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Internalising The External: The Transition from Social Stigma to Self-stigma Among Malaysian B40 Adolescents

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ABSTRACT

Rarely explored yet deeply consequential, this qualitative study explores how socioeconomic stigma is experienced, interpreted, and internalised as self-stigma among Malaysian adolescents from B40 families. Using a phenomenological research approach, semi-structured interviews were conducted with six late adolescents aged 18-25 years. The data were analysed thematically using Atlas.ti 9. The findings reveal that socioeconomic stigma is encountered through class-based labelling and social separation that mark economic difference in everyday interactions. These experiences do not lead directly to self-stigma but are first interpreted through processes of comparison, shame, and anticipation of social judgement. Over time, when such meanings are accepted as personally relevant, stigma becomes incorporated into self-evaluation, shaping self-regulation, relational withdrawal, and constrained aspirations. The study demonstrates that self-stigma develops through adolescents' interpretive engagement with socially produced judgements during a critical period of identity formation and is shaped by socioeconomic position and cultural context. By foregrounding adolescents' lived experiences, this study offers a process-oriented and contextually grounded understanding of stigma internalisation among socioeconomically marginalised adolescents.

Keywords: Adolescents, B40 families, self-stigma, social stigma

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INTRODUCTION

Stigma is conceptualised as a profound social construct that marginalises individuals or group through mechanisms of labelling, stereotyping, discrimination and exclusion (Goffman, 1963; Link & Phelan, 2001). In contexts of socioeconomic inequities, stigma related to poverty often extends beyond material deprivation to encompass

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moral judgements and assumptions of personal inadequacy, thereby shaping how individuals are perceived and treated in everyday social interactions (Peterman, 2018; Vecchio-Camargo et al., 2022). Such stigma is embedded within social arrangements that normalise inequality and marginalisation.

Adolescence is a critical period during for individuals actively construct their self-identity (National Academies of Sciences, 2019). During this stage, they are particularly sensitive to social evaluation, peer comparison, and external judgement, as these experiences play a significant role in shaping self-perceptions and future orientations (Erikson, 1968). For adolescents from economically disadvantaged backgrounds, repeated exposure to poverty-related stigma may therefore carry heightened significance, influencing not only how they are viewed by others, but also how they come to understand and evaluate themselves (Blajeski et al., 2022; Corrigan et al., 2014; Maina et al., 2025; Mak & Cheung, 2019a; Reutter et al., 2009; Simons et al., 2018).

Although existing research has consistently demonstrated an association between social stigma and self-stigma, whereby negative social judgements are internalised and directed towards the self (Corrigan & Rao, 2012; Livingston & Boyd, 2010), self-stigma does not emerge spontaneously. Rather, it develops through a gradual process in which external social messages are interpreted, negotiated, and incorporated into one's self-concept (Akfirat et al., 2016; Plenty & Mood, 2016; Ropert & Di Masso, 2021). Examining this process requires attention to how adolescents make sense of repeated experiences of social labelling, comparison, and exclusion in their everyday lives (Blajeski et al., 2022; Ferrie et al., 2020). By centring this transition, the present study moves beyond treating self-stigma as an assumed outcome and instead emphasises the psychosocial mechanisms through which social stigma becomes internalised.

Processes of stigma internalisation are further shaped by socio-cultural context. In collectivist societies, social evaluation is closely linked to expectations surrounding family reputation, social harmony, and shared moral or spiritual values, which may intensify the personal meaning of stigma-related experiences (Abdullah & Brown, 2011; Goodpaster, 2021; Plenty & Mood, 2016). Within such contexts, stigma may be experienced not only as an individual judgement but also as a reflection upon one's family or social group (Homan et al., 2017; Vecchio-Camargo et al., 2022). These cultural dynamics indicate that the internalisation of stigma among adolescents cannot be fully understood without considering the social and cultural environments in which they are embedded (Plenty & Mood, 2016).

Adolescents from B40 households who classified as part of Malaysia's bottom 40% income group, typically with household earnings below RM5,250 per month, occupy a structurally marginalised socioeconomic position. This marginalisation stems from

long-standing structural inequalities, including stagnant income growth relative to rising living costs, as well as entrenched class-based divisions that shape access to resources, opportunities, and social mobility (Siwar et al., 2019; Yusuff, 2018). Thus, previous studies have documented how poverty-related stigma in Malaysia is reinforced through labelling, stereotypes of dependency, and subtle forms of social exclusion within educational and community settings (Ibrahim et al., 2019; Sani et al., 2020).

This qualitative study examines how social stigma is experienced, interpreted, and internalised as self-stigma among Malaysian adolescents from B40 families. By drawing on adolescents' lived experiences, the study elucidates the psychosocial processes through which external social judgements are transformed into internal self-evaluations. Through this focus, the study contributes a contextually grounded account of stigma internalisation, while acknowledging the boundaries and limitations inherent in qualitative inquiry.

LITERATURE REVIEW

Social Stigma as Social Differentiation

Social stigma has been widely examined as a as a social mechanism through which individuals and groups are categorised, evaluated, and positioned within hierarchical social structures. Early conceptual work framed stigma as an interactional process, whereby certain attributes or social identities become discrediting through everyday encounters that define what is considered normal or acceptable (Goffman, 1963). From this perspective, stigma, is not inherent to individuals themselves but emerges through social relations that attach negative meaning to particular social positions (Phelan et al., 2014).

Building on this interactional understanding, subsequent scholarship has situated stigma within broader systems of power and inequality. Link and Phelan (2001) and Phelan et al. (2014) conceptualise stigma as a convergence of interrelated processes, including labelling stereotypes separation, status loss, and prejudices that lead to discrimination and marginalisation which operate within social, economic, and political contexts. This framework highlights stigma as a mechanism of social differentiation that reinforces existing hierarchies and unequal access to resources and recognition.

Empirical research demonstrates that socioeconomic position constitutes a salient basis for stigma, often through moralised narratives that frame poverty as personal failure or deficiency (Homan et al., 2017; Hunzaker & Mann, 2021). Studies across diverse contexts show that individuals from lower socioeconomic backgrounds are frequently subjected to stereotypes related to irresponsibility, lack of motivation, or dependency, which extend beyond material deprivation to shape social interactions and institutional responses (Homan et al., 2017; Hunzaker & Mann, 2021; Vecchio-Camargo et al., 2022). Such representations contribute to persistent forms of exclusion that position low-income individuals,

including adolescents as socially inferior within educational and community settings (Peterman, 2018; Tighe & Davis-Kean, 2021)

Scholars have noted that socioeconomic stigma is particularly salient in collectivist cultures like Malaysia, where economic disadvantage often framed as a moral deficit rather than a structural condition (Ibrahim et al., 2019; Scheitle & et al., 2023). These narratives create systemic barriers, including reduced access to education, healthcare and community support systems (Pervez & Anjum, 2023; Sani et al., 2020). Moreover, familial reputation is a core value in collectivist societies amplifies the burden of stigma, as adolescents internalise societal judgment not only as personal shortcomings but also as a failure to uphold family honour (Abdullah et al., 2020; Padela, 2023).

Collectively, these perspectives conceptualise social stigma as a relational and structural phenomenon embedded within everyday interactions and institutional arrangements. Rather than representing isolated acts of prejudice, stigma operates as an ongoing process that organises social difference and reproduces social hierarchies.

Self-stigma as Internalised Social Judgement

While social stigma operates through external labelling and social differentiation, self-stigma refers to the process by which these social judgements are internalised and incorporated into an individual's self-concept (Corrigan & Watson, 2002; Mittal et al., 2012; Scheitle & et al., 2023). Self-stigma reflects a shift in how individuals perceive, evaluate, and position themselves in relation to dominant social narratives, rather than a direct imposition by others (Eriksson, 2019; Mittal et al., 2012). Early models conceptualised self-stigma as self-directed devaluation arising when individuals become aware of, endorse, and apply negative stereotypes to themselves (Corrigan & Rao, 2012; Corrigan & Watson, 2002).

Subsequent scholarship has clarified self-stigma as a cognitive and evaluative process rooted in social meaning-making. Livingston and Boyd (2010), Abdullah and Brown (2011) and Eriksson (2019) describe self-stigma as involving the acceptance of socially shared beliefs and their application to the self, shaping self-worth, perceived capability, and self-evaluation. Similarly, Mak and Cheung (2019b) and Frost (2011) emphasise that self-stigma reflects internalised social evaluation, influencing how individuals anticipate judgement, interpret social interactions, and regulate their behaviour within everyday social contexts.

Empirical studies indicate that self-stigma frequently mirrors broader societal narratives surrounding social value, moral standing, and spiritual worth. Research on socioeconomic disadvantage shows that repeated exposure to poverty-related stereotypes may lead individuals to interpret structural constraints as personal inadequacies, even without explicit discrimination (Reutter et al., 2009). Experimental and survey-based studies

further suggest that perceived socioeconomic inferiority undermines confidence, agency, and aspirations through processes of social comparison and self-evaluation (Gilmore & Harris, 2008; Spencer & Castano, 2007).

Importantly, scholars highlight that self-stigma is shaped not solely by exposure to stigma but by the meanings individuals attribute to social judgement. Major and O'brien (2005) argue that internalised stigma involves an interpretive dimension, whereby individuals assess the legitimacy and relevance of societal stereotypes before integrating them into their self-concept. Supporting this view, empirical findings demonstrate that individuals actively negotiate stigma-related meanings, at times resisting dominant narratives and at other times incorporating them into self-understanding (Peterman, 2018; Reutter et al., 2009).

Taken together, the literature conceptualises self-stigma as an internalised form of social judgement that emerges through ongoing engagement with socially produced meanings. Self-stigma thus reflects the intersection between external social differentiation and individual interpretive processes, rather than an automatic or inevitable consequence of stigma exposure.

The Internalisation of Stigma: A Process Perspective

Although the association between social stigma and self-stigma has been widely acknowledged, scholars increasingly emphasise that the transition between the two is neither automatic nor uniform. Stigma internalisation is understood as a gradual and interpretive process through which individuals engage with, evaluate, and incorporate social judgements into their self-concept (Major & O'brien, 2005; Swim & Stangor, 1998). This process is shaped by broader systems of meaning, including moral values, cultural norms, and spiritual or religious orientations, which influence how social judgements are assessed and integrated (T. Abdullah & Brown, 2011; Dardas & Simmons, 2015; Fekih-Romdhane & Daher-Nashif, 2023).

One influential framework conceptualises self-stigma as unfolding through three interrelated stages: awareness, agreement, and application (Corrigan & Rao, 2012; Corrigan & Watson, 2002). At the awareness stage, individuals become cognisant of socially shared stereotypes associated with their social group (Corrigan & Rao, 2012; Corrigan & Watson, 2002). Empirical studies show that individuals from socioeconomically disadvantaged backgrounds are often highly aware of moralised narratives surrounding poverty, even in the absence of overt discrimination (Peterman, 2018; Reutter et al., 2009).

The agreement stage involves deeper engagement with these meanings, whereby stigma-related stereotypes are increasingly perceived as legitimate or applicable (Corrigan & Rao, 2012; P. W. Corrigan & Watson, 2002). Agreement is more likely when such messages are encountered repeatedly across multiple contexts, including family interactions, educational settings, media content, and

peer comparisons (Gilmore & Harris, 2008). This stage reflects a shift from recognising stigma as an external judgement to accepting its underlying assumptions.

At the application stage, accepted judgements are directed inward and incorporated into self-evaluation (Corrigan & Rao, 2012; Corrigan & Watson, 2002). Individuals begin to interpret their experiences through the lens of stigma, often reframing structural constraints as personal shortcomings (Hunzaker & Mann, 2021; Major & O'brien, 2005). Empirical evidence suggests that this process shapes self-expectations, aspirations, and social behaviour through self-directed judgement rather than explicit external exclusion (Hunzaker & Mann, 2021; Liamputtong & Rice, 2020; Maina et al., 2025).

Importantly, scholars caution against viewing stigma internalisation as linear or inevitable. The process is mediated by individual meaning-making, contextual factors, and social support, and may involve movement between resistance and acceptance (Reutter et al., 2009). Conceptualising internalisation in this way positions it as a dynamic process through which social differentiation may, under certain conditions, become internalised as self-stigma.

Adolescence, Socioeconomic Status, and Cultural Context

Adolescence represents a critical developmental phase beginning with the onset of puberty and extending into the mid-twenties characterised by identity formation, heightened self-awareness, and increased sensitivity to social evaluation (Bolton et al., 2009; Erikson, 1968; National Academies of Sciences, 2019). During this period, adolescents actively negotiate their sense of self through social comparison, peer acceptance, and perceived social positioning, rendering them particularly responsive to external judgements (Erikson, 1968; Arnett, 2000). Consequently, experiences of social stigma during adolescence may acquire heightened personal significance, shaping how social meanings are interpreted and incorporated into self-understanding (Major & O'brien, 2005).

Socioeconomic status constitutes an important dimension of social identity during adolescence, particularly in contexts marked by visible inequality. Research indicates that adolescents from economically disadvantaged backgrounds are more likely to encounter class-based labelling, social comparison, and subtle exclusion within educational and community settings (Homan et al., 2017; Peterman, 2018). These experiences may reinforce perceptions of social inferiority, especially when economic hardship is framed through moralised narratives associating poverty with personal failure (Furuya, 2002; Goodpaster, 2021; Plenty & Mood, 2016; Ramzanpour et al., 2023). Socioeconomic stigma thus operates not only as a structural condition but as a lived social experience during adolescence.

Cultural context further shapes how stigma is experienced and interpreted. In collectivist societies, social evaluation is closely linked to communal expectations,

family reputation, and social harmony, potentially intensifying the relational and emotional implications of stigma (Frost, 2011; Liamputtong & Rice, 2020; Swim & Stangor, 1998). In such contexts, stigma may be perceived as reflecting not only on the individual but also on the family or social group, amplifying its impact. These dynamics underscore the importance of situating stigma processes within broader cultural norms and value systems (Major & O'brien, 2005).

In Malaysia, adolescents from B40 households occupy a socioeconomically marginal position shaped by structural inequality and class-based differentiation (Min Fui et al., 2022). Existing studies document how poverty-related stigma is reinforced through everyday interactions, institutional practices, and limited access to resources, contributing to persistent social differentiation (Ibrahim et al., 2019; Sani et al., 2020; Siwar et al., 2019). However, research has largely focused on structural conditions or outcomes, with limited attention to how adolescents interpret and internalise these experiences during a formative developmental period.

Taken together, the intersection of adolescence, socioeconomic status, and cultural context creates conditions under which social stigma may acquire heightened personal meaning, particularly through interpretive processes that shape how social judgements are evaluated and internalised. This perspective underscores the importance of examining stigma internalisation as a context-dependent process rather than assuming uniform mechanisms across populations. By situating stigma internalisation within the lived realities of socioeconomically marginalised adolescents in Malaysia, the present study provides a contextually grounded and theoretically informed basis for the conceptual framework that presented in Figure 1. In this framework, adolescence, socioeconomic status, and cultural context are conceptualised as conditioning factors that shape the interpretation of social stigma and facilitate its transformation into self-stigma.

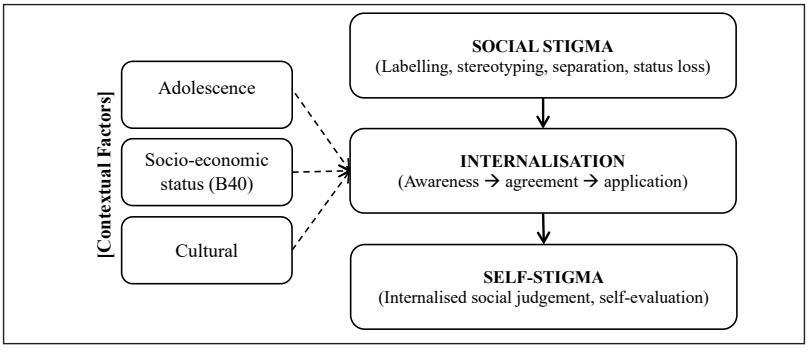

Figure 1. Conceptual framework illustrating the internalisation of social stigma as self-stigma among adolescents

METHODOLOGY

Research Design

This study adopted a qualitative research design grounded in a phenomenological approach to explore the lived experiences of late adolescents from Malaysia's B40 families, with particular attention to how social stigma is experienced, interpreted, and internalised as self-stigma. Phenomenology is concerned with understanding how individuals make sense of their experiences and the meanings they ascribe to them within specific social contexts (Bevan, 2014; Creswell, 2014; Creswell & Poth, 2018; Flick, 2018; Neuman, 2014). This approach was therefore appropriate for examining stigma internalisation, as the study sought to capture participants' subjective interpretations rather than to measure prevalence or establish causal relationships (Patton, 2014; Silverman, 2020).

Qualitative methods are well-suited for investigating complex psychosocial processes such as stigma, which are embedded in everyday interactions, emotions, and social meanings (Braun & Clarke, 2013; Guest et al., 2006; Neuman, 2014). By prioritising participants' perspectives, this design enabled an in-depth exploration of how adolescents understand socioeconomic stigma and how repeated social judgements gradually shape self-evaluation. The phenomenological orientation further allowed the analysis to remain closely grounded in participants' accounts while attending to shared patterns of meaning across experiences.

Sampling and Participants

Purposive and snowball sampling strategies were employed to recruit participants who were most relevant to the study's objectives. Initial participants were identified through community networks and personal contacts, including university students and young adults from B40 households. These participants were subsequently invited to refer peers with similar socioeconomic backgrounds and experiences of socioeconomic stigma, facilitating access to a marginalised population and fostering trust during recruitment (Merriam & Tisdell, 2016; Moser & Korstjens, 2017; Nowell et al., 2017; TenHouten, 2017).

Eligibility criteria included: (i) Malaysian late adolescence aged between 18-25 years, (ii) individuals from B40 households, (iii) self-reported experiences of socioeconomic stigma in social, educational, or interpersonal contexts, and (iv) willingness to participate in an in-depth interview. The age range was selected due to its significance as a developmental period marked by identity formation and heightened sensitivity to social evaluation (Jaworska & MacQueen, 2015; National Academies of Sciences, 2019; Puteh, 2001).

A total of six adolescents participated in the study. In line with qualitative phenomenological research, sample size was determined by depth of data rather than representativeness (Guest et al., 2006). Data collection continued until thematic saturated was achieved, indicated by the recurrence of similar meanings and the absence of substantively new insights (Fusch & Ness,

2015). Basic socio-demographic information was collected to contextualise participants' experiences, and pseudonyms were used to ensure confidentiality.

Data Collection

Data were collected through semi-structured, in-depth interviews, which are widely used in phenomenological research to elicit participants' to subjective experiences while allowing flexibility to probe emerging meanings (Bevan, 2014; Patton, 2014; Quinney et al., 2016). This method enabled participants to reflect on their experiences of socioeconomic stigma in their own words, while providing sufficient structure to ensure alignment with the study's research questions.

Interviews lasted approximately 20-40 minutes, an optimal duration to capture depth without inducing respondent fatigue (Braun & Clarke, 2006, 2013). All interviews were conducted in a private and non-judgemental setting to foster openness and trust. With participants' consent, interviews were audio-recorded and subsequently transcribed verbatim. Conducting interviews in this manner allowed for careful attention to participants' language, expressions, and meanings, which is central to phenomenological inquiry.

Data Analysis

Data were analysed using thematic analysis, following an inductive and data-driven approach. Thematic analysis was selected for its flexibility and suitability for identifying patterned meanings across qualitative datasets, particularly in studies concerned with social processes and meaning-making (Braun & Clarke, 2013; Guest et al., 2006). Analysis followed the six-phase thematic analysis framework by Braun and Clarke (2006): familiarisation with the data, generation of initial codes, development of themes, review of themes, definition and naming of themes, and final reporting.

Throughout the analytic process, emphasis was placed on identifying how participants described experiences of stigma awareness, interpretation, and application to the self, in line with the study's conceptual framework. Coding and theme development were conducted iteratively, with constant comparison across transcripts to ensure coherence, conceptual clarity, and alignment with the study's process-oriented framework. Atlas.ti (version 9) was used to support data management, coding, and pattern recognition analytic transparency and consistency (Joffe, 2011).

Ethical Considerations

Ethical approval was obtained from the University Malaya Research Ethics Committee (UMREC, Ref: UM.TNC2/UMREC_4044). Participants were fully informed of their rights, including confidentiality, voluntary participation, and the option to withdraw at any stage. To ensure participant well-being, psychosocial support referrals were made available, aligning with ethical best practices for sensitive qualitative research.

RESULT

Participants' Demographic

The characteristics of the participants in this study include age, gender, location, state of residence, and educational background. Participants were aged between 19 and 25 years, representing late adolescence. The sample comprised five female participants and one male participant, residing in both urban and rural areas across several Malaysian states.

All participants self-identified as belonging to B40 households, based on household income thresholds defined by Malaysian authorities, and described ongoing experiences of financial constraint consistent with this classification. Education levels varied, with participants holding SPM, STPM, diploma, and degree qualifications. Table 1 presents a detailed demographic profile of the participants.

Thematic Findings

This section presents the findings of the thematic analysis, examining how socioeconomic stigma is experienced and gradually internalised among adolescents from B40 households. The findings are organised into three themes that reflect successive stages of stigma internalisation. Together, these themes illustrate a progression from initial awareness of stigma to its interpretation and acceptance, and finally to its application to the self. Table 2 summarises the themes and sub-themes derived from the analysis. The following sections elaborate on these themes in detail using selected participant quotations to support the analytical narrative.

Theme 1: Becoming Aware of Socioeconomic Stigma (Awareness Stage)

Theme 1 captures participants' initial awareness of socioeconomic stigma as an external social phenomenon. At this stage, stigma was encountered through everyday interactions that rendered economic background socially visible and meaningful. Participants did not yet interpret these experiences as reflections of personal inadequacy; rather, they recognised stigma as something imposed through social evaluation and positioning. Two sub-themes illustrate how this awareness emerged: being

Table 1
Demographic profile of the participants

Participant Code	Age (Years Old)	Gender	Location	State	Education Level
P1	22	Female	Urban	Selangor	Diploma
P2	23	Female	Urban	Kuala Lumpur	Degree
P3	19	Male	Urban	Selangor	SPM
P4	24	Female	Urban	Kedah	Degree
P5	25	Female	Rural	Negeri Sembilan	Degree
P6	25	Female	Rural	Kedah	STPM

Table 2
Thematic analysis of the internalisation of social stigma among Malaysian B40 adolescents

Theme	Stage of Internalisation	Sub-Themes	Indicative Focus of Participant Accounts
Theme 1: Becoming Aware of Socioeconomic Stigma	Awareness	Being labelled through socioeconomic markers	Awareness of stigma through parental occupation, housing type, financial assumptions, and stereotypes associated with the B40 category
		Encountering separation as social difference	Recognition of social distance, relational boundaries, and perceived hierarchy based on socioeconomic background
Theme 2: Interpreting Socioeconomic Stigma as Personally Relevant	Agreement	Making Sense of Socioeconomic Difference through Shame	Emergence of shame and self-consciousness through peer comparison, housing-related embarrassment, and discomfort discussing family background
		Anticipating social judgement	Expectation of negative evaluation, fear of rejection, and heightened self-monitoring in social interactions
Theme 3: Incorporating Socioeconomic Stigma into Self-Evaluation	Application	Withdrawing from social participation	Self-imposed withdrawal from social activities and invitations due to perceived economic inadequacy
		Restricting relational engagement	Limiting romantic or close relationships based on assumptions about social worth and acceptability
		Evaluating self through economic worth	Assessing self-value, confidence, and aspirations using income, salary comparison, and material standards

labelled through socioeconomic markers and encountering separation as social difference.

Being Labelled through Socioeconomic Markers

Participants first became aware of socioeconomic stigma through labels attached to visible and symbolic markers of economic position. These markers included parental occupation, housing type, financial capability, and assumptions surrounding dependence on assistance. Such labels were often communicated casually, yet they conveyed implicit social hierarchies that positioned participants' backgrounds as inferior.

P5 recalled being mocked based on their father's occupation "Ada yang ejek-ejek, 'Eh ayah kau bawa bas?" ("Some mocked me, saying, 'Oh, your dad drives a bus?") (P5). Although framed as a passing remark, this interaction made participants aware that certain occupations carried lower

social value. Participants interpreted such comments as signals that family background could invite judgement.

Besides, housing also functioned as a salient marker of socioeconomic status. P3 noted that living in low-cost flats was commonly associated with poverty and the B40 category, explaining that "Orang memandang rumah flat ni sebagai rumah orang miskin ataupun rumah Masyarakat B40." ("People see flats as homes for the poor or the B40 community.") (P3). Through such perception, place of residence became a socially recognisable indicator of economic position.

Beyond occupation and housing, participants encountered labelling through assumptions about financial responsibility. P5 described being questioned about savings, P5 noting that "Ada tanya, 'Kau takkan tak ada simpan langsung?' Dah memang tak ada nak buat macam mana." ("Someone asked, 'You seriously don't have any savings at all?' But there really isn't any. What can I do?") (P5). These interactions framed financial hardship as a personal shortcoming rather than as a situational constraint.

Participants also became aware of broader stereotypes associated with the B40 group. One participant expressed surprise at how B40 individuals were portrayed as dependent, stating that "orang cakap macam B40 ni nak kena suap" ("People say that B40 individuals need to be spoon-fed") (P4). Relatedly, another participant described perceptions of resentment towards assistance provided to B40 households, explaining that "diorang akan rasa tak adil… kenapa banyak bantuan diberi kepada golongan B40" ("They feel it is unfair… why so much assistance is given to the B40 group") (P1).

These findings indicate that participants became aware that socioeconomic background was not neutral but socially evaluated through multiple markers. At this stage, these labels were recognised as external judgements rather than internal self-assessments.

Encountering Separation as Social Difference

Participants' awareness of socioeconomic stigma was further reinforced through experiences of social separation. Rather than overt exclusion, separation was often experienced through subtle distancing and reluctance to associate, signalling social boundaries linked to economic background. P5 recounted how others reacted upon learning about their place of residence:

> Dia [rakan] macam 'Ya ke kau duduk kampung ke?' Teruklah. Dia tak nak rapat dengan orang yang macam tu.(She [Friend] said, 'Do you really live in a village?' It's bad. She don't want to close to people like that.) (P5)

This response highlighted how socioeconomic background shapes perceptions of social acceptability. Participants interpreted such reactions as indications of difference rather than isolated incidents.

Experiences of separation also emerged within close interpersonal relationships. P3 described being explicitly positioned as socially unequal by a former partner, recalling that "Jadi dia menghina saya. Dia kata pada saya macam, 'Kita ni tak sama taraf.'" ("She insulted me, saying, 'We are not on the same level.'") (P3). This statement made social hierarchy explicit, reinforcing participants' awareness that economic background could function as a boundary even within personal relationships.

Taken together, participants' narratives indicate that socioeconomic separation was experienced as a recurring social pattern. At this stage, participants did not describe these experiences as reflections of personal inadequacy. Instead, they understood them as external social judgements that structured interactions and relationships.

Theme 2: Interpreting Socioeconomic Stigma as Personally Relevant (Agreement Stage)

Theme 2 represents the stage at which participants moved beyond recognising socioeconomic stigma as an external social judgement and began to interpret it as personally meaningful. At this stage, stigma was not yet fully enacted through behaviour, but participants increasingly accepted its relevance to their own identities. This interpretive process was reflected through heightened emotional responses, self-consciousness, and anticipation of how others might evaluate them based on their socioeconomic background. Two interrelated sub-themes capture this stage: making sense of socioeconomic difference through shame and anticipating social judgement.

Making Sense of Socioeconomic Difference through Shame

Participants described feelings of shame emerged as they began to evaluate themselves in relation to socioeconomic norms and peer comparison. This shame did not arise from isolated incidents but developed gradually through repeated exposure to situations in which economic difference became salient. Participants became increasingly self-conscious about their background, particularly when interacting with peers perceived as more economically advantaged.

P1 reflected on how feelings of shame became noticeable in social settings, stating that "Tapi rasanya memang rasa malu. Mungkin sebab kita ni dikelilingi dengan kawan-kawan yang bukan B40 kut." ("I just feel ashamed. Maybe it's because I am surrounded by friends who are not B40.") (P1). This sense of shame was closely tied to awareness of socioeconomic differences rather than to direct confrontation or rejection. Participants began to evaluate themselves through comparison, interpreting difference as a source of embarrassment.

Housing, which had earlier functioned as an external marker of socioeconomic status, increasingly became associated with personal discomfort P3 expressed concern about others knowing where they lived, explaining that "Saya malu lah macam kalau kawan-kawan saya tahu saya duduk flat." ("I feel ashamed if my friends know

that I live in a flat.") (P3). In this way, place of residence began to acquire emotional significance beyond its material function.

For P5, shame extended beyond discomfort to emotional distress linked to family background. Discussing parental occupation became particularly difficult, as P5 shared that "bagi saya benda tu menjadi trauma. Rasa bencinya nak bercerita pasal pekerjaan ayah saya." ("For me, it became a trauma. I hate talking about my father's job.") (P5).

Across participants' narratives, shame functioned as an internal emotional response through which participants began to accept stigma-related meanings as relevant to their own lives. Although stigma remained externally produced, it was increasingly experienced as something that reflected upon the self.

Anticipating Social Judgment

Alongside internalised shame, participants described a growing tendency to anticipate negative judgement from others. Rather than waiting for explicit discrimination, participants began to monitor how their background might perceive, shaping how they communicated and presented themselves in social interactions.

Some participants expressed fear that their family background would invite stigma or scepticism. P4 stated that "Takut orang ada stigma atau skeptikal pada saya dengan family." ("I'm afraid that people will have stigma or be sceptical about me and my family.") (P4). This anticipation influenced how participants evaluated potential social interactions.

This concern extended to peer relationships, where participants worried that socioeconomic status might affect social acceptance. P3 shared, "Saya takut mereka tidak ingin berkawan dengan saya, ataupun mereka memandang rendah saya lah sebabkan saya ni merupakan seorang daripada golongan B40." ("I'm afraid they won't want to be friends with me, or they will look down on me because I am from the B40 group.") (P3).

Likewise, P2 described highlighted sensitivity to how their situation might affect others, stating that "…takut orang lain tak selesa [datang ke rumah P2]." ("…afraid others might feel uncomfortable [come to P2's home].") (P2). These narratives illustrate how participants began to internalise expectations of judgement, even in the absence of overt exclusion. Anticipating stigma became part of how participants interpreted social situations, prompting increased self-monitoring and emotional vigilance.

Theme 3: Incorporating Socioeconomic Stigma into Self-Evaluation (Application Stage)

Theme 3 captures the stage at which socioeconomic stigma was actively incorporated into participants' self-evaluation and behavioural regulation. At this stage, stigma no longer functioned only as an interpreted social judgement but became a guiding framework through which participants made decisions, limited

participation, and evaluated their own worth. Participants began to apply stigma to themselves, resulting in self-imposed restrictions across social, relational, and aspirational domains. Three sub-themes illustrate this process: withdrawing from social participation, restricting relational engagement, and evaluating self through economic worth.

Withdrawing from Social Participation

Participants described withdrawing from social activities as a direct consequence of their socioeconomic background. Unlike earlier stages, where discomfort and fear were expressed internally, participants at this stage described concrete actions taken to avoid situations that might expose their economic limitations. P4 explained how financial constraints led to repeated withdrawal from social outings:

> Tapi macam bila nak keluar tu 'tak bolehlah.' Kalau sekarang ni, 'Tak bolehlah, sorry lah, kau orang keluarlah. Tak apalah, aku tak jadi keluar' disebabkan itulah [Status B40]. (When it's time to go out, I just say, 'I can't.' Now it's always, 'I can't, sorry, you guys go ahead, never mind, I won't join' because of that [B40 status].) (P4)

This withdrawal was not framed as a temporary inconvenience but as a recurring pattern of self-exclusion. Participants described choosing absence over participation to manage anticipated discomfort and social comparison.

Similarly, P4 and P5 described limiting social interactions within their own living spaces. What had previously been experienced as shame became translated into behavioural avoidance:

> Tapi seganlah. Itu yang kadang-kadang saya tak berani nak jemput orang datang rumah. (I feel embarrassed. That's why sometimes I don't dare to invite people to my house.) (P4)

> Saya tak suka orang datang rumah saya sebenarnya [kerana bimbang status B40 akan diketahui]. (Actually, I don't like people coming to my house [due to worry about the status of B40 being known].) (P5)

These statements indicate that participants actively reorganised their social lives to minimise exposure to situations perceived as socially risky. Withdrawal thus functioned as a self-protective strategy shaped by internalised stigma.

Restricting Relational Engagement

Beyond general social participation, participants also applied socioeconomic stigma when navigating close and intimate relationships. Economic background became a lens through which participants evaluated their suitability for relationships and anticipated rejection. P3 described how their B40 status shaped decisions about forming romantic relationships:

> Disebabkan saya seorang golongan B40, jadi ketika saya ingin berkenalan dengan seseorang ataupun untuk

> bercinta dengan seseorang, saya jadi macam memikirkan kekurangan saya [latar belakang daripada keluarga B40]. (Because I am from the B40 group, when I want to get to know someone or start a relationship, I start thinking about my weakness [background from B40 families].) (P3)

Here, socioeconomic status was not merely a background characteristic but became central to how participants assessed their own desirability. Participants described pre-emptively limiting relational engagement based on assumptions about how they would be perceived.

Such self-restriction reflected a shift from anticipating judgement to acting upon it. Rather than waiting for rejection, participants regulated their own relational boundaries, narrowing opportunities for connection.

Evaluating Self through Economic Worth

Participants also described incorporating socioeconomic stigma into broader self-evaluation, particularly in relation to confidence, competence, and prospects. Rather than attributing limitations to external conditions, participants increasingly framed them as personal deficiencies linked to economic status.

P5 reflected on how their B40 background contributed to diminished self-confidence: "Lepas tu saya jadi macam kurang keyakinan lah. Itu memang masalah diri saya daripada dulu lagi lah… salah satu punca kurang keyakinan pasal nilah status [sosio-ekonomi]." ("Then I started feeling less confident… one of the reasons for my low confidence is this status [socioeconomic].") (P5)

Another participant described evaluating themselves through income comparison, which reinforced feelings of inadequacy. This experience was articulated by P6: "Saya malu pada gaji… kawan-kawan saya… gaji lebih tinggi daripada saya walaupun saya ni kerja dah lama." ("I feel ashamed about my salary… my friends… earn way higher than me even though I've been working longer.") (P6). P6 also expressed sadness linked to perceived inability to achieve socially valued standards of living, as shared "Ada rasa sedih pada diri sendiri sebab tak mampu nak hidup yang untuk mewah kan diri. (I feel sad about myself because I can't afford to live a luxurious life.) (P6)

These narratives illustrate how socioeconomic stigma became embedded in participants' self-evaluations. Economic worth increasingly served as a benchmark for self-assessment, shaping confidence, aspirations, and perceptions of personal value.

DISCUSSION

The present study examined how socioeconomic stigma experienced by Malaysian adolescents from B40 families becomes internalised as self-stigma. Rather than conceptualising self-stigma as a direct outcome of social stigma, the findings indicate that internalisation unfolds through a gradual interpretive process shaped by adolescents' engagement with social meanings, developmental conditions, and socio-cultural context. By foregrounding

adolescents' lived experiences, this study advances a process-oriented understanding of how externally produced judgements shape self-evaluation during a critical stage of identity formation.

The findings confirm that socioeconomic stigma represents a salient and pervasive social reality for adolescents from B40 backgrounds. Participants encountered stigma through class-based labelling, stereotyping, and social separation, reinforcing perceptions of socioeconomic hierarchy. These experiences align with conceptualisations of stigma as a mechanism of social differentiation embedded in everyday interactions and institutional arrangements (Goffman, 1963; Link & Phelan, 2001). Importantly, stigma was experienced as a recurring social pattern rather than isolated incidents, supporting the view that socioeconomic stigma operates structurally and relationally (R. Conger et al., 2010; Major & O'Brien, 2005; Peterman, 2018).

However, exposure to social stigma did not automatically result in self-stigma. Adolescents demonstrated awareness that stigma originated externally, recognising labelling and stereotyping as judgements imposed by others. This distinction challenges assumptions that stigma exposure inevitably leads to self-devaluation. Consistent with previous research, awareness emerged as a necessary but insufficient condition for self-stigma (Corrigan & Rao, 2012; Major & O'brien, 2005), highlighting the importance of subsequent interpretive processes.

The transition from social stigma to self-stigma occurred most critically during the interpretive phase, when socioeconomic difference was perceived as personally meaningful. Corresponding to the agreement stage in stigma internalisation models, this phase involved a shift in which external judgements were increasingly considered relevant to self-identity. Emotional responses such as shame, discomfort, and fear of judgement accompanied this process, which developed through repeated social comparison and subtle evaluation across peer, educational, and relational contexts.

This phase illustrates that stigma internalisation involves active meaning-making rather than passive absorption. Adolescents evaluated stigma-related narratives by comparing themselves with peers, anticipating social judgement, and assessing their position relative to dominant norms. This finding extends existing literature by demonstrating how stigma-related meanings are negotiated before being internalised (Livingston & Boyd, 2010; Mak & Kwok, 2010). At this point, socioeconomic stigma began to shape the self-concept as its underlying assumptions were accepted as plausible.

Once accepted, stigma-related meanings were applied to the self through behavioural and self-evaluative changes. Participants described social withdrawal, restricted participation, and reassessments of self-worth and future potential through a socioeconomic lens. Stigma thus functioned as an internal framework guiding self-regulation and decision-making (Corrigan

& Rao, 2012; Corrigan & Watson, 2002). These patterns align with theoretical accounts linking self-stigma to diminished self-efficacy and constrained aspirations, whereby structural disadvantage is reframed as personal inadequacy (Bandura, 1997; Lord et al., 2015; Spencer & Castano, 2007). Notably, participants did not primarily frame these experiences in terms of mental illness, reinforcing the conceptual distinction between self-stigma and psychopathology.

The developmental context of adolescence further shaped this process. Characterised by identity exploration and heightened sensitivity to peer evaluation, adolescence renders social judgement particularly influential (Erikson, 1968; Kroger, 2017; Santrock, 2018). Stigma encountered during this period appeared to exert cumulative effects, as repeated evaluations became incorporated into emerging self-concepts when identity boundaries remain fluid, particularly in the absence of supportive counter-narratives (Hartman et al., 2013; Papadopoulos et al., 2012).

Socioeconomic position intensified internalisation. For adolescents from B40 families, economic constraints functioned not only as material limitations but as socially meaningful indicators of worth and legitimacy. Persistent hardship reduced opportunities to contest stigma-related narratives, increasing the likelihood that repeated judgements were perceived as credible reflections of the self. This supports arguments that stigma internalisation is shaped by structural conditions that constrain alternative interpretations and social mobility (Gui & Alam, 2024; Khaw et al., 2024; Lasalvia et al., 2025).

Cultural context also influenced how stigma was interpreted. Within Malaysia's collectivist setting, where family reputation and social harmony are emphasised, stigma was often experienced as extending beyond the individual to the family. Participants' concern about family image highlights the relational dimension of stigma internalisation, consistent with research showing that stigma in collectivist societies carries shared moral implications and intensifies emotional responses (A. Abdullah et al., 2020; Berry et al., 2020; Swim & Stangor, 1998). By situating stigma internalisation within its cultural context, the study underscores that self-stigma cannot be fully understood without attending to the social norms and values that shape meaning-making.

Taken together, the findings indicate that self-stigma emerges through sustained engagement with socially produced meanings negotiated during a vulnerable developmental period and reinforced by socioeconomic and cultural conditions. This challenges individualistic interpretations and underscores the formative role of social structures. By foregrounding process rather than outcome, the study demonstrates that stigma internalisation is contingent rather than inevitable.

The findings further suggest the possibility of resistance to internalisation. Variations in participants' interpretations indicate that internal resources such as

identity coherence, resilience, and alternative value frameworks may moderate this process (Frost, 2011; Lazarus & Folkman, 1984). Within this context, moral and spiritual orientations may function as interpretive resources that provide alternative criteria of worth beyond socioeconomic status. Existing scholarship suggests that spiritual and moral frameworks can offer meaning systems that buffer against negative self-evaluation by emphasising dignity, purpose, and resilience (Fekih-Romdhane & Daher-Nashif, 2023; Padela et al., 2023). Framed cautiously, such perspectives highlight the potential role of internal resources in shaping how stigma is negotiated, without implying prescriptive or normative solutions.

Overall, this study contributes to the stigma literature by offering a contextually grounded, process-oriented account of how socioeconomic stigma becomes internalised among adolescents. By tracing how stigma is recognised, interpreted, and applied, the findings extend existing frameworks and demonstrate how developmental stage, socioeconomic position, and cultural norms intersect to shape stigma internalisation among Malaysian adolescents from B40 families.

CONCLUSION

This study highlights how socioeconomic stigma experienced by Malaysian B40 adolescents is gradually internalised as self-stigma. Drawing on adolescents' lived experiences, the findings demonstrate that self-stigma does not emerge spontaneously, nor is it an inevitable consequence of socioeconomic disadvantage. Rather, the internalisation of stigma unfolds through a process in which external social judgements are first recognised, then interpreted as personally meaningful, and, under certain conditions, applied to the self.

The analysis shows that adolescents are initially aware of socioeconomic stigma through experiences of labelling, stereotyping, and social differentiation. At this stage, stigma is understood as originating externally and does not yet define the self. The critical transition occurs when adolescents begin to make sense of socioeconomic difference through emotional and interpretive responses, particularly shame and anticipation of social judgement. When these stigma-related meanings are accepted as relevant to one's own identity, they may subsequently shape self-evaluation, behaviour, and future orientation, marking the emergence of self-stigma.

By tracing this process, the study contributes a process-oriented and contextually grounded account of stigma internalisation. It extends existing stigma frameworks by empirically demonstrating how and why social stigma may transform into self-stigma during adolescence, rather than treating this relationship as automatic or uniform. The focus on Malaysian adolescents from B40 families further enriches stigma scholarship by situating internalisation within the intersecting contexts of developmental stage, socioeconomic position, and cultural norms.

Implications of the Study

First, they highlight the need to address socioeconomic stigma as a social and relational phenomenon rather than focusing solely on individual psychological outcomes. Efforts to reduce self-stigma among adolescents should prioritise challenging stigma-producing narratives within social environments, particularly in educational and community settings where socioeconomic differentiation is frequently reproduced.

Second, the identification of adolescence as a critical period in the internalisation process underscores the importance of early and preventive approaches. Supporting adolescents' capacity to critically interpret social judgements may help prevent the transition from awareness of stigma to its internalisation. Educators, counsellors, and youth practitioners play an important role in fostering environments that promote inclusive understandings of worth and capability, rather than reinforcing moralised interpretations of socioeconomic status.

Third, the findings suggest that internal resources may influence how adolescents engage with stigma-related meanings. While not examined directly in this study, moral, spiritual, or value-based orientations may provide alternative frameworks through which adolescents interpret social judgement, potentially reducing reliance on socioeconomic status as a basis for self-evaluation. This insight points to the value of culturally sensitive approaches that strengthen adolescents' internal anchors of identity without pathologising their experiences or prescribing uniform coping strategies.

Limitations and Recommendations for Future Research

Several limitations should be acknowledged. The qualitative design and purposive sampling strategy, while appropriate for in-depth exploration, limit the generalisability of the findings beyond the study context. The aim of this research was not to establish prevalence or causal relationships, but to develop an analytically grounded understanding of stigma internalisation as a social and interpretive process.

As stigma internalisation is gradual and evolving, longitudinal research would be valuable in examining how interpretations of stigma change across adolescence and early adulthood, and how early experiences shape longer-term outcomes related to self-concept, education, and socioeconomic trajectories. Future studies may also benefit from mixed-method approaches that combine qualitative insight with quantitative measurement to enhance empirical robustness.

Finally, while this study did not evaluate interventions, the findings highlight the need for research examining strategies that disrupt stigma-related meanings before they become internalised. Intervention-based studies, particularly those integrating psychosocial support with culturally meaningful sources of resilience, may offer important insights into how cycles of socioeconomic disadvantage can be addressed in evidence-based and contextually appropriate ways.

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REFERENCE

Abdullah, A., Liew, S., Salim, H., Ng, C. J., & Chinna, K. (2020). Health literacy research in Malaysia: A scoping review. *Sains Malaysiana, 49*(5), 1021-1036. https://doi.org/10.17576/jsm-2020-4905-07

Abdullah, T., & Brown, T. L. (2011). Mental illness stigma and ethnocultural beliefs, values, and norms: An integrative review. *Clinical Psychology Review, 31*(6), 934-948. https://doi.org/10.1016/j.cpr.2011.05.003

Akfirat, S., Polat, F. Ç., & Yetim, U. (2016). How the poor deal with their own poverty: A social psychological analysis from the social identity perspective. *Social Indicators Research, 127*(1), 413-433.

Bandura, A. (1997). *Self-efficacy: The exercise of control*. W. H. Freeman.

Berry, C., Michelson, D., Othman, E., Tan, J. C., Gee, B., Hodgekins, J., … Coker, S. (2020). Views of young people in Malaysia on mental health, help-seeking and unusual psychological experiences. *Early Intervention in Psychiatry, 14*(1), 115-123.

Bevan, M. T. (2014). A method of phenomenological interviewing. *Qualitative Health Research, 24*(1), 136-144. https://doi.org/10.1177/1049732313519710

Blajeski, S. M., Klodnick, V. V., Caruso, N., & Sale, T. G. (2022). How early stigmatising experiences, peer connections, and peer spaces influenced pathways to employment or education after a first episode of psychosis. *Psychiatric Rehabilitation Journal, 45*(2), 144-152. https://doi.org/10.1037/prj0000502

Bolton, C., Calam, R., & Smith, M. (2009). Psychological factors linked to self-reported depression symptoms in late adolescence. *Behavioural and Cognitive Psychotherapy, 37*(1), 73-85. https://doi.org/10.1017/S1352465808004724

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77-101. https://doi.org/10.1191/1478088706QP063OA

Braun, V., & Clarke, V. (2013). *Successful qualitative research: A practical guide for beginners*. SAGE.

Conger, R. D., Conger, K. J., & Martin, M. J. (2010). Socioeconomic status, family processes, and individual development. *Journal of Marriage and Family, 72*(3), 685-704. https://doi.org/10.1111/j.1741-3737.2010.00725.x

Corrigan, P. W., Druss, B. G., & Perlick, D. A. (2014). The impact of mental illness stigma on seeking and participating in mental health care. *Psychological Science in the Public Interest, 15*(2), 37-70. https://doi.org/10.1177/1529100614531398

Corrigan, P. W., & Rao, D. (2012). On the self-stigma of mental illness: Stages, disclosure, and strategies for change. *Canadian Journal of Psychiatry, 57*(8), 464-469. https://doi.org/10.1177/070674371205700804

Corrigan, P. W., & Watson, A. C. (2002). The paradox of self-stigma and mental illness. *Clinical Psychology: Science and Practice, 9*(1), 35-53. https://doi.org/10.1093/clipsy.9.1.35

Creswell, J. W. (2014). *Research design: Qualitative, quantitative, and mixed methods approaches* (4th ed.). SAGE Publications.

Creswell, J. W., & Poth, C. N. (2018). *Qualitative inquiry and research design: Choosing among five approaches*. SAGE Publications.

Dardas, L. A., & Simmons, L. A. (2015). The stigma of mental illness in Arab families: A concept

analysis. *Journal of Psychiatric and Mental Health Nursing, 22*(9), 668-679. https://doi.org/10.1111/jpm.12237

Erikson, E. H. (1968). *Identity: Youth and crisis*. W. W. Norton & Company.

Eriksson, K. (2019). Self-stigma, bad faith and the experiential self. *Human Studies, 42*(4), 1-15. https://doi.org/10.1007/s10746-019-09504-8

Fekih-Romdhane, F., & Daher-Nashif, S. (2023). Mental illness stigma as a moderator in the relationship between religiosity and help-seeking attitudes among Muslims from 16 Arab countries. *BMC Public Health, 23*, Article 16622. https://doi.org/10.1186/s12889-023-16622-7

Ferrie, J., Miller, H., & Hunter, S. (2020). Psychosocial outcomes of mental illness stigma in children and adolescents: A mixed-methods systematic review. *Children and Youth Services Review, 113*, Article 104961. https://doi.org/10.1016/j.childyouth.2020.104961

Flick, U. (2018). *An introduction to qualitative research* (6th ed.). SAGE Publications.

Frost, D. (2011). Social stigma and its consequences for the socially stigmatised. *Social and Personality Psychology Compass, 5*(11), 824-839. https://doi.org/10.1111/j.1751-9004.2011.00394.x

Furuya, K. (2002). A socioeconomic model of stigma and related social problems. *Journal of Economic Behavior & Organisation, 48*(3), 281-290. https://doi.org/10.1016/S0167-2681(01)00231-1

Fusch, P. I., & Ness, L. R. (2015). Are we there yet? Data saturation in qualitative research. *The Qualitative Report, 20*(9), 1408-1416.

Gilmore, A. K., & Harris, P. B. (2008). Socioeconomic stereotypes among undergraduate college students. *Psychological Reports, 103*(3), 882-892.

Goffman, E. (1963). *Stigma: Notes on the management of spoiled identity*. Simon & Schuster.

Goodpaster, J. (2021). *Reducing stigma associated with growing up poor: How to create a more equitable future for working-class adolescents* [Undergraduate honours thesis, Portland State University]. https://doi.org/10.15760/honors.1091

Guest, G., Bunce, A., & Johnson, L. (2006). How many interviews are enough? An experiment with data saturation and variability. *Field Methods, 18*(1), 59-82. https://doi.org/10.1177/1525822X05279903

Gui, P., & Alam, G. M. (2024). Does socioeconomic status influence students' access to residential college and ameliorate performance discrepancies among them in China? *Discover Sustainability, 5*(1), Article 203. https://doi.org/10.1007/s43621-024-00203-8

Hartman, L. I., Michel, N. M., & Winter, A. (2013). Self-stigma of mental illness in high school youth. *Canadian Journal of School Psychology*. https://doi.org/10.1177/0829573512468846

Homan, P., Valentino, L., & Weed, E. (2017). Being and becoming poor: How cultural schemas shape beliefs about poverty. *Social Forces, 95*(3), 1023-1048.

Hunzaker, M. B. F., & Mann, M. (2021). Sharing stories, sharing bias: How descriptions of context shape negative stereotype use in response to accounts of economic adversity. *Social Problems, 68*(3), 696-719.

Ibrahim, N., Amit, N., Shahar, S., Wee, L. H., Ismail, R., Khairuddin, R., … Safien, A. M. (2019). Do depression literacy, mental illness beliefs and stigma influence mental health help-seeking attitude? A cross-sectional study of secondary school and university students from B40 households in Malaysia. *BMC Public Health, 19*(Suppl 4), Article 544. https://doi.org/10.1186/s12889-019-6862-6

Jaworska, N., & MacQueen, G. (2015). Adolescence as a unique developmental period. *Journal of*

Psychiatry & Neuroscience, 40(5), 291-293. https://doi.org/10.1503/jpn.150268

Joffe, H. (2011). Thematic analysis. In D. Harper & A. R. Thompson (Eds.), *Qualitative research methods in mental health and psychotherapy* (pp. 209-223). Wiley-Blackwell.

Khaw, W. F., Chan, Y. M., Alias, N., Tan, L., Nasaruddin, N. H., Tham, S. W., & Ahmad, N. A. (2024). Socioeconomic status and health outcomes in Malaysian adults: Findings from the National Health and Morbidity Survey (NHMS). *Asia-Pacific Journal of Public Health, 36*(8), 746-752. https://doi.org/10.1177/10105395241283108

Kroger, J. (2017). Identity development in adolescence and adulthood. *Oxford Research Encyclopedia of Psychology*. https://doi.org/10.1093/acrefore/9780190236557.013.54

Lasalvia, A., Bonetto, C., van Bortel, T., Cristofalo, D., Brouwers, E., Lanfredi, M., … Thornicroft, G. (2025). The impact of self-stigma on empowerment in major depressive disorder: The mediating role of self-esteem and the moderating effects of socioeconomic and cultural context in an international multi-site study. *Journal of Affective Disorders, 390*, Article 119802. https://doi.org/10.1016/j.jad.2025.119802

Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. Springer Publishing Company.

Liamputtong, P., & Rice, Z. S. (2020). Stigma, discrimination, and social exclusion. In P. Liamputtong (Ed.) *Handbook of social inclusion: Research and practices in health and social sciences* (pp. 1-17). Springer International Publishing.

Link, B. G., & Phelan, J. C. (2001). Conceptualising stigma. *Annual Review of Sociology, 27*(1), 363-385. https://doi.org/10.1146/annurev.soc.27.1.363

Livingston, J. D., & Boyd, J. E. (2010). Correlates and consequences of internalised stigma for people living with mental illness: A systematic review and meta-analysis. *Social Science & Medicine, 71*(12), 2150-2161. https://doi.org/10.1016/j.socscimed.2010.09.030

Lord, B. D., Collison, E. A., Gramling, S. E., & Weisskittle, R. (2015). Development of a short form of the RCOPE for use with bereaved college students. *Journal of Religion and Health, 54*(4), 1302-1319.

Maina, B., Athero, S., Ziegel, L., Fine, S., & Kabiru, C. (2025). Poverty as a social determinant of mental health among young people: Qualitative findings across 13 countries. *Journal of Adolescent Health, 77*(3), 444-451. https://doi.org/10.1016/j.jadohealth.2024.11.250

Major, B., & O'Brien, L. T. (2005). The social psychology of stigma. *Annual Review of Psychology, 56*, 393-421. https://doi.org/10.1146/annurev.psych.56.091103.070137

Mak, W. W. S., & Cheung, R. Y. M. (2019a). Experience of stigma among mental health service users in Hong Kong: Are there changes between 2001 and 2017? *International Journal of Social Psychiatry, 65*(6), 483-492. https://doi.org/10.1177/0020764018815926

Mak, W. W. S., & Cheung, R. Y. M. (2019b). Self-stigma among individuals with mental illness. *Journal of Community Psychology, 47*(5), 1127-1142. https://doi.org/10.1002/jcop.22154

Mak, W. W. S., & Kwok, W. Y. (2010). The development of self-stigma in people with mental illness. *Qualitative Health Research, 20*(11), 1520-1533. https://doi.org/10.1177/1049732310377781

Merriam, S. B., & Tisdell, E. J. (2016). *Qualitative Research: A Guide to Design and Implementation* (Fourth ed.). San Francisco: Jossey-Bass.

Min Fui, W., Abdul Majid, H., Ismail, R., Su, T. T., Maw Pin, T., & Said, M. A. (2022). Psychosocial

factors associated with mental health and quality of life during the COVID-19 pandemic among low-income urban dwellers in Peninsular Malaysia. *PLoS ONE, 17*(8), Article e0264886. https://doi.org/10.1371/journal.pone.0264886

Mittal, D., Sullivan, G., Chekuri, L., Allee, E., & Corrigan, P. W. (2012). Empirical studies of self-stigma reduction strategies: A critical review of the literature. *Psychiatric Services, 63*(10), 974-981. https://doi.org/10.1176/appi.ps.201100459

Moser, A., & Korstjens, I. (2017). Series: Practical guidance to qualitative research. Part 3: Sampling, data collection and analysis. *The European journal of general practice, 24*, 1-10. https://doi.org/10.1080/13814788.2017.1375091

National Academies of Sciences. (2019). *The promise of adolescence: Realising opportunity for all youth* (R. J. Bonnie & E. P. Backes, Eds.). National Academies Press. htts://doi.org/10.17226/25388

Neuman, W. L. (2014). *Social research methods: Qualitative and quantitative approaches* (7th ed.). Pearson Education Limited.

Nowell, L. S., Norris, J. M., White, D. E., & Moules, N. J. (2017). Thematic analysis: Striving to meet the trustworthiness criteria. *International Journal of Qualitative Methods, 16*(1), 1-13.

Padela, A. I., Abdulbaseer, U., Sad, S. A., & Alemam, F. (2023). The role of Muslim religious leaders in mental health: A community-based participatory research study in the San Francisco Bay Area. *Pastoral Psychology*. https://doi.org/10.1007/s11089-023-01077-9

Papadopoulos, C., Foster, J., & Caldwell, K. (2012). 'Individualism-collectivism' as an explanatory device for mental illness stigma. *Community Mental Health Journal, 49*(3), 270-280. https://doi.org/10.1007/s10597-012-9534-x

Patton, M. Q. (2014). *Qualitative research & evaluation methods: Integrating theory and practice* (4th ed.). Sage Publications.

Pervez, R., & Anjum, N. (2023). Systemic barriers and interventions in healthcare for underserved communities: An exploration of health disparities. *Insights: Journal of Life and Social Sciences, 1*(2), 19-24.

Peterman, D. E. (2018). Socioeconomic status discrimination. *Virginia Law Review, 104*(7), 1283-1357.

Phelan, J., Lucas, J., Ridgeway, C., & Taylor, C. (2014). Stigma, status, and population health. *Social Science & Medicine, 103*, 15-23. https://doi.org/10.1016/j.socscimed.2013.10.004

Plenty, S., & Mood, C. (2016). Money, peers and parents: Social and economic aspects of inequality in youth wellbeing. *Journal of Youth and Adolescence, 45*, 1294-1308. https://doi.org/10.1007/s10964-016-0430-5

Puteh, A. (2001). Perkembangan dan pembentukan remaja menurut perspektif Islam. *Kajian Malaysia, 19*(2), 80-101.

Quinney, L., Dwyer, T., & Chapman, Y. (2016). Who, where, and how of interviewing peers. *SAGE Open, 6*(3), 1-10. https://doi.org/10.1177/2158244016659688

Ramzanpour, M., Sharghi, A., & Nourtaghani, A. (2023). Low-income housing stigma, results and outcomes: A systematic review. *Journal of Housing and the Built Environment, 38*(2), 861-930. https://doi.org/10.1007/s10901-022-09942-2

Reutter, L. I., Stewart, M. J., Veenstra, G., Love, R., Raphael, D., & Makwarimba, E. (2009). "Who do they think we are, anyway?": Perceptions of and responses to poverty stigma. *Qualitative Health Research, 19*(3), 297-311. https://doi.org/10.1177/1049732308330245

Ropert, T., & Di Masso, A. (2021). Living there, leaving there: Identity, sociospatial mobility, and exclusion in "stigmatised neighborhoods". *Political Psychology, 42*(1), 53-69. https://doi.org/10.1111/pops.12672

Sani, N. S., Nafuri, A. F. M., Othman, Z. A., Nazri, M. Z. A., & Mohamad, K. N. (2020). Drop-out prediction in higher education among B40 students. *International Journal of Advanced Computer Science and Applications, 11*(11), 556-562. https://doi.org/10.14569/IJACSA.2020.0111170

Santrock, J. W. (2018). *Adolescence* (16th ed.). McGraw-Hill Higher Education.

Scheitle, C. P., Vaaler, M. L., & Hall, R. D. (2023). Social exclusion and internalisation of stigma. *Journal of Youth Studies, 45*(3), 203-220. https://doi.org/10.1080/13676261.2022.2048125

Silverman, D. (2020). *Qualitative research* (5th ed.). SAGE Publications.

Simons, A. M., Houkes, I., Koster, A., Groffen, D. A., & Bosma, H. (2018). The silent burden of stigmatisation: A qualitative study among Dutch people with a low socioeconomic position. *BMC Public Health, 18*(1), Article 443. https://doi.org/10.1186/s12889-018-5351-0

Siwar, C., Ismail, M. K., Alias, N. A., & Zahari, S. Z. (2019). Kumpulan isi rumah berpendapatan 40 peratus terendah (B40) di Malaysia: Mengenal pasti trend, ciri, isu dan cabaran. In *Pemerkasaan B40: Kesejahteraan strategi dan implikasi sosioekonomi* (pp. 33-50). Penerbit Universiti Kebangsaan Malaysia.

Spencer, B., & Castano, E. (2007). Social class is dead. Long live social class! Stereotype threat among low socioeconomic status individuals. *Social Justice Research, 20*(4), 418-432. https://doi.org/10.1007/s11211-007-0047-7

Swim, J. K., & Stangor, C. (1998). *Prejudice: The target's perspective*. Academic Press.

TenHouten, W. D. (2017). Site Sampling and Snowball Sampling - Methodology for Accessing Hard-to-reach Populations. *Bulletin of Sociological Methodology/Bulletin de Méthodologie Sociologique, 134*(1), 58-61. https://doi.org/10.1177/0759106317693790

Tighe, L. A., & Davis-Kean, P. E. (2021). The influence of college education on parents and children in low-income families. *Merrill-Palmer Quarterly, 67*(3), 293-328. https://doi.org/10.13110/merrpalmquar1982.67.3.0293

Vecchio-Camargo, C. M., Rodríguez, A. S., & Aristizabal-Diazgranados, E. (2022). Social stigma: A systematic review of cognitive insights from behavioral economics (1940-2019). *International Journal of Psychological Research, 15*(1), 98-125. https://doi.org/10.21500/20112084.5434

Yusuff, N. A. (2018). *Basmi kemiskinan: Mengambil kira profil dan metrik faktor kejayaan*. Penerbit Universiti Malaysia Kelantan.