

## PSYCHOLOGICAL DISTRESS AND PERCEIVED STIGMATIZATION AMONG UNDERGRADUATES: DO RESILIENCE AND POSITIVE EMOTIONS COUNT?

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### ABSTRAK

Stigmatisasi yang dirasakan tetap menjadi masalah yang berulang dan memengaruhi berbagai individu, termasuk populasi mahasiswa sarjana. Studi yang menggunakan berbagai prediktor stigmatisasi yang dirasakan telah menghasilkan hasil yang bervariasi. Oleh karena itu, penelitian ini menguji efek moderasi ketahanan dan emosi positif terhadap gangguan psikologis dan stigmatisasi yang dirasakan di kalangan mahasiswa sarjana di sebuah universitas di Nigeria. Survei transversal digunakan, sementara data dikumpulkan secara konvensional dari 461 peserta menggunakan kuesioner yang telah tervalidasi. Data yang dikumpulkan dianalisis menggunakan analisis regresi berganda hierarkis untuk menguji lima hipotesis yang diterima pada tingkat signifikansi  $p = 0,001$ . Hasil menunjukkan bahwa gangguan psikologis ( $\beta = 0,67, p = 0,007$ ) dan ketahanan ( $\beta = 0,15, p = 0,001$ ) memprediksi stigmatisasi yang dirasakan di kalangan peserta studi. Selain itu, hasil menunjukkan bahwa ketahanan ( $\beta = -.01, p = .018$ ) dan emosi positif ( $\beta = .01, p = .025$ ) berperan sebagai moderator antara gangguan psikologis dan stigmatisasi yang dirasakan di kalangan peserta studi. Namun, emosi positif tidak memprediksi stigmatisasi yang dirasakan di kalangan peserta studi ( $\beta = .02, p = .724$ ). Studi ini menyimpulkan bahwa ketahanan dan emosi positif memberikan efek pelindung terhadap persepsi stigmatisasi di kalangan mahasiswa sarjana. Studi ini merekomendasikan agar orang tua, otoritas universitas, dan pemangku kepentingan lainnya menyediakan layanan psikologis untuk mengurangi gangguan psikologis dan persepsi stigmatisasi di kalangan mahasiswa sarjana.

### ABSTRACT

**Keywords:**

Psychological Distress, Resilience, Positive Emotion, Perceived Stigmatization, Undergraduates

*Perceived stigmatization has remained a recurring problem affecting different individuals such as the undergraduate population. Studies using different predictors of perceived stigmatization have produced varied results. Therefore, this study examines the moderating effects of resilience and positive emotion on psychological distress and perceived stigmatization among undergraduates in a Nigerian university. A cross-sectional survey was adopted while data were conveniently collected from 461 participants using validated questionnaires. Data collected were analyzed using hierarchical multiple regression analysis to test five hypotheses which were accepted at  $p = .001$  level of significance. The result revealed that psychological distress ( $\beta = .67, p = .007$ ) and resilience ( $\beta = .15, p = .001$ ) predicted perceived stigmatization among study participants. In addition, the result showed that resilience ( $\beta = -.01, p = .018$ ) and positive emotions ( $\beta = .01, p = .025$ ) moderated between psychological distress and perceived stigmatization among study participants. However, positive emotion did not predict perceived stigmatization among study participants ( $\beta = .02, p = .724$ ). The study concludes that resilience and positive emotion provide buffering effects on perceived stigmatization among undergraduates. The study recommends that parents, university authority and other stakeholders should provide*

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*psychological services to reduce psychological distress and perceived stigmatization among undergraduates.*

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## 1. INTRODUCTION

Stigmatization is described as the evaluation of a group or individual based on a characteristic that is discredited by society such as having a mental illness, physical health condition, minority sexual orientation, gender identity, female gender, higher body weight, disability, and minority ethnic/racial heritage (Goffman, 2009). Perceived stigmatization, therefore, is the feeling or belief that others will judge, discriminate, or treat individuals negatively simply because they are experiencing psychological problems (Frost et al., 2011; Subu et al., 2022). It could also be as the result of feelings of shame, withdrawing from social activities, and reluctance to seek professional help (Verma et al., 2018). This goes to show that stigmatized individuals would come to internalize the negative beliefs society holds about their internalized stigma or self-stigma, leading to decreased self-esteem and self-efficacy, as well as increased felt helplessness (Corrigan et al., 2016).

Some factors have been identified to predict perceived stigmatization among undergraduates. One factor considered in this study is psychological stress which is described as a state of emotional suffering typically characterized by symptoms of depression, anxiety, and stress (Anyanwu, 2023). Psychological distress among undergraduates could emanate from several factors including academic workloads, social pressures, financial instability, and uncertainty about the future. When left unaddressed, psychological distress can interfere with their ability to function effectively, both academically and socially (Cuijpers et al., 2019). Oshodi et al. (2019) has found over 40% of Nigerian undergraduates to have reported high levels of psychological distress, yet only fewer than 20% of them ever sought professional help, largely due to fear of perceived stigmatization.

Studies have revealed that psychological stress contributed to perceived stigmatization among undergraduates. For instance, Onyeaka et al. (2021) found psychological distress to predict perceived stigmatization among undergraduates. In addition, Hill et al. (2024) concluded that undergraduates who have experienced psychological stress tend to perceive they are being stigmatized. Moreover, Atienza-Carbonell et al. (2024) found that undergraduates who experienced psychological distress reported higher levels of stigmatization. Furthermore, Dagani et al. (2023) found psychological distress to be positively correlated with coping strategies, which in turns was negatively associated with the stigma seeking behavior among study participants.

Some psychological factors have been identified to moderate the relationship between psychological distress and perceived stigmatization. Two factors are investigated in this study: Resilience and positive emotion. Resilience is an individual's ability to cope

effectively with stress and adversity (Gomez et al., 2018). It is the capacity to withstand and thrive amidst adversity (Fakorede et al., 2024). Resilience could serve as a protective shield, helping students interpret challenges more positively and manage distress in healthier ways (Kazeem et al., 2025; Roberts et al., 2025). Resilience tends to moderate the negative effects of psychological distress on perceived stigmatization that enables undergraduates to deal with the challenges and stresses of life. Studies have been carried out on the moderating effects of resilience between psychological stress and perceived stigmatization with varied results. For example, Ogunsanwo and Bukki (2023) in a study that explored the predictive ability of resilience on academic engagement among 420 undergraduates found resilience as a positive predictor of academic engagement among study participants. Moreover, Rometsch et al. (2024) found resilience to moderate the relationship between psychological distress and perceived stigmatization among undergraduates. Finally, Thomas et al. (2020) found that resilient individuals are able to maintain emotional balance, adapt to change, and recover from setbacks more quickly than others especially when perceived stigmatized.

The second moderating factor considered in this study is positive emotion which is described as the affective experiences that enhance individuals' ability to think flexibly, build social connections, and cope effectively with stress (Tugade & Fredrickson, 2007). It represents a set of desirable affective states that broaden cognitive processes, strengthen resilience, and contribute to psychological growth. When compared to negative emotions that narrow an individual's thought-action responses, positive emotion broadens individuals' perspectives and encourages flexible, creative, and adaptive ways of thinking (Fredrickson, 2001). Positive emotions have been identified as a potential moderator of the relationship between psychological distress and perceived stigmatization (Wang et al., 2020).

Positive emotion is considered to moderate the negative consequences of psychological distress and perceived stigmatization (Wang et al., 2020). Individuals who sustain positive emotional states are less likely to internalize stigmatization or withdraw from others, and are more likely to seek help and support when needed (Magalinggam et al., 2021). Positive emotions help build enduring personal resources that support individuals during tough periods. For example, when undergraduates maintain positive emotional states, it helps them to reduce the effect of psychological distress and possibly reduce their sensitivity to perceived stigmatization. In addition, positive emotion enhances social connectedness by fostering trust, cooperation, and empathy (Algoe, 2019) which in turns reduces the harmful effects of both psychological distress and perceived stigmatization. Generally, resilience and positive emotion to moderate psychological distress and perceived stigmatization.

Taking together, positive emotions as well as resilience help undergraduates to think more creatively and have sustained social relationships that enhance well-being. In addition, positive emotions such as joy or gratitude encourage undergraduates to explore

new ideas, build stronger social networks, and engage in problem-solving more effectively (Diener et al., 2020).

Some studies have been conducted on the psychological distress and perceived stigmatization with varied results, however, studies investigating moderating effects of resilience and positive emotion between psychological distress and perceived stigmatization are lacking leaving gaps in knowledge to fill. Therefore, this study examines psychological distress and moderating effects of resilience and positive emotions on perceived stigmatization among undergraduates at Alex Ekwueme Federal University, Ndufu-Alike, South-eastern, Nigeria.

The study would provide insights into the relationships among psychological distress, perceived stigmatization, resilience, and positive emotions among undergraduates. In addition, the findings would help mental health professionals and other stakeholders in designing and implementing policies and programmes that would help undergraduates experiencing stigmatization.

## **2. Theoretical Review**

Two theories give leverage to this paper. First is the Social Identity Theory (SIT, Tajfel & Turner, 1979) which posits that individuals derive part of their self-concept from the social groups to which they belong (e.g., ethnicity, gender, mental health status). When a person belongs to a group that is socially devalued or stigmatized such as those with mental health challenges, they may experience perceived stigmatization due to the negative stereotypes and discrimination associated with that group. When applied in this study, it means that when stigmatized, undergraduates would reinterpret their group identity in a positive light, which would help them develop resilience and actively cope with the harmful effects of stigmatization on campus.

The second theory is the Broaden-and-Build Theory of positive emotions (Fredrickson, 2004) which posits that positive emotions help people expand their immediate, momentary thoughts to help strengthen their psychological, social, cognitive, and physical resources. In the context of this study, the theory suggests that positive emotions not only help undergraduates cope more effectively with stress and adversity, but also serve to undo the lingering effects of negative emotions (like anxiety or sadness). Thus, cultivating positive emotions contributes to long-term emotional well-being and personal growth among undergraduates.

## **Hypotheses**

### **The following hypotheses were tested:**

**H1:** Psychological stress will predict perceived stigmatization among undergraduates.

**H2:** Resilience will predict perceived stigmatization among undergraduates.

**H3:** Positive emotion will predict perceived stigmatization among undergraduates.

**H4:** Resilience will significantly moderate the relationship between psychological distress and perceived stigmatization among undergraduates.

**H5:** Positive emotion will significantly moderate the relationship between psychological distress and perceived stigmatization among undergraduates.

## **3. METHOD**

The study adopted a cross-sectional survey design where data were collected using validated questionnaires. The independent variable was psychological distress, the dependent variable was perceived stigmatization, while the moderating variables were resilience and positive emotion. The study was conducted among undergraduates of Alex Ekwueme Federal University, Ndufu-Alike, Ebonyi State, South-eastern, Nigeria.

Purposive sampling technique was to select the undergraduates from Alex Ekwueme Federal University, Ndufu-Alike, Ebonyi State, while convenience sampling method was used to select participants for questionnaire distribution. A total of 461 undergraduates of Alex Ekwueme Federal University participated in the study. The descriptive statistics revealed that 238(52%) of the participants were males, while 223(48%) were females. In terms of age bracket, 240 (52%) of the participants were between 16-20 years age bracket, 213(46%) were between 21-25 years age bracket, while 8(2%) were between 26-30 years age bracket. Furthermore, the result showed that 226 (49%) of the participants were in year 1 and 2 in their program, 186 (40%) were in year 3 and 4, while 49(11%) were in year 5. Finally, the marital status of the participants showed that 424 (92%) were singles while 37(8%) were married.

Data were collected validated questionnaires. These are:

**The Generalized Anxiety Disorder Scale (GAD-7, Spitzer et al., 2006)** was used to assess participants' level of stress. It is a 7-item scale presented on 4-point Likert's format with responses ranging from 0 - 4 (0= not at all, 1= several days, 2 = more than half the day, 3 = nearly every day. Sample items include: Over the last two weeks, how often have you been bothered by the following problems? "Feeling nervous, anxious, or on edge" and "Worrying too much about different things". Olaluwoye et al. (2023) has validated scale among Nigerian samples with Cronbach's  $\alpha = .71$ . In this study, Cronbach's  $\alpha = .78$  was obtained.

**The Stigma - 9 Scale (STIG-9, Gierk et al., 2018)** was used to evaluate participants' belief that "most people" hold negative attitudes, stereotypes, and discriminatory behaviours toward those with mental illness. It is a 9-item scale presented on a 4-point Likert's format ranges from 0 = Disagree, 1 = Somewhat disagree, 2 = Somewhat agree, 3 = Agree. Sample items include: "I think that most people consider someone who has been treated for a mental illness less seriously" and "I think that most people consider mental illness to be a sign of personal weakness." Adeyemi, Abiola, and Solomon (2015) has adapted and validated the scale for use in Nigeria with Cronbach's  $\alpha = .72$ , while in the current study, Cronbach's  $\alpha = .82$  was obtained.

**Resilience Scale - 14 (RS-14, Wagnild & Young, 1993)** was used to measure participants' resilience (i.e., the degree to which an individual positively adapts to adversity, stress, or life challenges). It is a 14-item scale rated on a 7-point Likert's format ranging from 1 = Strongly Disagree, 2 = Disagree, 3 = somewhat Disagree, 4 = Neutral/ not sure, 5 = somewhat Agree, 6 = Agree, 7 = Strongly Agree. Sample items include: "When I make plans, I follow through with them" and "I can get through difficult times because I have experienced difficulty before.

Abiola and Udofia (2011) has adapted and validated the scale among Nigeria samples with Cronbach's  $\alpha = .81$ , and in the present study, Cronbach's  $\alpha = .87$  was obtained.

The Positive and Negative Affect Schedule (PANAS, Watson et al., 1988) was used to assess participants' both positive affect (PA) and negative affect (NA) of dimensions of mood and emotion. It is a 20- adjective item responded to a 5 point Likert's format ranging from 1= very slightly or not at all, 2= A little, 3= moderately, 4= quite a bit, 5 = Extremely. Sample include: "Interested" "Distressed" and "Distressed". Oladipo (2009) has adapted and validated the scale among Nigerian samples with Cronbach's  $\alpha = .85$ , and in the current study, Cronbach's  $\alpha = .87$  was obtained.

### Procedure

The researchers were cleared to conduct the study based on the letter of authority obtained from the Department of Psychology, Alex Ekwueme Federal University, Ndufu-Alike, Ebonyi State. Potential participants were met in the lecture halls, lounges, reading rooms, cybercafé, and other recreational centres within the campus. After a brief introduction, potential participants were assured of the confidentiality of their responses and they were informed that the study is voluntary. Only those who agreed to participate in the study were given the questionnaires which took less than 20 minutes to complete. A total of 465 questionnaires were distributed and collected on the spot, however, during screening and coding, four questionnaires were improperly filled and were removed leaving 461 used for the analysis.

### Data Analysis

IBM SPSS version 23 was used for the analysis. Both descriptive and inferential statistics were computed. Hierarchical multiple regression was used to test the hypotheses which were accepted at  $p = .001$ .

## 4. RESULTS AND DISCUSSION

The study first presents the results of the zero-order correlation of the study variables in Table 1.

S/N	Variable	Mean	SD	1	2	3	4
1	Psychological Distress	9.12	4.85	-			
2	Resilience	72.13	13.24	.02	-		
3	Positive Emotion	49.70	6.86	.05	.33*	-	
4	Perceived Stigmatization	17.33	4.42	.10*	.24*	.19*	-

NOTE:  $N = 342$ ,  $*p < .01$ .

Table 1 presents a zero-order correlation matrix of the study variables. The result showed that psychological distress ( $r = .10$ ,  $p < .01$ ), resilience ( $r = .24$ ,  $p < .01$ ) and emotion ( $r = .19$ ,  $p < .01$ ) positively correlated with perceived stigmatization. This shows that the variables were good for hierarchical multiple regression analysis.

### Hypothesis Testing

The hypotheses were tested using hierarchical multiple regression and the results are presented in Table 2.

**Table 2: Moderating effects of resilience and positive emotions on psychological distress and perceived stigmatization among undergraduates.**

Variables	$\beta$	SE	t	p	95%CI	R <sup>2</sup>	F
<b>Model 1</b> Psychological Distress (PD)...H1	.67**	.25	2.69	.007	[.18, 1.16]	.08	13.15 (3, 457)**
Resilience (RES...H2)	.15**	.03	4.52	.000	[.08, .22]		
PD x RES...H4	-.01*	.00	-2.37	.018	[-.01, -.00]		
<b>Model 2</b> Psychological Distress (PD)	-.55*	.28	-1.92	.054	[-1.11, .01]	.06	8.86 (3, 457)**
Positive Emotions (PE)...H3	.02	.05	.35	.724	[-.09, .12]		
PD x PE...H5	.01*	.01	2.24	.025	[.00, .02]		

Note:  $\beta$  = Regression coefficients; SE = Standard Error; t = Population t value; p = Probability level; CI = Upper & Lower Confidence Interval

Table 2 depicts the hierarchical multiple regression analysis of the independent, dependent and moderating variables in the study. In Model 1 in Table 2, the result showed that psychological distress ( $\beta = .67, p = .007$ ) and resilience ( $\beta = .15, p = .000$ ) predicted perceived stigmatization among study participants. These supported hypotheses 1 & 2. In Model 2, the result showed that positive emotion did not predict perceived stigmatization among study participants ( $\beta = .02, p = .724$ ), therefore, hypothesis 3 was not supported. Again, in Model 1, the result showed that resilience moderated between psychological distress and perceived stigmatization among study participants ( $\beta = -.01, p = .018$ ). This supported hypothesis 4. Finally, in Model 2 of Table 2, the result revealed that positive emotion moderated the relationship between psychological distress and perceived stigmatization among study participants ( $\beta = .01, p = .025$ ), which therefore supported hypothesis 5.

## Discussion

The hypothesis that psychological distress will predict perceived stigmatization among undergraduates of the Alex Ekwueme Federal University was confirmed. Psychological distress significantly predicted perceived stigmatization among study participants. This finding aligned with previous results which demonstrated that individuals experiencing psychological distress are more likely to perceive stigmatization from their social environment compared to those who are not (Onyeaka et al., 2021; Hill et al., 2024). This means that psychological distress would heighten self-consciousness and negative evaluation, making individuals to be more prone to perceiving stigmatization within academic and social contexts (Atienza-Carbonell et al., 2024; Dagani et al., 2023). In addition, the hypothesis that resilience will predict perceived stigmatization among study participants was supported. This means that undergraduates with higher resilience scores were better able to buffer the negative effects of psychological distress on their perceived stigmatization. When resilience is high it leads to better mental well-being which lead to direct improvements in psychological outcomes such as self-efficacy, positive emotion, and coping. In the case of stigmatization, an individual's resilience is vital to

overcome a stereotype especially in the case of perceived stigmatization (Prime et al., 2020).

However, the hypothesis that positive emotion will predict perceived stigmatization was not supported. This means that undergraduates who have positive emotions of joy and happiness, for instance, would not feel stigmatized. The result of this study contradicts that of Fredrickson (2004) who found the role of positive affect in promoting adaptive social functioning among study participants. One possible explanation is that while positive emotions improve well-being and social relationships, they may not directly reduce perceived stigmatization, which often stems from external social evaluations rather than internal affective states.

Again, the hypothesis that resilience will moderate the relationship between psychological distress and perceived stigmatization was confirmed. Resilience both predicted perceived stigmatization and interacted with psychological distress that affected study participants. Undergraduates with low resilience reported heightened perceived stigmatization under high distress, whereas undergraduates with higher resilience maintained more stable perceptions of stigmatization. This result lent credence to the previous findings that resilience acts as a protective factor that enhances coping in the face of adversity including stigmatization (Ogunsanwo & Bukki, 2023; Rometsch et al., 2024; Thomas et al., 2020). It goes to say that resilient undergraduates would rephrase stressful experiences, thereby reducing the likelihood of internalizing stigmatization wherever it comes from.

Finally, the hypothesis that positive emotion will moderate the relationship between psychological distress and perceived stigmatization was accepted. This suggests that while positive emotion alone may not directly predict perceived stigmatization, it plays a crucial role in buffering the negative consequences of distress. Consistent with Fredrickson's broaden-and-build theory (Fredrickson, 2004), positive emotions help undergraduates to expand their coping resources, facilitating adaptive interpretation of social challenges and reduce stigma perception in stressful situations (Algoe, 2019; Magalinggam et al., 2021). Overall, these findings highlight that resilience and positive emotions operate as psychological resources that help undergraduates navigate the effects of distress on perceived stigmatization. While resilience plays a direct and moderating role, positive emotions function more strongly as a moderator rather than as a direct predictor.

### **Implications of the Study**

The findings of this study have important theoretical and practical implications. Theoretically, the results support models of stress and coping that emphasize the buffering role of psychological resources in reducing stigmatization. They also extend resilience and broaden-and-build frameworks by showing how these constructs interact with psychological distress in shaping stigmatization experiences among undergraduates. Practically, interventions aimed at reducing stigmatization among students should incorporate resilience-building programmes such as cognitive-behavioral coping strategies, problem-solving skills training, and mindfulness practices. Additionally, promoting positive emotions through gratitude interventions, social bonding activities, and well-being programmes serve as complementary strategies to mitigate the adverse

effects of psychological distress. University counseling centers and mental health campaigns would draw on these findings to create holistic programmes that integrate emotional regulation and resilience training.

### **Limitations of the Study**

Despite its contributions, this study has some limitations. To begin with, the cross-sectional design limits causal inferences; therefore, longitudinal or experimental studies would provide stronger evidence of directionality. In addition, the reliance on self-report measures would have introduced social desirability bias, potentially affecting the accuracy of responses. Further study would benefit from focus group and documentary records to triangulate self-report data. Furthermore, the study sample was limited to undergraduate students from a specific context, which limits generalizability to other populations such as postgraduate students or non-student groups. Further study should include other students and more from public and private universities possibly for comparative analysis. Finally, the moderating effects of resilience and positive emotion were relatively small in size, suggesting the need to explore additional factors (e.g., social support, self-esteem) that would have influenced the relationship between distress and perceived stigmatization.

### **5. CONCLUSION**

This study examines the moderating roles of resilience and positive emotion in the relationship between psychological distress and perceived stigmatization among undergraduates. The findings revealed that psychological distress significantly predicted perceived stigmatization, while resilience and positive emotion moderated this relationship. Notably, resilience directly predicted stigma and served as a strong buffer, whereas positive emotion moderated but did not directly predict stigmatization.

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