale of Psychosis-Risk Symptoms (SOPS), a 19-item scale subdivided into four domains (positive, negative, disorganization, general); the Schizotypal Personality Disorder Criteria; the Global Assessment of Functioning Scale; a family history questionnaire; and two operational definitions – the Criteria of Prodromal Syndromes and Presence of Psychotic Syndrome – used for determining the three prodromal syndromes and a full-blown psychosis, respectively.

This letter provides a brief overview of the process of translation and cross-cultural validation of the SIPS for Brazilian Portuguese. Five bilingual researchers specialized in psychosis translated the original questionnaire from English to Portuguese. Then, two independent bilingual researchers proficient in English did the back-translation. The back-translated version was reviewed and given final approval by Prof. Scott W. Woods and Prof. Barbara Walsh, who first developed the original SIPS. The final Portuguese version of the scale was applied to 24 UHR subjects (recruited for the ongoing Subclinical Symptoms and Psychosis Prodrome Project<sup>5</sup>) and to 10 individuals with schizophrenia (inpatients from the Institute of Psychiatry, Universidade de São Paulo).

We then sought to verify if the Portuguese version of the SOPS would be able to differentiate between the UHR and schizophrenia groups with statistical significance.