SOCIAL REPRESENTATION OF PSYCHOLOGICAL UNHAPPINESS AMONG YOUNG PEOPLE IN THE UNIVERSITY ENVIRONMENT OF THE CITY OF PORTO-NOVO

ABSTRACT

Psychological distress among young people in universities today represents a major challenge for their personal balance and academic success. Academic, social, and personal factors combine to undermine students' mental health, resulting in stress, anxiety, and sometimes depression. Given this reality, this study aims to analyze the issue of psychological distress among university students in Porto-Novo and to show how awareness-raising initiatives can contribute to its prevention. It thus seeks to understand the causes and manifestations of the phenomenon, while highlighting socio-educational measures that can promote better management. The methodological approach is based on a combination of qualitative and quantitative approaches. Questionnaire surveys were conducted among students, supplemented by semi-structured interviews with university and socio-educational stakeholders, in order to collect reliable and diverse data on the issue. The results of the study reveal that psychological distress is a common reality in the university environment in Porto-Novo. It mainly manifests itself through anxiety, demotivation, withdrawal, and sometimes depression. However, the analysis also shows that socio-educational and recreational activities are effective means of raising awareness and prevention, by allowing the expression of emotions, strengthening social ties, and improving the overall well-being of students.

Keywords: Psychological discomfort; mental health; students; awareness; socio-educational activities

INTRODUCTION

Mental health is playing an increasingly important role in public health and well-being. It is an essential component of overall well-being. Mental well-being specifically involves feeling good about oneself and happy. According to the World Health Organization (WHO), mental health is “a state of mental well-being that enables us to cope with life's stressors, to fulfill our potential, to learn and work well, and to contribute to the community” (WHO, 2013). Mental health is not simply defined by the absence of mental disorder. It is a complex reality that varies from one person to another, with varying degrees of difficulty and suffering, and social and clinical manifestations that can be very different. Keyes,(2002) explains that mental health includes both the absence of mental disorder and the presence of psychological and social well-being. Mental health therefore goes far beyond the absence of mental illness. A person can have poor mental health without exhibiting clinical symptoms of mental disorders or illness, and conversely, a person can be mentally healthy while exhibiting certain symptoms. This is not a fixed state but a continuous search for balance between constraints and resources. According to the WHO, one in four people will suffer from mental disorders during their lifetime (WHO, 2017). Mental health problems affect all population groups, but certain categories of people are more vulnerable worldwide. With the global context marked by a rise in mental health-related disorders, young people, particularly pupils

and students, represent a particularly vulnerable population. The World Health Organization (WHO, 2021) has shown that depression is one of the leading causes of disability among 15–19-year-olds. Young people are among the most affected victims of mental disorders. According to the latest data published by Axa Prevention concerning mental health, approximately 56% of young people under the age of 25 are or have been in a state of psychological distress. Several factors are at the root of this deterioration in mental health, and among these, one of the most recurrent is academic pressure. In Africa, and more specifically in Benin, the issue remains largely underestimated, partly due to stigma, lack of information and the weakness of psychological support systems in universities. Young people are subject to numerous pressures: academic success, economic insecurity, loneliness, family conflicts, sexual violence, etc. These factors can cause deep malaise, often unexpressed, and sometimes hidden under violent behavior, a decline in academic performance, running away or risky behavior. Yet, in our society, talking about stress, anxiety or depression remains a taboo, and few initiatives exist to address these issues in an open, inclusive and educational manner. It is therefore necessary to consider awareness-raising and information actions on the psychological distress of young people, not as an isolated individual problem, but as a collective issue relevant to both public health and education. Therefore, we ask ourselves the following: How does awareness of psychological distress influence the perception and management of mental well-being among university students?

1. STATE OF THE PROBLEM

In this research, the social representation of psychological distress among young university students in Porto-Novo will be considered as the set of perceptions, attitudes and practices shared around mental disorders within this community. The aim is to assess the extent to which these perceptions influence the experience and expression of psychological distress, as well as the propensity to seek help or to self-marginalize. The social representation of psychological distress reflects the complex relationships between collective norms, institutional expectations and individual dynamics in the university space. It aims to situate psychological suffering within daily interactions, discourses and common beliefs, thus proposing a plural and situated reading of mental health. The major interest lies in the analysis of the factors that promote, maintain or mitigate stigmatization, through the comparison of experiences lived in Porto-Novo and social, cultural or scientific referents. Mental health, according to the World Health Organization, corresponds to a state of well-being that allows an individual to cope with daily difficulties, to carry out productive and fruitful work, while contributing positively to society (WHO, 2004). For many, mental health is reduced, in contrast, to the absence of mental illness. However, it is not limited to an absence of mental disorders, but also encompasses psychological and social balance (Keyes, 2002). This holistic conception has emerged in the face of the traditional vision that opposed health and mental illness on the same continuum, where well-being and mental disorders are distinct but interconnected (Morin et al., 2017). Thus, Baudelot&Establet (2006) define malaise as a state of emotional or mental suffering that can manifest itself through disorders such as anxiety, mental fatigue or depression. Globally, youth mental health has become a growing concern for health, educational, and social institutions. The World Health Organization (WHO) estimates

that one in seven young people worldwide suffers from a mental disorder (WHO, 2021), the most common being anxiety, depression, and behavioral disorders. The university period represents a pivotal stage in life: transition to adulthood, increased autonomy, academic pressure, career guidance, social integration, etc. All these factors can generate intense stress, recurring anxiety states, or latent depression. An UNICEF report (2021) showed that nearly 13% of adolescents worldwide suffer from a diagnosed mental disorder. The global cost of mental health is estimated at more than $16 trillion by 2030 (Lancet Commission, 2019). In Benin, a study conducted at the Faculty of Sciences and Health in Cotonou revealed a prevalence of mental disorders of 55.9% among students. Added to these factors are persistent beliefs that continue to associate psychological distress with supernatural causes, such as possession or curses. While these beliefs construct social reality, they also reinforce the silence and marginalization of those affected. It is therefore in the face of this vicious circle, to say the least, that the need to shed light on the phenomenon in the Beninese university environment is fully justified. Thus, the central question of this study can be formulated as follows: To what extent are young Beninese students informed, aware of, and capable of recognizing and expressing their psychological distress?

1.1 Hypothesis and Objectives

To answer this question, objectives and hypotheses were formulated.

1.1.1 Objectives

Generally, our research aims to understand the impact of stigma on the psychological distress of young people in a university setting, in order to propose effective awareness-raising strategies.

Specifically, it aims to identify students' social representations of mental health, and then to assess the role of factors such as social support and a healthy environment in reducing psychological distress and stigma.

1.1.2 Hypotheses

To answer to the central question, two hypotheses were formulated:

1. First, we postulate that young people in a university setting have limited knowledge of psychological distress and are reluctant to discuss it due to social stigma.
2. Second, we assume that socio-educational and recreational activities can contribute to a better understanding of mental disorders and encourage young people to express their difficulties. To carry out this research, a methodology was applied.

2. METHODOLOGY

The methodology takes into account the nature of the research, the target population, sampling, methods, tools, and techniques for data collection and processing, on the one hand, and the analytical model and theories serving as a basis for the various analyses, on the other. Nature of the research, target population, sampling, methods, tools, and techniques for data collection and processing. The research is mixed in nature, combining qualitative and quantitative analyses. It is based on a questionnaire and an interview guide. The target

population primarily includes young university students as well as academic and administrative staff. A total of 100 students were surveyed, from the National Institute of Youth, Education, and Social Advancement (INJEPS), the Polytechnic School of Abomey-Calavi (EPA), and the Higher Normal School (ENS) in Porto-Novo. In addition to these young people, there were 12 teachers and administrative managers, bringing the total number of respondents to 112. The recruitment of participants was carried out using a mixed method of reasoned choice and accidental choice:

- the rational selection involved teachers and administrative managers, selected for their role and expertise;
- the accidental selection involved students, where the snowball method was used, given time and resource constraints.

The student sample size, set at 100, represents a margin of error and a precise statistical calculation, inspired by the Schwartz method (taking into account proportions and margins of error for the target population).

Table 1: Sample Details

Categories	**Size**
Students	100
Teachers	6
Academic Manager	6
Total	112

The collected data were processed using SPSS statistical software. Qualitative data from the interviews were organized, transcribed, and analyzed to extract the major results. The reference system for this research is primarily inspired by Erving Goffman's stigma theory (1963), which is particularly suited to understanding the social recognition of psychological distress among young university students. According to Goffman, stigma is defined as an attribute or mark that deeply discredits an individual or group in the eyes of society, thus generating exclusion, discrimination, and internalization of shame. In the context of the academic environment, this stigma can lead to social isolation of the students concerned, reluctance to seek help, and a deterioration in overall psychological well-being. The methodological approach adopted is that of mixed research, integrating both quantitative and qualitative components. The quantitative approach is based on a standardized questionnaire administered to a representative sample of students from three major university institutions in Porto-Novo (INJEPS, EPA, ENS). The questionnaires allow us to explore the frequency and extent of stigmatizing attitudes, the declared recognition of psychological distress and the prevalence of certain behaviors and opinions within the student population. The data collected are then entered and processed electronically using SPSS software, allowing descriptive statistical analysis and, if necessary, the exploration of significant correlations between variables. In addition, the qualitative component aims to deepen the

understanding of subjective experiences and social dynamics related to stigma. Semi-structured interviews were conducted with a sub-sample of students, teachers and administrative officials, chosen for the diversity of their positions and experiences with regard to the subject studied. These interviews allow us to collect life stories, perceptions of stigma experienced or perceived, and to explore the individual and collective strategies implemented to manage or counter psychological distress. The qualitative data are recorded, transcribed and subjected to a thematic content analysis, aimed at identifying the underlying logic and recurring patterns of the social representations at play. The combined use of these two approaches allows for a comprehensive and nuanced understanding of the phenomenon studied. The quantitative approach offers an overview of the trends and the extent of the phenomenon, while the qualitative approach sheds light on its deep and contextual meanings in the daily lives of Porto-Novo students. Thus, the articulation of qualitative and quantitative methods meets the requirement of objectification while respecting the complexity of the research subject. This methodological strategy is fully in line with Goffman's theoretical framework (1963), which emphasizes the articulation between social representations, daily interactions and identity issues linked to stigma.

3. RESULTS

The results are presented along two axes. The first presents students' perceptions of psychological distress, and the second the contribution of social factors to young people's understanding and expression of distress.

3.1 Representations of psychological distress among students

Students have limited knowledge of psychological distress and reduce it to visible symptoms or occasional emotional states. Following the fieldwork, it was observed that the most widely shared definition of distress is feeling anxious or depressed in the face of certain situations. Moreover, while the perception of distress is already very high, students' personal experiences confirm the depth of the phenomenon. Field data show that 89.2% of students have already experienced psychological distress during their university careers. Conversely, only 10.8% of respondents reported not having experienced this form of distress. These figures highlight an alarming observation: psychological distress is a widespread reality in Beninese universities.

Regarding the frequency of psychological distress among students, we have noted a recognition of its frequency, although it remains invisible because it is hidden.

Indeed, our research showed that 86% of students admit to frequently experiencing moments of unhappiness. For fear of being judged or excluded, students prefer to hide their suffering, fueling a vicious cycle of silence and isolation. Furthering this and adding a nuance, one respondent stated: "I regularly encounter students who, despite being physically present, show signs of deep distress. Many of them are suffering, but very few speak about it openly. There's a real fear of being judged, of being seen as incapable or fragile. I think many of them don't even know how to put a word to what they feel. The stigma surrounding mental health is still very strong." (J.F., Teacher)

Students don't dare speak out for fear of judgment or a lack of emotional vocabulary to describe their discomfort. At this point, it's important to understand the factors that can help students talk about their distress in an environment marked by taboo and stigma.

Contribution of Social Factors to Young People's Better Understanding and Expression of Distress

Regarding the main barriers preventing victims from seeking help, 64.9% of respondents believe that fear and stigma are the primary causes of student silence. 51.4% believe that it is primarily family and social pressure, and 43.2% believe that a lack of self-confidence and confidence in others is the primary obstacle to seeking help.

Social barriers outweigh emotional barriers, and the fear of judgment or marginalization is the primary obstacle to expressing distress.

This is in perfect harmony with the words of one respondent who explained:

"We can clearly see that students don't necessarily lack the means to get help, but they are afraid. Afraid of what their classmates will think, afraid of what their parents will say, and also afraid of not being understood. It's this climate of fear, fueled by stigma, that pushes them to remain silent and suffer alone." (N.K., Academic Director)

Thus, this transcript not only confirms the data; it shows how social barriers concretely impact students' lives. It calls for the creation of safe, neutral, and caring environments where young people can express themselves without fear of being reduced to their suffering.

Furthermore, data from the field reveals that the actions to be implemented to reduce the stigma associated with psychological distress, favored by the majority of students, are:

- actions strengthening social support (75%),
- an inclusive and healthy environment (70%),
- awareness campaigns (68%),
- facilitating access to psychological services (65%),
- and training for peer support workers and staff (60%). This highlights the importance of active listening and multi-level intervention in the university environment to better recognize and de-stigmatize distress.

Also, the majority of respondents recognize the crucial importance of social support in reducing psychological distress among students. Indeed:

- 72% of students believe that social support allows them to share their difficulties and feel less isolated.
- 65% believe that this support encourages free expression, without fear of judgment.

This confirms the importance of social connections as a protective factor against isolation and mental distress. Furthermore, 68% of students believe that a healthy and inclusive university environment fosters a climate of trust and respect among students.

Furthermore, 62% of respondents believe that this environment reduces the fear of being marginalized or discriminated against. Only a minority (10%) perceives that the environment plays no role in the social perception of distress.

The quality of the social and physical environment in which students evolve is important. The social environment plays a key role in managing stigma. An inclusive environment can reduce rejection and exclusion mechanisms, thus facilitating the expression and recognition of distress.

4. DISCUSSION

The discussion highlights two main points: the poor understanding of psychological distress and the role of social factors in understanding and reducing psychological distress among students.

4.1 Poor understanding of psychological distress by students

Information gathered in the field shows that students' understanding remains incomplete and often limited to visible symptoms or occasional emotional states, without a clear understanding of the more complex and nuanced dimensions of psychological distress. This inadequacy is highlighted by several studies, including that of Corrigan& al. (2014), which demonstrates that lack of understanding of mental disorders contributes to stigmatization and limits access to care.

Research shows that the limited understanding of psychological distress among students is not specific to Porto-Novo, but reflects a global phenomenon. Furthermore, Jorm(2012), highlights the importance of mental health education to improve understanding and reduce prejudice. Thus, strengthening knowledge of psychological distress is an essential step in promoting better care and a more inclusive university climate.

The results revealed that 89.2% of respondents believe that psychological distress is indeed present and observed in students' behavior.

Nevertheless, it is also important to emphasize a fundamental point: silence. Young people do not dare to speak out, for fear of judgment or due to a lack of emotional vocabulary to name their distress. The results confirm that students have limited knowledge of psychological distress and are reluctant to discuss it for fear of stigmatization.

Consistent with the frame of reference used to analyze students' perceptions of psychological distress in academia, those who deviate from expected standards of performance, stability, or success are perceived as "deviant," even if their suffering remains invisible.

According to Goffman's (1963) stigma theory, this form of social stigma is part of a dynamic of normative social interactions. Students who feel unwell but want to avoid being labeled then resort to concealment strategies.

This peer stigma contributes to exacerbating silence, preventing help, and reinforcing the psychological burden of stigma. A study conducted by Saleh (2017) reveals that in the Paris region, 86.8% of students have a high stress score, highlighting the prevalence of unwellness, which is common across several contexts, including African ones.

Furthermore, in Benin, stigma remains a major obstacle to accessing mental health care. According to a WHO report (2024), approximately 85% of people suffering from mental disorders in Africa do not have access to necessary care, largely due to stigma and lack of appropriate services (WHO, 2024). This reality is compounded by cultural beliefs and misconceptions surrounding mental illness (Ahongbonon, 2023).

At the local level, the university experience remains marked by socioeconomic difficulties, social isolation sometimes linked to travel for studies, and intense academic pressure, as highlighted by several authors studying African contexts (L'étudiantafricain, 2025).

This pressure, coupled with institutional uncertainties (strikes, political unrest), increases the risk of psychological distress among students, contributing to the vicious cycle of stigmatization and silence.

According to Kouassi (2025), social media also plays a paradoxical role: although it helps break down certain barriers, it exacerbates social pressure and anxiety, particularly among young Beninese.

Finally, internal stigma, or self-stigma, manifests itself among students through the development of a negative self-perception, limiting their esteem and confidence, thus reinforcing the difficulty in asking for help (Morvan,2021).

Thus, young people have limited knowledge of psychological distress and are reluctant to discuss it due to social stigma. Strengthening mental health education programs, taking into account Beninese cultural specificities, therefore appears essential to deconstruct these social representations and foster a more caring and inclusive university environment (Ahongbonon, 2023; Jorm, 2012).

4.2 Role of social factors in understanding and reducing psychological distress

Among Students Social connections are important protective factors against isolation and mental distress, in line with the mechanisms identified in Goffman's stigma theory, where fear of judgment often leads to concealment.

According to the information analyzed, 64.9% of respondents believe that fear of stigma is the main barrier to expressing their difficulties. Fear of what their peers will think, what their parents will say, or of not being understood fuels stigma and pushes students to remain silent and suffer alone (N.K., Academic Manager).

This state of affairs implicitly calls for the creation of safe, neutral, and caring environments where young people can express themselves without fear of being reduced to their suffering.

Furthermore, students overwhelmingly favor actions that strengthen social support and an inclusive and healthy environment (Field Data, 2025). Thus, collective support and a favorable environment appear to be essential levers for improving students' psychological well-being and deconstructing stigmatization mechanisms.

Furthermore, the vast majority of responses collected indicated that strengthening social support through discussion groups and support networks, as well as promoting an inclusive and safe university environment, encourages the free expression of psychological difficulties and reduces the fear of social rejection.

Indeed, 72% of students found that social support allows them to share their difficulties and feel less isolated, highlighting the significant role of socialization and sharing in managing mental distress.

Several studies confirm the impact of social support on students' mental health. Cohen, and Wills (1985) demonstrate that social support acts as a buffer against the negative effects of psychological stress, reducing the impact of risk factors on mental well-being. In a university context, Chang et al. (2014) showed that support groups and mutual aid networks contribute significantly to reducing psychological distress among students, by providing them with a framework of mutual support and acceptance.

Similarly, field research shows that 70% of students believe that a healthy and inclusive university environment fosters a climate of trust and respect among students.

Thus, the social environment plays a key role in stigma management: an inclusive setting can reduce rejection and exclusion, thus facilitating the expression and recognition of distress.

These findings corroborate Goffman's (1963) stigma theory, which emphasizes that managing social interactions and creating trusting spaces are essential to alleviate the burden of stigma and encourage discussion about mental health.

From an African perspective, Adewuya et al. (2008) emphasize the importance of a respectful and non-judgmental environment to alleviate the shame associated with psychological disorders, thus promoting better social integration for those affected.

In this regard, Eisenberget al. (2013) demonstrate that universities offering safe spaces, group activities, and a supportive culture promote better psychological adjustment among students and encourage help-seeking.

In short, socio-educational and recreational activities, as well as a healthy environment, play a crucial role in reducing psychological distress and stigma among students.

CONCLUSION

This research aimed to analyze the social representations of psychological distress among young people in a university setting in the city of Porto-Novo. This objective was achieved by formulating two specific hypotheses. The first focused on the limited knowledge of psychological distress and the difficulty young people have in discussing it due to social stigma, while the second assumed that socio-educational and recreational activities contribute to a better understanding of mental health and encourage the expression of emotions and personal difficulties. Following surveys conducted among students from various universities in Porto-Novo, it was found that the majority of them still have insufficient knowledge of psychological distress. While some admit to having already experienced situations of emotional distress, few truly know how to identify them as forms of distress. The interviews also revealed that many are reluctant to discuss their psychological suffering, for fear of being judged, misunderstood, or stigmatized by their peers. These findings confirm the first hypothesis, according to which stigma remains a major obstacle to the recognition and expression of psychological distress in the university environment. However, the results also highlighted that socio-educational and recreational activities play a significant role in the prevention and awareness of mental health. Indeed, students who participated in this type of activity demonstrated greater openness to discussing emotions, greater tolerance towards those experiencing psychological difficulties, and a growing interest in collective well-being. These observations confirm the second hypothesis, according to which socio-educational and recreational activities constitute effective levers for promoting the understanding and destigmatization of psychological distress. The analytical model based on Erving Goffman's stigma theory made it possible to better understand how young people perceive and integrate stigma into their behaviors and discourses. In particular, it highlighted the weight of social and cultural representations in the construction of silence around psychological suffering. This approach also showed that the recognition of malaise does not depend only on individual knowledge, but also on the social view of mental vulnerability. Thus, the research revealed that the fight against stigma and the promotion of psychological well-being require an integrated approach, combining information, dialogue and socio-educational practices. It is therefore essential to strengthen awareness-raising programs within universities, to encourage the establishment of spaces for listening and expression, and to promote cultural and recreational activities as means of prevention and psychological support. In general, it is important to promote a true culture of mental health within the Beninese university environment, by considering psychological well-being as a fundamental dimension of youth development and academic success.

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