

ОСОБЛИВОСТІ ДЕПРЕСИВНОСТІ Й СТРЕСОСТІЙКОСТІ ОСІБ ЮНАЦЬКОГО ВІКУ

This article presents an empirical study of the characteristics of depression and stress resilience among young adults under conditions of heightened social and psychological stress. The relevance of the study is determined by the increasing prevalence of stress and depressive symptoms among young people in today's unstable social environment, including the context of military events, which significantly affect mental health, adaptive capacity, and quality of life.

The aim of the study was to examine the relationship between levels of depression and stress resilience in young adults. The object of the study comprised individual psychological characteristics, while the subject focused on depression and stress resilience as key indicators of psychological adaptation in young adulthood.

The empirical sample consisted of 40 participants aged 18 to 23 years (20 men and 20 women). A set of psychodiagnostic methods was employed, including the Holmes and Rahe Stress and Social Adjustment Scale, the Life Satisfaction Index, and V. Zhmurov's method for the differential diagnosis of depressive states. Correlation analysis was used for statistical data processing.

The results demonstrated that a significant proportion of participants exhibited low or threshold levels of stress resilience, along with moderate to high levels of depressive symptoms. Depression among young adults showed statistically significant inverse correlations with indicators such as goal consistency, congruence between set and achieved goals, and overall life satisfaction. Higher levels of depressive symptoms were associated with lower subjective psychological well-being and reduced adaptive resources.

The findings confirm the necessity of early psychodiagnosis of depressive manifestations and stress resilience in student populations, as well as the development and implementation of preventive and corrective programs within psychological support systems in higher education institutions.

Key words: stress resilience, depression, young adulthood, psychological adaptation, stress, mental health.

У статті подано емпіричне дослідження особливостей депресивності й стресостійкості осіб юнацького віку в умовах підвищеної соціальної та психологічної напруженості. Актуальність роботи зумовлена зростанням стресових впливів і депресивних проявів серед молоді в умовах сучасного нестабільного соціального середовища, у тому числі в контексті військових подій, що суттєво впливає на психічне здоров'я, адаптаційні можливості та якість життя особистості. Метою дослідження стало виявлення взаємозв'язку між рівнем депресивних станів і показниками стресостійкості в осіб юнацького віку. Об'єктом дослідження є індивідуально-психологічні особливості особистості, предметом – особливості депресивності й стресостійкості молоді.

У дослідженні взяли участь 40 піддослідних віком від 18 до 23 років (20 чоловіків і 20 жінок). Для реалізації поставленої мети використовувався комплекс психодіагностичних методик: шкала стресостійкості Холмса та Ранге, методика «Індекс життєвої задоволеності» й методика диференціальної діагностики депресивних станів В. Жмурова. Для обробки даних застосовувався кореляційний аналіз.

Результати дослідження показали, що в значній частині випробовуваних виявлено низький і пороговий рівні стресостійкості, а також середні й високі показники депресивних станів. Установлено, що депресивність в осіб юнацького віку має статистично значущий зворотний зв'язок із такими показниками, як послідовність у досягненні цілей, узгодженість між поставленими та досягнутими цілями, а також загальний індекс життєвої задоволеності. Чим вища вираженість депресивного стану, тим нижчий рівень суб'єктивного психологічного добробуту й адаптаційних ресурсів особистості.

Отримані дані підтверджують необхідність ранньої психодіагностики депресивних проявів і рівня стресостійкості в студентів, а також розробки й впровадження профілактичних і корекційних програм у системі психологічного супроводу молоді в закладах вищої освіти.

Ключові слова: стресостійкість, депресивність, юнацький вік, психологічна адаптація, стрес, психічне здоров'я.

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Stable behavior under stress ("stress resilience") is a key psychological factor in ensuring the reliability, effectiveness, and success of professional activities, both individual and collaborative. Stress resilience is essential for maintaining normal performance, effective interaction with others, and inner harmony in difficult, stressful situations. In the context of the war with Russia, the issue of depressive disorders and stress resilience to adverse living conditions remains relevant and is linked not only to an individual's professional activities but also to their personal lives and interpersonal relationships.

Along with stress resilience, modern science uses various terms to describe the ability to maintain an adequate mental state and perform effectively under

extreme conditions, including "personal resilience", "mental fortitude", "neuropsychic resilience", "moral and psychological resilience", and "emotional resilience". Thus, as we see, scientists have not reached a consensus on what constitutes stress resilience.

All of the above-mentioned types of resilience have specificity, but they are based on two key components: firstly, the individual's ability to maintain an optimal mental state when exposed to negative factors and, secondly, the ability to maintain optimal performance and efficiency in stressful situations.

Depression is a common and serious medical condition that negatively impacts a person's well-being, thoughts, and actions. Statistics show that depression affects one in 15 adults, and one in six people

experiences depression at some point in their lives. Depression can occur at any time, but on average first appears in late adolescence.

According to modern research, various stress factors are among the main factors contributing to the growth of depressive disorders. In the genesis of the neurotic level, a leading role is attributed to unfavorable environmental factors and individual personal vulnerability (O. Kokun, T. Titarenko, M. Korolchuk, V. Kraynyuk, O. Kravtsova) [1; 2; 3; 4; 5].

According to modern concepts, stress is a state of the human body that, on the one hand, affects the body's ability to adapt to environmental influences. On the other, it is a factor that contributes to disruption of psychological adaptation and affects the psychophysiological, psychological, and sociopsychological levels of regulation. The problem of stress is more relevant today than ever. We experience it every day, sometimes more than once. War, explosions, the destruction of cities, uncertainty about the future, etc. lead to stress, and stress affects the nervous, cardiovascular, and immune systems.

In the context of stress resistance research, outstanding scientists R. Lazarus and S. Folkman, R. McCrae, R. Costa, A. Billings, R. Mus [6; 7; 8] and others have been analyzing, for a long time, primarily individual methods of overcoming stress.

The greatest difficulty in studying stress lies in the vagueness of the concept. Researchers use different definitions of stress depending on their field of study and the underlying assumptions underlying their research. This ambiguity in understanding stress leads to differences in views on the nature of certain mental phenomena, divergent interpretations of the phenomena under study, inconsistent data, a lack of strict criteria for their interpretation, the use of inappropriate research methods, and so on.

The aim of the study is to investigate and identify the relationship between depression and stress resistance in adolescents.

The object of our research Individual psychological characteristics of the personality were identified.

Subject of research – features of depression and stress resistance in adolescents.

To achieve the study's objectives, we used the Holmes and Range stress resilience assessment method, the Life Satisfaction Index, and Zhmurov's differential diagnosis of depressive states. The mathematical method for processing the results was correlation analysis.

To conduct the study, a package of psychodiagnostic methods was prepared and administered to the subjects for testing. The results of the psychodiagnostic methods were then collected and processed according to the test key. A total of 40 people aged 18 to 23 participated in the study, including 20 women and 20 men.

To study the characteristics of stress resistance, we used the method of identifying stress resistance (Holmes and Range) and the Life Satisfaction Index method.

We used the Holmes and Range stress resilience assessment method to examine the stress resilience and social adaptation of young adults. After receiving all the participants' questionnaires, we processed them using the test key. Based on the results, we calculated the average group stress resilience scores for the young men.

Analyzing the diagnostic results obtained using the Holmes and Range stress resistance assessment method, we conclude that:

22.5% of subjects demonstrated a fairly high level of stress resistance, 20% demonstrated high stress levels, 25% demonstrated threshold stress resistance, and 32.5% demonstrated low stress resistance. Therefore, we conclude that the majority of adolescent subjects demonstrated low stress resistance.

Stress is a discrepancy between our individual needs and capabilities. When this "pressure" imbalance occurs, a person experiences stress.

High levels of stress reflect maladaptation, mental discomfort and the need to introduce a wide range of methods aimed at reducing neuropsychic tension, psychological relief, and changing thinking style and lifestyle.

The threshold resistance to stress represents the middle ground between maladaptation and mental discomfort, and adaptation to the workload.

Low stress levels indicate that the individual has adapted to the workload.

It's important to note that prolonged stress prevents the body from returning to a normal state. This leads to increased blood pressure and heart rate, cardiovascular disorders can develop, a person becomes more susceptible to infections, and fears, sleep disturbances, burnout, and depression develop. Every cell evaluates its environment and responds with stress if the information received is perceived as dangerous or alarming. Thus, the stress response can be triggered "from within" and affect the entire body. Any activity, regardless of its focus or nature, will be significantly more effective with a high level of stress resilience.

Next, we used the "Life Satisfaction Index" method to examine the general psychological state, psychological well-being, and social and psychological adaptation of adolescents. As with the first method, the protocols received from the subjects were processed according to the methodology key, resulting in the calculation of average group scores for psychological and social well-being among the adolescent subjects.

Analyzing the indicators of psychological and social comfort, we see that:

According to the "life satisfaction index" scale, high levels were found in 20% of adolescent subjects, while 40% had medium or low levels. This means that the majority of subjects had medium or low levels of psychological comfort and socio-psychological adaptability.

– on the "interest in life" scale, the results indicate that a high level is expressed by 52.5% of the subjects, an average level by 25%, and a low level by 22.5%, therefore, it can be said that the majority of the

adolescent subjects are enthusiastic about ordinary everyday life.

- on the “consistency in goal achievement” scale, 42.5% of respondents rated themselves at a high level, 55% at a medium level, and 2.5% at a low level. This suggests that the majority of respondents set goals for themselves and pursue them purposefully and consistently.

- on the “consistency of goals and achievements” scale, 30% of respondents rated high, 37.5% average, and 32.5% low. This means that most respondents are not always confident that they are capable of achieving a goal that is meaningful to them.

- according to the “positive self-assessment” scale, 75% of respondents rated themselves at a high level, 20% at a medium level, and 5% at a low level. The majority of respondents who participated in our study had high self-esteem.

- on the scale of “general background, mood”, a high level was expressed by 42.5% of respondents, an average level by 32.5%, and a low level by 25%, which indicates that the majority of young respondents are generally satisfied with their standard of living.

Depression is a mood disorder that causes persistent sadness and loss of interest. In its mildest form, depression can simply mean a low mood. This doesn't interfere with normal life, but it does make everything more difficult and seem less meaningful. In its most severe form, depression can be life-threatening, as it can lead to suicidal thoughts.

Not all cases of depression are created equal. Those suffering from depression may experience various symptoms of varying intensity over varying periods of time. Depending on the severity of symptoms and their duration, depression can be divided into different severity groups.

To study depressive states in adolescents, we conducted a differential diagnosis of depressive states

using Zhmurov's method. Based on the individual results, we calculated average group scores for each scale, which are presented in Figure 1.

Analyzing the indicators of the depressive state of the subjects using the method of differential diagnostics of depressive states by Zhmurov, we conclude that:

12.5% of the subjects did not have depression and the same number had a mild level of depression, 17.5% had a minimal level of depression, 15% had a moderate level of depression, 32.5% had severe depression and 10% had a deep level of depression.

While depression is typically thought of as feeling sad or “down” over a long period of time, symptoms of depression can vary. Symptoms include:

- constantly feeling sad, empty, or hopeless;
- changes in appetite not related to diet goals, such as eating too little or too much;
- changes in sleep patterns, which can range from insomnia to excessive sleeping;
- feeling tired or lacking energy;
- loss of interest or loss of pleasure in usual hobbies;
- feeling restless, irritable, or frustrated, even over minor problems;
- problems with concentration or remembering information;
- feeling of guilt, insignificance;
- Frequent thoughts of death or suicide. This can range from statements like “I wish I were dead” to making plans to end one's life.

A person experiencing mild depression may experience one or more of the symptoms listed above for a few days or weeks, which are noticeable but not severe enough to interfere with daily life. Although the subtle nature of symptoms can make mild depression difficult to identify, mild depression is treatable, as it can often be managed through lifestyle changes, such as exercise, meditation, and active hobbies.

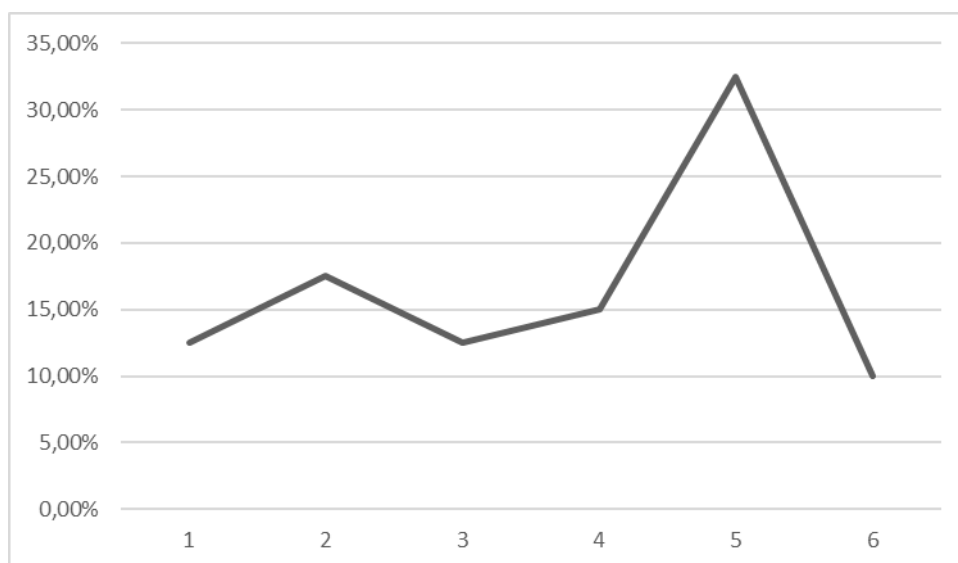


Fig. 1. Indicators of depressive state of adolescent subjects

Note: no or mild depression – 1; minimal depression – 2; mild depression – 3; moderate depression – 4; severe depression – 5; severe depression – 6.

People with moderate depression may experience more symptoms than those with mild depression, and with greater severity. Some symptoms may be severe enough to interfere with daily life and impact relationships. Moderate depression can be effectively treated with professional help in addition to lifestyle changes.

People experiencing severe depression may experience many very severe symptoms, often for six months or more. This level of severity can lead to significant disruption in social relationships, particularly at work and in relationships, which, in turn, can exacerbate some symptoms and lead to problems with self-esteem. People experiencing severe depression are more likely to have thoughts of self-harm or suicide. Treatment for severe depression requires professional help from a psychotherapist or psychiatrist.

To identify the relationship between depressive states and stress resistance in adolescent subjects, a correlation analysis was conducted using the methods used (the Holmes and Range stress resistance assessment method, the Life Satisfaction Index method, and Zhmurov's differential diagnosis of depressive states). The results of the correlation analysis are presented in Table 1.

Table 1

The relationship between depressive state and stress resistance in adolescent subjects

	Depressive state
Stress resistance	-0.398
Interest in life	-0.079
Consistency in achieving goals	-0.279*
Consistency between goals set and achieved	-0.651**
Positive assessment of oneself and one's own actions	-0.08
General mood background	0.111
Overall life satisfaction index score	-0.629**

Note: * – $p \leq 0.01$, ** – $p \leq 0.05$.

Analyzing the results of the correlation analysis presented in Table 1, we conclude that:

- an inverse correlation was found between consistency in goal achievement and depressive state ($r = -0.279$ at $p < 0.01$). That is, the greater the depressive state, the lower the level of consistency in goal achievement and vice versa, the lower the level of consistency in goal achievement, the more pronounced the depressive state of the subjects;

- an inverse correlation was also found between the consistency of goals set and achieved and the depressive state of the subjects ($r = -0.651$ at $p < 0.05$). That is, the more pronounced the depressive state, the lower the level of consistency of goals set and achieved, and vice versa, the lower the level of consistency of goals set and achieved, the higher the level of depressive state of the subjects;

- an inverse correlation was found between overall life satisfaction index and the depressive state of the subjects ($r = -0.629$ at $p < 0.05$). That is, the more pronounced the depressive state, the lower the level

life satisfaction index and vice versa, the lower the level of life satisfaction index, the more pronounced the depressive state subjects.

It can be concluded that in adolescent subjects, depressive state is associated with such indicators as consistency in achieving goals, agreement between set and achieved goals, and the overall life satisfaction index.

In our work, we defined stress resilience as a complex human trait that determines the necessary degree of adaptation to the impact of extreme external and internal conditions during life, which is determined by a certain level of activation of an individual's mental and physical resources. This is reflected in indicators of their performance and functional state. The structure of stress resilience consists of emotional, intellectual, and volitional components. The development of stress resilience is an acquired trait.

Depression is a complex condition that affects multiple body systems. There is no single known cause of depression. Rather, it likely results from a combination of genetic, biological, environmental, and psychological factors. A study of stress resistance in adolescents showed that 22.5% of subjects demonstrated a fairly high ability to resist stress, 20% demonstrated a high level of stress, 25% had a threshold resistance to stress, and 32.5% demonstrated a low level of resistance to stress.

According to the data of the "Life Satisfaction Index" methodology, it can be stated that: according to the "life satisfaction index" scale, a high level is expressed by 20% of young people, average and low levels in 40%; according to the "interest in life" scale, a high level is expressed by 52.5% of young people, average – 25% and low – 22.5%; according to the "consistency in achieving goals" scale, a high level is expressed by 42.5% of respondents, average – 55% and low – 2.5%; according to the "consistency of goals and achievements" scale, a high level is expressed by 30% of young people, average – 37.5% and low level – 32.5%; According to the "positive self-assessment" scale, a high level was expressed in 75% of subjects, an average level in 20%, and a low level in 5%; and according to the "general background, mood" scale, a high level was expressed in 42.5% of subjects, an average level in 32.5%, and a low level in 25%.

According to the results of differential diagnostics of depressive states by Zhmurov, it can be stated that: 12.5% of the adolescent subjects do not have depression and have a mild level of depression, 17.5% have a minimal level of depression, 15% have a moderate level of depression, 32.5% have severe depression, and 10% have a deep level of depression.

The results of the correlation analysis revealed that in young people, depressive states are associated with such indicators as consistency in achieving goals, consistency between set and achieved goals, and the overall life satisfaction index.

The results of the study demonstrate the need for practical psychologists working in higher education institutions to use measures for psychodiagnostics of the tendency or likelihood of depressive states in students, with subsequent correction and prevention.

BIBLIOGRAPHY:

1. Корольчук В.М. Психологія стресостійкості особистості : дис. ... докт. психолог. наук / Інститут психології ім. Г.С. Костюка. Київ, 2009. 520 с.
2. Кокур О.М. Психологія професійного становлення сучасного фахівця : монографія. Київ : ДП «Інформ.–аналіт. агентство, 2012. 200 с.
3. Крайнюк В.М. Психологія стресостійкості особистості : монографія. Київ : Ніка Центр, 2007. 432 с.
4. Кравцова О. Стресостійкість особистості як психологічний феномен : основні теоретичні підходи. *Вісник післядипломної освіти. Серія «Соціальні та поведінкові науки»*. 2022. Вип. 7(36). URL: http://nbuv.gov.ua/UJRN/vispdoso_2019_7_10.
5. Слободяник Н.В. Стресостійкість як психологічний ресурс особистості в ситуації змін. *Вчені записки ТНУ імені В.І. Вернадського. Серія «Психологія»*. 2024. Т. 35 (74). № 4. С. 91–95. <https://doi.org/10.32782/2709-3093/2024.4/145>.
6. Bonner R.L., Rich A.R. Psychosocial vulnerability, life stress, and suicide ideation in a jail population: a cross-validation study. *Suicide Life-Threat*. 2014. V. 20. № 3. P. 256–270.
7. Lazarus R.S., Folkman S. Stress, appraisal and coping. N.Y. : Springer, 1994. 466 p.
8. Maddi S.R., Kobasa S.C. The hardy executive: health under stress. Pacific Grove, CA, 2004. 456.

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