Influencia del país de residencia de los estudiantes extranjeros en su salud mental durante el período de estudio

Influence of the country of residence of foreign students on their mental health during the period of study

Elnara Shafiyeva\textsuperscript{1a}, Sevinj Allahyarova\textsuperscript{2}, Aydan Samandarova\textsuperscript{3},
Tarana Babayeva\textsuperscript{4}, Sevinj Quliyeva\textsuperscript{5}

Baku State University, Baku, Azerbaijan\textsuperscript{12345}

ORCÍD ID: https://orcid.org/0000-0003-0007-1821\textsuperscript{1}
ORCÍD ID: https://orcid.org/0000-0002-0503-9006\textsuperscript{2}
ORCÍD ID: https://orcid.org/0000-0001-9086-3966\textsuperscript{3}
ORCÍD ID: https://orcid.org/0000-0003-4616-2665\textsuperscript{4}
ORCÍD ID: https://orcid.org/0000-0002-8128-1347\textsuperscript{5}

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Resumen
Para un estudio comparativo del estado mental y adaptación en el país de residencia de estudiantes de China y Turquía, se llevó a cabo una batería de pruebas. Se usaron métodos específicos para diagnosticar una evaluación operativa del bienestar, la actividad y el estado de ánimo (WAN); la autoevaluación de estados mentales; y un cuestionario clínico para la identificación y evaluación de estados neuróticos. Gracias a ello, se identificó el estado psicoemocional de un adulto en el momento del examen, y se determinaron los niveles de dichos estados mentales, como ansiedad, frustración, agresividad y rigidez. Asimismo, se realizó una evaluación cualitativa y un análisis de las manifestaciones neuróticas, lo que permite identificar los principales síndromes de los estados neuróticos. Un análisis comparativo de los resultados del estudio, según la posición territorial de la patria de los estudiantes extranjeros, comprobó que el bienestar subjetivo (cambios en el estado de ánimo, la actividad y el bienestar) son culturalmente específicos. Además, el análisis estadístico de los resultados del estudio encontró que los estudiantes extranjeros en proceso de adaptación intercultural en las nuevas condiciones socioculturales son más dependientes del entorno social y también muestran síntomas psicoemocionales más pronunciados.

Palabras clave: Estudiantes, adaptación, salud mental, trastornos, estudiantes extranjeros.

\textsuperscript{a}Correspondencia a la autora
E-mail: elnara.shafiyeva@gmail.com
Abstract
For a comparative study of the mental state and adaptation in the country of residence of students from China and Turkey, a battery of tests was carried out. Diverse methods were used, and in particular: a method for diagnosing an operational assessment of well-being, activity and mood (WAN); a self-assessment of mental states; and a clinical questionnaire for the identification and evaluation of neurotic states. Therefore, the psycho-emotional state of an adult was identified at the time of the examination, the levels of such mental states were determined, as anxiety, frustration, aggressiveness, and rigidity. Likewise, a qualitative analysis of neurotic manifestations was carried out, which makes it possible to identify the main syndromes of neurotic states. A comparative analysis of the results of the study, depending on the territorial position of the homeland of foreign students, tested that subjective well-being - changes in mood, activity and well-being - are culturally specific. Also, the statistical analysis of the results of the study found that foreign students in the process of intercultural adaptation in new socio-cultural conditions are more dependent on the social environment, and also show more pronounced psycho-emotional symptoms.

Key words: Students, adaptation, mental health, disorders, foreign students

Introduction
Recently, the interest of Chinese youth in education in Azerbaijan has increased. This is due to the fact that there are good relations between the Republic of Azerbaijan and the PRC, with the development of bilateral economic ties, the demand for specialists with knowledge of a foreign language is constantly growing in China, and the level of teaching in Azerbaijani universities meets world educational standards. The training of specialists in a different culture, which presupposes an active entry into the system of national values, traditions, customs, norms and rules of behavior and communication, is becoming relevant. In a new place of residence, students are faced not only with various social, economic and everyday problems, but also with a different culture, a new way of life. They face psychological adjustment problems and culture shock.

Results suggest that the IPP participants showed significantly higher social adjustment scores than the nonparticipants. Additionally, students from Asian countries had more difficulty adjusting to campus life than international students from non-Asian countries (Abe, et.al, 1998). Research has shown that friendships between students, mostly from Asia: six from Japan, Korea, the Philippines, Taiwan, and Thailand; and American students, reduce psychological problems associated with adaptation (Bochner et al., 1982). However, a number of studies have concluded that although psychological adaptation and socio-economic adaptation are related, they should be considered conceptually different (Bodycott, 2009).
Considering mental health as a state of internal psychological well-being, the adequacy of the mental activity being carried out, which tend to ensure the determinism of mental phenomena, the harmonious relationship between the reflection of the circumstances of reality and the attitude of the individual to it, the adequacy of reactions to the surrounding social, mental and physical conditions of the personality's existence, it should be stated that the priority role mental health of students. Therefore, the study of adaptive mechanisms among students living in different ecological and climatic conditions is of particular interest, since education at the university proceeds against the background of natural-ecological and social pressure, and the lifestyle is fraught with negative consequences for their health in the future (Andreeva, 2018). At the same time, the facts of achieving positive results in the adaptation of foreign students to local conditions during the study period were revealed (Manson, 1997). However, along with all this, there are serious gaps in this area. In this study, we will examine possible gaps in the study of the impact of foreign requirements on the adaptation of the country in which they live during their studies.

Methodology

Design
Quantitative approach was used as a methodological direction in the research, and the corresponding type of research was applied (Creben, 2007). Appropriately tested experimental methods were also used (Lira et al. 2007). We have sought to recognize the impact of social adaptation on foreign students during their studies and their impact on their health. We considered it necessary to apply adaptation strategies during the training sessions. The applied adaptation program can improve the problems of foreign requirements.

Participants
The participants of the study were Chinese and Turkish students aged 20-26 studying in the 3rd year of Baku State University. Among the participants were Chinese students: 49 people (19 men, 30 women) and Turkish students: 49 people (35 men, 14 women), 44, 89% women, 55, 11% men. 80.27% of the students of both sexes who attended regularly attended classes. They were informed and agreed. In addition, 60 students, 60% men and 40% women in the field of social sciences
selected from Baku State University as examples. Selection was unlikely for convenience (Kornienko, 2012). Because the subjects that meet the criteria of inclusion and exclusion were selected. Therefore, the reliability of the results obtained depends only on the success of the selection of such elements (Furnham, 2019).

**Instruments**

We have developed a series of tests to study the impact of the country of residence of foreign students on their mental health during their studies. The methods for the representatives of the Turkish and Chinese examples have been translated into the native languages. The Diagnostic methodology of operative assessment of health, activity and mood (WAM) was used. The technique is designed to quickly assess the psycho-emotional state of an adult during the examination (Barkanova, 2009).

In developing the methodology, the authors argued that the three main components of the functional psycho-emotional state — well-being, activity, and mood — could be characterized by polar assessments in which there was a consistent sequence of intermediate values. WAM is a map (table) containing 30 pairs of opposite features that reflect the studied features of the psycho-emotional state (well-being, activity, mood). Each state is represented by 10 pairs of words. The questionnaire has a rating scale between the polar features. The subject is asked to link his condition to a certain assessment on a scale (to indicate the severity of one or another characteristic of his condition). During the processing of the survey results, the scores are recalculated from 1 to 7 “raw” points. Quantitative score is the sum of initial scores for different categories (or their arithmetic mean).
WAM is widely used in the assessment of the mental state of sick and healthy people, in the assessment of psycho-emotional response to stress, in determining the biological rhythms of individual characteristics and psychophysiological functions. For the indicators used in psychometric testing, the calculation of discrimination indices was carried out by the method of contrast groups. Among the presented types of validity: constructive and current. Construct validity was established on the basis of comparison with the results of psychophysiological methods, taking into account the indicators of the critical frequency of flashing, body temperature, chronoreflexometry (speed of motor reactions). Current validity was established by comparing the data of contrast groups, as well as by comparing the results of the subjects at different working hours.

In the case of "Self-assessment of mental states". The test was developed by renowned psychologist Hans Eysenck (Eysenck & Eysenck, 1975). Hans Eyenck’s personality questionnaires have rather high coefficients of validity and reliability and are widely used in practical psychodiagnostics. The Mental States Self-Assessment Questionnaire is designed to diagnose the severity of such conditions as anxiety, frustration, aggressiveness, and rigidity. The questionnaire is a list of 40 approved ions, which the subject must evaluate relative to himself on a trichotomy scale (answer options: “suitable”, “suitable, but not very suitable”, “not suitable”). At the same time, the statements are grouped into 4 scales: anxiety, frustration traction, aggressiveness, rigidity.

![Fig. 1 Age indicators of students](image_url)
The average values for all groups of mental states (A-D) for the samples of students in China and Turkey are 3.2 and 4.2, respectively. At first glance, they are significantly different. To clarify this issue, we use the method of comparing two elementary statistics with each other (Student's t-test formula). After completing all calculations, we get the indicator $t \approx 1.47$. By setting the probability allowable error equal to 0.05, we make sure that for a given number of degrees of freedom and a given probability of allowable error, the value $t$ (table) should not be less than 2.01. In our case, this indicator turned out to be equal to 1.47, that is, less than the table. Therefore, the sample means, equal in our case to 3.2 and 4.2, are statistically not significantly different from each other.

**Data collection**

The research began with an approach to a proven problem in high school; then permission was required from the educational institution to obtain the information through a documentary presentation required by the competent authority. Once agreed, the tools were applied in such a way that the data could be entered into the SPSS27 statistical program for differential analysis in accordance with the proposed objectives. After processing, they are clearly presented and summarized in tables with the necessary analysis and comments.

**Statistic procedure**

The interview data was coded and analyzed using the SSPS 27 computer program. Clinical questionnaire for the identification and assessment of neurotic conditions. This test questionnaire is used to assess neurotic conditions. The test was developed by Mendelevich (2005). The neurotization questionnaire makes it possible to qualitatively analyze neurotic manifestations, and to identify the main syndromes of neurotic states. The questionnaire consists of 68 questions and includes six scales: anxiety, neurotic depression, asthenia, hysterical type of reaction, obsessive-phobic disorders (obsessions), autonomic disorders.

**Ethical criteria**

Prior to this study, an ethics committee was involved; in addition, international ethical aspects of the study, such as benevolence and non-harm, were taken into account, so the results were aimed at achieving goals for the benefit of participants without the intention of harm under any circumstances. Similarly, physical or mental integrity was not compromised (Fouka & Mantzorou, 2011). Since the
desire to participate in research is subject to informed consent and agreement (Weinbaum et al., 2019), the principle of autonomy was also taken into account. Finally, the study raised the information in a confidential manner so that the information obtained (demographic information) was not sent to third parties, but only for learning purposes.

**Results**

To assess the statistical significance of intergroup differences, one-way analysis of variance, Chi-square test, and T-test for independent samples were used. To assess the statistical significance of relationships between variables, the Pearson parametric correlation coefficient and the Spearman nonparametric correlation coefficient were used. The detected statistical patterns were considered significant at p<0.05.

**Table 1**

*Comparative indicators of self-assessment of mental indicators of Turkish and Chinese students in %*

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Anxiety</th>
<th>Frustration</th>
<th>Aggressiveness</th>
<th>Sigidity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>turks</td>
<td>chinese</td>
<td>turks</td>
<td>chinese</td>
</tr>
<tr>
<td>0-7</td>
<td>45</td>
<td>33</td>
<td>86</td>
<td>53</td>
</tr>
<tr>
<td>8-14</td>
<td>55</td>
<td>61</td>
<td>14</td>
<td>45</td>
</tr>
<tr>
<td>15-20</td>
<td>0</td>
<td>6</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>36</td>
<td>43</td>
<td>36</td>
<td>43</td>
</tr>
</tbody>
</table>

**Table 2**

*Table of statistical data on the method of self-assessment of mental indicators in two groups (mean and standard deviation (M ± SD); differences by t criterion, p <0.01)*

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Chinese M(SD)</th>
<th>Turks M(SD)</th>
<th>C/T</th>
<th>C/T</th>
<th>C/T</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>df</td>
<td>t</td>
<td>p</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anxiety</td>
<td>7.65(2.89)</td>
<td>9.31(3.78)</td>
<td>96</td>
<td>-2.43</td>
<td>0.017</td>
</tr>
<tr>
<td>Frustration</td>
<td>4.59(2.76)</td>
<td>7.41(3.01)</td>
<td>96</td>
<td>-4.83</td>
<td>0.000</td>
</tr>
<tr>
<td>Aggressiveness</td>
<td>7.57(3.02)</td>
<td>7.33(2.76)</td>
<td>96</td>
<td>0.42</td>
<td>0.676</td>
</tr>
<tr>
<td>Sigidity</td>
<td>8.29(2.97)</td>
<td>8.63(3.07)</td>
<td>96</td>
<td>-0.57</td>
<td>0.574</td>
</tr>
</tbody>
</table>

As can be seen from the table, anxiety is a characteristic that has a significant impact on the process of intercultural adaptation of a foreign student. As a result of the interpretation of the data obtained, it was found that the average level of anxiety among the Turks is 55%, among the Chinese 61%. This is an acceptable level of anxiety. 6% of Chinese people have a high level - this is due to
their experience of emotional discomfort, tension, concern for the future, as well as dissatisfaction with the life situation. The high severity of anxiety among foreign students indicates that they have frustration states (a high rate in 2% of Chinese students) and fears that are associated with the need to adapt to new socio-cultural conditions.

Changes in the environment, comfortable conditions, the sphere of communication and the rhythm of life (a high indicator of rigidity in 6% of Chinese students), increased requirements for the independence and responsibility of foreign students, mental stress cause chronic emotional stress in them (a high indicator of aggressiveness in 2% of Turkish students), anxiety, provoking a decrease in adaptation. This can negatively affect the fullest personal development and mental health during the professional development of a foreign student.

Assessment and interpretation of points according to the diagnostic technique for the rapid assessment of well-being, activity and mood (WAM). The minimum number of points for each of the three parameters of the state is 10, the maximum is 40, since there are 10 ratings for each parameter (well-being, activity and mood). For comparability of self-assessment results, the coefficient K X "2" is introduced. Then 4 usual gradations of states by intervals can be obtained: 20 - 34, 35 - 49, 50 - 64, 65 - 80. Conditionally, they can be attributed to situational manifestations, respectively: melancholy, phlegm, sanguinia and choleria. The results are reflected in table 3

**Table 3**
*Comparative indicators of the operational assessment of health, activity and mood of Turkish and Chinese students in%*

<table>
<thead>
<tr>
<th>Indicators of situational manifestations</th>
<th>Wellbeing</th>
<th>Activity</th>
<th>Mood</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turks</td>
<td>Chinese</td>
<td>Turks</td>
<td>Chinese</td>
</tr>
<tr>
<td>Melancholy (20-34)</td>
<td>0</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Phlegmata (35-49)</td>
<td>0</td>
<td>12</td>
<td>14</td>
</tr>
<tr>
<td>Sanguinia (50-64)</td>
<td>41</td>
<td>57</td>
<td>37</td>
</tr>
<tr>
<td>Choleria (65-80)</td>
<td>59</td>
<td>29</td>
<td>43</td>
</tr>
</tbody>
</table>
Table 4
Table of statistical data according to the WAM method in two groups (mean and standard deviation \((M \pm SD)\); differences according to the t criterion, \(p < 0.01\))

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Chinese</th>
<th>Turks</th>
<th>C/T</th>
<th>C/T</th>
<th>C/T</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(M(SD))</td>
<td>(M(SD))</td>
<td>df</td>
<td>(t)</td>
<td>(p)</td>
</tr>
<tr>
<td>Wellbeing</td>
<td>59.31(9.81)</td>
<td>66.04(8.05)</td>
<td>96</td>
<td>-3.72</td>
<td>0.000</td>
</tr>
<tr>
<td>Activity</td>
<td>51.39(7.26)</td>
<td>58.45(12.54)</td>
<td>96</td>
<td>-3.41</td>
<td>0.001</td>
</tr>
<tr>
<td>Mood</td>
<td>60.90(11.25)</td>
<td>67.14(9.05)</td>
<td>96</td>
<td>-3.03</td>
<td>0.003</td>
</tr>
</tbody>
</table>

Before proceeding to the analysis of the results according to the diagnostic method "Operational assessment of well-being, activity and mood", it should be noted that when analyzing the functional state, not only the values of its individual indicators are important, but also their ratio. In a rested person, the assessments of well-being, activity and mood are approximately equal, and as fatigue increases, the ratio between them changes.

As a result of a study on correlation to situational manifestations, it was revealed that the state of health of 59% of Turkish students is choleric, and 57% of Chinese are sanguine; the activity of Chinese students is 60% sanguine, and Turkish 43% choleric; mood 59% of Turkish students are choleric, 51% of Chinese are sanguine. The noted differences in the comparative analysis of the research results depending on the territorial (geographical) position of the homeland of foreign students (China, Turkey) indicate that subjective well-being (its individual components: changes in mood, activity and well-being) are culturally specific.

Despite the fact that all foreign students are in identical socio-cultural conditions of the host country, the level of their subjective well-being is significantly influenced by the mental characteristics of their native culture (spiritual values, the significance of social activity, behavior patterns, etc.). The statistical analysis of the research results also found that foreign students in the process of intercultural adaptation in new socio-cultural conditions are more dependent on the social environment, and also show more pronounced psychoemotional symptoms. Assessment and interpretation of points according to the method "Clinical questionnaire for the identification and assessment of neurotic states" According to the instructions, the diagnostic coefficients are summed up on six scales (anxiety, neurotic depression,
asthenia, hysterical type of response, obsessive-phobic disorders (obsessive-compulsive), autonomic disorders). The indicators were:

- more than +1.28 - indicates the level of health,
- less than –1.28 - the painful nature of the detected disorders.

Table 5
Indicators of neurotic states of Turkish and Chinese students on six scales in%

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Alarm</th>
<th>Depression</th>
<th>Asthenia</th>
<th>Hysteria</th>
<th>Obsessive Phobic</th>
<th>Autonomic Disorders</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>T</td>
<td>C</td>
<td>T</td>
<td>C</td>
<td>T</td>
<td>C</td>
</tr>
<tr>
<td>≤-1.28</td>
<td>18</td>
<td>8</td>
<td>45</td>
<td>32</td>
<td>18</td>
<td>16</td>
</tr>
<tr>
<td>-1.28~</td>
<td>22</td>
<td>14</td>
<td>24</td>
<td>27</td>
<td>29</td>
<td>8</td>
</tr>
<tr>
<td>≥+1.28</td>
<td>60</td>
<td>78</td>
<td>31</td>
<td>41</td>
<td>53</td>
<td>76</td>
</tr>
</tbody>
</table>

As can be seen from Table 5, only a small number of students in both groups showed indicators indicating the painful nature of the identified disorders. So, according to the indicators of the results of the methodology, anxiety was detected in 18% of Turks and 8% of Chinese; depression is seen in 45% of Turks and 32% of Chinese; asthenia 18% of Turks and 16% of Chinese; hysteria 39% of Turks and 20% of Chinese; obsessive-phobic 25% of Turks and 26% of Chinese; vegetative disorders of 18% of Turks and 8% of Chinese, respectively. These indicators are in the zone of unstable mental adaptation, which indicates a certain degree of neurotization of the subjects.
Table 6
*Table of statistical data of the method for detecting and assessing neurotic states in two groups (mean and standard deviation (M ± SD); differences by t criterion, p < 0.01)*

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Chinese</th>
<th>Turks</th>
<th>df</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M(SD)</td>
<td>M(SD)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alarm</td>
<td>3.75(3.24)</td>
<td>1.87(3.23)</td>
<td>96</td>
<td>2.874</td>
<td>0.005</td>
</tr>
<tr>
<td>Depression</td>
<td>0.74(3.47)</td>
<td>-0.66(4.10)</td>
<td>96</td>
<td>1.818</td>
<td>0.072</td>
</tr>
<tr>
<td>Asthenia</td>
<td>3.52(3.61)</td>
<td>1.41(3.36)</td>
<td>96</td>
<td>2.993</td>
<td>0.004</td>
</tr>
<tr>
<td>Hysteria</td>
<td>1.35(3.54)</td>
<td>0.73(3.53)</td>
<td>96</td>
<td>2.907</td>
<td>0.005</td>
</tr>
<tr>
<td>Obsessive Phobic</td>
<td>0.49(3.02)</td>
<td>0.77(2.90)</td>
<td>96</td>
<td>-0.452</td>
<td>0.652</td>
</tr>
<tr>
<td>Autonomic Disorders</td>
<td>5.93(5.43)</td>
<td>2.91(6.62)</td>
<td>96</td>
<td>2.467</td>
<td>0.015</td>
</tr>
</tbody>
</table>

**Discussion**

Thus, on the basis of the data obtained, significant differences were revealed in the manifestations of anxiety, aggressiveness, rigidity and frustration, neurotic disorders among the Turks and the Chinese. This may be due to the more acute feelings of the Chinese students of a break with their usual life orientations, as well as difficulties in imagining the prospects for their future in the new socio-cultural conditions. And due to the fact that Turkish students live in almost the same socio-cultural conditions, the changes for them are not stressful and so significant for mental health. For the overwhelming majority of them, the natural and climatic conditions are familiar, there is no need to adapt to them. In these conditions, they have already developed certain strategies of behavior and ways of overcoming emerging difficulties, in contrast to Chinese students, in whom new socio-cultural conditions cause negative manifestations of subjective well-being. In this case, this study shares the point of view of Nguyen et al. (2013) is that socio-psychological adaptation is a complex phenomenon associated with the individual characteristics of a person, and with the position of the individual in society.
The results of our study are consistent with the results of Bochner (1982), Furnham (2019). In their studies, Bochner and Furnham found that the closer (geographical factor) the migrant perceives the culture in which he lives today, the less stressful it is for him. A relationship was established between the distance perceived by the individual and the severity of the symptoms of culture shock. This discovery became the basis for the introduction of such a term as "cultural distance" into scientific circulation. In turn, Barkanova (2009) developed a methodology for calculating the index of subjective cultural distance, which he tested on students at the University of Edinburgh. Cultural distance is defined as “the amount of suffering a student of one culture experiences while studying in another culture.” The severity of such "suffering" depends on the distance between the student's native culture and the culture of the host country at the moment.

Differences of cultures in climatic conditions, clothing, food and peculiarities of national cuisine, official language, main religion, level of education, material security, etc. were identified as the main indicators of the cultural distance index. As a result of studies carried out using the index of cultural distance, a statistically significant relationship between cultural distance and anxiety and the number of visits to medical services was revealed among foreign students, however, no relationship was found between cultural distance and success in educational activities (Berry, 2017).

Summing up, we would like to note once again that the specificity of the groups and phenomena we are studying is such that when conducting an empirical study, we had limited opportunities for using experimental control. At the operational level, it turned out to be very difficult for us to separate the influence of two central, from the point of view of the goals of our study, factors: a stable factor of ethnic and cultural affiliation and a situational factor of being forced/premeditated to stay in a foreign culture. Moreover, we understand very well that in themselves both of these factors represent a whole range of variables of different quality, each of which can have a specific impact on the processes of adaptation to new sociocultural conditions. For example, a group of Chinese students, due to their forced stay in Azerbaijan, radically differs from representatives of other groups (Turks) both in terms of living conditions and in terms of their socio-demographic characteristics. Therefore, in our study, we deliberately did not choose equivalent groups, since in this case, in our opinion, the representativeness of the Chinese sample would have sharply decreased.
Well aware of the insufficiency of experimental and statistical control, this study tried to compensate for them by more strict and careful control over interpretation and conclusions. Wherever possible, we tried to combine quantitative and qualitative analysis, appealing to the objective conditions of existence of the groups we surveyed. A number of regularities we discovered, for example, about the role of age, health status is in good agreement with the results of studies by other authors (Berry, 2017; Andreeva, 2018; Boshner, 1982; Johnson et al., 2009; Redfield et al., 2016; Zapf, 2011; Gurieva, et al. 2011).

Along with this, I would like to note that in our work an attempt was also made to describe the specific features of mental health disorders in various groups. The connections we found between the magnitude of the subjectively perceived cultural distance and subjective satisfaction with the new place of residence, on the one hand, and the success of the processes of cultural adaptation and the state of mental health of the students' personality, on the other hand, allow, in our opinion, to take a fresh look at the problems of the development of various types of psychopathology in the conditions of staying in a foreign culture, as well as the specifics of the measures of psychological assistance provided to migrants. Particularly important, it seems to us, is the discovered negative influence of the factor of being forced to stay in a foreign culture on the mental health of an individual, which largely overlaps the influence of the factor of his ethno-cultural affiliation.

The authors understand that the specific nature of the study does not allow us to draw conclusions about the nature and direction of the connections we have discovered, about the specific psychological mechanisms underlying them. However, we believe that the identified patterns in the future will be able to determine the main directions of both empirical research in the field of the psychology of migration processes, and strategies and tactics for providing them with psychological assistance.

Like all other studies, this study has a number of limitations. First, the research was relatively small. Second, the ethnic composition of those surveyed in the current survey was not diverse, which could have distorted the results. Third, self-administered tools can predict with a certain degree of confidence that a person will meet the full criteria for a psychological disorder. However, the tools themselves do not serve to diagnose these disorders. They should not replace a complete diagnostic assessment by specialists. Fourth, the cross-sectional design of the study did not allow clarification of cause-and-effect relationships.
Conclusions

An analysis of the scientific literature on this issue showed that the study of psychological problems and mental health disorders in people living in a different culture was studied in the context of the psychology of migration, the psychology of acculturation and adaptation, ethnopsychology, and intercultural communications. The impact of staying in a foreign culture on a person’s mental health, the success of his adaptation to a new socio-cultural environment, his satisfaction with a new place of stay depends on his socio-demographic characteristics (age, education, financial situation, state of health), as well as on the conditions of the stay itself.

The success of the processes of adaptation to new socio-cultural conditions depends on such subjective factors as the mental state, as well as the level of his subjective satisfaction with the new place of residence, which in themselves turn out to be closely related. The higher the level of subjective satisfaction with a new place of residence, the closer one perceives one's own culture and culture. In the author’s opinion, the data obtained will be useful for creating a more perfect methodology for teaching foreign students in higher educational institutions, which will help them not only acquire professional skills, but also maintain their mental and physical health.

References


https://cyberleninka.ru/article/n/problema-formirovaniya-gotovnosti-studenta-vuza-k-mezhkulturnomu-dialogu


