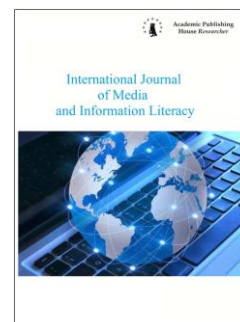


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Phenomena of Loneliness and Fear Caused by the Mass Media Threat in the Situation of COVID-19 Pandemic

Elena A. Makarova ^{a, b, *}, Elena L. Makarova ^c, Vera I. Mishchenko ^d

^a Don State Technical University, Russian Federation

^b Taganrog Institute of Management and Economics, Russian Federation

^c Southern Federal University, Russian Federation

^d Rostov State University of Economics, Russian Federation

Abstract

Recent research shows significant effects of the pandemic COVID-19 situation information in mass media on the population's mental health. These effects have to be impartially assessed and thoroughly analyzed in order to prevent mental and psychosomatic diseases, maladjustment to restrictions caused by a lockdown. Social media platforms are among the most widely used sources of information in the world, the easy and inexpensive access to the internet and a large number of social networks make them the most effective ways to disseminate information. The problem is that this information may be truthful or fake. Mass media play a crucial role in people's lives in regular situation and is especially significant in the situation of lockdown due to COVID-19 spreading. It is obvious that for complete understanding of people's anxiety and unexplainable fear social surveys using standard psychological tools should be used, although special scales for evaluating pandemic effects on people's lives have not been created yet. The authors emphasize the need to take into account qualitative analysis of the entire completeness of stress effects in a situation of pandemic (virtual threat and information stress, deprivation, self-isolation, loneliness, socio-economic stress) and suggest a means to prevent stress-associated mental and psychosomatic disorders.

Keywords: mass media threats, coronavirus, social anxiety, fake news, pandemic, COVID-19, psychology.

1. Introduction

The Covid-19 pandemic has brought an unprecedented health crisis and a sensation of alarm, uncertainty and chaos where the search for information is the daily antidote to calm restlessness and to stay in touch. For some people searching for information and being in touch is also a way to overcome loneliness in the situation of lockdown. Based on the official statement of the WHO that considered the Coronavirus a pandemic due to its rapid spread throughout the world (Sevillano, 2020), the governments of different countries took measures to prevent spread of the disease and to fight the impact of the virus. Among them there is the limitation of business activities and the confinement of the population, as well as self-isolation and quarantine measures when necessary. All of these measures cause anxiety, depression and the sense of loneliness. In a context of uncertainty and stress, the media play an important role in the dissemination of information, in informing the citizens about the threat of COVID-19 and its consequences. It is also a means to

* Corresponding author

E-mail addresses: makarova.h@gmail.com (E.A. Makarova)

follow recommendations of the world scientists concerning symptoms, the course of disease, innovative medication and methods of treatment.

Social media platforms are amongst the most widely used sources of information in the world, the easy and inexpensive access to the internet and a large number of social networks make them the most effective ways to disseminate information whether truthful or fake. During major events, the overall response is usually a greater search for information be it a sports event, a pandemic disease, or a natural disaster ([González-Padilla, Tortolero-Blanco, 2020](#)) In several researches it was studied what elements conditioned confidence in the measures adopted by the federal or local governments, and how information exposure influenced the spread of fake news, whether or not alarm and the statistics of sick and deceased people increase social anxiety and loneliness that people experience.

The main psychological conclusion that can be drawn in the researches during the pandemic period is that the population in the condition of quarantine and lockdown is experiencing a significant deterioration of mental health, especially those who are directly affected by the disease - sick people as well as doctors, involved in the fight against the virus, also those people living in fear of catching a disease and spreading it further. Moreover, on the one hand, the virus is able to directly influence the activity of the central nervous system and thus cause psychosomatic and organic disorders of emotions, cognitive sphere, and consciousness, but on the other hand, a pandemic poses the risk of widespread psychogenic disorders resulting from the inability of the individual to effectively cope with stress, to avoid anxiety and loneliness during the self-isolation periods.

Especially difficult self-isolation can be for young people and students – it is often accompanied by the risk of depression and poor mental health caused by loneliness as was definitely seen during the lockdown in 2019. Transition from familiar to unfamiliar environments is a period of imbalance ([Bessiere et al., 2008](#)), besides lack of communication and socialization adds to the problem. Thus, we assessed both the intensity of social media and social media connectivity strategies to determine their relative importance in reducing loneliness and avoiding stress and anxiety. Social media can have advantages and disadvantages, the responsible use of these tools may lighten the burden of loneliness or aggravate psychological climate of people restricted by the disease spread worldwide.

The intensity of social media, its use to maintain friendship and to search for necessary information was significantly negatively correlated with loneliness. Our research highlights the important role social networks play in this situation. Social media can be a useful tool to facilitate new online relationship and keep in touch with old friends, to entertain and to study, to get the information and to stay informed of the present situation in the world. Thus, social media can become an important source of information on the situation ([Ellison et al., 2011](#)). A good example can be seen with the peak of searches for information on the Internet and social networks in the period of COVID-19 pandemic. During this period people suffer not only physically, but also experience some psychological problems. These are fear, anxiety, loneliness, distress, uncertainty and boredom. Social networks have also become means to maintain communication with friends and family to reduce isolation and boredom, to avoid loneliness which is associated with social anxiety and long-term distress, therefore becoming an important recommendation for isolation at home to help to reduce the psychological impact ([Brooks et al., 2020](#)). These are the major advantages of the Internet and social networks: people can share information about the protection equipment, disease treatment or medication to be found at sufficient speed. Those who are sick and stay in isolation at home can get support and comforting from friends and family, can also order food and medication online. Information about protection measures, primary symptoms of the disease, healthcare procedures can be found on many sites. Among advantages there are quality information sources, downloaded scientific articles or interviews with medical doctors and researchers, importance that communication plays in the perception of risk, and the need to delve into this field, due to the psychological, social and economic implications that this phenomenon implies.

Among disadvantages we can highlight outdated or incorrect information, rumors and gossip, exaggerated information creating fears and sense of alarm, causing panic and social anxiety. People get trapped in mental nets set by the Internet and social networks. Cyber-victimization is a well-known phenomenon, cruel games or aggressive Web-sites influence children and adolescents by violence imposing and manipulation turning them into violence victims ([Makarova, Makarova, 2019](#)). People with no medical education discussing COVID-19 consequences, being quoted and paraphrased (interpreted) can cause fear, stress and depression adding to all the problems that

people already have. It has already become customary to say that the global coronavirus epidemic will have manifold consequences, including psychological. Connected with this same issue, the lay public gains access to preliminary and *in vitro* study results through newscasts practically at the same time that this information is available to the medical community, which combined with the generalized fear of the virus and healthcare systems overwhelmed, generates pressure on patients to demand such experimental treatment for themselves or their families, and doctors may feel compelled to try them, even when there is no high-quality evidence to support their use for these purposes. Now any judgments and predictions about changes in the life of society caused by the virus will inevitably acquire shade of speculation. People of the world remain hostages of pandemic COVID-19, not only because it spreads worldwide and closes borders, but also because now we are all in the crisis system caused by mass media threats. And it is somehow reflected in our consciousness, self-awareness, emotional condition, lifestyle and thoughts. Total assessment of the mental damage and social anxiety by the virus undoubtedly is limited by lack of opportunities for impartial scientific analysis of psychological and psychopathological consequences of COVID-19. The scale of the pandemic impact on the psychological well-being of an individual has still no knowledge and psychological predictors which the impact depends on need to be identified (Grishina, Abakumova, 2020). Disinformation travels at the same seed as information does. The huge number of myths and disinformation in social media platforms was so great that World Health Organization (WHO) had to develop an exclusive section on its website designed for coronavirus myth-busting (UN tackles..., 2020).

2. Material and methods

The basic source for this article was the analysis of the materials of journal publications and articles on COVID-19 appearing every day. Critical analysis helps differentiate scientific materials from “yellow” press publications. As it has been already mentioned, mass media spreads all kinds of information, some of it fake and intended to disseminate fear and panic. So, we have used articles from respected journals indexed in international databases. Besides, for this research two scales were used: “The Spielberger-Khanin Self-Assessment Scale of Anxiety Level” and standardized questionnaire “Type of Role Victimization” (Ошибка! Источник ссылки не найден.) The Spielberger Anxiety Scale (State-Trait Anxiety Inventory – STAI) is a way to self-assess the level of anxiety at the moment (reactive anxiety as a state) and personal anxiety (as a stable characteristic of a person). Developed by Ch.D. Spielberger and adapted by Y.L. Khanin, this scale is used for scoring unconscious emotional manifestations. The standardized questionnaire “Type of role victimization” is based on the theoretical analysis of scientific works and basic concept definitions, it is intended for examination of mentally healthy people aged 14 years and older, regardless of their level of education and professional preferences, to figure out role-based victimization. It is a tool for analyzing latent victimization manifesting itself not only in difficult or restricted life situations, but also in everyday life.

3. Discussion

Currently, the Russian and foreign media discourse is full of situations of social uncertainty affecting readers’ consciousness and sub-consciousness and causing fear and anxiety (feelings, emotions, affect, passion, frustration, depression). The concept of fear can be considered from three main perspectives of different sciences: from a philosophical (and historical) point of view it is shown that fear is one of the few factors that unite the modern multicultural society. Extreme fear manifests itself in terror. Based on this assumption, fear is considered both in the context of everyday life and in the context of modern cultural universalities and new cultural values. On the basis of philosophy, metaphysical fear, rationalized fear, and fear-anxiety as manifestations of fear are distinguished. Ways to fight fear or compensate for it are identified; the compensation of fear by myth, ideology and science is analyzed. Also the role of fear in a new system of moral values development is analyzed. From a psychological point of view, fear is a short-term emotion or persistent feeling generated in a person by real or imagined danger and it is often substituted by the term “anxiety”. S. Freud was the first to propose a specialized concept of anxiety. According to Freud, anxiety as a painful symptom appears due to the presence of an internal threat and generated by an internal conflict. Meanwhile he considered fear as generated by external threat or conflict. Today we deal mostly with social anxiety as a psychological phenomenon.

From a linguistic viewpoint it would be interesting to analyze the phenomenon of fear in the mass media; verbal fear-makers occur in the modern media discourse. Verbal and non-verbal markers in the media create special effect causing fear, anxiety and even phobias. The significance of social anxiety investigation during COVID-19 pandemic period will lead to extra research of media discourse, to analysis of mass media fake news and information, media text, verbal and non-verbal manipulation, lexical, grammatical, and stylistic means of creating social fear and anxiety. The verbalization of the concept "fear" in linguistics reflects all the physiological and psychological processes that occur within a person experiencing this emotion. By researching the shades of meanings of this concept it becomes possible to understand fear, to fight or avoid it. Fear is most often perceived as a cause that generates an uncomfortable, painful condition that can paralyze people's wills and sometimes their bodies. Definitions of this concept in different spheres of research contribute to its understanding and description.

By the social fear we mean the negative form experienced by a person, their relationship with society, the implementation of social opportunities, people's dependence on circumstances instead of abilities in designing their lives (Gulyaikhin, Telnova, 2010). Social anxiety is often more than just a fear of interacting with other people. Typically, a person with social anxiety is worried about the environment. When people occur in socially significant situations, they instantly begin to experience intense fear and anxiety, sometimes even panic attacks. Panic attacks are a consequence of increased anxiety, which is based on certain way of thinking. In this case, there are some beliefs that natural manifestations of the nervous system, such as changes in the rhythm of breathing and heart rate, can harm you. Therefore, there is a fixation on internal sensations and their constant tracking. People with social anxiety may analyze their actions afterwards, since they believe in everything they hear or learn especially in social media, they may negatively perceive or evaluate information they have read or heard. Also they have trust in whatever is said or shown in mass media; in addition they may misinterpret, misunderstand or exaggerate minor events or news, make conclusions of their own and get anxious about these events or news. Statistics also makes space for speculations and deliberation, figures, graphs and diagrams give enough food for thinking and imagination.

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Fear is one of the dominant human affective emotions. Social anxiety is the persistent fear and uncertainty of a person facing challenges of natural disasters, threat to life, death of close people, war, and unknown future - all of these can confirm the universality and dominance of this emotion; it is a persistent fear of any social phenomenon, due to the circumstances, characterized by anxiety of expectation and denial of avoidance (Zubareva, 2015). But we need more sophisticated scales and surveys for our study as the focus is on social anxiety. S. Budner (Budner, 1962) identified four indicators of individual threat perception, acting as threat experiences (phenomenological reactions) or behavior in a threat situation (operational reactions): they are discomfort, repression, suppression; avoidant behavior and destructive or reconstructive behavior. Anxiety can be classified as one of such predictors. In order to assess the level of stress and anxiety among students, a reliable scale of self-assessment that measures the degree of anxiety and depression was used. COVID 19 Pandemic Anxiety Scale composed of 20 statements (compiled by analogy with HADS) was used for preliminary analysis of respondents' state of anxiety. This one is fast and easy to process and to interpret, as it is intended for self-evaluation. Respondents have to choose one of the answer options and sum up the points; at the end of the scale they will see the results. It takes from 2 to 5 minutes to complete. The Hospital Anxiety and Depression Scale

originally developed to measure depression, anxiety, and emotional distress among hospital patients who were treated for a variety of clinical conditions can be used in the situation of COVID-19 as well. According to the authors of the scale (Zigmond, Snaith, 1983), this would reveal the contribution of mood disorders (especially anxiety and depression) in the development and treatment of the disease. It should be emphasized that self-rating scales are valid only for screening purposes; the final conclusion should be based on the process more sophisticated than this 14-step scale. Respondents should consider the epidemic's psychological impact and to establish appropriate measures to prevent sequels associated, such as stress disorder or depressive disorders. Other more severe sequels or events such as suicides have already been reported in some parts of the world as a result of social anxiety and depression caused by COVID-19 pandemic. The levels of depression and anxiety are assessed independently of each other. A separate scoring is conducted for questions assessing the level of depression and for assessing the degree of anxiety. To interpret the results, two subscales are used: the HADS-A subscale – (A – anxiety, social anxiety) and the HADS-D subscale – (D – depression). The total score for each subscale determines the result as follows: 0-7 points – the norm; 8-10 points – subclinically expressed anxiety/depression; 11 points and above – clinically expressed anxiety/depression.

Unfortunately, these scales do not offer coping strategies to fight social anxiety and depression, no recommendations are made. Some other scales that have been used in our research do not offer any recommendations either. Their goal is to determine personal or social anxiety, to indicate their levels and to identify a person's predisposition to demonstrate some kind of victimized behavior in case of threatening situations, fear or loneliness.

4. Results

The diagnostic research carried out in November 2020, was attended by 51 students of secondary schools of Neklinovsky district of the Rostov region (the age of respondents was from 14 to 17 years). There were 33 boys and 18 girls among the respondents. The survey was carried out using two methods: the first one is the Spielberger-Khanin State-Trait Anxiety Inventory (STAI): Scale of Anxiety and the second one is Type of Role Victimization (by Odintsova). The study of anxiety using the first technique has proven well for different age groups. With its help, the level of anxiety was determined (reactive anxiety as a state characterized by tension, anxiety, nervousness) and the level of personal anxiety (as a stable characteristic of an individual who has a stable tendency to assess a wide range of situations as threatening, which causes personality anxious reaction). Very high levels of anxiety have a negative effect on the functioning of the psyche and nervous processes: for example, with a high level of reactive anxiety, attention disorders occur, and in some cases, fine motor skills disorders can be noticed; overestimated indicators of personal anxiety are associated with the presence of a neurotic conflict, are fraught with emotional, neurotic breakdowns and psychosomatic diseases. On the other hand, low anxiety requires increased attention to motives of activity and an increase in a sense of responsibility, since sometimes very low anxiety in the test indicators is the result of an active repression of high anxiety by a person in order to show off. Also, under unfavorable circumstances, some individuals prefer to demonstrate the behavior of victim. The methodology "Type of role victimization" is designed to identify the individual's predisposition to demonstrate some type of victim's behavior, expressed in the social environment or to play the role of victim. The technique is a tool for analyzing latent victimization in everyday life, with conscious and unconscious reappraisal of emotional state.

The obtained results are gender-related (Figure 1). Using "Spielberger-Khanin State-Trait Anxiety Inventory (STAI): Scale of Anxiety", we analyze the data obtained, the average reactive anxiety score for females is 43.6 points, for males is 39.4 points. As it can be seen, reactive anxiety of males and females is in the same range – it is moderate in both gender groups. A somewhat different result can be seen in terms of the average score of personal anxiety: for females it is 48 points, for males it is 39.6 points meaning moderate for males and high for females.

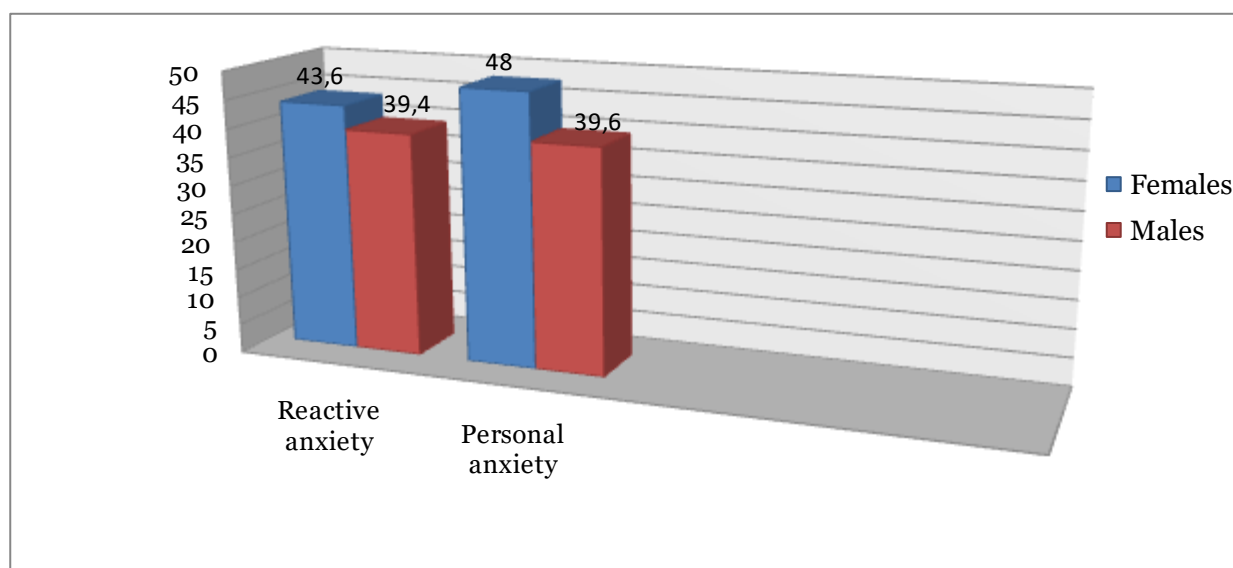


Fig. 1. Gender-related anxiety: comparative analysis

Next, the percentage correlation is presented: for females, low reactive anxiety was noted (16 % of their total number, moderate – in 34 % of them, high – in 50 % of them). With males, the indicators of reactive anxiety are as follows: low – in 12 %, moderate – in 67 %, high – in 21 % of the total number of males. Personal anxiety among females was noted as low in 11 % of respondents, moderate – in 28 %, high – in 61 %. The indicators of personal anxiety in young men are low in 21 %, moderate in 58 %, and high in 21 %. So, our study of adolescent anxiety shows that females have higher indicators both in terms of the level of reactive anxiety (in particular, in the situation of diagnosis (fear, anxiety in a situation of uncertainty, depression etc.), and in the level of personal anxiety (i.e. this quality is their characteristic "in general", regardless of the present situation). The conclusion is that females show anxiety three times more often than males. This does not mean that males are not anxious in general, but they prefer not to demonstrate anxiety, not to admit to be scared considering it unacceptable for masculine behavior.

The results of students' diagnostics according to the questionnaire by M.A. Odintsova and N.P. Radchikova "The Type of Role Victimization" show some different scores. The authors propose to investigate three indicators: playing role of victim, social role of victim, and the overall score of role victimization.

The results for the entire sample according to the methodology "Type of role victimization" (Table 1) allow drawing the following conclusion: according to the scale "The playing role of victim", 59 % of students have the indicator that is normal according to the scale "Social role of victim", 51 % of students also have normal indicator, according to the scale "General score of role victimization" 55 % of students have normal indicator.

Table 1. Results of victim behavior diagnostics among adolescents according to the method "Type of role victimization"

Scales/Scores	Playing role of victim	Social role of victim	The overall score of role victimization
Very low	0 %	1 %	1 %
Low	10 %	10 %	14 %
Below average	24 %	8 %	12 %
Average	59 %	51 %	55 %
Above average	1 %	16 %	8 %
High	6 %	6 %	8 %
Very high	0 %	8 %	1 %

Indicators below the norm on the scale "The playing role of the victim" are for 34 % of adolescents; above the norm are 7 %. Indicators below the norm on the scale "Social role of victim"

are 19 % for adolescents, above the norm are 30 %. Indicators below the norm on the scale "Overall score of role victimization" are for 27 % of adolescents, above the norm are 17 %.

The results for young males according to the methodology "Type of role victimization" (Table 2) allow drawing the following conclusion: according to the scale "Playing role of victim" for 58 % of the respondents the indicator is normal, according to the scale "Social role of victim" for 61 % of respondents the indicator is also approaching the norm, according to the scale "General point of role victimization" for 55 % of young men the indicator is normal.

Table 2. Results of victim behavior diagnostics among males according to the method "Type of role victimization"

<i>Scales/Scores</i>	<i>Playing role of victim</i>	<i>Social role of victim</i>	<i>The overall score of role victimization</i>
Very low	0 %	3 %	3 %
Low	9 %	9 %	12 %
Below average	27 %	6 %	15 %
Average	58 %	61 %	55 %
Above average	3 %	9 %	9 %
High	3 %	3 %	3 %
Very high	0 %	9 %	3%

Indicators below the norm on the scale "Playing role of victim" are identified for 36 % of adolescents, above the norm - for 6 %. Indicators below the norm on the scale "Social role of victim" are for 18 % of adolescents, above the norm – for 21 %. Indicators below the norm on the scale "General score of role victimization" are for 30 % of adolescents, above the norm – for 15 %.

The results for females according to the methodology "Type of role victimization" (Table 3) allow drawing the following conclusion: according to the scale "Playing role of victim" 61 % of respondents showed normal indicator, according to the scale "Social role of victim" 33 % of respondents also showed the indicator approaching the norm, according to the scale "General role-based victimization score" for 54 % of females the indicator is normal.

Table 3. Results of victim behavior diagnostics among females according to the method "Type of role victimization"

<i>Scales/Scores</i>	<i>Playing role of victim</i>	<i>Social role of victim</i>	<i>The overall score of role victimization</i>
Very low	0 %	0 %	0 %
Low	11 %	11 %	17 %
Below average	17 %	11 %	6 %
Average	61 %	33 %	54 %
Above average	0 %	28 %	6 %
High	11 %	11 %	17 %
Very high	0 %	6 %	0 %

Indicators below the norm on the scale "Playing role of victim" were noticed in 28 % of adolescents, above the norm – in 11 %. Indicators below the norm on the scale "Social role of victim" were noted in 22 % of adolescents, above the norm – in 45 %. The indicators below and above the norm on the scale of the "General score of role victimization" are the same for females – 23 % respectively. It turns out that the females show the highest indicators on the scale of "Social role of victim". The social role of the victim involves being an outsider. Such individuals experience the feeling of being outcasts, the world around seems hostile; they feel lonely and uncertain thus suffering deeply. The tendency to blame the circumstances for lockdown or loneliness is combined with self-accusations, blaming themselves for what has happened. They are also less flexible in relations with other people, it is more difficult for them to adapt to new situations such as pandemic isolation.

Comparing the indicators of males and females on three scales we get the following results presented in the diagrams below (Figures 2-4).

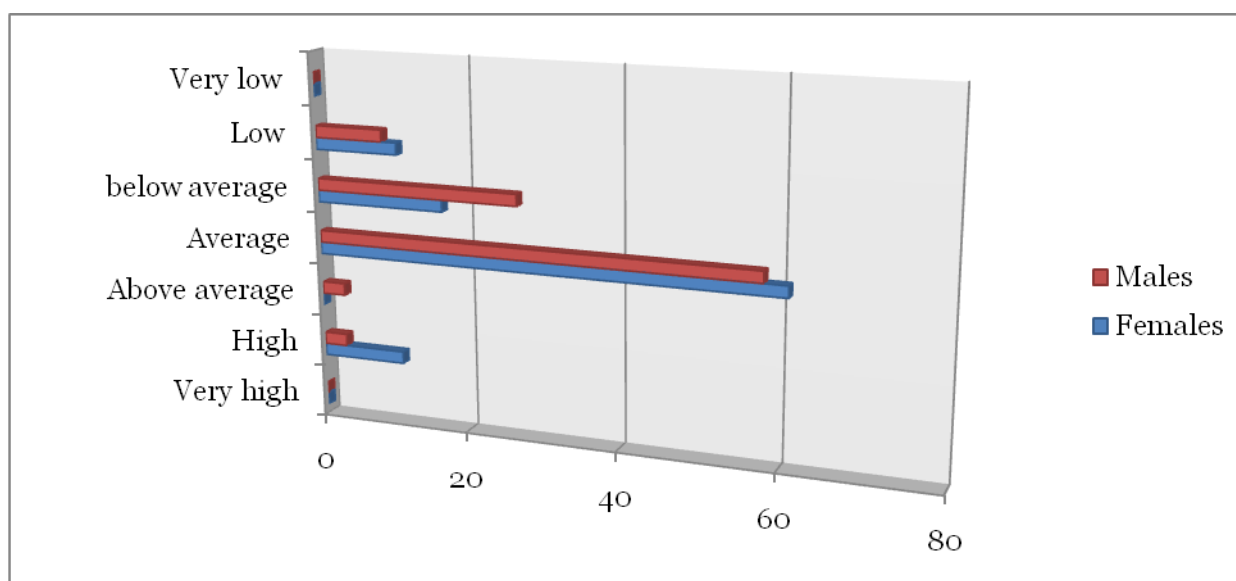


Fig. 2. Indicators of the scale "Playing role of victim"

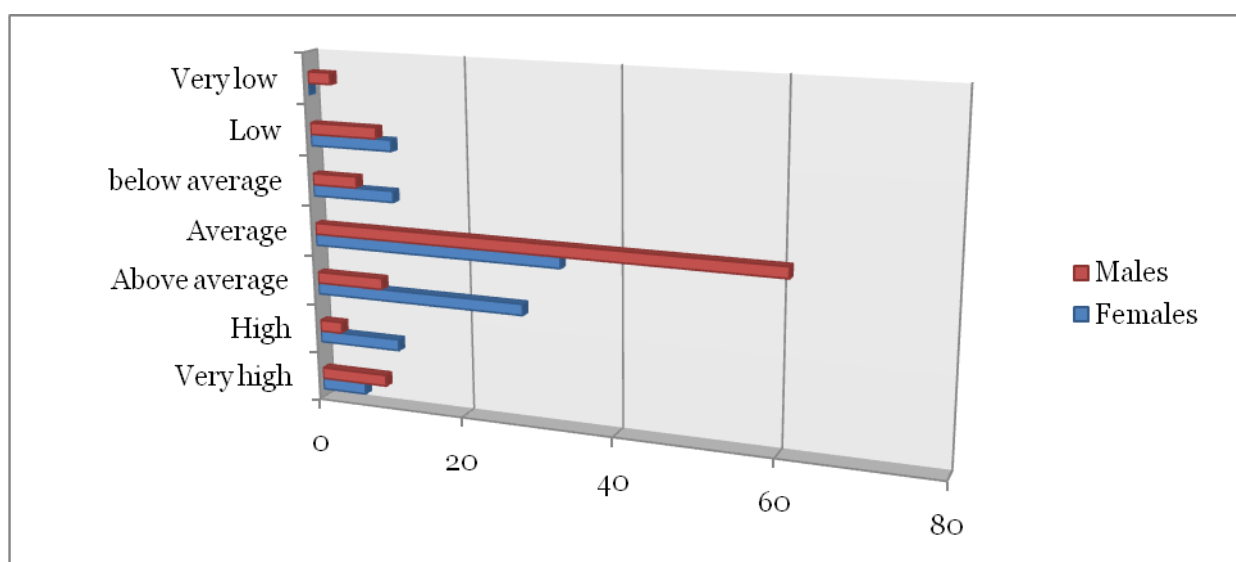


Fig. 3. Indicators of the scale "Social role of victim"

As it can be seen, there are no special scales on social anxiety during the period of COVID-19 pandemic, but some of existing psychological scales can be used to measure social anxiety and victimization of people in the situation of lockdown and loneliness. These scales also provide a comparative gender-related study. Males and females react differently in the situation of uncertainty and fear. Males, even when they suffer greatly from depression, fear and anxiety, would not admit it while answering the questions of the survey, probably thinking it does not fit the masculine image. But females do not find it embarrassing to admit being scared, lost and depressed. It is also demonstrated by the indicators of different scales of victimization. Victimization is an interdisciplinary term defining a feature of the behavior of a person who unintentionally becomes a victim of a crime or unfortunate circumstances. Victim's behaviour is studied by the social psychology as such behavior depends greatly on external circumstances and social influence. Teenagers and adolescents as immature personalities are especially vulnerable to the negative influence of nature, other people, situation, and mass media in case of our study.

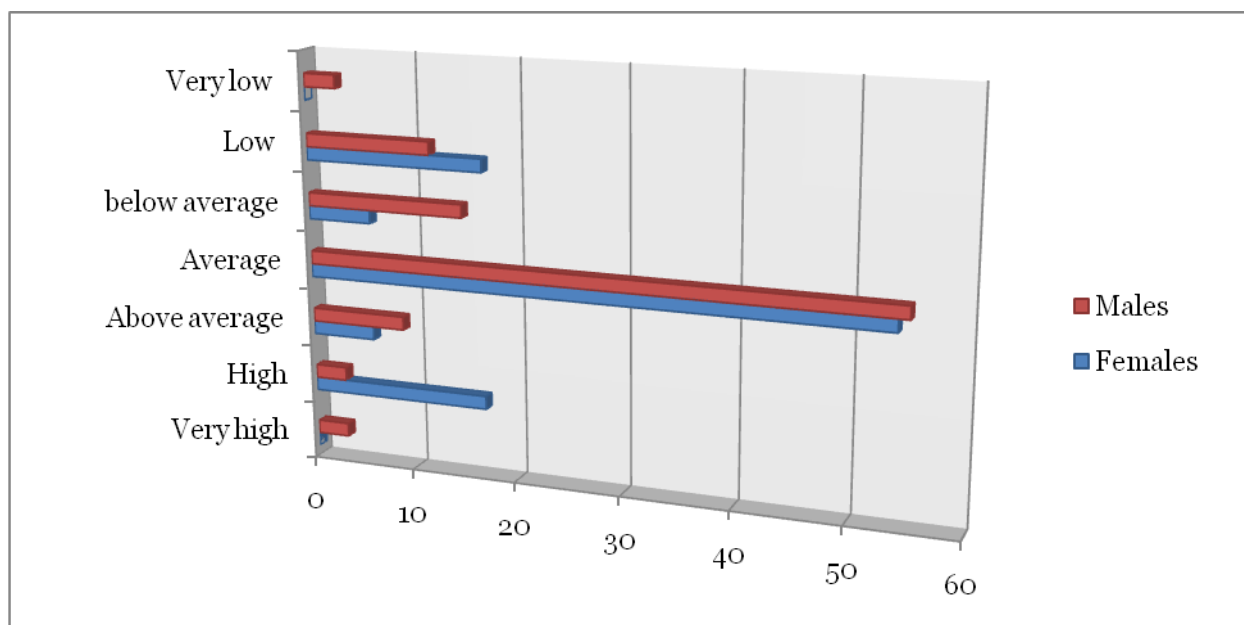


Fig. 4. Indicators of the scale "The overall score of role victimization"

5. Conclusion

Although quick access to the Internet and different social networks platforms can help during a pandemic to quickly spread new important information, to share diagnostic, treatment and follow-up protocols, comparing different approaches from other parts of the world to adapt them to local setting and available resources, there definitely exists the downside of possible dissemination of fake data, myths, and pessimist information that combined with quarantine states and lockdown situation may lead to anxiety, depression, forgetfulness and in some extreme cases, serious mental disorders and even the suicide. Anxiety leads to stress, sleeplessness, mental health problems, increased irritability, anger and frustration, it can fuel bad emotions. Unfortunately, such problems as being unable to fall asleep or waking up in the middle of the night lead back to anxiety closing the circle. Especially difficult are these problems for adolescents who are uncertain in life just because of their age and financial dependence upon the family. With loneliness and sleeplessness, exercises and exposure to the sunlight might help, but it is extremely difficult in the situation of lockdown.

Being exposed to mass media and all kinds of disturbing news can be extremely harmful for mental health. Although we cannot recommend avoid using mass media in order to prevent social anxiety, but we can definitely recommend limiting consumption of news – including social media, choosing only the trustworthy ones. To overcome your vulnerability, try to share your anxious thoughts and emotions with others. Don't be afraid to expose your weakness and vulnerability.

In the paper the empirical results of the research are described. As we can see, males do not demonstrate their social anxiety considering it manifestation of weakness, so they might be in a worse position than females who are more open about their anxiety and victimization levels. Summing up we can conclude that adolescents with a high level of role victimization are characterized by a lack of conscious life goals, they live for today or tomorrow, they are afraid to look into the future. According to data received, females have higher indicators. In combination with a high level of personal anxiety, this further complicates self-control in crisis situations.

Present study is devoted to problems of young people's social anxiety and depression due to the influence of mass media spreading information and initiating panic among the most vulnerable segments of population. Thanks to existing methods of psychology it is possible to reveal and measure social anxiety and victimization level. Our next step is to offer coping strategies to fight fears, anxiety, depression and victimization among young people who use mass media as their major source of information.

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