

RESEARCH ARTICLE

Stress And Its Manifestation In Adolescents

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Abstract

This article analyzes the concept of stress, its psychological and physiological foundations, the manifestation of stressful states during adolescence, their causes and consequences, as well as the forms of psychological support that may be applied in such situations. The influence of stress on the mental development of adolescents is explained on the basis of practical examples and scientific research.

KEY WORDS

Stress, adolescence, psychological health, emotional changes, family environment, school-related problems, adaptation mechanisms.

INTRODUCTION

In the context of today's globalization, rapid information flows and the increasing influence of digital technologies, people are facing more and more psychological pressure. These pressures are especially likely to appear as stressful states among adolescents, whose life experience has not yet been fully formed and whose emotional stability has not yet become sufficiently established.

Adolescence is a period in which personal consciousness awakens, critical thinking becomes stronger, and the individual searches for his or her social role. For this reason, sensitivity to stress increases during this developmental stage. Stress is the physiological and psychological response of the organism to an external or internal threat. Although stress may be observed at any age, the causes, course and consequences of stress in adolescence have their own specific characteristics. At this stage, young people's striving for independence, personal identification and awareness of their own "Self" become stronger. At the same time, conflicts with parents, problems at school and misunderstandings in relationships with peers may lead to stressful states. Stressful states may be temporary, but they may also become chronic

and lead to deep psychological problems. Therefore, early identification of adolescent stress, the development of ways to overcome it, and the creation of a supportive environment within the school, family and society are among the most urgent issues of the present day.

In addition, the relevance of this topic is determined by the fact that adolescence is not only a biological transition, but also a period of intensive reconstruction of value orientations, communication patterns and educational motivation. At this age, even ordinary everyday difficulties may be perceived as personally significant and emotionally painful. A critical remark from a teacher, comparison with peers, strict family expectations or a temporary failure in academic performance can be interpreted by an adolescent as a threat to self-esteem. Therefore, stress in adolescence should not be considered only as a reaction to severe traumatic events. It may also emerge from repeated minor pressures that accumulate and gradually weaken psychological stability.

Another important aspect is connected with the modern information environment. Adolescents receive a large amount of social, educational and emotional information through

digital platforms. On the one hand, the digital environment gives opportunities for learning, communication and self-expression. On the other hand, excessive comparison with others, fear of missing out, cyberbullying, dependence on social approval and constant information overload may become additional sources of stress. As a result, the adolescent's nervous system remains in a state of permanent tension, while the skills of emotional self-regulation are still developing. This contradiction explains why stress prevention among adolescents must include not only family and school factors, but also the culture of safe and conscious use of digital technologies.

From a practical point of view, the study of adolescent stress is important because stress rarely appears in isolation. It is often accompanied by anxiety, irritability, sleep disturbances, decreased concentration, aggressive reactions, social withdrawal and a decline in learning motivation. If these signs are not noticed in time, they can become a stable behavioral pattern and negatively influence the adolescent's personality development. For this reason, teachers, parents and psychologists should view stress manifestations as meaningful psychological signals rather than as simple disobedience, laziness or temporary mood changes. Such an approach allows adults to respond not with punishment, but with support, explanation and timely psychological assistance.

Literature Review

The concept of stress has been studied in academic circles for many years, and there are numerous theories and studies devoted to this issue. One of the scholars who first studied stress systematically was Hans Selye, who defined stress as the organism's response to any external or internal pressure. Selye identified three stages in the course of stress - the alarm stage, resistance stage and exhaustion stage - and explained the mechanism by which a person adapts to external influences. This approach presents stress mainly as a physiological process.

Later, however, psychologists Richard Lazarus and Susan Folkman considered stress as a cognitive process related to how a person perceives external events. According to their view, the level of stress depends on how an individual evaluates an external event. This approach is especially important for adolescents, because during adolescence personal emotions, self-awareness and self-evaluation processes develop very actively.

Adolescence is a complex stage in which a person experiences sharp physical, psychological and social changes. During this period, young people strive to find their identity and determine their place in society. According to Erik Erikson's theory of psychosocial development, adolescence is the stage of "identity versus role confusion", during which an adolescent faces many internal and external contradictions in the process of defining his or her individuality. These contradictions often become the cause of stressful states. If an adolescent is unable to satisfy these needs, stressful conditions may intensify and mental health may be disrupted.

The theoretical analysis of stress also requires attention to the distinction between acute and chronic stress. Acute stress is usually connected with a specific situation and may disappear after the problem has been resolved. Chronic stress, however, is formed when the adolescent remains under psychological pressure for a long period of time. In school practice, chronic stress may be associated with constant fear of low grades, unstable family relationships, long-term conflicts with classmates, strict parental control or uncertainty about the future. Chronic stress is more dangerous because the adolescent gradually becomes accustomed to tension and may stop perceiving it as a problem, while its negative effects continue to accumulate.

The cognitive theory of stress emphasizes that the same situation may be experienced differently by different adolescents. For one student, an examination can be perceived as a challenge and an opportunity to demonstrate knowledge; for another, it can be evaluated as a serious threat and a source of fear. This means that stress is determined not only by the objective difficulty of the situation, but also by the adolescent's interpretation of that situation. In this regard, self-esteem, locus of control, previous experience of success or failure, emotional support from adults and confidence in one's own abilities play an essential role. Adolescents with more constructive cognitive appraisal are more likely to use problem-solving strategies, whereas adolescents with a negative self-image may choose avoidance, aggression or self-blame.

Developmental theories also show that adolescence is characterized by increased sensitivity to social evaluation. Peer acceptance, belonging to a group and recognition by significant others become especially important. When these needs are frustrated, the adolescent may experience loneliness, shame, resentment or anger. These emotional

states can strengthen stress and create difficulties in communication. Consequently, psychological support should be directed not only at reducing symptoms, but also at developing social competence, empathy, assertiveness and the ability to express emotions in a socially acceptable form.

Analysis and Results. Recent studies conducted worldwide indicate that stress and depressive states are increasing among adolescents. According to the World Health Organization, more than 16 percent of young people aged 10-19 experience stress-related problems. In Uzbekistan, a number of scientific studies have also focused on identifying adolescents' mental state, stress levels and the main causes of stress. Research shows that the family environment, school pressure and problems in relationships with peers are among the most important factors contributing to stress among adolescents.

At the same time, Uzbek-language literature does not yet contain a sufficient number of in-depth scientific studies on stressful states among adolescents and ways to overcome them. Most works are devoted to general psychology, while the specific psychological characteristics and social conditions of young people are not covered in sufficient detail.

Stress has a significant effect on adolescents' mental state and behavior. In particular, aggression is one of the most common forms of response to stress. Anxiety, problems and internal conflicts that arise during adolescence may increase aggressive behavior in adolescents' interaction with the external environment. Therefore, identifying the level of aggression and studying its types is important for understanding adolescents' adaptation to stress.

The empirical part of the study was focused on the relationship between stress manifestations and several psychological indicators that are theoretically significant for adolescence. Since stress is reflected not only in emotional experiences but also in behavior, the assessment of aggression was included as one of the central diagnostic directions. Aggression in this

context was not interpreted only as destructive behavior. It was considered more broadly as a possible external expression of internal tension, frustration and difficulties in self-regulation. Such an interpretation is important because adolescents often do not verbalize their psychological discomfort directly; instead, they may show it through irritability, sharp speech, impulsive actions or conflicts with peers and adults.

The study also considered locus of control, because the way an adolescent explains the causes of success and failure influences his or her coping behavior. Adolescents with a stronger internal locus of control tend to believe that they can influence the situation through their own efforts, decisions and persistence. In contrast, a stronger external locus may be associated with the perception that life events depend mainly on other people, circumstances, luck or pressure from the environment. In stressful situations, these differences may determine whether the adolescent chooses active coping or passive expectation. Therefore, the analysis of locus of control provides a deeper understanding of how adolescents experience and manage stress.

Finally, the inclusion of personality characteristics made it possible to assess the psychological background against which stress reactions are formed. Traits such as anxiety, emotional stability, self-control, impulsivity and internal tension are directly related to the adolescent's ability to maintain psychological balance. If anxiety and internal tension are high, even moderate difficulties may be experienced as excessive. If self-control and emotional stability are sufficiently developed, the adolescent has more resources to regulate behavior and reduce the intensity of stress reactions.

In our small-scale study, we assessed indicators of verbal, physical, object-directed, emotional and self-directed aggression among adolescents using the aggression questionnaire developed by L.G. Pochibut. Table 1 presents the descriptive statistics obtained on the basis of this method.

Table 1

Descriptive Statistics According to L.G. Pochibut's Aggression Questionnaire

Indicators	N	Min	Max	Mean (M)	Standard Deviation (SD)	Skewness	Kurtosis
Verbal aggression	113	1	8	4.48	1.52	0.08	-0.80
Physical aggression	113	1	7	3.96	1.65	0.35	-0.70

Indicators	N	Min	Max	Mean (M)	Standard Deviation (SD)	Skewness	Kurtosis
Object-directed aggression	113	1	7	4.10	1.55	0.10	-1.10
Emotional aggression	113	1	7	4.60	1.20	-0.25	-0.60
Self-directed aggression	113	1	7	3.55	1.25	0.30	-0.15

Among adolescents, emotional aggression had the highest mean value (M=4.60), indicating a high level of emotional reactivity in stressful situations. Verbal aggression was also observed at a noticeable level (M=4.48), which suggests the presence of aggressive manifestations in social communication. Physical and object-directed aggression were at an average level (approximately 4 points), while self-directed aggression showed slightly lower indicators.

The predominance of emotional and verbal aggression may be explained by the specific features of adolescence. At this age, emotional reactions are often intense, while the mechanisms of conscious control over these reactions are still developing. Consequently, adolescents may respond to stressful events by raising their voice, using harsh expressions, arguing or demonstrating resentment. Such reactions are not always signs of deliberate hostility; in many cases they indicate emotional overload and the lack of constructive ways to express inner tension. For this reason, preventive work should include training in emotional vocabulary, conflict resolution

and non-aggressive communication. When adolescents learn to name their feelings and discuss the causes of discomfort, the probability of impulsive verbal or emotional aggression decreases.

The relatively lower level of self-directed aggression should also be interpreted carefully. Even when its mean value is lower than other indicators, this form of aggression has special psychological significance because it may be connected with self-criticism, guilt, dissatisfaction with oneself and internalized tension. In practical psychological work, such indicators require attention to the adolescent’s self-esteem and emotional safety. Supportive feedback from adults, the development of realistic self-assessment and the formation of positive self-acceptance may reduce the risk of self-directed negative experiences.

We also analyzed the results of the “Subjective Locus of Control” questionnaire developed by S.R. Panteleev and V.V. Stolin (Table 2).

Table 2

Results of the “Subjective Locus of Control” Questionnaire Developed by S.R. Panteleev and V.V. Stolin (N=113)

Indicators	N	Min	Max	Mean (M)	Standard Deviation (SD)	Skewness	Kurtosis
Internal locus	113	3	22	10.75	6.10	0.65	-1.00
External locus	113	4	23	15.30	6.20	-0.65	-1.05

The results show that most adolescents tend to attribute stress and life difficulties to external factors (the mean value for the external locus was 15.30), whereas the indicators of internal control were lower. This suggests that, in adapting to stress, they sometimes have less confidence in their own strengths.

The dominance of external locus indicators indicates that many adolescents may experience difficulties in recognizing

their own active role in overcoming stress. When a young person explains problems mainly through external causes, he or she may feel helpless or dependent on the decisions of others. This does not mean that external circumstances are unimportant; family climate, school demands and peer relations really do influence stress. However, effective adaptation requires a balance between understanding external factors and developing internal responsibility.

Psychological support should therefore help adolescents distinguish between situations that can be changed, situations that require acceptance and situations in which it is necessary to seek help from adults.

The development of an internal locus of control should not be understood as placing all responsibility on the adolescent. Rather, it means strengthening the belief that personal effort, planning, communication and self-regulation can improve the

situation. Such belief is an important protective factor in stressful conditions. It encourages adolescents to ask questions, search for solutions, prepare for academic tasks, discuss conflicts and regulate emotional reactions instead of avoiding problems or blaming only the environment.

We attempted to analyze stress factors on the basis of adolescents' personality characteristics using R. Cattell's 16PF methodology (Table 3).

Table 3

Adolescents' Personality Characteristics According to R. Cattell's 16PF Methodology (N=113)

Indicators	N	Min	Max	Mean (M)	Standard Deviation (SD)	Skewness	Kurtosis
Warmth	113	3	10	7.20	2.00	-0.18	-0.95
Intellectual level	113	2	9	5.40	1.60	-0.20	-0.50
Emotional stability	113	2	8	5.50	1.40	-0.10	-0.90
Dominance	113	2	9	5.55	1.55	-0.12	-0.60
Impulsivity	113	3	9	5.75	1.40	-0.15	-0.45
Rule-consciousness	113	2	8	5.20	1.50	-0.02	-0.80
Social boldness	113	2	8	5.75	1.40	-0.45	-0.15
Sensitivity	113	2	9	5.45	1.53	-0.20	-0.55
Vigilance	113	2	8	5.35	1.56	-0.34	-0.70
Imagination	113	2	9	5.38	1.44	-0.01	-0.83
Diplomacy	113	2	8	5.33	1.39	0.13	-0.81
Anxiety	113	2	8	5.78	1.50	-0.60	-0.23
Liberalism	113	2	8	5.34	1.39	-0.25	-0.86
Independence	113	2	9	5.63	1.41	-0.05	-0.64
Self-control	113	1	8	5.16	1.48	-0.05	-0.43
Internal tension (stress proneness)	113	3	8	6.00	1.24	-0.31	-0.80

Among the personality characteristics of adolescents, anxiety (M=5.78) and internal tension (M=6.00) were relatively high, which indicates their proneness to stress. Emotional stability was at an average level; temperamental characteristics such as impulsivity and social boldness were also recorded at an average level.

The indicators obtained through the 16PF methodology show that the stress response of adolescents has a complex personality basis. The relatively high level of internal tension is especially important, because it reflects a state of psychological readiness for worry, dissatisfaction or overstrain. In everyday life, this may appear as restlessness, impatience, sensitivity to criticism and difficulty relaxing after stressful events. Anxiety, which also demonstrated a comparatively high mean value, may intensify the subjective

perception of danger and lead to overestimation of possible negative consequences.

At the same time, the average level of emotional stability and self-control suggests that adolescents have certain adaptive resources, but these resources may not always be sufficient in situations of strong or prolonged stress. Therefore, the task of psychological support is not only to reduce negative reactions, but also to strengthen existing resources. This can be achieved through exercises aimed at self-observation, breathing regulation, realistic goal setting, time management and reflection on personal achievements. Such methods help adolescents transform stress from an uncontrollable emotional state into a manageable psychological process.

Table 4 presents a comparison of the results of the "Subjective Locus of Control" questionnaire developed by S.R. Panteleev

and V.V. Stolin by gender using Student’s t-test.

Table 4

Student’s t-test for the Results of the “Subjective Locus of Control” Questionnaire by Gender

Indicators	Group	N	M (Mean)	Standard Deviation	t	p
Internal locus of control	Males	57	11.25	6.10	2.02	0.046*
	Females	56	10.00	6.40		
External locus of control	Males	57	14.50	6.20	-1.52	0.132
	Females	56	16.20	6.40		

Note: *p < 0.05

The indicators of internal locus of control were significantly higher among males than among females (t=2.02; p=0.046). This means that males are more likely to associate control in stressful situations with internal factors.

The indicators of external locus of control did not differ significantly between genders (p>0.05), although a slightly higher mean value was recorded among females.

The gender comparison presented in Table 4 should be interpreted with caution and without excessive generalization. The statistically significant difference in internal locus of control shows a tendency within the studied sample, but it does not mean that all males are more internally oriented or that females lack self-regulatory resources. Gender differences in stress coping may be influenced by social expectations, styles of upbringing, communication norms and the degree to which adolescents are encouraged to express independence. In some families, boys may receive more messages about personal responsibility and autonomy, whereas girls may be more frequently oriented toward external evaluation and social approval. Such sociocultural conditions can influence the formation of locus of control.

The findings of the study have several practical implications. First, school psychologists should conduct regular screening of emotional tension, aggressive reactions and coping difficulties among adolescents. Second, preventive programs should include psychoeducational sessions for students, parents and teachers. Adolescents need to understand what stress is, how it affects the body and behavior, and what methods can help reduce its intensity. Parents need information about supportive communication, while teachers need tools for identifying psychological overload in the classroom. Third, individual counseling should be offered to adolescents who demonstrate high anxiety, frequent conflicts, withdrawal or

persistent academic decline.

A comprehensive stress-support program may include several components: development of emotional awareness, formation of constructive coping strategies, strengthening of internal locus of control, improvement of communication skills and creation of a psychologically safe educational environment. Group training can be effective because it allows adolescents to see that their difficulties are not unique and that peers also experience similar emotional states. At the same time, individual consultations are necessary when stress is connected with family problems, traumatic experiences, self-directed aggression or deep anxiety.

The limitations of the present study should also be noted. The sample size was sufficient for preliminary analysis, but broader research with participants from different regions, types of schools and social backgrounds would provide a more complete picture. In addition, the study relied mainly on questionnaire methods, which reflect self-reported psychological characteristics. Future research may combine questionnaires with interviews, observation and longitudinal analysis in order to identify how stress changes over time and which factors predict successful adaptation. Despite these limitations, the obtained results provide a useful empirical basis for understanding the psychological mechanisms of stress manifestation in adolescence.

Conclusion

The level of stress among adolescents is high, and they often attribute stress and life difficulties to external factors. The results of the study showed that the level of internal control among males was considerably higher than among females; that is, males are more inclined to manage their condition in stressful situations through their own internal resources. Various forms of aggression, especially emotional and verbal

aggression, are more frequently manifested as adolescents' response to stress. Among personality characteristics, anxiety and internal tension were found to be high, which increases their proneness to stress. These findings serve as an important basis for developing effective psychological support programs aimed at improving young people's mental health, managing stress and reducing aggressive behavior.

Thus, adolescent stress should be regarded as a multidimensional phenomenon that includes emotional, cognitive, behavioral and personality components. The data show that stress is closely related to aggression, locus of control, anxiety and internal tension. The practical value of the study lies in the fact that these indicators can be used as diagnostic markers for early psychological support. The earlier stress manifestations are identified, the easier it is to prevent their transition into chronic emotional difficulties, destructive behavior or learning problems.

In general, effective work with adolescent stress requires cooperation between the family, the educational institution and the psychologist. A supportive environment, respect for the adolescent's personality, constructive communication and the development of self-regulation skills can significantly reduce the negative consequences of stress. Therefore, psychological prevention should be systematic, scientifically grounded and adapted to the real social conditions in which adolescents live and study.

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