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ЕЖЕМЕСЯЧНЫЙ НАУЧНЫЙ ЖУРНАЛ

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თანამშრომლობითა და მისი პატრონაჟით

ЕЖЕМЕСЯЧНЫЙ НАУЧНЫЙ ЖУРНАЛ
ТБИЛИСИ - НЬЮ-ЙОРК

GMN: Georgian Medical News is peer-reviewed, published monthly journal committed to promoting the science and art of medicine and the betterment of public health, published by the GMN Editorial Board and The International Academy of Sciences, Education, Industry and Arts (U.S.A.) since 1994. **GMN** carries original scientific articles on medicine, biology and pharmacy, which are of experimental, theoretical and practical character; publishes original research, reviews, commentaries, editorials, essays, medical news, and correspondence in English and Russian.

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3. Submitted material must include a coverage of a topical subject, research methods, results, and review.

Authors of the scientific-research works must indicate the number of experimental biological species drawn in, list the employed methods of anesthetization and soporific means used during acute tests.

4. Articles must have a short (half page) abstract in English, Russian and Georgian (including the following sections: aim of study, material and methods, results and conclusions) and a list of key words.

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3. სტატიაში საჭიროა გაშუქდეს: საკითხის აქტუალობა; კვლევის მიზანი; საკვლევი მასალა და გამოყენებული მეთოდები; მიღებული შედეგები და მათი განსჯა. ექსპერიმენტული ხასიათის სტატიების წარმოდგენისას ავტორებმა უნდა მიუთითონ საექსპერიმენტო ცხოველების სახეობა და რაოდენობა; გაუტკივარებისა და დაძინების მეთოდები (მწვავე ცდების პირობებში).

4. სტატიას თან უნდა ახლდეს რეზიუმე ინგლისურ, რუსულ და ქართულ ენებზე არანაკლებ ნახევარი გვერდის მოცულობისა (სათაურის, ავტორების, დაწესებულების მითითებით და უნდა შეიცავდეს შემდეგ განყოფილებებს: მიზანი, მასალა და მეთოდები, შედეგები და დასკვნები; ტექსტუალური ნაწილი არ უნდა იყოს 15 სტრიქონზე ნაკლები) და საკვანძო სიტყვების ჩამონათვალი (key words).

5. ცხრილები საჭიროა წარმოადგინოთ ნაბეჭდი სახით. ყველა ციფრული, შემაჯამებელი და პროცენტული მონაცემები უნდა შეესაბამებოდეს ტექსტში მოყვანილს.

6. ფოტოსურათები უნდა იყოს კონტრასტული; სურათები, ნახაზები, დიაგრამები - დასათაურებული, დანომრილი და სათანადო ადგილას ჩასმული. რენტგენოგრაფიების ფოტოასლები წარმოადგინეთ პოზიტიური გამოსახულებით **tiff** ფორმატში. მიკროფოტოსურათების წარწერებში საჭიროა მიუთითოთ ოკულარის ან ობიექტივის საშუალებით გადიდების ხარისხი, ანათალების შედეგის ან იმპრეგნაციის მეთოდი და აღნიშნოთ სურათის ზედა და ქვედა ნაწილები.

7. სამამულო ავტორების გვარები სტატიაში აღინიშნება ინიციალების თანდართვით, უცხოურისა – უცხოური ტრანსკრიპციით.

8. სტატიას თან უნდა ახლდეს ავტორის მიერ გამოყენებული სამამულო და უცხოური შრომების ბიბლიოგრაფიული სია (ბოლო 5-8 წლის სიღრმით). ანბანური წყობით წარმოდგენილ ბიბლიოგრაფიულ სიაში მიუთითეთ ჯერ სამამულო, შემდეგ უცხოელი ავტორები (გვარი, ინიციალები, სტატიის სათაური, ჟურნალის დასახელება, გამოცემის ადგილი, წელი, ჟურნალის №, პირველი და ბოლო გვერდები). მონოგრაფიის შემთხვევაში მიუთითეთ გამოცემის წელი, ადგილი და გვერდების საერთო რაოდენობა. ტექსტში კვადრატულ ფხიხლებში უნდა მიუთითოთ ავტორის შესაბამისი N ლიტერატურის სიის მიხედვით. მიზანშეწონილია, რომ ციტირებული წყაროების უმეტესი ნაწილი იყოს 5-6 წლის სიღრმის.

9. სტატიას თან უნდა ახლდეს: ა) დაწესებულების ან სამეცნიერო ხელმძღვანელის წარდგინება, დამოწმებული ხელმოწერითა და ბეჭდით; ბ) დარგის სპეციალისტის დამოწმებული რეცენზია, რომელშიც მითითებული იქნება საკითხის აქტუალობა, მასალის საკმაობა, მეთოდის სანდოობა, შედეგების სამეცნიერო-პრაქტიკული მნიშვნელობა.

10. სტატიის ბოლოს საჭიროა ყველა ავტორის ხელმოწერა, რომელთა რაოდენობა არ უნდა აღემატებოდეს 5-ს.

11. რედაქცია იტოვებს უფლებას შეასწოროს სტატია. ტექსტზე მუშაობა და შეჯერება ხდება საავტორო ორიგინალის მიხედვით.

12. დაუშვებელია რედაქციაში ისეთი სტატიის წარდგენა, რომელიც დასაბეჭდად წარდგენილი იყო სხვა რედაქციაში ან გამოქვეყნებული იყო სხვა გამოცემებში.

აღნიშნული წესების დარღვევის შემთხვევაში სტატიები არ განიხილება.

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ADVENTUROUSNESS OF PERSONALITY: CONSTRUCT AND DIAGNOSTICS

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Contemporary social world is characterized by rapid changes, active transformation processes that, in conditions of uncertainty, require from the individual a bold, sometimes instantaneous decision and choice. In such conditions, there is a threat of the emergence of risk, unforeseen consequences regarding the adoption of rapid, not always thoughtful actions, the efficiency of life and professional activity is distorted, the results of interaction with other people change, etc. That is why it is important to study those personality traits that are manifested in similar, changing conditions and which can facilitate (or slow down) a timely making of the right decision in order to obtain the desired result with less time and effort. One can consider adventurousness (a propensity to adventurous behavior) as such a personality trait, which can manifest itself in situations of uncertainty not only as a negative phenomenon, but also as a resource for creative decision-making.

Theoretical background of studying adventurousness. The notion of "adventurous personality", "adventurousness" in different historical times was considered from different standpoints depending on the general views on the problem of adventurousness. An important role was played by the idea of people about the norms of behavior of an individual as a member of a certain society. This concept was used mainly to refer to behavior as immoral, asocial, deviant and so on. Fraud, intrigue, trickery were ascribed to such a person [14].

And today it is believed that adventurousness as a personality trait hinders human activity. So, according to V.L. Bozadzhiev, the business characteristic of a psychologist provides for the obligatory consideration of qualities that are unacceptable or hindering successful professional activity. Among a rather large number of negative traits, such as irresponsibility, frivolity, lust for power, unsystematicity, arrogance, laziness, negligence, naivety, bashfulness, self-confidence, envy, formalism etc., the author also distinguishes adventurousness [3].

A.A. Aldasheva and N.G. Melnikova, when studying the value and semantic attitude of a person to activity in a situation of competitive selection of candidates, pointed out that "persons predisposed to risk can be provoked to participate in risky actions or adventures" [1]. It is this kind of adventurous behavior in regulated professions that the authors also define as professionally undesirable.

I.V. Antonenko studied the orientation of entrepreneur's personality and their psychological characteristics. The author showed that the dominance of a certain orientation forms such personality types as adventurous, conservative and constructive. The most successful entrepreneurs are characterized by a combination where the leading orientation is constructive, combined with a relatively small part of the adventurous and conservative orientation. At the same time, the advantage of a conservative and adventurous orientation leads to unsuccessful activity [2].

However, in the literature, the concept of "adventurousness" is not limited to the framework of antibehavior; its positive aspects are also considered. Thus, E. P. Ilyin describes the adventurer as a passionate seeker of the unknown, which leads to gaining benefits. A lot of geographical discoveries, according to the author, were made by people for whom adventurousness was a lifestyle. Such adventurers are not judged, but considered

brave victors. For a true adventurer, as E. P. Ilyin writes, belief in oneself is inseparable from the belief in the benevolence of fortune, and the feeling of one's originality from the feeling of one's chosenness [4].

Recently, the characteristics of adventurousness have been considered through the prism of positive psychology. Thus, Houge Mackenzie, S. & Brymer E. (2018), studying extreme, risky sports, showed that adventure sports are chosen by individuals with hedonistic tendencies, motivated exclusively by risk taking, which is mainly characteristic of representatives of the adventurous personality type [13].

Some studies recommend and use the so-called adventure therapy based on the outdoor activities and risk education. Adventure therapy is used for prevention, early intervention and treatment of people, especially young people, with behavioral, psychological and psychosocial problems [12].

It is known that in adventure therapy with the help of a reasonable use of risk (and this is the main characteristic of an adventurous personality), fears, anxiety and personal limitations are overcome, trust in other people is formed, self-esteem and confidence in decision-making increase, etc.

Herewith, in the mass consciousness we are faced with the existence of an erroneous thought that does not separate the concepts of adventurousness and *affaire*. However, these concepts should not be considered identical as they have different semantic meanings. According to E. P. Ilyin, *an affaire* (trickery) (from the French *affaire* – business) is deception, fraud, and *an adventure* is a hope for good luck, which is not supported by a thorough analysis of the situation [4].

In this work, adventurousness (disposition, propensity for adventurous behavior) is considered as a stable property, characterized by internal, mental activity (emotional experiences, thoughts, thought-forms, attitudes, expectations, etc.), which induces a person to a certain physical, external activity. This external activity is manifested in the corresponding actions, behavior, deeds that represent the social position of the adventurous personality. In general, the behavior of such a person is characterized by risky, often unprincipled actions, without taking into account real resources, reserves, abilities, opportunities, chances, forces and conditions, in order to achieve an accidental, expected result, easy success, quick benefit.

In other words, adventurousness is a selective orientation of a personality, sometimes to bold, but also to dubious behavior that meets adventurous experiences, thoughts, adventurous plans, intentions, which is manifested in incongruence, riskiness, courage, negligence, frivolity, etc. The main criterion for the presence of adventurousness is the discrepancy (incongruence) of the subjective vision of the situation, which exists in the imagination of the personality, of objective reality [15].

As far as adventurousness as a stable propensity for adventurous actions is concerned, it is characterized by: *adventurous intentionality* (focus on achieving easy and quick success, positive attitude and focus on luck); *appropriate emotional mood* (joyful expectation of quick and easy success); *a certain way of thinking* (frivolity, superficial logic, poor consideration of ongoing changes, lack of analysis of a specific situation, circumstances); *certain actions, behavior* (free from any restrictions,

requirements, conventions), etc. [10]. It is these characteristics that are manifested in the main components of the structure of adventurousness.

At the same time, although individual characteristics of adventurousness are analyzed in the literature, we did not find information on the structure of this personality trait and its features, by which one can study the “anatomy” of adventurousness as an integral personality trait.

In addition, acquaintance with psychodiagnostic tools showed that adventurousness as a multicomponent personality trait has not been specially studied, but its individual characteristics are diagnosed by “side” techniques that are intended for completely different diagnostic purposes. In connection with the above-said, it became necessary to develop a theoretical construct and psychodiagnostic tools aimed at empirical research of adventurousness and its components.

Thus, the aim of the article is to present the latest modified version of the author’s psychodiagnostic technique “Test-questionnaire of propensity to adventurousness (AVANT-7)”.

Objectives: 1. To consider the structure of adventurousness as the basis for the theoretical construct of the method. 2. To provide a description of the features (components) and give examples of indicators that are aimed at their study. 3. To provide the results of approbation (validity, reliability) of the latest version of the author’s psychodiagnostic method.

The structure of adventurousness. As a theoretical and methodological basis for the search for the adventurousness *macrostructure* (traits, dispositions), we have chosen a multilevel, continual and hierarchical approach to the study of the personality structure of O. P. Sannikova [8]. In the context of this approach, adventurousness is considered as a macrosystem, which consists of multilevel subsystems with specific characteristics. The following are distinguished as levels: 1) formal and dynamic – contains signs that reflect the peculiarities of the emergence and course of adventurous manifestations and the form of their implementation in risky situations; 2) content and personal – characterized by the orientation of the personality towards adventurous actions; need and motivational sphere, values that support or neutralize the manifestations of adventurousness; 3) social and imperative (normative) – a system of knowledge about the requirements of a given culture, religion, profession, social environment regarding possible images of adventurous actions, deeds; personal “norms” of adventurous behavior. The components of different levels of adventurousness complement each other, interact with each other and form a holistic integral property, which is not reduced to the sum of its components.

At this stage of the research, we mainly consider the microsystem of adventurousness, which covers its qualitative characteristics (an intermediate zone between the formal and dynamic, content and personal levels). The choice for regarding these characteristics, firstly, is explained by the fact that it is their basis where the content characteristics of adventurousness are formed; secondly, the qualitative characteristics include the psychological essence of another phenomenon, including adventurousness. We should note that the list of components is open. We have selected only those components that reflect the traits of adventurousness to the greatest extent.

Methodological foundations (origins) of the development of psychodiagnostic technique. Analysis of the literature makes it possible to study some of the individual characteristics and manifestations of adventurousness, which are indirectly diagnosed by multidirectional methods. As for the direct assessment of the manifestations of adventurousness, the method that was first

presented by John Oldham and Louis Morris as “Self-portrait of a Personality” are interesting for us. This method is intended not only to determine “personality types”, but also to study their “probabilistic disorders”. The theoretical platform for this questionnaire is the American Psychiatric Association’s (DSM-IV) robust classification of personality disorders. In addition, in the United States they also use the test “Examination of personality disorders”, which allows to identify all the transitions from the norm to mental pathology, to “accentuation” of personality types [11].

Today the technique is known as the “Oldham-Morris Personality Type Technique”. The questionnaire makes it possible to identify 14 personality types, while an individual psychological portrait consists of a combination of these types. Among the types, the technique also reveals the adventurous type (D-Type) [7]. In the interpretation, the adventurous type is described by eight features (as in the interpretation of other types), which may indicate the presence of features of the adventurous type in the character of the personality. Information is also provided on possible antisocial disorders, such as: lack of responsibility, fraud, aggressiveness, riskiness, absolute denial of the rules and norms of society, actions of a criminal nature, etc. [5]. At the same time, the authors rightly note that only a qualified professional, psychiatrist or other specialist in the relevant field is able to diagnose antisocial disorders.

In addition, there are methods by which certain personality traits, which may indicate the possibility of adventurous manifestations, are diagnosed. For example: “Test-questionnaire of the qualitative components of the risk-taking propensity” by O. P. Sannikova and S. V. Bykova [9]; “Methods of risk-taking propensity diagnostics” by A. G. Shmelev. Methods for diagnosing the need to seek sensations by M. Zuckerman (a high level of need for sensations can provoke an uncontrolled need for new impressions, for adventurous actions) and actions that “tickle the nerves” of the respondent [4]; “Personal change readiness survey (PCRS), developed by Canadian scientists Rodnik, Heather, Gold and Hal (translation and adaptation by N. A. Bazhanova and G. L. Bardier). The questionnaire diagnoses 7 scales, some of them show signs of an adventurous personality (passion, ingenuity, courage, enterprise, adaptability, confidence, tolerance for ambiguity) [6].

A wider range of techniques in the context of adventurousness was more thoroughly presented and described earlier [15].

So, the lack of techniques aimed specifically at adventurousness that diagnose its main features and peculiarities, contributed to the development of special psychodiagnostic tools that study adventurousness as a complex systemic property of a personality and the main components of its qualitative structure.

Description of the original technique “Test-questionnaire of propensity to adventurousness (AVANT-7)”. We developed this test-questionnaire according to all the rules of psychometrics [16].

Preliminarily, the technique was developed in Russian, which was caused by the specificity of the Odesa region and a specific sample of respondents. The first Russian-language version of the technique for studying the indicators (components) of adventurousness was elaborated and tested by the authors of the article in 2015. By that time, the sample was made up of students of the South Ukrainian National Pedagogical University named after K.D. Ushynsky and Odesa National University named after I.I. Mechnikov (n=359). This version of the technique showed a high degree of reliability and validity. The same year, the Ukrainian-language version of the technique was adapted and tested. Translation of the technique into Ukrainian required a separate

study, its cultural, linguistic adaptation with further full testing of this version of the methods. Standardization was carried out on a sample of Drohobych Ivan Franko State Pedagogical University. Approbation of the technique was conducted with the invitation of 245 respondents. It should be noted that the retest reliability of this version of the technique is quite high, as well as the reliability of its internal consistency, its construct validity [10].

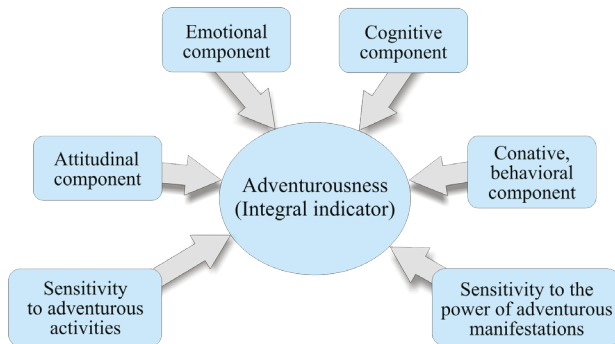


Fig. Qualitative Components of Propensity to Adventurousness

Thus, according to the theoretical construct, the technique (AVANT-7) diagnoses the following *bipolar* components of adventurousness (Fig.).

The attitudinal component (AdAt) belongs to the highest levels of adventurousness. It is based on the ideas and beliefs of a person, which present a picture of the world of a particular person, a very stable system of their views. This system is based on their life experience, knowledge, desires and ideas, on an individual system of relations to the world around them, to themselves and, in general, to anything. Thus, the attitudinal component reflects the position of the individual, which he/she adheres to and accepts.

With regard to adventurousness, the set component as a position is manifested in a certain attitude towards *adventure* as a phenomenon, towards *adventurous behavior* and its manifestations, towards *adventurers* as individuals of a special kind. We studied the attitude to the phenomenon of “adventurism, adventurous behavior, adventurousness” with the help of verbal reports [11]. And, of course, against the background of the general neutral attitude of the survey participants, we identified two positions: acceptance and extreme rejection of adventurous traits, manifestations and actions of the individual. This group of persons assessed the actions of people predisposed to adventure as ignoble, unworthy, while endowing adventurous individuals with such negative traits as a tendency to deception, bragging, irresponsibility, impulsiveness, etc.

It is interesting to note that during the subsequent study of the adventurousness propensity of the same respondents using the test-questionnaire discussed above, people with *high values* of the integral component of adventurousness positively accepted the idea of adventure, in contrast to another group of people who demonstrated *low values* of most adventurousness indicators. In principle, it was to be expected; consciously or unconsciously, the rejection of adventurousness could lead to the denial of its manifestations in oneself. This assumption, of course, requires further verification. At the same time, it gives us confidence in the need to include this component in the structure of adventurousness and in the theoretical construct of the technique in order to study the extent to which a person supports or does not support manifestations of adventurousness.

Here are some statements that carry a high load on the attitudinal parameter of adventurousness: “Success in life depends more on a case than on calculation”; “It’s pretty silly to take failure seriously”; “Most people like to overcome difficulties”; “The effort put into making the plans isn’t worth it”; “To have fun, break the rules and prohibitions”; “The expression “Get into a fight and then sort it out” is absolutely correct”; “Most people don’t think about what is bad for them and what is good”; “Successful individuals, as a rule, have the most unexpected vices,” etc. This block of questions is aimed at assessing the positive attitude towards manifestations of adventurousness. The rejection of adventurous manifestations, their condemnation is revealed by those respondents who choose, for example, the following statements: “The best job is the one which provides the reliable and determined future”; “In a well-established business, you need to be careful with new ideas”; “Adventurous actions and deeds are unworthy of a good person”; “You should not neglect the accepted rules for your own benefit”, etc. In terms of their content, people’s actions are assessed as noble or unworthy, positive or negative. After completing a certain action, a person sums up the results, evaluates what has been achieved, if the goal was not realized, reveals the reasons for the failure.

The emotional component (AdEm) reflects the presence (or absence) of emotional experiences associated with adventure. The propensity to adventurousness is accompanied by a bright, rich palette of positive emotional experiences associated with adventurous situations. Here are a few statements that have a high load on this indicator: “I am happy to indulge in new ideas, even if I am in trouble”; “I am attracted and worried by dangerous things”; “I am often drawn to new impressions”, “I am irritated by long, painstaking work”, “I am irritated by caution and prudence in people”, etc. Emotional rejection of adventurous manifestations is revealed with the help of such statements: “I like to work and study according to the arranged plan”, “I am more attracted by the business, the success of which I am confident about”, “I don’t like gambling”, “I am afraid of the affair whose result I doubt about”, “I do not enjoy the feeling of risk”; “Caution and prudence in people annoys me,” and so on.

The next component – *The cognitive component (AdKg)* – characterizes the presence of thoughts, considerations, judgments, fantasies about adventurous actions, or their complete absence or very insignificant manifestation. We formulate statements that give information about the high level of this component as follows: “I usually make a decision, especially without thinking”; “It so happens that, absorbed in thoughts of success, I forget about the precautions”; “They say that I often risk recklessly”; “It happens that I decisively immerse myself in a new business, without thinking over its outcome,” etc. Low values of this component indicate a reluctance to adventurous thoughts and are reflected, for example, in such indicators: “Abstract ideas are not for me”; “I think new ideas need to be tested before they are put into practice”; “I cannot be called a frivolous person”; “In my business I am always prudent and I consider all possible options”; “I always clearly understand what I want to help with in my life and what I want to achieve”, etc.

Conative component (AdKo) is the presence (absence) of external actions, manifestations of adventurousness that are observed by other people. They come to light in a bright external expression of adventurous aspirations, in expressive movements, in facial expressions, voice, postures, in general in specific adventurous actions, in behavior, actions. High scores for this component are diagnosed with statements such as: “You can say that I am prone to reckless actions”; “I always achieve my

Table. The values of the correlation coefficients, which were obtained when checking the reliability and validity of the modified version of the original technique (AVANT-7)

Test scales	Ways of searching information about reliability and validity of the latest version of the test-questionnaire				
	Reliability of test parts (n=570)	Test-retest Reliability (xi – xii) (n=320)	Reliability of parallel forms (N=550)		
			“Adventurous type” J. Oldham, L. Morris	“Location on the adventurousness scales”	Method (AVANT-1)
AdAt	652**	475**	455**	545**	701**
AdEm	598**	485**	502**	521**	679**
AdKg	695**	434**	435**	499**	715**
AdKo	554**	598**	522**	605**	698**
AdON	563**	399**	454**	571**	659**
AdOP	657**	457**	500**	489**	595**
AdTot	470**	590**	494**	532**	669**

note: 1) Marking *xI - xII* indicates the value of correlations between the results of the first and repeated testing;

2) zeros and commas are omitted; 3) marking ** – $p < 0,01$; 4) abbreviation: AdAt – attitudinal component; AdEm – emotional; AdKg – cognitive; AdKo – conative (behavioral) component; AdON – sensitivity to one’s own adventurous manifestations (reflexive sensitivity); AdOP – sensitivity to the adventurous manifestations of others;

AdTot is a general component of adventurousness (AdAt + AdEm + AdKg + AdKo + AdON + AdOP):6

goal, even if I have to overcome a lot of obstacles on the way to it”; “I can do a dangerous thing for fun”; “I would play roulette if I had such an opportunity”; “I often get down to business without having any idea about it”; “I can choose a dubious path to achieve an important goal”; “It is always difficult for me to give up my intentions, even if serious obstacles arise,” etc. Low scores are revealed by the statements: “Usually I do not give up on my plans”; “During planned travels and trips, I do not like to deviate from the planned routes”; “I avoid adventurous affairs, even if they promise benefits”, “I prefer dreaming about my plans rather than implementing them in real life”; etc.

Sensitivity to manifestations of one’s own adventurousness (AdON - reflexive sensitivity) is sensitivity to situations and their acceptance (or avoidance), in which their own adventurous behavior can manifest; the tendency to constantly “engage” in risky, uncertain, adventurous situations (subject oneself to various adventures), etc. Let us consider an example of some indicators that reveal propensity, sensitivity to one’s own adventurous actions: “I always control my actions in a strange situation and do not risk in vain”; “Usually I feel my luck in some business”, “I always see my benefit and go ahead to achieve it”; “I always believe in myself and achieve my goal despite obstacles”, “With my sixth sense, I guess easy success without much analysis of a specific situation”; “Usually I feel joy in anticipation of quick and easy success” etc. Individuals who do not have the traits of adventurousness and do not see them in themselves, most often choose the following statements: “Success is the result of a lucky chance and there is no point in analyzing and weighing your chances”; “I don’t strive for quick success and I don’t see when a chance can give it to me”; “I often get into trouble; “It happens that I grab onto some business and only eventually realize that it is not mine”; etc.

Sensitivity to the adventurous manifestations of other person (AdOP). This indicator testifies to the insight of the person regarding the adventurous actions of other person. It characterizes the respondent’s ability to recognize the adventurous intentions, suggestions, actions of other person in relation to himself, and to others, and to the world in general. Among the statements that have a high load on this indicator, we chose the following: “I see

how often people take risks in life, even when they themselves do not know about it”; “I feel adventurers “at a distance”, “I usually see when people show adventurous intentions, mislead others”, “I am surprised at people who, for the sake of easy success, put themselves in danger”; “As a rule, I feel when they want to deceive me, “deceive others”, etc.

An example of statements that have a low load on this indicator: “I cannot always recognize and warn other people in advance if they commit an ill-considered action”; “I am often told that I do not recognize and do not beware of people with dubious proposals and behavior”, “I do not trust people, who, without realizing it themselves, “grab onto” things to which they have no propensity at all”, etc.

The overall (total) component of adventurousness is calculated by the formula: AdTot = (AdAt + AdEm + AdKg + AdKo + AdON + AdOP) : 6.

It is important to note that the distribution of statements by indicators is confirmed and refined by the results of factor analysis.

So, the latest version of the “Test-questionnaire of the propensity to adventurousness (AVANT-7)”, the presentation of which this article is devoted to, is aimed at studying the described above components of adventurousness. It is a modified and supplemented psychodiagnostic technique which diagnoses the characteristics and forms of behavior corresponding to these or those personal and social orientations that are embodied in the concept of “adventurous personality”.

Mathematical and statistical data processing was carried out using the SPSS 13.0 software for Windows. Correlation analysis was conducted to find the relationships between the indicators of the methods, which are compared with each other. The goal of the *factor analysis* was to find fundamental factors that would explain most of the dispersion in the group of evaluations for different questions (statements) used in our study (72 in total). Also, with the help of this procedure, we tested our hypothesis regarding the structure of the propensity to adventurousness and in accordance with the theoretical construct of the method presented above. The results of the factor analysis confirm the presence of six factors that correspond to the components (indicators) of adventurousness (Fig.).

In order to check the final version of the methods for reliability and validity, we used the traditional in psychodiagnostics split-half method (dividing the test in half), repeated and parallel tests [16].

As parallel, the following tests were used: the method of determining the type of personality and probabilistic disorders of each type by J. Oldham, L. Morris, in particular, the “adventurous type” indicator [5], specially developed by us procedure “Self-assessment of the components of adventurousness” and the first version of the author’s technique “Test-questionnaire of propensity to adventurousness (AVANT-1)” [10].

Thus, we checked: a) the reliability of parts of the test (checking the measure of the internal consistency of the test content); b) test-retest reliability (checking the stability of test results over time); c) the reliability of parallel forms (checking the consistency of the respondents’ answers to different tasks).

Thus, the analysis of Table allows us to make a general conclusion that most of the indicators are linked at a high level, which proves the validity and sufficient reliability level of the latest version of the author’s psychodiagnostic technique (AVANT-7).

We hope that the final version of the test-questionnaire presented in this article may be of interest to foreign language readers for the purpose of using it both for scientific and practical purposes. Let us just recall that in this case that it is also necessary to adapt this test to the population that will be chosen by the reader for its subsequent full testing. Such work in labor costs corresponds to the efforts for the development of new psychodiagnostic methods.

Conclusions.

1. On the basis of the theoretical and methodological analysis of psychological sources, the essence of the phenomenon of “propensity to adventurous actions” (propensity to adventurousness) and its structure are clarified, the component composition of indicators of adventurousness as a multilevel personality trait is explicated and described.

2. Adventurousness is considered as a stable personality trait, the psychological essence of which is the hope for good luck in the presence of an attractive final goal. Adventurousness is characterized by a certain internal, mental activity (emotional experiences, thoughts, thought-forms, attitudes, expectations, etc.), which induce a person to external, physical activity, manifested in the social position of an adventurous person, in appropriate actions and behavior.

3. The behavior of a person predisposed to adventurousness is characterized by risky, often unprincipled actions, without a thorough analysis of real external circumstances and conditions, without taking into account their own capabilities (resources, abilities, forces, chances, etc.) and ways of solving the problem in order to achieve the random expected result, quick benefit, easy and quick success.

4. Psychodiagnostic technique “Test-questionnaire of propensity to adventurousness (AVANT-7)” is aimed at identifying and quantifying specific components of adventurousness, such as: attitudinal, emotional, cognitive, conative (behavioral) component, sensitivity to one’s own adventurous manifestations (reflexive sensitivity), sensitivity to the adventurous manifestations of others, a general indicator of adventurousness. This modified and supplemented psychodiagnostic methods diagnose the characteristics and forms of behavior that correspond to the personal and social orientation that are embodied in the concept of “adventurous personality”.

5. Approbation of the original psychodiagnostic tool presented in this article was carried out according to all the require-

ments of psychometrics. The reliability and validity of the “Test-Questionnaire of Propensity to Adventurousness (AVANT-7)” has been proved.

6. The practical area of application of the methods is individual and group psychological, psychotherapeutic and psychocorrectional work. The technique allows to measure and describe individual’s propensity to adventurousness, and this *propensity is personal*, which is not studied by any other psychodiagnostic methods.

REFERENCES

1. Алдашева А. А., Мельникова Н. Г. Ценностно-смысловое отношение личности к деятельности в ситуации конкурсного отбора кандидатов (на примере банковской сферы). Личность профессионала в современном мире / Отв. ред. Л. Г. Дикая, А. Л. Журавлев. М. : Изд-во «Институт психологии РАН», 2013. С. 544-559.
2. Антоненко И. В. Типы личностей предпринимателей. Системогенез учебной и профессиональной деятельности : Матер. VIII всерос. науч.-практ. конф. (г. Ярославль, 19-20 ноября 2018 г.). Ярославль, 2018. С. 128-131.
3. Бозаджиев В. Л. Психолог как личность и как субъект профессиональной деятельности. Личность профессионала в современном мире / Отв. ред. Л. Г. Дикая, А. Л. Журавлев. М. : Изд-во «Институт психологии РАН», 2013. С. 188-206.
4. Ильин Е. П. Эмоции и чувства : Учебное пособие / 2-е изд. СПб. : Питер, 2016. 784 с.
5. Олдхэм Джон, Моррис Луи. Узнай себя. Автопортрет вашей личности. М. : Вече, Рипол Классик, 2017. 185 с.
6. Почебут Л. Г. Кросс-культурная и этническая психология : Учебное пособие. СПб. : Питер, 2012. 336 с.
7. Райгородский Д. Я. Практическая психодиагностика : Методики и тесты. Самара : Бахрах-М, 2015. 672 с.
8. Саннікова О.П. Континуально-ієрархічна модель особистості. Психологія і суспільство. 2018; 3-4 (73-74): 166-177.
9. Саннікова О. П., Бикова С. В. А.с. Тест-опросник качественних компонентів схильності к риску. Заявка № 24519; опубл. 19.06.2013 г. 26 с.
10. Саннікова О. П., Санніков О. І., Меленчук Н. І. А.с. Психодіагностика авантюристів: «Тест-опитувальник схильності до авантюристів» (АВАНТ-1); «Самооцінка компонентів авантюристів». Заявка № 60141 від 19.03.2015; реєстрац. № 59701 від 15.05.2015. 76 с.
11. Саннікова О.П., Санніков О. І., Меленчук Н. І. Тест-опитувальник схильності до авантюристів (АВАНТ-1): результати апробації. Проблеми сучасної психології: збірник наукових праць Державного вищого навчального закладу «Запорізький національний університет» та Інституту психології імені Г. С. Костюка НАПН України / С. Д. Максименка, Н. Ф. Шевченко, М. Г. Ткалич (Ред.). 2016; 1(9): 82-88.
12. Bowen, D. J., Neill, J. T., & Crisp, S. J. Wilderness adventure therapy effects on the mental health of youth participants. Evaluation and Program Planning. 2016; 58: 49-59. doi: 10.1016/j.evalprogplan.2016.05.005.
13. Houge Mackenzie S., & Brymer, E. Conceptualizing adventurous nature sport: A positive psychology perspective. Annals of Leisure Research. 2020; Vol. 23, Issue 1: 79-91. doi: 10.1080/11745398.2018.1483733.
14. Melenchuk N. I. Subjective perceptions about the adventurousness’s characteristics. Science and Education a New Dimension. Pedagogy and Psychology. 2015. Part III(22), Issue 45: 71-74.
15. Sannikova O. P., Sannikov O. I., Melenchuk N. I. Diagnostics of adventurousness: presentation of the original technique.

The European Association of pedagogues and psychologists «Science» – International scientific periodical journal «The Unity of Science». Vienna, Austria, 2016: 66-69.

16. Urbina, Susana. Essentials of Psychological Testing. Second Edition / Alan S. Kaufman & Nadeen L. Kaufman (Eds.). New Jersey : John Wiley & Sons, Inc., 2018. 403 p.

SUMMARY

ADVENTUROUSNESS OF PERSONALITY: CONSTRUCT AND DIAGNOSTICS

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The article presents the results of the development and testing of the latest, supplemented and modified version of the author's psychodiagnostic technique "Test-questionnaire of propensity adventurousness (AVANT-1)". Adventurousness is viewed as a personality trait, as a stable propensity to adventurous behavior, which is characterized by the internal, mental activity of a person (attitudes, expectations, emotional experiences, thoughts, thought-forms, etc.). This mental activity (energy) induces the person to the corresponding external, physical activity, which manifests itself in adventurous actions, behavior, deeds.

The theoretical construct of the latest version of the technique (AVANT-7) is given and described; it diagnoses 7 components of adventurousness, reflecting, mainly, the qualitative level of its continuum and hierarchical structure: attitudinal, emotional, cognitive, conative (behavioral) components of adventurousness; sensitivity to one's own and other's adventurous intentions, actions, behavior; integral (general) indicator of adventurousness. The results of approbation of this psychodiagnostic tool, which was carried out according to all the requirements of psychometrics, are analyzed. The theoretical construct of the method was empirically verified, its reliability and validity were proved.

The practical area of the technique application is individual and group psychological, psychotherapeutic and psychocorrectional work. The technique allows to measure and describe an individual's propensity to adventurousness, moreover, a personal propensity, which has not been studied by other psychodiagnostic methods, but which manifests itself both in persons with a mental norm and in persons with behavioral, psychological and psychosocial problems up to the transition to character accentuations, to psychopathies and psychopathology.

Keywords: adventurousness, disposition, propensity to adventurous behavior, structure of adventurousness, qualitative components, test-questionnaire, approbation, reliability, validity.

РЕЗЮМЕ

АВАНТЮРНОСТЬ ЛИЧНОСТИ: КОНСТРУКТ И ДИАГНОСТИКА

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В статье представлены результаты разработки и апробации дополненной и модифицированной версии авторской

психодиагностической методики «Тест-опросник склонности к авантюренности (АВАНТ-1)». Авантюренность рассматривается как свойство личности, устойчивая склонность к авантюренному поведению, которая характеризуется внутренней, психической активностью человека - установками, ожиданиями, эмоциональными переживаниями, мыслями, мыслеформами. Эта психическая активность (энергия) побуждает личность к соответствующей внешней, физической активности, что проявляется в авантюрных действиях, поведении, поступках.

Приводится и описывается теоретический конструкт последней версии методики (АВАНТ-7), которая диагностирует 7 компонентов авантюренности, отражающих, преимущественно, качественный уровень ее континуально-иерархической структуры: установочный, эмоциональный, когнитивный, конативный (поведенческий) компоненты авантюренности; чувствительность к своим и чужим авантюрным намерениям, действиям, поведению; интегральный (общий) показатель авантюренности. Анализируются результаты апробации этого психодиагностического инструмента, которая проводилась по всем требованиям психометрики. Эмпирически верифицирован теоретический конструкт методики, доказана ее надежность и валидность.

Практическая область применения методики – индивидуальная и групповая психологическая, психотерапевтическая и психокоррекционная работа. Методика позволяет измерить и описать склонность индивида к авантюренности, причем склонность личностную, которая не изучается другими психодиагностическими методиками, однако проявляется как у лиц с психической нормой, так и у лиц с поведенческими, психологическими и психосоциальными проблемами вплоть до перехода к акцентуациям характера, психопатиям и психопатологии.

რეზიუმე

პიროვნების ავანტიურულობა: კონსტრუქტი და დიაგნოსტიკა

ო.სანნიკოვა, ნ.მელენჩუკი, ა.სანნიკოვი

სამხრეთ უკრაინის კ.უშინსკის სახ. ეროვნული პედაგოგიური უნივერსიტეტი, ოდესა, უკრაინა

სტატიაში წარმოდგენილია ფსიქოდიანოსტიკის საავტორო მეთოდის "ავანტიურულობისკენ მიდრეკილების ტესტ-კითხვარი" შევსებული და მოდიფიცირებული ვერსიის შემუშავებისა და აპრობაციის შედეგები. ავანტიურულობა განიხილება, როგორც პიროვნების ავანტიურული ქცევისკენ მიდრეკილების თვისება, რაც ხასიათდება ადამიანის შინაგანი, ფსიქიკური აქტივობით – განწყობებით, მოლოდინებით, ემოციური განცდებით, აზრებით, აზრთა ფორმებით. ეს ფსიქიკური აქტივობა (ენერჯია) პიროვნებას აღუძრავს შესაბამის გარეგან, ფიზიკურ აქტივობას, რაც ვლინდება ავანტიურულ მოქმედებებში, ქცევაში, საქციელში.

სტატიაში აღწერილია ამ მეთოდის ბოლო ვერსიის თეორიული კონსტრუქტი, რომლითაც დიაგნოსტიკა ავანტიურულობის, უპირატესად, კონტინუურ-იერარქიული სტრუქტურის თვისობრივი დონის ამსახველი 7 კომპონენტი: ავანტიურულობის განწყობითი, ემოციური, კოგნიტური, ქცევითი კომპონენტები, მგრძობელობა საკუთარი და სხვისი ავანტიურული

ზრახვების, ქმედებების და ქცევის მიმართ, ავანტიურულობის ინტეგრალური მანკენებელი. ამ ფსიქოდიანოსტიკური ინსტრუმენტის აპრობაციის შედეგების ფსიქომეტრიის მოთხოვნების შესაბამისად ჩატარებული ანალიზის საფუძველზე ემპირიულად ვერიფიცირებულია მეთოდის თეორიული კონსტრუქტი, დამტკიცებულია მისი საიმედოობა და ვალიდობა.

მეთოდის გამოყენების პრაქტიკული სფეროა ინდივიდური და ჯგუფური ფსიქოლოგიური, ფსიქოთე-

რაპიული და ფსიქოკორექციული მუშაობა. მეთოდის იდეალური საშუალებას გაიზომოს და აღიწეროს ინდივიდის მიდრეკილება ავანტიურულობისაკენ, ამასთან – პიროვნული მიდრეკილება, რაც ფსიქოდიანოსტიკის სხვა მეთოდებით არ შეისწავლება, თუმცა, ვლინდება ადამიანებში, როგორც ფსიქიკური ნორმით, ასევე, პირებში სხვადასხვა ტიპის და ხარისხის ქცევითი, ფსიქოლოგიური და ფსიქოსოციალური პრობლემებით.

RECONSTRUCTIVE FUNCTIONAL RESERVOIRS IN TREATMENT OF CHILDREN WITH AGANGLIONOSIS AFTER TOTAL COLECTOMY

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Operations on aganglionosis in children, who need complete colectomy, have their own peculiarities. In order to reconstruct the consequences of colectomy in children, complex reconstructive plastic operations have to be performed while restoring integrity of the digestive tract [9,14]. In these cases, the optimal intervention is formation of functionally advantageous reservoir that would be able to provide to some extent all the functions of the distal bowel, namely, the rectum. There is a wide range of views referring to the effectiveness of such reconstructive operation after total colectomy [4,17].

After removal of the large intestine and demucosation of the rectum, the reconstructive plastic surgery is performed at the expense of the small intestine. In this case, the well-known J-shaped reservoir, S-shaped reservoir, primary ileo-rectal anastomosis and others [7,13,16] are the most likely to be used to restore the integrity of the intestinal tract in children. However, some techniques do not provide full elimination of all adverse results of colon removal, while others are imperfect and technically difficult to perform in children [5,11,18].

Successful implementation of such complicated interventions as reconstructive plastic operations with total colectomy requires stabilization of general state of patients, normalization of indicators of protein metabolism, of water-electrolyte and acid-base balance and of markers of immune status. If those indicators are neglected, performing of mentioned difficult surgical interventions can lead to severe course of the early postoperative period, problematic healing of anastomoses, development of suppurative-inflammatory complications, combination of several severe complications, which would possibly lead to lethal exit [1,12,15,19].

Surgical treatment of aganglionosis in children with total colectomy is the most difficult operation even for surgeons with considerable experience. Taking into account the problems of pre-operative care, the operation itself, the management of

the postoperative period, we notice and analyze many tactical and technical features, without which it is difficult to achieve reliable postoperative stabilization and social adaptation of the child in the future [2,6,8,10].

The object of the study is to develop optimal reconstructive functional reservoirs for the treatment of children with aganglionosis after total colectomy.

Material and methods. The doctors of Children's Surgery Clinic of O.O. Bogomolets National Medical University, which bases on the National Children's Specialized Hospital "Ohmatdit", have been treating surgically 1184 children (from birth to 18 years) with various forms of bowel aganglionosis during the period from 1980 to the beginning of 2020 (Table 1). All patients were operated on with help of both classical and minimally invasive eradicated methods.

We identified a special group with common characteristic among these patients; 53 children needed total colectomy. These were 12 children with subtotal and 41 patients with total aganglionosis, both ranging from birth to 3 years. We performed a complete removal of the colon in patients with total aganglionosis and subtotal aganglionosis (in case, there was significant damage to upper parts of colon).

Various variants of optimal reconstructive surgery were performed and ended up with the formation of a functionally beneficial intestinal reservoir in 53 children with aganglionosis after total colectomy.

In order to reach correct diagnosis and to evaluate the rate of treatment during the postoperative monitoring, we used the results of general clinical diagnostic methods (thorough history taking, examination, blood and urine tests, ECG, ultrasound of the internal organs) and specific diagnostic methods (irrigography, irrigoscopy; passage of contrast, rectoromanoscopy, colonoscopy, morphological methods, anorectal manometry, absorbance-based AChE activity).