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"PROACTIVE COPING QUESTIONNAIRE": MODIFICATION, APPROBATION, PSYCHOMETRIC INDICATORS

Modern approaches to coping justify the perspective of using the phenomena of preventiveness and proactivity, which are focused on the prevention of negative impacts on the personality. Proactivity is based on the phenomenon of personal responsibility for the results of one's life and on the idea of consciously involving and using all available resources, including knowledge, skills, information, social connections, and forming access to them. A proactive personality consciously uses means of cognitive, behavioral, and emotional self-regulation to prevent and overcome the impact of stressful events. Such features of proactivity make it a promising direction for research on the needs of servicemen recovery centers.

The article presents the results of the modification and standardization of the "Proactive Coping Questionnaire" (PCQ) for a sample of Ukrainian servicemen who participated in intensive combat operations and underwent a psychological rehabilitation program. We not only translated and adapted the text of the PCI to Ukrainian realities, but also simplified it: reduced the number of statements, and added points for answers to the questionnaire form, taking into account the peculiarities of working with military personnel who were significantly physically and psychologically exhausted. The general structure of the PCQ was preserved, and the psychometric characteristics were consistent with the content of proactivity, which the developers laid down. Identified phenomena that affect the peculiarities of the implementation of proactivity in accordance with the extreme situation of participation in hostilities were described in detail during the development of schemes for interpreting the results of the new PCQ.

Keywords: stress, personality proactivity, coping, military personnel.

Statement of the problem. With the onset of large-scale combat operations and the involvement of a large number of Ukrainian servicemen, the issue of diagnosing and preventing combat stress has become urgent. This is due to the fact that almost all combatants experience combat stress [1]. Combat stress manifests itself in the form of acute stress reactions, affective and anxiety disorders, addictive and delinquent behavior, adjustment disorders, and suicides [2]. These manifestations can have immediate, long-term, and delayed mental consequences. While most servicemen are able to adequately cope with these stressors, others become so overwhelmed that their mental defenses are exhausted, causing psychological breakdown [3]. During the war, combatants face constant danger not only when performing combat tasks. They struggle with loneliness, isolation, forced separation from their loved ones, and the inability to meet their physical needs for rest, food, water, sleep, etc. [4]. The unpredictability of modern warfare adds enormous stress, including the risk of using weapons of mass destruction, shortages of weapons and ammunition, asymmetric combat actions, which complicates predicting the time and place of the next encounter. Subsequently, these changes in some servicemen may transform into a delayed reaction to a stressful event of a threatening or catastrophic nature

and cause mental disorders [5]. Therefore, the topic of developing psychodiagnostic tools that will help psychologists choose strategies to overcome the effects of combat stress and predict the likelihood and completeness of recovery becomes extremely relevant.

Analysis of recent research and publications.

While traditional stress research mostly emphasizes how a person can react when experiencing stress, some research on stress coping (coping) focuses on actions that can be taken before a stressful event occurs [6]. Analysis of the scientific literature has shown that this was particularly materialized after the new conceptualization of stress coping influenced by the positive psychology movement, and now the theory encompasses personal growth and self-regulated strategies for achieving goals [7]. Therefore, R. Schwarzer and S. Taubert have proposed a new approach in stress coping as proactive and preventive coping [8]. It should be noted that traditional coping models predominantly focus only on the reactive nature of coping for past and current stressors. However, proactive and preventive copings are based on expected and possible stress situations that have not yet occurred. Thus, these are future-oriented higher-order motivational concepts, as indicated in the resource conservation theory by S. Hobfoll [9].

In the scientific literature, there are few definitions of the term "proactive coping" due to the limited number of such studies. According to R. Schwarzer and S. Taubert, proactive coping is defined as an individual's efforts towards solving new tasks, creating new opportunities, and ensuring advancement toward complex goals [8]. It is a strategy aimed at creating general resources that facilitate progress toward complex goals and personal growth. They define preventive coping as the efforts to prepare for potentially emerging situations to detect and prevent possible stressors, to minimize the severity of such events. This process involves creating resources and resistance to the possible onset of stress in the distant future [8]. Therefore, the main goal of preventive coping is simply to be safe, while proactive coping promotes the development of the situation, developing opportunities for growth while being safe simultaneously.

The researchers noted that the mentioned stress coping strategies have different approaches from a motivational perspective. Firstly, proactive stress coping is based on problem assessment, whereas preventive coping is based on harmful assessments. Secondly, using proactive coping, people engage in more constructive and goal-oriented actions, whereas with preventive coping, they develop more protective and general strategies to conserve resources for future needs [8].

Therefore, proactive coping is a process of minimizing the negative impact of future stressors, which means challenging them without considering them as a threat; recognizing that there is a strategy to cope with future stressful events and making efforts to successfully prevent or overcome stress, trying to use it as an opportunity for self-development. Thus, according to the authors of this article, proactive stress coping by servicemen is more promising.

The purpose of the article is to modify the psychodiagnostic questionnaire for identifying mechanisms of proactive stress coping among servicemen and to test its psychometric characteristics.

Summary of the main material. The "Proactive Coping Inventory" was developed in 1999 by E. Greenglass, R. Schwarzer, and S. Taubert [10]. It is based on the premise that proactive coping goes beyond traditional risk management, where a person confronts threats. Proactivity involves creating resources for coping in advance; it integrates processes of personal quality of life management with self-control and goal achievement processes. According to the developers, the "Proactive Coping Inventory" (PCI) includes three main points: a) it combines planning and preventive strategies with preventive self-regulating goal achievement; b) it merges preventive goal achievement with the identification and utilization of social resources; c) it uses preventive emotional coping for self-regulating goal achievement [10]. This questionnaire contains 55 statements that are

realized through cognitive, behavioral, and emotional stress coping methods, based on creativity, responsibility, and anticipation, along with 4 response options. The evaluation of the questionnaire results was carried out using 7 scales and an overall index of proactivity. The psychometric features of the PCI were established on a Canadian sample of students and a Polish sample of hired workers and students [10].

In the first stage, the questionnaire, its instructions, and response options were translated into Ukrainian with the collaboration of English and Ukrainian language experts. This step ensured that the language used was appropriate and comprehensible for Ukrainian servicemen. During the second stage, each statement was compared against the scale it was intended to measure, with consideration for the overall content of proactive stress coping as defined by the original developers. This stage also integrated typical Ukrainian contexts and scenarios to make the statements more relatable and effective for the target audience. A draft version of the questionnaire was then created and piloted with a sample of 517 military personnel actively involved in combat. This provided initial data on the applicability and relevance of the questionnaire in a real-world, high-stress environment.

At the fourth stage, after the survey, based on the procedure for determining the α -Cronbach, the statements that are most closely related to the indicators on individual scales and the overall indicator of proactive coping with stress as a whole according to the methodology were selected (for the "Avoidance" scale, the reverse conversion of points was used). In the final version of the work, 5 statements were selected for each scale. From them, an express version of the questionnaire was constructed, taking into account the complexity of statements, possible sequence effects, etc. Answer points were added to the compiled form and the instructions for working with the methodology were changed accordingly. This was done taking into account the specifics of the sample. As our experience has shown, participants in intense hostilities who underwent a two-week psychological recovery program were quite exhausted [11]. Because of this, it was difficult for them to keep their attention and constantly refer to the description of the response scale. However, this category of servicemen did not seek to hide or distort information about themselves, and was as open as possible to cooperation with the staff who accompanied them in psychological recovery centers. Therefore, the forms with answer points showed the feasibility of their use in working with this category of servicemen [12].

So, the developed form of the "Proactive Stress Management Questionnaire", the keys and interpretation of the scales are given below. We also provide the necessary clarifications to assess the results that were determined in the process of standardization of the methodology.

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Proactive Stress Coping Questionnaire

Instructions: The suggested statements relate to your reactions to different situations. Indicate how much you agree with each of these statements depending on your attitude to the situation. Do this by circling the score that works best for you in the answer box

No.	Statement	Answer Options			
		(0) I don't agree at all	(1) Partially agree	(2) mostly agree	(3) fully agree
1	I like challenges and overcoming difficulties	0	1	2	3
2	I often imagine myself solving complex problems in different areas of my life	0	1	2	3
3	Complex problems do not scare me, because I always see how they can be divided into smaller ones that can be solved with the resources available to me	0	1	2	3
4	I try to prepare in advance for adverse situations, to have a "safety cushion"	0	1	2	3
5	The information I get from others often helps me deal with my problems	0	1	2	3
6	There are people who will always support me in a difficult moment in my life	0	1	2	3
7	I usually need some extra time to calm down and look at a complex problem and ways to solve it without too much emotion	0	1	2	3
8	Despite my experience of failure, I usually manage to achieve my goals	0	1	2	3
9	In my mind's eye, I consider many scenarios to prepare for the most unexpected consequences	0	1	2	3
10	I'm mostly able to decide on a plan to solve a multi-stage problem	0	1	2	3
11	I try to develop skills that make me a sought-after specialist in any circumstance	0	1	2	3
12	I ask other people what they would do in my life situation	0	1	2	3
13	If I'm in a bad mood, I know who I can call who will help me feel better	0	1	2	3
14	If a problem seems too difficult for me, I put it off until I'm ready to solve it	0	1	2	3
15	I almost always find ways to avoid obstacles on the way to achieving goals that are important to me	0	1	2	3
16	When solving a problem, I think about what options I have for solving it	0	1	2	3
17	When faced with a difficult problem, I break it down into smaller parts and solve them one by one	0	1	2	3
18	I tend not to spend everything I earn at once, but to save part for a rainy day	0	1	2	3
19	I am convinced that discussing your problem with other people can be very useful because it allows you to look at the problem from a different perspective	0	1	2	3
20	I always feel that there are people who care about me, who care about me	0	1	2	3
21	When I have a problem, I quite often put it off for a while, so to speak, to "settle down"	0	1	2	3
22	I tend to always take full responsibility for the success of achieving goals that are important to me	0	1	2	3
23	I imagine that I am solving a difficult problem before I actually have to face it head-on	0	1	2	3
24	I make a list of everything that needs to be done to achieve the goal, and highlight the logical stages of action that make it easier to achieve it	0	1	2	3
25	I calculate everything in advance in order to avoid situations that are not favorable for me	0	1	2	3
26	I have someone to turn to for help or advice in almost any life situation	0	1	2	3
27	I have someone to turn to for help or advice in almost any life situation	0	1	2	3
28	I put off solving some problems until the circumstances are more favorable for me	0	1	2	3
29	When I have a problem, I take the lead in solving it	0	1	2	3
30	In my mind, I look at the problem from different angles until I find an appropriate course of action	0	1	2	3
31	I usually see how any tangle of problems can be unraveled	0	1	2	3
32	I try to manage my money well so that I don't beg in my old age	0	1	2	3
33	I know how and where to look for practical help or useful information in case of certain problems	0	1	2	3
34	When I feel bad (sad, anxious, or scared), I know I can talk about my worries with others	0	1	2	3
35	When I have a problem, I tend to "sleep with it" because "the morning is wiser than the evening"	0	1	2	3

The calculation of points according to the questionnaire is carried out according to the keys (simple addition of the points circled by the respondent by the numbers indicated in the key):

– scale 1 "Proactive coping with stress" (PPP): 1, 8, 15, 22, 29;

– scale 2 "Reflective Overcoming" (RP): 2, 9, 16, 23, 30;

– scale 3 "Strategic Planning" (SP): 3, 10, 17, 24, 31;

– scale 4 "Preventive overcoming" (PP): 4, 11, 18, 25, 32;

– scale 5 "Search for instrumental support in the environment" (PIPO): 5, 12, 19, 26, 33;

– scale 6 "Seeking emotional support" (PEP): 6, 13, 20, 27, 34;

– scale 7 "Avoidance" (U): 7, 14, 21, 28, 35.

The total indicator of proactive coping with stress by the individual (STDS) = PP+RP+SP+PP+PIPO+PEP–U.

It should be noted that a rather interesting situation in the modified questionnaire has developed with the "Avoidance" scale. Thus, the developers of the methodology position it as the opposite, and if we consider the structure of the methodology, then the phenomenon of proactivity is associated with "overcoming avoidance". It is the reverse calculation of points on the scale of "Avoidance" ("overcoming avoidance") that ensures the homogeneity of the structure, which can be seen from the α -Cronbach indicators. At the same time, the scores included in the "Avoidance" scale in the case of direct calculation do not have the expected pronounced inverse correlation with other scales of the methodology (as can be seen from Table 2 with the indicators of intercorrelation of the scales of the methodology). Solving this problem, in the express version of the questionnaire, we decided to leave the author's approach with direct calculation of points on the "Avoidance" scale and "minus" these points from the overall indicator of the individual's proactivity. In addition, "Avoidance" is one of the markers of maladjustment and post-traumatic stress (PTS), which is important when working with a sample of military personnel after their participation in hostilities [4]. By the way, emotionally-oriented coping as a sign of distress was also a starting point for the developers of the OPPS method [10].

It should be noted that the questionnaire also has certain features of normalization of indicators on scales for a sample of military personnel – participants in intense hostilities. Thus, the traditional procedure for allocating levels was carried out, taking into account the average indicators for the sample (N = 517). Taking into account the fact that all scales, except for the inverse one, had minimal discrepancies in determining the levels for them (about one point), it was decided to introduce general limits, with the exception of the reverse scale. This step was taken because express versions of the methods should be a simple tool and provide approximate information about the personality for the formulation of working hypotheses,

and not be the main basis for the psychologist's conclusions. The carried out procedure of cluster analysis with the subsequent clarification of the characteristics of the selected groups with the help of psychodiagnostic methods for assessing the intensity of PTS symptoms, maladaptiveness, resistance to combat stress, as well as the meaningful interpretation of the obtained proactivity profiles showed the presence of the so-called "zero reactions" – controlled assessments of statements that seem unacceptable to the examinee. For example, he is characterized as too cautious, which is not always consistent with the image of a "hero-defender" with which a participant in intense hostilities is identified.

As the results of the study showed, we should talk about "zero reactions" when the respondent scores no more than 3–4 points on most scales. Among the sample of participants in intense hostilities, there were about 7 % of them. In accordance with this, the boundaries of the levels on the scales and the interpretation of the results on them were adjusted. It was found that it is the low range (5–8 points) on the proactivity scales that is associated with the most negative reactions of combatants: high intensity of PTS symptoms, maladaptation, low resistance to combat psychological trauma, low indicators of psychological safety of the individual. Military personnel with "zero reactions" (0–4 points), as it turned out, are quite well aware of their potential to control the events of their lives, but consciously deny themselves certain aspects of the implementation of proactivity. However, in fact, they have the same intensity of PTS symptoms, maladaptivity, and indicators of resistance to psychological trauma as military personnel with average proactivity indicators.

To date, there is no unanimity among experts regarding the attitude towards these "zero reactions". In the vast majority, during the development of methods, "zero reactions" are tried to be leveled by the use of indirect or reverse statements in the questionnaire. Of course, the authors of this article could follow this path, but servicemen who were withdrawn from the zone of intense hostilities for psychological recovery often do not have mental resources and the desire to hide any information about themselves. In this regard, as two years of experience convinces, the questionnaire for their examination should be as simple and understandable as possible. That is why the questionnaire form (in contrast to the original methodology) contains only direct statements and response scores, which may not be appropriate when working with other categories of respondents. In this case, the authors of the article tend to consider "zero reactions" as an important diagnostic indicator of a certain internal conflict (for example, between the "desire to be a hero" and "prepare an airbag" in advance). We assume that the definition of this internal conflict can be of significant importance when choosing a strategy for the

prevention of delayed negative consequences for participants in intense hostilities. However, we do not rule out that when working with other categories of subjects, it makes sense to level out "zero reactions" and determine only three levels of indicators: high, medium, low. In addition, leveling

"zero reactions" can increase the validity of the methodology, which is determined by correlation.

Table 1 shows the norms, levels of proactive coping with stress, and interpretation of results on the scales of the Proactive Coping Questionnaire.

Table 1 – Interpretation of the results on the scales of the "Proactive Stress Coping Questionnaire"

Name of scale	Level	Interpretation of the indicator on a scale
Proactive Stress Coping	High (12–15 points)	The respondent believes that he is able to control his own destiny – to choose his own life path, to take responsibility for the choices made, to shape the circumstances of his own life and the environment. He is confident in himself and his abilities, in his ability to overcome the challenges of life or survive any adversity thanks to the acquired resources (knowledge, skills, strength, money, etc.). Has a strategic life plan and aims to implement it; considers itself capable of independently creating favorable conditions (gaining knowledge and access to information from the necessary resources, forming skills) to realize their own goals and show the necessary perseverance in overcoming the difficulties that are possible on the way to achieving goals. He is able to manage resources to achieve his own goals, to use the chances given by life
	Average (9–11 points)	The respondent is able to plan his life and show perseverance in achieving his own goals, to form and attract external resources to achieve them, but this is typical for certain areas of self-realization, which are perceived as important. In other areas that lie outside the scope of attention (personal ambition), there may be a certain "reactivity" of behavior
	Low (5–8 points)	The respondent does not consider himself the master of his own fate, builds his life according to the circumstances, shifts responsibility for the results of his life to them. Refuses to achieve goals that are important to them if they consider it too difficult or requiring a significant amount of resources. He does not believe in the potential ability of the average person to independently build his life according to his own plan, so he refuses to manage the available resources – acquiring additional knowledge, forming additional skills, earning money, etc., which can potentially improve life prospects. Because of such a life position, he may not be able to master the resources that have suddenly arisen, that is, to adequately use the chances that life provides
	"Zero reactions" (0–4 points)	The respondent is quite independent in setting life goals and in choosing ways to achieve them, but certain attitudes, values and relationships that have developed with others may limit this ability, for example, due to unwillingness to be perceived as selfish, ungrateful, or due to misconceptions about duty (including professional, military), etc.
Reflective Coping	High (12–15 points)	The respondent is characterized by a high ability to model and think about numerous behavioral alternatives by comparing their predicted effectiveness, the ability to brainstorm, analyze problems and resources, and create a hypothetical plan of action
	Average (9–11 points)	The respondent has a limited ability to model the situation, which, however, provides several options for solving the expected problem. Has insufficient patterns of actions for non-standard situations or insufficient courage to deviate from learned patterns of actions in case of changes in circumstances. Insufficiently thorough approach to the assessment of the problem and the available resources and the possibilities of their involvement in preventing or solving the problem. By the age of 20, there may be age-related underdevelopment of modeling processes associated with the maturation of brain structures
	Low (5–8 points)	The respondent is characterized by a low ability to model the situation, he is not able to see alternative ways to achieve the goal in case of potential threats to its achievement. Misses important characteristics of the problem situation and does not see the possibility of attracting additional resources to overcome possible problems. Youthful maximalism in the perception of problem situations – "all or nothing" is possible
	"Zero reactions" (0–4 points)	The respondent is potentially capable of simulating the situation of achieving the goal, but cuts off some of the alternative options for achieving it due to the lack of confidence in the social approval of alternative methods. He may underestimate the problem due to the belief in the impossibility of certain antisocial, immoral situations. He limits himself in the choice of resources to false moral ideas (about dignity, honesty, good, evil)

Continuation of Table 1

Name of scale	Level	Interpretation of the indicator on a scale
Strategic Planning	High (12–15 points)	The respondent has a high ability to focus on the process of goal formulation – creating an oriented schedule of actions, in which large tasks are divided into components that can be solved on their own or with the involvement of additional resources. Identifies logical stages of achieving the goal, is able to find a starting point for solving a problem. Knows how to approach solving a wide range of problems, involving the necessary social connections and resources (money, information, analytical skills, personal perseverance, self-discipline, etc.)
	Average (9–11 points)	The respondent is able to distinguish the stages of achieving the set goal in the usual daily and professional activities in which he has some experience. It can be lost in the event of unfamiliar situations and situations with uncertain legal and moral grounds; may require external control, supervision to achieve complex goals. Problems can also arise at the stage of implementation of the plan due to insufficient capacity for willpower and (self-) motivation in achieving a significantly delayed goal
	Low (5–8 points)	The respondent is not able to fully focus on the goal and the vision of the vector of action that it sets – he is distracted by certain circumstances, loses the meaning of complex activities. This can be a potential consequence of both cognitive problems and the result of a tendency to reactive and impulsive behavior, a low locus of control (a weak connection between the self and motivation). Because of this, the person becomes unable to independently achieve success in multi-stage activities in difficult conditions without outside control and external correction of actions. Of course, the refusal to achieve difficult goals can be secondary – a consequence of the low significance of goals, devaluation of goals in case of self-doubt, etc.
	"Zero reactions" (0–4 points)	The respondent is usually able to solve complex problem situations, identify logical stages of their solution. However, in the case of a significant social burden, the problem is lost, it cannot independently find a starting point for its step-by-step solution. It is possible that due to the formed attitudes, values, acquired relationships with the people around you, the predicted need for caution and step-by-step actions comes into contradiction with the role of the defender, with the conscious demand of the environment to show decisiveness of action and the expectation of a radical change in the situation
Preemptive coping	High (12–15 points)	The respondent has a high ability to predict problem situations and dangers, prevent them and accumulate additional resources necessary to overcome potential threats – they tend to acquire additional skills, form a financial "safety cushion" and social ties that can potentially help in overcoming a wide range of threatening situations
	Average (9–11 points)	The respondent does not set a separate goal to prepare for danger, to accumulate additional resources, although he has some formed coping to overcome problem situations. Can prepare for certain types of threats and neglect others. A certain insecurity (carelessness) of behavior may be related to age characteristics in adolescence or be the result of self-confidence (inadequate self-esteem) in one's own abilities or in one's own social ties (for example, confidence that parents or belonging to a certain social/professional group can provide them with reliable protection)
	Low (5–8 points)	The respondent has a low ability to predict potential danger and analyze their own negative experience in identifying markers of negative situations and their prevention. Can make mistakes multiple times. However, there can also be behaviors of the "learned helplessness" type, which have been formed due to a lack of resources (for example, lack of physical strength, lack of social ties that can protect in harsh social conditions) and have reduced confidence in oneself and one's ability to resist danger, the expediency of resisting danger
	"Zero reactions" (0–4 points)	The respondent is able to predict a number of dangerous situations, but some social attitudes, internalized values, and the formed attitude to the social environment make it difficult to assume the possibility of certain life troubles. For example, he may not be ready for the betrayal of a loved one, the need for retreat, etc.

Continuation of Table 1

Name of scale	Level	Interpretation of the indicator on a scale
Finding instrumental support in the environment	High (12–15 points)	The respondent has a high ability to search for the necessary information, accumulates potentially useful information in advance and provides access to it, in particular through consultations with persons who are aware of the ways to solve the predicted problems. She values relationships with specialists in various fields and influential people. Sensitive to advice that avoids dangerous situations, helps solve problems, and helps to increase prospects. Probably responds adequately to constructive criticism from specialists who can improve potentially necessary skills. He purposefully forms around himself a circle of people who are experienced in solving topical issues. He is able to maintain friendly and business-like relations, receive the necessary information, assess its quality and use it, is sensitive to help – he knows how to accept it with dignity and use it adequately to improve his prospects
	Average (9–11 points)	The respondent is able to maintain friendly and business-like relations with others and situationally provide and accept help. However, he does not think enough about the issues of purposeful formation of his environment as a resource for improving his prospects and solving current life problems. He is not very attentive to the formation of his own information field, to the availability of free access to relevant information. Due to a lack of self-confidence, it may not be enough to accept constructive criticism from others and advice, believing that they undermine authority, are a sign of weakness, etc.
	Low (5–8 points)	The respondent has a low ability to maintain friendly and business-like relations with people, adequately perceive the help provided, considering it insufficient and demanding even more effort from the environment in solving their problems or, conversely, completely refusing the help of others. Perhaps, due to negative experience, he is inclined not to trust others, does not believe in the sincerity of the help of others and the truthfulness of the information provided, is too concerned about paying for help, leads a solitary, closed lifestyle
	"Zero reactions" (0–4 points)	The interviewee is likely to be able to work adequately with information and collaborate with people to achieve goals. However, due to personal attitudes, values and relationships with significant others, he has difficulties in accepting help from others, believing that he burdens others with his problems or by accepting help destroys the built image of a strong, independent person, or undermines his authority as a specialist. May not be receptive to information that doesn't meet their world-building expectations ("It just can't happen")
Seeking emotional support	High (12–15 points)	The respondent purposefully forms a circle of people around him who are able to support him in any of his endeavors and during the experience of failures, to whom he can entrust his experiences, tell about his fears and thus regulate his condition, find emotional support, restore a positive self-attitude after the failure. He knows that his environment remembers past achievements, despite seeing his best features, is confident in the sincerity of his intentions, which allows him not to forget about it and rely on them to restore self-confidence
	Average (9–11 points)	The respondent has people in his environment whom he can trust, but is not fully aware of the effect of empathic communication as a purposeful emotional self-regulation – he asks for help intuitively, situationally. May have character traits that limit the possibility of realizing this resource due to the limited circle of people who are able to sincerely sympathize with it. For example, he may not intentionally offend those closest to him, those who sincerely want to help – he does not protect his close environment as a valuable resource of his own emotional self-regulation
	Low (5–8 points)	The respondent is not fully capable of emotional self-regulation of his state, using the empathic support of the other. It is possible that the presence of another person is used as an excuse to shift responsibility for one's life to another, therefore, one loses the remnants of control over one's condition. He can deliberately demonstrate helplessness, thus forcing others to take responsibility for his life. It is likely that problems of emotional self-regulation may be due to other circumstances that make it impossible to create emotionally close relationships with other people. For example, these are difficulties in adequate, acceptable for others manifestation of their experiences, which scares away others and creates a circle of alienation around themselves; lack of trust in others as a manifestation of basic distrust of the world, etc.

End of Table 1

Name of scale	Level	Interpretation of the indicator on a scale
	"Zero reactions" (0–4 points)	The interviewee is aware that there are people in his environment to whom he can turn for the emotional support he needs, but due to personal attitudes, values and relationships with others, he is afraid to demonstrate his own weakness to other people or protects the significant other person from unnecessary worries, deliberately sacrificing the opportunity for his emotional self-regulation. Perhaps he practices the technique of "freezing" his experiences, considering them inappropriate during hostilities. Presumably, there is uncertainty that the actions committed in combat conditions can be accepted by a significant other person from the standpoint of ordinary human morality
Avoid	High (11–15 points)	The respondent is not even mentally able to imagine himself as challenging the circumstances, considering it impossible and inexpedient. He takes a position of waiting and suffering, without even trying to avoid danger: "Maybe everything will be resolved, it will settle down somehow", "Nothing depends on my actions." It is highly likely that such indicators may be combined with high victimhood, traits of dependence, or be a manifestation of a temporary acute grief reaction, etc.
	Average (7–10 points)	The respondent is not inclined to challenge circumstances, usually waits, delays the moment of making an important decision, does not want to complicate his life, take on unnecessary responsibility, experience turbulent events, especially if the current situation is not related to his ambitions and important life goals. With the appropriate motivation, he is able, if not to openly challenge the circumstances, then at least to be active in avoiding unfavorable conditions, danger, to demonstrate some perseverance and adequate protective actions
	Low (3–6 points)	The respondent is not prone to behavioral avoidance of problem situations, but in some extremely difficult situations that have no solution (for example, the loss of a loved one, the experience of artillery shelling, etc.), he can consciously use avoidance as a purposeful way of emotional self-regulation. They may also consciously resort to avoidance coping to delay the resolution of the problem, being aware of their "immersion" in emotions and their inability to act constructively under their influence at a particular point in time
	"Zero reactions" (0–2 points)	The interviewee is aware that there are situations that need to be avoided as emotional self-regulation. However, due to their own attitudes, values, or relationships with others, they do not consider it possible (worthy) to passively respond to challenges, even if they objectively significantly exceed human capabilities to counteract the impact of combat stress factors

Determination of the level of the general indicator of proactive coping with stress and its interpretation should be carried out after building a profile according to the indicators of proactivity scales. This is quite consistent with the initial theses on which the OPPS methodology was built, that proactivity is not a single reaction, but a general view of oneself and one's world, it is an approach to life, an existential belief that everything will work out not due to luck or other uncontrollable factors, but because a person takes responsibility for the results, attracts social and non-social resources. consciously uses emotional strategies [10]. The effectiveness of coping with stress is maximized when attitudes, emotions, cognition, and behavior are aligned within given limits [10].

The cluster analysis carried out by the authors of the article, the results of which will be presented below, showed that high proactivity implies high

indicators (possibly medium-high on some scales, given that, for the convenience of assessment, some "smoothing" of the boundaries of norms on the scales was carried out) on all scales, except for the inverse scale "Avoidance", according to which the indicators should have low values. It is also appropriate to take into account some age characteristics. For example, "Reflective Overcoming" was based on such a function of self-regulation as modeling, which in the male sample is fully formed closer to the age of 20, which is associated with the maturation of brain structures. The developers of the OPPS methodology also found gender differences in norms in the indicators of support scales.

A person with a high general level of proactive coping with stress is inclined to manage his life, take responsibility for it, make strategic plans, adjust them in case of a significant change in circumstances, without losing a sense of the meaning of life, show perseverance in achieving current goals, accumulate

resources in advance to overcome a wide range of obstacles that are likely to arise on the way to the implementation of life plans. Such a person can predict difficulties in advance and prepare for their overcoming, ensuring the accumulation of resources in the form of knowledge, skills, access to the necessary information, as well as material resources (tools, tools, money, real estate, other material goods, etc.) and the necessary social ties that are able to provide professional and material assistance, emotional support (restore positive self-attitude, self-confidence and compliance with their goals) in difficult situations [10]. People with high proactivity perceive the effect of stress factors as challenges of life that must be overcome or experienced when it comes to the loss of loved ones, the action of factors that are objectively beyond the power of a person to overcome as those that must be left behind on the way to achieving a certain life goal.

Low overall personality proactivity implies low scores on all proactivity scales except "Avoidance", which can have medium or high values. Such persons do not consider themselves capable of influencing the events of their own lives, realizing their own ambitions and life plans. Not only do they not see in themselves the strength to overcome the difficulties that may potentially arise on the way to achieving success in life, they do not see the multiplicity of ways of self-realization, they do not believe (or have lost faith) in the very possibility of realizing themselves according to their own plan. Their attitude is quite "suffering": they are not active, even to avoid suffering and danger. They are characterized by reactive and deficient motivation based on the lack of internal resources, objective or subjective inability to obtain the necessary external resources (knowledge, skills, information, material benefits and social assistance and support, etc.).

General, intermediate-level proactivity can have several profile options. The most common are the following.

1. "Individual-oriented", which is characterized by relatively high self-confidence (probable inadequately inflated self-esteem) and their ability to influence the events of their own life, overcome their challenges, take responsibility for the results of their lives, and a low ability to build resource relationships with their social environment, ask and accept help and emotional support. Such individuals may be aware of this limitation and refuse to achieve and probably set goals that require outside help, or they may do so in an unconstructive, self-destructive way.

2. "Group-oriented", who is aware of a certain limitation of their own resources to achieve important goals, but seeks to compensate for this limitation by

attracting external resources, using membership in a certain social group (professional group, family, informal association), establishing friendly or mutually beneficial relations with a wide range of people, including specialists in various relevant fields, as well as individuals managing resource distribution, etc. However, remaining insufficiently confident in their abilities, these individuals tend to avoid situations of challenge and unnecessary problems.

3. A person with "zero reactions" who is aware of their potential ability to manage their own life, but due to beliefs, values or relationships established with other people, they deny themselves some options for self-realization and obtaining resources to achieve their goals.

In addition, there may be other options for combining the average level of proactivity scales.

An important step in adapting the methodology is to determine its psychometric characteristics.

The reliability of the methodology as an indicator of internal consistency of the structure was determined using Cronbach's α on a sample of 185 individuals. The methodology shows satisfactory Cronbach's α values: scale 1 "Proactive Stress Coping" – 0.741; scale 2 "Reflective Coping" – 0.751; scale 3 "Strategic Planning" – 0.743; scale 4 "Preventive Coping" – 0.739; scale 5 "Seeking Instrumental Support in the Environment" – 0.610; scale 6 "Seeking Emotional Support" – 0.778; scale 7 "Avoidance" (reverse calculation of "Avoidance Coping") – 0.776. The overall score for the methodology is 0.889.

The correlation coefficients between the scales of the methodology are presented in Table 2.

As can be seen from the data presented in Table 2, all scales, except for "Avoidance", have high correlation values with the overall PSCO score according to the methodology. The analysis of the correlations shows that the Avoidance scale is not a clearly inverse scale to other characteristics of proactivity. Similarly, the support-seeking scales, although they are a means of attracting external resources to overcome difficulties, may indicate uncertainty in one's own ability to constructively overcome possible problems, which may be a marker of insufficiently formed proactivity. That is why a significant increase or decrease in the scores of the support scales against the general background of the proactivity scales may indicate both the (in) ability to increase one's own resources to overcome life difficulties by engaging external forces and one's own (in) confidence in the ability to cope with difficult life situations. The correlation features of the support-seeking scales with other scales of the methodology are the same as those obtained by E. Gringlass, R. Schwarzer, and S. Taubert in the original methodology [10].

Table 2 – Intercorrelation of Scales from the "Proactive Stress Coping Questionnaire" in a Sample of Participants in Intense Combat Operations (n = 185)

Scale name	Proactive stress management	Reflective coping	Strategic planning	Preventive coping	Finding tool support in the environment	Finding emotional support	Avoidance	Total PSCO indicator
1. Proactive stress management	1.00**	0.70**	0.67**	0.55**	0.54**	0.30**	-0.10	0.79**
2. Reflective coping		1.00**	0.68**	0.68**	0.62**	0.40**	0.05	0.83**
3. Strategic planning			1.00**	0.63**	0.49**	0.19**	-0.13	0.77**
4. Preventive coping				1.00**	0.54**	0.38**	-0.08	0.81**
5. Finding tool support in the environment					1.00**	0.70**	0.21**	0.78**
6. Finding emotional support						1.00**	0.24*	0.60**
7. Avoidance							1.00*	-0.18*
Total PPI indicator								1.00**

Note. *p ≤ 0.05; ** p ≤ 0.01.

The ambiguity of the position of "Avoidance" in the structure of personality proactivity is due to the fact that, firstly, such coping does not exclude an adequate assessment of the situation and own and available resources to overcome it, but it is associated with self-doubt. Secondly, the conscious use of "Avoidance" as a way of emotional self-regulation in situations that, by objective characteristics, exceed the capabilities of any person (which is quite likely in a war) is an adequate means of preserving oneself. Consciously postponing a decision in an emotionally charged situation in order to avoid mistakes (if there is time) also does not contradict the essence of proactivity. Therefore, the final conclusions about the proactivity of a serviceman's personality should be made on the basis of an analysis of the personality proactivity profile and a clarifying conversation.

Table 3 shows the correlation between the scales of the "Proactive Stress Coping Questionnaire" and the scales of the methodology "Assessment of Military Personnel's Self-Regulation" [13].

As can be seen from the data presented in Table 3, the proactivity of military personnel is closely related to their ability for professional self-regulation – particularly to their capacity to solve tasks in everyday and combat conditions, as well as the use of productive coping strategies (the latter is also supported by the correlation data with the SOR

methodology). Interestingly, the data presented in this table to some extent allow us to clarify the content of the Support Seeking and Avoidance scales. If the former, given the tightest correlations, is a search for options to complete the task, then "Avoidance" results from low professional self-esteem (the strongest reverse correlations are with the "Adequacy of Professional Self-Perception" scale, $r = -0.41$, $p \leq 0.01$).

Further clarification of the content of the "Avoidance" scale is provided by the correlations with the SOR methodology [13], which are presented in Table 4.

The data in Table 4 indicate that proactivity encompasses both accepting the situation and optimizing the allocation of resources, such as suppressing competing activities. It involves primarily the use of productive coping strategies aimed at overcoming adverse situations, such as planning, positive reframing, personal growth, as well as active self-control, restraint, and humor. It also includes behavioral coping strategies to address avoidance of problems. This is clearly demonstrated by the strong correlations between the SOR methodology scales and the overall PSCO score, particularly with the "Proactive Stress Coping", "Reflective Coping", and "Preventive Coping" scales, as well as somewhat less strong, but similar correlations with the "Strategic Planning" scale.

Table 3 – Correlation indices of the scales of the "Proactive Stress Coping Questionnaire" with the scales of the methodology "Assessment of Military Personnel's Self-Regulation" on a sample of participants in intensive combat operations (n = 85)

Scale name	Proactive coping	Reflective coping	Strategic planning	Preventive coping	Finding tool support in the environment	Finding emotional support	Avoidance	Total indicator
1. Ability to perform tasks in everyday conditions	0.64**	0.64**	0.55**	0.62**	0.47**	0.29**	-0.21*	0.74**
2. Ability to perform assigned tasks in combat conditions	0.62**	0.55**	0.63**	0.47**	0.40**	0.22*	-0.26*	0.68**
3. Ability to interact with fellow soldiers and the commander	0.58**	0.43**	0.53**	0.45**	0.37**	0.23*	-0.07	0.57**
4. Adequacy of professional self-perception	0.34**	0.34**	0.27**	0.43**	0.11	0.06	-0.41**	0.43**
5. Productive copies	0.68**	0.58**	0.61**	0.56**	0.50**	0.26*	-0.26*	0.74**
6. Satisfaction with the acquired level of professional self-regulation	0.45**	0.51**	0.49**	0.53**	0.37**	0.18	-0.35**	0.63**
Total indicator	0.648*	0.60**	0.61**	0.60**	0.45**	0.25*	-0.28**	0.75**

Note. *p ≤ 0.05; ** p ≤ 0.01.

Table 4 – Correlation indices of the scales of the "Proactive Coping with Stress Questionnaire" with the scales of the SOR methodology on a sample of participants in intensive combat operations (n = 85)

Scale name	Proactive stress management	Reflective coping	Strategic planning	Preventive coping	Finding tool support in the environment	Finding emotional support	Avoidance	Total PSCO indicator
1. Positive reframing and personal growth	0.46**	0.51**	0.34**	0.45**	0.47**	0.44**	0.10	0.55**
2. Imaginary avoidance of problems	0.00	0.06	-0.17	0.00	0.12	0.11	0.48**	-0.09
3. Concentration on emotions and their active expression	-0.07	-0.03	-0.27**	0.00	0.12	0.19	0.46**	-0.12
4. Use of instrumental social support	-0.03	0.16	-0.11	0.10	0.33**	0.42**	0.26*	0.14
5. Active self-mastery	0.52**	0.52**	0.27**	0.39**	0.34**	0.29**	0.02	0.50**
6. Denial	0.03	-0.01	-0.14	-0.04	0.10	0.11	0.39**	-0.08
7. Appeal to religion	0.05	0.02	-0.08	0.07	0.15	0.20	0.38**	0.00
8. Humour	0.30**	0.28**	0.14	0.26*	0.30**	0.21*	-0.06	0.34**
9. Behavioral Avoidance of Problems	-0.26*	-0.21*	-0.38**	-0.14	-0.05	0.05	0.38**	-0.30**
10. Suppression	0.25*	0.28**	0.05	0.35**	0.22*	0.26*	0.34**	0.23*
11. Use of emotional social support	-0.12	0.00	-0.20	0.01	0.32**	0.53**	0.39**	0.04
12. Use of sedatives	-0.23*	-0.18	-0.26*	-0.19	-0.05	-0.06	0.22*	-0.26*
13. Acceptance	0.37**	0.27**	0.17	0.32**	0.30**	0.30**	0.19	0.33**
14. Suppression of competitive activity	0.38**	0.40**	0.17	0.31**	0.30**	0.23*	0.15	0.35**
Planning	0.45**	0.46**	0.27**	0.43**	0.42**	0.28**	0.12	0.47**

Note. *p ≤ 0.05; ** p ≤ 0.01.

The "Avoidance" scale in the developing "Proactive Stress Coping Questionnaire" is less strongly correlated with the "Behavioral Problem Avoidance" scale of the SOR methodology ($r = 0.38$, $p \leq 0.01$) than with other emotion-focused coping strategies: "Appealing to Religion" ($r = 0.38$, $p \leq 0.01$); "Denial" ($r = 0.39$, $p \leq 0.01$); "Use of Emotional Social Support" ($r = 0.39$, $p \leq 0.01$); and "Concentration on Emotions and Their Active Expression" ($r = 0.46$, $p \leq 0.01$). The "Avoidance" scale is most closely related to the "Imaginary Problem Avoidance" scale of the SOR methodology ($r = 0.48$, $p \leq 0.01$), and it is not inversely correlated with productive coping strategies: "Planning" ($r = 0.12$, $p > 0.05$); "Active Self-Mastery" ($r = 0.02$, $p > 0.05$); "Suppression of Competitive Activity" ($r = 0.15$, $p > 0.05$); or "Positive Reframing and Personal Growth" ($r = 0.10$, $p > 0.05$). Thus, the "Avoidance" scale in the developing methodology is not so much about choosing a path that requires no effort or reduces the likelihood of suffering, but rather represents an emotion-oriented coping mechanism. Its primary purpose is to allow a person to endure a situation that cannot be remedied (for example, the suffering from witnessing the death of comrades or civilians) or to delay time, allowing them to overcome emotional immersion in the situation and eventually make more constructive decisions and act accordingly.

The interrelationships of support scales are interesting for analysis. For instance, the scale

"Seeking Instrumental Support from Others", judging by its strong correlations with scales from the SOR methodology such as "Seeking Emotional Social Support" ($r = 0.32$, $p \leq 0.01$); "Seeking Instrumental Social Support" ($r = 0.33$, $p \leq 0.01$); "Active Self-Mastery" ($r = 0.34$, $p \leq 0.01$); "Planning" ($r = 0.42$, $p \leq 0.01$); and "Positive Reframing and Personal Growth" ($r = 0.47$, $p \leq 0.01$); it is more about searching for ways to solve problems rather than merely seeking support. In contrast, the "Seeking Emotional Support" scale [with correlations such as "Seeking Emotional Social Support" ($r = 0.53$, $p \leq 0.01$); "Seeking Instrumental Social Support" ($r = 0.42$, $p \leq 0.01$); "Positive Reframing and Personal Growth" ($r = 0.44$, $p \leq 0.01$); "Active Mastery of the Situation" ($r = 0.29$, $p \leq 0.01$); and "Use of Sedatives" ($r = -0.06$, $p > 0.05$)] focuses more on addressing internal problems rather than external ones, through emotional resolution rather than suppression via willpower or pharmacology.

It should be noted that the correlation data of the "Proactive Stress Coping Questionnaire" with the SOR methodology are quite similar to those obtained by the developers of the OPPS methodology.

Further refinement of the content of the scales of the "Proactive Stress Coping Questionnaire" was based on the analysis of correlations with the scales of the "Coping Strategies for Stressful Situations methodology" [13], as presented in Table 5.

Table 5 – Correlation indicators of the scales from the "Proactive Stress Coping Questionnaire" with the scales of the methodology "Coping Strategies in Stressful Situations" on a sample of participants in intense combat operations ($n = 108$)

Scale name	Proactive stress management	Reflective coping	Strategic planning	Preventive coping	Seeking Instrumental Support from Others	Seeking Emotional Support	Avoidance	Total PSCO indicator
1. Assertive actions	0.38**	0.33**	0.40**	0.42**	0.21*	0.21*	-0.17	0.45**
2. Introduction to social contact	0.30**	0.30**	0.34**	0.38**	0.50**	0.31**	0.05	0.44**
3. Search for social support	0.26**	0.31**	0.32**	0.24*	0.65**	0.55**	0.11	0.47**
4. Precautionary measures	0.23*	0.24*	0.29**	0.34**	0.13	0.04	0.16	0.24*
5. Impulsive actions	0.07	0.18	0.08	0.06	-0.03	0.01	0.27**	0.03
6. Avoidance	-0.05	0.10	0.00	0.04	0.05	0.06	0.45**	-0.05
7. Manipulative actions	0.13	0.18	0.22*	0.27**	-0.06	-0.07	0.21*	0.10
8. Antisocial behaviour	0.14	0.13	0.12	0.19*	-0.07	-0.10	-0.02	0.09
9. Aggressive actions	-0.15	0.08	-0.20*	-0.15	-0.28**	-0.19*	0.18*	-0.22*

Note. * $p \leq 0.05$; ** $p \leq 0.01$.

As can be seen from the data in Table 5, the scales of the questionnaire developed by the authors of the article, except for the reverse scale "Avoidance", are most closely related to such scales of the "Coping Strategies in Stressful Situations" methodology as "Assertive Actions", "Entering into Social Contact" and "Seeking Social Support". The latter two, while showing statistically significant correlations with the scales "Proactive Coping", "Reflective Coping", "Strategic Planning", and "Preventive Coping", are most strongly linked with the support-seeking scales: "Seeking Instrumental Support from Others" ($r = 0.50$, $p \leq 0.01$ and $r = 0.65$, $p \leq 0.01$, respectively) and "Seeking Emotional Support" ($r = 0.31$, $p \leq 0.01$ and $r = 0.55$, $p \leq 0.01$, respectively). Thus, the scales "Seeking Instrumental Support from Others" and "Seeking Emotional Support" are primarily scales for finding solutions to problems that have arisen, either by attracting external resources or by strengthening one's internal position and self-confidence, including as a specialist.

It is interesting that all scales except "Avoidance", especially "Strategic Planning" ($r = 0.40$, $p < 0.01$) and "Preventive Coping" ($r = 0.42$, $p < 0.01$), are statistically significantly related to the "Assertive Actions" scale, which assesses a confident and active position with a balance between defending one's interests and respecting the interests of others. It is known that in the case of assertive behaviour, a person is clearly aware of his or her goals and rights, openly declares them, and defends them.

In addition, the nature of the relationships between the scales of the methods, despite their low density, indicates that servicemen's proactivity is more related to caution than to aggressiveness. This confirms the idea that a person's proactivity is primarily an action in the value sphere. In this regard, it is interesting to analyze the relationship between the "Avoidance" scale and the scales of the "Coping Strategies" methodology. Thus, it is most closely related to the scale of the same name ($r = 0.45$, $p < 0.01$), but its content is clarified by statistically significant but weak relationships: the inverse with the "Assertive actions" scale ($r = -0.17$, $p < 0.1$) and direct with the "Impulsive Actions" ($r = 0.27$, $p < 0.01$), "Manipulative (Indirect) Actions" ($r = 0.21$, $p < 0.05$), and "Aggressive Actions" ($r = 0.18$, $p < 0.05$) scales. This is another confirmation of the above assumption that the "Avoidance" scale in the "Proactive Coping Questionnaire" is a scale of emotionally oriented coping, emotional experience of frustrating events that cannot be changed, but must be experienced while remaining in the value field.

Thus, the analysis of the above correlations suggests that the phenomenon of proactivity of a personality is related to both the activity of the position and its prosociality, i.e. it implies value and semantic regulation of activity – the highest level of self-

regulation, in which one's own values correlate with the values of society. This allows one to attract external resources, adhere to the value vector in difficult life situations of choice and not deviate from the chosen path, rise above personal problems, etc.

Given that the methodology is being standardized specifically for a sample of servicemen and women undergoing recovery from intense combat, an important stage of its development is to determine correlations with the scales of the methods describing resistance to psychological trauma and the intensity of reaction to combat stressors. These data are presented in Table 6.

It should be noted that the very idea of standardizing this methodology for a sample of participants in intensive combat operations is based on the statements of the developers of the OPSS regarding the perceived control underlying the methodology as capable of "smoothing out" the potentially harmful effects of stress on mental and physical health [10].

The analysis of the correlation between the scales of the "Proactive Coping Questionnaire" and the scales of the "Resilience to Combat Psychological Trauma" methodology revealed some interesting results.

The stress coping scales were found to have minimal significant statistical connections with the scale "Expectations of Participation in Combat" and only weak connections with the scale "Coping with Stressful Situations". The statistically significant correlations were mostly found with the support-seeking scales, with the "Expectations of Participation in Combat" scale also showing a significant weak inverse correlation with "Avoidance".

However, the stress coping scales showed stronger correlations with the "Implementation of Acquired Combat Experience" scale. In this methodology, this scale is understood as the ability to draw conclusions from new combat experiences and, accordingly, to adjust the ways of acquiring necessary knowledge and skills, attitudes towards team formation, etc.

These findings could potentially be interpreted as not aligning with the concept of proactivity as the ability to prevent stressful events. Nevertheless, it is important to note that the participants in the psychological recovery centers were predominantly servicemen of private and sergeant ranks who joined the military either voluntarily or through mobilization after February 24, 2022 [11].

Accordingly, ordinary civilian men, no matter how broad their general potential for proactivity might be, were unlikely to have anticipated participation in a war and to have developed pre-established action plans and resources for dealing with combat stressors (such as artillery shelling, losses of comrades, etc.).

Table 6 – Correlation Indicators of the "Proactive Coping Questionnaire" scales with scales of methods describing the ability to resist psychological trauma and the presence of post-traumatic stress symptoms in a sample of participants in intensive combat actions (n = 112)

Name of the scale	Proactive Coping	Reflective Coping	Strategic Planning	Preventive Coping	Seeking Instrumental Support from Others	Seeking Emotional Support	Avoidance	Total PSCO indicator
Methodology "Resilience to combat mental trauma" [14]								
1. Expectations of participation in hostilities	0.13	0.05	0.12	0.10	0.26**	0.24**	-0.18*	0.24**
2. Overcoming a stressful situation	0.20*	0.13	0.10	0.12	0.21*	0.25**	-0.13	0.25**
3. Implementation of combat experience gained	0.36**	0.20*	0.24**	0.27**	0.34**	0.24**	-0.28**	0.42**
4. Overall sustainability score	0.26**	0.14	0.17	0.18*	0.30**	0.28**	-0.22*	0.34**
5. Helplessness	-0.07	-0.01	0.05	-0.01	-0.07	-0.13	0.21*	-0.11
6. Conscious attitude to vocational training	0.29**	0.17	0.19*	0.18*	0.32**	0.29**	-0.11	0.33**
7. Ability to gain experience	0.27**	0.23*	0.27**	0.18*	0.27**	0.21*	-0.03	0.31**
8. Cognitive dysfunction	-0.20*	-0.13	-0.07	-0.14	-0.26**	-0.25**	0.13	-0.26**
9. Attitude to military service	0.25**	0.12	0.31**	0.23*	0.31**	0.21*	-0.18*	0.34**
Methodology "Diagnostics of psychological security of a person" [15]								
1. Moral and communicative	0.31**	0.24**	0.29**	0.29**	0.22*	0.21*	-0.24**	0.38**
2. Motivational-Will	0.30**	0.23*	0.35**	0.28**	0.15	0.06	-0.40**	0.38**
3. Value-Sense	0.32**	0.28**	0.35**	0.34**	0.23*	0.19*	-0.34**	0.44**
4. Inner Comfort	0.26**	0.21*	0.29**	0.31**	0.18*	0.14	-0.24**	0.34**
5. Overall Indicator of PS	0.32**	0.26**	0.34**	0.33**	0.20*	0.16	-0.33**	0.41**
Methodology "Dysadaptation" [16]								
1. Disruption of Behavioral Regulation	-0.14	-0.10	-0.27**	-0.25*	-0.06	0.00	0.38**	-0.26**
2. Likelihood of Suicidal Attempts	-0.26**	-0.14	-0.17	-0.25*	-0.02	-0.02	0.35**	-0.26**
3. Violation of Moral Normativity	0.01	-0.10	-0.08	-0.01	-0.12	-0.07	-0.04	-0.07
4. Loss of Communicative Potential	-0.07	-0.11	-0.18*	-0.19*	-0.10	-0.19*	0.26**	-0.24**
5. Overall Dysadaptation Indicator	-0.17	-0.15	-0.25**	-0.25**	-0.10	-0.10	0.34**	-0.29**
Methodology "AUDIT" [13]								
Risk of Alcohol Dependence	-0.15	-0.04	-0.14	-0.12	0.01	0.06	0.18*	-0.11
Methodology "Mississippi PTSD Scale" [13]								
PTSD	-0.18*	-0.09	-0.20*	-0.13	-0.10	-0.09	0.35**	-0.24**

Note. *p ≤ 0.05; **p ≤ 0.01.

Their proactivity manifested itself in "non-avoidance" or a positive attitude towards military duty, seeking help and support, including as a model for emulation and motivation to resist, and the ability to gain experience and quickly learn in conditions that exceed the experience of an average person. In such circumstances, the use of emotion-oriented coping strategies and support for quickly acquiring the knowledge necessary for survival

aligns with the overall vector of proactivity.

The correlation with the scales of the "Diagnosis of Personal Psychological Safety" method shows that the scales "Proactive Stress Coping", "Reflective Coping", "Strategic Planning", and "Preventive Coping" align with the overall vector of ensuring personal psychological safety as a conscious ability to organize interaction with the surrounding material and social world at different levels (moral-communicative,

motivational-volitional, value-meaning, internal comfort). This ensures not only safety (survival) but also the individual's capacity for self-realization and post-traumatic growth. In this context, the "Avoidance" scale is indeed opposite to the mentioned scales of the "Proactive Stress Coping Questionnaire" and may imply a withdrawal from confrontation (negative correlations with the motivational-volitional scale – $r = -0.40$, $p \leq 0.01$) and a "suffering" experience of the situation. It should be noted that the support-seeking scales of the "Proactive Stress Coping Questionnaire" turned out to be the least correlated with the scales of the "Diagnosis of Personal Psychological Safety" method.

Unexpectedly weak were the relationships of the Proactive Stress Coping Questionnaire" with the indicators of the Dysadaptation methodology. The vast majority of them are inverse, and only the "reverse" scale "Avoidance" has more pronounced direct relationships with all of them, but not with the scale "Violation of Moral Normativity" of the Dysadaptation methodology. Thus, it can be assumed that it is the "suffering position" characteristic of "Avoidance" that leads to an increase in the symptoms of maladaptive behaviour, but it does not go beyond the value field of interaction with the world around us (moral regulation of activity).

In addition, only the "suffering" position of "Avoidance" is a likely basis for the formation of some risk of alcohol abuse. This is probably a manifestation of the common features characteristic of emotionally oriented coping and the intensification of PTSD

symptoms. At first glance, the proactivity of the individual has a very small preventive effect on PTSD symptoms, although it is believed that the inability to accept traumatic experience and the inability to take responsibility for the events of one's own life are the defining characteristics of PTSD development. However, the specificity of the study sample, which is characterized by prolonged participation in intense combat operations, which resulted in all the subjects having certain PTSD symptoms, requires additional data to draw conclusions about the preventive role of personal proactivity in the development of PTSD symptoms.

Thus, using a comparison of groups categorized by increasing intensity of PTSD symptoms, it was determined that individuals with normative PTSD scores according to the "Mississippi Scale for PTSD" have statistically higher scores (with the exception of the "Reflective Coping" scale) on the direct scales of the "Proactive Stress Coping Questionnaire" and significantly lower scores on the reverse "Avoidance" scale compared to groups with varying intensities of PTSD symptoms. These data are presented in Table 7.

The results of correlating personality typology data based on proactive stress coping, derived from cluster analysis, with the indicators of PTSD symptom intensity, maladjustment, and resilience to combat-related psychological trauma are also interesting. Based on the cluster analysis, five groups of military personnel with different profiles of proactive personality traits were identified (Figure 1).

Table 7 – Results of using the "Proactive Stress Coping Questionnaire" in groups categorized by the intensity of PTS symptoms (in arbitrary units)

Scale Name	Group			Significance of Differences		
	Normative PTSD Indicators	Specific PTSD Symptoms	Probability of developed PTSD	t_{1-2}	t_{1-3}	t_{2-3}
1. Proactive Stress Coping	9.30±3.14	8.56±2.92	8.44±3.21	2.19*	2.18*	0.34
2. Reflective Coping	9.56±3.19	9.52±2.95	9.24±3.37	0.10	0.78	0.73
3. Strategic Planning	9.48±3.40	8.75±2.87	8.28±3.44	2.09*	2.80**	1.18
4. Preventive Coping	10.34±3.19	9.62±2.90	9.27±3.16	2.13*	2.69**	0.93
5. Seeking Instrumental Support from Others	9.64±3.51	9.32±3.74	8.65±3.26	0.80	2.34*	1.59
6. Seeking Emotional Support	10.81±4.30	9.74±3.51	9.20±3.71	2.44*	3.25***	1.22
7. Avoidance	6.71±3.55	8.03±3.00	8.52±3.17	3.59**	4.33***	1.29
8. Overall PPSO Score	52.44±15.78	47.49±13.84	44.56±15.22	2.98**	4.06***	1.63

Note. * $p \leq 0.05$; ** $p \leq 0.01$

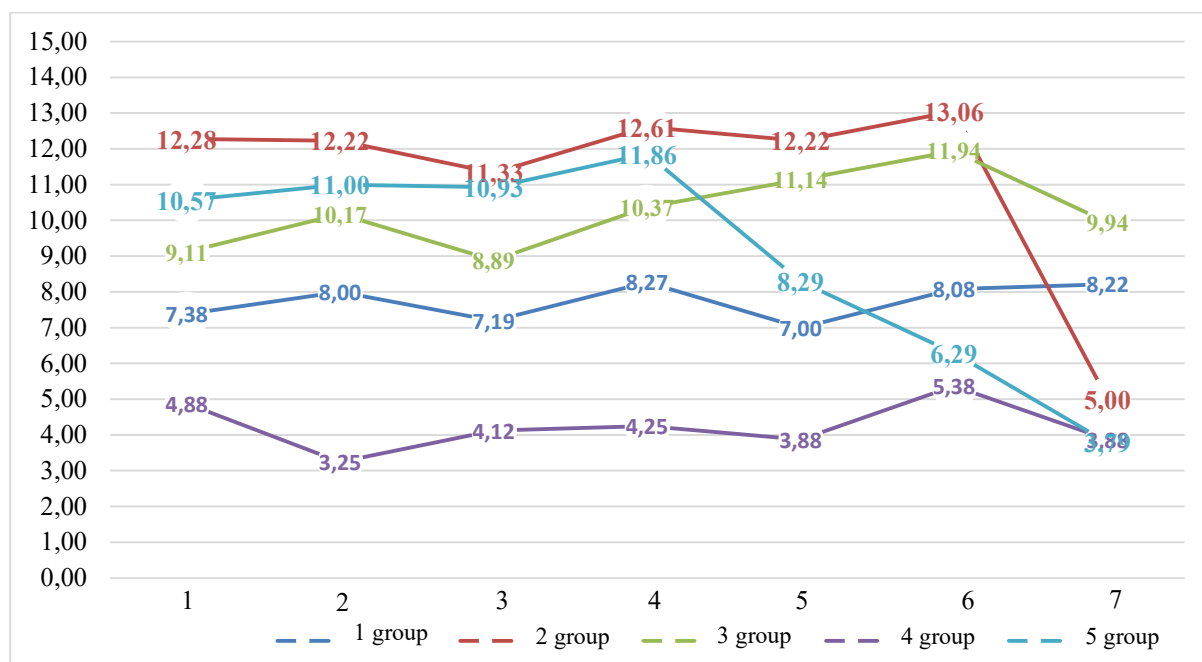


Figure 1 – Groups with different profiles of proactive personality among military personnel who participated in intensive combat operations, identified through cluster analysis results: 1 – "Proactive Coping"; 2 – "Reflective Coping"; 3 – "Strategic Coping"; 4 – "Preventive Coping"; 5 – "Search Instrumental Support"; 6 – "Search for emotional support"; 7 – "Avoidance"

Thus, the group with the highest scores of 11 points and above on the main scales and up to 5 points on the reverse scale "Avoidance" was designated as a group with high overall proactivity of the individual. This group is characterized by relatively high rates of resilience to combat trauma (155.56 ± 33.44) and relatively low rates of maladaptation (9.78 ± 4.51) and PTSD symptoms (76.80 ± 13.34).

The group whose main indicators fall within the range of 7–8 points on the personality proactivity scales was designated as the group with low proactivity. Members of this group have the lowest resilience to combat psychological trauma (126.14 ± 25.43) and the highest levels of maladaptation (15.78 ± 6.48) and PTSD symptom intensity (88.00 ± 18.56).

Two groups, whose profiles are positioned between the high and low proactivity groups, were designated as groups with medium proactivity, either individually or group-oriented, depending on their ability to engage external resources, assistance, and support from others.

The group whose indicators do not reach 5 points on the personality proactivity scales was designated as the group with "null reactions". Members of this group are aware of having the main characteristics

of proactivity. However, due to uncertainty about the appropriateness of implementing proactive actions (because of mismatches with their attitudes, values, and established relationships), they tend to control situations where their proactivity is evaluated.

The indicators of resilience to combat psychological trauma (133.36 ± 37.29 in those with an individual focus; 131.11 ± 27.45 in those with a group focus; and 132.63 ± 67.50 in the "null reactions" group), maladaptation (10.50 ± 5.83 ; 14.00 ± 5.35 ; 11.63 ± 6.44 , respectively), and PTSD symptom intensity (80.64 ± 14.49 ; 86.74 ± 15.49 ; 84.25 ± 28.29 , respectively) in all groups with medium proactivity fall within the range between the corresponding indicators of the high and low proactivity groups. It should be noted that only in the group with high overall proactivity do the average values appear satisfactory. Even so, this is not a definitive conclusion regarding the relationship between proactivity and PTSD symptoms.

The authors of the article determined that regardless of the overall level of proactivity, in each group of participants in intense combat operations, there is approximately the same percentage of servicemen (from 13 % to 20 %) with PTSD

symptom intensity corresponding to the level of probable PTSD formation (98 points or more). However, these groups (with high, medium, and low overall proactivity) differ significantly, with 20 % to 60 % of servicemen showing individual signs of PTS (78–97 points). Given that the study involved participants in intense combat operations, the available data suggest that there is a constitutionally determined range of effectiveness in proactivity as protection against combat stress factors. For instance, individuals with a weak nervous system, who make up about 10 % of the total sample, are likely to develop PTS symptoms or PTSD itself if they participate in prolonged intense combat, regardless of their acquired level of proactivity [4]. However, it is also possible that these findings reflect the temporary effect of emotionally-oriented coping mechanisms, which, as noted earlier, can also be part of overall proactivity.

Therefore, it should be concluded that even high levels of general proactivity do not provide a 100 % guarantee of protecting a serviceman from suffering when exposed to intense and prolonged combat stress factors that far exceed the capabilities of the average person.

Conclusions

The presented results of the modification and testing of the "Proactive Coping Questionnaire" for a sample of military personnel involved in intense combat operations confirmed its relevance to the concept of personal proactivity and the main principles laid down by the developers of the original methodology (E. Greenglass, R. Schwarzer, and S. Taubert). However, the psychological construct of personal proactivity is relatively new and requires further research to clarify its role within the structure of self-regulation and coping behavior, particularly among military personnel.

In future studies, it would be appropriate to standardize the "Proactive Coping Questionnaire" on a larger sample, addressing the issue of "zero responses", as well as determining gender and age norms, and identifying the capacity to compensate for constitutional weaknesses. The question of the role of personal proactivity in recovery and overcoming negative psychological symptoms remains open for further investigation.

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«ОПИТУВАЛЬНИК ПРОАКТИВНОГО ПОДОЛАННЯ СТРЕСУ»: МОДИФІКАЦІЯ, АПРОБАЦІЯ, ПСИХОМЕТРИЧНІ ПОКАЗНИКИ

Проактивність ґрунтується на феномені особистої відповідальності за результати свого життя та на ідеї свідомого залучення і використання всіх доступних ресурсів, охоплюючи знання, навички, інформацію, соціальні зв'язки та формування доступу до них. Проактивна особистість свідомо використовує засоби когнітивної, поведінкової та емоційної саморегуляції для запобігання і подолання впливу стресових подій. Такі особливості проактивності роблять її перспективним напрямом дослідження потреб реабілітаційних центрів військовослужбовців.

Описано процедуру модифікації та стандартизації експрес-версії методики «Опитувальник проактивного подолання стресу». Наведено особливості модифікації та створення експрес-опитувальника, його апробацію на вибірці українських військовослужбовців після участі в інтенсивних бойових діях. Визначено показники внутрішньої погодженості структури опитувальника (α -Кронбаха та взаємочореляція), її валідності (кореляція зі шкалами психодіагностичних методик). Здійснено нормування опитувальника для військовослужбовців після участі в інтенсивних бойових діях, розроблено систему оцінювання й інтерпретації одержаних результатів. Доведено доцільність використання модифікованого опитувальника для прогнозування копінг-поведінки військовослужбовців.

Автори не лише переклали й адаптували текст «Опитувальника проактивного подолання стресу» до українських реалій, але й спростили його – зменшили кількість тверджень, додали бали за відповіді на анкету, враховуючи особливості роботи з військовослужбовцями зі значним фізичним і психологічним виснаженням. Загальна структура зазначеного опитувальника була збережена, а психометричні характеристики узгоджувалися із змістом проактивності, закладеним розробниками. Виявлені явища, що впливають на особливості реалізації проактивності відповідно до екстремальної ситуації участі у бойових діях, детально описані під час розроблення схем інтерпретації результатів нового опитувальника.

***Ключові слова:** стрес, проактивність особистості, копінг, військовослужбовці.*

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