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Rohal N. I.,

PhD (Candidate of Psychological Sciences),
Associate Professor of the Department
of Social Psychology,
Taras Shevchenko National University of Kyiv
E-mail: RogalNina@ukr.net
ORCID: 0000-0002-6937-7485
Scopus Author ID: 57202096862
Researcher ID: AAB-4136-2021

Synelnykov R. Yu.,

PhD (Candidate of Psychological Sciences),
Associate Professor of the Department
of General Psychology,
head of the psychological service,
Taras Shevchenko National University of Kyiv
E-mail: romasynelnykov@gmail.com
ORCID: 0000-0003-1634-7458

Plys M. O.,

student of the 4th year of OS «Bachelor»
specialty 053 «Psychology»
faculty of psychology,
Taras Shevchenko National University of Kyiv
E-mail: 1011maria.plys@gmail.com
ORCID: 0009-0006-5649-9674

THE PSYCHOLOGICAL FEATURES OF PREDISPOSITIONS TO VARIOUS ADDICTION AMONG YOUTH

У статті розглядаються психологічні особливості схильностей до різних типів залежностей серед молоді. Аналізуються особливості прояву емоційних бар'єрів у спілкуванні, особистісної тривожності, імпульсивності та їх взаємозв'язку зі схильностями молоді до різних типів залежностей (адиктивної поведінки).

Встановлено, що більшість досліджуваної молоді має певні труднощі у взаємодії із людьми, які виникають на щоденній основі, серед них найбільш вираженими є: неадекватний прояв емоцій, негнучкість, невиразність емоцій, невміння керувати емоціями та найменш вираженими: небажання зближуватися з людьми та домінування негативних емоцій.

Більшість молоді мають високу особистісну тривожність, що проявляється у схильності сприймати різні життєві події і ситуації як загрозливі та реагувати на них підвищеним рівнем занепокоєння, що може проявлятися у напруженні, хвилюванні, фізичних симптомах, уникненні ситуацій, які викликають дискомфорт та ін.

Встановлено, що особистісна тривожність молоді пов'язана із телевізійною, любовною, харчовою, комп'ютерною залежностями та залежністю від ліків та міжособистісних стосунків.

Схильність молоді до різних видів залежностей також прямо корелює із емоційними бар'єрами у спілкуванні. Зокрема, емоційні бар'єри пов'язані із залежністю від куріння, від здорового способу життя, загальною схильністю до залежностей та особистісною тривожністю. Небажання зближуватися з людьми на емоційній основі пов'язане із телевізійною залежністю та залежністю від куріння. Домінування негативних емоцій пов'язане із трудоголізмом, загальною схильністю до залежностей, особистісною тривожністю. Неадекватний прояв емоцій пов'язаний із залежністю від куріння та наркотичною залежністю.

Виявлено, що досліджувані із високим рівнем особистісної тривожності мають значущо вищі показники схильності до телевізійної, харчової, комп'ютерної (інтернетної, від соціальних мереж) залежностей, загальної схильності до залежностей та імпульсивності.

В результаті кластерного аналізу виділено два типи молоді: вразливий імпульсивний тип, для якого характерні вищі показники більшості залежностей, імпульсивності, тривожності, що свідчить про емоційну нестабільність, труднощі з контролем поведінки та більшу вразливість до формування адиктивних патернів поведінки та поміркований здоров'язбережувальний тип, для якого властиві значущо нижчі показники більшості залежностей, імпульсивності та тривожності, вища емоційна стабільність та менша схильність до ризикованих і деструктивних форм поведінки.

Ключові слова: залежність, адикції, адиктивна поведінка, молодь, типи залежностей, особистісна тривожність, імпульсивність.

Introduction

Problem statement. Modern youth live in conditions of rapid socio-economic changes, informational overload and increased psychological stress. Under these circumstances, risks of various types of addictions - both chemical (alcohol, drug, nicotine) and non-chemical (gambling, Internet addiction, romantic relations, etc.) – increase significantly. Addictive behaviour among young people is becoming such socio-psychological problem that affects not only individual health and well-being, but also the quality of human potential of entire society.

The proposed study is important because basic life attitudes, ways of stress overcoming and social landmarks, formed at a young age, can either prevent or, conversely, contribute to addiction emergence. Some personality traits, for example, of anxiety, impulsivity, emotional (-in)stability, easiness of socialization etc., play a key role in vulnerability to certain addictions. Despite existing studies that examined these personality traits, a combination of various psychological factors and their influence on the tendency to addictive behaviour among young people has not been studied in a comprehensive manner.

Thus, there is a need to analyse in-depth the psychological characteristics of tendencies to various addictions in youth in order to develop effective preventive and corrective measures.

Theoretical analysis

Analysis of recent studies and publications. Many Ukrainian (Bidos, 2020; Burmaka, 2003; Klochko, 2013; Kryvachuk, 2009; Lutyi, 2012; Maksimova, 2017; Maksimova, & Tolstoukhova, 2020; Melnychuk, & Reva, 2023; Pavlenko, Pinchuk, & Shnerenko, 2001; Savelieva, 2016; Yurchenko, 2017, etc.) and foreign scientists (Balogh, Mayes, & Potenza, 2013; Calado, Alexandre, & Griffiths, 2017; Orford, 2001; Savolainen, Kaakinen, Sirola, & Oksanen, 2018 etc.) researched the problem of addictive behaviour. In particular, the following issues were studied: the role of identification with a peer group, critical periods of personality development when harmful patterns of behaviour can appear, harmful

habits impacting an individual's psychological well-being, health, financial status or social relationships.

In the scientific literature, addiction also interpreted as are a bad habit, a tendency etc. At the first stages, the term was used to describe behaviour of people addicted to nicotine, alcohol, drugs or other chemicals, and later other types of addictions were added. According to J. Orford (2001), addiction can be considered as excess in something, including in an individual's behaviour (for example, excessive use of alcohol, drugs, excessive use of the Internet, excessive gambling etc.).

Addictive behaviour is such form of deviant behaviour that is characterized by the desire to change artificially one's own mental state by using chemicals or focusing on activities to reinforce intense emotions; this is not related to reality but caused by various false passions (Bidos, 2020, p. 168). Addictive behaviour precedes formation of drug addiction, since a negative tendency to use chemicals has not yet reached the stage of addiction (mental and physical), that is, it has not developed into drug addiction, substance abuse, alcoholism, etc. (Savelyeva, 2016, 62).

A. Pavlenko, I. Pinchuk and L. Shnerenko (2001, p. 49) considered addictive behaviour as an adaptation disorder characterized by abuse of certain (one or more) psychoactive substances in combination with other behavioural disorders, but without signs of mental or individual addictions. However, due to its regressive form, it precedes formation of such addictions.

N. Maksimova defined a tendency to addictive behaviour as a personality formation stimulating a willingness to use psychotropic substances (Maksimova, 2017, p. 6).

The factors supporting a tendency to addictive behaviour are: absent or low affection of parents, poor emotional support from parents, hyper- or hypo-care, constant family conflicts, emotional instability of family, examples of addictive behaviour in the immediate social environment; excessive academic loads in educational institutions; examples of addictive behaviour demonstrated in mass-media, their advertising (directly and indirectly); encouragement of such behaviour within informal groups; an individual's emotional instability; desire to experiment with some chemicals; unstable system of one's own values; hedonistic values of the youth subculture; absent or insufficient skills for overcoming problems etc. (Liutyi, 2012, p. 227).

O. Klochko (2013) supplemented the above factors with the following: features of family configuration and family education (absent or insufficient

positive emotional contacts with parents and the closest social environment; an incomplete dysfunctional family; improper family education of children; poor pedagogical knowledge among parents); other socio-pedagogical problems (pedagogical or parental neglect, homelessness, actual or social orphanhood, character accentuations because of adolescent crises, etc.) (p. 7).

Also, N. Maksimova (2017, p. 7) identified personal predispositions to addictive behaviour: dominance of avoidance motivation and insufficient achievement motivation; low reflection and poor self-awareness; unformed prediction of behaviour; external locus of control; low self-esteem and self-respect, which can be disguised by demonstrative inflated self-esteem; refusal to act even in slightest difficulties; tendency to escape from reality in a frustrating situation (Maksimova, 2017, p. 7).

Scientists distinguish three main forms of addictive behaviour: chemical addictions (use of psychoactive, narcotic, psychotropic, toxic substances, household chemicals, etc.); non-chemical addictions (behavioural addictions – computer addiction, gaming addiction (ludomania, gambling), internet addiction, relationship addiction (avoidance addiction, addictive sexual or romantic relations), sports addiction, workaholism, addiction to lose money (shopaholism), addictive religious fanaticism, urgency addiction, Toad syndrome) and intermediate forms of addiction where body biochemical mechanisms are involved (bulimia, anorexia nervosa, etc.) (Klochko, 2013, p. 8; Savelieva, 2016).

L. Kryvachuk (2009) has noted that alcoholism, substance abuse and drug addiction are the main forms of addictive behaviour. Alcoholism and drug addiction are often considered as separate phenomena, but they are similar, in particular, there are psychological attraction to chemical substances, ethanol, morphine, barbiturate acid derivatives etc. that leads to addictions, personality disintegration and, ultimately, to death because of permanent poisoning with toxic substances (Krivachuk, 2009).

Within the topic of addictive behaviour, special attention is paid to issues of its prevention, correction and treatment (Buhler, Thrul, 2015; Savolainen, Kaakinen, Sirola, Oksanen, 2018; Zolotova, 2013; Lutyi, 2012; Pavlenko, Pinchuk, Shnerenko, 2001, etc.).

The study conducted with 1200 Finnish youth aged 15 to 25 (Savolainen, Kaakinen, Sirola, Oksanen, 2018) revealed that there was a correlation between addictive behaviour and psychological distress through a mediation effect of a primary group. Increased social identification contributed to protection of youth against problems associated with alcohol use. Thus,

social identification could be a positive resource for overcoming difficult situations, prevention and recovery from addictions (p. 78).

G. Zolotova (2013) noted that recently, intimidation, which was a destructive method preventing addictive behaviour, was substantiated by constructive methods associated with formation of positive value orientations and attitudes of youth, so that addictive behaviour lost its value. Prevention methods should be developed on the principles ensuring their high effectiveness, such as: systematicity, partiality, problematic and cognitive adequacy, orientation on cultural values, use of phenomena of mass consciousness or culture and their value-motivational component, personification, mandatory alternative gain, advanced learning, relevance, responsibility, competence, interactivity etc. (pp. 58–59).

Since young people are at the stage of their personality formation, if one of them have certain manifestations of addictive behaviour, he/she may be subject to external constructive interventions; so that the study on this topic can find new ways of effective addiction prevention.

The study purpose was to study psychological characteristics of tendencies to various addictions among young people.

Research methodology

Presentation of the main material. The following method were used in our study: the method revealing tendencies to various addictions (G. Lozova); the Barratt Impulsiveness Scale (BIS); Spielberger's State-Trait Anxiety Inventory (adapted by Yu. Khanin); the method examining emotional barriers in interpersonal communication (V. Boyko) and the author's questionnaire determining the frequency of alcohol consumption, the reasons to begin its consumption, etc.

The obtained data were processed and analysed using mathematical and statistical methods of analysis and the software of IBM SPSS Statistics 23.0 for Windows.

The study empirical basis. The study was attended by 51 people aged 16 to 23 years; women were 72% and men were 28%.

Results and discussion

According to average values received with the method examining emotional barriers in interpersonal communication (V. Boyko), the most often problem was inadequate expression of emotions ($M=2.37$), inflexibility, vagueness of emotions was on the second place ($M=2.16$), inability to manage

emotions was on the third place ($M=2.10$), prevalent negative emotions were on the fourth place ($M=1.98$), and unwillingness to be emotionally close to people appeared the least often ($M=1.76$). The average value of general emotional barriers was 10.37, which indicated certain difficulties in interacting with people appearing on a daily basis. Additionally, only 6% of the respondents did not have emotional barriers in interacting with others; so, emotions usually were an obstacle against establishing contacts and interacting with others. The majority (37.2%) had daily problems in communication caused by some emotions. 27.4% had certain emotional problems in everyday communication, but they were not constant or everyday problems. For 29.4% of young people, emotions were such an obstacle for in establishing contacts with others that they can even be characterized by certain disorganizing reactions or states.

According to Spielberger's State-Trait Anxiety Inventory (adapted by Yu. Khanin), 70% of the examined people had high personal anxiety and 30% had average personal anxiety. Moreover, no one had low personal anxiety. The obtained results indicated that young people mostly tended to perceive various life events and situations as threatening and reacted to them with increased anxiety, which could appear via constant tension and anxiety, some physical symptoms (rapid heartbeat, trembling, sweating, nausea, dizziness, etc.), avoidance of situations that cause discomfort, etc. At the same time, we did not find any statistically significant differences in personal anxiety depending on gender ($U=162,0$; $p=.504$).

Using correlation analysis, correlations were determined between personal anxiety and the following addictions: television ($r=.366$; $p=.01$); romantic relations ($r=.313$; $p=.05$); computer ($r=.408$; $p=.01$); food ($r=.338$; $p=.05$); interpersonal relationships ($r=.285$; $p=.05$) and medicals ($r=.408$; $p=.01$).

Unwillingness to be emotionally close to people correlated with television ($r=.300$; $p=.05$) and smoking addiction ($r=.317$; $p=.01$). Prevalent negative emotions correlated with workaholism ($r=.344$; $p=.05$); general tendency to addiction ($r=.321$; $p=.05$) and personal anxiety ($r=.429$; $p=.01$). Inadequate expression of emotions correlated with tendencies to smoking addiction ($r=.322$; $p=.05$) and drug addiction ($r=.295$; $p=.05$).

Emotional barriers correlated with smoking addiction ($r=.353$; $p=.05$); addiction to a healthy lifestyle ($r=-.292$; $p=.05$); general tendency to addiction ($r=.295$; $p=.05$) and personal anxiety ($r=.372$; $p=.01$).

Using the Mann-Whitney U-test, we performed a comparative analysis of predispositions to addictions and impulsivity depending on personal

anxiety. The study revealed that the majority (70% of the respondents) had high personal anxiety and less than half (30%) had average personal anxiety.

Table 1

Indicators of predisposition to various addictions and impulsivity depending on personal anxiety

Scale	High personal anxiety	Medium personal anxiety	Significance of differences (p)
Alcohol addiction	26,61	24,53	,648
Television addiction	29,57	17,43	,008
Romantic relations as addiction	28,00	21,20	,135
Gaming addiction	26,47	24,78	,712
Addiction to interpersonal relationship	28,33	20,40	,081
Food addiction	28,65	19,63	,047
Religious addiction	27,35	22,77	,254
Workaholism	13,17	12,47	,393
Medicals addiction	12,14	8,53	,027
Computer addiction (Internet, social networks)	10,00	7,80	,036
Smoking addiction	10,97	8,53	,183
Addiction to a healthy lifestyle	13,31	15,07	,267
Drug addiction	8,25	9,47	,568
General tendency to addiction	13,06	11,27	,044
Impulsivity	70,47	54,47	,000

Respondents with high anxiety had significantly higher rates of addiction to television, food, computer (Internet, social networks), general tendency to addiction, and impulsivity. The obtained results were also confirmed by the analysis presented in a previously published article. In particular, there were significant positive correlations between impulsivity and tendencies to alcohol, food, smoking addictions and addiction to interpersonal relationships. Additionally, negative correlations were revealed between impulsivity and a tendency to a healthy lifestyle (Rohal, Synelnykov, Plys, 2023).

Cluster analysis performed using the K-means method, identified two clusters (types of youth) depending on the tendency to various addictions, impulsivity and anxiety.

Table 2

Indicators of predisposition to various addictions, impulsivity and personal anxiety depending on cluster

Scales	Cluster		U	P
	1	2		
Alcohol addiction	14,27	10,88	195,5	,014
Television addiction	14,65	12,24	208,5	,027
Romantic relations as addiction	13,46	11,60	249,5	,153
Gaming addiction	7,69	6,44	263,0	,219
Addiction to interpersonal relationship	11,23	8,44	201,5	,019
Food addiction	14,54	11,72	211,5	,031
Religious addiction	6,04	6,52	284,5	,385
Workaholism	13,08	12,84	319,5	,917
Medicals addiction	11,77	10,36	273,5	,323
Computer addiction (Internet, social networks)	10,31	8,36	224,5	,057
Smoking addiction	11,96	8,48	203,0	,014
Addiction to a healthy lifestyle	12,38	15,32	443,5	,025
Drug addiction	9,08	8,12	269,0	,271
General tendency to addiction	13,35	11,68	212,0	,032
Impulsivity	76,81	54,28	10,0	,000
Personal anxiety	57,38	43,28	74,0	,000

The first cluster – a vulnerable impulsive type (51% of the respondents)- was characterized by higher rates of most addictions, impulsivity and anxiety, which indicated emotional instability, difficulties with behavioural control and greater vulnerability to formation of addictive behavioural patterns.

The second cluster – a moderate health-preserving type (49% of the respondents) – was characterized by lower rates of most addictions, impulsivity and anxiety. This cluster was also characterized by greater emotional stability and a lower tendency to risky and destructive behaviours.

Young people who entered the first cluster had significantly higher rates of alcohol ($U=195.5$; $p=.014$), television ($U=208.5$; $p=.027$), romantic ($U=201.5$; $p=.019$), food ($U=211.5$; $p=.031$), smoking addictions ($U=203.0$; $p=.014$) and general tendency to addiction ($U=212.0$; $p=.032$); they also had lower rates of addiction to a healthy lifestyle ($U=443.5$; $p=.025$). Also, they

were characterized by significantly higher impulsivity ($U=10.0$; $p=.000$) and personal anxiety ($U=74.0$; $p=.000$).

For a more in-depth description of the selected clusters, we analysed them according to the indicators of emotional barriers in communication and the reasons for alcohol consumption (Table 3).

Table 3

Comparative analysis of emotional barriers in communication and reasons for alcohol consumption depending on clusters

	Cluster		U	P
	1	2		
Inability to manage emotions	2,35	1,84	234,0	,076
Inadequate display of emotions	2,42	2,32	309,0	,752
Inflexibility and vagueness of emotions	2,35	1,96	262,0	,223
Prevalent negative emotions	2,27	1,68	243,0	,112
Unwillingness to be emotionally close to people	1,85	1,68	297,5	,580
Total indicator of emotional barriers in communication	11,23	9,48	235,5	,090
Tendency to excessive alcohol consumption	1,50	,60	227,5	,026
Alcohol consumption to lift the mood	2,85	2,56	285,0	,439
Alcohol consumption to support a company	2,62	1,68	156,5	,001
Alcohol consumption to get rid of problems	2,62	1,60	202,5	,013
Alcohol consumption to solve internal problems	2,73	1,32	162,5	,000
Alcohol consumption to be brave	3,00	1,96	203,5	,016
I like the taste of alcohol	2,92	3,16	357,0	,533

Young people of the vulnerable impulsive type had higher average values for all studied emotional barriers in communication. Additionally, at the trend level, the difference between this type and the moderate health-preserving type was the largest for the “inability to manage emotions” scale ($p=.076$).

Youth of the first type had higher rates of alcohol consumption and tried alcoholic beverages for the first time earlier (at an earlier age) than representatives of the second type. The tendency to excessive alcohol consumption was significantly lower among youth with the moderate health-preserving type ($U=227.5$; $p=.026$).

Additionally, representatives of this cluster significantly less often noted the following motives for consumption of alcoholic beverages: to support the company ($U=156.5$; $p=.001$), to get rid of problems ($U=202.5$; $p=.013$), to solve internal problems ($U=162.5$; $p=.000$), to be brave ($U=203.5$; $p=.016$), compared to representatives of the first cluster – the vulnerable impulsive type. This indicates that young people with the moderate health-preserving type were less likely to be exposed to conformist, external influences and to search for ways out of difficult life situations in alcohol. At the same time, N. Savelyeva (2016) has noted that the main motives for using drugs are: satisfying a sense of curiosity, the desire to get new sensations; overcoming a ban, experiencing a pleasant sense of danger; being accepted by a group; orientation towards authority; the desire to demonstrate their independence from adults or to look like an adult; the desire to get pleasure, get rid of emotional barriers etc. (Savelyeva, 2016, 67–68).

Thus, the obtained results indicated that young people belonging to the first cluster needed increased attention from psychological services, especially in the areas of developing self-control skills, reducing anxiety and preventing addictions. Young people belonging to the second cluster, on the contrary, demonstrated more adaptive behavioural strategies and could potentially act as a positive model for their peers.

Conclusions

As a result of theoretical analysis, we have determined that addictive behaviour is considered a type of adaptation disorder, as a form of deviant behaviour, characterized by an attempt to change one's mental state by consuming some chemical substances or fixation of attention on certain types of activities in order to reinforce intense emotion without connection with reality, via various false passions, but without signs of mental or individual addictions.

The performed empirical study revealed that the majority of the studied young people had certain difficulties in daily interacting with people, among which the most important were: inadequate expression of emotions, inflexibility and vagueness of emotions, inability to manage emotions and the least pronounced ones: unwillingness to be emotionally close to people and prevalent negative emotions.

Additionally, the majority of young people tended to perceive various life events and situations as threatening and react to them with increased anxiety, which can appear in tension, excitement, physical symptoms

(rapid heartbeat, trembling, sweating, nausea, dizziness, etc.), avoidance of situations that cause discomfort, etc.

Using correlation analysis, we identified correlations between personal anxiety, emotional barriers in communication and tendencies to various addictions. In particular, personal anxiety correlated with tendencies to television, romantic, computer, food addictions and addictions to interpersonal relationships and to medicals.

Unwillingness to be emotionally close to people correlated with television and smoking addictions. Prevalent negative emotions correlated with workaholism, general tendency to addiction, personal anxiety. Inadequate expression of emotions correlated with smoking and drug addictions.

Emotional barriers correlated with smoking addiction, addiction to a healthy lifestyle, general tendency to addiction, personal anxiety.

The respondents with high personal anxiety had significantly higher rates of addictions to television, food, computer (Internet, social networks), general tendency to addiction and impulsivity.

Two types of youth were identified as a result of cluster analysis: the vulnerable impulsive type, characterized by higher rates of most addictions, impulsivity, anxiety, emotional instability, difficulties with controlling behaviour and greater vulnerability to formation of addictive behavioural patterns; and the moderate health-preserving type, characterized by lower rates of most addictions, impulsivity and anxiety, higher emotional stability and less tendency to risky and destructive forms of behaviour.

The prospect of further research lays in a more in-depth study of youth's predisposition to various addictions by expanding the possible factors that cause it, developing preventive programs adapted to different groups of youth, taking into account their psychological characteristics and testing these programs etc.

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Abstract

Rohal N. I.,

PhD (Candidate of Psychological Sciences),
Associate Professor of the Department
of Social Psychology,
Taras Shevchenko National University of Kyiv
E-mail: RogalNina@ukr.net

Synelnykov R. Yu.,

PhD (Candidate of Psychological Sciences),
Associate Professor of the Department
of General Psychology,
head of the psychological service,
Taras Shevchenko National University of Kyiv
E-mail: romasynelnykov@gmail.com

Plys M. O.,

student of the 4th year of OS «Bachelor»
specialty 053 «Psychology»
faculty of psychology,
Taras Shevchenko National University of Kyiv
E-mail: 1011maria.plys@gmail.com

THE PSYCHOLOGICAL FEATURES OF PREDISPOSITIONS TO VARIOUS ADDICTION AMONG YOUTH

The article examines the psychological features of predispositions to various addictions among young people and analyse emotional barriers in communication, personal anxiety, impulsivity and their correlations with predispositions of young people to various addictions (addictive behaviour).

The majority of the studied young people had certain difficulties in daily interacting with people, among which the most important were: inadequate expression of emotions, inflexibility and vagueness of emotions, inability to manage emotions and the least pronounced ones: unwillingness to be emotionally close to people and prevalent negative emotions.

Young people mainly had high personal anxiety, manifested in the tendency to perceive various life events and situations as threatening and to react to them with increased anxiety, which could appear in tension, excitement, physical symptoms, avoidance of situations that cause discomfort etc.

Young people's personal anxiety correlated with television, romantic, food, computer, medicals addictions and addiction to interpersonal relationships.

The tendency of young people to various addictions also directly correlated with emotional barriers in communication. In particular, emotional barriers correlated with smoking addiction, addiction to a healthy lifestyle, general tendency to addiction, personal anxiety. Unwillingness to be emotionally close to people correlated with television and smoking addictions. Prevalent negative emotions correlated with workaholism, general tendency to addiction, personal anxiety. Inadequate expression of emotions correlated with smoking and drug addictions.

The respondents with high personal anxiety had significantly higher rates of addictions to television, food, computer (Internet, social networks), general tendency to addiction and impulsivity.

Two types of youth were identified as a result of cluster analysis: the vulnerable impulsive type, characterized by higher rates of most addictions, impulsivity, anxiety, emotional instability, difficulties with controlling behaviour and greater vulnerability to formation of addictive behavioural patterns; and the moderate health-preserving type, characterized by lower rates of most addictions, impulsivity and anxiety, higher emotional stability and less tendency to risky and destructive forms of behaviour.

Key words: *addictions, addictive behaviour, youth, types of addictions, personal anxiety, impulsivity.*

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