

Development of health-saving competencies in students from dysfunctional families as a factor of socialization and formation of a healthy behavior model

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ABSTRACT

The paper presents a study of the specific features of socialization, as well as the formation and development of health promoting competences in students from dysfunctional families. The authors of the paper conducted a theoretical and methodological analysis of the stated problem (the characteristics of the main groups of dysfunctional families and their classification are given; the content of the concept of deviant behaviour as a factor of desocialization of the student's personality is uncovered), and an empirical study was carried out. Based on the results obtained, an additional education program was designed and tested, aimed at the formation and development of socialization skills and health promoting competences in students. It has been proved that after doing the program, students have developed the following personal qualities required for successful socialization in society: personal identification (knowing their desires, needs; strengths and weaknesses; ideas about their character traits); ideas about the skills of communicative behaviour. Creative imagination mechanisms were developed and an idea of the world of professions was formed. As part of the formation of health promoting competences, students developed coping behaviour skills in difficult life situations and coping strategies. In addition, the authors of the paper provide methodological recommendations for the introduction of the designed program into the practice of the educational process.

Keywords: Health-promoting competences; Socialization of students; Dysfunctional family; Educational technologies; Upbringing and development.

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INTRODUCTION

The formation and development of the individual's personality occurs in the development process. The family plays the most important role in this process. In a dysfunctional family, the psychological instability of the child's personality begins from early childhood. It is from childhood under the influence of unfavourable factors that negative attitudes for the further personality development are formed. The difference between family and public education is that upbringing in the family is based on feelings of love, mutual respect and trust. It is these feelings that determine the psychological climate in the family, the level of relationships between its members, accompanying a person from the moment of birth to adulthood. When there are dissocializing factors in the family, the family upbringing of the child can lead to the formation of asocial forms of behaviour (Goloshumova et al., 2019a).

The socialization of a child in a dysfunctional family lead to the fact that he does not develop elementary knowledge about the norms and rules of behaviour, social motives, and normative attitudes. In connection with the specific features of the mental development of the person, a child brought up in an asocial family, up to adolescence, demonstrates one way or another socially acceptable patterns of behaviour. However, the teenage years, characterized by the complexity of the formation of mental constructs (the formation of the self-concept, the feeling of adulthood, the ability to exercise introspection, a change in the main type of activity, etc.) leads to the fact that the child does not find the resources and socially acceptable ways to cope with a difficult life situation. The asocial family thus leads to the formation of various types and forms of deviant behaviour in teenagers and adolescents (Goloshumova et al., 2019b; Salakhova et al., 2019). Among them, the most common are the following:

- Juvenile delinquency (delinquent behaviour);
- Teenage homelessness and neglect;
- Various forms of addiction (gaming addiction, tobacco smoking, drug addiction, etc.) and other forms of deviation.

In this regard, a dysfunctional family is a direct factor and cause of desocialization of a teenager's personality.

The importance of the study presented in the paper is determined by the fact that it is necessary to develop and implement additional education programs aimed at developing health-promoting competencies of students from dysfunctional families to minimize the development of deviations in the teenage and youth milieu in the education system (Smyshlyaev et al., 2021).

The scientific problem of the study lies in the fact that, along with numerous both foreign and domestic studies devoted to the problem of socialization of children and adolescents from dysfunctional families, today the growth of deviations in this category still continues, and methods and programs aimed at eliminating the causes of deviations do not have sufficiently effective action.

In connection with the outlined problem, the object of our study was the process of socialization and the process of forming health-promoting competences in teenagers from dysfunctional families.

The subject of the study: improving the activities of the educational and upbringing process aimed at socializing teenagers from dysfunctional families.

The study hypothesis: the activity of subjects of the educational process on the socialization of teenagers and adolescents from dysfunctional families will be successful if, based on the analysis of scientific literature,

a characteristic of the main groups of dysfunctional families is given, the content of the concept of deviant behaviour as a factor in desocialization of adolescents is revealed, its main causes are identified, and the specificity of the organizer's activities with young people is determined to socialize adolescents from dysfunctional families and guidelines for its improvement are developed (Ataniyazova, 2001).

Based on the identified research problem and the formulated hypothesis, we set the following research objectives:

- To analyse scientific literature on the research topic;
- To give characteristics of the main groups of dysfunctional families and their classification;
- To reveal the content of the concept of deviant behaviour as a factor in teenager's desocialization;
- To reveal the specifics of the specialist's activities working with youth on the socialization of teenagers and adolescents from dysfunctional families;
- To design a program of additional education for teenagers and adolescents from dysfunctional families, aimed at the formation of health-promoting competences;
- To develop guidelines for the implementation of the program in the practice of the educational process.

The scientific novelty and theoretical significance of the study lies in the systematization and structuring of the activities of the subjects of the educational process for the socialization of teenagers and adolescents with deviant behaviour, the identification of its specifics in dysfunctional families.

The practical significance of the study lies in the development of criteria-based characteristics of the effectiveness of the socialization process for adolescents from dysfunctional families; in designing a program of additional education for adolescents from dysfunctional families, aimed at the formation of health-promoting competences and methodological recommendations, for its successful implementation.

The studies conducted by K.A. Abulkhanova-Slavskaya (1980, 1991), B.G. Ananiev (1968, 1980, 1997), N.P. Dubinin (1983), I.S. Kon (1967, 1978), Ya.I. Gilinsky (1997), A.A. Rean (1994), V.M. Tseluiko (2003), S.L. Rubinstein (1976), E.V. Zmanovskaya (2003), V.D. Mendelevich (2005), L.B. Schneider (2005) and many others formed the theoretical and methodological basis of the study.

Literature review

Dysfunctional family as a factor in adolescent deviation

A dysfunctional family is an important cause of mental and social deviations in the development of a teenager. N.P. Ivanova (2006) understands a dysfunctional family as *"a family that cannot cope or ignores the fulfilment of its basic, especially educational, functions. This is a family where the child is experiencing ill-being, where there is no good for the child"* (Gumirova & Ivanova, 2019).

In social and humanitarian knowledge, a dysfunctional family has many ambiguous definitions. Thus, an asocial family is considered as a dysfunctional family; a single-parent family (a family consisting of a child and one parent); a socially unprotected family, a low-income family, etc.

V.M. Tseluiko (2003) in his works says about *"two types of dysfunctional families, each of which has its own characteristics. The first type of families is characterized by an obvious form of ill-being and comprises asocial and criminal families"* (Tseluiko, 2003; Medvedeva, 2013). Single-parent and low-income families also belong to this type. The second type of families is distinguished by a latent form of distress, and it is a family that

outwardly demonstrates socially acceptable patterns of behaviour, but the value attitudes and parental models of upbringing in them differ sharply from generally accepted moral values.

Despite the distinctive features of the two types of dysfunctional families, they have one thing in common that raising a child in a given family leads to desocialization of the adolescent's personality, and, as a consequence, to the formation and development of deviant behaviour.

It is worth noting that the mentioned typology is not exclusive one. In the scientific literature, a special type of families is also distinguished, which is designated as the "borderline family". Difficulties and critical situations that are characteristic of this type of family lead to the development of alienation and interpersonal, as well as intrapersonal conflicts, which creates the preconditions for the emergence of deviant behaviour in teenagers and adolescents.

Another problem generated by a dysfunctional family is child abuse. Teenagers who have been or are being abused by their parents have a large number of psychological problems. They are deprived of a sense of security, have sleep disorders, do not trust people, get angry at their family and the world around them. Any kind of cruelty is detrimental to the child and leads to an increase in the majority of problems. But all these problems have one thing in common: harm to both the physical and psychological health of a teenager. Teenagers and adolescents who have gone through domestic violence tend to reproduce violence and their cruelty, aggressiveness increases.

An analysis of the problem of a dysfunctional family and its impact on the development of a child's personality showed that the majority of the group of children from dysfunctional families have violated the conditions of their socialization. "Socialization (from Lat. *Socialis* - social) is the process of personality formation, the individual's assimilation of language, social values and experience (norms, attitudes, patterns of behaviour), culture inherent in a given society, social community, group, reproduction and enrichment of social ties and social experience. This is a continuous and multifaceted process" (Mardakhaev, 2011; Medvedeva, 2013).

In modern social and humanitarian literature, there are a large number of classifications of dysfunctional families, but each of them has a negative impact on the life of a teenager, which in the future has a detrimental effect on his mental, physical, social, intellectual development and the process of socialization.

The main reasons for deviant behaviour of adolescents from dysfunctional families

The period of human development from 11-12 to 15-17 years is considered adolescence. This age is characterized by accelerated physical and mental development, rethinking of one's life positions takes place, the opinion of the adolescent's surrounding world, especially his peers, comes to the fore. However, educators and psychologists distinguish between one's teens and adolescence. There is no consensus on the definition of the chronological framework. It can be said conditionally that teenage years is a transitional period between childhood and adolescence.

It is during teenage years that a person's value system and worldview are formed. It is generally accepted that teenage years is a turning point, a transitional, critical period in a person's life. A characteristic feature of this crisis period is the inability to answer the question completely "Who am I?". To answer this question, a teenager tests himself in various life situations. We can say that teenage years is a time of trial and error and the specific experiences associated with them. The need to realize one's "self", to understand what one is capable of, to find one's place in this huge world pushes the teenager into a situation of experiment, trial and error. It is in such situations that the teenager sets the boundaries of his "Self", and the situations

themselves are fraught with danger, risk and sometimes deviant behaviour. A characteristic feature of the study of the teenage problems is not only the individual situation of the mental development of a teenager, but also what requirements contemporary society imposes on the younger generation.

“Deviating, or deviant behaviour (from the Latin deviatio - deviation) - actions that do not correspond to the officially established or actually established in a given society (social group) moral and legal norms and lead the offender (deviant) to isolation, treatment, correction or punishment. The main types of deviant behaviour are: crime, alcoholism, drug addiction, suicide, prostitution, sexual deviation. Synonyms - deviating behaviour, deviation. The concept of deviant behaviour is broader than the concepts of “delinquency” (illegal, criminal, criminal behaviour) and “antisocial behaviour” (asociality)” (Voronina, 2017; Zmanovskaya, 2003).

Deviant behaviour is divided into four types (Zmanovskaya, 2003): 1) aggressive behaviour; 2) delinquent - illegal behaviour; 3) addictive - dependent behaviour; 4) suicidal (auto-aggressive) behaviour; 5) group deviations (terrorism, extremism, etc.).

In today's world, the link between the individual, family and society is provided in a high-quality reorganization of social relations, which activate not only positive, but also negative changes in various areas of social life. Various problems of social groups in a market economy give rise to the destruction of interpersonal relationships, the development of the problem of “*fathers and children*”, the devaluation of family values.

The young generation, in particular teenagers, is experiencing the greatest problems in adapting to the conditions of the current difficult financial, socio-political, spiritual life. The deviant behaviour of teenagers is considered, on the one hand, as the result of multidirectional and discordant actions taking place in society as a whole, but on the other hand, as the changes taking place in the person's closest environment, that is, in the family. The significance of the family in society is incomparable in its strength, with any other social institutions since the individual's personality is formed and changed directly in the family.

Among the factors in the formation of teenage deviation, the role of the unfavourable position of the family prevails, which is formed as a result of changes in the economy, politics and in public life. The main moral qualities of a person are laid down, generally accepted norms of behaviour are created, the inner world of a teenager, as well as personal qualities, are revealed directly in the family.

In contemporary society, there are a large number of teenagers from single-parent dysfunctional families. Single-parent families are of a heterogeneous nature and as a result, a huge number of problems appear that adversely affect the emerging personality of a teenager. In recent years, the number of divorces has been rising, a large number of children born out of wedlock and a rather high mortality rate among adults who were at a relatively young age are growing due to many reasons (diseases, alcoholism, accidents, drug addiction, etc.). And the consequence of this is an incomplete family in which one or more children are brought up.

The reason for the emergence of many negative qualities in teenagers is the inability of parents to take into account the age characteristics of a teenager. If parents do not begin to communicate with a teenager as an adult, then this situation leads to various kinds of conflicts, the teenager begins to wage a struggle against his parents covertly or openly. To do something out of malice is in the spirit of teenagers.

Proceeding from the foregoing, we can be convinced of the huge role of the family in the process of shaping the health and psyche of the younger generation. One should devote much more time to teenagers from

dysfunctional families, since such a family and parents have a bad influence on the development of the child's personality, which most often leads to various forms of deviant behaviour.

The main approaches to the diagnostics of the socialization effectiveness of teenagers from dysfunctional families

According to statistics in the Russian Federation over the past decades, there has been a rise in the number of dysfunctional families. In connection with this situation, it is necessary to carry out preventive activities with teenagers from these families, and for this purpose the specialists of the education system must have specially designed programs.

To accomplish the goals and objectives of our study, an empirical study was carried out at secondary schools in Moscow. The study sample comprised 600 students studying in grades 8-11. The age of the subjects was between 13 and 18. In the framework of the study, the following diagnostic techniques were used: the technique for studying the socialization of a person, designed by M.I. Rozhkov (2009); the technique for studying communicative and organizational inclinations (COI), developed by V.V. Sinyavsky and V.A. Fedoroshin (2002).

The results of the study showed that the majority of school students from dysfunctional families have a low level of socialization, the development of adaptive abilities, as well as a lack of coping strategies.

Forty-one percent of the total number of school students have a low level of social adaptation. Fifty percent of the total number of teenagers and adolescents have an average level of adaptation. Nine percent of school students have a high level of adaptation (Figure 1).

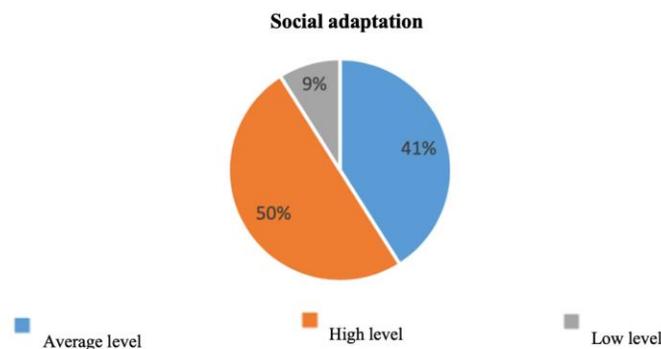


Figure 1. Level characteristics of students' social adaptation.

A low level of social autonomy is observed in 36% of the respondents. Forty-six percent of the total number of students have an average level of autonomy and 18% have a high level of social autonomy (Figure 2).

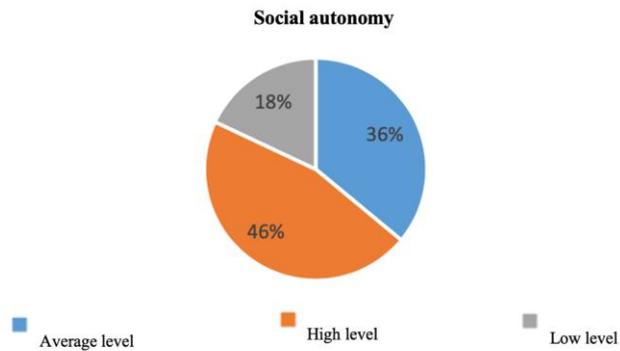


Figure 2. Level characteristics of students' social autonomy.

The distribution of respondents by the formation levels of social activity has showed that 46% of students have a low level. Fifty percent of the total number of students have an average level of social activity and 4% have a high level (Figure 3).

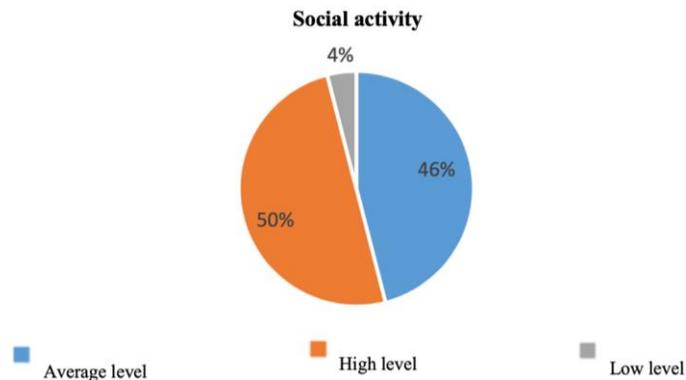


Figure 3. Level characteristics of students' social activity.

Fifty five percent of students have a low level of moral education, 36% of adolescents have an average level and 9% of students have a high indicator of moral education (Figure 4).

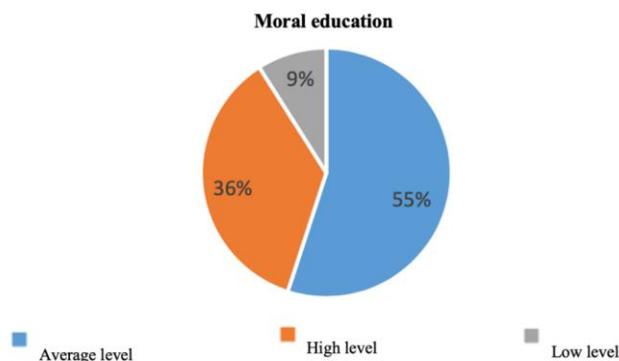


Figure 4. Level characteristics of students' moral education.

The predominance of school students with a low level of socialization over students with a high level, emphasizes the need to solve the outlined research problem.

The formation of communicative qualities is an important factor in the person's socialization. Communication skills are the ability of a person to interact with other people, adequately interpreting the information received, as well as correctly transmitting it (Isakhanova, 2016).

To determine the formation level of communicative qualities in teenagers from dysfunctional families, a technique for studying communicative and organizational inclinations (COI) was chosen, designed by V.V. Sinyavsky and V.A. Fedoroshin (2002). This technique allows one to differentiate the formation of communication skills among teenagers and adolescents into 5 levels (Ivanova, 2006).

After employing this technique, the following results were obtained. Twenty-three percent of teenagers have a low level of development of communication skills. A level below average is observed in 36% of the subjects. Twenty-seven percent of teenagers have an average level of development of communication skills. Fourteen percent of teenagers showed a high level of the development of communication skills (Figure 5).

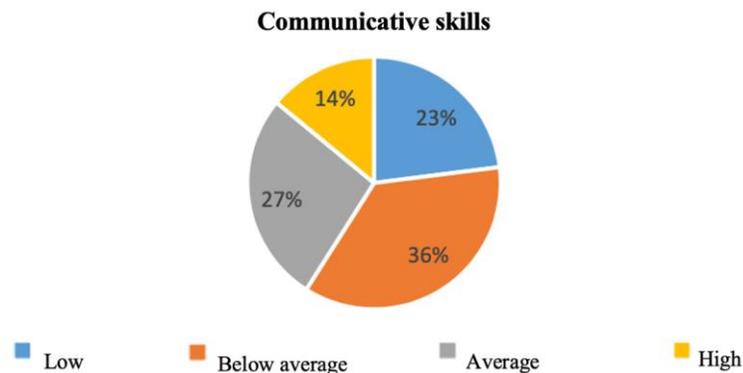


Figure 5. Level characteristics of the development of communication skills among students.

Thus, one can assert that the majority of students from dysfunctional families have a low level of socialization, the development of adaptive abilities, as well as a lack of coping strategies. The conclusions drawn confirm the topicality of our study and the need to develop an additional education program aimed at socializing the teenagers' personality and the formation of health promoting competences.

RESULTS AND DISCUSSION

Socialization is a continuous and multifaceted process that continues throughout life. The current situation (social inequality, retreat from traditional family values, economic crisis, etc.) has exacerbated family problems. The majority of families experience deterioration of conditions for the implementation of basic socially significant functions. These problems indicate the need to improve the system for the successful socialization of teenagers and adolescents from dysfunctional families, since it is the children from such families that are at high risk. In connection with the topicality of this problem, we have developed and tried out a program of additional education aimed at socializing the students from dysfunctional families and the formation of health-promoting competences in them (hereinafter referred to as the Program).

The purpose of the Program: development of socialization skills and health-promoting competences in teenagers and adolescents from dysfunctional families.

Objectives of the program:

- formation and development of communicative culture;
- Development of volitional regulation of behaviour and activity;
- Development of moral standards and values;
- Development of hardiness and teaching the skills of coping behaviour;
- Formation of health-promoting competences;
- Providing assistance to teenagers and adolescents in difficult life situations;
- Formation and development of an active civic position among teenagers and adolescents.

The program consists of five sections (Table 1). The program is implemented in groups of students of no more than 10-12 people. The program includes both traditional (lectures, seminars, roundtables) and active and interactive teaching methods (trainings, networking, role-playing games, psychodrama, etc.).

Expected results of the program

As a result of the activities done teenagers should have formed personal qualities required for successful socialization in society:

- Personal identification has been formed (knowing one's desires, needs; strengths and weaknesses; ideas about one's character traits);
- Communicative behaviour skills have been formed;
- Volitional regulation of behaviour has been formed;
- A motivational and need-based sphere has been formed (learning and cognitive motives);
- Coping strategies have been formed and the coping behaviour skill in difficult life situations has been acquired.

The accomplishment of the set objectives allows one to form a positive attitude of teenagers and adolescents to the development of their personal qualities.

The program is designed for 108 classroom hours. The duration of the session can be changed depending on the number of participants and the volume of the session. The optimal number of participants is 10-12 students, ideally there should be an equal number of boys and girls, or the presence of representatives of both genders in the group. To conduct classes, a separate room with desks and chairs, a blackboard and a projector is required, spacious enough for working in groups, in a circle, in pairs and individually. Clear information about the upcoming class is required. Classes consist of both individual and collective forms and contain the following elements:

- Warm-up, doing exercises that help create a trusting atmosphere within the group and the mood for active work;
- Lectures, talks, dialogues and discussions; familiarization with the theoretical part of the classes; diagnostics of conditions using various psychodiagnostics tests, techniques, questionnaires; business and role-playing games; playing and analysing various conflict situations;
- Introspection as a result of accomplishing the tasks.

Table 1. Program structure.

Name of the sections and topics	Total	Types of classes				Competence
		Classroom studies				
		Lectures	Classes, seminars	Laboratory work	Self-study work	
1	2	3	4	5	6	7
Section 1. Formation of social position of an individual						
Topic 1.1. Socialization of a person: factors and determinants of development	4	2	2	-	-	OC-6
Topic 1.2. Strategies and mechanisms of socialization. Diagnostics of a person's socialization level. Formation of socialization skills.	8	2	2	2	2	PC-3 PC-10
Section 2. Development of spiritual and moral qualities of teenagers' personality						
Topic 2.1. Specific features of forming and developing values and attitudes in a person in contemporary society	8	2	2	2	2	PC-3 PC-10
Topic 2.2. Value and meaning framework of an individual's personality: formation and development	8	2	4	-	2	PC-10 PC-11
Section 3. Development of communicative and emotional-volitional sphere						
Topic 3.1. Formation and development of communicative skills	12	2	4	4	2	PC-3 PC-10 PC-11
Topic 1.2. Formation and development of volition regulation activity	12	2	4	4	2	PC-3 PC-10 PC-11
Section 4. Development of motivation and needs sphere						
Topic 4.1. Motivation, needs and motives: theoretical and practical aspect	10	2	4	2	2	PC-3 PC-10 PC-11
Topic 4.2. Formation and development of learning and cognitive motives	10	2	4	2	2	PC-3 PC-10 PC-11
Section 5. Formation and development of health-promoting competences (practical session)						
Topic 5.1. Social and psychological training of hardiness. Personal harmonization as an indicator of psychological hardiness.	12	2	4	2	4	PC-10 PC-11 PC-14
Topic 5.2. Formation of constructive behaviour of a person.	12	2	4	2	4	PC-11 PC-14
Topic 5.3. Overcoming difficult life situations.	12	2	4	2	4	PC-11 PC-14
Total	108	22	38	22	26	

As a result of the Program testing in the 2019-2020 academic year, in September 2020, we conducted a second psychodiagnostics of the students who completed the training under the Program and took part in the first stage of the study. The following results were obtained.

Nineteen percent of students have a low level of social adaptation; 40% of the total number of teenagers have an average level of adaptation; 41% of students have a high level of adaptability.

A low level of social autonomy is observed in 16% of the respondents; 36% of the total number of students have an average level of autonomy and 70% have a high level of social autonomy.

The distribution of respondents according to the levels of social activity formation has showed that 26% of students have a low level; 40% of the total number of students have an average level of social activity and 34% have a high level.

Twenty-five percent of students have a low level of moral education, 46% of adolescents have an average level and 29% of students have a high indicator of moral education.

After applying the technique aimed at studying communicative and organizational inclinations (COI), designed by V.V. Sinyavsky and V.A. Fedoroshin (2002), the following results were obtained. Nineteen percent of the teenagers have a low development level of communication skills. A level below average is observed in 6 % of the subjects. Thirty-seven percent of teenagers have an average development level of communication skills. A high level of the development of communication skills was recorded in 24 % of teenagers.

Thus, the results of this study give grounds to conclude that it is necessary to introduce the designed Program of Additional Education into the educational process, aimed at socializing the personality of adolescents and the formation of health promoting competences.

CONCLUSION

The presented study provides a description and content of activities aimed at developing socialization skills and health-promoting competences in teenagers from dysfunctional families. The designed Program in the framework of the indicated problem is a set of classes that are focused on the formation and development of socialization skills and health-promoting competences in teenagers. It is necessary to work with a group of 10-12 teenagers for successful implementation. During the implementation of the Program, various outdoor games, trainings, group and individual tasks, role-playing, business and simulation games and much more can be used.

After accomplishing the Program, teenagers and adolescents have developed the following personal qualities required for successful socialization in society: personal identification (knowledge of one's desires, needs; strengths and weaknesses; ideas about their character traits); ideas about the skills of communicative behaviour; mechanisms of creative imagination are developed; an idea of the world of professions was formed. As part of the formation of health-promoting competences, students have developed coping behaviour skills in difficult life situations and coping strategies.

Thus, in the course of the study the objectives set were accomplished: scientific literature on the research topic was analysed; the characteristics of the main groups of dysfunctional families and their classification

were given; the content of the concept of deviant behaviour as a factor in a teenager's desocialization is revealed; a program was designed and tested that is aimed at the formation and development of socialization of teenagers from dysfunctional families and health-promoting competences; methodological recommendations for the implementation of the Program in the practice of the educational process are presented.

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