ABSTRACT

Title of Dissertation: COLLEGE STUDENTS' ATTITUDES
                              TOWARD SEEKING PROFESSIONAL HELP:
                              THE ROLE OF SOCIAL CLASS, CLASSISM,
                              AND STIGMA

                              Na-Yeun Choi, Doctor of Philosophy, 2016

Dissertation directed by: Associate Professor, Matthew J. Miller,
                              Department of Counseling, Higher Education,
                              and Special Education

Research on attitudes toward seeking professional help among college students has examined the influence of social class and stigma. This study tested 4 theoretically and empirically derived structural equation models of college students' attitudes toward seeking counseling with a sample of 2230 incoming university students. The models represented competing hypotheses regarding the manners in which objective social class, subjective social class, classism, public stigma, stigma by close others, and self-stigma related to attitudes toward seeking professional help. Findings supported the social class direct and indirect effects model, as well as the notion that classism and stigma domains could explain the indirect relationships between social class and attitudes. Study limitations, future directions for research, and implications for counseling are discussed.

COLLEGE STUDENTS' ATTITUDES TOWARD SEEKING PROFESSIONAL HELP: THE ROLE OF SOCIAL CLASS, CLASSISM, AND STIGMA

By

Na-Yeun Choi

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Committee Members:
Matthew Miller, PhD, Chair
Clara Hill, PhD, Dean's Rep
Yi-Jiun Lin, PhD
Richard Shin, PhD
Robert Lent, PhD

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Chapter 1: Introduction

College students today are at greater risk for the onset of severe mental illness (Blanco, Okuda, Wright, Hasin, Grant, Liu, & Olfson, 2008; Hunt & Eisenberg, 2010). However, several studies have found that college students, even those with severe symptoms, actually tend to underutilize professional mental health services (Blanco et al., 2008; Eisenberg, Hunt, & Speer, 2012; Eisenberg, Hunt, Speer, & Zivin, 2011; Rosenthal & Wilson, 2008). Over the past several years, researchers have framed the underutilization of mental health services in terms of individuals' attitudes toward seeking professional help (Choi & Miller, 2014; Kim & Omizo, 2003; Li, Dorstyn, & Denson, 2014; Mackenzie, Gekoski, & Knox, 2006). An individual's attitude toward seeking professional help refers to his or her perception of the effectiveness and acceptability of seeking assistance from mental health professionals – such as psychologists, psychiatrists, counselors, and therapists – when in a crisis or facing emotional or relationship challenges (Fischer & Farina, 1995). Studying attitudes toward seeking professional help can enhance our understanding of college students' use of mental health services, because attitudes are one of the best predictors of actual behaviors (Sutton, 1998).

This study tested models of college students' attitudes toward seeking professional help in order to gain a better understanding of college students' underutilization of mental health services. The direct impact of stigma, social class, and classism on attitudes toward seeking professional help were examined. This study also tested how objective and subjective measures of social class related to attitudes

toward seeking professional help indirectly through classism, public stigma, stigma by close others, and self-stigma.

Stigma is one of the most common reasons why college students underutilize mental health services (Corrigan, 2004). Stigma towards counseling refers to an individual's perception of the devaluation, rejection, and discrimination that may occur if the individual seeks counseling (Major & O'Brien, 2005; Yang et al., 2007). Several researchers have found that such stigma is linked to less positive attitudes toward seeking professional help (Ludwikowski, Vogel, & Armstrong, 2009; Vogel, Wade, & Haake, 2006; Vogel, Wade, & Hackler, 2007). Existing theory and research (e.g., Ludwikowski et al., 2009; Vogel et al., 2007) suggests that public stigma and stigma by close others are related and they influences attitudes toward seeking professional help indirectly through self-stigma about counseling. Self-stigma refers to the internalized belief that one will be socially unacceptable if one seeks counseling, and is more proximal variable that predicts attitudes than public stigma (Vogel et al., 2006; Vogel, Bitman, Hammer, & Wade, 2013).

Understanding college students' mental health service utilization can be better understood by studying cultural factors such as social class which shapes individuals' values and behaviors (Eisenberg, Hunt, & Speer, 2012; Liu, 2002; Liu, 2011; Liu & Ali, 2005). The 2007 report of the APA task force on socioeconomic status highlighted the importance of economic culture, and discussed cultural differences might exist between middle class and lower social class individuals. However, researchers have paid relatively little attention to social class in recent years, and existing work has produced contradictory results ("APA Task Force on

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Socioeconomic Status," 2007; Brown, Fukunaga, Umemoto, & Wicker, 1996; Frable, 1997; Liu, 2002; Liu & Ali, 2005; Nam et al., 2013; Smith, Chambers, & Bratini, 2009). Therefore, this study examined the influence of social class and classism on attitudes toward seeking professional help.

Research has produced contradictory findings regarding the relationship between social class and attitudes toward seeking professional help and willingness to seek counselor (Gonzalez, Alegria, Prihoda, Copeland, & Zeber, 2011; Rosenthal & Wilson, 2008; Steele, Dewa, & Lee, 2007; Ying & Miller, 1992). Additional qualitative and theoretical studies have suggested that a relationship may also exist between lower social class and a reduced tendency to seek mental health care (Goodman, Pugach, Skolnik, & Smith, 2013; Lott, 2012). It is important to note that inconsistent results between social class and attitudes toward seeking professional help may have been the result of the inconsistency in conceptualizing and measuring social class.

Based on the modified social class worldview model (Liu, Soleck, Hopps, Dunston, & Pickett, 2004; Liu, 2011), the term "social class" was used to highlight a broader worldview aspect of this phenomenon, rather than individuals' economic-based socioeconomic status. Throughout this paper, I theorized that social class consists of (a) objective social class (b) subjective social class, and (c) classism (Liu, 2011; Partiali, Takamatsu, & Iwamoto, 2013). Individuals' specific objective social classes can shape the level of classism they experience (Lott, 2012) through their own subjective perception of social class, and researchers have found negative relationships between classism and social class (Langhout, Drake, & Rosselli, 2009;

Johnson, Richeson, & Finkel, 2011). Therefore, it is important to look at the relationships among three aspects of social class (objective and subjective experiences of social class and classism), and to understand how these perceptions can lead to people's help-seeking attitudes (Liu, Soleck at al., 2004).

Objective social class refers to a person's control of resources based on traditional objective indicators such as annual income and educational attainment (Krieger, Williams, & Moss, 1997; Liu, Soleck et al., 2004; Liu, 2011). In other words, objective social class refers to indicators of the resources available to an individual, including health care, transportation, insurance, social network, and social expectations ("APA Task Force on Socioeconomic Status," 2007; Partiali et al., 2013). Based on vocational literature (Fouad & Fitzpatrick, 2009; Huang & Hsieh, 2011; Lent, Brown & Hackett, 1994), I conceptualized objective social class as a distal and proximate variable that impacts attitudes toward seeking professional help directly and indirectly through classism and stigma toward counseling. For example, objective social class related experience, such as availability of possible resources (e.g. insurance), and availability of role models for mental health services, indirectly and directly influences attitudes toward seeking professional help (Goodman, Pugach, Skolnik, & Smith, 2013; Lott, 2012).

Subjective social class refers to one's perception of where one stands in the social class hierarchy, which depends on context and is determined with reference to others (Adler, Epel, Castellazzo, & Ickovics, 2000; Chen, Gee, Spencer, Danziger, & Takeuchi, 2009; Liu et al., 2004). I theorized that subjective social class as a mediating variable between objective social class and classism, and also as a distal

and proximate variable that impacts attitudes toward counseling, but tentatively due to lack of previous research on subjective social class on attitudes (e.g. Thompson & Dahling, 2012; Thompson, & Subich, 2011). The subjective social class might be a more nuanced judgement of objective indicators and is related to perceived life chances, opportunities, and future prospects (Singh-Manoux, Marmont, & Adler, 2005).

Classism refers to the marginalization of, derision for, alienation of, or discrimination towards a group of people based upon their perceived social or economic standing (Liu, 2011; Lott, 2002; Partiali et al., 2013; Thompson & Subich, 2011; 2013). The harmful effects of stigma on attitudes toward seeking professional help become amplified by an individual's membership in a socially-stigmatized group, which in this research refers to people who are experiencing classism based on their social class identification (Pescosolido et al., 2008; Casagrande, Gary, LaVeist, Gaskin, & Cooper, 2007). For example, traditional counseling methods draw from middle-class and upper-middle-class white social norms (Liu, Pickett, & Ivey, 2007; Lott, 2012; Smith, 2005). As a result, potential clients who identify with other social classes differ from the norm may seek to avoid potential marginalization, and therefore may have negative attitudes towards helping relationships (e.g., counseling; Ali, Fall, & Hoffman, 2013). Liu (2011) referred to this vulnerability as avoiding "double failure" (p. 103), because for some clients who experience both classism and stigma, receiving counseling can be intolerable. The previous theoretical articles argued for needing deepening understanding of barriers including stigma, and needs

for incorporating social class into the stigma literature (Thompson & Dvorscek, 2013; Williams, 2009).

Therefore, perceived classism might lead to greater concerns about experiencing stigmatization by the public and close others, and may result in an internalized self-stigma (e.g., Cheng, Kwan, & Sevig, 2013). Research has demonstrated the indirect way in which the experience of classism is related through stigma to attitudes toward seeking medical help (Bird & Bogart, 2001). Similarly, classism might relate to attitudes toward seeking professional psychological help directly and indirectly through stigma toward counseling. Therefore, college students who report higher classism might feel higher stigma toward seeking counseling, which can relate to underutilization of mental health services. I theorized classism as distal and proximal variable that affects attitudes toward seeking professional help directly and indirectly through stigma toward counseling.

Collectively, studies have linked college students' attitudes toward seeking professional help to social class, classism, and different levels of stigma (e.g., Liu, Soleck et al., 2004; Partiali et al., 2013). The present study built on this research, by (a) including both objective and subjective measures of social class, (b) incorporating experience with perceived classism into attitudes toward seeking professional psychological help, and (c) understanding indirect effects of social class through three levels of stigma on attitudes toward seeking professional psychological help. Therefore, in the current study, I theorized that relationships might exist between lower levels of objective and subjective social class, a higher level of perceived classism, and a higher level of public stigma and stigma by close others, which lead

to internalized self-stigma and is related to negative attitudes toward seeking professional help. Because self-stigma fully mediated the relationships between public stigma and attitudes toward seeking professional help, and stigma by close others and attitudes toward seeking professional help (Ludwikowski et al., 2009; Vogel et al., 2007), I did not estimate the direct effects of public stigma and stigma by close others on attitudes toward seeking professional help. I tested the direct and indirect effects social class models of college students' attitudes toward counseling (see Figure 1).

The following hypotheses and research questions were tested/examined:

Hypothesis 1: The social class direct effects model (see Model 1 in Figure 1) is hypothesized to be retained with a significantly better model fit compare to the social class direct and indirect effects models A and B (see Model 2, 3 in Figure 1) and social class indirect effects model (see Model 4 in Figure 1) (Bird & Bogart, 2001; Cheng, Kwan, & Sevig, 2013; Fouad & Fitzpatrick, 2009; Huang & Hsieh, 2011; Langhout, Drake, & Rosselli, 2009; Lent, Brown & Hackett, 1994; Ludwikowski et al., 2009; Thompson & Dahling, 2012; Partiali et al., 2013; Thompson, & Subich, 2011; Vogel et al., 2007; Vogel, Bitman, Hammer, & Wade, 2013).

Model 2 (see Figure1) was similar to Model 1 but did not include the direct effect of objective social class → attitudes toward seeking professional help, and Model 2 tested our tentative hypothesis that the established relationships between objective social class and attitudes toward seeking professional help (Gonzalez, Alegria, Prihoda, Copeland, & Zeber, 2011; Rosenthal & Wilson, 2008; Steele, Dewa,

& Lee, 2007; Ying & Miller, 1992). Model 3 (see Figure 1) was similar to Model 1 but did not include the direct effect of subjective social class → attitudes toward seeking professional help, and Model 3 tested our tentative hypothesis that the tentative relationships between subjective social class and attitudes toward seeking professional help (Thompson & Dahling, 2012; Thompson, & Subich, 2011). Model 4 (see Figure1) was similar to Model 1 but did not include the direct effects of both objective social class and subjective social class → attitudes toward seeking professional help, and Model 4 tested our hypothesis that the tentative relationship between social class (objective and subjective) and attitudes toward seeking professional help (Liu, Soleck et al., 2004; Partiali et al., 2013).

Hypothesis 2: I made directional hypothesis of the direct relationships.

2.1 Objective social class would have a positive relationship with subjective social class (see Path a in Figure1), a negative relationship with classism (Path c; Johnson, Richeson, & Finkel, 2011; Langhout, Drake, & Rosselli, 2009; Thompson & Subich, 2013) and a positive relationship with attitudes toward seeking professional help (Path l; Gonzalez, Alegria, Prihoda, Copeland, & Zeber, 2011; Partiali et al., 2013; Rosenthal & Wilson, 2008; Ying & Miller, 1992; Steele, Dewa, & Lee, 2007).

2.2. Participants' higher subjective social class would have a negative relationship with classism (see Path b in Figure 1; Lott, 2002) and a positive relationship with attitudes toward seeking professional help (Path j; Ollerton, 1995).

2.3 Classism positively relate to (a) public stigma, (b) stigma by close others, and (c) self-stigma (see Paths d, f, h in Figure 1; Cheng et al., 2013; Pescosolido et al., 2008), and that classism would have a negative relationship with attitudes toward

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seeking professional help (Path m; Burgess, Ding, Hargreaves, van Ryn, & Phelan, 2008; Lott, 2012).

2.4 Public stigma would have positive relationships with stigma by close others (see Path e in Figure 1; Ludwikowski et al., 2009; Vogel et al., 2007) and with self-stigma (Path g), and stigma by close others would have a positive relationship with self-stigma (Path i; Cheng et al., 2013; Ludwikowski et al., 2009; Owen, Thomas, & Rodolfa, 2013; Vogel et al., 2006; Vogel et al., 2007; Vogel, Wade, et al., 2009; Vogel, Bitman, & Hammer, 2013).

2.5 Self-stigma would have a negative relationship with attitudes toward seeking professional help (see Path k in Figure 1; Pederson & Vogel, 2007; Vogel, Michaels, & Gruss, 2009).

Hypothesis 3: Objective and subjective social class relate to attitudes toward seeking professional help indirectly through classism and stigma (Paths a-b-d-e-i-k; a-b-d-g-k; a-b-f-i-k; a-b-h-k; c-d-e-i-k; c-d-g-k; c-f-i-k; and c-h-k; Bird & Bogart, 2001; Cheng, Kwan, & Sevig, 2013; Liu, Soleck et al., 2004; Partiali et al., 2013 Pescosolido et al., 2008; Casagrande, Gary, LaVeist, Gaskin, & Cooper, 2007).
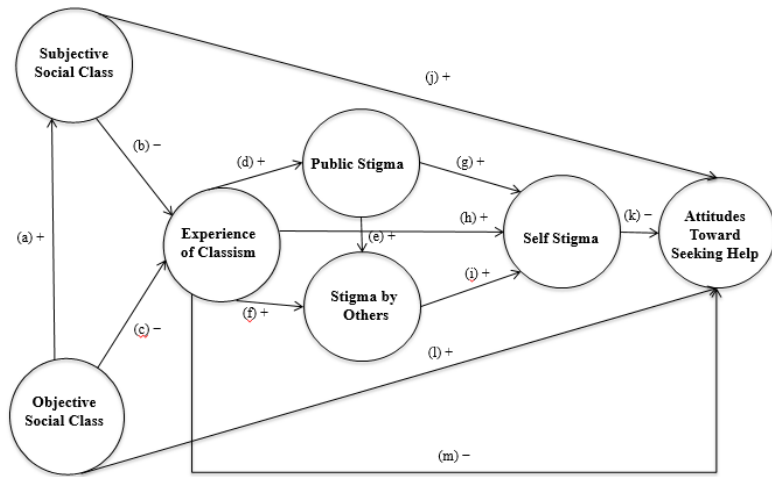
Model 1) Social class direct effects model
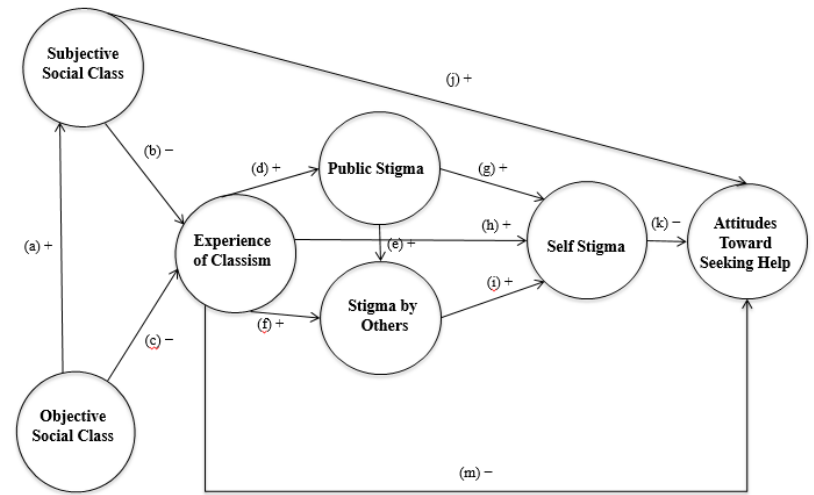
Model 2) Social class direct and indirect effects model A
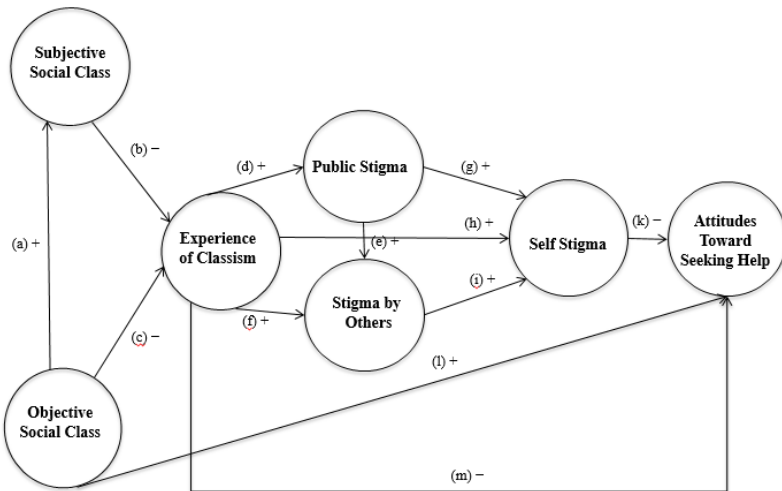
Model 3) Social class direct and indirect effects model B
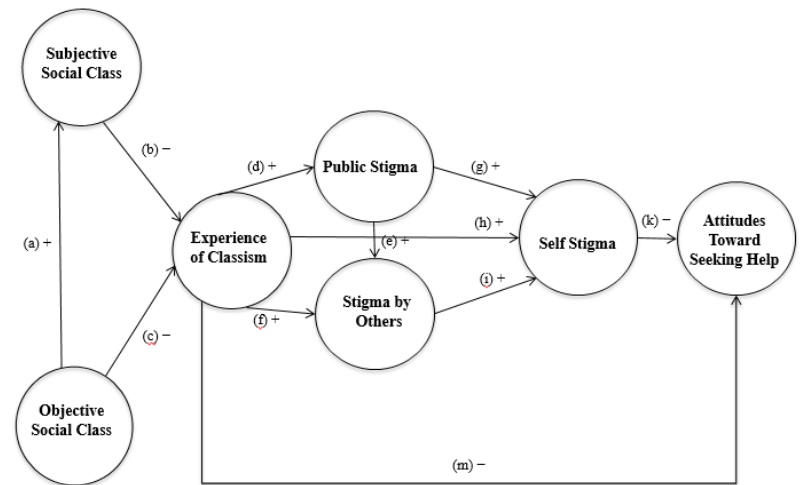
Model 4) Social class indirect effects model

Figure 1. Social Class Models

Chapter 2: Literature Review

Recent research has shown that college students today are at greater risk for the onset of mental illness, and these disorders appear to be increasing in number and severity (Blanco, Okuda, Wright, Hasin, Grant, Liu, & Olfson, 2008; Hunt & Eisenberg, 2010). Despite this increasing need for mental health services, studies have found that college students, even those with severe symptoms, actually tended to underutilize these professional supports, and only 25% to 38% of college students with mental health concerns received any form of services (Blanco et al., 2008; Eisenberg, Hunt, & Speer, 2012; Eisenberg, Hunt, Speer, & Zivin, 2011; Rosenthal & Wilson, 2008).

Over the past several years, researchers have framed the underutilization of mental health services in terms of individuals' attitudes toward seeking professional help. An individual's *attitude toward seeking professional psychological help* refers to their perception of the effectiveness and acceptability of seeking assistance from mental health professionals; such as psychologists, psychiatrists, counselors, and therapists, when they are in crisis or facing emotional and relational challenges (Fischer & Farina, 1995). Attitudes toward seeking professional help relates to numerous constructs in counseling service utilization, such as willingness to see a counselor and making use of mental health service (Choi & Miller, 2014; Kim & Omizo, 2003; Li, Dorstyn, & Denson, 2014; Mackenzie, Gekoski, & Knox, 2006). Sutton (1998) asserted that attitudes are one of the best predictors of actual behaviors; therefore, studying attitudes toward seeking professional help can lead to greater understanding of college students' mental health service utilization. Attending to the

gap between college students' increasing needs and service utilization, this research addressed different factors that are related to college students' attitudes toward seeking professional help.

Stigma Toward Counseling

Stigma is one of the most common reasons why college students underutilize mental health services (Corrigan, 2004). Researchers have found that such stigma toward counseling is linked to less positive attitudes toward seeking professional help (Ludwikowski, Vogel, & Armstrong, 2009; Vogel, Wade, & Haake, 2006; Vogel, Wade, & Hackler, 2007). *Stigma toward counseling* refers to an individual's perception of the devaluation, rejection, and discrimination that may occur if the individual seeks counseling (Major & O'Brien, 2005; Yang et al., 2007).

The researchers argued that three distinct domains of stigma toward counseling occur such as public stigma, stigma by close others, and self-stigma (Ludwikowski et al., 2009; Vogel, Wade et al., 2009; Vogel et al., 2006; Vogel et al., 2007). *Public stigma* refers to an individual's perception of societal stigma related to seeking counseling (Corrigan, 2004; Komiya, Good, & Sherrod, 2000). *Stigma by close others* refers to an individual's perception of stigma toward counseling held by their close social network (Vogel, Wade et al., 2009). Vogel developed the stigma by close others construct because an individuals' experience with stigma toward counseling among close peers, family members, or friends may differ from their experiences of stigma among the general population (Vogel, Wade et al. 2009). *Self-stigma* refers to an individual's belief that he or she is socially unacceptable if they

seek counseling; ultimately, this conviction can have a detrimental impact on self-esteem (Vogel et al., 2006).

A number of studies have demonstrated a clear relationship between self-stigma, stigma by close others (Owen, Thomas, & Rodolfa, 2013), public stigma (Brown et al., 2010; Vogel, Bitman, Hammer, & Wade, 2013), and attitudes toward seeking psychological help (Pederson & Vogel, 2007; Vogel, Michaels, & Gruss, 2009). The directionality of the relationship between public stigma and self-stigma was examined over time, and the research confirmed the theory that public stigma internalized as self-stigma, and self-stigma is more proximal variable that predicts attitudes than public stigma (Vogel, Bitman, Hammer, & Wade, 2013). Existing theory and research (e.g., Ludwikowski et al., 2009; Vogel, Wade, & Hackler, 2007) has suggested that public stigma and stigma by close others influence attitudes toward seeking professional help indirectly through self-stigma about counseling.

A review of the empirical literature shows that stigma toward counseling is a frequently examined construct that predict the negative attitudes toward seeking psychological help. Although college students' attitudes toward seeking professional help can be partially understood by stigma toward counseling, including cultural factors such as social class could provide further insight into this phenomena (Eisenberg, Hunt, & Speer, 2012). Social class is one of the cultural factors, which shapes values, and behaviors of individuals, and psychologists have been encouraged to understand diverse cultural aspects of the social class (Liu, 2001 & Liu & Ali, 2005). The report of the APA task force on socioeconomic status (2007) highlighted the importance of the economic culture, and discussed cultural differences might exist

between middle class vs. blue-collar workers. Research into individuals' attitudes toward seeking professional help has also explored the impact of race/ethnicity and cultural values (e.g., Kim & Omizo, 2003), and gender-related variables like gender role conflict and masculinity (e.g., Berger, Levant, McMillan, Kelleher, & Sellers, 2005). However, research to date has paid relatively little attention to the influence of social class background and classism on attitudes toward seeking professional help ("APA Task Force on Socioeconomic Status," 2007; Brown, Fukunaga, Umemoto, & Wicker, 1996; Frable, 1997; Liu, 2002; Liu & Ali, 2005; Nam et al., 2013; Smith, Chambers, & Bratini, 2009). Therefore, this study examined the influence of social class and classism on attitudes toward seeking psychological help.

Social Class and Attitudes Toward Seeking Professional Help

Social class is an especially relevant construct for college students. Researchers found that one of the top reasons college students do not seek mental health services was due to financial reasons despite that many campuses offer free and/or often very low-cost services (Eisenberg, Hunt, & Speer, 2012). These financial factors may have resulted in college students from low socioeconomic backgrounds frequently underutilizing mental health services (Eisenberg, Downs, Golberstein, & Zivin, 2009; Eisenberg, Golberstein, & Gollust, 2007; Eisenberg, Hunt, Speer, & Zivin, 2011). However, these researches have focused on demographic comparisons between different socioeconomic groups rather than focusing on what aspects of social class influenced students' pursuit of mental health services. Therefore, the purpose of the current study was to examine the impacts of subjective, objective

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social class, classism and stigma toward seeking counseling on college students'
attitudes toward seeking professional help.

Research has produced contradictory findings regarding the relationship
between social class and attitudes toward seeking professional help among college
students (Rosenthal & Wilson, 2008; Ying & Miller, 1992). For example, there was
no different in use of counseling among different groups of social class (lower, lower
middle, middle middle, and upper middle) based on household income and mother's
education (Rosenthal & Wilson, 2008). Among Chinese American participants,
researchers found that lower social class (i.e., occupation and education) was
associated with more positive attitudes (Ying & Miller, 1992). On the other hand,
researchers have found a correlation between lower level of education and a
decreased willingness to seek help (Gonzalez, Alegria, Prihoda, Copeland, & Zeber,
2011; Steele, Dewa, & Lee, 2007). Additional studies have suggested that a
relationship may also exist between lower social class and a reduced tendency to seek
mental health care. This relationship is due to practical reasons like limited resources
and psychological concerns like whether class differences would hinder a therapist's
ability to understand their clients' unique challenges (Goodman, Pugach, Skolnik, &
Smith, 2013; Lott, 2012). It is important to note that inconsistent results between
social class and attitudes toward seeking help may have been the result of the
inconsistency in conceptualizing and measuring social class.

Clarification of terms. A review of literature on social class provides
numerous terms and conceptual frameworks. Even within counseling psychology, Liu,
Ali et al. (2004) identified several social class and socioeconomic class (SES) related

constructs and over 400 terms such as income, social status, poor, wealthy, after

school lunch, and prestige in their content analysis. To have a clear understanding of

the constructs, this section provides definitions and a rational for operationalizing this

phenomenon as *social class*. For the purpose of this research, the modified Social

Class Worldview Model was used as it was originally proposed by W. M. Liu (Liu,

Soleck et al., 2004; Liu, 2011). The social class worldview model highlights 1) the

importance of subjective experience of social class, 2) relationship between social

class and classism as inseparable constructs similar to race and racism, and 3) social

class as lens or a worldview rather than an economic term. Therefore, in this research,

the term social class was used to highlight psychological lens and worldview aspects

of the phenomena based on the social class worldview model, rather than

socioeconomic status (SES), which is an individuals' economic-based term.

Liu (2011) argued that he also recognize objective factors such as income,

education, or occupational level, but not as the main aspects of his theory. The social

class worldview model implied individuals as interactive participants with his or her

social class and not as passive respondents of objective factors. In addition to the

social class worldview model, a theoretical study has linked mental health treatment

utilization with social class, and conceptualized social class into different dimensions.

Partiali, Takamatsu, and Iwamoto (2013) conceptualized social class as 1) objective

measures of social class, 2) subjective intrapsychic process, and 3) internalized

classism, and recommended for the future empirical study to incorporate different

aspects of social class. Similar to Partiali et al.'s argument of including both

subjective and objective social class, I believe resource-based social class (objective

social class) is equally important as their subjective standing (subjective social class) and experience of classism in studying mental health service utilization. Throughout this paper, this research theorized that a social class phenomenon includes three prominent aspects including: (a) objective social class, (b) subjective social class, and (c) classism.

Table 1

Summary of Modified Social Class Worldview Model

Indicator	Measure	Description	Items
Objective Social Class	Educational Attainment (Krieger, Williams, & Moss, 1997)	Similar to Socioeconomic Status. Objective and quantifiable resource-based measures	Categorical – the highest level of education completed by parents, 1 = Less than high school diploma, 2 = High school diploma/GED, 3 = Some college, 4 = Associate degree, 5 = Bachelor's degree, 6 = Master's degree, 7 = PhD or professional degree (MD, JD, DVM, LLB, DDS, etc.)
	Parental income (Krieger, Williams, & Moss, 1997)		Categorical – the combined annual parental income, 1 = Less than $25,000, 2 = $25,000 - $49,999, 3 = $50,000 – $74,999, 4 = $75,000 - $99,999, 5 = $100,000 – $149,999, 6 = $150,000 – $174,999, 7 = $175,000 - $199,999, 8 = $200,000 +
Subjective Social Class	McArthur Scale of Subjective Social Status (Adler, et al., 2000)	Subjective social standing of a person's perception within a given context (in your local community and in the broader U.S. society). Extensively used in health psychology research.	"Think of this scale below as a ladder representing where people stand in your community (or in the United States). Imagine everyone in your community is standing somewhere on this ladder…Where would you place yourself from 1-10 on this ladder, compared to others in your community?"
Perceived Classism	Experience of Classism (Thompson & Subich, 2013)	Perceived frequency of an individual's everyday experiences with classism during the past 12 months	"How many times have you been treated unfairly/ differently…"

Objective social class defined. Researchers have conceptualized social class as an objective determination based on the ranking of factors such as income, occupation, and education (Diemer & Ali, 2009; Krieger, Williams, & Moss, 1997; Thompson & Dvorscek, 2013). *Objective social class* refers to a person's control of resources based on traditional objective indicators such as annual income and educational attainment (Liu, Soleck et al., 2004; :Liu, 2011). Also, objective social class represents indicators of available resources to an individual ("APA Task Force on Socioeconomic Status," 2007). For example, income provides access to services, such as health care and mental health care, as well as physical products and goods. Similarly, education provides social and psychological resources through social network ("APA Task Force on Socioeconomic Status," 2007). Depending on the availability of sources, individuals can be positioned in an economic hierarchy based on the indicators (Liu, 2011). This objective social class might be useful to understand possible reasons for hindering access to mental health service such as limited resources around transportation, childcare, and lack of insurance (Partiali et al., 2013). In addition to defining objective social class, the way of measuring and conceptualizing objective social class has been inconsistent.

Social class researchers have criticized the inconsistency in the measurement of objective social class and have argued that objective social class should be considered as a formative construct rather than a reflective construct because objective social class is caused by its' indicators (education and income), not vice versa (Huang & Hsieh, 2011; Kline, 2011; Williams, 2009). Therefore, in this study, objective social class is modeled as formative construct as outcome of objective

indicators such as parental education and income. Researchers often use students'

parental education and income level as relevant proxies for students' objective social

class (Rubin, Denson, Kilpatrick, Matthews, Stehlik, & Zyngier, 2014), and to

understand their social class worldview, it might be more relevant to consider

parents' since they are not fully established their income and education. Also,

vocational psychology theories and literature considered objective social class as

distal/contextual variable and proxy that are influencing career outcome indirectly

through efficacy belief similar to other cultural valuables such as race and gender

(Fouad & Fitzpatrick, 2009; Huang & Hsieh, 2011; Lent et al., 1994; 2000;

Thompson & Dahling, 2012). Therefore, in this research, objective and subjective

social class were considered as distal and proximal variables that directly and

indirectly impact attitudes toward seeking counseling through classism and stigma

toward counseling.

Subjective social class defined. Social class does not involve only objective

indicators, but also includes individuals' subjective perceptions of those objective

indices (Liu, Ali, Solec, Hopps, Dunston, & Pickett, 2004; Williams, 2009). For

example, college students who have similar parental income and educational

attainment might experience different pressure and perception of their social class

standing. Due to their perception, college students' life with the same objective social

class might not be identical. In addition to theoretical understanding of objective and

subjective social class, researchers found a stronger relationship exists between

feelings of financial security and subjective social class than with financial security

and objective social class (Singh-Manoux, Marmont, & Adler, 2005). This difference

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is likely due the fact that subjective social class is a more subjective and nuanced judgement of objective indicators and is related to perceived life chances, opportunities, and future prospects, which can lead to judgment of financial security of the future.

In sum, in addition to objective social class, scholars have discussed the importance of understanding *subjective social class*, which refers to one's perception and impression of where one stands in the social class hierarchy, depending on the context and in reference to others (Adler, Epel, Castellazzo, & Ickovics, 2000; Chen, Gee, Spencer, Danziger, & Takeuchi, 2009; Liu, Soleck et al., 2004). This concept helps to answer the question, how do we see ourselves? and entails an individual cognitive process rather than a macro-level one that looks to society to define an individual's standing through objective indices (Singh-Manoux, Marmot, & Adler, 2005). Subjective social class involves people's self-perceptions of where they stand within the greater social context (in the local community or in the broader U.S. society) that filters and shapes information, experiences, and relationships (Demakakos, Nazroo, Breeze, & Marmot, 2008; Liu, 2011). For example, individuals who graduated from prestigious Ivy League universities compared to other four-year colleges can differ in their perception of life chances and financial security even if objective social class might categorize them as the same way as college graduates. Individuals develop perceived social class standing through socialized messages from family members, peers, and the society, that perception provides social class lens to perceive, interpret, and act based on standing in the society (Liu, Corkery, & Thome, 2010).

Theorists have argued that individuals develop subjective social class based on the context because there are possible difference in resources of the neighborhood, median income, percent of employment and college degree, environmental assaults and exposures to toxins, and poor or substandard housing (Chen & Paterson, 2006; Demakakos, Nazroo, Breeze & Marmot, 2008; Liu, 2011; APA Task Force on Socioeconomic Status," 2007). Particularly, access to mental health care might be more difficult in less affluent areas than wealthy neighborhood (Ollerton, 1995). Due to differences in available resources and expectations, the definition of the middle class might subjectively vary depending on the area (Liu & Ali, 2005). Therefore, understanding *subjective social class* in addition to objective social class provided the more nuanced, in order words, greater variability in perspectives to investigate the means of the social class that influence attitudes toward seeking professional help.

Review of the using both objective and subjective social class in the U.S. are most commonly found in mental and physical health and health care utilization research (Chen, Gee, Spencer, Danziger, & Takeuchi, 2009; Chen & Paterson, 2006; Demakakos, Nazroo, Breeze, & Marmot, 2008; Kraus, Adler, & Chen, 2013). Subjective social class in the U.S. society and objective social class have been predictors of health status (Ostrove, Adler, Kuppermann, & Washington, 2000; Singh-Manoux, Marmot, & Adler, 2005). Subjective social class in the U.S. society was positively link to depressive symptoms among older adults (Demakakos, et al. 2008). In the study of Asian immigrants' mental health, higher rating of subjective social class in the local community and subjective social class in the U.S. were associated with lower level of mood dysfunction (Leu, Yen, Gansky, Walton, Adler,

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& Takeuchi, 2008). However, to date no known study has examined the direct and indirect impacts of both objective and subjective social class on mental health service utilization and attitudes toward seeking professional psychological help.

Classism and attitudes toward seeking professional help. As noted, perceived classism is one aspect of social class that might influence college students' attitudes toward seeking professional help. Liu, Ali, Soleck, Hopps, Dunston, and Pickett (2004) emphasized the importance of looking at subjective experience of social class and classism, and how these perceptions can lead to people's help seeking attitudes. Lott (2002) argued that the categorization of people into unequal social classes could lead to classism. Empirical studies have revealed negative relationships between perceived classism and childhood income level (−19; −.3; Thompson & Subich, 2013); income (−.33; Johnson, Richeson, & Finkel, 2011); and social, cultural, and economic capital (−.27; Langhout, Drake, & Rosselli, 2009).

Classism refers to the marginalization, derision, alienation, or discrimination of group of people based upon their perceived social or economic standing (Liu, 2011; Lott, 2002; Partiali et al., 2013; Thompson & Subich, 2011; 2013). People can hold discrimination against others who engage in behaviors that are different with the economic values and expectations (Partiali et al., 2013). Similar to other form of -isms, classism is a form of oppression, where power and privilege differ depending on an individual or group's social class standing (Smith, 2005; Smith, Foley, & Chaney, 2008), and it can take place at the individual (e.g., friends and coworkers) or systematic (e.g., institutions and school) level. Individuals' specific objective social class can shape the level of classism they experience through their own more nuanced

subjective perception of social class (Lott, 2012). For example, people who have lower incomes and with their own perception of that social class might face higher levels of discrimination, stigmatization, and stereotyped beliefs based on their social class than do people from higher income brackets (Lott, 2012).

The current study expanded upon existing mental health service utilization research by exploring the impact of perceived classism. Prior research revealed that perceived discrimination and marginalization from health care service providers and in everyday life could have a negative impact on a college student's mental health service utilization (Burgess, Ding, Hargreaves, van Ryn, & Phelan, 2008). These negative perceptions and underutilization of mental health care might be related to experience with classism during mental health counseling experience because verbally-oriented counseling methods draw from middle-class and upper-middle-class White social norms (Liu, Pickett, & Ivey, 2007; Lott, 2012; Smith, 2005). As a result, potential clients who perceived to be lower social class may seek to avoid potential social class marginalization and withdraw from helping relationships (e.g., counseling; Ali, Fall, & Hoffman, 2013).

The harmful effects of stigma and attitudes toward seeking professional help are amplified by an individual's membership with a socially-stigmatized group (Pescosolido et al., 2008) because socially-stigmatized group may experience discrimination which leads to mistrust of health practitioners and health care treatment (Casagrande, Gary, LaVeist, Gaskin, & Cooper, 2007). For example, college students who are in lower social class might experience classism (discrimination), which lead to negative attitudes and mistrust toward mental health

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treatment. Experience of classism can lead to college students to hold negative attitudes toward counseling because counseling can be viewed as an upper middle class culture. From everyday classism experience of being treated differently due to their perceived social class, college students might learn to avoid counseling to lessen the possibility of re-experiencing classism in counseling. In fact, several qualitative studies revealed that working-class clients reported re-experiencing the discrimination they face in their everyday life in therapy, which causes them discomfort and stigmatization (Appio, Chambers, & Mao, 2013; Balmforth, 2009). These researchers found that these stigmatizing experiences with discrimination form barriers (e.g., negative attitudes) to seeking mental health care.

Therefore, perceived classism might lead to greater concerns about experiencing stigmatization by the public and close others if they seek counseling, and may result in an internalized self-stigma (e.g., Cheng, Kwan, & Sevig, 2013). Liu (2011) called this vulnerability as avoiding "double failure (p. 103)" because for some clients who experience both classism and stigma for receiving counseling can be intolerable. A review of the existing literature revealed no known studies that explored the indirect impact of classism on attitudes through stigma toward seeking counseling (only found in the topic of racism, e.g., Cheng et al., 2013); however, positive relationship between racism and stigma by others might be similar to relationship between classism on stigma since racism and classism function in a similar manner in creating inequality ("APA Task Force on Socioeconomic Status," 2007). In addition, research has demonstrated the indirect way in which experience of classism related to "medical" service utilization through stigma (Bird & Bogart,

2001). Collectively, the theory and research (e.g., Appio, Chambers, & Mao, 2013; Balmforth, 2009; Bird & Bogart, 2001; Cheng et al., 2013) has suggested that classism influence attitudes toward seeking professional help directly and indirectly through stigma toward counseling.

Purpose

Research on attitudes toward seeking professional help among college students has examined the influence of social class and stigma. The present study built on this research by (a) conceptualizing social class as consisting of three different aspects: objective social class, subjective social class, and classism, and (b) incorporating direct and indirect effects of social class on attitudes toward seeking professional psychological help through three levels of stigma.

Guided by prior research and theory, I made a number of a priori hypotheses regarding the direction of relationships between variables and specific ordering of variables (see Figure 1). First, I compared the social class models of college students' attitudes toward seeking professional help (see Models 1, 2, 3, 4 in Figure 1). The social class direct effects model (see Model 1 in Figure 1) is hypothesized to be retained with the significantly better model fit compare to the social class direct and indirect effects social class models A and B (see Model 2, 3 in Figure 1) and the social class indirect effects model (see Model 4 in Figure 1) (Partiali et al., 2013).

Second, I made directional hypothesis of the direct relationships. I hypothesized that objective social class would have a positive relationship with subjective social class (see Path a in Figure1), a negative relationship with classism (Path c; Johnson, Richeson, & Finkel, 2011; Langhout, Drake, & Rosselli, 2009;

Thompson & Subich, 2013) and a positive relationship with attitudes toward seeking

professional help (Path l; Gonzalez, Alegria, Prihoda, Copeland, & Zeber, 2011;

Partiali et al., 2013; Rosenthal & Wilson, 2008; Ying & Miller, 1992; Steele, Dewa,

& Lee, 2007).

I made a similar, but more tentative, hypothesis (given the lack of prior

empirical research on subjective social class) that higher subjective social class

would have a negative relationship with classism (see Paths b in Figure 1; Lott, 2002)

and a positive relationship with attitudes toward seeking professional help (Path j;

Ollerton, 1995). I hypothesized that a positive relationship existed between classism

and (a) public stigma, (b) stigma by close others, and (c) self-stigma (see Paths d, f, h

in Figure 1; Cheng et al., 2013; Pescosolido et al., 2008), and that classism would

have a negative relationship with attitudes toward seeking professional help (Path m ;

Burgess, Ding, Hargreaves, van Ryn, & Phelan, 2008; Lott, 2012).

I hypothesized a positive relationship exists between public stigma and stigma

by close others (see Path e in Figure 1; Ludwikowski et al., 2009; Vogel et al., 2007).

I also assumed that public stigma (Path g) and stigma by close others (Path i) would

have positive relationships with self-stigma (Cheng et al., 2013; Ludwikowski et al.,

2009; Owen, Thomas, & Rodolfa, 2013; Vogel et al., 2006; Vogel et al., 2007; Vogel,

Wade, et al., 2009; Vogel, Bitman, & Hammer, 2013); and that self-stigma would

have a negative relationship with attitudes toward seeking professional help (Path k;

Pederson & Vogel, 2007; Vogel, Michaels, & Gruss, 2009). Because self-stigma fully

mediated the relationships between public stigma and attitudes toward seeking

professional help, and stigma by close others and attitudes toward seeking

professional help (Ludwikowski et al., 2009; Vogel et al., 2007), I did not estimate the direct effects of public stigma and stigma by close others on attitudes toward seeking professional help.

Lastly, I was especially interested in testing weather objective and subjective social class relate to attitudes toward professional help directly (see paths j, l, m, in Figure 1) or indirectly through classism and stigma (Paths a-b-d-e-i-k; a-b-d-g-k; a-b-f-i-k; a-b-h-k; c-d-e-i-k; c-d-g-k; c-f-i-k; and c-h-k; Bird & Bogart, 2001; Cheng, Kwan, & Sevig, 2013; Liu, Soleck et al., 2004; Partiali et al., 2013 Pescosolido et al., 2008; Casagrande, Gary, LaVeist, Gaskin, & Cooper, 2007).

Chapter 3: Method

Procedures

I used the archival self-report data from incoming college students who completed the University of Maryland New Student Census (UMNSC) in 2014. The UMNSC is designed and administered by the University of Maryland Counseling Center Research Unit, and is an online questionnaire designed to gather information on the educational, career, and personal aspects of incoming students to understand their student development needs. For this research, a subset of data from the UMNSC 2014 was used. After obtaining approval from the Campus Institutional Review Board, the University of Maryland Counseling Center Research Unit collected data during June, July, and August of 2014 from college students (first-year and transfer students) entering the university in the Fall of 2014. The University of Maryland Counseling Center Research Unit asked all study participants to complete the UMNSC after they attended new student orientation on campus at the University. All of the attendees received email invitations that included a link to the online survey (see Appendix B). Participants entered their directory ID and password into the informed consent form (see Appendix A). The New Student Census 2014 took the students about 30 minutes to complete.

Participants received up to four email reminders to participate. The exact number of reminders varied based on their orientation date. The data collection process ended prior to the start of the semester (see Appendix C). Out of 6617 invitees, 3554 responded to the invitation and participated in the survey to some degree. The yielding initial responses rate for the 2014 UNSC was 54%. Participant

surveys with less than 10% missing data were retained for analysis (Little's MCAR test $\chi^2 = 69017.61$, $df = 56578$, $p < .001$). To impute missing values, I employed the expectation maximization method (Schlomer, Bauman, & Card, 2010).

Participants

A total of 2460 incoming university students responded to the survey with less than 10% missing data. Two hundreds thirty students did not report one or more social class demographic questionnaires (subjective social class, parental education level for guardian 1, parental education level of guardian 2, and combined parental income), and were removed from the analysis. Participants were 2.230 incoming university students (1079 women, 1138 men, 6 transgender, 3 other, and 4 did not report gender information). The sample's mean age was 18.53 ($SD = 2.15$) raged from 17 to 61 years. The 1563 students (63.5%) identified as age 18, and 54 students (2.4%) reported over the age of 25.

Participants identified 1228 (55.1%) as European American, 399 as Asian (17.9%), 225 (10.1%) as Black or African American, 192 Hispanics (8.8%), 2 (.1%) as Native Hawaiian or Pacific Islander, 98 (4.4%) reported two or more. Of these participants, 192 college students (8.6%) reported being the first one in their family to attend college including parents, grandparents, and siblings. The 454 (20.4%) were incoming transfer students, and others were incoming freshmen. The majority of participants (1710; 76.6%) reported no previous counseling experience.

Measures

Objective social class. Objective social class was measured using three indicators: annual parental income and highest degree earned by two separate parental

figures (Krieger, Williams, & Moss, 1997; see Appendix E). Incoming college

student reported on their parental educational levels and parental income. Response

options for the combined annual parental income fell into categories on an 8-point

scale (1 = *Less than $25,000;* 2 = $25,000 – $49,999; 3 = $50,000 – $74,999; 4 =

$75,000 – $99,999; 5 = $100,000 – $149,999; 6 = $150,000 – $174,999; 7 =

$175,000 – $199,999; 8 = $200,000 +). The response options for parental education

fell along a 7-point rating scale (1 = *Less than high school diploma;* 2 = *High school*

diploma/GED; 3 = *Some college;* 4 = *Associate degree;* 5 = *Bachelor's degree;* 6 =

Master's degree; 7 = *PhD or professional degree [MD, JD, DVM, LLB, DDS, etc.]*).

Subjective social class. As Adler, Epel, Castellazzo, and Ickovics (2000)

explained, the MacArthur scale of subjective social status (SSS) measures self-

perceived social class (see Appendix F). Respondents answered the two survey items

on SSS using an imaginary ladder with 10 rungs, where the first and tenth rungs

represent the lowest and the highest social class (Adler et al., 2000). Higher scores

indicate a higher perception of social class. The first survey item assessed an

individual's subjective social class related to their local communities. In the

instruction, participants learned that they could define the term *community* in

whatever way was most relevant to them. The second survey item measured

perceived subjective social class based on the broader U.S. society.

The resulting positive relationships between SSS in the U.S. society and income,

educational degree, and physical health, and the negative relationship between SSS in

the U.S. society and psychological stress, demonstrated evidence of SSS in the U.S.

society score construct validity (Adler, Epel, Castellazzo, & Ickovics, 2000; Ostrove,

Adler, Kuppermann, & Washington, 2000). Also, negative relationships between SSS in the local community and mood dysfunction, self-rated physical health, and self-rated mental health demonstrated evidence of SSS in the local community score construct validity (Gong, Xu, Takeuchi, 2012; Leu, Yen, Gansky, Walton, Adler, and Takeuchi, 2008). The correlation between SSS in the local community and the U.S. society was .7 (Gong, Xu, Takeuchi, 2012). The researchers identified negative affect as a potential threat to validity; however, contrary to possibility, randomly assigned mood induction did not alter 300 adult participants' SSS scores (Kraus, Adler, & Chen, 2013).

Prior SSS in the U.S. society and SSS in the local community score reliability estimates are not available. However, Rubin, et al. (2014) argued that SSS is reliable especially in education research because SSS relate to students' social class rather than to their parents' social class. Therefore, SSS is likely to be more proximal and sensitive to changes in students' social class over time (Rubin, et al., 2014). In this research, the reliability estimate of SSS 2 items was .63.

Experiences with classism. Thompson and Subich's (2013) experiences with classism scale (EWCS) measured the perceived frequency of an individual's everyday experiences with classism during the past 12 months (see Appendix G). The EWCS includes 25 items rated on a 6-point scale (1 = *the event never happened*; 6 = *the event happened almost all the time*). Higher scores indicate more experiences with classism. Examples of items include, "How many times have you been treated unfairly in the past year by teachers and professors because of your social class?" and "How often in the past did you feel that friends, roommates, and/or classmates "show

off" their ability to buy nice things, go on vacations, and drive nice cars?" The resulting positive relationship between perceived classism and psychological distress, and the negative relationship between perceived classism and self-reported income demonstrated evidence of EWCS score construct validity (Thompson & Subich, 2013). Prior EWCS score reliability estimates with college students ranged from .83 to .97 (Thompson, Her, & Nitzarim, 2013; Thompson & Subich, 2011; 2013). The reliability estimates for EWCS scores was .96.

Public stigma toward seeking counseling. The Stigma Scale for Receiving Psychological Help (SSRPH), developed by Komiya et al. (2000), measured individuals' perceptions of the general public stigma associated with seeking counseling (see Appendix H). SSRPH response items fall along a 4-point rating scale (0 = *strongly disagree*; 3 = *strongly agree*). Higher scores indicate a greater perception of public stigma toward seeking counseling. Examples of items include, "Seeing a psychologist for emotional or interpersonal problems carries social stigma" and "People will see a person in a less favorable way if they come to know that he/she has seen a psychologist" (Komiya et al., 2000). The resulting negative relationships between public stigma and attitudes toward seeking professional help and between public stigma and emotional openness provided evidence of SSRPH score construct validity (Komiya et al., 2000). Prior SSRPH score reliability estimates with college students ranged from .72 to .79 (Komiya et al., 2000; Vogel, Bitman, Hammer, & Wade, 2013; Vogel, Wade, & Ascheman, 2009; Vogel, Wade, & Haake, 2006). The reliability estimates for SSRPH scores was .80.

Stigma by close others for seeking counseling. The Perceptions of

Stigmatization by Others for Seeking Help (PSOSH), developed by Vogel, Wade et al. (2009), assessed the perception held by the one's social network that an individual's decision to seek psychological help is socially unacceptable (see Appendix I). The PSOSH includes five items rated on a 5-point scale (1 = *not at all;* 5 = *a great deal*). Higher scores indicate greater perceived stigmatization from one's social network. Survey items began with sentence stems like "The people you interact with would," and participants would select their ratings based on given phrases ("react negatively to you" and "think of you in a less favorable way"). The validity of PSOSH scores were demonstrated with theory consistent relationships with psychological distress, public stigma for seeking counseling, self-stigma for seeking counseling, and public stigma of mental illness measure (Vogel, Wade et al., 2009). The PSOSH produced an internal consistency estimate of .88 with college students (Vogel, Wade et al., 2009). Prior PSOSH score reliability estimates with college students ranged from .78 to .92 (Cheng et al., 2013; Owen, Thomas, & Rodolfa, 2013; Vogel, Wade, & Ascheman, 2009). In the present study, PSOSH scores produced an internal consistency estimate of .91.

Self-stigma of seeking counseling. The Self-Stigma of Seeking Help (SSOSH), developed by Vogel et al. (2006) assessed individuals' perception that seeking psychological help is socially unacceptable (see Appendix J). This perception can lead to reductions in self-esteem or feelings of low self-worth (Vogel et al., 2006). The SSOSH includes 10 items rated on a 5-point scale (1 = *strongly disagree;* 5 = *strongly agree*), and higher scores reflect greater perceived self-stigma. Examples of items include, "I would feel inadequate if I went to a therapist for psychological help"

and "It would make me feel inferior to ask a therapist for help." Vogel et al. (2006) provided construct and criterion validity evidence for SSOSH scores by demonstrating theory consistent relationships with public stigma, anticipated risk for self-disclosure, attitudes toward seeking professional help, and willingness to seek counseling. Prior SSOSH score reliability estimates with college students ranged from .88 to .91 (Pederson & Vogel, 2007; Vogel, Bitman, Hammer, & Wade, 2013; Vogel, Michaels et al., 2009; Vogel, Wade, & Haake, 2006; Vogel et al., 2007). In the present study, the reliability coefficient for SSOSH was .88.

Attitudes toward seeking professional help. The Attitudes Toward Seeking Professional Help Scale: Short Form (ATSPPHS-SF), developed by Fischer & Farina (1995), assessed attitudes about seeking help from mental health professionals in times of emotional crisis or distress (see Appendix K). The ATSPPHS-SF contains 10 items rated on a 4-point scale (0 = *disagree*; 3 = *agree*), with five reverse scored items. Higher scores indicate a more positive attitude toward seeking psychological help. Sample items include, "I would want to get psychological help if I were worried or upset for a long period of time" and "A person should work out his or her own problems; getting psychological counseling would be a last resort." Construct validity evidence for ATSPPHS-SF scores was demonstrated with a theory consistent relationship with willingness to seek counseling in a sample of college students (Pederson & Vogel, 2007). Fischer and Farina provided adequate test-retest reliability of .80 over a one-month interval, and internal consistency reliability of .84. Prior ATSPPHS-SF score reliability estimates with college students ranged from .79 to .82 (Komiya et al., 2000; Pederson & Vogel, 2007; Vogel, Wade, & Haake, 2006). The

reliability estimate for ATSPPHS-SF scores was .82.

Chapter 4: Results

Latent variable path modeling was used to test the hypothesized models; To reduce the complexity of the model, three domain-representative item parcels were used in order to decrease the number of estimated model parameters (Little, Cunningham, Shahar, & Widaman, 2002). A parcel refers to an aggregate-level indicator comprised of the sum of two or more items. Item parcels were created for classism, self-stigma, and attitudes toward seeking professional help due to the large number of items on these scales using exploratory factor analyses (EFA) of principal axis factoring. Specifically, based on EFA factor loadings, items were assigned in countervailing order of magnitude of factor loading to three parcels to ensure the uniformity of factor loadings across parcels. Then, the items within each of these parcels was taken to compute three parcel scores as observed indicators of classism, self-stigma, and attitudes toward seeking professional help. I used individual items related to subjective social class, public stigma, and stigma by close others as observed indicators of latent factors, given the small number of items associated with these scales (e.g., 2 - 5 items). Objective social class was modeled as a formative construct, which refers to a construct that underlying factor is caused by indicators (Kline, 2011). Therefore, objective social class is caused by three indicators, including parental education levels and parental income (Huang & Hsieh, 2011; Kline, 2011).

Structural models were tested using Mplus. The Satorra-Bentler, which is a corrected chi-square, was used to control for multivariate non-normality (Kline, 2011).

MLM estimation was used since it is robust to multivariate non-normality. The root-mean-square error of approximation (RMSEA), standardized root-mean-square residual (SRMR), comparative fit index (CFI), and Tucker-Lewis index (TLI) indexes were used to assess the model fit. RMSEA values less than .08, SRMR values less than or equal to .09, CFI values greater than or equal to .90, and TLI values greater than or equal to .90 indicated an adequate model fit existed (Hu & Bentler, 1999; Hoyle & Panter, 1995). Table 2 includes descriptive statistics and observed score bivariate correlations.

Table 2

Observed Score Means, Standard Deviation, Ranges, and Bivariate Correlations

Model variable	1	2	3	4	5	6	7	8	9	10	M	SD	Range
1. ATTSPH	—										2.66	.56	1-4
2. SSRPH	-.31**	—									2.00	.54	1-4
3. PSOSH	-.18**	.51**	—								1.74	.79	1-5
4. SSOSH	-.55**	.49**	.38**	—							2.54	.71	1-5
5. EWC	-.06**	.22**	.23**	.14**	—						1.33	.50	1-6
6. Sub-Com	.03	.00	-.02	-.02	-.14**	—					6.83	1.50	1-10
7. Sub-U.S.	.00	.05*	-.01	.04	-.16**	.46**	—				6.89	1.73	1-10
8. Income	.00	.05*	-.00	.05*	-.15**	.43**	.48**	—			5.14	2.03	1-8
9. Education-1	.02	.07**	.05*	.05*	-.09**	.27**	.37**	.45**	—		4.98	1.59	1-7
10. Education-2	.02	.06**	.04	.06**	-.10**	.23**	.35**	.43**	.60**	—	4.56	1.63	1-7

Data analysis took place in two stages. In the first stage, I tested and compared the fit of direct and indirect structural models, the theoretically derived hypothesized model and three alternative indirect effects model. The fit of the hypothesized social class direct effects model (see Model 1 in Figure 1) was compared to the fit of social class direct and indirect effects models A and B (see Model 2, 3 in Figure 1) and a social class indirect effects model (see Model 4 in Figure 1) via likelihood ratio tests. Lastly, I conducted a bootstrap analysis, based on 10,000 bootstrap samples and bias-corrected 95% confidence intervals, to test the statistical significance of the hypothesized indirect effects (Mallinckrodt, Abraham, Wei, & Russell, 2006).

Based on the extant theory and research, four plausible competing structural models of social class and attitudes toward seeking professional help were compared (see Table 3 and Figure 1). Model 1 hypothesized that objective and subjective social class, and classism related to attitudes directly (Paths j, l, m) and indirectly through the (a) classism → self-stigma → attitudes [Paths a-b-h-k and c-h-k], (b) classism → public stigma → self-stigma → attitudes [Paths a-b-d-g-k and c-d-g-k], (c) classism → stigma by close others → self-stigma → attitudes [Paths a-b-f-i-k and c-f-i-k], and (d) classism → public stigma → stigma by close others → self-stigma attitudes → [Paths a-b-d-e-i-k and c-d-e-i-k] specific indirect pathways (Bird & Bogart, 2001; Cheng, Kwan, & Sevig, 2013; Fouad & Fitzpatrick, 2009; Huang & Hsieh, 2011; Langhout, Drake, & Rosselli, 2009; Lent, Brown & Hackett, 1994; Ludwikowski et al., 2009; Thompson & Dahling, 2012; Partiali et al., 2013; Thompson, & Subich, 2011; Vogel et al., 2007; Vogel, Bitman, Hammer, & Wade, 2013).

Model 2 (see Figure 1) was similar to Model 1 but did not include the

objective social class → attitudes (Path l) direct pathway, and Model 2 tested our tentative hypothesis that the established relationships between objective social class and attitudes toward seeking professional help would be explained by classism and stigma domains (Gonzalez, Alegria, Prihoda, Copeland, & Zeber, 2011; Rosenthal & Wilson, 2008; Steele, Dewa, & Lee, 2007; Ying & Miller, 1992).

Model 3 (see Figure 1), which was similar to Model 1 but did not include the direct effects of subjective social class on attitudes (Path j), tested our tentative hypothesis based in part on Thompson & Dahling (2012) and Thompson, & Subich (2011) that the direct relationships between subjective social class and attitudes would be explained by classism and stigma domains.

Model 4 (see Figure 1), which did not include the direct effects of objective and subjective social class to attitudes (Paths j, l), tested our hypothesis that the influences of objective and subjective social class are only transmitted through classism and stigma domains (Liu, Soleck et al., 2004; Partiali et al., 2013).

In order to rule out rival hypotheses regarding competing structural models, I compared the fit of Models 1 through 4 via likelihood ratio tests using the Satorra-Bentler scaled chi-square difference test (Td). Although all four models exhibited good model fit, I retained Model 3 (see Figures 1) for a number of reasons. First, Model 1 exhibited a superior model fit compared to Model 4 $Td(2) = 6.922$, $p = .031$. Although there was not a significant difference in model fit between Model 1 and Model 2 $Td(1) = 1.224$, $p = .269$, and between Model 1 and Model 3 $Td(1) = .178$, $p = .673$, I favored Model 2 and Model 3 because it was more parsimonious. Finally, although Models 2 and 3 could not be compared via likelihood ratio testing (due to

the fact that they had the same degrees of freedom), I retained Model 3 over Model 2

because Model 3 was consistent with vocational psychology theories and literature

how objective social class can be proximal and distal effects on attitudes.

Model 3 exhibited a good fit to the data (see Table 3) and the variance

accounted for in endogenous latent variables was approximately 47% for subjective

social class, 85% for classism, 46% for public stigma, 68% for stigma by close others,

73% for self-stigma, and 63% for attitudes toward seeking professional help. All but

two structural coefficients were statistically significant. The structural coefficients

estimating the relationships between objective social class and classism ($\gamma = -.006$, SE

$= .042$, $p > .05$; Figure 2: Path c) and classism and self-stigma ($\beta = .014$, $SE = .020$, p

$> .05$; Path h) were not significant.

Table 3

Fit Statistics for Models

Model and Sample	SBχ2	p	df	SRMR	RMSEA	CFI	TLI
Total Sample (*N* = 2230)							
Model 1	1388.957	< .05	237	.047	.047	.953	.946
Model 2	1390.441	< .05	238	.047	.047	.953	.946
Model 3	**1389.127**	**< .05**	**238**	**.047**	**.047**	**.953**	**.946**
Model 4	1396.293	< .05	239	.047	.047	.953	.946

Note. Model 1 = Direct Effects (see Figure 1; direct from social class to attitudes); Model 2 = Direct and Indirect Effects A (delete objective social class → attitudes); Model 3 = Direct and Indirect Effects B (delete subjective social class → attitudes) ; Model 4 = Indirect Effects C (delete objective and subjective social class → attitudes). SB χ^2 = Satorra-Bentler scaled chi square; *df* = degrees of freedom; SRMR = Standardized Root Mean Square Residual; RMSEA = Root Mean Square Error of Approximation; CFI = Comparative Fit Index; TLI =Tucker-Lewis index. RMSEA values in parentheses represent 90% confidence intervals.
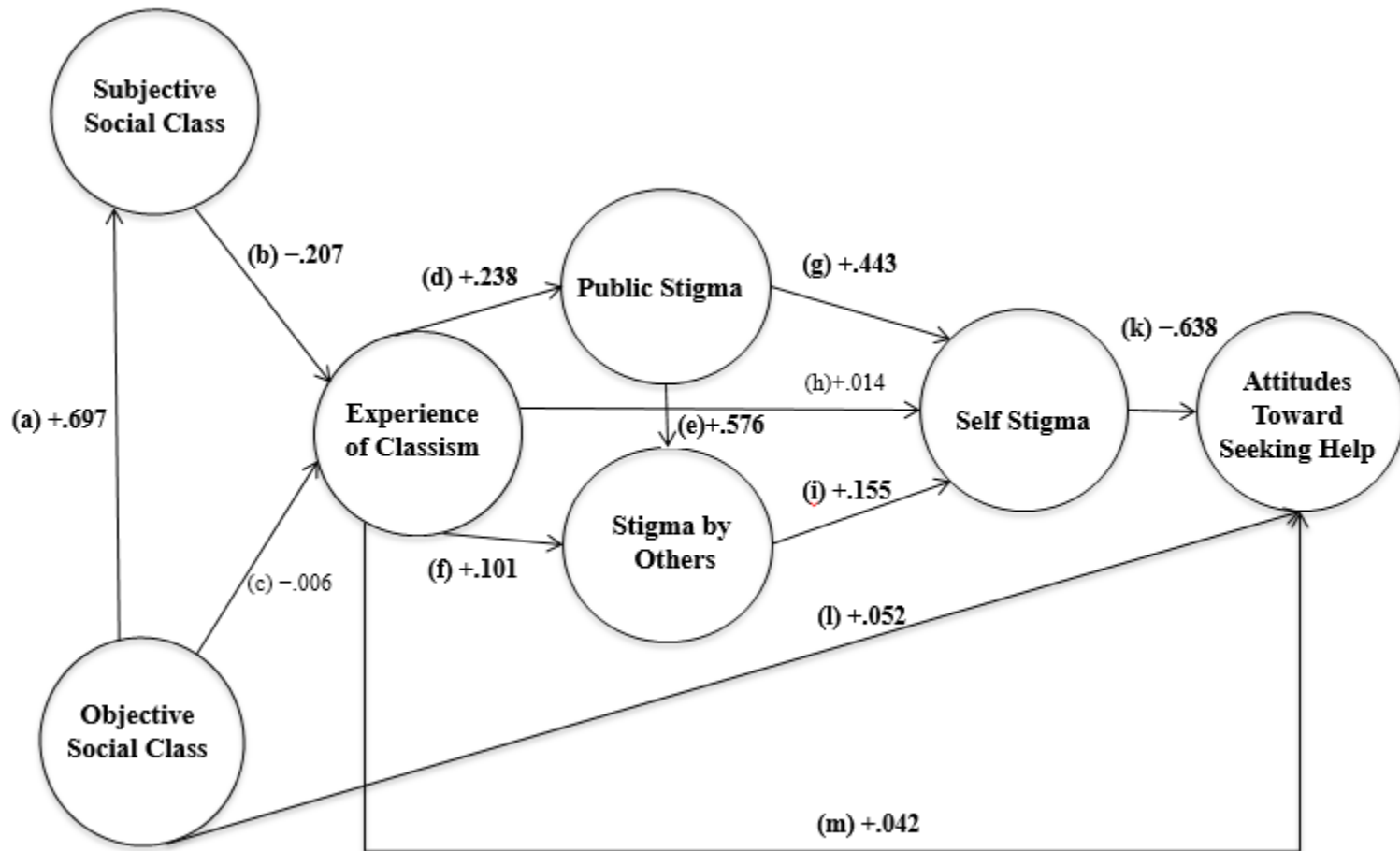
Figure 2. Model 3) Social Class Direct and Indirect Effects Model B. Statistically significant (*p* < .5) standardized structural coefficients are presented in bold text.

Finally, I used 10,000 bootstrap samples and bias-corrected 95% confidence intervals to test the statistical significance of Model 3 implied specific indirect effects, (Mallinckrodt, Abraham, Wei, & Russell, 2006). Three of the eight specific indirect pathways from objective social class to attitudes toward seeking professional help were statistically significant (see Table 4). Interestingly, indirect pathways were significant only when objective social class went through subjective social class to classism, not directly from objective social class to classism. In addition, two indirect pathways were not significant when classism is directly influencing self-stigma**.** The structural coefficients estimating the indirect effects from objective social class to attitudes via subjective social class, classism, and three types of stigma (B = .002, SE = .001, 95% CI [.001, .003] ; Figure 2: Path a-b-d-e-i-k), and via subjective social class, classism, public and self-stigma (B = .010, SE = .003, 95% CI [.004, .015] ; Figure 2: Path a-b-d-g-k), and via subjective social class, classism, other and self-stigma (B = .001, SE = .001, 95% CI [.000, .003] ; Figure 2: Path a-b-f-i-k) were significant.

Table 4

Bootstrap Estimates of Standardized Indirect Effects on Attitudes Toward Seeking Professional Help

Independent and intervening variables	Dependent variable	*B*	*SE*	95% CI Lower	Upper
OBSC→ SUBSC→ EWC→ SSRPH→ PSOSH→ SSOSH	ATTSPH	**.002**	**.001**	**.001**	**.003**
OBSC→ SUBSC→ EWC→ SSRPH→ SSOSH	ATTSPH	**.010**	**.003**	**.004**	**.015**
OBSC→ SUBSC→ EWC→ PSOSH→ SSOSH	ATTSPH	**.001**	**.001**	**.000**	**.003**
OBSC→ SUBSC→ EWC → SSOSH	ATTSPH	.001	.002	-.003	.005
OBSC→ EWC→ SSRPH→ PSOSH→ SSOSH	ATTSPH	.000	.001	-.001	.001
OBSC→ EWC→ SSRPH → SSOSH	ATTSPH	.000	.003	-.005	.006
OBSC→ EWC → PSOSH → SSOSH	ATTSPH	.000	.000	-.001	.001
OBSC→ EWC → SSOSH	ATTSPH	.000	.001	-.001	.001

Note. OBSC = objective social class; SUBSC = subjective social class; EWC = experience of classism SSRPH = pubic stigma; PSOSH = stigma by close others; SSOSH = self-stigma; ATSPPH = attitudes toward seeking professional help. Bootstrap estimates are the mean of average indirect effects (*B*) and associated average standard errors (*SE*) based on 10,000 bootstrap samples. Bias Corrected 95% confidence intervals that exclude zero (shown in boldface) indicate a statistically significant specific indirect effect ($p < .05$).

Chapter 5: Discussion

This study extended the body of research on college students' service utilization and attitudes toward seeking professional help by examining the role of cultural factors such as social class in the stigma toward counseling literature. The primary purpose of this study was to test the hypothesis that objective and subjective social class would relate to attitudes toward seeking professional psychological help directly and indirectly through classism, public stigma, stigma by close others, and self-stigma. Four theoretically and empirically derived models were identified that represented competing hypotheses regarding the direct and indirect ways in which classism and subjective and objective social class was associated with attitudes toward seeking professional help. Findings based on data from 2230 incoming college students supported the social class direct and indirect effects model, as well as the notion that classism and stigma domains could explain the indirect relationships between social class and attitudes.

One particularly interesting finding was that social class (objective and subjective) was a distal variable that transmitted its influence on attitudes toward seeking professional help through more proximal classism and stigma variables (Bird & Bogart, 2001; Casagrande, Gary, LaVeist, Gaskin, & Cooper, 2007; Cheng et al., 2013; Liu, Soleck et al., 2004; Partiali et al., 2013 Pescosolido et al., 2008). Indirect effects were only significant when objective social class indirectly influenced attitudes toward seeking professional help through subjective social class, which highlights the importance of understanding how college students subjectively perceive their social class. One possible explanation for this finding might be that (a)

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subjective social class serves as a lens through which participants perceived, interpreted, and acted, based on their standing in the social context (Demakakos, Nazroo, Breeze, & Marmot, 2008; Liu, 2011), and (b) subjective social class leads to a more nuanced understanding of help-seeking attitudes, specifically through individuals' perceptions and interpretations of classism and stigma.

      Additionally, the data from the present study indicated that indirect effects were significant only when classism indirectly influenced attitudes through public stigma and stigma by close others. This result suggests that college students' perceived experiences with classism indirectly influenced their general attitudes and self-stigma, more so in transition of public stigma and stigma by close others. In other words, perceived classism was related to concerns about experiencing stigmatization by the public and close others, and was ultimately linked to internalized self-stigma. The findings are consistent with previous research studies focusing on racism and stigma (e.g., specific ordering of racism, stigma by close others, and self-stigma; Cheng et al., 2013). One possible explanation for this result might be that classism takes place within social interactions (e.g., friendships and work relationships) or within interactions at a systematic level (e.g., institution and school; Burgess, Ding, Hargreaves, van Ryn, & Phelan, 2008). Therefore, college students who experience classism might be apprehensive about future instances of discrimination due to their perceived social class and may, therefore, choose to avoid additional stigmatizing behaviors such as seeking counseling out of their fear of stigma by close others and the general society.

      Consistent with our hypotheses, public stigma and stigma by close others was

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associated with internalized self-stigma of the college students. Self-stigma involves an individual's belief that he or she is socially unacceptable, and this belief can lead to negative attitudes toward seeking professional psychological help among college students. Relevant research has suggested that self-stigma is the component that connects public stigma and stigma by close others to attitudes toward seeking professional help (e.g., Ludwikowski et al., 2009; Vogel et al., 2007). Our findings confirmed the results of these previous studies, indicating that a relationship exists between stigma and less positive attitudes toward seeking professional help (Ludwikowski et al., 2009; Vogel, Wade, & Haake, 2006; Vogel et al., 2007). Results from this study also support the prior theory and research (e.g., Choi & Miller, 2014) regarding relationships among three domains of stigma.

Similar to previous research, examinations of the direct effects of social class (classism and objective and subjective social class) on attitudes toward seeking professional help resulted in mixed results (e.g., Langhout, Drake, & Rosselli, 2009; Johnson, Richeson, & Finkel, 2011). In this study, lower objective social class was related to more negative attitudes toward seeking professional help, but experiences with classism was related to more positive attitudes toward seeking professional help. Likewise, other researchers have found mixed results indicating that lower social class was associated with more positive attitudes (Ying & Miller, 1992), decreased willingness to seek help (Gonzalez, Alegria, Prihoda, Copeland, & Zeber, 2011; Steele, Dewa, & Lee, 2007), and reduced tendency to seek mental health care (Goodman, Pugach, Skolnik, & Smith, 2013; Lott, 2012).

Specifically, the present findings supported the hypothesis that objective social

class has a direct effect on individuals' attitudes toward counseling. These findings are consistent with the theory surmising that clients from financially challenged social classes may have less favorable beliefs and attitudes about counseling (Liu, 2011; Lott, 2002; Partiali, Takamatsu, & Iwamoto, 2013; Ladany & Krikorian, 2013). For example, Partiali and colleagues (2013) found that college students who reported lower parental education and income were more likely to (a) have negative attitudes toward seeking professional help and (b) encounter barriers—such as limited access to transportation, childcare, or insurance—that hindered their access to mental health services. Model 3 did not include the direct effects of subjective social class on attitudes, which confirmed the hypothesis that classism and stigma domains would explain the direct relationships between subjective social class and attitudes (Thompson & Dahling, 2012; Thompson & Subich, 2011).

Contrary to our directional hypothesis, the relationship between experiences with classism and attitudes toward seeking professional help was positive. One possible explanation could be that the experiences with classism might increase one's level of psychological distress (e.g., Cheng, Kwan, & Sevig, 2013), which can lead to positive attitudes toward seeking counseling (Komiya, Good, & Sherrod, 2000). Overall, the discrepancies in the results highlight the importance of conceptualizing and modeling the three distinct aspects of social class (Liu, 2011; Partiali, Takamatsu, & Iwamoto, 2013) when attempting to understand attitudes toward seeking professional help.

Although it has been argued that social class includes three different aspects— including objective social class, subjective social class, and classism— (e.g., Liu,

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2011; Partiali et al., 2013), to date, no study has empirically examined the relationships between these three aspects of social class phenomenon. Unlike the findings from previous research (Thompson & Subich, 2013; Johnson, Richeson, & Finkel, 2011), in this study, the relationship between objective social class and perceived classism was not significant; however, subjective social class was negatively related to perceived classism. This finding is consistent with Liu's (2004) theory on the importance of conceptualizing social class subjectively given that even two individuals with similar income, occupations, and educational levels may experience different expectations and pressures in varying contexts. As Liu posited, students' subjective social class might influence how they experience discrimination.

The results supported the hypothesis that objective social class would be indirectly related to college students' perceived frequency of experiences with classism through their own subjective social class (Lott, 2002). In fact, the results showed that a relationship exists between lower levels of objective social class (parental income and education) and lower subjective perceptions of personal social class among college students, which led to increased perceptions of classism. This finding is similar to prior research that demonstrated the negative relationship between subjective social class and classism (Langhout, Krake, & Rosselli, 2009).

Present findings also supported the hypothesis that college students' experiences with classism would be positively related to public stigma and stigma by others. These stigmas might lead to increased self-stigma, which has a negative relationship with attitudes toward seeking counseling. However, the participants' experiences with classism did not directly relate to internalized self-stigma. This

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finding is consistent with previous research, which found that experiences with

racism were not directly related to self-stigma (Cheng, Kwan, & Sevig, 2013).

In sum, college students who reported having lower levels of parental income

and educational attainment tended to have negative attitudes toward seeking

professional help when they perceived that they had a lower subjective social class

and experienced more perceived classism. Ultimately these conditions were

associated with higher levels of public stigma, stigma by close others, and self-stigma

toward seeking counseling. On the other hand, college students who reported having

higher levels of parental income and educational attainment exhibited positive

attitudes toward seeking professional help when they held a higher subjective social

class and experienced less perceived classism, which was associated with lower levels

of stigma toward seeking counseling.

Limitations and Future Directions for Research

Present findings should be considered in light of a number of salient study

limitations. First, participants were invited to take this survey after the new student

orientation event on campus at the University. Given their recent entry to the campus

setting, social desirability (especially so soon after students' admission to the

university) may have influenced participants' test taking attitudes (underreporting of

experiences with classism and higher reporting of subjective social class) and

ultimately the accuracy of the results. It is possible that the college students perceived

the college as middle to upper class institution, which may have led them to report

higher subjective social class due to their social desirability.

Additionally, the sample consisted of incoming college students, including

incoming freshmen and transfer students, at a large mid-Atlantic university. Therefore, the generalizability of our findings across the general population is not clear because individuals' experiences with social class phenomena varies based on their context and environment (Chen & Paterson, 2006; Demakakos, Nazroo, Breeze, & Marmot, 2008; Liu, 2011; "APA Task Force on Socioeconomic Status," 2007). For example, in 2014, the median household income for Maryland was $74,149, which was the highest median income state in the United States whereas the median income for New Mexico in the same year was $44,968 (U.S. Bureau of the Census, 2010). As such, further examination of the relationships among diverse college student populations (e.g., international context, geographic location and community) is recommended.

It is also important to note that, as with all cross-sectional research, the correlations reported in this study do not offer evidence regarding the temporal order or the causal nature of the relationships between the constructs. For this reason, future experimental (e.g., in which participants in the experimental condition are primed with social class cues) and longitudinal (e.g., testing the temporal order of internalization of self-stigma via classism, social stigma, and stigma by close others relationships) research studies may provide a clearer understanding of the causal relationships between social class and other theoretically relevant help-seeking constructs.

In addition, there was no consensus on the methodological issues regarding the operationalization of the social class phenomenon. Future research could advance this line of research by developing theoretically consistent and valid measurements. One recommendation is to model objective social class as a formative construct because it

is caused by its indicators (education and income), not vice versa (Huang & Hsieh, 2011; Kline, 2011). Also, in addition to broad objective social class (money, education, and occupation), measuring specific aspects of objective social class on help-seeking constructs could provide more nuanced understanding of social class on help seeking. For example, more proximal aspects of objective social class could be access to insurance, role models, and ability to pay for transportation and child care.

In addition to objective social class, researchers are encouraged to assess subjective social class as it may provide a more nuanced understanding of the objective social class. Although the Thompson and Subich's (2013) experiences with classism scale (EWCS) was used to measure the perceived frequency of the participants' everyday experiences with classism, it would be important to use a confirmatory factor analysis to determine whether Thompson and Subich's (2013) two-factor model is confirmed in other independent samples (Kline, 2011).

Because this study represents the first line of empirical examination of the relationships between three different types of social class variables (objective, subjective social class, and classism), replication of these findings in independent samples will be important. For example, given that the sample consisted of students who were already admitted to college, it is possible that range restrictions related to objective social class variability might have limited the generalizability of the results given that majority participants' parental income were greater than $100,000 (64.6%) and educational attainment were greater than bachelor's degree (65% -75%). Interestingly, participants' scores on subjective social class ranged from 1 to 10, with a mean score of 6.83 (SD = 1.6). In previous research, the subjective social class

mean scores was 5.88 among 7433 men and women aged 52 years or older (Demakakos, Nazroo, Breeze, & Marmot, 2008), 5.35 ($SD = 1.8$) among 300 adults with mean age of 34 years (Kraus, Adler, & Chen, 2014), and 6.4 ($SD = 1.4$) among 305 public high school students with mean age of 17.3 (Chen & Paterson, 2006). Also, students who reported one or no parental educational level were deleted for the data analysis purpose, which meant that this research excluded college students who are coming from a single parent house hold or having no guardians. Understanding the experiences of participants who report lower levels of objective social class, and who hold less privilege and power in regard to social class, can provide insight into the impact of social class on those with underprivileged socioeconomic status.

Lastly, research on other potential moderating variables may advance the understanding of the relationship between class and attitudes toward seeking help (Smith, 2005). As such, researchers should consider potential moderating variables (e.g., level of distress, transfer student status, first-generation college student status, and racial minority status). For example, the influence of individuals' experiences with social class and classism on stigma toward seeking counseling might differ depending on the membership status and the amount of associated privilege and power. Specifically, in 2014, the median income for White Americans was $64,281 whereas the median income for African Americans and Hispanics in the same year was $27,026 and $42,060 (U.S. Bureau of the Census, 2010). Therefore, college students who are members of minority groups (e.g., racial minority) might experience stronger classism and stigma, which may in turn, affect their attitudes toward seeking professional help.

Recommendations for Practice

Present findings suggest that college students' experiences with public stigma and stigma by close others lead to self-stigma, which subsequently lead to negative attitudes toward seeking professional help. Therefore, it might be helpful for counselors to focus on proximal variables such as internalized stigma when working with college students to reduce barriers to seeking counseling. During counseling and intake sessions with students, counselors could directly explore the source of the students' internalized self-stigma and its' impact on their general attitudes and engagement of help-seeking behaviors. Outreach programs, such as campus-wide discussions about public stigma and stigma by close others, could also challenge the stigmatizing beliefs around help-seeking and counseling among college students.

Additionally, counselors could develop multicultural training efforts around the social class phenomenon based on the three distinct ways of understanding this issue. Developing training materials on the multidimensional exploration of social class can be helpful for counselors-in-training to engage in the conversation using (a) objective indices (e.g., education, income, and occupation); (b) their subjective thoughts and feelings about their own social class hierarchy; and (c) their thoughts and feelings about how experiences with classism.

First, counselors need to aware of their own social class and engage in conversations around the social class phenomenon in everyday life (Liu, Corkery, & Thome, 2010). Secondly, it is equally important for the counselors to explore their own attitudes and biases toward people from diverse social classes. For example, counselors need to examine their own attitudes toward people who identify as poor or

upper class to develop a better understanding of any unique obstacles they might encounter when providing psychological services to these individuals (Smith, 2005). Ongoing efforts to acknowledge counselors' classist behaviors and attitudes are needed, as is might help them to engage clients in session around the social class phenomenon.

It will be important for counselors to explore college students' experiences with classism and how those experiences might relate to avoiding additional stigmatizing behaviors such as seeking counseling due to their fear of being perceived as "less than" by close others and the public. Therefore, it might be beneficial to explore how their objective and subjective social class and experiences with classism ultimately influence their decisions to seek, continue, and/or terminate counseling. Outreach programs with other divisions on the campus (such as Office of Student Financial Aid, Campus Pantry, Pre-Transfer Advising Office, Academic Achievement Program, and Career Center) would be helpful to initiate conversations around social class and its influence on stigma around counseling and the help-seeking process. For example, counselors could develop outreach program working with the campus financial literacy training. In addition to psychoeducation around financial decisions, counselors could provide perspectives around mental health and service utilization. These outreach programs can address how financial stressors can influence the well-being of college students and suggest that counseling can be a place to explore their financial struggles, experiences of classism, and stigma toward help-seeking.

APPENDIX A

SURVEY INFORMED CONSENT FORM

Statement of Age: I state that I am at least 17 years of age, and wish to participate in an annual survey being conducted on behalf of the Vice president of the Office of Student Affairs, by the University Counseling Center.

Purpose: This project will provide data on new incoming students? experiences, opinions, expectations, and aspirations in order to enhance our understanding of college students and what may help them achieve their goals at the University of Maryland.

Procedures: The procedures for this project involve completing one electronic survey. It is completed after New Student Orientation. It should take approximately 30 minutes to complete this survey.

Your directory and student ID may be used to link responses from the survey you complete to other information maintained by the University about you. This might include date of birth, state of residence, major, and future enrollment at UMD.

Confidentiality: Information gathered for this project is confidential but not anonymous. Your name will not be collected or used. Your information will be grouped with data provided by other new incoming students for any published reports, presentations and/or publications, and no individual identities or individual responses will be included.

Risks: There are no known risks to individuals who complete the survey.

Benefits: There are no direct benefits to you as a participant in this project. This project is not necessarily designed to help you personally, but it may make a valuable contribution to the University's efforts to understand incoming college students; assess the impacts of diversity on educational experiences and outcomes; and may improve the quality of the education, programs and services that the University provides to its students.

Freedom to Withdraw And Ask Questions: Your participation is important to us, but it is entirely voluntary. You do not have to take this survey. You may complete any portion of the survey and stop at any time without penalty. You do not have to answer any questions you don't want to answer. You are free to ask questions and to withdraw from the survey at any time. Your participation or non-participation will not affect the services you receive on campus or your participation in other campus programs.   57

Contact Information Of Investigator:	If you have any questions or concerns regarding your participation in this survey, please contact:
	Patricia F. Hunt Research Analyst, University Counseling Center E-mail: phunt@umd.edu
Contact	If you have any questions about your rights as a research subject or wish to report a research-related injury, please contact:
Information of Institutional Review Board:	Institutional Review Board Office University of Maryland College Park, MD 20742

E-mail: irb@deans.umd.edu
Phone: 301-405-0678

By entering your Directory ID and password and completing some or all of the survey, you are indicating that you have read and understood the above information and that you have voluntarily chosen to participate in this project.

APPENDIX B

INITIAL INVITATION EMAIL

Dear University of Maryland Student,

We look forward to your starting classes this Fall. You are strongly encouraged to complete the University New Student Census (UNSC) prior to the beginning of the Fall semester. The UNSC is conducted on behalf of the University Counseling Center. It surveys incoming students' experiences, opinions, expectations, and aspirations in order to enhance our understanding of college students and what may help them achieve their goals at the University of Maryland.

Please take the University Student Census as soon as possible. The census is a web survey that you can access from home or a library. It can be found at
http://www.studentaffairs.umd.edu/census/

If you have any questions about the survey, please email newstudentcensus@umd.edu

Thank you.

The Counseling Center Research Unit

APPENDIX C

FINAL INVITATION EMAIL

Dear Maryland Student,

This is your last chance to take the University New Student Census before the website closes. The Census is an online survey that you can access from home or a library; please take a few minutes and fill it out. It can be found at
http://www.studentaffairs.umd.edu/census/

We will close the Census website on Friday, August 29th, 2014. If you have any questions about the survey, please email newstudentcensus@umd.edu

Thank you.

The Counseling Center Research Unit

DEMOGRAPHIC QUESTIIONNAIRE

Age _____

What is your gender?
- o   Female
- o   Male
- o   Transgender
- o   Other (Please specify _____)

Are you of Hispanic or Latino origin?
   Yes
   No

What is your race/ethnicity? Check all that apply:
   White / European American
   American Indian or Alaska Native
   Black / African American
   Native Hawaiian or Other Pacific Islander
   Asian / Asian American

Do you have any experience in receiving counseling?
   Yes
   No
   Other (Please specify)

Are you here on a student visa and/or an international student?
   Yes
   No

Which one of the following **best** describes your generational status?

1st generation = I was born in another country and came to the U.S. as an adult

1.5 generation = I was born in another country and came to the U.S. as a child or adolescent

2nd generation = I was born in the U.S., and at least one of my parents was born in another country

3rd generation = I was born in the U.S., both parents were born in the U.S., and all grandparents were born in another country

4th generation = I and my parents were born in the U.S. and at least one grandparent was born in another country with remainder born in the U.S.

5th generation = I and my parents were born in the U.S. and all grandparents were born in the U.S.

I don't know which generation fits the best for me since I lack some information

Years lived in the United States: _____
What is the highest level of education you EXPECT to complete?
    Bachelor's degree
    Master's degree
    PhD or professional degree (MD, JD, DVM, LLB, DDS, etc.)

In terms of sexual orientation, you consider yourself:
    Heterosexual or Straight
    Gay or Lesbian
    Bisexual
    Questioning
    Queer
    Other (Please specify _____)

What is your religious affiliation?
    Protestant Christian
    Catholic
    Mormon
    Other Christian
    Jewish
    Atheist
    Agnostic
    Secular unaffiliated
    Religions unaffiliated
    Other (Please specify _____)

Which of the following describes disability/disabilities you have? (Check all that apply)
    Deaf / Hard of Hearing
    Blind / Severe Visual Impairment
    Learning Disability
    Medical Disability / Other
    Physical Disability
    Attention Deficit Disorder (ADD) / Attention Deficit Hyperactivity Disorder (ADHD)
    Psychological Disability
    Other, please specify _____
    I have none of the disabilities listed

Which major area have you decided on or are you considering?
Agriculture and Natural Resources
Architecture, Planning, and Preservation
Arts and Humanities
Behavioral and Social Sciences
Business
Computer, Mathematical and Natural Sciences
Education
Engineering
Journalism
Information Studies
Public Health
Public Policy
Other (Please specify _____)

APPENDIX E

OBJECTIVE SOCIAL CLASS

To the best of your knowledge, what is your combined annual parental income?

Less than $25,000

$25,000 - $49,999

$50,000 – $74,999

$75,000 - $99,999

$100,000 – $149,999

$150,000 – $174,999

$175,000 - $199,999

$200,000 +

How many members of your family are relying on that family income?

1

2

3

4

5

6

7

8

9

10 or above

What is the highest level of education completed by each of your parents/guardians? Please indicate their occupations. Please also specify the gender of each of your parents/guardians.

Parent/Guardian 1
Is your Parent/Guardian 1 currently employed?

Yes (Please specify the occupation:_____)
No

What is the gender of your Parent/Guardian 1?

Female
Male
Transgender
Other (Please specify _____)

The highest level of education completed?
    Less than high school diploma
    High school diploma/GED
    Some college
    Associate degree
    Bachelor's degree
    Master's degree
    PhD or professional degree (MD, JD, DVM, LLB, DDS, etc.)

Parent/Guardian 2
Is your Parent/Guardian 2 currently employed?

    Yes (Please specify the occupation:_____)
    No

What is the gender of your Parent/Guardian 2?
    Female
    Male
    Transgender
    Other (Please specify _____)

The highest level of education completed?
    Less than high school diploma
    High school diploma/GED
    Some college
    Associate degree
    Bachelor's degree
    Master's degree
    PhD or professional degree (MD, JD, DVM, LLB, DDS, etc.)

APPENDIX F

SUBJECTIVE SOCIAL CLASS

Following two questions are asking about your social class in your community and in the United States.

Think of the scale below as a ladder representing where people stand **in your community.** People define community in different ways; please define it in whatever way is most meaningful to you. Imagine everyone in your community is standing somewhere on this ladder. At the **TOP** (Score = 10) of the ladder are the people who are "**the best off**"—those who have the most money, the most education, and the most respected jobs in your community. At the **BOTTOM** (Score = 1) are the people who are "**the worst off**"—who have the least money, least education, and the least respected jobs or no job in your community. Where would you **place yourself** from 1-10 on this ladder, compared to others in your community? Please select the number where you think you stand.

<div align="center">

(TOP)   10
     9
     8
     7
     6
     5
     4
     3
     2
(BOTTOM)   1

</div>

Think of this scale as a ladder representing where the people stand **in the United States.** At the **TOP** (Score = 10) of the ladder are the people who are "**the best off**"—those who have the most money, the most education, and the most respected jobs in the United States. At the **BOTTOM** (Score = 1) are the people who are "**the worst off**"—who have the least money, least education, and the least respected jobs or no job. Where would you **place yourself** from 1-10 on this ladder, compared to all the other people in the United States? Please select the number where you think you stand.

<div align="center">

(TOP)   10
     9
     8
     7
     6
     5

</div>

4

3

2

(BOTTOM)   1

APPENDIX G

EXPERIENCE OF CLASSISM

We are interested in learning about your experiences with classism based on your social class. Please think about the PAST 12 MONTHS. **For each question, please indicate the number that best captures the things that have happened to you.**

(Never)	(Once in a while)	(Sometimes)	(A lot)
(Most of the time)	(All of the time)		
1	2	3	4	5
6

How many times have you been treated unfairly in the past year by teachers and professors because of your social class?

How many times have you been treated unfairly by your employers, bosses, and supervisors in the past year because of your social class?

How many times have you been treated unfairly by your coworkers, fellow students, and colleagues in the past year because of your social class?

How many times have you been treated unfairly by people in service jobs (store clerks, waiters, bartenders, bank tellers, and others) in the past year because of your social class?

How many times have you been treated unfairly in the past year by strangers because of your social class?

How many times have you been treated unfairly in the past year by people in helping jobs (doctors, nurses, psychiatrists, case workers, dentists, school counselors, therapists, social workers, and others) because of your social class?

How many times have you been treated unfairly in the past year by neighbors because of your social class?

How many times have you been treated unfairly in the past year by institutions (schools, universities, law firms, the police, the courts, the Department of Social Services, the Unemployment Office and others) because of your social class?

How many times have you been treated unfairly in the past year by people that you thought were your friends because of your social class?

How many times have you been accused or suspected of doing something wrong (such as stealing, cheating, not doing your share of the work, or breaking the law) in the past year because of your social class?

How many times in the past year have people misunderstood your intentions and

motives because of your social class?

How many times did you want to tell someone off for being classist but did not say anything in the past year?

How many times have you been really angry about something classist that was done to you in the past year?

How many times were you forced to take drastic steps (such as filing a grievance, filing a lawsuit, quitting your job, moving away, and other actions) to deal with some classist thing that was done to you in the past year?

How many times have you been called a name like poor, welfare recipient, hobo, poor white trash, ghetto, or other names in the past year?

How many times have you gotten into an argument or a fight about something classist that was done to you or done to somebody else in the past year?

How many times have you been made fun of, picked on, pushed, shoved, hit, or threatened with harm because of your social class in the past year?

How often do you feel like you have been treated differently in the past year on the basis of your physical appearance (clothing, type of bag/purse you carried, and shoes)?

How often, in the past year, do you feel like you have had service persons (e.g., waiters/ waitresses, cashiers, etc.) treat you differently when paying your bill based on what you purchased?

How many times have you been treated differently in the past year by your friends because of your social class?

How often in the past year have you had difficulty getting everything you needed for school in place because you were waiting for financial aid to provide you with your check? (e.g., you were unable to buy used books at the bookstore because by the time your financial aid check came, all of the used copies were sold out)

How often have you felt frustrated with all of the steps that you had to take with the financial aid office or banks in order to have access to money for school?

How often in the past year have you felt that your social class was easily identifiable because of steps you were required to take on campus? (e.g., having to stand in a separate line for those needing financial aid or waiting for financial aid checks or paying dues required to be involved in a sorority or fraternity on campus)?

How often in the past year did you feel that friends, roommates, and/or classmates

''showed off'' their ability to buy nice things, go on vacations, and drive nice cars?

How often in the past year did you feel that you were treated differently because you brought your lunch to school/work rather than buying it?

APPENDIX H

THE STIGMA SCALE FOR RECEIVING PSYCOLOGICAL HELP

Use the scale below to respond to the following items.
0 = Strongly Disagree;   1 = Disagree;   2 = Agree;   3 = Strongly Agree

Seeing a psychologist for emotional or interpersonal problems carries social stigma.

It is a sign of personal weakness or inadequacy to see a psychologist for emotional or interpersonal problems.

People will see a person in a less favorable way if they come to know he/she has seen a psychologist.

It is advisable for a person to hide from people that he/she has seen a psychologist.

People tend to like less those who are receiving professional psychological help.

APPENDIX I

STIGMA BY CLOSE OTHERS

Imagine you had an emotional or personal issue that you could not solve on your own. If you sought counseling services for this issue, to what degree do you believe that the **PEOPLE you interact with** would _____.

1 = Not at all   2 = A little   3 = Some   4 = A lot   5 = A great deal

React negatively to you.
Think bad things of you
See you as seriously disturbed.
Think of you in a less favorable way.
Think you posed a risk to others.

APPENDIX J

SELF-STIGMA OF SEEKING HELP

People at times find that they face problems that they consider seeking help for. This can bring up reactions about what seeking help would mean. Please use the 5-point scale to rate the degree to which each item describes **how YOU might react in this situation.**

1 = Strongly Disagree   2 = Disagree   3 = Agree & Disagree Equally   4 = Agree
5 = Strongly Agree

I would feel inadequate if I went to a therapist for psychological help.

My self-confidence would NOT be threatened if I sought professional help.

Seeking psychological help would make me feel less intelligent.

My self-esteem would increase if I talked to a therapist.

My view of myself would not change just because I made the choice to see a therapist.

It would make me feel inferior to ask a therapist for help.

I would feel okay about myself if I made the choice to seek professional help.

If I went to a therapist, I would be less satisfied with myself.

My self-confidence would remain the same if I sought professional help for a problem I could not solve.

I would feel worse about myself if I could not solve my own problems.

APPENDIX K

ATTITUDES TOWARD SEEKING PROFESSIONAL HELP SCALE: SHORT FORM

Below are a number of statements pertaining to **psychological care and mental health issues**. Please read each statement carefully and respond to each item by indicating your agreement, partial agreement, partial disagreement, or disagreement. There are no "wrong" answers.
Please respond using the following rating scale:

0 = Disagree;   1 = Partly Disagree;   2 = Partly Agree;   3 = Agree

If I believed I was having a mental breakdown, my first inclination would be to get professional attention.
The idea of talking about problems with a psychologist strikes me as a poor way to get rid of emotional conflicts.
If I were experiencing a serious emotional crisis at this point in my life, I would be confident that I could find relief in psychotherapy.

There is something admirable in the attitude of a person who is willing to cope with his or her conflicts and fears without resorting to professional help.
I would want to get psychological help if I were worried or upset for a long period time.
I might want to have psychological counseling in the future.
A person with an emotional problem is not likely to solve it alone; he or she is likely to solve it with professional help.
Considering the time and expense involved in psychotherapy, it would have doubtful value for a person like me.
A person should work out his or her own problems; getting psychological counseling would be a last resort.
Personal and emotional troubles, like many things, tend to work out by themselves.

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