

MULTIDIMENSIONAL STRUCTURE AND LATENT PROFILES OF PSYCHOLOGICAL DISTRESS IN YOUTH: AN INTEGRATED FACTOR–CLUSTER ANALYSIS

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ABSTRACT

Background: Psychological distress in adolescents and young adults is a major public health concern and is increasingly conceptualized as a multidimensional construct involving overlapping somatic and cognitive symptoms. Understanding its latent structure and heterogeneity is essential for improving the assessment and early intervention.

Objective: To examine the latent structure, interdimensional relationships, and subgroup variability of psychological distress using an integrated analytical framework.

Methods: A cross-sectional study was conducted in 736 participants aged 15–24 years. Psychological distress was assessed using Conn's Psychological Distress Battery. Exploratory factor analysis (principal axis factoring with oblique rotation) was used to identify latent dimensions. Group differences were evaluated using t-tests and ANOVA, while multiple linear regression identified independent predictors. K-means clustering was applied to standardized factor scores to identify distinct distress profiles.

Results: Sampling adequacy was excellent (KMO = 0.98), and Bartlett's test of sphericity was significant ($\chi^2 = 16116.6$, $df = 435$, $p < 0.001$), confirming the suitability of the data for factor analysis. A two-factor solution explained 53.5% of the total variance, representing somatic and cognitive dimensions of distress that were strongly correlated ($r = 0.85$, $p < 0.001$), suggesting a substantial shared underlying distress component. Male gender and university-level education were associated with higher distress levels, with a small-to-moderate gender effect (Cohen's $d = 0.42$). In multivariable regression analyses, male gender ($\beta = 0.28$, $p < 0.001$) and university education ($\beta = 0.85$, $p < 0.001$) independently predicted higher distress. Cluster analysis identified three distinct profiles corresponding to high, moderate, and low distress levels.

Conclusions: Psychological distress in youth is multidimensional and heterogeneous, characterized by interrelated symptom domains and distinct profiles. These findings support multidimensional and person-centered assessment approaches and may inform more targeted early intervention strategies.

Keywords: Adolescents, young adults, psychological distress, factor analysis, cluster analysis, somatic symptoms

INTRODUCTION

Psychological distress represents a multidimensional construct encompassing emotional, cognitive, and somatic symptoms that reflect an individual's inability to effectively cope with internal or external stressors. During the adoles-

cence and young adulthood, this construct assumes particular clinical and public health relevance, as these developmental stages are characterized by rapid neurobiological, psychological, and social transitions that may increase vulnerability to af-

fective disturbances [Malhi & Mann, 2018]. Epidemiological evidence consistently demonstrates a substantial and increasing burden of depressive and anxiety-related symptoms among adolescents worldwide, with prevalence rates showing marked variation across sociodemographic strata, including sex, socioeconomic status, and educational context [Daly, 2022; Lu et al., 2024; Shorey et al., 2022]. These findings underscore the necessity of early identification and comprehensive assessment of distress in youth populations.

From a psychometric perspective, psychological distress is typically operationalized through self-report instruments that capture both somatic manifestations (e.g., autonomic arousal, sleep disturbances, and bodily discomfort) and cognitive-affective components (e.g., worry, intrusive thoughts, and feelings of worthlessness). The validity and reliability of such instruments have been supported across diverse populations, underscoring the importance of robust psychometric evaluation and latent structure analysis [Adamczyk et al., 2022; Chaaya et al., 2023; Merhy et al., 2021]. In particular, factor analytic approaches have consistently revealed that distress is not a unitary construct but rather comprises interrelated dimensions that reflect distinct yet overlapping symptom domains.

Emerging research increasingly suggests that psychological distress is heterogeneous, with individuals exhibiting distinct symptom configurations rather than uniform patterns of psychopathology. Latent variable approaches, including latent profile analysis (LPA) and cluster analysis, have been increasingly employed to identify subgroups characterized by differential combinations of anxiety, depressive, and somatic symptoms (Cen et al., 2025; Dai et al., 2024; Liu et al., 2022). These person-centered methodologies provide a more nuanced understanding of mental health by capturing variability in symptom expression and enabling the identification of high-risk subpopulations. For example, previous studies have demonstrated the existence of discrete profiles ranging from low to severe distress, with significant implications for targeted prevention and intervention strategies [Kabadayi, 2024; Rottweiler et al., 2023].

In addition to the structural heterogeneity, growing evidence indicates a strong interplay between somatic and cognitive dimensions of distress. Somatic symptoms are increasingly recognized not as peripheral manifestations, but as central components of psychological distress that may serve as culturally mediated expressions of emotional

burden [Gibson et al., 2024; Perez & Szabo, 2025; Reiningger et al., 2023]. This interaction highlights the importance of adopting multidimensional assessment frameworks that account for both psychological and physiological symptomatology.

Recent work from our setting further supports the multidimensional nature of psychological functioning in youth. Studies have demonstrated that emotional awareness, coping strategies, stress burden, and cognitive-emotional processing are closely interrelated and may co-occur within broader distress presentations [Sulejmani & Pop-Jordanova, 2025a, 2025b, 2026a, 2026b]. These findings reinforce the view that psychological distress should be conceptualized as a complex, multidomain construct rather than a single, uniform phenomenon.

Despite the growing literature on youth mental health, relatively few studies have simultaneously examined the latent structure, interdimensional relationships, and person-centered subgroup variability of psychological distress within a single analytical framework. This gap is particularly relevant in adolescent and young adult populations, in whom distress may present through both somatic and cognitive pathways and may vary substantially across demographic strata. Furthermore, contextual factors such as gender and educational status continue to demonstrate inconsistent associations with distress, warranting further investigation across diverse settings [Beshr et al., 2024].

Accordingly, the present study was designed to examine the latent structure of psychological distress, explore the relationship between somatic and cognitive symptom dimensions, identify distinct distress profiles using cluster analysis, and assess the contribution of demographic factors to distress outcomes in a sample of adolescents and young adults.

MATERIALS AND METHODS

A cross-sectional analytical study was conducted among adolescents and young adults recruited from secondary school and university settings. The final sample comprised 736 participants, predominantly aged 15–24 years, including both high school and university students. A small number of participants older than 25 years were retained due to their minimal representation and negligible impact on the overall sample characteristics. Participants were recruited using a con-

venience sampling strategy with efforts to ensure variability across gender and educational levels. The individuals with incomplete or inconsistent responses were excluded. The sample size exceeded recommended thresholds for exploratory factor and clustering analyses.

The study was conducted in accordance with the Declaration of Helsinki. The participation was voluntary and anonymous, and informed consent was obtained from all participants. For minors, procedures adhered to institutional ethical standards.

The psychological distress was assessed using Conn's Psychological Distress Battery, a structured self-report instrument capturing both somatic (e.g., autonomic arousal, bodily discomfort) and cognitive-affective (e.g., intrusive thoughts, fearfulness, worthlessness) symptoms. Items were rated on a 5-point Likert scale (1 = "Never" to 5 = "Almost always"). A total distress score was calculated as the mean of all items, with higher scores indicating greater symptom burden. Domain-specific scores were derived based on the factor structure identified through exploratory factor analysis.

Statistical analyses were conducted using R (R Foundation for Statistical Computing, Vienna, Austria). Data were screened for completeness, consistency, and outliers. Missing data were minimal (<5%) and handled using listwise deletion. Distributional properties were assessed using descriptive and graphical methods. Sampling adequacy was evaluated using the Kaiser–Meyer–Olkin (KMO) measure and Bartlett's test of sphericity. The internal consistency was assessed using Cronbach's α .

The latent structure of psychological distress was examined using exploratory factor analysis (principal axis factoring with oblique rotation), given the expected correlation between dimensions. Factor retention was based on eigenvalues, scree plot inspection, and interpretability. A loading threshold of ≥ 0.30 was applied.

Group differences were evaluated using independent-samples *t*-tests and one-way ANOVA, with effect sizes interpreted according to the conventional benchmarks. Multiple linear regression analyses were performed to identify predictors of distress, with age, gender, and educational level entered as independent variables and total and factor-derived scores as outcomes. Standardized coefficients (β) and R^2 values were reported, with statistical significance set at $p < 0.05$.

To identify distinct distress profiles, *k*-means cluster analysis was conducted on standardized factor scores. The optimal number of clusters was determined using the elbow method, cluster interpretability, and centroid separation. Cluster validity was assessed through comparison of subscale means and visualization within the cognitive–somatic factor space.

Graphical representations, including scatterplots and factor-space visualizations, were used to support interpretation.

RESULTS

Sample characteristics

The study included 736 participants, with a predominance of females (62.1%). Most of the participants were enrolled in high school (62.4%), and the mean age was 17.95 years ($SD = 2.33$) (Table 1).

Table 1. *Sample characteristics*

Variable	Category	n (%)
Gender	Female	457 (62.1)
	Male	279 (37.9)
Educational level	High school	459 (62.4)
	University	277 (37.6)
Age, years	Mean $\pm$ SD	17.95 $\pm$ 2.33

Descriptive statistics and reliability

The mean total distress score was 3.40 ($SD = 1.10$), indicating a moderate level of psychological distress in the sample. The internal consistency of the scale was excellent (Cronbach's $\alpha = 0.97$), indicating high reliability (Table 2).

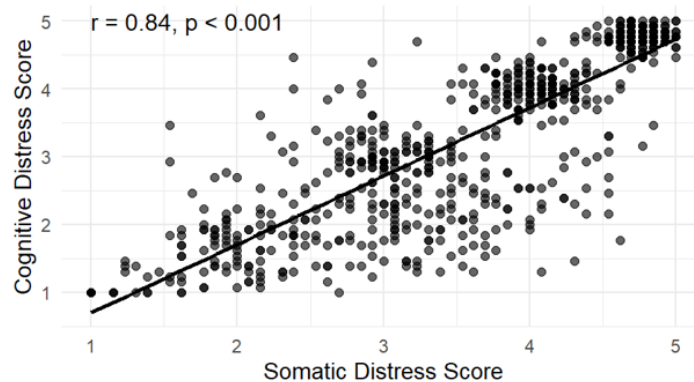
Table 2. *Descriptive statistics and reliability*

Variable	Mean	SD	Min	Max	Cronbach's α
Total distress score	3.40	1.10	1.00	5.00	0.97

Table 3. *Primary factor loadings for the two-factor structure of psychological distress*

Item (Short Label)	Loading	Factor
Heart damage worry	0.69	Somatic distress
Random heart beating	0.62	Somatic distress
Unsteady movement	0.61	Somatic distress
Dizziness after exertion	0.60	Somatic distress
Heart beating strongly	0.58	Somatic distress
Heart sensations fear	0.57	Somatic distress
Stomach bloating	0.54	Somatic distress
Fear of weak heart	0.53	Somatic distress
Eye sensitivity	0.50	Somatic distress
Burning stomach	0.46	Somatic distress
Sleep discomfort	0.43	Somatic distress
Sensory disturbance	0.39	Somatic distress
Intrusive thoughts	0.63	Cognitive distress
Difficulty thinking	0.63	Cognitive distress
Worthlessness	0.56	Cognitive distress
Bad dreams	0.53	Cognitive distress
Fearfulness	0.45	Cognitive distress
Social anxiety	0.37	Cognitive distress
Interpersonal conflict	0.37	Cognitive distress

Note: Only primary factor loadings ≥ 0.30 are presented. Items are assigned to factors based on their highest loading following oblique rotation.

**Figure 1.** *Correlation between somatic and cognitive dimensions of psychological distress*

Sampling adequacy was excellent (Kaiser–Meyer–Olkin = 0.98), and Bartlett’s test of sphericity was statistically significant ($\chi^2 = 16116.6$, $df = 435$, $p < 0.001$), confirming the suitability of the data for factor analysis.

Exploratory factor analysis supported a two-factor solution explaining 53.5% of the total variance. The two factors were moderately to strongly correlated, supporting the presence of a shared underlying distress construct. The pattern of loadings indicated that the two factors captured distinct but strongly related components of psychological distress. All retained items met the predefined loading criterion of ≥ 0.30 (Table 3).

Based on item content and loading patterns, Factor 1 was interpreted as representing somatic distress, whereas Factor 2 reflected cognitive distress.

Relationship between somatic and cognitive dimensions

The two factors were strongly and positively correlated ($r = 0.85$, $p < 0.001$), indicating a high degree of shared variance between symptom dimensions. This high inter-factor correlation suggests the potential presence of a higher-order general distress factor, whereby in-

creases in one domain are closely accompanied by elevations in the other (Figure 1).

Group differences

Significant group differences were observed across all primary outcomes (Table 4). Male participants demonstrated higher total distress scores ($M = 3.71$, $SD = 1.06$) compared with females ($M = 3.27$, $SD = 1.03$; $t = -5.47$, $p < 0.001$, $d = 0.42$). Similarly, males exhibited higher somatic distress ($M = 0.32$, $SD = 0.90$ vs. $M = -0.20$, $SD = 0.98$; $t = -7.34$, $p < 0.001$, $d = 0.56$) and higher cognitive distress scores ($M = 0.15$, $SD = 0.92$ vs. $M = -0.09$, $SD = 1.00$; $t = -3.30$, $p = 0.001$, $d = 0.25$).

Educational level was also significantly associated with distress. University students reported higher total distress ($M = 3.94$, $SD = 0.84$) compared with high school students ($M = 3.13$, $SD = 1.07$; $F = 115.10$, $p < 0.001$, $\eta^2 = 0.14$). A similar pattern was observed for somatic distress ($M = 0.52$, $SD = 0.68$ vs. $M = -0.32$, $SD = 1.00$; $F = 153.80$, $p < 0.001$, $\eta^2 = 0.17$) and cognitive distress ($M = 0.36$, $SD = 0.80$ vs. $M = -0.22$, $SD = 1.00$; $F = 68.17$, $p < 0.001$, $\eta^2 = 0.09$).

Overall, effect sizes indicated that educational level exerted a larger influence on distress outcomes than gender, particularly for somatic symptom expression.

Table 4. Group differences in psychological distress according to gender and educational level

Outcome	Group	Mean $\pm$ SD	Test statistic	p-value	Effect size
Total distress score	Female	3.27 $\pm$ 1.03	$t = -5.47$	<0.001	$d = 0.42$
	Male	3.71 $\pm$ 1.06			
Somatic distress (Factor 1)	Female	-0.20 $\pm$ 0.98	$t = -7.34$	<0.001	$d = 0.56$
	Male	0.32 $\pm$ 0.90			
Cognitive distress (Factor 2)	Female	-0.09 $\pm$ 1.00	$t = -3.30$	0.001	$d = 0.25$
	Male	0.15 $\pm$ 0.92			
Total distress score	High school	3.13 $\pm$ 1.07	$F = 115.10$	<0.001	$\eta^2 = 0.14$
	University	3.94 $\pm$ 0.84			
Somatic distress (Factor 1)	High school	-0.32 $\pm$ 1.00	$F = 153.80$	<0.001	$\eta^2 = 0.17$
	University	0.52 $\pm$ 0.68			
Cognitive distress (Factor 2)	High school	-0.22 $\pm$ 1.00	$F = 68.17$	<0.001	$\eta^2 = 0.09$
	University	0.36 $\pm$ 0.80			

Note: d = Cohen’s d (effect size for t -tests); η^2 = eta squared (effect size for ANOVA).

Regression analysis

Multiple linear regression analyses indicated that gender and educational level were significant predictors of psychological distress across all models (Table 5). Male gender and university-level education were consistently associated with higher distress, with moderate-to-large standardized effects. Age showed a small inverse association with somatic distress only ($\beta = -0.11$, $p = 0.041$), while its associations with total and cognitive distress were not statistically significant (Table 5).

Cluster analysis

Inspection of the elbow plot and centroid separation supported retention of a three-cluster solution.

K-means cluster analysis identified three distinct subgroups: Cluster 1 (48.9%), Cluster 2 (31.3%), and Cluster 3 (19.8%) (Table 6).

Table 6. Distribution of participants across the three psychological distress clusters

Cluster	n	%
1	360	48.9
2	230	31.3
3	146	19.8

Comparison of cluster-specific factor scores demonstrated a clear graded pattern of symptom severity across groups, with Cluster 1 representing high distress, Cluster 2 moderate distress, and Cluster 3 low distress across both factor dimensions. This structure was further supported by cluster centroids, with Cluster 1 showing elevated scores (Factor 1 = 0.88, Factor 2 = 0.78), Cluster 2 intermediate scores (-0.52 , -0.30), and Cluster 3 markedly lower scores (-1.33 , -1.46) (Figure 2).

Table 5. Multiple linear regression models predicting total, somatic, and cognitive distress

Predictor	Total distress β	95% CI	p-value	Somatic β	95% CI	p-value	Cognitive β	95% CI	p-value
Age	-0.09	[-0.19, 0.02]	0.103	-0.11	[-0.21, 0.00]	0.041	-0.06	[-0.17, 0.05]	0.261
Gender (male)	0.28	[0.14, 0.42]	<0.001	0.38	[0.25, 0.52]	<0.001	0.15	[0.00, 0.29]	0.049
Education (university)	0.85	[0.63, 1.07]	<0.001	0.96	[0.75, 1.17]	<0.001	0.68	[0.45, 0.91]	<0.001

Note: β = standardized regression coefficient; CI = 95% confidence interval.

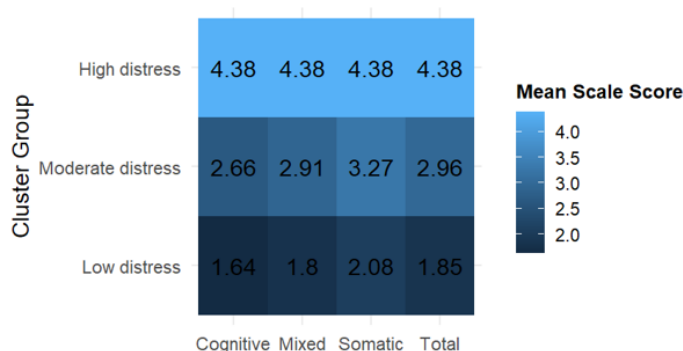


Figure 2. Comparison of mean somatic, cognitive, and total distress scores across cluster groups

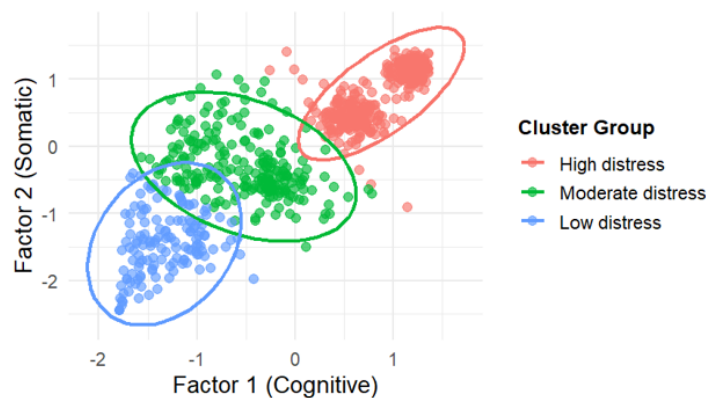


Figure 3. *Cluster-based distribution of psychological distress in the cognitive – somatic factor space*

Visualization of the clusters within the two-dimensional factor space demonstrated clear separation between groups, supporting the interpretability of the clustering solution. Cluster 1 occupied the high-distress region, Cluster 2 the intermediate range, and Cluster 3 the low-distress region (Figure 3).

DISCUSSION

The present study advances the understanding of psychological distress in adolescents and young adults by demonstrating that it is both structurally multidimensional and configurationally heterogeneous. By integrating variable-centered and person-centered approaches, the findings move beyond traditional unidimensional models and show that distress reflects not only the interaction of latent domains but also distinct individual profiles. This dual perspective reinforces emerging evidence that psychological distress cannot be reduced to a single continuum, but instead represents a layered construct encompassing both shared vulnerability and differentiated symptom expression [Adamczyk et al., 2022; Chaaya et al., 2023; Reininger et al., 2023].

At the structural level, the identification of somatic and cognitive dimensions, coupled with their strong intercorrelation ($r = 0.85$), suggests that these domains are anchored in a common underlying liability. This pattern is consistent with hierarchical models of psychopathology, including the general distress (“p-factor”) framework, in which broad vulnerability gives rise to more specific symptom manifestations [Reininger et

al., 2023]. Importantly, however, the persistence of distinguishable domains indicates that this shared core does not eliminate meaningful differentiation. Although the two-factor solution was interpretable, the strong intercorrelation suggests that the dimensions should be viewed as partially overlapping rather than fully discrete constructs.

The prominence of somatic symptoms within the factor structure represents a particularly salient finding. In contrast to models that position somatic manifestations as secondary or epiphenomenal, the present results indicate that bodily symptoms constitute a central dimension of distress in youth. This observation aligns with growing evidence that psychological burden is frequently embodied during adolescence, reflecting both developmental factors and sociocultural patterns of emotional expression [Gibson et al., 2024; Perez & Szabo, 2025]. Heightened physiological reactivity, ongoing maturation of emotional regulation systems, and limited capacity for abstract emotional articulation may contribute to this somatic channeling of distress [Liu et al., 2022; Malhi & Mann, 2018]. From a clinical standpoint, these findings challenge assessment paradigms that prioritize cognitive-affective symptoms and highlight the risk of under-detection when somatic indicators are not systematically considered.

Beyond structural organization, the identification of three distinct distress profiles high, moderate, and low demonstrates that variability in psychological distress is not solely quantitative but also configurational. Individuals with comparable overall scores may differ substantially in how symptoms are distributed across domains, suggesting that aggregate measures may obscure clinically relevant heterogeneity.

This finding is consistent with person-centered research showing that mental health phenomena in youth are better understood as patterned constellations of symptoms rather than uniform continua [Cen et al., 2025; Dai et al., 2024; Liu et al., 2022; Rottweiler et al., 2023]. Conceptually, this supports a shift toward a stratified model of distress, in which both severity and configuration inform classification and intervention.

The clinical implications of this stratification are substantial. The high-distress profile likely reflects a group with broad and intense symptom burden requiring comprehensive, multidomain intervention strategies, whereas the moderate profile may represent a critical window for preventive intervention. In contrast, the low-distress group may reflect relative resilience but remains potentially vulnerable under sustained stress exposure. These distinctions suggest that effective mental health strategies in youth populations should move beyond uniform screening thresholds toward profile-informed approaches that align intervention intensity with underlying symptom architecture.

The observed gender pattern further underscores the importance of measurement context in shaping epidemiological findings. Contrary to widely reported trends of higher internalizing symptoms among females, males in this sample exhibited higher distress across both domains [Daly, 2022; Shorey et al., 2022]. Rather than contradicting existing literature, this finding may reflect differences in symptom representation and reporting. Instruments that incorporate somatic and less explicitly affective components may capture forms of distress more readily endorsed by males, particularly in sociocultural contexts where emotional expression is less directly articulated [Gibson et al., 2024; Reininger et al., 2023]. This highlights the need to interpret gender differences within the framework of measurement sensitivity and cultural norms, rather than assuming universal patterns of expression. This finding should be interpreted with caution, as it may reflect measurement characteristics of the instrument or sample-specific factors rather than a generalizable epidemiological pattern.

Educational level emerged as a robust predictor of distress, with university students exhibiting higher symptom burden. This finding is consistent with the conceptualization of emerging adulthood as a period marked by intensified academic, social, and existential demands [Beshr

et al., 2024]. The transition to higher education involves increased autonomy, uncertainty, and performance pressure, all of which may amplify vulnerability to distress [Malhi & Mann, 2018]. These results underscore the importance of embedding mental health screening and support systems within university environments, particularly during transitional phases.

Although age demonstrated only a modest association with somatic distress, the observed pattern may reflect developmental shifts in symptom representation. Younger individuals may be more likely to experience and report distress through bodily sensations, whereas older individuals may exhibit greater cognitive differentiation of emotional states. While this interpretation remains tentative, it aligns with developmental models of emotional awareness and regulation [Malhi & Mann, 2018].

Several limitations warrant consideration. The cross-sectional design precludes causal inference and limits conclusions regarding the temporal stability of both the identified dimensions and profiles. The use of convenience sampling may constrain generalizability, and reliance on self-report measures introduces potential reporting bias. Additionally, the absence of confirmatory factor analysis limits structural validation, and the exploratory nature of k-means clustering may affect reproducibility across samples [Dai et al., 2024; Liu et al., 2022]. Future research should address these limitations through longitudinal designs and confirmatory modeling approaches.

Despite these limitations, the study offers several notable strengths. The large sample size enhances statistical reliability, and the integration of exploratory factor analysis, regression modeling, and cluster analysis provides a comprehensive analytical framework. Critically, the combined use of variable-centered and person-centered approaches represents a methodological advancement, allowing simultaneous examination of latent structure and individual heterogeneity. This integrative strategy yields a more nuanced and clinically relevant understanding of psychological distress in youth.

In summary, psychological distress in adolescents and young adults is best conceptualized as a multidimensional and heterogeneous construct, characterized by a shared underlying vulnerability expressed through distinct but interrelated symptom domains and profiles. These find-

ings challenge the adequacy of unidimensional assessment models and support the adoption of multidimensional, profile-informed frameworks. Advancing such approaches may improve early identification, refine risk stratification, and ultimately contribute to more precise and effective mental health interventions in youth populations [Cen et al., 2025; Dai et al., 2024; Kabadayi, 2024].

CONCLUSION

Psychological distress in adolescents and young adults is best understood as a multidimensional and heterogeneous construct, encompassing closely interrelated somatic and cognitive domains alongside distinct symptom profiles. These findings highlight the limitations of relying solely on global distress scores and support the use of integrated dimensional and person-centered assessment approaches. Such frameworks may improve early identification and enable more targeted, profile-informed mental health interventions in youth populations.

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Резиме

МУЛТИДИМЕНЗИОНАЛНА СТРУКТУРА И ЛАТЕНТНИ ПРОФИЛИ НА ПСИХОЛОШКИОТ ДИСТРЕС КАЈ МЛАДИТЕ: ИНТЕГРИРАНА ФАКТОРСКО-КЛАСТЕРСКА АНАЛИЗА

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Вовед: Психолошкиот дистрес кај адолесцентите и кај младите возрасни лица претставува значаен јавноздравствен проблем и сè почесто се концептуализира како мултидимензионален конструкт, кој опфаќа совпаѓачки соматски и когнитивни симптоми. Разбирањето на неговата латентна структура и хетерогеност е од суштинско значење за подобрување на процената и раната интервенција.

Цел: Да се испита латентната структура, интердимензионалните односи и варијабилноста на подгрупите на психолошкиот дистрес преку интегрирана аналитичка рамка.

Испитаници и методи: Спроведена беше пресечна студија на 736 испитаници на возраст од 15 до 24 години. Психолошкиот дистрес беше проценет со помош на Conn's Psychological Distress Battery. За идентификација на латентните димензии беше применета експлораторна факторска анализа (principal axis factoring со коса ротација). Групните разлики беа евалуирани со t-тест и ANOVA, додека повеќекратната линеарна регресија беше користена за идентификација на независните предиктори. K-means кластерската анализата беше применета врз стандардизираните факторски резултати со цел идентификација на различни профили на дистрес.

Резултати: Адекватноста на примерокот беше одлична ($KMO = 0.98$), а Bartlett-овиот тест за сферичност беше статистички значаен ($\chi^2 = 16116.6$, $df = 435$, $p < 0.001$), со што се потврди соодветноста на податоците за факторска анализа. Двофакторското решение објасни 53,5 % од вкупната варијанса, при што беа идентификувани соматска и когнитивна димензија на дистрес, кои беа силно корелирани ($r = 0.85$, $p < 0.001$), што укажува на значителна заедничка основна компонента на дистрес. Машкиот пол и универзитетското образование беа поврзани со повисоки нивоа на дистрес, со мал до умерен ефект на полот (Cohen's $d = 0.42$). Во мултиваријантните регресиски анализи, машкиот пол ($\beta = 0.28$, $p < 0.001$) и универзитетското образование ($\beta = 0.85$, $p < 0.001$) независно предвидуваа повисок дистрес. Кластерската анализата идентификуваше три различни профили што одговараа на високо, умерено и ниско ниво на дистрес.

Заклучок: Психолошкиот дистрес кај младите е мултидимензионален и хетероген, карактеризиран со меѓусебно поврзани симптоматски домени и различни профили. Овие наоди поддржуваат мултидимензионални и персонализирани пристапи при процената и може да придонесат кон развој на понасочени стратегии за рана интервенција.

Клучни зборови: адолесценти, млади возрасни лица, психички дистрес, факторска анализа, кластерска анализа, соматски симптоми