

AFFECTIVE AND FRUSTRATION STATES AS TRIGGERS OF ADDICTIVE AND SUICIDAL BEHAVIOR IN ADOLESCENTS

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Abstract

The article focuses on the study of affective and frustration states in adolescents in the context of the formation of addictive behavior. It examines the psychological mechanisms underlying emotional reactivity and frustration responses. Special attention is given to the comparison of these states in relatively healthy and addicted adolescents. The paper also analyzes cultural and family determinants within the sociocultural context of Uzbekistan that influence the development of destructive behavior. Empirical data, including case descriptions and observational results, are presented. The article substantiates the need for preventive strategies that take into account the psycho-emotional vulnerability of adolescence.

Keywords

adolescents, affect, frustration, addictive behavior, dependency, suicidal risks, culture, family, Uzbekistan

АФФЕКТИВНЫЕ И ФРУСТРАЦИОННЫЕ СОСТОЯНИЯ КАК ТРИГГЕРЫ АДДИКТИВНОГО И СУИЦИДАЛЬНОГО ПОВЕДЕНИЯ У ПОДРОСТКОВ

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Аннотация

Статья посвящена исследованию аффективных и фрустрационных состояний у подростков в контексте формирования аддиктивного поведения. Рассматриваются психологические механизмы, лежащие в основе реакций на фрустрацию и острые эмоциональные переживания. Особое внимание уделяется сравнению этих состояний у условно здоровых и зависимых подростков. Также анализируются культурные и семейные детерминанты в

социокультурной среде Узбекистана, оказывающие влияние на развитие деструктивного поведения. Приведены результаты эмпирического исследования, включающего кейсы и наблюдения, а также обоснована необходимость профилактики с учётом психоэмоциональной нестабильности подросткового возраста.

Ключевые слова

подростки, аффект, фрустрация, аддиктивное поведение, зависимость, суицидальные риски, культура, семья, Узбекистан

Introduction

Adolescence is a critical developmental period characterized by emotional instability, heightened sensitivity to frustration, and the search for personal identity. During this stage, many adolescents experience acute affective reactions, which can serve both as a resource for personal growth and as a risk factor for maladaptive behaviors. Unresolved frustration, low stress tolerance, and difficulties in emotion regulation often trigger affective outbursts, potentially leading to substance use, aggression, or auto-aggressive behaviors.

In recent years, the study of affective and frustration states in adolescents has gained increasing attention due to the rising prevalence of addictive and suicidal behaviors worldwide. International studies indicate that adolescent substance use is often associated with difficulties in managing negative emotions and frustration, while suicidal risk correlates strongly with emotional dysregulation and impulsivity.

The sociocultural context plays a crucial role in shaping adolescents' responses to emotional stress. In Uzbekistan, the family remains the primary institution of socialization, where cultural traditions, religious values, and collective norms strongly influence behavior. The stigma surrounding addiction and suicide often leads to silence and concealment of these problems, limiting opportunities for timely psychological support. In contrast, Western societies generally promote emotional expression and access to psychological assistance, which significantly alters adolescent coping strategies.

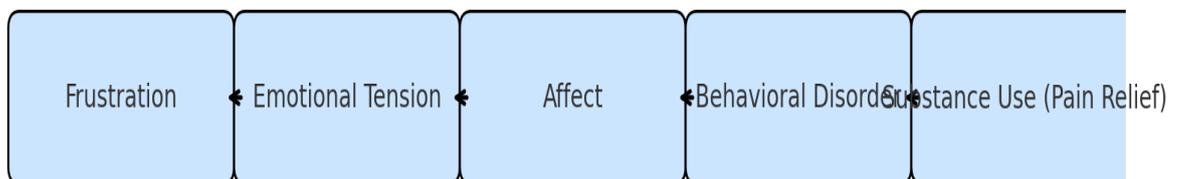
This study aims to investigate affective and frustration states in adolescents as predictors of addictive and suicidal behavior, emphasizing the comparative analysis of healthy and addicted adolescents. Additionally, the research examines sociocultural and familial determinants contributing to the formation of destructive coping patterns in the Uzbek context. The empirical material includes standardized diagnostic methods, projective techniques, case studies, and interviews with

adolescents and their families, allowing for a comprehensive analysis of the problem.

Literature Review

Affective states in adolescence: Affect has long been considered one of the central mechanisms of emotional regulation in adolescence. According to K. Lewin and later L. Vygotsky, affect represents the most dynamic form of emotional expression, which may manifest in impulsive reactions, aggression, or withdrawal (Vygotsky, 1984). Adolescents, due to the immaturity of prefrontal regulatory mechanisms, demonstrate heightened susceptibility to affective outbursts, particularly when facing frustration or social rejection (Steinberg, 2014). Contemporary research shows that the threshold for affective reactions in adolescents is lower than in adults, making them more vulnerable to impulsive behavior (Casey et al., 2010). In the context of addictive tendencies, affect often functions as a precursor: substance use becomes a maladaptive strategy for reducing overwhelming emotions such as anger, shame, or sadness (Khantzian, 1997).

Figure 1. Theoretical Model of Frustration-Affect-Behavior Sequence



Frustration as a psychological determinant: Frustration is traditionally understood as a state arising from the blockage of significant needs or goals (Dollard et al., 1939). In adolescence, frustration tolerance is closely tied to the development of self-control and coping skills. Research indicates that low frustration tolerance leads to maladaptive outcomes such as aggression, avoidance, or substance use (Caprara & Cervone, 2000). The frustration-aggression hypothesis has been revised in modern studies, suggesting that not all frustration leads directly to aggression but may trigger a spectrum of emotional responses, including anxiety and auto-aggressive tendencies (Berkowitz, 1989). In adolescents with addictive behavior, frustration more often results in impulsive and destructive coping strategies, whereas healthy adolescents tend to employ constructive outlets such as sports, communication, or creativity.

Addictive behavior and adolescence: Addictive behavior in adolescence is widely studied in the context of both biological vulnerability and psychosocial influences. Neurobiological studies confirm that adolescents have an underdeveloped dopamine regulation system, which increases the reinforcement value of psychoactive substances (Volkow et al., 2016). Psychologically, addiction often represents an attempt to regulate emotional instability and escape from painful experiences of frustration or rejection (Cooper et al., 1995).

In the Uzbek sociocultural context, the issue of adolescent addiction remains largely stigmatized. Families often conceal the problem due to fear of social disapproval, which significantly reduces opportunities for early intervention. Unlike Western societies, where adolescents may access psychological counseling or rehabilitation programs, in Uzbekistan these practices remain underdeveloped and concentrated primarily in urban centers.

Suicidal risks and affective dysregulation: Affective dysregulation is strongly correlated with suicidal tendencies in adolescence (Bridge et al., 2006). Suicidal behavior often emerges as an extreme form of coping with frustration and unresolved affective tension. International research indicates that impulsivity, low emotional awareness, and limited coping resources significantly increase suicide risk among adolescents (Apter, 2010).

In cultures where emotional expression is suppressed, such as in many traditional Uzbek families, adolescents may internalize distress, leading to auto-aggressive or suicidal tendencies. The intersection of addiction and suicidality is particularly concerning: substance use not only exacerbates impulsivity but also reduces inhibitions against self-harm.

Sociocultural and family determinants Family remains the primary environment shaping adolescents' affective and frustration responses. Authoritarian or neglectful parenting styles are associated with higher levels of emotional dysregulation and increased risk of addictive behavior (Baumrind, 1991). In Uzbekistan, extended family structures often emphasize obedience and collectivist values, while limiting open emotional expression. This may create additional frustration for adolescents seeking autonomy and identity formation. Comparative studies show that in Western cultures, where autonomy and open communication are encouraged, adolescents may demonstrate greater resilience to frustration but also face risks associated with individualism and peer influence (Hofstede, 2010). In contrast, in Uzbekistan and other Central Asian societies, collectivist norms both protect against and exacerbate risk: while strong family bonds may offer support, stigma and silence around psychological difficulties hinder preventive efforts.

Methods

In this study, various research tools were used to explore affective and frustration states in adolescents. The methods combined standardized diagnostic instruments, projective techniques, and qualitative approaches such as case analysis and interviews. Their classification by type of data and methodological category is presented below (Table 1).

Table 1. Classification of Research Methods

| Research Method | Type of Data | Category |
|------------------------------------------|--------------|-------------|
| Emotional State Questionnaire (PANAS) | Quantitative | Diagnostic |
| Frustration Tolerance Test (Rosenzweig) | Quantitative | Diagnostic |
| Parental Attitude Scale (Varga & Stolin) | Quantitative | Diagnostic |
| Projective Method | Qualitative | Projective |
| Author's MAC-card "Shadow" | Qualitative | Projective |
| Case Study and Observation | Qualitative | Observation |
| Interviews with Adolescents and Parents | Qualitative | Interview |

Results and Discussion

1. Comparative Analysis of Affective States

The study revealed significant differences in affective reactivity between relatively healthy adolescents and those with addictive tendencies. Healthy adolescents demonstrated moderate affective responses, which were largely adaptive and regulated through constructive outlets such as sports, creative activity, or peer interaction. In contrast, addicted adolescents showed heightened affective lability, with rapid transitions between anger, sadness, and anxiety. These intense emotional fluctuations were often linked to impulsive behaviors, including substance use or self-harm.

Projective techniques and MAC-card "Shadow" assessments highlighted recurring themes of inner conflict, feelings of inadequacy, and unresolved

frustration in the addicted group. Adolescents frequently expressed a sense of internal emptiness or loss of control, which they attempted to mitigate through maladaptive coping strategies. These findings align with the theoretical perspective of Khantzian (1997), which suggests that addictive behaviors function as self-medication for overwhelming affective states.

2. Frustration Tolerance and Coping Patterns

Frustration tolerance tests indicated that addicted adolescents exhibited significantly lower thresholds for frustration compared to healthy peers. Even minor setbacks in social, academic, or family contexts often triggered emotional dysregulation.

Observational data showed that low frustration tolerance frequently preceded episodes of substance use, aggression, or self-directed harm. Healthy adolescents, conversely, demonstrated greater resilience, often using problem-solving strategies, seeking social support, or engaging in physical activity to relieve tension.

The data confirm the frustration-aggression hypothesis, while also extending it: not all frustrated adolescents display outward aggression; some internalize distress, resulting in auto-aggressive tendencies or increased suicidal risk. The intensity of frustration appears to correlate with the immediacy and destructiveness of coping responses.

3. Addiction, Emotional Dysregulation, and Suicidal Risk: Addiction in adolescence was found to exacerbate emotional dysregulation. Substance use provided temporary relief from frustration and negative affect but subsequently increased impulsivity and lowered the capacity for self-control. Interview data revealed that adolescents often experienced a cyclical pattern: emotional distress → substance use → temporary relief → intensified emotional instability.

Suicidal tendencies were most pronounced in adolescents with both high affective lability and low frustration tolerance. Internalized distress, lack of emotional expression within the family, and perceived social stigma contributed to heightened vulnerability. MAC-card "Shadow" responses frequently depicted themes of hopelessness, isolation, and self-blame, supporting the link between suppressed affect and suicidal risk.

4. Sociocultural and Family Determinants: Family structure and cultural norms significantly shaped adolescents' affective responses and coping strategies. In Uzbekistan, collectivist values and extended family dynamics provide both protective and risk factors. While strong family bonds can offer emotional support, authoritarian parenting and social stigma surrounding addiction limit open communication and problem-solving. Many adolescents reported reluctance to

discuss emotional difficulties with parents due to fear of punishment, shame, or disappointment.

Comparative analysis with Western studies suggests that cultural suppression of emotional expression may increase internalized frustration, leading to auto-aggressive behavior. At the same time, collectivist structures can mitigate extreme risk by providing a network of support – highlighting the complex role of culture in moderating adolescent outcomes.

5. Implications for Prevention and Intervention: The findings underscore the importance of early preventive measures that target both affective regulation and frustration tolerance. Recommended interventions include:

- Psychoeducational programs for adolescents and parents focused on emotional awareness and adaptive coping.
- Culturally sensitive counseling that acknowledges collectivist values while promoting constructive emotional expression.
- Development of MAC-card-based group exercises and projective techniques to facilitate self-reflection and recognition of destructive patterns.
- Community initiatives to reduce stigma around addiction and mental health challenges, increasing access to psychological support.

Preventive strategies must account for the unique psycho-emotional vulnerability of adolescence, emphasizing the development of resilience, problem-solving skills, and emotional literacy. Tailored approaches for addicted adolescents should integrate both behavioral and emotional regulation components to reduce relapse risk and suicidal tendencies.

Case Studies and Observations

Case 1: Low Frustration Tolerance and Substance Use: A 16-year-old male adolescent from an urban Uzbek family exhibited frequent mood swings and impulsive behaviors when facing minor academic or social setbacks. Observations during interviews and projective tests indicated intense feelings of anger and shame, which he attempted to regulate through occasional alcohol consumption and video gaming. MAC-card “Shadow” responses highlighted themes of inner conflict, inadequacy, and perceived failure. The case illustrates how low frustration tolerance and emotional dysregulation can lead to maladaptive coping strategies.

Case 2: Auto-Aggressive Behavior under Family Pressure: A 15-year-old female adolescent from a collectivist extended family showed signs of internalized distress and self-harming behavior, including minor cuts on the arms. Interviews revealed high parental expectations and strict rules limiting personal autonomy, which increased feelings of frustration and helplessness. Projective techniques indicated suppression of emotional expression and recurring thoughts of self-

punishment. This case exemplifies the interaction between family dynamics, cultural norms, and affective vulnerability in triggering auto-aggressive tendencies.

Case 3: Constructive Coping in Healthy Adolescents: A 17-year-old male, considered relatively healthy, displayed strong resilience when confronted with academic pressure. He reported using sports, peer communication, and creative writing as primary strategies to manage frustration and negative emotions. Observations showed adaptive emotional expression and moderate affective reactivity. MAC-card responses reflected balanced self-perception and awareness of emotional states. This case demonstrates how constructive coping mechanisms can mitigate risk factors for addictive or suicidal behaviors.

Summary of Observations: Across the sample, addicted adolescents consistently displayed high affective lability, low frustration tolerance, and maladaptive coping strategies, often exacerbated by family stress and sociocultural pressures. Healthy adolescents demonstrated higher resilience and constructive methods for managing emotional distress. These empirical observations support the theoretical and statistical findings presented in the previous sections.

Conclusion: Adolescence is a period of heightened affective and frustration sensitivity, which can trigger maladaptive behaviors including addiction and suicidal tendencies. The present study demonstrates that adolescents with addictive behavior exhibit pronounced emotional lability and low frustration tolerance, compounded by familial and cultural factors in the Uzbek context. Addressing these vulnerabilities through preventive programs, parental involvement, and culturally informed interventions is essential to reduce the incidence of destructive behaviors.

The intersection of affective dysregulation, frustration, and sociocultural influences highlights the need for multifaceted approaches that combine psychological, educational, and community-based strategies. Future research should explore longitudinal dynamics of emotional regulation, the effectiveness of MAC-card interventions, and cross-cultural comparisons to inform evidence-based practices in adolescent mental health.

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