

INDIVIDUAL PSYCHOLOGICAL SECURITY IN THE POST-ISOLATION PERIOD AS A SCIENTIFIC RESEARCH SUBJECT

SEGURIDAD PSICOLÓGICA INDIVIDUAL EN EL PERÍODO POSTERIOR AL AISLAMIENTO COMO SUJETO DE INVESTIGACIÓN CIENTÍFICA

N.A. Stadulskaya¹ *; E.I. Finogenko² ; G.M. Aglyamova³ ; E.N. Morozova⁴ ; I.V. Galaktionov⁵ 

1. Pyatigorsk State University, Russia. stadul@mail.ru

2. Irkutsk National Research Technical University, Irkutsk, Russia. elena-fin@yandex.ru

3. Naberezhnye Chelny Institute of Kazan (Volga Region) Federal University, Russia. gulnaz-kgu@mail.ru

4. Tyumen State University, Russia. maxfriz@mail.ru

5. Pacific State University, Russia. igor.galaktionov.63@mail.ru

*corresponding author: Stadulskaya N.A. email: stadul@mail.ru

ABSTRACT

The psychological security of a person is an indicator of a person who is psychologically healthy and able to cope with social, pandemic, informational, psychological, and other threats. The sudden spread of a new type of coronavirus infection, COVID-19, since December 2019 has significantly destabilized society. This study aims to investigate and analyze individual psychological security as a scientific research subject in the post-isolation period. To fulfill that aim, a range of scientific methods are employed, including analysis and synthesis of scientific content on the issues under study, sociometry method, summary, and grouping of statistical observation materials. Given the results, it can be concluded that the swift spreading of mass hysteria and panic resulting from COVID-19 has been characterized by constant psychological issues in public, consisting of a decline in the level of psychological safety. That factor seems to be associated with the coping strategies adopted, the level of conscious awareness, socio-demographic variables, people's habits, and how an individual utilizes media and interprets information.

Keywords: psychological safety; personality; post-isolation period; COVID-19; psychosocial impacts.

Revista de Investigaciones Universidad del Quindío,
34(S3), 265-276; 2022.

ISSN: 1794-631X e-ISSN: 2500-5782

Esta obra está bajo una licencia Creative Commons Atribución-
NoComercial-SinDerivadas 4.0 Internacional.



RESUMEN

La seguridad psicológica de una persona es un indicador de una persona psicológicamente sana y capaz de hacer frente a las amenazas sociales, pandémicas, informativas, psicológicas y de otro tipo. La repentina propagación de un nuevo tipo de infección por coronavirus, COVID-19, desde diciembre de 2019 ha desestabilizado significativamente a la sociedad. Este estudio tiene como objetivo investigar y analizar la seguridad psicológica individual como tema de investigación científica en el período posterior al aislamiento. Para cumplir con ese objetivo, se emplean una variedad de métodos científicos, que incluyen análisis y síntesis de contenido científico sobre los temas en estudio, método de sociometría, resumen y agrupación de materiales de observación estadística. Dados los resultados, se puede concluir que la rápida propagación de la histeria colectiva y el pánico resultante de la COVID-19 se ha caracterizado por constantes problemas psicológicos en público, que consisten en una disminución del nivel de seguridad psicológica. Ese factor parece estar asociado con las estrategias de afrontamiento adoptadas, el nivel de conciencia, las variables sociodemográficas, los hábitos de las personas y cómo un individuo utiliza los medios e interpreta la información.

Palabras clave: seguridad psicológica; personalidad; post-aislamiento; COVID-19; impactos psicosociales.

INTRODUCTION

The Coronavirus pandemic has exerted an extremely negative psychological and social impact on the world's population. Modern international scientific studies demonstrate a negative effect on the psychological well-being of the most vulnerable groups, including students, children, women, pensioners and medical workers, who most often develop post-traumatic stress disorder (PTSD), anxiety, depression and symptoms during the post-isolation period. distress (Saladino et al., 2020).

The threat of SARS-Cov-2 infection has had a destructive effect on people's interpersonal relationships and their empathy towards others (Saladino et al., 2020)., as it was emphasized by Saladino et al. (2020). As a result, there has been an substantial attention toward measuring social and social anxiety in order to provide psychological support to the population and stabilize the psychological safety of society (Alvarez et al., 2020).

Psychological safety, according to Edmondson and Lei (2014), characterizes people's perception of the consequences of taking interpersonal risks in a certain context, for example, in the workplace, in the family, in the company of friends, etc. Scientific research interprets psychological safety as the most important factor in understanding such phenomena as opinion, collective work, group learning and organizational activity. Previously, a growing body of conceptual and empirical works on this issue was concentrated upon comprehending the essence of the psychological security of the individual, identifying the factors that contribute to it, and studying its consequences for individuals, teams and organizations, while at present the issue has acquired a macro-social level.

Based on the concept by Baeva (2019), the definitions of «psychological well-being» and «psychological safety» are synonymous. However, Aminova (2020) emphasize the signs of non-compliance of these definitions, «since the first has the semantic weight of comfort and pleasure, and the second - the

absence of danger and threats».

In solidarity with the studies by Saladino et al. (2020), prolonged stress can provoke anxiety, depression, inability to manage traumatic and negative emotions, thereby reducing the level of psychological security of the individual (Aminova, 2020). In addition, the constant fear of infection affects daily life and leads to social isolation (Saladino et al., 2020), changing human relations and destructively affecting personal psychological safety, as uncontrolled for a person and medicine creates a potential threat and danger.

The outbreak of coronavirus infection, declared on January 30, 2020 by the World Health Organization (WHO) as an international public health emergency, has significantly increased the level of anxiety and stress among people around the world, thereby reducing «a sense of security, self-confidence and assertiveness» (Dubey, 2020). Since the disease, which was first reported in China in December 2019 (Lai et al., 2020) and in February 2022 continues to actively spread across the continents, seriously affecting all countries of Europe, America and Asia, a serious threat to the psychological security of the individual in the post-isolation period has appeared.

Along with high contagiousness and lethality, the coronavirus infection of 2019 (COVID-19) has caused a widespread psychosocial impact, provoking mass hysteria, economic collapse and financial losses. The mass fear of COVID-19, called «corona-phobia», has given rise to many psychiatric manifestations in different sectors of society» (Dubey, 2020).

The psychological consequences of infection and quarantine were not limited to the fear of contracting the virus (Barbisch et al., 2015). There were elements associated with the pandemic that affected the population to a greater extent, such as separation from loved ones, loss of freedom, uncertainty about the etiology of the disease and a sense of helplessness in front of it (Cao et al., 2020; Li & Wang, 2020). According to the results of international longitudinal studies, scientists concluded that these trends were «associated with a combination of mental stress due to the pandemic and the physical consequences of coronavirus: in some people, COVID-19 caused neurological problems that also affected the psyche» (Lomakina, 2021).

MATERIALS AND METHODS

This article used methods such as analysis and synthesis of scientific content on the issues under study, sociometry method, summary and grouping of statistical observation materials.

RESULTS AND DISCUSSION

In April 2021, a survey was conducted to determine the percentage of people experiencing symptoms of post-traumatic stress during and after the lockdown, n=1656.

Table 1. Psychological destabilization during and after quarantine

| SYMPTOM | NUMBER OF PEOPLE DURING LOCKDOWN | NUMBER OF PEOPLE AFTER LOCKDOWN |
|---------|----------------------------------|---------------------------------|
| ANXIETY | 116 (7%) | 50 (3%) |
| ANGER | 282 (17%) | 99 (5,9%) |

| SYMPTOM | NUMBER OF PEOPLE DURING LOCKDOWN | NUMBER OF PEOPLE AFTER LOCKDOWN |
|---------|----------------------------------|---------------------------------|
| FEAR | 784 (47,3%) | 381 (23%) |
| APATHY | 368 (23,3%) | 83 (5%) |
| STUPOR | 240 (14,4%) | 133 (8%) |

Given table 1, the disease itself, which triggered coercive COVID-19-focused quarantine measures implemented in the form of nationwide lockdowns, has caused acute panic, anxiety, obsessive-compulsive disorder, paranoia, depression, PTSD, and hoarding among the general population in the long term (in the situation with COVID-19: pathological hoarding of food, toilet paper, medicines, etc.) (Dubey et al., 2020; Saladino et al., 2020; Li & Wang, 2020).

This phenomenon was determined mainly by the spread of the «info-demic» (Dubey et al., 2020; Lomakina, 2021), which is an informational mass distribution of fake and unreliable news from various social networking platforms and instant messengers. According to the concept by Yu.P. Zinchenko (2021), interest in information about the pandemic, from a psychological point of view, was due to the desire of people for personal security.

A survey was also conducted on the fears experienced by recipients subject to info-demic, n=1656.

During the conversation, it was found that the survey participants independently came to the conclusion that these stress factors, which entail a potential threat to the psychological safety of the individual, were determined directly by an overabundance of negative information received from various sources (mass media, communication with friends and relatives, etc.).

Namely, the propensity for info-demic was associated with the mental implementation of an intellectual-practical model for ensuring (controlling) personal psychological security, which, in turn, correlates with the structural-cognitive composition of the individual's interest in expanding one's own competence about the coronavirus infection COVID-19.

Table 2. Main stressors during the lockdown.

| STRESSORS | NUMBER OF PEOPLE DURING THE LOCKDOWN | NUMBER OF PEOPLE AFTER LOCKDOWN |
|---|--------------------------------------|---------------------------------|
| FEAR OF COVID-19 | 480 (29%) | 414 (25%) |
| FEAR OF INSUFFICIENT SUPPLY OF ESSENTIAL GOODS (FOOD, MEDICINE, CLOTHING, MEDICAL SERVICES, ETC.) | 1159 (70%) | 563 (34%) |
| FEAR OF INSUFFICIENT SUPPLY OF ESSENTIAL GOODS (FOOD, MEDICINE, CLOTHING, MEDICAL SERVICES, ETC.) | 497 (30%) | 497 (30%) |
| INADEQUATE INFORMATION (INTIMIDATION, FORCING THE SITUATION FROM VARIOUS INFORMATION SOURCES) | 1157 (70%) | 376 (22,7%) |
| BAD EXPERIENCE (THE PERSON AND/OR THEIR RELATIVES/RELATIVES HAVE BEEN ILL WITH COVID-19) | 578 (34,9%) | 199 (12%) |

Based on Table 2, in order to stabilize their own psycho-emotional well-being, as well as for the sake of the psychological safety of relatives and friends, people sought to study information content in order to:

- a. Minimize the risk of getting sick;
- b. An adequate assessment of the epidemiological situation in the country and around the world;
- c. Understanding the etiology and timing of the end of the pandemic, etc.

Thus, according to the «info-demic», having information, he begins to control the situation, thereby contributing, in his opinion, to increasing the level of his own psychological security and the security of his family and loved ones.

According to Oxford University analysis conducted in 2020 among 70 million people who recovered from COVID-19, whose medical records were examined for mental disorders, a decrease in the level of psychological safety was recorded in 18% of people (i.e., more than 12.5 million patients). In 5.8% of people (i.e., more than 40 million patients), mental disorders were diagnosed for the first time (Lomakina, 2021) (see Fig. 1).

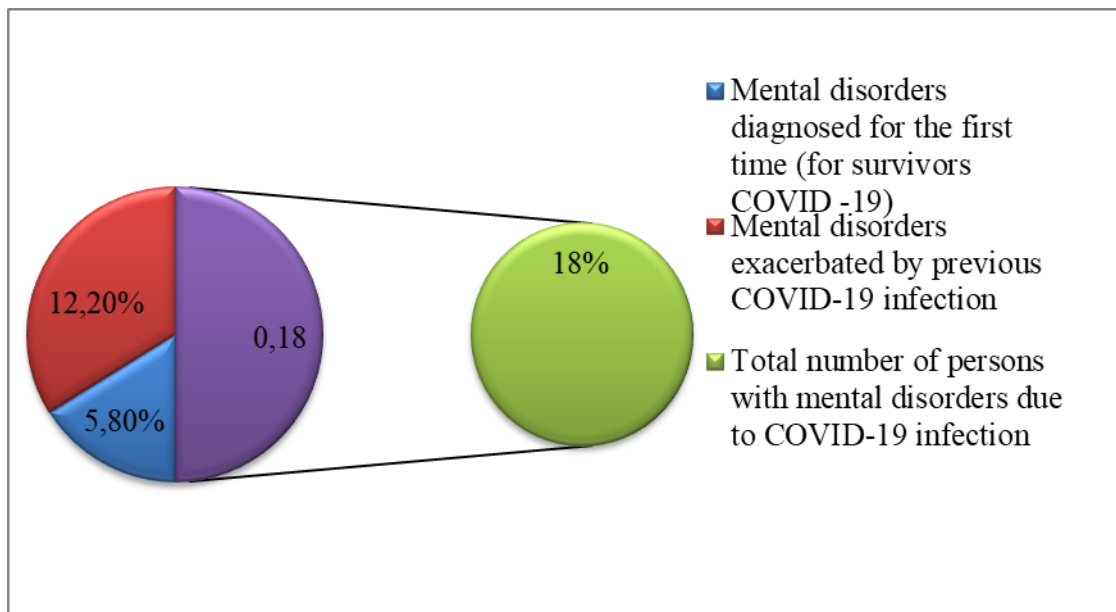


Figure 1. Persons recovering from COVID-19 with psychological consequences of infection and quarantine

Firstly, this phenomenon is due to the fact that some segments of the population are a priori more at risk of anxiety, depressive and post-traumatic symptoms than other people, because they are more sensitive to stress.

Secondly, COVID-19 itself, by damaging nerve fibers, negatively affects the physical state of the nervous system of a person who has recovered from it, which subsequently provokes pathological mental states (Lomakina, 2021).

The destabilization of the psycho-emotional state of people in the post-isolation period is determined by such subjective factors as «a blocked need for security; a sense of social and psychological isolation as a consequence of physical distancing; fears of infection and death» (Ovchinnikova, 2021).

Among the objective reasons, it is necessary to single out the macro-social level of the threat to psychological security, namely: in the context of the problem of global security (Dubey et al., 2020).

At the same time, «modern socio-epidemiological challenges have led to a crisis of life values, unfavorable conditions have arisen that provoke a threat to the psychological safety of the individual. COVID-threats, forced humanity to self-isolate and socially distance themselves, changed interpersonal relationships and led to the transformation of people's psychological resources that ensure successful socialization and socio-psychological adaptation» (Aminova, 2020).

California scientists C.A. Figueroa and A. Aguilera (2020) also note that interdisciplinary studies conducted in the United States, Canada, Russia and Europe have demonstrated an increase in symptoms of depression and anxiety in the population associated with COVID-19 problems during the post-lockdown period (Figueroa and Aguilera, 2020).

Relatively high rates of symptoms of post-COVID mental disorders and distress were recorded during the COVID-19 pandemic among the population of China, Spain, Italy, Iran, the USA, Turkey, Nepal and Denmark (Zanardo et al., 2020) (see figure 2):

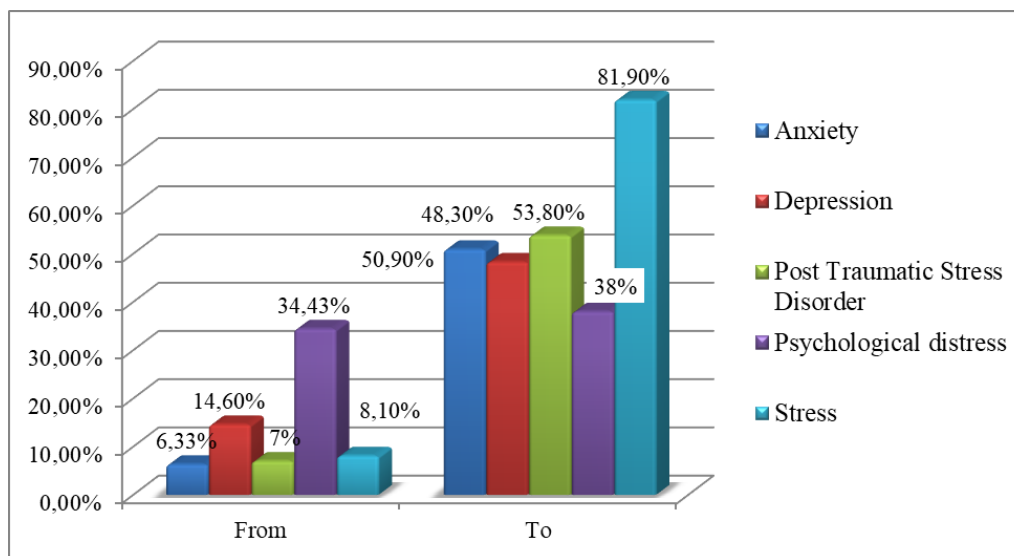


Figure 2. Indicators of symptoms of post-covid psychological disorders

Global measures to combat COVID-19 have also significantly disrupted the way of life of minors, which caused a number of mental disorders: an increase in depressive symptoms in children and adolescents (mainly caused by massive school closures and social distancing) (Dubey et al., 2020).

In solidarity with such researchers as Dubey et al. (2020), Orgilés et al. (2020), Saladino et al. (2020), it was determined that children, adolescents and students were most at risk of developing post-isolation anxiety symptoms (Orgilés et al., 2020).

According to an analytical study that involved 1143 families from Italy and Spain – «the two main centers of the COVID-19 epidemic in Europe», where the population was most susceptible to infection with coronavirus – parents noted the following symptoms observed during isolation and post-isolation periods in their children aged 3 to 18 years (see Fig. 3):

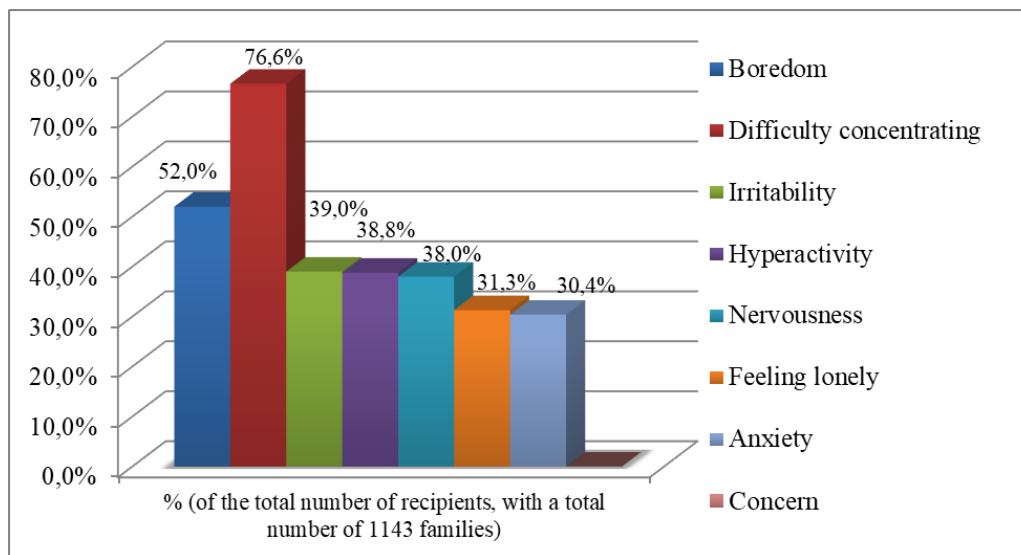


Figure 3. Percentage of children from 3 to 18 years old

(subject to the negative impact of the pandemic on their personal psychological safety)

When comparing the two groups of recipients, it turned out that the children of Italians were more likely to suffer from PTSD, in contrast to the Spaniards. Namely, if in April 2020 in Spain it was recorded that every 16th person fell ill, then in Spain in the same period every tenth inhabitant of the country suffered from the coronavirus. Thus, the problem of personal psychological safety of this group of recipients, as well as other persons suffering from psychoneurotic disorders in the post-COVID period, was characterized by a meso-social level of security threat, i.e., a decrease in the psychological safety of the individual in the local habitat (Dubey et al., 2020).

Also, a survey among young people was conducted in China: the sample of respondents consisted of students of higher educational institutions. Cao al. (2020) concluded that the level of anxiety of recipients is determined by such protective factors as location in urban areas, material well-being of the family and cohabitation with parents (Garcia-Castrillo et al., 2020). At the same time, the symptoms of anxiety-panic disorders were aggravated if relatives or acquaintances became infected with COVID-19. Financial problems and decreased academic activity also correlated with anxiety disorders (Edmondson and Lei, 2014).

In addition, an online survey of Chinese adults showed that higher education students were more likely to experience stress, anxiety, and depression than other people during and after the lockdown (Passavanti et al. , 2021; Sukhov, 2002). In addition to young people, women often suffered from anxiety, depression and distress (Ovchinnikova, 2021; Sukhov, 2002; Zanardo et al., 2020). Women under the age of 40 were often at risk from coronavirus, predominantly suffering from chronic / psychiatric illnesses, unemployment, as well as students and individuals who are often exposed to social networks / news related to COVID-19 (Zanardo et al., 2020).

In particular, one of the segments of the population that was highly susceptible to stress was medical workers (Lai et al., 2020; Mikhalkin, 2012; Sukhov, 2002). Namely, healthcare workers actively fighting the coronavirus infection were systematically at greater risk of contracting SARS-Cov-2, which at the time of the outbreak of the pandemic (December 2019) was not known in the scientific

world. Due to this factor, the virus had to be studied from scratch, absolutely, as well as the methods of its treatment, distribution, as well as the physiological and psychological consequences after the illness (Baeva, 2019). Accordingly, a very large psychological burden and a huge responsibility for saving humanity from the spread of COVID-19 were imposed on medicine - employees of medical institutions were forced to work overtime for several months without the opportunity to see relatives and friends (due to the high contagiousness of the virus) (Barbisch et al., 2015).

Thus, medical personnel experienced negative psychological consequences in the form of emotional burnout, anxiety, fear of infection transmission, feelings of inadequacy, depression, increased dependence on psychoactive substances and PTSD (Dubey et al., 2020), which provoked a number of problems with their psychological safety.

The severity of the above disorders significantly depended on gender, type of outdoor activities, features of the homes affected by distress / stress (an apartment or a private house with a plot where a person could be in the fresh air and take a walk), the possible presence of infected acquaintances, the time devoted to finding relevant information (in the news and social networks), the type of information source and, in part, the level of education and income (Passavanti et al., 2021).

In addition to the increased distress and stress of children, youth and healthcare workers caused by the spread of COVID-19, outbreaks of racism, stigmatization and xenophobia against certain nationalities have been frequently reported (Belyaeva, 2013). A great threat to the psychological (sometimes even physical) security (of an entire nation) has come from the public condemnation of China, through whose fault, as some people believe, COVID-19 began to spread around the world (Dubey et al., 2020).

The stigmatization affected both the whole country (the People’s Republic of China) and Chinese communities located all over the world, as well as individuals living separately. At the same time, in addition to hanging social labels directly on the Chinese themselves, the majority of people with an Asian type of face (Koreans, Japanese, Mongols, Kazakhs, etc.) who met incompetent persons outside the territory of Asian states began to be stigmatized (Cao et al., 2020).

Such persecution began to persecute people also in the post-isolation period, which significantly damaged their personal psychological security. As emphasized by Dubey et al. (2020), the post-isolation period became characterized by such stigmatizing factors as fear of isolation, racism, discrimination and marginalization with all its social and economic consequences.

Based on the survey (n=552), patients, due to outbreaks of racism, stigmatization and xenophobia against them, suffered from the following psychological problems (Table 3):

Table 3. Psychological safety of the individual.

| SYMPTOM | NUMBER OF PEOPLE DURING LOCKDOWN | NUMBER OF PEOPLE AFTER LOCKDOWN |
|----------------|---|--|
| ANXIETY | 232 (42%) | 77 (14%) |
| INSOMNIA | 221 (40%) | 74 (13%) |
| DEPRESSION | 171 (31%) | 59 (10%) |

| SYMPTOM | NUMBER OF PEOPLE DURING LOCKDOWN | NUMBER OF PEOPLE AFTER LOCKDOWN |
|---------------------------|----------------------------------|---------------------------------|
| PTSD | 155 (28%) | 52 (9%) |
| CLOUDING OF CONSCIOUSNESS | 44 (8%) | 15 (2%) |

Thus, the above problems have reduced the level of psychological safety of people who are considered potentially dangerous to incompetent persons (because, in their opinion, it is infected with a coronavirus) and / or have an «Asian type of face». Due to threats to the physical and / or psychological health of the designated group, the discriminated people were not able to return to study and / or work, or visit the places where they began to be persecuted (Clark, 2019). While psychological safety, according to Kim et al. (2020) is, first of all, a condition in which a person:

- a. Inclusion Safety – feels included in active life (Depoux, 2020). According to the concept of T. Clark (2019), the safety of inclusion satisfies the basic human need for communication and social interaction (Clark, 2019) (at work, study, in cultural centers, etc.);
- b. Learner Safety – learning/working in a safe environment (Kim et al., 2020): this allows a person to feel safe when they participate in all aspects of the learning / work process by asking questions, giving and receiving feedback, experimenting and even making mistakes (Ovchinnikova, 2021).
- c. Contributor Safety - contributes to success (Orgilés et al., 2020): this phenomenon satisfies the basic human need to contribute and make a difference, since he has a natural desire to apply what has learned in order to make a meaningful contribution somewhere (Clark, 2019);
- d. Challenger Safety - able to defend against the challenges facing him without fear of being embarrassed, marginalized or punished in any way (Clark, 2019; Kim et al., 2020).

Thus, the psychological security of the individual is a prerequisite for adaptive, innovative activity, which is necessary in today’s rapidly changing environment (substantially affected by the COVID-19 outbreak) at the individual, team and organizational levels.

The following is a diagram of the destructing of the psychological security of the individual in the post-isolation period (see Fig. 4):

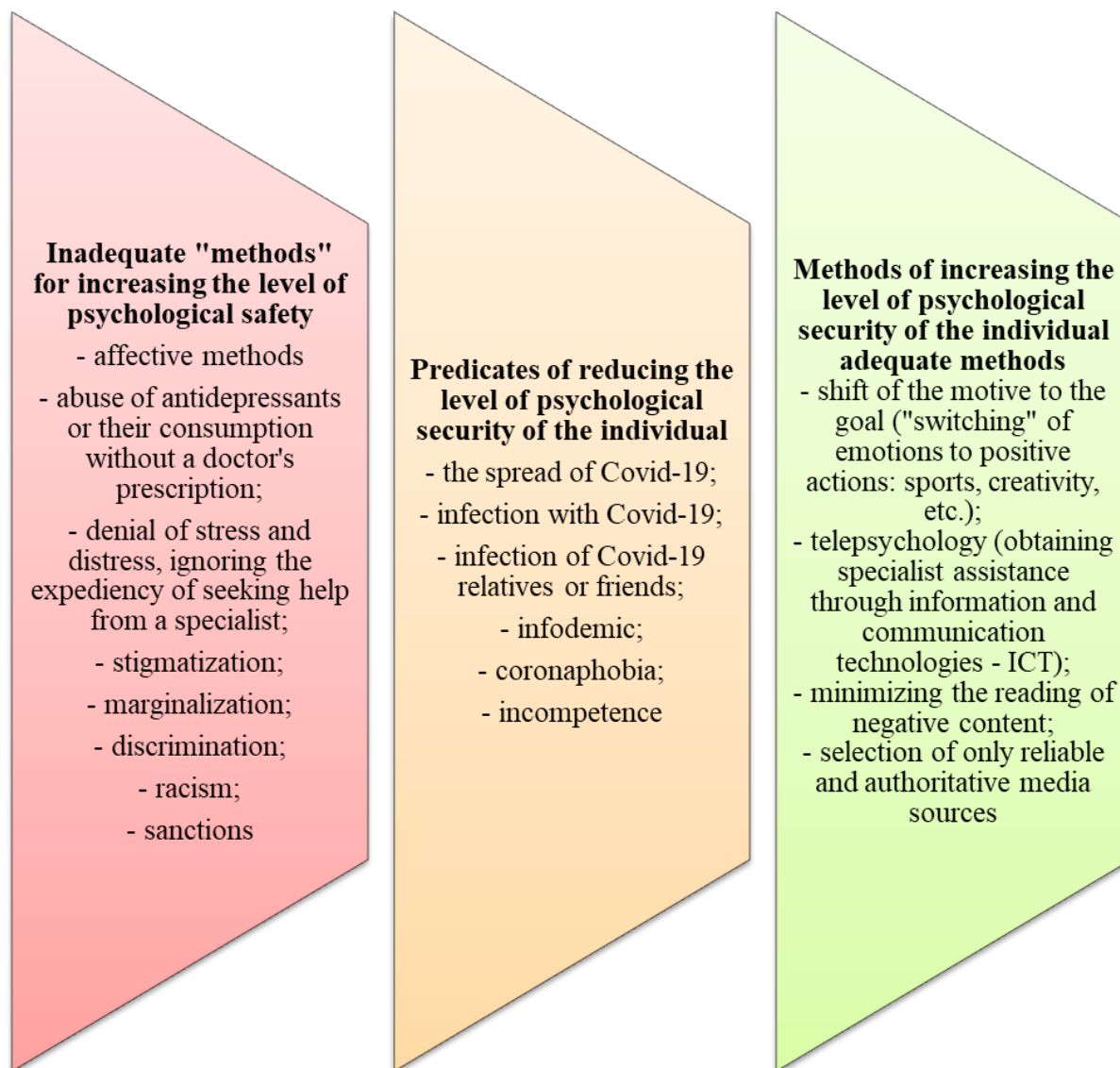


Figure 4. Problems of psychological security of the individual in the post-isolation period

Due to the priority determination of maintaining one’s own health and minimizing the risk of getting sick, including in order to maintain personal psychological safety, in many countries people committed crimes against supposedly infected persons who, according to criminals, could be potentially dangerous to human health (Dubey et al., 2020).

Thus, the global pandemic has negatively affected the well-being of people and, as a result, their psychological safety, which is exacerbated by socio-economic problems: the aggravated financial situation of the population has reduced the level of psychological well-being.

Accordingly, the detrimental effect of psychosomatic and psychological disorders can destruct the psychological security of an individual for a long time: longer than the virus itself (Depoux, 2020).

It should be emphasized that the security of the individual - especially the security of the individual in the socio-psychological context, which is in conglomeration with the psychological security of society and the state, as in the situation with the massive spread of the coronavirus infection COVID-19 – «is

a system of relationships, a set of conditions and factors that ensure achievement of common goals, values, interests» (Mikhalkin, 2012).

According to the above figure 4, it is obvious that there are adequate and effective methods of dealing with distress and / or stress that contribute to an increase in the level of psychological safety. Accordingly, the issue of psychological security of the individual should be addressed at the state level in correlation with the elimination of the causes of the increase in symptoms of depression and anxiety in the population as a whole (Belyaeva, 2013).

At the same time, persons suffering from stress or distress caused by the spread of coronavirus should also take measures to increase their own psychological safety, since, according to the concept by A.N. Sukhova (2002), «you cannot reduce your security system only to passive safety, for example, to protection. Security should involve activity, response, taking into account the state of the object of influence from the side of the threat» (Sukhov, 2002).

In addition, psychological security can affect behavioral outcomes and is interrelated with labor efficiency (Kim et al., 2020), which is especially important in the post-lockdown period, when countries need to restore production and the economy, trying to return to the old rhythm of life.

CONCLUSION

The active spread of severe acute respiratory syndrome coronavirus infection (SARS-Cov-2 or COVID-19) provoked a number of unprecedented measures to combat the pandemic, which had a negative impact on the psychological safety of society, thereby increasing the frequency of depressive symptoms in people, as during the lockdown and in the post-isolation period.

The info-demic, which provoked corona-phobia and other mental disorders, contributed to a significant decrease in the level of psychological security of the individual. Adverse psychosomatic outcomes among the majority of the population have increased significantly both because of the pandemic itself and because of the constant flow of easily accessible (often inaccurate) information and incendiary news content broadcast through online social networking services and instant messengers in almost all formats. As a result, the rapidly spreading mass hysteria and panic caused by COVID-19 has become characterized by constant psychological problems in the public, consisting in a decrease in the level of psychological safety. This factor appears to be related to the coping strategies adopted, the level of conscious awareness, socio-demographic variables, people's habits and how an individual uses media and interprets information.

Stigmatization, xenophobia, marginalization, racism and corona-phobia causing distress posed the greatest threat to the psychological security of the individual in the post-isolation period.

REFERENCES

- Alvarez, F. E., Argente, D., & Lipsi, F. (2020). A simple planning problem for covid-19 lockdown (No. w26981). National Bureau of Economic Research. 14, 1-33.
- Aminova, D.K. (2020). Valuable meanings of security categories in the psychosomatic field of Dagestanis

- during the COVID-19 threat period. *International Journal of Medicine and Psychology*. 2020. 3(5), 34-42.
- Baeva, I.A. (2019). Psychological safety - a resource of psychological well-being and human development in the educational environment and the social world. In the collection: Psychological and socio-pedagogical aspects of the safety of the educational environment, a collection of materials of the interregional scientific and practical conference with international participation, 21, 6-9.
- Barbisch, D., Koenig, K. L., & Shih, F. Y. (2015). Is there a case for quarantine? Perspectives from SARS to Ebola. *Disaster medicine and public health preparedness*, 9(5), 547-553.
- Belyaeva, P.I. (2013). Psychological safety of the personality of a younger student in the educational environment of the school: dis. ... candidate of psychological sciences: 19.00.07. Veliky Novgorod, 200-238
- Cao, W., Fang, Z., Hou, G., Han, M., Xu, X., Dong, J., & Zheng, J. (2020). The psychological impact of the COVID-19 epidemic on college students in China. *Psychiatry research*, 287, 112934.
- Clark T.R. The 4 Stages of Psychological Safety. Posted on November 17, 2019. URL: <http://adigaskell.org/2019/11/17/the-4-stages-of-psychological-safety/> (access date: 02.26. 2022).
- Depoux, A., Martin, S., Karafillakis, E., Preet, R., Wilder-Smith, A., & Larson, H. (2020). The pandemic of social media panic travels faster than the COVID-19 outbreak. *Journal of travel medicine*, 27(3), taaa031.
- Dubey, S., Biswas, P., Ghosh, R., Chatterjee, S., Dubey, M. J., Chatterjee, S., ... & Lavie, C. J. (2020). Psychosocial impact of COVID-19. *Diabetes & Metabolic Syndrome: clinical research & reviews*, 14(5), 779-788.
- Edmondson, A. C., & Lei, Z. (2014). Psychological safety: The history, renaissance, and future of an interpersonal construct. *Annual review of organizational psychology and organizational behavior*, 1(1), 23-43.
- Figueroa, C. A., & Aguilera, A. (2020). The need for a mental health technology revolution in the COVID-19 pandemic. *Frontiers in Psychiatry*, 11, 523.
- García-Castrillo, L., Petrino, R., Leach, R., Dodt, C., Behringer, W., Khoury, A., & Sabbe, M. (2020). European Society For Emergency Medicine position paper on emergency medical systems' response to COVID-19. *European Journal of Emergency Medicine*. 27,, 174-177.
- Kim, S., Lee, H., & Connerton, T. P. (2020). How psychological safety affects team performance: mediating role of efficacy and learning behavior. *Frontiers in psychology*, 11, 1581.
- Lai, C. C., Shih, T. P., Ko, W. C., Tang, H. J., & Hsueh, P. R. (2020). Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) and coronavirus disease-2019 (COVID-19): The epidemic and the challenges. *International journal of antimicrobial agents*, 55(3), 105924.
- Li, L. Z., & Wang, S. (2020). Prevalence and predictors of general psychiatric disorders and loneliness during COVID-19 in the United Kingdom. *Psychiatry research*, 291, 113267.
- Lomakina Ya. (2021). COVID-depression: whether people began to suffer from mental disorders more often. RBC. Article from 02.02.2021 URL: <https://trends.rbc.ru/trends/social/6018289f9a7947ead2f348f8> (access date: 25.02.2022).
- Mikhalkin N.V. (2012). *Social psychology*. Textbook. Moscow. 230-255.
- Orgilés, M., Morales, A., Delvecchio, E., Mazzeschi, C., & Espada, J. P. (2020). Immediate psychological effects of the COVID-19 quarantine in youth from Italy and Spain. *Frontiers in psychology*, 2986.
- Ovchinnikova, L.A.(2021). Analysis of psychological aspects of distance learning for students of the Pedagogical Institute. *International Journal of Medicine and Psychology*. 3, 30 - 36.
- Passavanti, M., Argentieri, A., Barbieri, D. M., Lou, B., Wijayarathna, K., Mirhosseini, A. S. F., ... & Ho, C. H. (2021). The psychological impact of COVID-19 and restrictive measures in the world. *Journal of affective disorders*, 283, 36-51.
- Saladino, V., Algeri, D., & Auriemma, V. (2020). The psychological and social impact of Covid-19: new perspectives of well-being. *Frontiers in psychology*, 2550.
- Sukhov, A.N. (2002). *Social psychology of security: Proc. allowance: For university students*. M.: Academia. 249 p.
- Zanardo, V., Manghina, V., Giliberti, L., Vettore, M., Severino, L., & Straface, G. (2020). Psychological impact of COVID-19 quarantine measures in northeastern Italy on mothers in the immediate postpartum period. *International Journal of Gynecology & Obstetrics*, 150(2), 184-188.