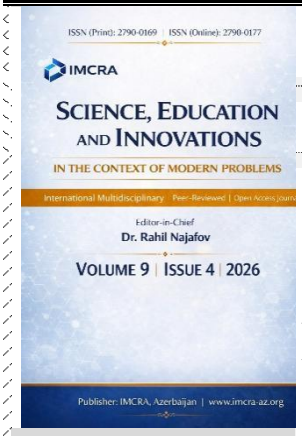

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RESEARCH ARTICLE

A Multidimensional Analysis of Depression Among University Students: Examining Academic Stress, Socio-Psychological Determinants, and Mental Health Outcomes in Higher Education

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Keywords Depression; University students; Academic stress; Mental health; Anxiety; Psychological distress; Student well-being; Examination stress; Socio-psychological factors; Subclinical depression; Stress management; Higher education; Emotional resilience; Psychosomatic symptoms; Behavioral responses.

Abstract

The increasing prevalence of depression among university students has become a critical global concern, particularly in the context of rising academic demands and socio-psychological pressures. This study presents a multidimensional analysis of depression among students at University of Tabriz, examining the interplay between academic stress, socio-psychological determinants, and mental health outcomes within higher education. A mixed-methods research design was employed, combining quantitative and qualitative approaches to ensure comprehensive analysis. Data were collected from a sample of 120–220 students using standardized psychometric instruments, including the Zung Self-Rating Depression Scale, Taylor Manifest Anxiety Scale, and structured questionnaires assessing stress factors and coping behaviors. Comparative analysis was conducted to evaluate changes in psychological states before and during examination periods. The findings reveal a significant increase in anxiety and subclinical depressive symptoms during examination periods, with the proportion of students experiencing no depression decreasing markedly, while subdepressive conditions and high anxiety levels rise substantially. The study also identifies a high prevalence of hidden or unreported depressive states, indicating that a considerable number of students remain psychologically vulnerable without formal diagnosis. Key contributing factors include academic workload, uncertainty about future prospects, financial difficulties, social adaptation challenges, and limited awareness of effective stress management strategies. Furthermore, the results demonstrate a strong relationship between psychological stress and psychosomatic symptoms, highlighting the applicability of the biopsychosocial model in understanding student mental health. Gender and academic-level differences were also observed, suggesting that prolonged exposure to academic stress increases vulnerability over time. The study contributes to the existing literature by providing empirical evidence from a regional context and by integrating psychological, educational, and social dimensions into a unified analytical framework. The findings underscore the importance of early detection, mental health awareness, and the implementation of institutional support systems, including counseling services and stress management programs. In conclusion, addressing depression among university students requires a comprehensive and multidisciplinary approach that combines educational reform, psychological intervention, and preventive strategies to enhance student well-being and academic performance.

Citation
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Introduction

The growing prevalence of depression and stress-related disorders among university students has emerged as a critical concern in contemporary psychological, educational, and public health research. In recent decades, a substantial body of empirical evidence has demonstrated that students represent one of the most vulnerable social groups with respect to mental health challenges, particularly during the transition from adolescence to early adulthood. This developmental stage is characterized by identity formation, increased autonomy, and exposure to new academic and social demands, all of which contribute to heightened psychological vulnerability (Erik Erikson, 1968; Arnett, 2000).

Depression among students is a complex and multidimensional phenomenon that encompasses emotional, cognitive, behavioral, and physiological components. From a clinical perspective, depressive disorders are not limited to mood disturbances but also involve impairments in concentration, motivation, decision-making, and interpersonal functioning (Aaron T. Beck, 1967; American Psychiatric Association, 2013). These impairments can significantly affect academic performance, social integration, and long-term life outcomes.

Higher education environments represent a unique context in which multiple stressors converge. Academic workload, examination pressure, time constraints, and performance expectations interact with personal and social challenges, creating conditions that may trigger or exacerbate depressive symptoms. According to the diathesis–stress model, psychological disorders arise from the interaction between individual vulnerability and environmental stressors, suggesting that academic stress can activate latent predispositions to depression (Monroe & Simons, 1991; George L. Engel, 1977).

Furthermore, global epidemiological data indicate that depression is one of the leading causes of disability among young people worldwide, with university students demonstrating particularly high prevalence rates (World Health Organization, 2020; Ibrahim et al., 2013). Subclinical and hidden forms of depression are especially widespread in student populations, often remaining undetected while significantly impairing academic functioning and quality of life (Beiter et al., 2015).

Within this context, the case of students at University of Tabriz provides an important empirical setting for examining the interaction between socio-psychological factors, academic stress, and mental health vulnerabilities. Understanding these dynamics is essential for developing effective prevention strategies, improving educational outcomes, and promoting student well-being.

Scientific Novelty

The scientific novelty of the present study lies in its comprehensive and integrative approach to analyzing depression among university students within a specific regional and socio-cultural context. Unlike many existing studies that focus primarily on either psychological or educational aspects, this research combines socio-psychological, academic, and environmental dimensions into a unified analytical framework.

First, the study provides one of the few empirically grounded investigations of depression among students at University of Tabriz, thereby contributing original data to a relatively underexplored geographical and institutional context. This regional focus allows for a more nuanced understanding of how cultural, social, and educational factors interact to influence mental health outcomes.

Second, the research introduces a multidimensional analytical model that simultaneously examines stress, depression, and anxiety dynamics across different academic periods, particularly emphasizing the role of examination-related stress. By integrating psychodiagnostic tools such as the Zung Depression Scale, Taylor Anxiety Scale, and observational methods, the study offers a more holistic assessment of students' psychological states.

Third, the study highlights the high prevalence of subclinical and hidden depressive conditions, which are often overlooked in traditional research. By identifying these latent forms of depression, the research underscores the importance of early detection and preventive intervention strategies.

Fourth, the research establishes a direct link between academic stressors and psychophysiological responses, demonstrating how educational environments contribute not only to psychological distress but also to physical health symptoms. This finding supports the applicability of the biopsychosocial model in understanding student mental health.

Finally, the study proposes practical and evidence-based recommendations for improving mental health outcomes in higher education settings, including the integration of pedagogical and psychological interventions, thereby bridging the gap between theory and practice.

Research Methodology

The present study adopts a mixed-methods research design combining quantitative and qualitative approaches to ensure a comprehensive analysis of depression and stress among university students.

Research Design and Approach

The study is grounded in a biopsychosocial and interdisciplinary framework, integrating perspectives from psychology, education, and sociology. This approach enables the examination of mental health as a product of interacting biological, psychological, and social factors (Engel, 1977).

Sample and Participants

The empirical component of the study was conducted among students of University of Tabriz. The research sample consisted of approximately 120–220 students from different academic years and fields of study. Participants were selected using a non-random (convenience) sampling method, ensuring representation across gender, academic level, and socio-demographic backgrounds.

Data Collection Methods

Data were collected using a combination of standardized psychodiagnostic instruments and observational techniques:

- Zung Self-Rating Depression Scale – to assess levels of depression before and during examination periods
- Taylor Manifest Anxiety Scale – to measure anxiety levels across different academic stages
- Children's Depression Inventory (CDI) – to identify depressive tendencies and subclinical conditions
- Structured questionnaires and surveys – to evaluate stress factors, lifestyle patterns, and coping mechanisms
- Observational methods – to analyze behavioral and emotional responses in academic settings

Data Analysis

Quantitative data were analyzed using descriptive and comparative statistical methods, including percentage distribution, cross-tabulation, and trend analysis. The comparison of pre-examination and examination-period data allowed for the identification of dynamic changes in psychological states.

Qualitative data were analyzed through thematic and interpretative analysis, focusing on identifying recurring patterns in students' experiences, perceptions, and coping strategies.

Validity and Reliability

To ensure the reliability and validity of the findings:

- Standardized and widely validated psychometric instruments were used
- Data triangulation was applied by combining multiple methods
- Results were cross-checked against existing literature and theoretical frameworks

Discussion

The findings of the present study provide substantial evidence that stress and depression among students at University of Tabriz constitute complex, multidimensional phenomena shaped by the interaction of academic, social, and psychological factors. The empirical results demonstrate that examination periods represent a critical stressor, significantly increasing levels of anxiety, subclinical depression, and psychosomatic symptoms. This pattern is consistent with previous research indicating that academic pressure is one of the strongest predictors of psychological distress among university students (Misra & McKean, 2000; Regehr et al., 2013).

A particularly important finding is the high prevalence of subclinical and concealed depressive states. Although a relatively small proportion of students meet the criteria for clinically diagnosed depression, a much larger group exhibits early or hidden symptoms. This aligns with contemporary literature emphasizing the widespread presence of subthreshold depression in student populations, which often remains undetected yet significantly affects academic performance and quality of life (Beiter et al., 2015; Ibrahim et al., 2013). The existence of such latent conditions highlights the importance of early identification and preventive interventions.

The results further reveal notable differences across demographic and contextual variables. Higher levels of depression among female students and senior students suggest that prolonged exposure to academic stress, combined with social and psychological pressures, increases vulnerability over time. These findings are consistent with global epidemiological studies indicating that both gender-related factors and cumulative stress exposure contribute to mental health disparities (Susan Nolen-Hoeksema, 2001; Auerbach et al., 2016).

Another critical dimension highlighted in the study is the role of lifestyle and awareness. The data indicate that a significant proportion of students lack sufficient knowledge regarding stress management and healthy coping strategies. This deficiency contributes to maladaptive responses, including reliance on ineffective or potentially harmful methods such as sedative use. Such behaviors are widely recognized in the literature as risk factors for worsening mental health outcomes and the development of dependency (Gulliver et al., 2010).

The findings also underscore the importance of the educational environment and pedagogical practices. The artificial separation between teaching and educational (developmental) methods appears to limit the effectiveness of interventions aimed at reducing student stress. In contrast, integrated pedagogical approaches—combining academic instruction with

emotional and social development—create a more supportive learning environment that enhances resilience and reduces psychological strain (Biggs & Tang, 2011).

Furthermore, the results support the applicability of the biopsychosocial model in understanding student mental health. Biological predisposition, psychological vulnerability, and environmental stressors interact dynamically, producing a wide spectrum of emotional and behavioral outcomes (George L. Engel, 1977). In this context, academic stress functions as a primary triggering factor, while individual coping capacity and social support determine the severity and persistence of symptoms.

From a broader perspective, the findings reflect ongoing societal transformations, including modernization, technological advancement, and changing social structures. These changes contribute to increased individualization and social isolation, creating conditions that facilitate the development of depression (World Health Organization, 2020). The cyclical relationship between depression and social withdrawal further exacerbates the problem, leading to a self-reinforcing pattern of psychological decline.

Overall, the study confirms that student mental health cannot be addressed through isolated interventions. Instead, it requires a comprehensive, system-oriented approach that integrates educational reforms, psychological support, and social policy measures.

Psychiatric and Psychosocial Disorders Among University Students: Epidemiological Patterns, Risk Behaviors, and Clinical Manifestations

A growing body of clinical and epidemiological research indicates that university students constitute a highly vulnerable population with respect to mental health disorders, particularly those of an exogenous-organic and neuropsychological nature. Evidence from selective and clinical-epidemiological studies suggests that non-psychotic exogenous-organic disorders account for a substantial proportion of neuropsychiatric conditions among students, reaching up to 44% of cases, while non-psychotic disturbances represent nearly 78% of the overall psychiatric structure (). These disorders are frequently manifested through neurotic-like and psychopathy-like clinical symptoms, often presenting in asthenic, explosive, and hypothalamic syndromes, which significantly impair students' adaptive functioning and academic performance (Kupfer et al., 2012; Ibrahim et al., 2013).

The global significance of student mental health has been widely recognized by the World Health Organization, which has highlighted university populations as a critical focus of psychiatric epidemiology. Longitudinal studies conducted in university settings, particularly in the United States, demonstrate that even students who initially present without psychiatric or somatic conditions may develop mental health disorders over time. For instance, cohort studies tracking students over extended periods have identified lifetime prevalence rates of alcohol dependence reaching approximately 14% and severe depressive disorders around 6%, even among initially healthy individuals (Auerbach et al., 2016; Eisenberg et al., 2009).

A notable challenge in addressing student mental health lies in the high prevalence of subclinical and masked forms of depression. These forms often remain undiagnosed due to their atypical symptomatology and the lack of awareness among both patients and their social environment. Research indicates that up to 64% of depressive disorders in student populations may exist in subclinical or hidden forms, complicating early detection and intervention (Beiter et al., 2015). Furthermore, psychiatric disorders represent one of the leading causes of absenteeism and academic disruption among students, accounting for a significant proportion of missed classes and academic leave, often exceeding 30% in severe cases (Eisenberg et al., 2009).

Epidemiological data further reveal that affective disorders, including depression, are highly prevalent among students, with rates ranging between 20% and 30%. Alarmingly, suicidal ideation appears to be significantly higher among young individuals compared to other age groups, underscoring the severity of mental health challenges in this population (Auerbach et al., 2016; Thapar et al., 2012). These findings are consistent with broader global trends indicating that depression is one of the leading causes of disability among young people worldwide (World Health Organization, 2020).

The increasing attention of medical, psychological, and sociological disciplines to student health reflects the critical role that this population plays in societal development. The demanding academic environment, characterized by intense cognitive нагрузка, time pressure, and performance expectations, imposes significant stress on students' psychological resilience. These stressors often lead to neurotic disturbances, psychological conflicts, and, in many cases, the adoption of maladaptive coping strategies, including the use of psychoactive substances (Misra & McKean, 2000; Regehr et al., 2013).

Substance use represents a major risk factor associated with student mental health. Research indicates that alcohol consumption is particularly prevalent, with rates exceeding 80% among university populations, followed by tobacco use, cannabis, and other substances (Davoren et al., 2016). The initiation of substance use typically occurs during adolescence or early adulthood, often before the age of 23, and is strongly associated with environmental influences, family history, and ineffective stress-coping mechanisms (Kendler et al., 2006).

The relationship between substance use and mental health disorders is well established, with depression, antisocial behavior, and personality disorders frequently co-occurring among individuals who engage in substance abuse (Swendsen & Merikangas, 2000). Retrospective studies have identified characteristic personality traits among individuals with substance dependence, including impulsivity, anxiety, narcissism, and emotional instability, which further exacerbate vulnerability to psychiatric disorders.

In addition to substance use, smoking remains a widespread behavior among university students and is strongly associated with socioeconomic status, academic performance, and family environment. Studies have shown that students from lower socioeconomic backgrounds and those with family members who smoke are significantly more likely to adopt smoking behaviors (World Health Organization, 2019). Moreover, smoking prevalence tends to increase throughout the course of university education, reflecting both social influence and cumulative stress exposure.

Despite the high prevalence of psychiatric disorders and risk behaviors, significant barriers exist in accessing mental health care among students. Psychological stigma, lack of awareness, and reluctance to seek professional help contribute to the underutilization of psychiatric services. Even in cases of severe psychological distress, many students prefer self-medication or avoid seeking specialized care, which further complicates treatment outcomes (Gulliver et al., 2010).

Clinical manifestations of depression among students are often complex and heterogeneous, encompassing a wide range of affective, cognitive, and somatic symptoms. Subdepressive states, in particular, are characterized by polymorphic psychopathological presentations, including emotional instability, somatic complaints, cognitive impairment, and vegetative dysfunction. These conditions frequently go unrecognized due to their subtle and atypical nature, yet they play a significant role in academic maladaptation and reduced performance (Kupfer et al., 2012).

Empirical findings from the present study conducted among students at University of Tabriz further support the critical role of psychological trauma and environmental stressors in the development of depression. A substantial proportion of students reported experiencing significant life stressors, including illness, loss of close relatives, and exposure to various forms of violence. Emotional violence was reported by approximately 37% of participants, while sexual and physical violence were also notable, indicating the profound impact of traumatic experiences on students' psychological well-being.

These findings highlight the importance of adopting a comprehensive approach to student mental health, focusing on early identification, preventive interventions, and the development of adaptive coping strategies. Understanding the interplay between individual resilience, environmental stressors, and social support systems is essential for designing effective mental health programs within university settings.

Psychosocial Stressors, Traumatic Experiences, and Educational Challenges Among University Students

The analysis of psychosocial stressors and their impact on university students reveals a complex interplay between individual vulnerability, environmental adversity, and institutional conditions. Empirical findings indicate that a substantial proportion of students are exposed to significant psychological stressors originating from family environments, traumatic life events, and broader socio-economic challenges. Notably, approximately one-third of students report being negatively affected by family members suffering from psychiatric conditions such as depression or schizophrenia, as well as exposure to physical trauma (). These findings are consistent with existing literature emphasizing the role of family-related stressors and adverse childhood experiences in increasing susceptibility to depression and anxiety disorders (Felitti et al., 1998; Goodman & Gotlib, 1999).

In addition to familial influences, exposure to external stressors such as natural disasters and economic hardship further exacerbates psychological vulnerability. Approximately 20% of students report experiencing the consequences of natural or environmental disasters, while economic difficulties significantly impact around 12% of the student population, often leading to chronic stress and emotional instability. Socioeconomic stress has been widely identified as a major determinant of mental health outcomes, particularly among young adults who are simultaneously navigating academic responsibilities and financial constraints (Conger et al., 2010; Lund et al., 2010).

Among the most psychologically impactful experiences are the illness or death of close relatives, which often produce long-lasting emotional distress. Research consistently shows that bereavement and caregiving stress are strongly associated with depressive symptoms, especially among young individuals who lack adequate coping mechanisms (Stroebe et al., 2007). Furthermore, students frequently report experiencing greater emotional distress in response to family-related difficulties than to their own personal health issues, highlighting the central role of interpersonal relationships in shaping psychological well-being.

Exposure to violence, particularly emotional abuse, represents another critical risk factor. Emotional violence—including humiliation, verbal abuse, and psychological degradation—has been shown to produce enduring psychological trauma, often more severe than that resulting from isolated physical violence (Teicher & Samson, 2016). While physical violence perpetrated by strangers may have relatively short-term psychological effects, repeated emotional abuse within close relationships tends to have long-lasting consequences, including increased risk of depression, anxiety, and post-traumatic stress disorder (PTSD).

The findings further indicate that academic environments themselves constitute significant sources of stress. The educational process imposes both objective and subjective demands on students. Objective factors include long academic hours, high cognitive workload, insufficient breaks between classes, and participation in extracurricular or social activities. Subjective factors, on the other hand, involve individual characteristics such as time management skills, motivation, discipline, lifestyle habits, and the presence of maladaptive behaviors such as substance use or irregular routines (Misra & McKean, 2000; Regehr et al., 2013).

The increasing prevalence of neurotic disorders among students reflects the cumulative effect of these stressors. Contemporary research suggests that modern lifestyles characterized by high levels of psychological pressure contribute to the emergence of

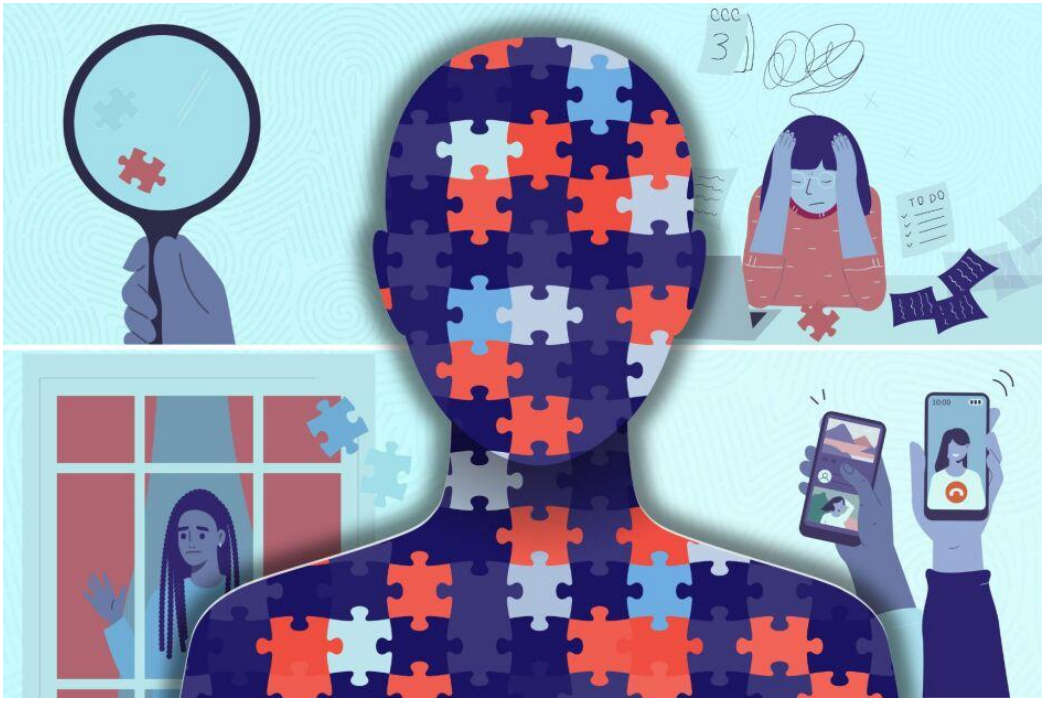
psychogenic disorders, including anxiety, depression, and stress-related conditions (Ibrahim et al., 2013). Interpersonal conflicts, social isolation, fear-inducing experiences, and chronic exposure to negative events further intensify these conditions, often leading to maladaptive coping strategies and emotional dysregulation.

University students represent a distinct social group defined by specific developmental, occupational, and lifestyle characteristics. This group is particularly vulnerable to health-related risks due to the transitional nature of student life and the high demands placed on cognitive and emotional resources. The lack of sufficient psychological resilience, combined with elevated levels of anxiety and fear, frequently results in neurotic reactions and reduced adaptive capacity (Arnett, 2000).

The role of institutional and educational frameworks must also be considered in understanding student mental health. In the context of the Islamic Republic of Iran, the educational system is structured around a combination of academic, moral, cultural, and social objectives. These include the promotion of economic independence, moral development, scientific advancement, and cultural identity. While such frameworks aim to foster holistic development, they may also impose additional psychological pressure on students, particularly when expectations related to academic achievement, ethical conduct, and social participation are not adequately balanced with individual well-being (UNESCO, 2021).

Moreover, the increasing complexity of educational demands necessitates a greater focus on preventive mental health strategies. The early identification of neurotic reactions and the implementation of diagnostic and preventive measures are essential for reducing the incidence of psychological disorders among students. Preventive interventions, including counseling services, stress management programs, and psychoeducational initiatives, have been shown to significantly improve mental health outcomes in university populations (Eisenberg et al., 2009; Gulliver et al., 2010).

Another critical aspect of student mental health is the role of traumatic experiences and their long-term psychological consequences. Empirical findings from the present study conducted among students at University of Tabriz indicate that exposure to traumatic events—such as illness, loss, and various forms of violence—plays a central role in the development of depression and stress-related disorders. The relationship between traumatic experiences and psychological outcomes is mediated by both objective and subjective factors, including individual coping capacity, emotional resilience, and the availability of social support (Bonanno, 2004).



Pic.1. Source: Illustration of student stress (Source: Pixabay).

These findings underscore the importance of adopting a comprehensive, biopsychosocial approach to student mental health. Such an approach recognizes that psychological well-being is not solely determined by individual factors but is also shaped by broader social, cultural, and institutional contexts. Understanding the interaction between these factors is essential for developing effective interventions aimed at enhancing students' adaptive capacity and promoting long-term mental health.

Educational System Development, Student Population Trends, and Stress-Related Outcomes Among University Students

The development of the educational system in the Islamic Republic of Iran reflects a long-term transformation shaped by socio-political, economic, and cultural factors. Historical data indicate that during the 1941–1942 academic year, a total of 2,744 schools operated nationwide, including 2,375 general schools, 286 specialized institutions, and 43 art schools (). Over subsequent decades, the expansion of educational infrastructure has been substantial, reflecting broader national strategies aimed at increasing literacy, improving human capital, and supporting socio-economic development (UNESCO, 2021).

By the late 2000s, the Iranian educational system had undergone significant growth, with more than 120,000 educational personnel, over 57,000 schools, and thousands of training institutions operating across different educational levels (). This expansion is consistent with global trends emphasizing the role of education as a fundamental driver of economic development and social integration (World Bank, 2020).

Table 1. Development of Educational Infrastructure in Iran

Indicator	Value
Total schools (1941–1942)	2,744
General schools	2,375
Specialized schools	286
Art schools	43
Total educational staff (2009–2010 approx.)	120,743
Total schools (modern period)	57,272
Training institutions	26,843
Higher education institutions	15,235
Secondary schools	5,184

Parallel to institutional expansion, student enrollment has also increased dramatically. While only 265,636 students were enrolled in educational institutions in the early 1940s, this number rose to several millions in the modern era, reflecting both demographic growth and policy-driven expansion of access to education.

Table 2. Distribution of Students Across Educational Levels in Iran

Educational Level	Number of Students
Preschool	448,196
Primary	5,600,724
Secondary	3,148,444
Total	**12,494,675**

The growth of the education system has been accompanied by a corresponding increase in human resources. The number of personnel employed in the education sector exceeds 800,000, encompassing teaching staff, administrative personnel, and managerial roles.

Table 3. Distribution of Educational Personnel

Category	Number of Personnel
Primary/preparatory education	209,024
Management	148,172
Secondary education staff	165,584
Administrative staff	298,624
Total	**821,409**

From a theoretical perspective, education can be conceptualized as a complex social system composed of interrelated subsystems, including cultural, economic, political, and technological components. According to systems theory, educational institutions do not operate in isolation but interact dynamically with broader societal structures, shaping and being shaped by social needs and transformations (Talcott Parsons, 1959; Niklas Luhmann, 1995).

Within the Iranian context, the educational system is guided by a combination of ideological, moral, scientific, and social objectives. These include the promotion of economic independence, ethical development, scientific innovation, and cultural

identity. While these objectives contribute to national development, they may also introduce additional pressures on students, particularly when academic expectations intersect with moral and social obligations (UNESCO, 2021).

Stress and Its Consequences Among University Students

University students are increasingly exposed to chronic stress resulting from academic demands, social adaptation, and personal challenges. Stress, while initially functioning as a biological defense mechanism, becomes detrimental when prolonged, leading to both psychological and physiological consequences (Hans Selye, 1956). Prolonged exposure to stress hormones has been shown to negatively affect cognitive performance, emotional stability, and overall health (McEwen, 2004).

Empirical findings from the present study conducted among students at University of Tabriz indicate that students experience multiple stressors simultaneously. These include academic workload, uncertainty about the future, financial difficulties, social adaptation challenges, and personal life problems. The dynamic nature of university life further intensifies these stressors, as students must continuously adapt to rapidly changing academic and social environments (Misra & McKean, 2000; Regehr et al., 2013).

Table 4. Main Causes of Stress Among Students (Scale: Max = 10)

No.	Stress Factor	Score
1	Heavy academic workload	4.4
2	Fear of the future	4.9
3	Lack of interest in studies / academic failure	4.7
4	Unclear or unengaging textbooks	3.7
5	Poor financial management	4.5
6	Strict or demanding instructors	5.4
7	Personal life problems	4.1
8	Irregular nutrition	4.9
9	Poor time management	4.1
10	Shyness / social anxiety	3.6
11	Excessive seriousness toward studies	3.2
12	Lack of learning materials	1.5
13	Living away from parents	5.3
14	Group conflicts	1.7
15	Difficulties in shared living conditions	1.5
16	Difficulties with non-core subjects	1.3

The findings demonstrate that academic and psychosocial stressors significantly impact students' health and performance. Chronic stress is associated with decreased productivity, emotional exhaustion, irritability, and reduced life satisfaction (Dyrbye et al., 2006). Moreover, students often adopt maladaptive coping strategies, including increased consumption of caffeine, alcohol, nicotine, and, in some cases, illicit substances (Davoren et al., 2016).

The consequences of prolonged stress are multifaceted and affect both physical and mental health. These include fatigue, headaches, gastrointestinal problems, sleep disturbances, cognitive impairment, and emotional instability. In severe cases, stress may lead to academic failure, social withdrawal, and the development of psychiatric disorders such as depression and anxiety (Ibrahim et al., 2013; Kupfer et al., 2012).

Empirical Analysis of Stress Symptoms, Depression Levels, and Anxiety Dynamics Among University Students

In the course of the present study conducted among students at University of Tabriz, particular attention was given to identifying the physical manifestations of stress and their relationship to depressive and anxiety-related conditions. The findings demonstrate that stress among university students is not only a psychological phenomenon but also manifests through a range of physiological symptoms, reflecting the complex interaction between emotional and somatic processes (McEwen, 2004; Dyrbye et al., 2006).

A survey conducted among 120 students revealed that stress is most frequently associated with cardiovascular, neurological, and psychosomatic symptoms. The prevalence of these symptoms indicates a high level of psychophysiological strain within the student population.

Table 5. Physical Symptoms of Stress Among Students

No.	Symptom	Percentage of Students (%)
1	Heart palpitations	86.7%
2	Headaches and bodily pain	73.4%
3	Difficulty breathing	53.4%
4	Dry mouth	40.0%
5	Tremors	33.4%
6	Other (insomnia, abdominal pain)	12.7%

The high prevalence of heart palpitations and headaches suggests that stress triggers significant autonomic nervous system responses, which may contribute to long-term health risks if left unaddressed (McEwen, 2004). These findings are consistent with previous research indicating that chronic stress in student populations is closely linked to psychosomatic disorders and reduced overall well-being (Ibrahim et al., 2013).

Prevalence and Intensity of Depression Among Students

The assessment of depressive symptoms was conducted using the Children's Depression Inventory (CDI) methodology developed by M. Kovacs. The results indicate that approximately 5% of students exhibit clinically identifiable depressive conditions. While nearly half of the participants reported no symptoms of depression, it is important to note that approximately 15% of students may conceal their psychological state or be unwilling to report depressive symptoms.

Additionally, around 30% of students demonstrated early signs of mood decline, suggesting the presence of subclinical or emerging depressive conditions. This highlights the importance of recognizing hidden or masked depression, which often remains undetected but may significantly impact students' psychological functioning (Beiter et al., 2015; Kupfer et al., 2012).

Depression Dynamics Before and During Examination Periods (Zung Scale)

To further investigate the impact of academic stress, the Zung Self-Rating Depression Scale was used to compare students' emotional states before and during examination sessions. The results demonstrate a substantial deterioration in mental health during examination periods.

Table 6. Depression Levels Before and During Examination Sessions

Course	Period	No Depression (%)	Mild Depression (%)	Subdepression (%)	Severe Depression (%)
1	Before exams	60%	23%	17%	0%
	During exams	17%	23%	50%	10%
2	Before exams	60%	25%	15%	0%
	During exams	11%	29%	53%	7%
3	Before exams	73%	19%	8%	0%
	During exams	15%	23%	54%	8%
4	Before exams	70%	15%	15%	0%
	During exams	11%	35%	50%	4%
Total	Before exams	**65%**	**21%**	**14%**	**0%**
	During exams	**13%**	**27%**	**52%**	**7%**

The data clearly indicate that while the majority of students experience a stable emotional state prior to examinations, this condition significantly deteriorates during examination periods. The proportion of students without depressive symptoms decreases dramatically from 65% to 13%, while subdepressive conditions increase to more than half of the student population. These findings underscore the critical role of academic stress as a major contributing factor to depressive symptoms (Misra & McKean, 2000; Regehr et al., 2013).

Anxiety Levels Before and During Examination Periods (Taylor Method)

The level of anxiety was assessed using the Taylor Manifest Anxiety Scale. The results reveal a significant shift from low to high anxiety levels during examination periods.

Table 7. Anxiety Levels Among Students Before and During Exams

Course	Period	Low (%)	Moderate (Low) (%)	Moderate (High) (%)	High (%)	Very High (%)
1	Before exams	40%	27%	16%	10%	7%
	During exams	10%	17%	20%	23%	30%
2	Before exams	39%	32%	14%	11%	4%
	During exams	7%	14%	25%	22%	32%
3	Before exams	50%	27%	15%	8%	0%
	During exams	8%	19%	19%	27%	27%
4	Before exams	46%	27%	19%	8%	0%
	During exams	12%	15%	19%	23%	31%
Total	Before exams	**44%**	**28%**	**17%**	**9%**	**2%**
	During exams	**9%**	**17%**	**21%**	**23%**	**30%**

The results demonstrate a dramatic increase in anxiety levels during examination periods. The proportion of students with low anxiety decreases from 44% to 9%, while high and very high anxiety levels rise significantly. These findings align with previous studies indicating that examination stress is one of the most significant predictors of anxiety and emotional instability among students (Dyrbye et al., 2006; Ibrahim et al., 2013).

The empirical findings provide strong evidence that examination periods represent a critical stressor in the academic environment. The transition from low stress and stable emotional states to heightened anxiety and depressive symptoms reflects the cumulative effect of academic pressure, time constraints, and performance expectations.

The observed increase in subdepressive states and anxiety levels suggests that students' adaptive capacities are significantly challenged during high-pressure periods. This is consistent with the stress-response model proposed by Hans Selye, which emphasizes the role of prolonged stress in disrupting physiological and psychological equilibrium.

The findings of this study clearly demonstrate that academic stress, particularly during examination periods, plays a central role in the development of depressive and anxiety-related symptoms among university students. The significant increase in both subclinical and clinical indicators of depression highlights the urgent need for preventive interventions, including stress management programs, psychological counseling, and institutional support mechanisms.

Addressing these issues is essential not only for improving academic performance but also for safeguarding the long-term mental health and well-being of students.

Social-Psychological Problems and Neurotic Reactions Among University Students

The study of social and psychological problems in the lives of university students represents a critical area of contemporary research. In this section of the study, particular attention is given to depressive and neurotic reactions observed among students during examination periods and throughout the educational process. The primary objective is to analyze the specific characteristics, causes, and manifestations of neurotic reactions across different stages of higher education.

In the context of modern societal development, there is a noticeable increase in neurotic disorders among student populations. Higher education can be conceptualized as a distinct and demanding domain of activity characterized by high levels of cognitive workload, time pressure, and the necessity to process large volumes of information within limited timeframes. These conditions, combined with the need for strict adherence to academic schedules and the resolution of complex problem situations, contribute significantly to psychological strain (Misra & McKean, 2000; Ibrahim et al., 2013).

The intensity of modern student life often results in neurotic reactions manifested through interpersonal conflicts, social isolation, fear, and exposure to emotionally distressing events. These factors may lead not only to psychological disturbances but also to physical health problems, reflecting the close relationship between mental and somatic functioning (McEwen, 2004). Furthermore, insufficient psychological and physiological reserves, combined with heightened anxiety and fear, create favorable conditions for the development of neurotic disorders.

Empirical evidence indicates that neurotic reactions are frequently accompanied by anxiety and depressive symptoms. Academic difficulties—such as poor adaptation to the educational process, examination failure, conflicts with instructors or peers, and falling behind in coursework—are commonly associated with anxiety-depressive syndromes and psychovegetative disturbances. These conditions often manifest in physiological symptoms, including cardiovascular and gastrointestinal dysfunctions, particularly under conditions of acute emotional stress (Kupfer et al., 2012).

The transition to university life represents a significant psychological challenge for young individuals. Students entering higher education are exposed to intense psycho-emotional нагрузка, increased intellectual demands, and the necessity to adapt to

new academic and social environments. This adaptation process often requires substantial mobilization of psychological and physical resources. However, during the initial stages—especially in the first year—these resources may become depleted, leading to reduced resilience and increased vulnerability to stress-related disorders (Arnett, 2000).

The first year of university is particularly critical, as students undergo significant changes in their social roles, value systems, and behavioral patterns. They must adjust to new academic expectations, establish relationships within new social groups, and, in many cases, manage independent living conditions. These challenges are especially pronounced for students who relocate from other regions, as they must simultaneously address бытовые and social adaptation issues.

University students can therefore be considered a socially vulnerable group characterized by high levels of intellectual, psychological, and physical strain. This vulnerability has contributed to the growing global interest in neurotic disorders, anxiety, depression, and stress among student populations over the past decades (World Health Organization, 2020).

Theoretical Analysis of Neurotic Reactions

From a theoretical perspective, neurotic reactions can be understood as disturbances occurring within otherwise psychologically healthy individuals. Mental health is commonly defined as the ability to adapt effectively to environmental conditions and maintain physical, psychological, and social well-being. When individuals are exposed to adverse environmental factors, the mechanisms of socio-psychological adaptation may weaken, leading to temporary or persistent disturbances.

Throughout life, individuals encounter various forms of neurotic reactions triggered by both negative and positive life events. Situations such as examination failure, interpersonal conflict, divorce, or even emotionally significant positive events can produce psychological stress. Importantly, the prevalence of such disturbances is particularly high in social groups characterized by high levels of psycho-emotional нагрузка, such as university students.

Recent trends indicate an increase in non-psychotic mental disorders, with neurotic conditions representing the majority. These disorders often co-occur with other psychological disturbances, particularly anxiety and depression, which frequently manifest simultaneously and reinforce each other.

Neurotic disorders are characterized by emotional instability, heightened anxiety, reduced self-esteem, and vegetative dysfunctions. Common symptoms include irritability, sensitivity, tension, sleep disturbances, and exaggerated responses to minor stressors. In many cases, individuals may experience subclinical forms of neurotic states, such as mild sadness, irregular appetite, or sleep disturbances, which may occur periodically.

Periodic neurotic reactions are typically short-term affective responses triggered by situational stressors. These reactions may last from several hours to several days and, in rare cases, extend to weeks. Importantly, once the stressor is removed, individuals generally return to their baseline psychological state without long-term personality changes.

However, under conditions of prolonged or repeated stress, neurotic reactions may become more frequent, complex, and persistent, potentially evolving into pre-neurotic or clinically significant conditions. The development of such reactions is often associated with unresolved internal conflicts and exposure to significant psychological trauma (Freud, 1917/1957).

Mechanisms of Neurotic Reactions in Student Populations

The emergence of neurotic reactions among students is typically associated with prolonged exposure to relatively low-intensity but chronic stressors. These stressors create continuous emotional tension and internal conflict, particularly in situations requiring difficult decision-making or involving uncertainty about future outcomes.

In academic settings, such stressors include examination pressure, academic workload, and concerns about academic performance. Examination periods, in particular, represent strong psychogenic factors capable of triggering neurotic reactions, including anxiety, asthenic conditions, and, in some cases, hysterical responses. These reactions often appear immediately before or during examinations and typically disappear after the stressor is removed.

The underlying mechanisms of neurotic reactions are closely linked to individual personality characteristics. Traits such as introversion, emotional sensitivity, fearfulness, impulsivity, and frequent illness increase susceptibility to neurotic responses. Additionally, the subjective interpretation of stressful events plays a crucial role, as individuals tend to react more strongly to events, they perceive as personally significant.

Neurotic reactions may also arise from somatic illnesses or external psychological trauma. However, it is not the objective severity of the event but rather the individual's perception and interpretation of the event that determines the intensity of the reaction.

Clinical Characteristics of Neurotic and Depressive Reactions

Neurotic and depressive reactions among students are characterized by a combination of vegetative, emotional, and cognitive symptoms.

Vegetative symptoms include tachycardia, excessive sweating, dry mouth, respiratory difficulties, chest discomfort, gastrointestinal disturbances, and muscle tension. These symptoms reflect the activation of the autonomic nervous system in response to stress (McEwen, 2004).

Depressive symptoms include low mood, decreased energy, reduced self-esteem, feelings of guilt, pessimistic outlook, impaired concentration, and sleep disturbances. In more severe cases, individuals may experience suicidal ideation and psychomotor retardation (American Psychiatric Association, 2013).

Anxiety-related symptoms include persistent tension, irritability, sleep disturbances, hypersensitivity to external stimuli, and various fears, including fear of losing control or dying. These symptoms are often accompanied by derealization and depersonalization experiences.

Developmental Context of Student Age

The student period, typically ranging from 17 to 25 years of age, represents a critical developmental stage characterized by identity formation, value system restructuring, and the transition to independent adult life. This stage involves significant psychological challenges, including career decision-making, financial independence, and social role adaptation (Erikson, 1968).

The transition from adolescence to early adulthood is marked by the loss of previous certainties and the need to construct new life goals. In contemporary society, this process is further complicated by social instability, economic uncertainty, and the lack of clearly defined value systems, which contribute to increased anxiety and psychological tension among young people.

Stress Management, Preventive Strategies, and Educational Interventions for Depression Among University Students

The increasing prevalence of stress and depression among university students has become a major concern in contemporary educational and psychological research. The findings of the present study highlight the urgent need to develop effective strategies for mitigating the negative consequences of stress and preventing the development of depressive disorders among students. Empirical observations conducted in Iran indicate that, particularly among first-year students, there is a significant lack of awareness regarding healthy lifestyle practices and effective coping mechanisms for stress management ().

Adopting a healthy lifestyle plays a crucial role in maintaining psychological well-being. Students who possess adequate knowledge about stress management and implement positive behavioral changes—such as maintaining regular routines, engaging in physical activity, and fostering social relationships—demonstrate greater resilience to stress and improved overall functioning (Regehr et al., 2013; Dyrbye et al., 2006). Conversely, unmanaged stress leads to decreased academic productivity, emotional exhaustion, irritability, and reduced motivation.

Research findings further indicate that stress levels among university students reach their peak during examination periods due to increased academic workload and performance pressure. This heightened stress is often accompanied by anxiety and emotional instability. While some studies suggest that male students may exhibit slightly higher tolerance to stress compared to female students, both groups require comprehensive intervention strategies to effectively cope with stress-related challenges (Ibrahim et al., 2013).

Pedagogical Approaches and the Integration of Teaching and Educational Methods

Traditional pedagogical approaches often treat teaching (instruction) and upbringing (education) as separate and unrelated processes. However, a critical analysis reveals that many pedagogical methods—such as discussions, lectures, practical exercises, competitions, self-assessment, and problem-based learning—are inherently interconnected and applicable to both domains.

The artificial separation of instructional and educational methods lacks practical justification, as both processes operate within a unified pedagogical framework. Modern educational theory emphasizes the importance of integrating teaching and upbringing to achieve holistic student development. This integration contributes to the creation of a supportive learning environment that reduces psychological tension and enhances student engagement (Biggs & Tang, 2011).

Extracurricular activities play a particularly important role in this context. Activities such as academic competitions, debates, conferences, excursions, and cultural events foster positive interactions between students and educators, promote social cohesion, and reduce stress levels. A supportive and collaborative academic environment encourages students to express themselves freely, enhances motivation, and improves academic performance.

Educational Principles and Their Role in Stress Prevention

The effectiveness of the educational process depends largely on adherence to fundamental pedagogical principles. These principles include:

- Alignment of education with real-life applications
- Integration of moral and ethical values
- Individualized learning approaches

- Active and conscious student participation
- Systematic and sequential instruction
- Reinforcement of knowledge

These principles are grounded in classical and modern pedagogical theories, including those of John Amos Comenius, who emphasized the importance of experiential learning and sensory engagement in the educational process.

A systematic and well-structured educational process allows for better management of student workload, thereby reducing stress and preventing the development of psychological disorders. The interdependence of educational objectives, content, methods, and outcomes highlights the necessity of adopting a holistic and system-oriented approach to teaching.

Bloom's Taxonomy and Cognitive Development.

One of the most influential frameworks in modern educational psychology is Benjamin Bloom's taxonomy of learning objectives. This model organizes cognitive processes into hierarchical levels, including knowledge, comprehension, application, analysis, synthesis, and evaluation.

Bloom's taxonomy provides a scientific basis for structuring educational processes and assessing learning outcomes. By promoting higher-order thinking skills, such as analysis and synthesis, this framework enhances students' cognitive abilities and reduces cognitive overload, which is often a major contributor to academic stress (Anderson & Krathwohl, 2001).

Strategies for Preventing Psychological Stress Among Students.

Modern pedagogy and psychology offer a wide range of strategies for reducing stress and preventing depression among students. These strategies emphasize both individual and institutional interventions.

Key Stress-Reduction Strategies

- Relaxation techniques (e.g., breathing exercises, mindfulness)
- Regular physical activity
- Positive cognitive frameworks and belief systems
- Balanced and nutritious diet
- Strong social support networks
- Effective time management

Empirical data from the present study conducted among 220 students at University of Tabriz reveal that only 62% of students are aware of effective stress management techniques. Furthermore, 32% lack any understanding of the harmful effects of stress, and 5% incorrectly believe that stress is not detrimental to their health. These findings highlight the critical need for educational and preventive programs aimed at increasing awareness and promoting healthy behaviors.

Patterns of Stress Coping Among Students.

The study also identified common coping strategies employed by students to manage stress:

- Switching to alternative activities (30%)
- Engaging in hobbies (20%)
- Participating in sports (18%)

Additional recommended strategies include spending time with family, maintaining social connections, and engaging in meaningful activities.

Table 8. Distribution of Stress and Depression Among Students

Group	Stress (%)	Depression (%)	Stress + Depression (%)
Male students	2.5	40.5	1.8
Female students	3.7	52.5	3.6
Urban students	3.2	50.2	2.9
Rural students	4.1	48.2	3.6
Senior students	4.4	49.1	4.4

Junior students	2.8	49.9	2.3

The data indicate that depression is highly prevalent across all student groups, with slightly higher rates observed among female students and those in advanced years of study. These findings are consistent with global research demonstrating that prolonged academic exposure increases psychological vulnerability (Auerbach et al., 2016).

Preventive and Clinical Interventions

Preventive strategies for addressing depression among students include both primary and secondary interventions. These involve:

- Early identification of emotional disturbances through systematic observation
- Training educators to recognize early symptoms of depression
- Implementation of psychodiagnostic tools within university settings
- Collaboration between healthcare professionals, educators, and families

Such measures are essential for reducing the progression of depressive symptoms into clinically significant disorders (Gulliver et al., 2010).

It is important to note that some students mistakenly rely on sedatives or sleep medications as coping mechanisms for stress. However, these approaches may lead to dependency and exacerbate psychological problems, emphasizing the need for evidence-based interventions.

Conclusion

The present study has demonstrated that stress and depression among university students represent significant and growing challenges within the higher education context. The findings reveal that academic pressure, particularly during examination periods, serves as a primary catalyst for the development of anxiety and depressive symptoms. At the same time, individual, social, and environmental factors contribute to the complexity and variability of these conditions.

One of the most important conclusions is the high prevalence of subclinical and unrecognized depressive states among students. These hidden conditions pose a serious risk, as they often remain untreated and may progress into more severe psychological disorders. Early detection and intervention are therefore essential for preventing long-term negative outcomes.

The study also highlights the critical role of awareness and lifestyle factors in shaping students' psychological resilience. The lack of knowledge regarding stress management and the reliance on ineffective coping strategies underscore the need for comprehensive educational programs focused on mental health literacy and healthy behavioral practices.

From a pedagogical perspective, the integration of teaching and developmental processes emerges as a key factor in reducing student stress. Creating supportive and student-centered learning environments can significantly enhance emotional well-being, improve academic performance, and foster positive social interactions.

Moreover, the findings emphasize the importance of adopting a multidisciplinary approach to student mental health. Effective prevention and intervention strategies must involve collaboration between educators, psychologists, healthcare professionals, and policymakers. Such an approach should include systematic screening, counseling services, stress management programs, and the promotion of healthy lifestyles.

In conclusion, addressing stress and depression among university students is not only a matter of individual well-being but also a critical component of educational quality and societal development. Universities must recognize mental health as a strategic priority and implement evidence-based policies and practices aimed at supporting students' psychological and academic success.

Future research should focus on longitudinal studies, cross-cultural comparisons, and the development of innovative intervention models that incorporate digital technologies and personalized approaches to mental health care. Only through sustained and coordinated efforts can the growing burden of depression among students be effectively reduced.

Ethical Considerations

This study was conducted in accordance with internationally recognized ethical standards for research involving human participants. All procedures adhered to the principles of voluntary participation, informed consent, confidentiality, and anonymity. Participants were fully informed about the purpose of the research, and their consent was obtained prior to data collection. No personal identifiers were recorded, and all data were analyzed in aggregated form to ensure privacy and confidentiality.

The study complies with the ethical guidelines outlined in the World Health Organization and follows general principles of research integrity, including transparency, responsibility, and respect for participants. Ethical approval was obtained from the relevant institutional authorities at University of Tabriz where required.

Special attention was given to the sensitive nature of psychological data. Participants were assured that they could withdraw from the study at any time without any consequences. The research avoided any form of psychological harm, and all procedures were conducted in a manner consistent with ethical norms of social and behavioral sciences.

AI Statement (Disclosure of AI Use)

In line with current academic publishing standards and transparency requirements, the authors declare that generative artificial intelligence tools (including ChatGPT) were used solely for language editing, academic structuring, and improving clarity of expression in the manuscript.

No AI tools were used for data collection, data analysis, interpretation of results, or the development of the scientific conclusions. All intellectual content, research design, and analytical processes were carried out entirely by the author.

The author takes full responsibility for the accuracy, integrity, and originality of the manuscript. This disclosure is provided in accordance with emerging academic standards emphasizing transparency in AI-assisted writing.

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Conflict of Interest

The author declares that there are no conflicts of interest regarding the publication of this paper. The research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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