

# COMPARISON OF THE VALUE ORIENTATION OF YOUTH AND YOUNG ADULT PATIENTS OF DRUG TREATMENT CENTRES, CLIENTS OF RESOCIALISA- TION FACILITIES AND STUDENTS OF TEACHER STUDY PROGRAMMES

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## ABSTRACT

**Aim.** The aim of the paper is to specify the areas of values and value orientation that need to be strengthened in the framework of school prevention, based

on the analysis of the results of a survey of the value orientation of youth and young adults (through the questionnaire HO-PO-MO).

**Methods.** We used the Values Orientations, Attitudes toward Values, and Motivations for Performance Questionnaire (further referred to as HO-PO-MO). The research sample consisted of 285 respondents, 109 respondents from the Centre for Children and Families (further referred to as CDR) - a resocialisation facility for drug addiction treatment Komunita Ľudovítov and the Centre for Drug Addiction Treatment in Košice (further referred to as CPLDZ) with an average age of 31 years and 176 respondents from among students of full-time and part-time teacher study programs at the Catholic University in Ružomberok and Charles University in Prague.

**Results.** The results of the research show differences in motivation, value orientation, and prosocial behaviour among CDR clients, CPLDZs, and students of teaching study programmes. The research confirmed the existence of statistically significant differences in motivation to prosocial behaviour. Significant differences further emerged in value orientation.

**Conclusions.** The findings indicate the need to strengthen moral and prosocial value orientations in preventive education, particularly among populations at risk of social exclusion and substance abuse. School prevention should emphasise the development of empathy, cooperation, and responsibility alongside cognitive skills. Value-oriented and experiential learning approaches appear crucial for promoting healthy personal development and social reintegration.

**Keywords:** values, value orientation, social skills, social and pro-social behaviour, addiction, prevention, specific and non-specific prevention

## INTRODUCTION

Addictions (substance and non-substance) represent one of the most serious socio-pathological phenomena. Addiction is a complex phenomenon that cannot be explained by a single cause. It is a polyetiologically conditioned phenomenon in which factors of a bio-psycho-social nature are involved. In determining the factors that lead to testing, regular use or addiction, it must be assumed that each person, as a bio-psycho-social being, is unique.

Various factors play a role in the onset and development of addiction. Experts have examined both substance and non-substance addictions from different aspects (Chen et al., 2025; Kumari et al., 2024; Liu et al., 2025; McEvoy et al., 2025; Sharifibastan et al., 2025). There are many factors that influence an individual that can cause drug addiction. Today's level of knowledge points to the contribution of multiple factors leading to drug intake, to the onset and persistence of addiction. The experimentation of primary and secondary school pupils with drugs, both legal and illegal, is now becoming a significant problem. There is a high risk of substance addiction in repeated drug intake. Addictions are accompanied by other undesirable phenomena of varying social severity, e.g. crime, homelessness (Tvrdoň et al., 2022).

Value orientations are an important regulator of social behaviour. Schools and school facilities, which play an important role in the field of education, are obliged to fulfil the basic aims of education and training, including, among other things, to enable personal and social development of children. The reality indicates that the pedagogical activity of teachers is more significantly focused on the process of education. The threshold for the emergence or development of problematic and risky behaviour in children and youth tends to shift to the earlier developmental periods, which represent the sensitive period of school attendance.

## METHODOLOGY

### Aim of the Research

To identify the value orientations of people marked by negative socio-pathological phenomena, problematic and inappropriate behaviour (in comparison with the value system of future teachers, who should be carriers of socially desirable values) and, on the basis of an analysis of their value preferences, to suggest areas that need to be strengthened in school (in the context of school prevention).

### Research Sample

The research sample consisted of 285 respondents. Of these, 109 respondents were from the Centre for Children and Families (CDR) - resocialisation facility for drug addiction treatment Komunita Ludovítov and the Centre for Drug Addiction Treatment in Košice (CPLDZ) with an average age of 31 years. We assumed that the value orientation of clients and patients of these facilities is influenced by having gone through adverse life experiences with the incidence of various socio-pathological phenomena. The next group consisted of 176 respondents - students of full-time and part-time teacher study programmes at the Catholic University in Ružomberok and Charles University in Prague, with an average age of 25 years. We were interested in examining their value orientation in relation to the expectation of representing socially desirable attitudes and values. The research sample was provided by available sampling and data collection took place over a time period 01/2022 – 06/2024.

### Research Methods

Values are an important measure in the prediction and regulation of social behaviour. To know and understand the manifestations of personality in specific behaviour

and the achievement of life goals, we used the Values Orientations, Attitudes toward Values, and Motivations for Performance Questionnaire (HO-PO-MO) by Jan Vonk-omer (T - 252, 1991). The focus is on 3 hierarchically arranged domains. The results were obtained by summing the scores of the alternative responses for each letter and for each domain (the more the respondent identified him/herself with the alternative response, the higher number of points he/she assigned to the response).

- Motivation to performance – represent internal incentives for immediate achievement of the goal. The raw score achieved for each letter reflects the weight of the motivators, incentives:
  - satisfying an interest;
  - subjective experience of achieved results;
  - exciting effect of working conditions;
  - freedom of working schedule and pace;
  - rewards for work;
  - opportunities for career advancement;
  - experiencing competitiveness, surpassing others;
  - experiencing the contribution of one's own efforts for society;
  - experiencing the appreciation of co-workers;
  - experiencing recognition from a supervisor;
  
- Attitude towards values – represent operational dimension, decision-making that precedes action (especially in the context of dis/satisfying the needs of an individual). The raw score achieved in the attitude area for each letter reflects:
  - the degree of attitude towards artistic values;
  - the degree of attitude towards moral values;
  - the degree of attitude towards economic values;
  - the degree of attitude towards scientific values;
  - the degree of attitude towards social values;
  - the degree of attitude towards the value of a popular song;
  - the degree of attitude towards the values of discipline;
  - the degree of attitude towards health values;
  
- Value orientation – represents the strategic level of human orientation and decision-making, while the influence of value orientation is not reflected in every immediate activity, but in decision-making and choice of goals. The raw score achieved in the area of value orientation for each letter indicates:
  - the level of educational value orientation;
  - the level of aesthetic value orientation;
  - the level of moral value orientation;
  - the level of economic value orientation;
  - the level of social value orientation.

To identify the tendency to prosocial behaviour we applied a standardised questionnaire Prosocial Tendencies Measure (PTM) by Gustavo Carlo and Brandy A. Randall (2002). The questionnaire contains 23 items in which respondents were asked to express their level of agreement on a scale from 1 - does not describe me at all to 5 - completely describes me in six types of prosocial behaviour:

- Altruistic prosocial behaviour – help motivated primarily by concern for the needs and welfare of others, which is accompanied by costs on the part of the helper. The primary motives for altruistic behaviour are sympathy and internalised norms/principles. In this type of behaviour, sympathy presupposes the capacity for decentration, i.e. the tendency to take the perspective, the point of view of another person. Internalised norms and principles, in turn, are related to a higher level of moral thinking;
- Compliant prosocial behaviour – helping at the verbal or non-verbal request of others. It is usually more common than spontaneous help. Motivation for compliant prosocial behaviour is likely to be related to higher levels of moral judgement oriented towards achieving social approval and recognition by others, but also to higher levels of perspective-taking and compassion;
- Emotional prosocial behaviour – orientation to helping others in circumstances evoking strong emotions. Situations with emotionally saturated contexts can lead to excessive agitation, even distress, or to eliciting sympathy. Helping is thus strongly motivated by compassion, which corresponds to the tendency of helpers to orient more toward others than toward themselves, and also by high levels of empathy;
- Public prosocial behaviour – help, which occurs in the presence of witnesses and the public, and this behaviour is partly motivated by gaining approval, appreciation, acceptance and respect from others, leading to an increase in one's own self-esteem. Lack of confidence in one's own competence in front of other people may inhibit the provision of help;
- Anonymous prosocial behaviour – help provided without the knowledge of the person being helped. The motivation for this type of prosocial behaviour is experiencing positive emotions after performing a good deed;
- Dire prosocial behaviour – help occurring in crisis or emergency situations.

The calculation of correlation relationships between variables was performed by Spearman's rank-order correlation coefficient in the program Statistica 0.8.

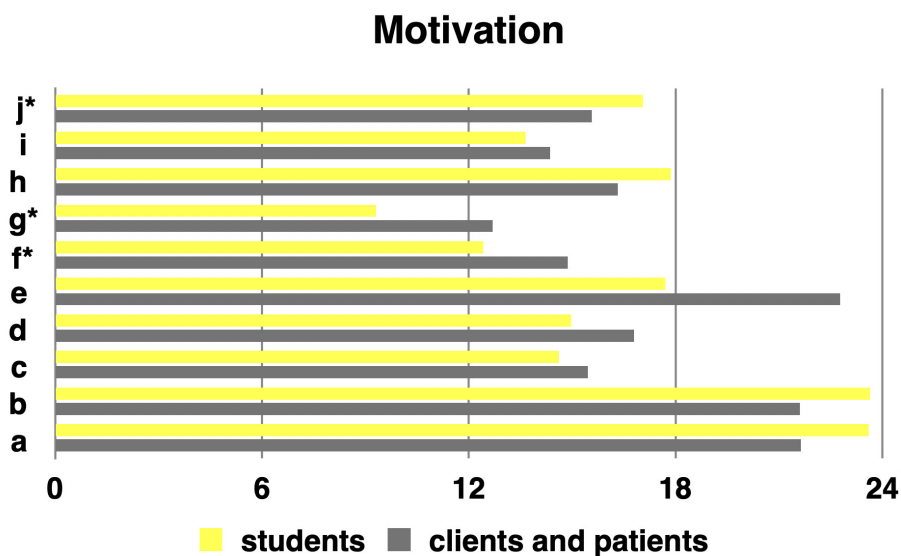
## Research Hypothesis

There are statistically significant differences in the motives and behaviour of CDR clients and CPLDZ patients when compared to students in undergraduate teaching study programmes.

## RESULTS

**Figure 1**

*Comparison of Behavioural Motivation in CDR Clients and CPLDZ Patients with Students of Teaching Study Programmes*



*Note.* \* indicates a statistically significant difference; a = satisfying an interest; b = subjective experience of achieved results; c = exciting effect of working conditions; d = freedom of working schedule and pace; e = rewards for work; f = opportunities for career advancement; g = experiencing competitiveness, surpassing others; h = experiencing the contribution of one's own efforts for society; i = experiencing the appreciation of co-workers; j = experiencing recognition from a superior.

*Source.* Own research.

In terms of comparing motivations for social behaviour, we observed different rankings of incentives among clients and students. The students are most motivated in social behaviour by the following consistently (a) satisfying their own interest and (b) subjective experience of achieved results, next (h) experiencing the contribution of one's own efforts for society, (e) rewards for work, (j) experiencing recognition from a superior, but also (d) freedom of working schedule and pace, (c) working conditions, (i) appreciation of co-workers, less motivating is (f) opportunities for career advancement and least motivating is (g) experiencing competitiveness, surpassing others.

CDR and CPLDZ clients are motivated by these (in order): (e) rewards for work, similar motivation effect has (a) satisfying their own interest and (b) subjective experi-

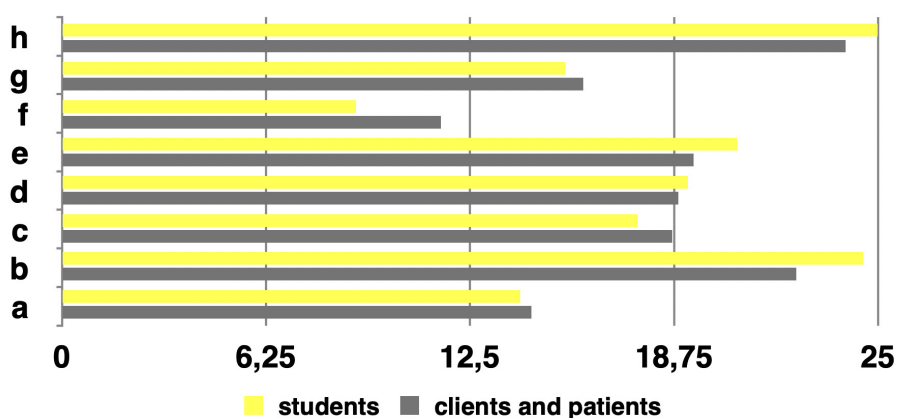
ence of achieved results, next incentive is (d) freedom of working schedule and pace, (h) experiencing the contribution of one's own efforts for society, (j) experiencing recognition from a superior, (c) exciting effect of working conditions, (f) opportunities for career advancement, (i) experiencing the appreciation of co-workers, (g) experiencing competitiveness, surpassing others.

Statistically significant differences in behavioural incentives between the compared groups were demonstrated in the variables (j) experiencing recognition from a superior ( $p \leq 0.007$ ), which students valued more than CDR clients and CPLDZ patients, (g) experiencing competitiveness and surpassing others ( $p \leq 0.035$ ), and (f) opportunities for career advancement ( $p \leq 0.003$ ), with scores on both variables being higher for CDR clients and CPLDZ patients compared to students.

**Figure 2**

*Comparison of Attitudes Towards Values of CDR Clients and CPLDZ Patients with Students of Teaching Study Programmes*

### Attitude towards values



*Note.* a = degree of attitude towards artistic values; b = degree of attitude towards moral values; c = degree of attitude towards economic values; d = degree of attitude towards scientific values; e = degree of attitude towards social values; f = degree of attitude towards the value of a popular song; g = degree of attitude towards the values of discipline; h = degree of attitude towards health values.

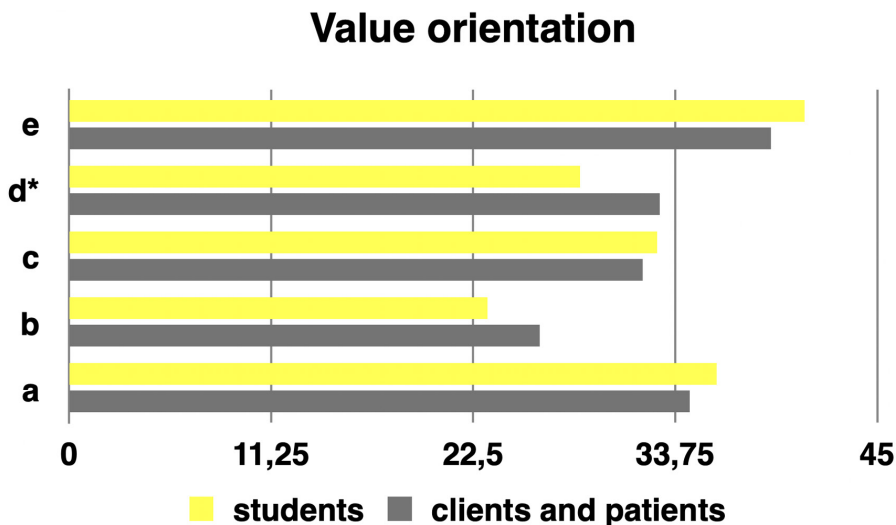
*Source.* Own research.

In terms of ranking attitudes towards values, we did not observe any difference between students, CDR clients and CPLDZ patients. The ranking of attitudes is as follows: the strongest attitudes are held by both groups towards (h) health values, next

(b) attitude towards moral values, followed by (e) attitude towards social values, (d) scientific, (c) economic, (g) values of discipline, (a) artistic values and finally (f) attitude towards the value of a popular song.

**Figure 3**

*Comparison of the Value Orientation of CDR Clients and CPLDZ Patients with Students of Teaching Study Programmes*



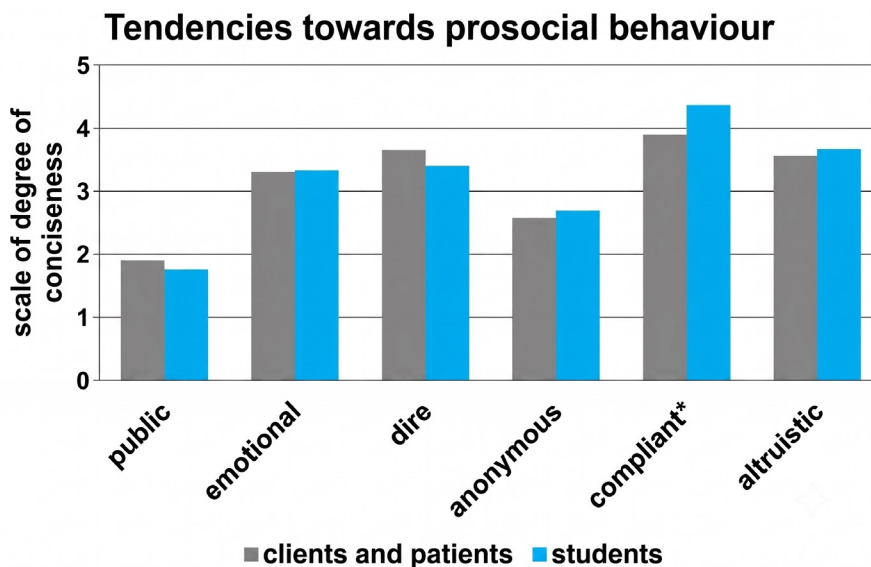
*Note.* \* indicates statistically significant difference; a = level of educational value orientation; b = level of aesthetic value orientation; c = level of moral value orientation; d = level of economic value orientation; e = level of social value orientation.

*Source.* Own research.

In terms of value orientation, the order of preferred values is similar for CDR clients, CPLDZ patients, and students in the following order: first place dominant for both groups is (e) social value orientation, followed by (a) educational value orientation, both groups marked in the last place (b) aesthetic value orientation, being more pronounced in CDR clients and CPLDZ patients. The difference in the order of preference of value orientation was observed in the moral and economic orientation. Students in the third place preferred orientation (c) moral, while CDR clients and CPLDZ patients (d) economic. We observed a statistically significant difference ( $p \leq 0.019$ ) in economic value orientation between the groups compared. CDR clients and CPLDZ patients were significantly more influenced in their decision making by financial and economic values than students.

**Figure 4**

*Comparison of Tendencies Towards Prosocial Behaviour of CDR Clients and CPLDZ Patients with Students of Teaching Study Programmes*



*Note.* \* indicates statistically significant difference.

*Source.* Own research.

Similar to the previous variables, we compared the order of preference of clients, patients and students. In terms of prosocial behaviour, students have the highest tendency to behave prosocially based on a non/verbal request for help, followed by the altruistic tendency, the tendency to help in a crisis, which is almost as preferred as the tendency to behave prosocially in emotionally saturated circumstances. Students are least likely to behave prosocially in public.

CDR clients and CPLDZ patients tend to behave prosocially in the following order. The predominant tendency is toward compliant prosocial behaviour, followed by the tendency to dire prosocial behaviour, then the altruistic tendency, the tendency toward anonymous prosocial behaviour, and the lowest tendency among clients is the tendency toward public prosocial behaviour.

The only statistically significant difference in the assessment of tendencies to prosocial behaviour was in the variable of compliant prosocial behaviour ( $p \leq 0.006$ ).

For a comprehensive evaluation of the results, we were also interested in the correlations between the variables of the questionnaires used (Table 1).

**Table 1**

*Correlations Between Prosocial Behaviour Tendencies and Motivational and Value-Related Variables in Clients/Patients and Students*

<b>Group</b>	<b>Prosocial behaviour type</b>	<b>Variable</b>	<b><math>\rho</math></b>
Clients/patients	Public	Interest satisfaction	-0.215*
Clients/patients	Public	Moral value orientation	0.221*
Clients/patients	Emotional	Discipline values	0.172*
Clients/patients	Dire	Social value orientation	0.161*
Clients/patients	Dire	Economic values	-0.194*
Clients/patients	Anonymous	Educational value orientation	0.194*
Clients/patients	Compliant	Contribution of one's own efforts to society	0.167*
Clients/patients	Altruistic	Interest satisfaction	0.205*
Clients/patients	Altruistic	Subjective experience of achieved results	0.187*
Clients/patients	Altruistic	Moral values	0.192*
Clients/patients	Altruistic	Discipline values	-0.237*
Students	Public	Interest satisfaction	-0.196*
Students	Public	Social value orientation	-0.207*
Students	Public	Moral values	-0.153*
Students	Public	Scientific values	0.229*
Students	Dire	Rewards for work	-0.158*
Students	Anonymous	Contribution of one's own efforts to society	0.215*
Students	Compliant	Rewards for work	-0.171*
Students	Altruistic	Contribution of one's own efforts to society	0.212*
Students	Altruistic	Recognition from a superior	-0.207*

*Note.* Values represent Spearman's rank-order correlation coefficients ( $\rho$ ). Only statistically significant correlations are presented ( $p < 0.05$ ).

*Source.* Own research.

The Table 1 indicates:

- in CDR clients and CPLDZ patients:
  - Tendency towards public prosocial behaviour in the area of motivation is negatively correlated with the variable satisfaction of interest (- 0.215); positively correlated with the level of value orientation moral (0.221);
  - Tendency towards emotional prosocial behaviour is positively correlated with attitudes towards values of discipline (0.172);

- Tendency towards dire prosocial behaviour is positively correlated with the level of social value orientation (0.161) and negatively correlated with the attitude towards economic values (- 0.194);
- Tendency to anonymous prosocial behaviour is positively correlated with the level of educational value orientation (0.194);
- Tendency towards compliant prosocial behaviour is positively correlated with the incentive experiencing the contribution of one's own efforts for society (0.1665);
- Tendency towards altruistic prosocial behaviour correlates positively with the incentive satisfying one's own interest (0.205); positively correlates with subjective experience of achieved results (0.187); positively correlates with the degree of attitude towards moral values (0.192). Negative correlation is with altruistic prosocial behaviour and with the degree of attitude towards values of discipline (0.237);
- in students:
  - Tendency to public prosocial behaviour negatively correlates with satisfying an interest (- 0.196); negatively correlates with the level of social value orientation (- 0.207); negatively correlates with the degree of attitude towards moral values (- 0.153); positively correlates with the degree of attitude towards scientific values (0.229);
  - Tendency to dire prosocial behaviour negatively correlates with the incentive rewards for work (- 0.158);
  - Tendency to anonymous prosocial behaviour positively correlates with the variable experiencing the contribution of one's own efforts for society (0.215);
  - Tendency to compliant prosocial behaviour negatively correlates with the variable rewards for work (- 0.171);
  - Tendency to altruistic prosocial behaviour positively correlates with the incentive experiencing the contribution of one's own efforts for society (0.212) and negatively correlates with the incentive experiencing recognition from a superior (- 0.207).

## DISCUSSION

A summative evaluation of the research results shows differences in motivation, value orientation, and prosocial behaviour among CDR clients, CPLDZ patients, and students of teaching study programmes. The research confirmed the existence of statistically significant differences in motivation to prosocial behaviour, with students more motivated by subjective experiences of success, recognition from superiors and benefit to society, while CDR and CPLDZ clients preferred rewards for work, opportunities for career advancement and the competitive aspect.

There were no significant differences in attitudes towards values between the groups - health, moral and social values were the strongest, aesthetic and eco-

conomic values the weakest. However, significant differences emerged in value orientation, with CDR and CPLDZ clients placing more importance to economic values than did the students of teaching study programmes, who in turn preferred moral values.

In the area of prosocial behaviour, students showed a greater tendency to help when asked and in emotionally saturated situations, while CDR and CPLDZ clients showed a greater tendency toward prosocial behaviour in crisis situations and anonymous help. A statistically significant difference was demonstrated for compliant prosocial behaviour, which was more common among CDR and CPLDZ clients. Correlation analysis indicated multiple correlations between variables – for example, for CDR and CPLDZ clients, anonymous help was positively correlated with a value orientation towards education, whereas for students, altruistic behaviour was correlated with the contribution of one's own efforts to society.

Overall, the results suggest that personal experiences and environment shape individuals' value preferences and motivational factors, which has important implications for education and prevention programs in a school environment.

The results of our research, as well as official statistics on the numbers of people in treatment (Národné centrum zdravotníckych informácií, 2024) therefore confirm that there is a need to increase attention to the issue of drug addiction, especially in the area of prevention. The approach to substance abuse prevention is often specified in the foreign literature also in terms of key mediators that are the basis for programmed interventions. Prevention and intervention are only effective if there is a positive change in variables associated with drug use. Experts point to the need for prevention of both substance and non-substance addiction (Banárová & Čerešník, 2024; Kollárová, 2024; Niklová & Hanesová, 2024; Shyshak et al., 2024).

Schools play an important role in the prevention of socio-pathological phenomena among children and young people. In the field of *non-specific prevention*, it is mainly pro-social education, which, according to Ján Danek (2018), means not only forming and shaping, or creating a positive relationship with other people, society, work, etc., but also develops a person's own dignity and assertiveness. In prosocial education, it is appropriate to use activating methods that increase the engagement of pupils (e.g. staging methods, discussion methods, problem-solving methods, etc.). The development of communication, empathy, tolerance, assertiveness, positive interpersonal relations and self-esteem promote the development of a complex personality and a positive classroom climate.

In the area of *specific prevention*, it is the prevention of drug addiction, which should start 2 to 3 years before the expected use of the drug and therefore already in kindergarten and the first grade of primary school, because smoking and drinking alcohol appear already at the age of 10 years and earlier.

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