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Psychological Technologies of Improvement of Students' Health
as a Component of Forming Anti-Extremist
Attitudes in the Youth Environment

The article deals with the potential of the application of health-improving psychological technologies to forming anti-extremist tolerant attitudes in the youth environment. In the article the author analyzes problems of psychological health of university students in their interrelation with problems of tolerance and extremism in the youth environment. The author brings forward a three-level model of psychological health of students and describes its specific parameters and integral indices. The results of the monitoring of psychological health of students of various departments of Southern Federal University (SFedU) (573 respondents) are adduced; the revealed factorial structures in subgroups of male and female students and their qualitative psychological characteristics are described. The author suggests his own classification of psychological health-improving technologies and a scheme of health-improving work in the university on the basis of the offered three-level model of psychological health.

Keywords: *health-improving technologies, anti-extremist attitudes, tolerance, tolerant consciousness, psychological health, health monitoring.*

The state of health and the quality of life of students as well as the quality of life of the population as a whole are important indicators of the stability of society and constructive social development. Students' health reflects a level of social and economic, psychological and spiritual wellbeing of the country; it is both sociocultural and economic potential, a factor and a component of its welfare [8]. That is why complex researches of various components of students' health are urgent; dynamic indices of psychological health, and also their interrelation with such personal characteristics as stress tolerance, viability, tolerance gain increasing importance among this components [3, 4, 5, 8].

The stated gains a special importance in modern sociocultural and socio-political conditions, when against the background of the general ideological vacuum, economic instability, system crises, coupled with identity problems peculiar to youth (its so-called diffusions), they often involve representatives of students in extremist youth associations and groups. Formation of anti-extremist attitudes in the youth environment becomes one of prime social aims; the higher education system (the higher school) should play an important role in this problem solution. It is obvious that **tolerance** as a basic personal characteristic, and, more widely, tolerant world outlook, is a basis for such attitudes and a factor of their integration [1, 2, 6, 12].

Tolerance as a psychological phenomenon has rather a short history of studying in foreign scientific schools and scientific schools of our country (I. V. Abakumova, A. G. Asmolov, S. K. Bondareva, I. B. Grinshpun, P. N. Ermakov, E. Yu. Kleptsova, D. V. Kolesov, S. V. Krivtsova, V. A. Labunskaya, S. Mendus, G. Allport, D. Rogers, V. S. Sobkin,



G. U. Soldatova, M. Walzer, etc.). Different interpretations of its understanding make this problem multidimensional [1, 2, 6, 10, 11, 12, 13, 20, 21] and difficult for psychological research, complicating development of concrete scientific and practical methods aimed at the development of tolerant consciousness.

The "tolerance" concept unites characteristics of a live biological, psychological or social system which are shown at different levels of its organization. In various contexts tolerance may be treated as stability, endurance, tolerance to alternative views, values and positions, traditions, customs or habits, tolerance of another creed, etc. [2, 6, 12]. This characteristic may be attributed to any organism, person and the whole variety of his/her social relations, society in the context of its response to dissent or any form of "otherness".

They study tolerance in three main aspects: 1) as absence or weakening of reactions to adverse factors of psychophysiological character owing to decrease in sensitivity to their influence; 2) as resistance to stresses, frustrating factors, uncertainty situations, extreme or conflict situations; 3) as resistance to processes and phenomena of the social world, tolerance in relation to Another, opportunity to hear and understand Another, recognizing his/her right to alternative ideas, views, opinions, beliefs and traditions [2, 12]. Activization of search of effective mechanisms of the development of personality in the spirit of tolerant outlook demands development of new approaches to their research and application in specific social conditions, in particular, in the higher education system.

In modern multiethnic society tolerance is a necessary condition of constructive social interaction and intensive cultural exchange [1, 2, 6, 12]; it is a basis of fruitful communication of representatives of different ethnic and confessional groups. The development of tolerance as a condition of preservation of psychological health of students is defined by the modern sociocultural situation of chronic interethnic, interfaith and interpersonal conflicts, and also the growth of social tension.

Intolerant communication is accompanied by frustration of social needs, rupture of emotionally significant relations, emergence of intrapersonal tension, misrepresentation of value orientations, difficulties in understanding of self and another that adversely affects the student's psychological health, features of his/her psychosocial development and socialization, which quite often leads to involvement in extremist groups and movements. In its turn, tolerant communication promotes self-acceptance; it is a prevention of excessive emotional overloads and distresses, promotes optimization of functional states and interpersonal relations, preservation and promotion of health at psychological and psychosocial levels.

We proceed from a hypothesis that formation of anti-extremist attitudes among students is directly connected with increase of the level of their psychosocial adaptation, resistance to stress and tolerance, and also the level of psychological health as a whole.

In our opinion, psychological scientific and practical disciplines and the psychology of health [3, 4, 16, 19] should play a special role in formation of tolerant personal-



ity. As well as tolerance, health is an integrative characteristic of personality, which is shown at all levels of its organization. Researches of psychological components of health and healthy lifestyle last for less than a century, and they are intensively and fully carried out since the middle of the last century [4, 19].

Differentiation of psychical and psychological health became the most important moment of differentiation of a problem field of health psychology and its conceptual framework specification. I. V. Dubrovina has introduced the term "psychological health" into a scientific lexicon of the psychology of our country. She has defined intrinsic distinction of concepts of psychical and psychological health as follows: "the first one is related to certain mental processes and mechanisms; psychological health characterizes personality as a whole, in the aspect of its subjectivity", priority vital aims and strategies" [5, p. 17–21]. **Psychological health** is an integrative characteristic of the person providing his/her internal coherence and self-regulation, successful adaptation and self-realization in specific conditions of social existence. This characteristic includes **axiological, instrumental** and **motivational** components. In this article we will focus on problems of psychodiagnostics (monitoring) of psychological health of students of SFedU and possible areas of psychological health-improving practice in the institute of higher education. In conclusion we will adduce author's classification of psychological health-improving technologies.

Today there is no uniform technique for diagnostics of a level of students' psychological health. The problem concerning the parameters which are the most essential characteristics of psychological health is still a moot point. Distinguishing such parameters (integrated indicators) and establishment of interrelations between them became a central methodological problem of our monitoring of the psychological health of students of Southern Federal University. In turn, health-improving psychological technologies are grouped and applied taking into account the degree of expressiveness of these indicators among students, on the basis of a uniform and differentiated model of psychological health of students. This approach coordinating diagnostic and health-improving technologies in a uniform ensemble was approved by the author of the article within an interfaculty educational program "Culture of health" (SFedU, 2005–2013).

The author's model of monitoring of psychological health of students of various faculties of SFedU proceeds from the following basic provisions: 1) somatically and mentally healthy students (or conditionally healthy) take part in research; 2) monitoring is carried out by integral indices of psychological health enabling fully to consider the investigated problem; 3) we apply techniques simple and convenient for regular diagnostics; 4) it is supposed to make accumulation of parametrical data and to investigate them in dynamics.

Since "psychological health" is an integrative and many-sided characteristic of personality, we think it is reasonable to estimate simultaneously it by a number of complementary signs. We have studied psychological health of students in the light of the theory of psychosocial adaptation [9, 14].



According to the adaptation approach, students' state of psychological health is defined by their adaptation reserves which may be actualized and used in training. Students' adaptation to the higher school conditions is phased; it is connected with various specific (educational) and nonspecific (behavioural, interpersonal, household, etc.) factors. Students' adaptation reflects a difficult and long process of training for 5–6 years and makes great demands of cognitive and role flexibility, plasticity and adaptation reserves of the psyche of young people. In first years of studies students adapt to new conditions most intensively.

Proceeding from these propositions, we have chosen third-year students of faculties of mechanics and mathematics, physics, geology, sociology, law, and philology of SFedU (573 respondents) as an **empirical object of research**. This was motivated by that, on the one hand, by the 3rd year of studies students have already reached a certain level of social and psychological adaptation to the educational space of the institute of higher education; on the other hand, problems of their further professional self-determination are not fully actualized yet.

In result of the carried-out theoretical analysis we have distinguished the following *characteristics of students' psychological health*.

1. The level of socio-psychological adaptation.
2. The level of social frustration.
3. The level of the development of coping behavior.
4. The level of a psychological stress (the degree of neuropsychictension) [17, 18].
5. Characteristics of person's psychological health connected with his/her **tolerant**

consciousness. We attribute the following characteristics to this group:

- 1) self-understanding and self-acceptance;
- 2) the ability of understanding and reception of others;
- 3) acceptance of responsibility for own life (ability not to shift the responsibility to others, to be responsible for own deeds or, on the contrary, aspiration to decline all responsibility for the events, to search for the guilty of own failures).

The program of monitoring included multidimensional psychological examination of students of faculties of sciences and humanities of SFedU according to the following battery of techniques of diagnostics of the level of psychological health: 1) diagnostics of social and psychological adaptation (C. Rogers, R. Diamond); 2) estimation of neuropsychictension; 3) research of volitional self-regulation; 4) coping-behavior in stressful situations (S. Norman, D. F. Endler, D. A. James, M. I. Parker; T. A. Krukova's adapted variant); 5) the technique of studying self-appraisal of Budassi; 6) techniques of diagnostics of the level of social frustration of L. I. Wasserman (V. V. Boyko's modification); 7) the "Risk of Coronary Behaviour" test for self-appraisal, composed from D. Jenkins' questionnaire (adapted by O. S. Kopina); 8) test of sense of life orientations (SLO); 9) scale of subjective wellbeing; 10) Giessen inventory; 11) V. V. Boyko's test of communicative tolerance.

All techniques are certified by the Ministry of Health.

In our research we have applied the author's three-level model of psychological health in which, according to test indices, we have distinguished the following three levels:



- 1) the higher level of psychological health – *adaptive*;
- 2) the average level – *indefinite zone*;
- 3) the lower level – *unadaptive*.

We have attributed students with high and steady indices of adaptation to the surrounding biosocial environment to the *higher – adaptive – level* of psychological health; these assumed: 1) existence of psychological resources necessary for overcoming of stressful situations; 2) ability to self-government (self-control); 3) ability to take the responsibility for own life and the expressed aspiration to cooperation with other people without demands for a considerable support; 4) high frustrational stability / tolerance (i. e. granting of a right to self and another to make an error without condemnation of own or another personality). To the *average level* we have attributed students whose test indicators of adaptation are at an uncertainty zone that complicates forecasting of their adaptive or unadaptive tendencies of behavior. The students of the *lower level* of psychological health, are characterized by the social maladjustment, increased anxiety, self-appraisal which is underestimated or overestimated similar to a neurotic type, low frustrational tolerance, tendency to avoid stressful and conflict situations.

We have divided the obtained test data into subgroups according to levels of psychological health (according to the three-level model of psychological health). We have checked the correctness of such division by the analysis of the statistical importance of distinctions of the *studied indices* (Mann-Whitney's *U-criterion*) in the formed subgroups. Then, on the basis of results of the carried-out factorial analysis, group of male students and female students were divided into subgroups according to the revealed leading factor. Further we have carried out the statistical and qualitative analysis of distinctions of studied characteristics; we have also studied statistically significant relations in the distinguished subgroups. We have applied the following statistical methods: factorial analysis, Mann-Whitney U-test, Chi-Square Tests (χ^2), and Pearson correlation coefficient. For obviousness we have presented the quantitative result of the first stage of the monitoring in Diagram 1.



Diagram 1. Percentage of students of Southern Federal University with different levels of psychological health (for male and female students)

The ratio of test indices of monitoring (“rejection of self”, “rejection of others”, “emotional discomfort”) with levels of psychological health is reflected in Diagram 2.

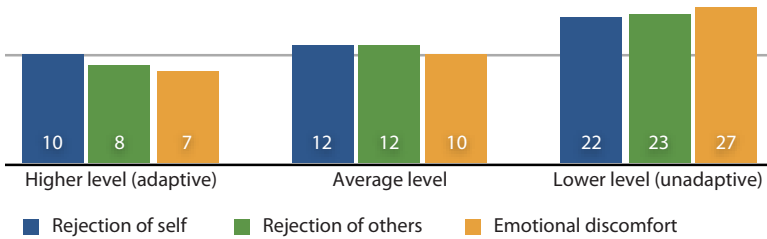


Diagram 2. The ratio of test indices of monitoring (“rejection of self”, “rejection of others”, “emotional discomfort”) with levels of psychological health

It follows from Diagram 2 that moving from the higher to the lower (unadaptive) level of psychological health indices of emotional discomfort, rejection of self and others increase in the aggregate; this may speak about the general decrease in tolerance.

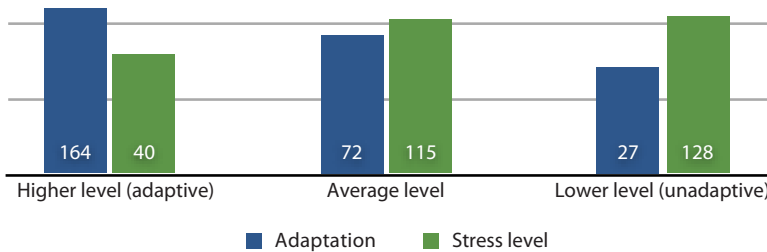


Diagram 3. The ratio of test indices of monitoring (“adaptation”, “stress level”) and levels of psychological health

The ratio of test indices of monitoring (“adaptation”, “stress level”) and levels of psychological health is visualized in Diagram 3. As it follows from the Diagram, the transition to the lower (unadaptive) level of psychological health in student’s sample is accompanied by simultaneous decrease of the psychosocial adaptation level and increase of the stress level.

We have carried out further data processing separately for male and female students. On the basis of primary data we have revealed percentage ratios for male and female students with a different level of psychological health.

According to test indices we have attributed 62 % of male students of SFedU to *indefinite* and *adaptive* levels of psychological health (50,9 % and 11,1 % respectively). 34,3 % of the male students are characterized by the level of psychological health *close to unadaptive*. 3,7 % of male students showed the *unadaptive* level of psychological health.

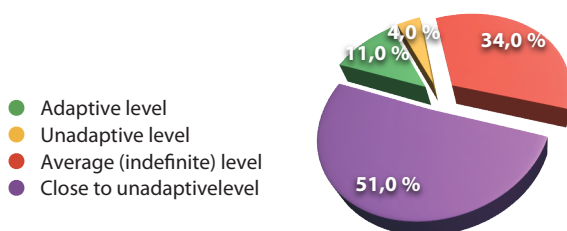


Diagram 4. The percentage of male students of Southern Federal University with different levels of psychological health

65,5 % of female students of SFedU are characterized by the average level of psychological health (i. e. they are in the “area of ambiguity”).

We have attributed 1,1 % of a female part of the sample to the highest, *adaptive* and *close to adaptive* level of psychological health (5,3 % and 4,8 % respectively). At the same time 19 % of a female part of the sample is characterized by the level of psychological health *close to unadaptive*. We have attributed 5,3 % of female students to the *unadaptive* level of psychological health.

It results from the analysis of distinctions by the chi-square criterion that the quantity of male students with the level of psychological health *close to unadaptive* is greater than the anticipated value, while the quantity of women with the level of psychological health *close to unadaptive* is significantly fewer; the number of women with the *average (indefinite)* level of psychological health is greater than the anticipated value. These distinctions are statistically significant (at a significance level $p = 0,01$).

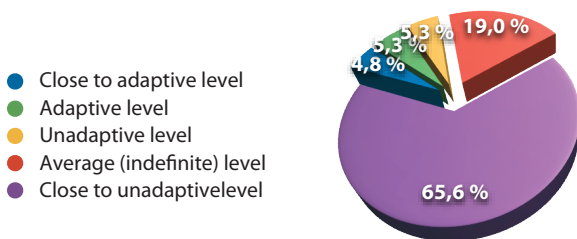


Diagram 5. The percentage of female students of Southern Federal University with different levels of psychological health

For obtaining integrated indices of psychological health we have applied factorial analysis (the method of main components) taking into account gender distinctions. We have distinguished two three-factorial structures for male and female students respectively.

We have designated the distinguished rather independent factors for male students as follows:



- 1) **Stability** (+Adaptation, +Self-Acceptance, +Emotional Comfort, +Internality, +Acceptance of Others, +Dominance, +Self-Appraisal; -Subjective Prosperity, -Neuropsychic Tension, -Pressure of Complaints, -Frustration Level, -Emotions);
- 2) **Life Controllability** (+Locus of Control-Life, +Locus of Control-Self, +Goals, +Satisfaction with Self-Actualization, +Process, +Volitional Self-Regulation, +Persistence, +Self-Possession, +Emotions, +Distraction, +Avoidance, +Self-Appraisal);
- 3) **Volitional Self-Control** (+Will, +Persistence, +Self-Possession, +Self-Appraisal, +Internality; -Emotions, -Distraction, -Avoidance).

Test indices (parameters of students' psychological health) are grouped within the specified bipolar factors in such a way that the increase in values of indices of a pole (+) is accompanied by the decrease in values of indices of an antipole (-).

The revealed factorial structures show that male students with "**Stability**" as a leading factor are characterized by the aspiration to stabilize the obtained psycho-emotional state by own resources, avoiding psychological tension and refusing intensive emotional experiences. Decrease in the level of frustration and emotional comfort are connected with a high self-appraisal, self-acceptance and domination. In this case the aspiration to stabilization is opposed to subjective prosperity: acquisition of the latter is postponed for a later stage of socialization whereas they use primary resources for the maintenance of the achieved.

Male students with "**Life Controllability**" as a leading factor are oriented on process, when own will, purposefulness, persistence are harmoniously coordinated with a general tenor of the life; events are perceived as natural and predictable, knowledge of rules provides a prize, ability to feel the direction of events guarantees goal achievement. Distraction and avoiding make it possible not to be fixed on failures and negative emotions.

Male students with "**Volitional Self-Control**" as a leading factor are characterized by a tendency to rely upon will power and such volitional qualities as self-possession, persistence, tenacity, not bypassing, but overcoming obstacles, without avoiding difficulties, accepting the responsibility for own development, progress and failures. Their high self-appraisal is connected with ability to show volitional qualities and to overcome barriers on a way of goal achievement.

We have designated the distinguished rather independent factors for female students as follows.

Rather independent factors allocated as a result of the factorial analysis for group of students were designated:

- 1) **Self-Control**(+Locus of Control-Self, +Process, +Locus of Control-Life, +Goals, +Satisfaction with Self-Actualization, +Adaptation, +Self-Appraisal, +Self-Acceptance, +Dominance, +Emotional Comfort, +Internality, +Problem Solution, -Neuropsychictension, -Pressure of Complaints, -Subjective Prosperity);
- 2) **Overcoming** (+Volitional Self-Regulation, +Persistence, +Self-Possession, +Emotional Comfort, +Internality, +Acceptance of Others, +Adaptation, +Self-Acceptance, +Problem Solution; -Emotions, -Pressure of Complaints, -Distraction);



3) **Psychological Defense**(+Avoidance, +Distraction, +Social Distraction, + Problem Solution; –Frustration Level).

The revealed factorial structures show that female students with **“Self-Control”** as a leading factor have a tendency to estimate self as a strong person possessing sufficient liberty of choice, independence, ability to construct own life according to own purposes and to control events of own life. The optimization of self-appraisal, acceptance of self and others, emotional comfort are connected with this. Such students are inclined to accept the responsibility for the events and life as a whole, to dominate in various social and psychological spheres. The aspiration to control and domination may prevail over the need for wellbeing and lead to a significant drop of mental stress and somatic discomfort with consistent achievement of goals and satisfaction with self-realization.

Female students with prevalence of the factor of **“Overcoming”** are inclined to rely upon own resources and volitional qualities in solving actual life problems and adaptation problems, depend on other people in a less degree. This enables us to compare them with male students united by the factor **“Volitional Self-Control”**. In this case adaptation demands additional volitional efforts and psychic costs; its success depends on the ability to show persistence and to keep self-control. Emotional comfort is connected with self-control and volitional self-regulation. Thus there are difficulties in distraction, inhibition and repression of emotions, refusal of their experience and expression for the sake of self-control preservation.

In situations of frustration female students with **“Psychological Defense”** as a leading factor have a defense reaction of avoiding, distraction and social distraction; at adaptation difficulties such female students are inclined to look for external support, to minimize stress by means of communication and social interaction, relying upon own regulatory and volitional skills and personal qualities in a less degree.

The statistical analysis showed that in general we may attribute male students with **“Volitional Self-Control”** as a leading factor to the unadaptive level of psychological health. In this case the necessity of volitional regulation and mobilization is explained by either motivation deficiency or existence of deep motivational conflicts which settlement demands additional, and, probably, redundant volitional efforts and psychological resources. We generally attribute male students with **“Stability”** as a leading factor to the indefinite level of psychological health; in man's sample the adaptive level corresponds to the prevalence of the **“Life Controllability”** factor.

In the subgroup of female students respondents with **“Psychological Defense”** as a leading factor are more often attributed to the unadaptive level of psychological health. The adaptive level is mostly presented by students with **“Self-Control”** as a leading factor. Students with **“Overcoming”** as a leading factor more often show the indefinite level.

According to the monitoring data, communicative tolerance (according to Boyko's test) is statistically significantly connected with the following indices of psychological health of students of SFedU:

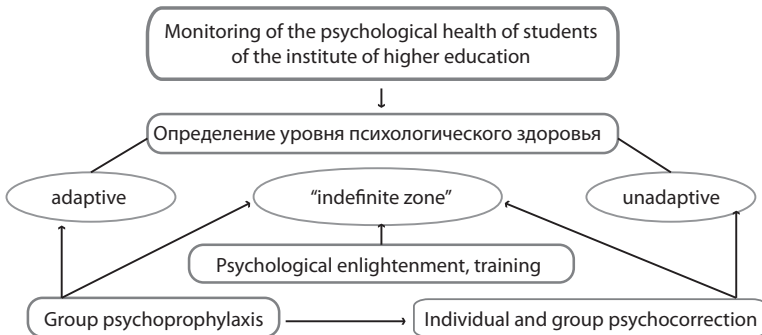


- 1) "Personal self-appraisal", which is a kernel of self-control and defines the degree of adequacy of self-perception and appraisal of own capabilities;
- 2) "Self-understanding and acceptance / rejection of self";
- 3) "Acceptance / rejection of others";
- 4) "Dominating coping-strategies which a person prefer in stressful situations".

The students showing adaptive level of psychological health have higher communicative tolerance. It is because of optimization of self-appraisal, self-acceptance, and development of coping-strategies. The otherness of another person or social object ceases to be a stress and frustration source for them.

As a whole our technique makes it possible differentially to estimate psychological health in student's sample according to the three-level model and in accordance with a dominating factor which enable planning of further psychocorrectional and training arrangements with the studied students and defines the sequence of application of concrete health-improving psychotechnologies in work with them.

The system of monitoring makes it possible to solve important scientific and practical problems. Timely revelation of disorders of psychological health of students and relevant arrangements directed on their correction are among them. The second sphere of aims includes development of a comprehensive interfaculty program of social adaptation, psychoprophylaxis and psychocorrection within which one may render urgent psychosocial assistance and organize training in concrete technologies of health-improvement, self-control and the development of sanogenic thinking.



Scheme 1. Stages of health-improving work with students of the institute of higher education

Students carry out psychoprophylactic, psychocorrectional and educational arrangements according to results of monitoring, i. e. taking into account the established level of psychological health. At the highest, adaptive level the health-improving work may come to nothing more than psychological enlightenment, group psychoprophylaxis and self-control trainings. Students with the average and low lev-



els of psychological health need additional individual and group psychocorrectional studies (see Scheme 1).

Thus, we may distinguish the following main forms of psychological health improving work with students of the institute of higher education:

- 1) **psychological enlightenment** (lectures, individual and group consultations in the paradigm of health psychology);
- 2) **complex psychodiagnostics** (monitoring of psychological health);
- 3) **group psychoprophylaxis**;
- 4) **individual and group psychocorrectional studies** including the organization of student's discussion groups and groups of self-help;
- 5) **psychosocial trainings**.

Within the program of complex health improvement of students they may apply the following health-improving technologies.

1. **Educational sanogenic technologies**, which promote increase and development of students' general culture of health.
2. **Analytical health-improving technologies** focused on self-knowledge and self-understanding (including self-acceptance), realized in a format of specialized groups of self-knowledge.
3. **Body-oriented health-improving technologies** directed on decrease in mental stress by means of removal of chronic muscular blocks and clips, authentic movement and expressive training.
4. **Technologies of increase of level of self-control** directed on development and the development of regulatory skills promoting the general optimization of health.
5. **Stress management technologies** (or coping-technologies, for example, "Stress Inoculation"), which enable to master effective strategies of coping with stressful and extreme situations.
6. **Behavioural technologies** with role-playing, which develop skills of successful adaptive behavior in a wide range of situations of socio-psychological interaction.
7. **Communicative technologies**, urged to optimize the sphere of student's communication and interpersonal interaction due to increase of communicative tolerance and development of effective communicative skills.
8. **Cognitive health-improving technologies**, promoting formation of skills of sanogenic thinking and transformation irrational beliefs, pathogenic cognitions, intolerant stereotypes and attitudes which interfere with successful adaptation in the educational space of the institute of higher education and may be prerequisites of extremism in the youth environment.
9. **Art-therapeutic technologies** which discover students' creative potential and increase their creativity (they are based on various techniques of creative self-expression).

The mentioned technologies are applied in a complex, on the basis of system un-



derstanding of psychological health according to principles of activity, consciousness, individual responsibility and integrity (respect for personal integrity of the student).

The training component of the health-improving program includes a number of special blocks.

1. **Trainings of self-regulation** providing development of steady skills of coping and stress management, development of effective coping-strategies, group mastering of such psychotechnologies as autogenic training after Y. Schultz and H. Lingdemang, psychotraining of H. Silva, etc.
2. **Communicative trainings** directed on development of skills of constructive social interaction / communication and increase of communicative tolerance.
3. **Trainings of self-knowledge and personal growthgroups** which provide increase of the level of students' self-understanding and self-acceptance.
4. **Trainings of creative self-expression and self-disclosure**, which realize the creative potential of the person, develop his/her spontaneity, creativity, role flexibility (with art therapy and psychodrama elements).
5. **Trainings of tolerance** [11] focused on formation of tolerant behavior, thinking and world outlook.

In whole the described technologies of diagnostics and correction of psychological health promote the increase in stress tolerance and the tolerance of the person, his/her stage-by-stage adaptation and integration into the high school educational space and may be considered as an effective component of formation of tolerant anti-extremist attitudes in the youth environment. The author has realized the conceptual model given in this article at Southern Federal University within the interfaculty educational-training program "Health Culture" (among third-year students of all faculties of SFedU) during the period from 2005 to 2013.

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