

Risky Sexual Behavior, Drug and Alcohol Abuse: Similarities and Differences in Personality Study on Russian Youth

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Abstract: The study has distinguished general and specific psychological features of individuals with different types of risky behaviors. These psychological features are caused by the combined effect of dispositional, motivational, cognitive, emotional and existential factors. General psychological features of individuals prone to different types of risky behaviors are associated with the basic existential values, moral and ethical features and cognitive attitudes towards risky behaviors. Specificity of susceptibility to different types of risky behaviors consists of personality features and motivation to engage in risky behaviors, depending on the degree of importance of existential values and on risk assessment of behaviors connected with health hazard. The study has also identified internal and external factors preventing risky behaviors. Data were obtained from 302 respondents aged 15-35 which were divided into 3 empirical groups: persons prone to risky sexual behavior, drug users and alcohol users and 3 control groups the individuals who aren't prone to risky sexual behavior, persons who don't use drugs and the respondents who don't use alcohol.

Key words: Risky behaviors, psychological features, existential values, behaviors, associated, alcohol

INTRODUCTION

Research relevance on psychological determinants of risky behaviors is caused by high prevalence of such behaviors, particularly among youth. Risky sexual behavior including unprotected and casual sex, frequent change of sexual partners, drug and alcohol use lead to negative social consequences and contribute to the spread of HIV infection and other Sexually Transmitted Diseases (STDs). To develop effective preventive measures must be considered both the factors that contribute to such behaviors and the factors that prevent its occurrence. In addition, it is necessary to take into account both general combining psychological features of individuals prone to various types of risky behaviors and the specific features of those who display a certain kind of risky behaviors. Such approach allows clearly understand psychological nature of risky behaviors.

Approaches to understanding the phenomenon of risky behaviors: Various factors affecting the formation of risky behaviors are discussed in the framework of biological, social, psychological and ethical approaches. Lack of a single opinion on the causes of risky behaviors and the factors that are a barrier to risky behaviors, especially within the psychological approach, determines necessity of this study.

In the framework of biological approach risky behaviors are caused by psychophysiological, genetic

Egorov, 2002) and hormonal (Buzwell and Rosenthal, 1996; Wills *et al.*, 1998) factors. In the social approach micro-social and macro-social models of risky behaviors may be distinguished. According to micro-social model risky behaviors are caused by breach of interpersonal relationship for example family relationships (Lichko, 1987). Also, risky behaviors are caused by social and economic deprivations: parent's unemployment, poverty, limited material conditions, disorganized families by divorce or abandonment, single parent families. Living conditions in disorganized communities, excessive mobility from a community to another, 1-2 decades of accessibility to drugs and alcohol, group affiliation to drug users, family antecedents of alcoholism, painful traumatic events: separations, death of a close person (Rascanu, 2005).

Within the framework of macro-social model there are two complementary trends. In the first of these trends risky behavior such as substance abuse is regarded as a special social phenomenon, performing a certain function (Grof, 2009). Under the second trend risky behaviors are caused by peculiarities of society's functioning as a whole: deteriorating socio-economic situation of society, anomie and crisis of values (Lisovskij and Kolesnikova, 2001). According to ethical approach risky behaviors are immoral, motivated by individual's hedonistic aspirations, the result of lack of spirituality and moral imperfection (Bratus, 1977; Nejmark, 1972; Novikov, 2009).

Psychological preconditions to risky behaviors: Drug and alcohol abuse at the same time refers to addictive, destructive, risky and autoaggressive behaviors (Gurvich, 1999; Kudrjavcev *et al.*, 1996; Kurbatova, 2004; Ratinov and Sitkovskaja, 1990; Vygotskij, 2000). The problem of risky behaviors is the subject of interdisciplinary research. In psychology there is no single conception on preconditions of risky behaviors including drug and alcohol use. Existence of “predrug” personality is an open question. From one point of view, every person is a potential consumer of psychoactive substances as it is in human nature to avoid pain and frustration which can be accomplished by psychoactive substances abuse (Dodelcev, 1989; Freud, 1922; Ortega, 1993). On the other hand, risky behaviors are typical only for persons with certain psychological features.

The most important psychological features affecting the propensity to such destructive behavior include features of motivational and value sphere, self-consciousness and personality traits. A lot of theories and concepts regard the frustration of existential needs, the loss or lack of the meaning of life, the unwillingness to accept responsibility as a source of addiction and risky sexual behavior (Bugental, 1976; Frankl, 2006; Fromm, 1994; Leontev, 2007; Maslow, 1954; Obuhovskij, 1972; Yalom, 1980). Persons prone to substance abuse have low level of self-conscience and self-esteem (Bitenskij *et al.*, 1989; Furnham and Lowick, 1984; Hull and Young, 1983). Individuals with risky behaviors have following personality traits: impulsiveness, (Berezin and Liseckij, 2001; Eklund and Klinteberg, 2005), sensation seeking (Buzina, 1994; Zuckerman, 1971), hyperthymic accentuation and schizoid accentuation when substance is used to eliminate communication problems (Lichko, 1987; Soloveva, 2003). Researchers have repeatedly emphasized that risky sexual behavior is interconnected with alcohol and drug use (Berberovic, 2013; Djachenko and Cymbal, 1993; Gurvich, 1999; Kuorrti and Kosunen, 2009) with the peculiarities of psychological and emotional state such as depression and anxiety (Aravijskaja, 2001; Berberovic, 2013) and with the negative experience of violence in childhood (Loseva and Ibragimov, 1996). It is known that a low level of education and unformed system of sex education, a large number of dubious sources of knowledge on this issue contribute to the spread of STDs. In addition, researchers found that adolescents with risky sexual behavior are more likely to be observed by a psychiatrist than their peers, so, it can indirectly indicate the relationship of various psychiatric disorders and promiscuity (Aravijskaja, 2001; Luzan and Zajceva, 1999).

Aims and hypothesis:

- H₁: alcohol and drug users and individuals prone to risky sexual behavior have similarities and differences in their personalities
- H₂: persons prone to risky behaviors underestimate health hazards of such behaviors
- H₃: there are the same barriers preventing any kind of risky behaviors

The aim of the research is to identify general and specific psychological features of individuals prone to different types of risky behaviors in particular to study implicit idea of risky behavior and the assessment of its health hazards, the peculiarities of self-attitude, motivational and value sphere of a personality prone to risky sexual behavior and drug and alcohol abuse.

MATERIALS AND METHODS

As the most appropriate to aims and hypotheses formulated in the study the following methods were used Questionnaire “Evaluation of risky behaviors” (Sharok, 2010). Questionnaire consists of 4 units. The first unit includes questions about personal data. The second unit aims to assess attitudes towards risky behavior. The unit contains a scale for assessing health hazard (from 0 “No health hazard” to 10 “Deadly”) of different types of risky behaviors (smoking, different kind of drugs and alcohol use, unprotected and casual sex, frequent change of sexual partners), environmental factors, medical service and heredity. According to the results, we can conclude whether the person considers dangerous factors to be harmful and establish a relationship between behavioral and environmental risky factors. The third unit is aimed to assess respondent’s own risky behaviors. This set of questions gives an idea of what kind of risky behaviors is common for the subjects and how often they behave in this way (never, 1-2 times a year, 1-2 times a month, 1-2 times a week, every day). The fourth unit contains incomplete sentences. Here we can identify motivation of subjects to engage in risky or riskless behaviors and the implicit idea of risky behavior and existential values and their importance to respondents.

Method of self-attitude study (Pantileev, 1993). This method reveals nine types of self-attitude: sociability closeness, self-confidence, self-management, reflected self-attitude (expected attitude of the others to oneself), inherent worth, self-acknowledgement (agreement with one’s own internal incentives), self-attachment (absence of desire to change proper “I”), proneness to intrapersonal conflict, self-condemnation. The test

consists of 110 questions implying answers “yes” or “no”. Answers are compared with the test-key and then according to a special scale transformed into standard assessment from 1-10.

National Character Survey, NCS (Terracciano *et al.*, 2005), based on «Big Five» model (Laak and Brugman, 2003). The test measures 5 personality traits: openness, conscientiousness, extroversion, agreeableness, neuroticism. The test consists of 30 points 6 bipolar scales for each trait with two or three adjectives or phrases at each end of the scale, the initial values for each item: 0-4. Thus, the maximum possible range of values for each factor ranges from 0-24.

The sentence completion test (Sacks and Levy, 1950). The Russian adaptation of this test has been devised by Rumjancev (1965). The test consists of 60 incomplete sentences and measures attitude toward 15 groups (4 sentences for each group) self, father, mother, family, opposite gender, sex, friends, colleagues, subordinates, superiors, unrealized opportunities, future, past, fears, guilt. The attitudes toward each sentence are evaluated as positive, negative or indifferent: scale from -2 (clearly expressed strongly negative attitude) to +2 (clearly expressed strongly positive attitude). Then evaluations for each group are summarized.

Moral judgment interview form C (Colby and Kohlberg, 1987). In the Russian adaptation by Dermanova (2002) this method assesses features and level of moral development. Form C comprises three hypothetical moral dilemmas and each dilemma is followed by 9-12 standardized probe questions designed to elicit justifications, elaborations and clarifications of the subject’s moral judgments. For each dilemma, these questions focus on two moral issues that were chosen to represent the central value conflict in this dilemma. The moral dilemmas are analyzed according to the six stages of moral development grouping into three levels: pre-conventional morality, conventional morality and post-conventional morality. In this study qualitative analysis was also applied to subject’s answers to analyze moral judgments in more detail.

Data analysis: For processing we used the following methods: qualitative method for nominative data (Chi-squared test) and quantitative methods for metric data (Student’s t-test, Fisher’s F-test, Pearson’s r correlation test). Statistical processing was performed using Statistica 6.0 Software.

Participants: According to the results of the questionnaire “Evaluation of risky behaviors” respondents were divided into 3 empirical groups

depending on their inherent form of risky behaviors: Drug (D) or Alcohol (A) use and risky Sexual behavior (S). The group of drug users consists of 71 respondents who use drugs often than twice a week: 42 men and 29 women, mean age 21.15, SD = 3.18. The group of alcohol users consists of 45 people who use alcohol every day: 26 men and 19 women, mean age 23.39, SD = 4.15. The group of individuals prone to risky sexual behavior consists of 63 respondents who change sexual partners often than twice a month and at the same time have unprotected sex: 27 men and 36 women, mean age 22.56, SD = 3.7.

Since, for many respondents with risky behaviors multiple kinds of risky behaviors are typical at the same time, to identify differences it is advisable to compare each empirical group with the respective control group, where the present type of risky behaviors is missing while other types may be represented insignificantly (once a year for drug use and risky sexual behavior and once a month for alcohol use). So, 3 control groups were formed, respectively: the individuals who don’t use Drug (DC) (162 respondents: 52 men and 110 women, mean age 24.42, SD = 3.68), respondents who don’t use Alcohol (AC) (54 persons: 20 men and 34 women, mean age 25, SD = 4.03) and persons without risky Sexual behavior (SC) (94 individuals: 34 men and 60 women, mean age 23.69, SD = 3.83). The total number of subjects – 302 people aged 15-35 (mean age 23.43, SD = 3.86).

RESULTS AND DISCUSSION

General psychological features of individuals prone to risky sexual behavior, drug and alcohol users. Individuals prone to risky behaviors have the following features in common: hedonistic motivation to engage in risky behaviors, lack of desire to change their behavior and abandon risky behaviors, underestimation of health hazards of risky behaviors, absence or minor role of the cognitive component of moral decision-making, identical implicit idea of risky behavior, depreciating of life and love and some similar features of self-attitude and interpersonal relationship. Let us consider these features in more detail.

When analyzing the motivation to engage in risky and riskless behavior, it was found that respondents from each empirical groups behave in risky way because they feel attracted and desire it (D- 32.06%, $\chi^2 = 226.66$, $p < 0.001$; A- 50%, $\chi^2 = 231.36$, $p < 0.001$; S-27.78%, $\chi^2 = 73.19$, $p < 0.001$) and according to the data collected they are not going to abandon it (D-16.67%, $\chi^2 = 81.79$, $p < 0.001$; A -20%; $\chi^2 = 46.2$, $p < 0.05$; S-18.75%, $\chi^2 = 26.89$, $p < 0.01$). Desire to behave in such way is so great that it can’t be constrained neither by the occurrence of health

problem (D-9.5%, DC-21.95%, $\chi^2 = 81.79$, $p < 0.001$; A-6.67%, AC-20%, $\chi^2 = 46.2$, $p < 0.05$; S-12.5%, SC- 8.93%, $\chi^2 = 26.89$, $p < 0.01$), nor by possible persuasion by their loved ones or by a meaningful relationship with them (D-37.5%, DC-6.35%, $\chi^2 = 81.79$, $p < 0.001$; A-46.66%, AC-13.33%, $\chi^2 = 46.2$, $p < 0.05$; S-21.88%, SC- 33.93%, $\chi^2 = 26.89$, $p < 0.01$). The comparative analysis of the attitudes toward health hazard of risky behaviors revealed the following. As shown in Table 1 respondents underestimate the danger of that kind of risky behaviors that is peculiar for them to the greatest extent. The danger of drug use, especially, cannabis is underestimated by all respondents with any kind of risky behaviors.

Denial of health hazard caused by their behavior makes it impossible to adequately assess the situation. Shifting the responsibility is a natural consequence of the denial of the relation between their behavior and the inevitable consequences. Therefore, people who use drugs and alcohol tend to attach more importance to external factors than their own behavior.

Analyzing moral judgment interview it was found that for individuals prone to risky behaviors absence or minor role of the cognitive component of moral decision-making is common. They more often suppose that moral decision-making must be based on feelings but not on reasoning. It is interesting to notice that respondents with risky behaviors more often divide cognitive and emotional component while respondents without risky behaviors use it combined. Also, individuals prone to risky behaviors give vague answers or mention other ways to make a decision (Table 2).

Persons with different kind of risky behaviors have the same implicit idea of risky behavior as the behavior

that is different from socially accepted norms, behavior which also endangers conventional values, uninhibited and drawing attention behavior and as promiscuity and drug and alcohol abuse whereas the control groups see risky behavior as health hazard behavior (Table 3).

In addition, the analysis of the implicit idea of existential values found that people prone to any kind of risky behaviors, depreciate basic existential values: life and love. They basically understand life as “problem”, “game”, “chemical process” or “happenstance” and love as “pain” while the respondents from the control groups noted, that life is a “gift”, “chance” or “value”, “self-knowledge” and “search for the meaning of life”, and love is considered to be a wonderful feeling accompanied by bright positive emotions. In responses of the subjects prone to risky behaviors it is rare to find categories of implicit ideas, correlated with aspirations to reaching goals and finding the meaning of life (Table 4). They also tend to undervalue existential needs (D-10.52%, DC- 21.48%; $\chi^2 = 11.77$, $p < 0.05$; A -13.33%, AC- 20.58%, $\chi^2 = 48.62$, $p < 0.05$) compared to biological ones (D-19.3%, DC- 0%, $\chi^2 = 11.77$, $p < 0.05$; A-26.67%, AC-0%, $\chi^2 = 48.62$, $p < 0.05$). It is to be noted that for respondents, who use drugs, existential values mean less than for those who are prone to other types of risky behaviors.

In the sphere of self-attitude and interpersonal relationships the following was revealed. Individuals prone to risky behaviors doubt their own value and depreciate not only their own importance (D and DC $t = 3.66$, $p < 0.001$) but also the importance of other people (D&DC: opposite gender ($t = 2,69$, $p < 0.01$), family ($t = 3.02$, $p < 0.01$), mother ($t = 2.14$, $p < 0.05$); S&SC: opposite

Table 1: Comparative analysis of the attitudes toward health hazard of risky behaviors

Risky behavior	D&DC t-value	A&AC t-value	S&SC t-value
Cannabis	10.98***	2.39*	4.38***
Opiates	4.43***	Statistically insignificant differences	2.73**
Cocaine	7.21***	Statistically insignificant differences	3.09**
Stimulants	5.22***	Statistically insignificant differences	2.09*
Hallucinogens	7.55***	Statistically insignificant differences	1.98*
Alcohol	Statistically insignificant differences	3.31**	Statistically insignificant differences
Casual sex	3.9***	Statistically insignificant differences	4.32***
Unprotected sex	Statistically insignificant differences	Statistically insignificant differences	2.16*
Frequent change of sexual partners	3.38***	Statistically insignificant differences	3.97***
external factors	-1.97*	-2.77**	Statistically insignificant differences

Table 2: Moral decision-making components

Moral decision-making components	$\chi^2 = 19.17***$		$\chi^2 = 11.6^*$		$\chi^2 = 11.38**$	
	D%	DC%	A%	AC%	S%	SC%
Cognitive	0.00	21.88	8.2	29.17	6.67	20.83
Emotional	34.78	10.42	19.67	12.5	23.33	12.5
Combined	4.35	18.75	13.11	25	6.67	27.08
Vague	34.78	26.04	37.7	16.67	46.67	25
Other	17.39	11.46	4.92	0	0	0

* $p < 0.05$ ** $p < 0.01$ *** $p < 0.001$

Table 3: Implicit idea of risky behavior

Implicit idea of risky behavior	$\chi^2 = 20.53^{**}$		$\chi^2 = 15.18^*$		$\chi^2 = 39.98^{***}$	
	D%	DC%	A%	AC%	S%	SC%
Different from socially accepted norms	12.5	4.86	13.33	6.25	8.82	0
Promiscuity and drug and alcohol abuse	50.0	17.07	33.33	18.75	32.35	28.57
Health hazard behavior	12.0	32.93	13.13	43.75	8.82	53.57

*p<0.05, **p<0.01, ***p<0.001

Table 4: Implicit idea of values

Values/implicit idea	D%	DC%	A%	AC%	S%	SC%
Life	$\chi^2 = 54.47^{***}$		$\chi^2 = 50.37^{***}$		Statistically insignificant differences	
Problem	19.64	6	33.33	11.76		
Game	17.86	0.67	13.33	2.90		
Chemical process or happenstance	12.5	6	13.33	8.82		
Gift, chance or value	5.36	20.57	13.33	17.65		
Self-knowledge and search for the meaning of life	1.79	17.33	0	17.65		
Love	$\chi^2 = 31.09^{**}$		Statistically insignificant differences		$\chi^2 = 11.77^*$	
Pain	21.05	2.7			16.36	5.680
Chemical reaction or just feeling	49.12	31.79			49.09	31.82
Wonderful feeling, bright positive emotions	29.76	65.56			34.55	62.50

*p<0.05, **p<0.01, ***p<0.001

gender ($t = 2.66, p < 0.01$). Denial of existential values enhances these features. So, individuals with risky behaviors who depreciate life are emotionally labile (A&AC: $F = 3.02, p < 0.01$) and have low self-esteem (S&SC: $F = 3.2, p < 0.05$).

It is revealed that men are more likely to engage in risky behaviors ($t = 4.24, p < 0.001$). They see less danger to health in risky behaviors and to a lesser extent take into account the negative effects ($t = 2.89, p < 0.01$). Now let us look at the specific features of empirical group's representatives.

Specific psychological features of drug users: It is specific to drug users to need an altered state of consciousness (9.43%) in order to get a new psychological experience (5.66%), depreciation of future's significance ($t = -2.67, p < 0.01$) and possible achievements ($t = -2.63, p < 0.01$). Also, drug users have internal conflicts ($t = -2.54, p < 0.05$) and inadequately low self-esteem ($t = 2.07, p < 0.05$). They are less capable of long and productive work and volition action ($t = 3.11, p < 0.01$). And consequently according to the interpretation of method of self-attitude study (Pantileev, 1993) they believe that they can hardly influence the events happening to them and have a lower tendency to seek causes of these events in themselves.

There are differences in motivation for drug use, depending on what type of drug is used by respondents. Those who are more likely to use cannabis products, explain that these drugs change their perception (28.7%), or they simply enjoy it (57.14%). Cocaine is used mainly for new experiences (13.33%) and expansion of the subconscious (6.67%) or the respondents just like it (33.33%). Stimulants and hallucinogens are used to

change the perception (25%) and the acquirement of new experiences (5%) or are simply enjoyable it (30%).

Drug users and respondents from control group have a different understanding of dependence and independence. Subjects who use drugs do not understand that addiction to drugs has a detrimental impact. They basically understand dependence as a material dependence, connected with finance or any substances such as drugs (D-30.36%, DC-21.17%, $\chi^2 = 11.21, p < 0.05$) or believe that being dependent is normal (D-12.05%, DC-4.08%, $\chi^2 = 11.21, p < 0.05$). Respondents from the control group realize that dependence is a restriction of possible actions and is an unnecessary component of life (D-0%, DC-5.41%, $\chi^2 = 8.65, p < 0.05$).

Specific psychological features of alcohol users: A distinctive feature of individuals who often use alcohol is the inability to relax and cope with difficulties without alcohol (35.71%, $\chi^2 = 231.36, p < 0.001$) accompanied by neuroticism and irresponsibility provided undervaluation of life ($F = 3.02, p < 0.05$). Moreover, the depreciation of life exacerbates the situation to the extent that we can talk about deviation from the mental norm.

Also, individuals who often use alcohol in case of denial of existential values have the following personal features: frustration and self-doubt, low stress resistance and lack of desire for self-development which is a characteristic of self-condemnation ($F = 4.94, < 0.01$).

Specific psychological features of individuals prone to risky sexual behavior: Those who practice risky sexual behavior are unresponsive to the opposite gender

($t = 2.66$, $p < 0.01$) and depreciate love (S-16.36%, SC-5.68%, $\chi^2 = 11.77$, $p < 0.01$). To reduce subjective hazard of their risky behavior (probability of HIV and other STDs) they may use alcohol ($r = 0.61$, $p < 0.001$), so, it increases factual health hazard for them and other people. Also, it is interesting to mention revealed differences in motivation to riskless sexual behavior. Those who don't practice risky sexual behavior just because of potential health problems have low inherent worth: they are less adaptive and depreciate themselves ($r = 0.22$, $p < 0.05$) comparing to those who do not practice this behavior because of moral convictions or other reasons. Moreover, high assessment of health hazard of risky sexual behavior has different correlations with personality features of respondents from empirical and control group. In the empirical group high assessment of health hazard is correlated with self-acknowledgement ($r = 0.40$, $p < 0.05$), inherent worth ($r = 0.48$, $p < 0.05$) and at the same time with neuroticism ($r = 0.35$, $p < 0.05$) and negative attitude toward opposite gender ($r = 0.49$, $p < 0.05$). In the control group high assessment of health hazard of risky sexual behavior is correlated with intrapersonal conflicts ($r = 0.36$, $p < 0.05$), depreciation of life ($r = 0.37$, $p < 0.05$) and existential fears ($r = 0.39$, $p < 0.05$). These results may make significant contribution to prevention of risky behavior. To inform the youth just about the health hazard of risky sexual behavior is not so effective and without the ethical component such prevention may lead to occurrence of fears of love, neuroticism and other psychological problems.

As a conclusion, generally, persons prone to different types of risky behaviors have similar main parameters. But, if not given the specificity of each group, it is ineffective to conduct efficient preventive programs.

Factors preventing risky behaviors: Generalizing the above, we may conclude that the study identifies two groups of factors that prevent risky behaviors.

Internal factors which include the moral and value attitudes significance of existential values love, life, self-actualization and search for the meaning of life understanding independence as a responsibility for the freedom and ability to get attached to someone or something up to a point when this relationship starts restricting the freedom and becomes vital awareness of risky behaviors as dangerous for the person and for others self-acknowledgement.

External factors (prevent risky behaviors in case of absence of the internal ones): absence of risky behaviors among friends and relatives socio-demographic characteristics (middle class, marital status) awareness about the negative consequences of risky behaviors inaccessibility to psychoactive substances.

Analyzing the psychological similarities of individuals prone to different types of risky behaviors,

including substance abuse and risky sexual behavior, it was found that impulsivity and avoidance coping serve as generalized risky factors for involvement in these behaviors (Cooper *et al.*, 2003). It was also found that neurotic individuals were prone to engage in risky behaviors as a way to cope with aversive mood states, whereas extraverted individuals were more likely to engage in risky behaviors as a way to enhance positive affective experience. In contrast, impulsivity directly predicted some forms of risky taking and interacted with extraversion and neuroticism to predict motives for risky behaviors (Cooper *et al.*, 2000).

The features of self-attitude or self-concept can be the preconditions of risky behaviors. Dramatic changes in self-esteem observed with substance use reflect actual transformations in self or identity associated with intoxication (Mecca *et al.*, 1989).

Some researchers mentioned three most common motivations of drug use: "to get high," "to sleep" and "for anxiety/stress" (Rigg and Ibanez, 2010) in particular, some authors noted that use of club drugs is correlated with entertainment visiting behavior entertainment visiting behavior (Momen and Kanato, 2011). Other authors distinguish the following motivation: to cope with a negative affect, enhancement to be social and to conform (Martin *et al.*, 2014). Alcohol is usually used for fun, relaxation or coping, image, sex (Patrick and Maggs, 2010). Individuals high in hopelessness drink to regulate dysphoric affect while those high in anxiety sensitivity drink to reduce anxiety and to conform to peer expectations. Individuals high in sensation seeking are highly sensitive to the rewarding properties of alcohol, and misuse alcohol to maximize enjoyment. Impulsivity is a broad risky factor contributing to all drinking motives (Mackinnon *et al.*, 2014). Risky sexual behavior is performed by people high on the attachment avoidance dimension to impress their peer group (Schachner and Shaver, 2004). Most college students are motivated by appetitive motives such as pleasure (Fielder and Carey, 2010) and a desire for emotional closeness (Garcia and Reiber, 2008; Wade and Heldman, 2012).

Exploring the motivation of risky behaviors many authors turned to the study of axiological sphere of the individual. According to some authors (Frankl, 2006; Leon'ev, 2007), search for the meaning is the primary motive of every human life. But the human desire to pursue the meaning of life may well be frustrated. Such existential frustration can lead to noogenic neurosis that takes place in the axiological or spiritual sphere of human existence. Existential frustration is not a mental disease, but it can be accompanied by psychological and behavioral features, in particular, a tendency to engage in risky behaviors.

Understanding independence as criterion of inner freedom is a factor preventing risky behaviors.

Independence and freedom are existential values sought by people (Bugental, 1976; Frankl, 2006; Yalom, 1980). It is important to note that this tendency is defined by a natural human need to understand the authenticity of their existence. Thus, the presence of existential values is incompatible with drug use as it makes the realization of needs associated with these values difficult or impossible.

CONCLUSION

The study has distinguished general and specific psychological features of individuals with different types of risky behaviors. These psychological features are caused by a combined effect of dispositional, motivational, cognitive, emotional and existential factors. General psychological features of individuals prone to different types of risky behaviors are associated with the basic existential values, moral and ethical features and cognitive attitudes towards risk-taking behavior. Specificity of susceptibility to different types of risky behaviors consists of personality features and motivation to engage in risky behaviors, depending on the degree of importance of existential values and risky assessment of behavior connected with health hazard. The study has also found the features of the implicit idea of risky behavior of individuals prone to such behavior. It helps us to understand the significance of this phenomenon in their lives. The study has identified internal and external factors preventing the risky behaviors.

The theoretical significance of the study lies in the integration of psychological and ethical approaches that expands the idea of the nature of risky behaviors. The results of this study can be used in further theoretical developments, lecture courses and seminars on deviant behavior, particularly on addictive and autoaggressive behavior in prevention of risky behaviors.

The practical significance of the study is that it has identified specific psychological features of individuals prone to different types of risky behaviors which makes it possible to conduct effective prevention and psychological correction. The results obtained in the study can be used to develop training programs and activities for prevention of risky behaviors for using values preventing such behaviors and promoting healthy lifestyle. It can also be used in solving problems occurring in individual and family counseling and in pedagogy when training and educating children and adolescents.

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