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Exploring the "Missing Piece" of the Social Justice Agenda: Exploring Experiences of Classism and Attitudes toward Seeking Mental Health Services in Undergraduate Students

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EXPLORING THE 'MISSING PIECE' WITHIN THE SOCIAL
JUSTICE AGENDA: EXPLORING EXPEREINCES OF
CLASSISM AND ATTITUDES TOWARD MENTAL
HEALTH SERVICES IN UNDERGRADUATE
STUDENTS

A Dissertation Submitted in Partial Fulfillment
of the Requirement for the Degree of
Doctor of Philosophy

Meag-gan Ann Walters

College of Education and Behavioral Sciences
Department of Applied Psychological Counselor Education
Counseling Psychology

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This Dissertation by: Meag-gan Ann Walters

Entitled: *Exploring the 'Missing Piece' of the Social Justice Agenda: Exploring Experiences of Classism and Attitudes toward Seeking Mental Health Services in Undergraduate Students.*

Has been approved as meeting the requirement for the Degree of Doctor of Philosophy in College of Education and Behavioral Sciences in Department of Applied Psychology and Counselor Education, Counseling Psychology

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Date of Dissertation Defense _____

Accepted by the Graduate School

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ABSTRACT

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Help seeking behaviors among college students is characterized by pervasive underutilization. The most common reason why students avoid treatment for mental illness is the fear of being stigmatized. The field of psychology has recognized and examined the stigma associated with gender and ethnicity, but has not fully explored the stigma related to other identities. Social class is one of the most meaningful cultural dimensions in people's lives. Despite this recognition, examination of class, class inequality and classism are generally missing from psychological discourse even when multiculturalism is a central focus. This paper documents original research examining the influence of student experiences with classism on attitudes toward seeking mental health services and on psychological outcomes including emotional distress, college self-efficacy, and resilience. A hierarchical regression analysis evaluated whether students' experiences with classism explained additional variance in help seeking attitudes after accounting for gender, ethnicity and social class status. This supports that a student's gender, ethnicity and perceived social class was helpful toward understanding help seeking behaviors. This study is additive by providing empirical support for the claim that a student's experience with classism is a significant part of the dynamic that explains student attitudes toward seeking mental health services. The data demonstrated that

experiences with classism explained an additional proportion of the variance in attitudes toward seeking mental health services above and beyond gender, ethnicity and social class status. In terms of psychological distress, the data suggest that experiencing instances of classism was related to greater psychological distress. This research also found a small negative correlation between experiences with classism and college self-efficacy. Clinical implications and interventions to more fully address the experience of classism for college student are discussed.

Keywords: social class, classism, mental health, college students

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CHAPTER I

INTRODUCTION TO THE RESEARCH PROBLEM

Background and Context

The United States is perceived as a classless society (hooks, 2000; Rothenberg, 2007; Weber, 2001; Wray & Newitz, 1997; Zweig, 2000). Awareness of social class is diametrically opposed to the American ideal of a society comprised of completely free and equitable individuals. The belief that every individual has the same opportunities to reach his or her full potential (hooks, 2000; Vinovskis, 1970) is the backbone of "The American Dream." The American Dream paints an image of a land of opportunity in which the sky is the limit in terms of achievement and success. The dominant American culture emphatically accepts this viewpoint, and it is implanted deep into the American social consciousness (Kluegel & Smith, 1986; Ladd & Bowan, 1998; McNamee & Miller, 2004).

The American Dream traces its roots back to the formation of the country when immigrants sought freedom from the European monarchy and aristocratic rule (McNamee & Miller, 2004). In his book, *The Epic of America*, historian James Adams (1931) illustrated the dream in this way: "That dream of a land in which life should be better, richer and fuller for every man, with opportunity for each according to his ability or achievement" (p. 404). Evident in this quote is the implicit understanding that the

American dream is brought to life only by the means of individual merit. This creates a belief in a system of meritocracy.

Meritocracy is an economic and social system that rewards individuals based on effort, talent, and personal ability as opposed to other factors such as class, favoritism, race, or ethnicity (Kurian et al., 2011). In other words, one gets out of the system what one puts into it. In a meritocracy society, the following would be true. An African American female from the south side of Detroit, raised by a single mother, and attending public school should have the same attainment opportunities as a Caucasian male from California with two college-educated parents. The fruition of this scenario is solely contingent upon whether or not each individual works hard to earn his or her achievements. Believing that privilege and access due to class differences do not play a role in the outcome of a person's life creates the experience of dissonance for many Americans because their belief systems clash with their lived experiences and other realities (McNamee & Miller, 2004).

A selective blind spot creates silence that suffocates any critical conversation about class inequality (Cozzarelli, Wilkinson, & Tagler, 2001; Feagin, 1975; Kluegel & Smith, 1986). It is easier to believe that wealth is a "natural" outcome of effort or that it is a reflection of personal ambition. This powerful belief serves to maintain class privilege and classist policies because, conversely, poverty is attributed to laziness or financial irresponsibility (Bullock & Lott, 2001).

A combination of believing in the American dream and meritocracy creates and maintains the ideology of inequality (McNamee & Miller, 2004). The systems of these beliefs provide a socially acceptable explanation for the type and kind of inequalities that

exist in society (Jost & Major, 2001). In other words, if one fails to succeed, or "pull oneself up by the bootstraps," it is due to something the individual did or did not do. The typical explanation is one simply did not try hard enough. Alternate explanations keep the focus away from class dynamics. Casting the locus of success or failure solely on the individual neglects the role of societal and institutional systems of inequality. Exposing the influences of class in society leads to conclusion that meritocracy is a myth (McNamee & Miller, 2004).

A review of the financial trajectory in America supports that economic inequalities are present and continue to grow. One method of gauging the overall financial wellbeing of the country is by assessing the distribution of household income (American Psychological Association [APA], 2006). Household income is the combined income of all household members ages 15 and older from all sources including wages, commissions, bonuses, Social Security and other retirement benefits, unemployment compensation, disability, interest, and dividends and is therefore a valid measure for comparing living standards (Center for Popular Economics, 2004).

An assessment of household income during the 1960s to 1990s illustrates a steady progression in median household income levels. However, this trend masks the differences found at various economic levels of society (Congressional Budget Office, 2005). In recent years, individuals in the highest quartile of society (the top fifth by dividing the society into equal fifths) experienced continual increases in household income while those in lower income brackets experienced marked less growth or stagnation in income (Congressional Budget Office, 2010; see Figure 1). The year 1983 had one of the largest ranges in after-tax household income. The bottom quartile

averaged $14,600 compared to the top quartile ($105,100). The trend continued; in 2009, household income after tax for the bottom quartile was $23,300 compared to the top quartile ($171,600).
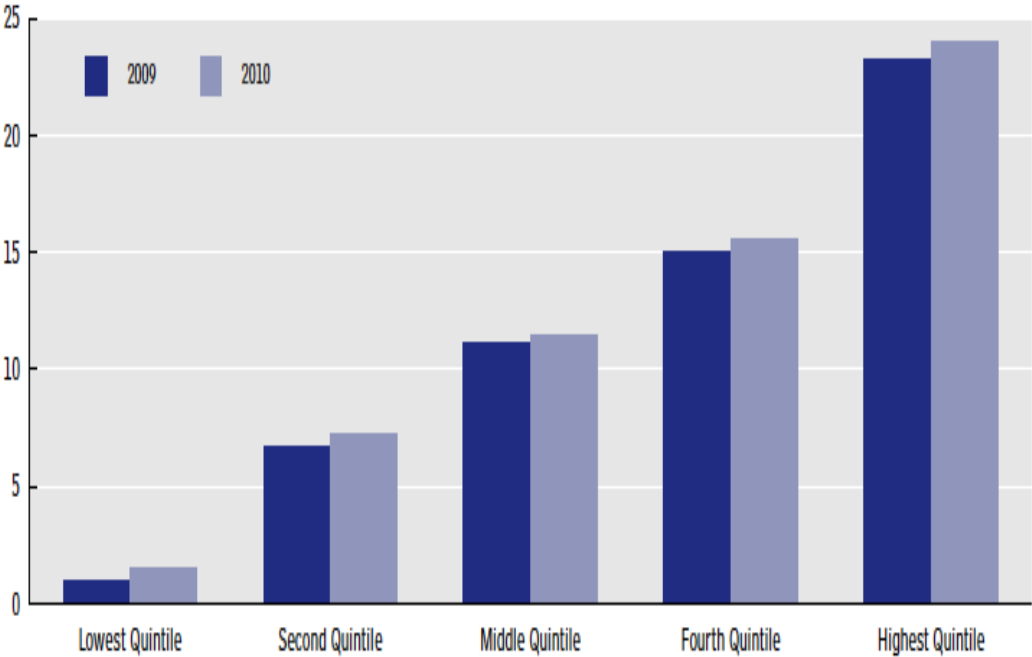
Source: Congressional Budget Office.

Figure 1. Change in average after-tax income: 2009-2010.

The ever-widening gap between the nation's wealthiest and poorest individuals has been coined "economic apartheid" (Collins & Yeskel, 2005, p.vii). This term likens social inequities caused by disparities in the distribution of wealth to the system of racial segregation imposed by the government of South Africa during the 1900s. Apartheid race laws touched every aspect of life for Black South Africans including job eligibility, marriage, voting, and where one could live (Bond, 2000). Similarly, economic and social class inequalities permeate all parts of life. In her book chapter, *Tired of playing*

monopoly, Donna Langston (2007) recognized class as more than the amount of money

one has. She asserted that class is experienced at every level of life. In her discussion of

how class is socially constructed and all encompassing, she said,

> Class is your understanding of the world and where you fit in, it's composed of ideas, behaviors, attitudes, values, and language; class is how you think feel, act, look, dress, talk, move, walk; class is what stores you shop at, restaurants you eat in; class is the schools you attend, the education you attain; class is the very jobs you will work at throughout your adult life. Class can even determine who and when we marry. (pp. 127-128)

The recent U.S. economic crisis of 2008 catapulted the issue of class onto the

national stage. The crumbling housing market devastated millions of Americans

(Ivashina & Scharfstein, 2010). The American Dream of owning a home became an

American nightmare as foreclosures and unemployment rates soared across the country.

In the midst of the financial turmoil, some Americans remained unscathed due to their

social class security. According to economist Edward N. Wolff (2012) at New York

University, the distribution of wealth in this country as of 2010 displayed the top 1% of

households (the upper class) owned 35.4% of all privately held wealth. The next 19% of

households (the managerial, professional, and small business division) owned 53.5%.

This equated to 20% of the population owning 89% of the nation's wealth. Only 11% of

the nation's wealth remained to be shared amongst the remaining 80% of wage and salary

workers (Wolff, 2012). This staggering level of inequality was felt by the American

people and addressed in the 2012 presidential campaign. In his inaugural speech,

President Barack Obama addressed the social consciousness of the nation by including an

acknowledgement of the role of social class in society: "For we, the people understand

that our country cannot succeed when a shrinking few do very well and a growing many

barely make it. We believe that America's prosperity must rest upon the broad shoulders of a rising middle class."

The president alluded to the necessity of a large middle class, indicating the country functions best when the majority of Americans are neither experiencing extreme levels of wealth or poverty. Scholars supported this position. Foster and Wolfson (2010) posited that a sizable and thriving middle class is important for the growth of successful economies because the middle class provides much of the labor force. However, recent trends demonstrated the middle class is shrinking. The Pew Research Center (2012), a nonpartisan research initiative, conducted a report on social and demographic trends. Results revealed that since 1971, the ranks of the upper class have grown by 27.9 million, while lower-income groups have grown by 34.5 million. The middle class has grown by the smallest percentage, adding just 17 million people since 1971. Additionally, in 2012, one-third of Americans identified themselves as lower class or lower-middle class, an increase from a quarter of Americans four years prior. Among young adults, the percentages that saw themselves as occupying the lower social class also increased (The Pew Research Center, 2012).

These statistics are directly and deeply linked to educational attainment in this country. Access to post-secondary education has become the single most influential route to accessing middle-class earnings and status (Carnevale, Smith, & Strohl, 2010). There is a positive correlation between the level of diploma earned (e.g., high school, associates, and master's) and one's level of income and social-class status (Ensminger & Fothergill, 2003). Data from current population surveys, the U.S. Census Bureau, and the Bureau of Labor Statistics support this linear relationship. National census data in 2004

revealed 37% of high school graduates were classified in the bottom two income brackets. Fewer individuals with an associate's degree or some college were in the bottom two income brackets at 21%, while individuals with baccalaureate or graduate degrees remained in the middle class or were elevated into the top three income brackets. Postsecondary education is thus regarded as the mediator to economic opportunity and mobility.

Embedded in the aforementioned myth of meritocracy is the idea of upward mobility. Upward mobility is the belief in the ability to climb the social class ladder through hard work and achievement (McGuire, 1950). Increasing numbers of low-income students are entering universities primarily due to the American economy that has made a college degree an entry-level requirement for middle and low-level jobs (Renny, 2003). This "academic inflation" stipulates a college degree is believed to be one way to ensure a middle class socioeconomic status and social class standing (Renny, 2003, p. 13). In other words, the gateway to The American Dream is now presumed to be a college degree (Dickert-Conlin & Rubenstein, 2007).

College represents a period of transition during which individuals begin to internalize their identities and have more contact with individuals from differing backgrounds. Examining issues of class during this time is especially important because social class can become most salient when people are around others from different social class backgrounds (Jones, 2003). A critical examination of how social class is experienced on campus is warranted.

Social Class on Campus

Assessing student experiences on campus has developed into a necessary and unique line of research called campus climate research (Rankin, 2005). In 2005, Susan Rankin defined campus climate as "the cumulative attitudes, behaviors, and standards of employees, and students concerning access for, inclusion of, and level of respect for individuals and group needs, abilities and potential" (p. 13). Rankin is asserting that diversity and inclusion are extremely important aspects of campus climate and the presence of negativity and discrimination of any form subtracts from a healthy climate. The climate of a campus can greatly impact a student's academic abilities and participation with campus life and services. Therefore, it is very important to examine how students of different socioeconomic statuses experience their campus.

Academic Experiences

Low-income students are a minority group on college campuses. Students in the bottom income quartile represent only 3% of the student body at highly ranked universities compared to 75% of students from the top income quartile (Carnevale & Rose, 2004). Not only are there fewer low income students, their retention rates differ. In comparison with upper-class peers, only 6% of low-income students graduate after five years while 40% of higher income students matriculate within a four-year period (Fitzgerald & Delaney, 2002). There are numerous reasons for this wide disparity in degree completion. Walpole (2003) conducted a large-scale study with 209 public four-year universities across the United States. Over 2,417 working class and working poor students participated to elucidate the barriers in college success for these students. He compared students from higher and lower socioeconomic backgrounds. Socioeconomic

status (SES) for students was determined by using parental income, educational attainment, and occupational prestige. The results indicated students from lower SES backgrounds worked more, studied less, were less involved in extracurricular activities, and had lower grades. Working class and working poor students also believed they were ill prepared for the academic rigor of college (Walpole, 2003). He concluded SES could and did exert a profound influence on student outcome and experiences.

Emotional Experiences

Social class influences college student adjustment. Stress is common to all students. Nevertheless, stress among 270 first year students was highly correlated with SES and was true for both White students and students of color (Saldana, 1994). Other studies found working class and working poor students often felt isolated, marginalized, and were psychologically distressed (Karp, 1986; Wentworth & Peterson, 2001). The University of California system reported undergraduates who identified as low income or poor had lower levels of a sense of belonging compared to their peers who identified as middle class or upper-middle class (Chatman, 2008).

Kuriloff and Reichert (2003) interviewed high school boys at an elite preparatory school. Young men from a working class upbringing felt as though they were on the margins of the school. The qualitative data from this study captured that the boys sensed their experiences were undervalued and deemed unimportant by the instructors and administrative staff. Most directly related to class standing, the boys articulated the perception that the school both intentionally and unintentionally favored wealthy students. Although this research was conducted with a sample of high school students, it still offers important information regarding the experiences of working class students.

Karp (1986) interviewed working-class adults in their 50s and 60s and asked them to recount their college experiences. The participants recalled feeling uncertain about their place in college with pervasive feelings of inauthenticity. They too identified feelings of marginalization. The shared experience of students across these studies was the student experience of classism. Classism is a form of judgment that is similar to sexism or racism. Classism has been defined as a type of discrimination based on social class where people of a lower social class (working poor, working class, lower middle class) are treated in ways that serve to exclude, devalue, discount, and separate them based on that status (Lott, 2001).

Langhout, Drake, and Rosselli (2009) examined classism in the university setting. They selected a small, private liberal arts university where tuition, room, and board averaged $40,000 for the year this study was conducted. Among the hypotheses, the researchers postulated classism would be a stressor that negatively affected school belonging because classist experiences at college are tied to the college as a place. School belonging, in turn, should affect psychosocial and health outcomes including psychological distress and well-being, social adjustment, anxiety and depression, friendship, somatization, and health satisfaction. Results from a path analysis with 599 participants demonstrated that classism partially mediated the relationship between social class and school belonging. Students who had experienced classism were more likely to feel they did not belong at school. In addition, students who had experienced classism were more likely to have negative psychosocial outcomes and intentions of leaving school before graduating.

A Call to Action

The American Psychological Association (2006) developed a task force on socioeconomic status. Among the many objectives of the task force was the acknowledgment that psychology as a field and psychologists as individual professionals were woefully underrepresented within the emerging research and participation in class inequality initiatives. A recent content analysis (Liu et al., 2004) illustrated the magnitude to which class was missing in the literature. Content analyses are a means of gathering trends in topics and the overall values of professional research. The *Journal of Counseling Psychology,* the *Journal of Counseling Development,* and the *Journal of Multicultural Counseling and Development* were selected for a content analysis. Between the years of 1981 and 2000, 3,915 articles were reviewed. Of these, a mere 18% (710 articles) included social class as a variable or was the focus of the article (Liu et al., 2004). Of the 18%, only 10% were empirical articles (Liu et al., 2004). The results resonated with the appeal of the Task Force.

Paradoxically, counseling psychology as a division within the field of psychology has forged the trail in advancing social justice advocacy and multicultural competency. From its inception, the core values of counseling psychology such as sharing power, facilitating consciousness raising of power, building on strengths, and giving a voice to oppressed groups have been consistent with social justice work (Goodman et al., 2004). The work is this realm has only flourished over the last decade with the development of multicultural competencies (APA, 2002; Arrendondo et al., 1996; Sue, 1998; Sue, Arrendondo, & McDavis, 1992; Sue et al., 1982); guidelines for working with diverse clients (APA, 2003); and the recognition of racial, gender, and sexual orientation

mircroagressions (Sue, 2010). These efforts have distinguished counseling psychology as the leader and exemplar for the advancement of multiculturalism and diversity. Yet, along with gender and race, social class is regarded as one of the most important cultural cornerstones in multicultural theory (Pope-Davis & Coleman, 2001) and is experienced as one of the most meaningful cultural dimensions in people's lives (Fitzgerald & Betz, 1994; Fouad & Brown 2000). Exploration of social class and classism would broaden the social justice agenda (Smith & Redington, 2010). Full acknowledgement of class informs other forms of oppression as class is deeply intertwined with race, gender, and culture (Smith, 2008).

Several researchers were exceptions to the dearth of class research in psychology and were pioneers in examining class. In 2004, William Liu et al. created the social class world view model (SCWM). It is the only existing counseling psychology-based theoretical model that connects social class with classism for the purposes of fully integrating social class into research and practice (Liu, 2001; Liu et al., 2004). Laura Smith (2008) was another exception. In her article, she states,

> What is missing from the counseling psychology's social justice agenda is the naming and explication of a form of oppression that operates so that poor and working class people are systematically disadvantaged through attitudes and stereotypes; our society's institutions; policies, and economic structures: classism. (p. 899)

Statement of the Problem

Classism is the missing piece in the social justice agenda. A substantial number of studies exist regarding ethnicity and racism as well as gender and sexism, whereas social class and classism have received very minimal acknowledgement and empirical exploration (Bullock, 1995; Lott, 2001). A specific focus on social class-related concerns

toward therapy is also deficient. Prevalent social class-related biases and attitudes in our society can affect psychological practice and research in various ways. Negative reactions to economically disadvantaged clients have been well documented and may have led to misdiagnoses and inappropriate treatment (Garb, 1997; Hillerbrand, 1988; Routh & King, 1972; Sladen, 1982; Sutton & Kessler, 1986; Wright & Hutton, 1977).

Other harmful influences of social class on therapy include the reluctance of low SES clients to actively participate in therapy due to repeated experiences of being misjudged or blamed for external circumstances (Anderson, Wojcik, Winett, & Williams, 2006). Furthermore, classist bias could also cause a lack of attention to the needs of disadvantaged individuals, which, in turn, could affect health care policy and mental health care on a large scale. Thus, it is imperative that psychologists acknowledge class as a potential barrier to initiating and receiving therapy.

Rationale for the Study

Social class status is relevant to how students succeed in college (Langhout et al., 2009). Academic and interpersonal college experiences are mediated by perceptions, and perceptions are informed by factors such as race, class and gender (Bettie, 2003). Examining the relationship between social class status and mental health attitudes in college students is vital because student attitudes toward health behaviors are beginning to form in college; thus, institutions of higher education can benefit from a better understanding of the issues faced by students of various social class standings (Archer, 2007; Kettley, 2007).

With the opportunities for learning provided in college, it is an excellent setting to examine class (Langhout et al., 2009). Those who go to college are more likely to have

more social power, thus it would be beneficial if the leaders of tomorrow understood class differences and could recognize and work to change classist behaviors. Examining classism in college is particularly important because college represents an important developmental phase where young adults are transitioning from adolescence into adulthood. If the transition is done well, it can result in a strong, healthy, and integrated identity (Berk, 2000).

Prior research has begun to explore the impact of social class standing on academic and psychological outcomes. Regarding its psychological impact, SES has established relationships with increased anxiety and depression among lower SES students (Langhout et al., 2009). Research to date has not examined if experiences of classism pose a deterrent for the specific help seeking behavior of initiating counseling and overall attitudes toward counseling services. In keeping with the goal of providing competent multicultural therapy, the field of counseling psychology can benefit from a furthered understanding of how class and classism impact help seeking attitudes. The purpose of the current study was to evaluate the relationship between students' experiences with classism and seeking mental health services.

Statement of Purpose

The purpose of the current study was to examine the influence of student experiences with classism primarily on student attitudes toward seeking mental health services and, secondarily, on various psychological outcomes including depression, anxiety, stress, college self-efficacy, and resilience. The overall goal of this research was to elucidate to the literature by empirically ascertaining within this sample the degree to which classism was experienced at different levels of social class standing and interpret

the amount to which classism was a barrier to counseling beyond the identities of gender

and ethnicity.

Research Questions

Q1 To what extent is the variance in attitudes toward seeking mental health services, as measured by the Inventory of Attitudes Toward Seeking Mental Health Services (Mackenzie, Knox, Gekoski, & Macaulay, 2004), explained by gender, ethnicity, and perceived social class status in undergraduate students?

Q2 Do experiences with classism, as measured by the Classism Experiences Questionnaire-Academe (Langhout, Rosselli, & Feinstein 2007), explain a proportion of the variance in attitudes toward seeking mental health services, as measured by the Inventory of Attitudes Toward Seeking Mental Health Services (Mackenzie et al., 2004), after controlling for the influence of gender, ethnicity and perceived social class status?

Q3 Do students of different social classes groups experience different amounts of classism, as measured by the Classism Experiences Questionnaire-Academe (Langhout et al., 2007)?

Q4 Do student experiences with classism, as measured by the Classism Experiences Questionnaire-Academe (Langhout et al., 2007), differ by ethnicity?

Q5 Do student experiences with classism, as measured by the Classism Experiences Questionnaire-Academe (Langhout et al., 2007), differ by gender?

Q6 Are student experiences with classism, as measured by the Classism Experiences Questionnaire-Academe (Langhout et al., 2007), associated with a greater amount of psychological distress as measured by the Depression Anxiety Stress scale (Lovibond & Lovibond, 1995)?

Q7 Are student experiences with classism, as measured by the Classism Experiences Questionnaire-Academe (Langhout et al., 2007), associated with a greater amount of resilience as measured by the Dispositional Resilience scale (Bartone, 1999)?

Q8 Are student experiences with classism, as measured by the Classism Experiences Questionnaire-Academe (Langhout et al., 2007), associated with decreased amounts of college self-efficacy as measured by the College Self-Efficacy Inventory (Solberg, O'Brien, Villareal, Kennel, & Davis, 1993)?

Q9 To what extent does citation, institutional, and interpersonal classism, as measured by the Classism Experiences Questionnaire-Academe (Langhout et al., 2007) incrementally explain the variance in psychological distress as measured by the Depression Anxiety Stress scale (Lovibond & Lovibond 1995)?

Definition of Terms

Any discussion of class requires specific definitions. Various descriptions and categorizations of SES and class are often used interchangeably without consistency.

Class. According to Merriam-Webster, the term "class" (2008) refers to a group of people having the same social or economic status; commonly sharing comparable levels of power and wealth. Additionally, the present study refers to class as a system of economic stratification that reflects one's education, occupation, and income (Grusky, 2001).

Classism. A type of discrimination based on social class where people of less social class (lower middle class, working class, poor) are treated in ways that serve to exclude, devalue, discount, and separate them based on that status (Lott, 2002). "The assignment of characteristics of worth and ability based on social class; the attitudes, polices, and practices that maintain this unequal valuing; and the systematic oppression of subordinated groups by the dominant groups" (Collins & Yeskel, 2005, p. 143).

College. For the purposes of this study, "college" is defined as a four-year, bachelor-granting institution.

College self-efficacy. College self-efficacy in this study utilized the definition by Solberg et al. (1993). College self-efficacy is the level of confidence in one's abilities to effectively complete tasks related to college success.

Mental health. The present study utilized the definition of mental health provided by the World Health Organization (2010):

> A state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community. In this positive sense, mental health is the foundation for individual well-being and the effective functioning of a community. (p. 1)

Resilience. The word "resilience" conveys one's capability to endure, adapt, and quickly "bounce back" from adversity. It is a process of coping with hardship (Bernard, 1991; Connor & Davidson, 2003; Richardson, 2002; Steinhardt & Dolbier, 2008; Zatura, 2009).

Social class. In the present study, social class is defined as an economic group within which an individual belongs and perceives material and nonmaterial boundaries. Material boundaries are perceived limitations on noticeable objects such as the affordability of merchandise or the ability to live in particular neighborhoods. Nonmaterial boundaries include intangible assets, i.e., the ability to achieve differing education levels (Liu, 2011).

Social justice. There are many ways to conceptualize social justice. The present study discussed social justice as scholarship and professional action designed to change societal values, structures, policies and practices such that disadvantaged groups' gain increased access to the methods of autonomy (Goodman et al., 2004)

Socioeconomic status (SES). Oakes and Rossi (2003) defined SES as dimensions of stratification that equate to differential access to desired resources. Potential or realized access is a function of material capital (earned income, investment income, or real property), human capital (skills, abilities, and knowledge), and social

capital (one's social network, status, power, trustworthiness, and abilities of its members).

Symbolically, SES = ƒ (material capital, human capital, social capital).

Subjective social class. Subjective social class is another way to capture and

understand social class that is more focused on an individual's perceived place or rank

relative to other members of the same community (Kraus, Piff, & Keltner, 2009).

Informed by the class models provided by Beeghley (2004) and Thompson and Hickey

(2005), the present study used the following social class categories: upper class, upper

middle class, middle class, lower middle class, working class, and poor.

Limitations of the Study

Limitations in research are commonly a result of either measurement issues or

difficulties in capturing the human complexity (Polit & Beck, 2004). The present study

was conducted within the college student population and could foresee limitations due to

measurement. The literature stated that the majority of college students come from

similar backgrounds and tend to aspire to similar social class levels (Carter, 2003).

Critics have also acknowledged that research in this population might find little

variability in social class among college students when the method was based on

objective means (income, occupation, and education level; Carter, 2003).

To counter this methodological restraint, the participants were recruited from two

separate universities to gather more diversity in class status. Additionally, participants

were assessed based on their subjective social class as opposed to an objective measure.

Mounting research supports the use of class and a subjective measure of class standing

(Adler, Epel, Castellazzo, & Ickovics, 2000; Clark, Anderson, Clark, & Williams, 1999;

D. Goodman, 2001). However, subjectivity in measurement poses an additional weakness: social desirability due to self-report bias.

Self-reported data of mental health and health behaviors were not as accurate as empirically obtained data. Other limitations included restrictions on generalizability and interpretation of results. The findings of this study should not be generalized to students dissimilar from the sample. The study utilized data from a sample of college students at one private and one public college in Colorado. In terms of enrollment, in the academic year of fall 2013, the public institution enrolled 12,084 students, and a total of 11,778 students were enrolled in the private institution. Cost of attendance including tuition, room and board, and books for a full time resident undergraduate student during the 2012-2013 school year at the public college was $16,988 and $18,650 for a non-resident student per semester. The traditional undergraduate cost of attendance at the private institution including tuition, room and board, and books for a full-time student during the 2012-2013 school year was estimated at $51,787. Both colleges offered financial aid in the form of scholarships, grants, loans, and athletic awards.

Lastly, the hierarchical regression analysis used in this study could not show cause and effect relationships. Results from the study only showed whether or not a relationship existed between the variables in the model and provided a proportion of explained variance.

CHAPTER II

REVIEW OF LITERATURE

Overview

The purpose of this chapter is to review the current status, research, and theory of mental health help-seeking attitudes of college students. This chapter reviews emerging theory and research on social class and classism including the social class worldview model and followed by the literature regarding the impact of social class on academic performance and mental health. Social class is presented as a salient variable when considering mental health help-seeking behaviors. This chapter concludes with implications for future research and the aim of the current study.

Background and Context

Mental illness is one of the most significant threats to wellbeing. A global assessment of mental illness conducted by the World Health Organization (WHO, 2004) discovered the United States has the highest estimated lifetime prevalence of mental illness out of 17 participating countries. More specifically, 50% of the U.S. population meets criteria for one or more psychiatric disorders over the course of a lifetime, and 25% of the population meets criteria in any given year (Kessler & Wang, 2008). To grasp the enormity of these numbers, the U.S. population exceeds 300 million people--25% of the population with a mental disorder equates to roughly 75 million people (Kazdin & Blase, 2011).

Mental illness reaps a toll on the individual. Among the major medical conditions in the United States, mental disorders contribute to the highest number of years of life lost due to premature mortality and disability. Furthermore, nearly three-quarters of the individuals with disabilities related to mental illness are unemployed, and 15 % of those diagnosed with schizophrenia, bipolar disorder, or depression are homeless (WHO, 2010).

The occurrence of mental illness is coupled with the fact many people are suffering in silence and do not seek treatment. Recent estimates suggest only 30-40% of individuals with a mental health disorder seek any type of professional help (Vogel, Wade, & Haake, 2006). This trend appears to be growing. The National Alliance on Mental Illness (2010) approximates 66% of all people with a diagnosable mental illnesses do not seek any kind of treatment. Sadly, people who do seek treatment from a counselor or mental health professional is only at 11% (Andrews, Issakidis, & Carter, 2001). Epidemiological studies indicate the percentage of the U.S. population with a mental disorder is growing among young adults (Kessler, Foster, Saunders, & Stang, 1995; Kessler, Berglund, Demler, Jin, & Walters, 2005; National Institute of Mental Health [NIMH], 2001; WHO, 2008). Most lifetime mental disorders have first onset by age 24 years, which places emergence at the latter part of college age years (Kessler, Demler et al., 2005), and mental health issues among college students represent a growing concern (Kadison, 2004).

Considering the discrepancy between the need for mental health services and the underutilization of services often leads to the question, why do some people seek help and others do not? Answering this question requires addressing the underlying attitudes

toward seeking mental health and barriers to treatment. Attitudes toward seeking mental

health care are important predictors of actual service use (Mojtabai, Olfson, & Mechanic,

2002). Closely examining trends in attitudes and the climate of cultural and societal

change have implications for understanding trends in the use of mental health services

(Mojtabai, 2005; Olfson et al., 2002).

The Climate of College Student Mental Health

College counseling centers across the United States are experiencing several

significant shifts in the climate and characteristics of the student body population. The

most visible shift is the increase in the demand for counseling services. The National

Association of Student Personnel Advisors (2009) estimated that 1.6 million students

sought the assistance of counseling in 2008. Individual universities collected longitudinal

data that illustrated the magnitude of the growing demand. Columbia University

examined the utilization of counseling from 1995 to 2000 and reported a 40% increase.

Massachusetts Institute of Technology experienced a 50% increase across the same time

span while the State University of New York reported a 48% increase over the last three

years (Berger, 2002; Goetz, 2002). The last six years were evaluated by the University of

Cincinnati and yielded a 55% increase in the number of students seeking counseling

(Berger, 2002; Goetz, 2002), and these figures are not projected to dissipate in the near

future (Wood, 2012).

This unprecedented demand for counseling on campus creates a dynamic in which

counseling centers are pressured to provide more service with fewer resources (Wood,

2012). A national survey of 302 university counseling center directors revealed the ratio

of roughly one counselor for every 1,527 students (Gallagher, 2009). This estimate

exceeded the standard of one counselor for every 1,000 students placed by the International Association of Counseling Services (2009). According to survey data from directors of counseling centers, several centers felt forced into the option of seeing clients for fewer sessions to curtail the waitlist and meet the demands for service (O'Malley, Wheeler, Murphey, O'Connell, & Waldo, 1990).

Paired with the high demand for services is the growing emergence of increasingly severe psychological problems (Gallagher, Gill, & Sysko, 2000; Gallagher, Sysko, & Zhang, 2001; Pledge, Lapan, Heppner, & Roehlke, 1998; O'Malley et al., 1990; Robbins, May, & Corazzini, 1985; Stone & Archer, 1990). The Council for the Advancement of Standards in Higher Education (CAS; 1999) established scope and standards for college counseling centers and reported that historically the focus of college counseling centers was on developmental needs, preventative counseling, and career planning (Robbins et al., 1985). However, college counseling centers are part of a larger system and changes in social, political, and economic factors have required counseling centers to develop accordingly (CAS, 1999). College students now face many more pressures today than in years past (Kadison, 2004).

These shifts are detectable in part due to the work of Robert Gallagher who, in 1981, began conducting annual survey research from counseling center directors. The National Survey of Counseling Center Directors (NSCCD) included over 300 colleges and university counseling centers in the United States and Canada (Gallagher, 2005, 2008). Over the past 25 years, the survey has demonstrated increases in the percentage of counseling center directors who believe students are experiencing more severe psychological problems.

A clear definition of severity as distinguished from typical developmental problems has yet to be provided by Gallagher's survey and is a notable criticism in the literature (Benton, Robertson, Tseng, Newton, & Benton, 2003). Additional criticism highlighted that many studies reported too short of a timeframe, only three to eight years, to truly detect trends in severity. Moreover, the perceived increases in severity might be due to improved training of psychotherapists, which has led to more diagnoses (Sharkin, 1997). Nonetheless, the National Survey for Counseling Center Directors (Gallagher, 2012) listed concerns counseling directors deem are increasing. Severity included crises requiring immediate response, psychiatric medication, learning disabilities, illicit drug use, self-injury, problems related to earlier sexual abuse, sexual assault (on campus), and eating disorders (Gallagher, 2012).

Counseling center reports from directors on the mental health severity of their clients across the years showed a rise from 53% in 1984 (Bishop, 2006) to 82% in 1995 (Gallagher, 1995) to 90% in 2005 (Gallagher, 2005) and finally to 95% by 2008 (Gallagher, 2008). In Gallagher's 2008 survey, center directors estimated that 49% of their student-clients had severe psychological problems and 7.5% of those had impairment serious enough they could not remain in school without extensive psychological or psychiatric help. As well, 81% of directors reported a significant increase in calls from faculty and others on campus seeking consultations regarding students of concern (Gallagher, 2008).

The National Survey of Counseling Center Directors (NSCCD; Gallagher, 2010) reported 44% of clients had severe psychological problems, a large increase from 16% in 2000. Specifically, counseling center directors reported an escalation in depression,

anxiety, suicidal ideation, substance abuse, eating disorders, and self-injury. Depression and anxiety ranked high on the list of mental concerns; yet the emergence of struggles with eating disorders, substance abuse, and self-injury was a cause for concern. Twenty-four percent of directors from the NSCCD (Gallagher, 2010) survey noticed more clients with eating disorders and self-injury issues (39.4%) and directors reported an increased number of clients struggling with alcohol abuse (45.7%).

Similarly, individual universities have evaluated psychological severity. For example, a review of counseling records from 1988 to 2001 at Kansas State University revealed an increase of 60% in anxiety related issues, depression rose by 50%, alongside an increase in chronic concerns such as suicidal tendencies and substance abuse (Benton et al., 2003). Student voices also added to the picture of severity. The American College Health Association (2010) found 45.6% of students surveyed reported feeling hopeless and 30.7% reported feeling so depressed it was difficult to function during the past 12 months.

There was speculation as to the reasoning behind the intensification of emotional and mental concerns. Chisholm (1998) acknowledged some serious conditions such as schizophrenia, bipolar disorder, and major depression might not manifest until late adolescence into early adulthood while individuals are entering college. Earlier and more accurate diagnoses were viewed as partly responsible for the increased number of students presenting with major mental health problems (Marano, 2004). However, the advent and utilization of effective of medications was another plausible explanation. The prevalence and availability of psychotropic medications made it possible for numerous

students to attend college who formerly would not have been able to do so (Gallagher et al., 2000).

Once in college, students with psychological troubles are not likely to perform as well as their peers academically or impersonally. Individuals with high levels of psychological pathology have impaired information-processing skills (Kendall & Dobson, 1993). According to Kessler et al. (1995), 5% of college students prematurely end their education due to psychiatric disorders. Kesseler et al. estimated an additional 4.29 million people in the United States would have graduated from college if they had not been experiencing psychiatric disorders. Svanum and Zody (2001) also found substance abuse disorders to be most strongly associated with lower academic performance.

The final shift in the college climate is the changing demographic characteristics of the student body. The face of the typical college student is changing due to increased diversity. College campuses are admitting more students that represent a wide spectrum of diversity including disability status, international students, language, and socioeconomic status (Gysbers, 2001). According to the U.S. Department of Education (Kitzrow, 2003), 30% of students are ethnic minorities, 20% are foreign born or first generation students, 55% are female, and 44% of all undergraduate students are over the age of 25. The shift in demographics presents a need to provide counseling for a broad range of students with various concerns and multicultural needs (Kitzrow, 2003).

Among the changes in demographic characteristics is the presence of working-class and low-income students. A majority of academic institutions define a low-income student as one who is eligible for a full Pell Grant (U.S. Department of Education, 2010)

award. In the 2010-2011 school year, the annual income for families of Pell Grant recipients was $40,000 for a family of four.

Taken together, the rising demand for services, the increased acuity of psychological concerns, along with a growing demand to meet the needs of low income and multicultural students was referred to in the literature as the crisis in college mental health (Kadison, 2004; Kadison & DiGeronimo, 2004; Marano, 2004). Crises are also sources of opportunity. The college years pose an opportune time to revisit attitudes toward seeking mental help to understand and remove barriers to receiving help for all students.

Developmental Perspectives

The college years present students with an abundance of opportunities for personal growth, self-awareness, interpersonal skills, maturity, exploration of morality, and cultivation of a general sense of health and wellbeing (Arnett, 2000; Chickering & Reisser, 1993). Considering the psychosocial development of college students provided a significant backdrop to the present study as important changes occur as students progress through their college education (Chickering, 1981; Winston & Miller, 1987). These changes touched not only the intellectual realm of development but also included affective and psychosocial dimensions of development. Psychosocial development has been defined as "a series of tasks or stages, including qualitative changes in thinking, feeling, behaving, valuing and relating to others and to oneself" (Chickering & Reisser, 1993, p. 2).

Societal changes across time have greatly influenced and will continue to impact student psychosocial development on campus (Woodard, Love, & Komives, 2000).

College student psychosocial development is best understood in context of societal changes. What follows is a brief historical survey of three primary approaches to understanding college student psychosocial development within a societal context.

Foundational Theories

Student developmental theories began to emerge in the early 1960s (Knefelkamp, 1978). During this time period, institutions of higher education witnessed turbulence in the college student population that was in direct relationship to what was occurring on the nation. The Vietnam War, the Civil Rights movement, and the Women's Movement slowly began to change the demographics of universities. Typical aspiring college students were not only upper-middle class White men; women, veterans, and students of color from all social class backgrounds began to enroll in college in increasing numbers (Evans, Forney, Guido, Patton, & Renn, 2010). This shift introduced the need to focus on the college experience, the campus environment, and overall college student development (Abes, Jones, & McEwen, 2007).

A multitude of theories have aided in understanding young adult development: ethical and intellectual development, moral development, cognitive development (Kohlberg, 1971; Piaget, 1932), and experiential learning. However, the psychosocial theories, integrative approach, and the emerging focus on social identities were regarded as essential to addressing college student development.

Psychosocial Theories

Erick Erickson's (1968) was the first psychosocial theory to capture the entire life span. Development is depicted as a series of stages with age-related developmental tasks or crises that must be resolved before proceeding to subsequent stages. Erickson's fifth

stage of development--identity versus role confusion--precedes adulthood and is characterized by testing different roles and integrating them into a sense of self. A core sense of self develops along with values, beliefs, and goals. Autonomy increases and with it comes the ability to begin dealing with the complexities of life (Evans et al., 2010). Successful navigation of this stage results in congruence between external recognition and internal integration. A crisis at this stage results in identity diffusion, which is a lack of sense of self or purpose. This is detrimental because a lack of self might cause individuals to over-identify with others and demonstrate intolerance toward those they view as different (Evans et al., 2010).

Scholars consider this stage as the pivotal juncture for understanding college student identity development (Evans et al., 2010) as it represents the transition from adolescence to adulthood. This stage prompts an individual to answer the question: "Who am I?" This is the central developmental task of late adolescence and the ability to answer this question is conceptualized as marking the transition into adulthood (Abes et al.., 2007). Across many developmental theories, traditional-age college students (18 to 22) are in this stage of development. Erikson (1963) defined identity as "the ability to experience one's self as something that has continuity and sameness, and to act accordingly" (p. 42). For Erickson, identity formation revolved around relationships, vocational decisions, and values. Each of these factors is inherently part of the college experience.

Influenced by Erickson's (1963) work, educational researcher Arthur Chickering (1990) originally proposed his developmental theory in 1990 in his text *Education and Identity*, which remains relevant today. This theory articulated developmental

specifically for issues and environmental conditions facing college students. Chickering's model is the most widely accepted and referenced theory of psychosocial development of college students. He viewed establishing an identity as the core tasks across the four years in college. His model is comprised of seven "vectors" or areas of concern that require self-awareness, growth, and development (Chickering & Reisser, 1993).

According to Chickering (1969), the term "vector" better conveys "direction" and "magnitude" (p. 8). Unlike Erickson's (1963) stages, Chickering's vectors are not age-related or linear. Students may find themselves reexamining the internal processes and external demands of some vectors several times. The vectors do not require mastery of one area before moving to the next nor is there a notion of lower and higher vectors of development. Instead, students develop to some degree in each area at differing rates. Likewise, he acknowledges that students will be in different developmental places because individuals experience the college environment differently (Chickering & Reisser, 1993). The following are the seven vectors of college student development: (a) developing competence, (b) managing emotions, (c) moving through autonomy toward interdependence, (d) develop mature interpersonal relationships, (e) establish identities, (f) developing purpose, and (g) develop integrity.

Stage five explicitly addresses the salience of socially constructed identities such as gender, ethnicity, and sexual orientation. Social class is largely missing from this discussion yet can easily fit well into the conceptualization of how one establishes an identity that includes an account of cultural heritage, roles, and lifestyle.

Empirical research has provided confirmation for vector conceptualization in the college population (Fassinger, 1998; Kodama, McEwen, Liang, & Lee, 2002; McEwen, Roper, Bryant, & Langa, 1990; Straub & Rodgers, 1986; Taub & McEwen, 1991). These studies yielded general support for the content of each vector, suggested the ways in which students resolved the demands of each vector varied greatly based on racial and cultural background, and that additional tasks might be necessary to capture their college experience. Chickering and Reisser (1993) acknowledged, "It is clear that diversity will only increase in the years ahead. It is also clear that if we are unable to deal with it, we are likely to face increasing conflict, a two-tier society, and economic stagnation" (p. 473). Social class standing is another powerful cultural variable that needs to be accounted for in developmental terms.

Integrative Approach

Integrative theories are unique in that they do not separate the developmental process into categories such as psychosocial, cognitive, and moral development but instead acknowledge all these aspects are developing simultaneously. One model that appreciates the many levels of development and has been successfully applied to college student development is Bronfenbrenner's (1993) ecological model. Bronfenbrenner proposed that the individual (the student in this case) is at the center of several layers of contextual factors. The microsystem refers to the groups in immediate contact with the student (families, roommates, athletic teams, and faculty relationships). The mesosystem are relationships between aspects of the microsystem (e.g., interactions between roommates and family). The exosystem is more distant from the student yet still influences the student. For example, tuition and financial aid decisions, faculty

curriculum committees, and immigration and visa agencies can have a significant impact on the student's experience (Renn & Arnold, 2003). Lastly, the macrosystem is the overarching culture in which individuals live. On a campus, macrosystem factors include democratic values as well as a capitalist ideology (Renn & Arnold, 2003). On this level is where issues of social class present in society at large influence the college culture. Bronfenbrenner's four levels are intimately related as the student acts within the micro and mesosytems while the exo- and macrosytems influence the student.

Social Identity Theory

As U.S. society becomes more diverse, understanding students from a variety of backgrounds has become increasingly important, and theories focusing on social identities are appearing with greater frequency in the literature. Social identities include ethnicity, race, gender, sexual orientation, and social class status among other factors. These identities are considered social because other people evaluate an individual and pass judgments based on these identities (Evans et al., 2010). There is a process by which people understand their social identities and experience how these identities affect other aspects of their lives (McEwen, 2003). According to McEwen (2003), underneath the interpretations of social identities are concepts of oppression and privilege. Some identities are more highly valued and carry more authority than others solely based on the attributions attached to them. Most importantly, social identities play a powerful role in how individuals see themselves, how they interact with others, and the decisions they make

Jones and McEwen (2000) developed a conceptual model that aids in illustrating and understanding the interconnection of multiple social identities. Located at the center

is the "core sense of self" made up of personal identity, personal attributes, and characteristics. Externally defined dimensions such as gender, race, culture, class, religion, and sexual orientation surround the core. Contextual factors also affect the core self such as family background, sociocultural conditions, current experiences, career decisions, and life planning. Emphasis is paid to the locations where the various circles intersect. Intersections represent the need to understand each identity in relation to other dimensions.

The complexities of identity development are demonstrated through this model. It also highlights the error in assuming that any one identity is most central to a student; instead, the recommended approach is to listen to how a person views oneself and to understand students as they see themselves (Abes et al., 2007). As a result of this and other pioneering efforts, identity is no longer viewed as separate components but rather as intertwined and unique for each individual (Abes et al., 2007; Jones, 1997; Jones & McEwen, 2000; Reynolds & Pope, 1991).

These developmental theories when applied to college student development paint the picture of young adults at the cusp of a profound potential for intrapersonal and interpersonal growth and change.

Theory of Planned Behavior

Social psychologists have long since acknowledged that personal attitudes are significant variables that might influence a subsequent behavior (Eagly & Chaiken, 1995) and are useful for predicting behavior (Fishbein, 1963; Kiesler, Nisbett, & Zanna, 1969). Early conceptualizations of help-seeking attitudes viewed attitudes on continuum--one pole representing seeking help as favorable behavior and the other pole indicating

seeking help is an unfavorable behavior (Kiesler et al., 1969). Essentially gauging an individual's attitudes toward mental health services was measured by self-report regarding how favorable he or she found the services. Beginning in the late 1960s, research on attitude formation and change became increasingly dominated by cognitive perspectives (Eagly & Chaiken, 1995). The theory of planned behavior was created from this paradigm (Ajzen, 1985, 1987).

Ajzen's (1991) theory of planned behavior (TPB) has been widely used to understand and predict help-seeking behavior in a variety of healthcare settings (Sheeran, Aubrey, & Kellett, 2007). Theory of planned behavior is based on the interaction between intentions and perceived behavioral control. The most salient predictor of behavior is an individual's intention to actually perform the behavior. Intentions are the central component of TPB and capture the motivational factors that influence a behavior. Intention is the indication of how hard a person is willing to try and how much effort is to be exerted to perform the behavior. As a general rule, the stronger the intention to engage in a behavior, the more likely it is for that behavior to be performed. Intention can be negatively impacted by external factors such as availability of opportunities and lack of resources such as time, money, skills, and cooperation of others (Ajzen, 1985).

Perceived behavioral control refers to a person's perception of the ease or difficulty of performing the behavior of interest (Ajzen, 1987). This is not the same as perceived locus of control (Rotter, 1966). Locus of control is a more generalized expectancy that remains stable across situations (Rotter, 1966). Perceived behavioral control is more domain specific and thus varies across situations and actions. This conceptualization of perceived behavioral control is compatible with Bandura's (1982)

concept of perceived self-efficacy that "is concerned with judgments of how well one can execute courses of action required to deal with prospective situations" (p. 122).

In general, Bandura's work has shown an individual's behavior is strongly influenced by his/her confidence in his/her ability to perform it (Bandura, Adams, & Beyer, 1977; Bandura, Adams, Hardy, & Howells, 1980), i.e., seeking psychological help; therefore, it is also based on confidence in ability level. Self-efficacy can influence choice of activities, preparation for an activity, effort expended during performance, as well as thought patterns and emotional reactions (Bandura, 1982, 1991). For instance, a lack of knowledge regarding counseling is one factor subsequently discussed next in this literature review. Lack of knowledge exerts a negative impact on one's perceived level of behavioral control and intention, resulting in a low likelihood of engaging in a behavior like initiating counseling.

College Self-Efficacy

The theory of college self-efficacy traces its conceptual lineage back to the theory of self-efficacy originally proposed by Bandura (1977, 1982, 1997). The general theory of self-efficacy has served as a foundational framework for understanding and assessing behavior in a variety of domains. Bandura conceptualized that self-efficacy dealt with an individual's level of belief in his or her ability to successfully perform or complete a specific task or behavior. Bandura (1977, 1997) suggested the degree of self-efficacy could dictate (a) if an individual approaches or avoids a behavior and (b) the amount of persistence and quality of performance while involved in the behavior. Additionally, Bandura identified factors that could increase and decrease self-efficacy--experiences such as past successes or failures, social persuasion, vicarious learning, and emotional

arousal (Bandura, 1977, 1982, 1997). The hallmark of this definition, namely the belief in one's abilities regarding a task, has remained in all forms of self-efficacy. Research has recognized the specific tasks and domains in which self-efficacy could influence behaviors. One such domain is the college setting.

Research investigating the role of self-efficacy in college has primarily focused on academic success in specific and often problematic academic areas such as mathematics (Gore, Leuwerke, & Turley, 2006). Zajacova, Lynch, and Espenshade (2005) measured academic self-efficacy and stress on academic performance in 107 first-semester college freshmen at New York City University. Their sample was representative of the city in terms of gender and ethnicity. The study supported academic self-efficacy as a domain-specific type of efficacy that predicted student GPA. The findings also found self-efficacy was more robust than stress for predicting academic success. Academic self-efficacy has been defined as a student's confidence in his or her ability to be successful with academic tasks (Chemers, Hu, & Garcia, 2001; Gore et al., 2006). However, the college experience involves more than academics.

This concept of academic self-efficacy has been expanded to embrace other aspects of the college experience such as the college social environment. The acknowledgement of a more holistic understanding of the college experience evolved academic self-efficacy into college self-efficacy (Gore et al., 2006). College self-efficacy is the level of confidence in one's abilities to effectively complete tasks related to college success (Solberg et al., 1993). The present study investigated the relationship among college self-efficacy, social class, and experiences with classism.

Resilience

Theories of college student development recognize that the college years present students with both hurdles and opportunities for growth. College is occasionally romanticized as a place free from real-life concerns (Arehart-Treichel, 2002). Conversely, college has also been characterized as a period of life full of existential questions and pain as young adults navigate their way in the world (Benjamin, 1994). The typical college experience is likely to fall in the middle of these two extremes. However, for a growing number of students, experiencing distress on campus has become more common (Gallagher, 2012). Some students seem to be able to recover, while other students are crushed under the pressure. Resilience is an area of interest for universities as resilience has been linked to academic performance, retention, and student wellbeing (Lifton, Seay, & Bushko, 2004; Tinto, 2006).

The word *resilience* is sometimes confused with related terms. Synonyms include hardiness, endurance, adaptation, and persistence (Lifton et al, 2004; Walker, Gleaves, & Grey, 2006). Disciplines in the physical sciences were the first to use the term resilience to describe materials that are able to return to their original state after being exposed to external pressures (Bosworth & Walz, 2005). Human resilience is thought of in a similar manner. Masten (2001) described resilience as "a process of adaptations yielding positive outcomes in the face of challenges or obstacles" (p. 8). Zatura, Smith, Affleck, and Tennen (2001) offered a two part comprehensive definition for resilience: (a) resilience is about "recovery" (p. 786) and a person's ability to face and rebound from negative life stressors; and (b) resilience is about "sustainability" (p. 787) or a person's

capability to remain and to carry on despite oncoming challenges. The literature has identified elements that aid in the process of resilience.

Protective Factors

Protective factors are influences that assist and facilitate an individual's ability to respond to stressors with constructive reactions as opposed to responding with maladaptive or deviant behaviors (Garmezy, Masten, & Tellegen, 1984). A resilient response requires the interaction of biological inclinations, personal attributes, the circumstance, and the environment (Garmezy et al., 1984). Mercer (2010) identified internal and external protective factors. Internal factors may include personal strengths such as flexibility or adaptability, tenacity, positive self-efficacy or confidence in one's ability to succeed, leadership skills, emotional intelligence, communication skills, motivation to achieve, problem solving, and self-directed learning. External factors include supportive relationships through family, friends, and mentors as well as caring and encouraging environments at home, at school, and in the community. The present study evaluated levels of resilience in relationship to social class and experiences with classism.

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College Student Help-Seeking Behaviors

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The help-seeking behaviors of college students are characterized by pervasive underutilization. In some ways, the underutilization of mental health services on college campuses mirrors trends across the United States presented earlier. Specifically for students, less than half of troubled students on university and college campuses utilized mental health services (Hunt & Eisenberg, 2010). Blanco et al. (2008) found low treatment rates across all psychiatric disorders for college students with fewer than half of

those with mood disorders and less than 20% of those with anxiety disorders receiving treatment. Blanco's research also indicated that college students with alcohol or drug use disorders were significantly less likely to receive treatment. The methods of this study compared current college students to non-college-attending, same aged peers.

Comparative studies between college students and young adults who were not attending college is one method for distinguishing college student help-seeking behaviors from behaviors of the general public. Turner and Quinn (1999) found that when compared with a general population sample, college students were less likely to seek professional help for depression and anxiety, alcohol or drug problems, eating disorders, making lifestyle changes, or coping with stress. The American College Health Association (ACHA) surveyed 96,000 college students in the spring of 2010. They reported that 85% of students felt overwhelmed, 46% felt hopeless, 48% experienced overwhelming anxiety, 56% felt very lonely, and 31% felt so depressed that it was difficult to function. Results from that same survey indicated that, at most, only 8% of those students had sought professional treatment across several categories of mental health-related conditions (ACHA, 2010).

In another study, Harrar and his colleagues (2010) sought to determine the need for counseling services among students who were not counseling center clients. They found 29% of nonclinical students reported significant levels of distress and dysfunction and only 7% of those students reported receiving treatment. Additionally, data from the university counseling center indicated only 6% of the entire student body had been seen at the center during that year.

This finding was perplexing because college campuses represent possibly the only time in many people's lives when a single setting and location offers many activities, both career related and social, as well as health and support services (Hunt & Eisenberg, 2010). One could assume it might be easier for students to seek help within built in structures and supports. Unfortunately, the literature did not support this assumption and, in some cases, students were completely unaware of services available to them (Yorgason, Linville, & Zitman, 2008)

In March of 2008, Yorgason and his colleagues asked college students about their knowledge of mental health services. A total of 266 undergraduate students at an eastern university completed the survey. Thirty percent of participating students indicated they had never heard of the services, 37% of respondents reported not having enough information about how to make contact for these services, and 38% had heard of the services but knew nothing more about them (Yorgason et al., 2008).

The underuse of services was a consistent theme across the literature, giving rise to a lineage of studies that have sought to find "approach tendencies" (Kushner & Sher, 1989, p. 257). Approach tendencies are factors that increase the likelihood of help-seeking behaviors (Kushner & Sher, 1989). Some approach tendencies include having engaged in prior help-seeking behaviors (Deane & Todd, 1996; Vogel & Wester, 2003), perceived social support (Rickwood & Braithwaite, 1994; Vogel & Wester, 2003), and level of psychological distress (Deane & Chamberlain, 1994; Vogel & Wester, 2003).

Conversely, avoidance factors are those that decrease the chances a person will seek services (Kushner & Sher, 1989; Vogel & Wester, 2003). Known avoidance factors that inhibit the likelihood of help-seeking by college students include treatment fear, fear

of self-disclosure, self-concealment, stigma, emotional constriction, and anticipated risks (Kushner & Sher, 1989).

The most consistent finding indicated help-seeking attitudes related to mental health services was the strongest predictor of help-seeking intentions among college students (Deane & Todd, 1996; Kelly & Achter, 1995; Vogel, Wade, & Hackler, 2007; Vogel & Wester, 2003; Vogel, Wester, Wei, & Boysen, 2005). This is to say that above all other approach and avoidance influences, one's attitude toward help-seeking is the strongest component of one's decision to actually seek help.

Benefits of Seeking Help

Turner and Berry (2000) conducted a six-year longitudinal study among college students who received counseling and those who did not at an American public state university in the West. The researchers reviewed records from 2,365 counseling center clients and a comparison group of 67,026 students in the general student body who were enrolled in at least one course. Their goal was to determine the role counseling had on academics, retention, and attrition. Demographically, the counseling clients were similar to the general student body in terms of ethnicity, and GPA. Differences in the groups were found to be gender (65% of counseling clients were female compared to 51% of the student body) and freshmen were underrepresented in counseling.

Overall, the results found 70% of students who received counseling reported personal problems were affecting their academic progress and 60.7% of respondents reported counseling was helpful in maintaining or improving their academics. Retention rates for those students who received counseling were deemed superior to those in the

general student body who did not seek treatment; specifically, annual retention rates were 70.9% for counseling students versus 58.6% for non-counseled students.

These were promising results but they were not without limitations. The results of this study had poor generalizability due to a limited minority presence. Making inferences to other geographic areas with diverse demographics was uncertain. Additionally, the role of self-selection in seeking counseling versus the decision to get help through other means was not assessed. Students in the general student body could have been receiving other means of self-help, confounding a direct comparison between groups.

Choi, Buskey, and Johnson (2010) sought to determine the academic effect counseling had on students after the counseling had a positive significant change in symptoms. Graduation rates were used as the outcome indicator. The Outcome Questionnaire (OQ-45) and the Problem Resolution Outcome Survey (PROS) were used to assess positive treatment outcome. Academic functioning was measured using a subscale of the Student Adaptation to College Questionnaire (SACQ). The participants consisted of 78 students (69% female and 31% male) who were enrolled at a midsize, mid-Atlantic university in a suburban setting and who sought counseling at the counseling center during a single academic year. Findings suggested academic functioning was positively correlated with positive psychological functioning (Choi et al., 2010). Students who had the greatest improvement between intake and resolution showed the greatest academic success.

Overall, Choi and his colleagues (2010) found psychological problems had a negative impact on students' academic success and counseling had a direct positive effect

on academics for students suffering from a mental health issue who received treatment. Students who received therapy responded favorably in other areas of their lives as well (i.e., relationship satisfaction, overall well-being). These studies demonstrated the positive impact counseling had on students who used it. The findings were informative despite the small sample size. However, the major critic of this study was the findings were based on correlational analyses, which should not be interpreted as demonstrating a causal relation between counseling and academic outcomes. With the plethora of statistical analyses that could make stronger claims about the relationship between variables, these correlational studies were dated and had only limited impact on the literature.

<center>**The Barriers to Help-Seeking**</center>

When experiencing distress, some students seek help, while the majority of students do not. The literature is robust in identifying potential barriers that impede students' use of mental health services.

Stigma

Mental health stigma is a profound experience. In 1999, the Surgeon General's report on mental health remarked that stigma "deprives people of their dignity and interferes with their full participation in society" (U.S. Department of Health and Human Services, 1999, p. 6). He went on to acknowledge that "our society no longer can afford to view mental health as separate and unequal to general health" (p. 8).

The most common reason why individuals avoid treatment for mental illness is the fear of being stigmatized (Corrigan, 2004; Harrison & Gill, 2010; Vogel, Wade, & Ascheman, 2009). Bennett, Coggan, and Adams (2003) found some people would rather

have a physical illness than deal with the stigma of having depression. Students reported they would be embarrassed if their friends found out they were seeking psychological help from a counselor (Jagdeo, Cox, Stein, & Sareen, 2009). This is despite the push by the American Psychological Association to reduce stigma by educating the public about mental illness (Turner & Quinn, 1999). Education begins with knowing what stigma is and how it operates in the lives of people.

Goffman (1963) has been widely cited for his description of stigma: an "attribute that is deeply discrediting" and reduces an individual "from a whole person to a tainted, discounted one" (p. 3). More concisely, Goffman defined stigma as the relationship between an "attribute and a stereotype" (p. 4). Goffman's influence is evident in other conceptualizations and measurements of stigma.

Jones et al.'s (1984) framework postulated that stigmatization takes place when there is a link between a person and an undesirable characteristic that discredits him or her in the eyes of others. According to Jones et al., there are six dimensions of stigma:

1. Concealability: how obvious or detectable the characteristic is to others. Some mental illnesses are more easily concealed than others.

2. Course: whether the stigmatizing condition is reversible over time, with irreversible conditions tending to elicit more negative attitudes from others.

3. Disruptiveness: the extent to which the stigma characteristic obstructs interpersonal interactions. Others sometimes experience interaction with people with mental illness as disruptive because of a fear of unexpected behavior by individuals with mental disorders.

4. Aesthetics: reflects what is attractive or pleasing to one's perceptions when related to stigma.

5. Origin: refers to how the condition came into being. In particular, perceived responsibility for the condition carries great influence in whether others will respond with unfavorable views and/or punishment toward the stigmatized individual.

6. Peril: refers to feelings of danger or threat that the condition induces in others. Threat in this sense can either refer to a fear of actual physical danger. For example, the fear that students with a mental condition are more dangerous.

Critics of these early stigma theories argues these theories positioned the problem as inside the individual rather than resulting from the discrimination and exclusion a stigmatized person experiences (Sayce, 1998). Contemporary stigma theorists have developed a conceptualization that has responded to this critique and positions the power of stigma on external factors surrounding the individual. Link and Phelan (2001) posited that stigma exists when elements of labeling, stereotyping, separation, status loss and discrimination co-occur. This conceptualization shifts the problem of stigma from the individual toward the culture at large by acknowledging stigma as a type of discrimination.

Stigma is still often used in a broad sense as a universal term, yet stigma can take several distinct forms. The type of stigma most people can intuit is self-stigma. Self-stigma or personal stigma occurs when an individual identifies himself or herself with the stigmatized group and applies corresponding stereotypes and prejudices to the self

(Corrigan, Watson, & Barr, 2006). Public stigma is defined as negative stereotypes and prejudice about mental illness held collectively by people in a society or community (Corrigan, 2004), i.e., the assumption that people with mental illness are dangerous and unreliable. An individual's perception of public stigma is perceived public stigma (Corrigan, 2004). Empirical research has been conducted on these forms of stigma as well as their interactions.

Previous Research

Several empirical studies have explored how mental illness stigma relates to help-seeking attitudes and behavior. Stigma is posited to explain college student underutilization of services. Eisenberg, Downs, Golberstein, and Zivin (2009) investigated help-seeking behavior based on perceived and personal stigma (described above). The researchers gathered a random sample of 5,555 students across 13 universities. The sample included a diverse set of students because each census region of the United States was represented by at least two universities. The researchers reported several noteworthy findings. Primarily, higher personal stigma was significantly associated with a lower likelihood of help-seeking (Eisenberg et al., 2009). This is to say negative stereotypes and prejudice about mental illness held by the individual impacted the student's behavior of initiating services. Secondly, perceived public stigma was higher than personal stigma (Eisenberg et al., 2009). In other words, the awareness of negativity and prejudice about mental illness held in society was stronger than one's own personal negative views. Lastly and most pertinent to the present study was Eisenberg et al. (2009) found several demographic characteristics associated with higher personal stigma and concurrently lower likelihood of seeking help: younger aged students, male

students, international students, Asian students, being heterosexual, and having higher levels of religiosity. Social class was not examined in this study, leaving room for the current research to serve as a meaningful contribution to the literature. The potentially negative impact of social class in this study was conceptualized from the concept of stigma.

In 1963, sociologist Erving Goffman proposed the salient factor in the experience of stigma is based on how easily concealed the stigmatizing attribute could be. He gave a title to stigmatized traits that were obvious and to traits that could be concealed. He "discredited" stigma attributes of individuals that were predominantly visible like ethnicity, physical disability, and gender. Conversely, individuals with stigmatized attributes that could be hidden were termed "discreditable" stigma (Goffman, 1963); examples included mental illness, sexuality, and addiction. Social class status on a college campus was not as easily or accurately perceived as ethnicity or gender and thus could be experienced as a discredited type of stigma.

A lineage of research demonstrated a disparity in health care access among individuals with visible stigmas such as race (Betancourt, Green, Carrillo, & Ananeh-Firempong, 2003; Lurie & Dubowitz, 2007; Smedley, Smith, & Nelson, 2003; Williams & Jackson, (2005). The question of how concealed stigmas impact physical and psychological health access has also been examined. Recent observations collected by Chaudoir, Earnshaw and Andel (2013) suggested one's ability to conceal a stigmatized identity negatively affected healthcare access and quality due to the inherent focus of healthcare systems and providers to concentrate on visible stigmas.

A past study by Frable, Platt, and Hoey (1998) investigated the concealed stigmas of being a sexual minority, having an eating disorder, and having a low socioeconomic status. These researchers found individuals with these concealable stigmas reported greater negative effects and lower self-esteem than those with visible stigmas. Additionally, these individuals with concealed stigmas expressed feeling "better" when they were around "similar" others (Frable et al., 1998, p. 915). Likewise, the following review of the literature continues to compile a case that class is an overlooked, non-visible stigma on college campuses with the potential to impact mental health.

<div align="center">**Demographic Differences**</div>

Gender

Gender is a primary variable to consider in evaluating attitudes toward help-seeking behaviors. Men and women experience mental distress and interact with mental health systems differently. Female students are more likely to screen positively for major depression and anxiety disorders (Eisenberg, Gollust, Golberstein, & Hefner, 2007) and women in general report higher rates of many different mental health problems and use mental health services more than men (Eisenberg et al., 2007). Author, feminist, and social psychologist Carol Tavris (1992) offered an explanation for the apparent gender bias toward seeking psychological services. She argued that women are not inherently more susceptible to psychological distress; rather, in the context of oppression and poverty women disproportionately deal with compared to men, these frustrations give rise to higher rates of depression and psychological concerns (Tavris, 1992).

Gender differences may be present in the relationships between public and self-stigma and attitudes (Addis & Mahalik, 2003). Vogel et al. (2007) found differences in

the strength of the relationship between public and self-stigma for women and men. Public stigma was internalized as self-stigma to a greater degree for men than for women. Vogel and colleagues explained these results by citing gender role expectations. Men may feel extra pressure to be self-reliant and in control of their emotions whereas women are expected to be expressive and in touch with their emotions. As such, women might be more accepted by others and in turn more accepting of themselves if they were to express distressing emotions to a therapist (Vogel et al., 2006). Consistent with this, women are more likely to seek help for emotional issues compared to men (Andrews et al., 2001) and, unfortunately, male undergraduates are at a higher risk for suicide (Silverman, Meyer, & Sloane, 1997).

Ethnicity

Utilization rates are proportionally low among minorities and international students. The Surgeon General's Report (U.S. Department of Health and Human Services, 2001) provided extensive documentation showing that racial and ethnic minorities in the United States were less likely than Whites to seek mental health treatment, accounting for their underrepresentation in most mental health services (Kessler et al., 1995; Sussman, Robins, & Earls, 1987; Zhang, Snowden, & Sue, 1998).

In 2003, Sue and Sue found African American clients often terminated counseling prematurely. Several potential reasons for this included situational circumstances such as lack of transportation, conflicting work schedules, and cultural factors such as mistrust of the clinician and negative social norms regarding help-seeking (Sue & Sue, 2003; Whaley, 2001). Similarly, based on cultural norms, many Asian American clients are more likely to seek and utilize informal relationships and networks of support for help as

opposed to a mental health professional (Yeh, McCabe, Hurlburt, Hough, & Hazen, 2002). For some Hispanic clients, the issue of dealing with a paucity of bilingual therapist presented an obstacle to counseling (Miville & Constantine, 2006).

Social Class

Socioeconomic status has been studied in relation to help-seeking attitudes. Redlich, Hollingshead, and Bellis (1955) indicated lower-class persons were less psychologically minded than upper-class people. This research communicated that individuals of lower social class status were viewed as lacking insight into intrapersonal psychological processes. This is an instance of classism, which is further discussed below. Inversely, the affluent are not invulnerable. Lurie (1974) suggested that families with higher socioeconomic status were more reluctant to use public mental health services. More recent studies addressed the significance of financial considerations among college student populations.

In the fall of 2008, the National College Health Assessment sponsored by the American College Health Association (2008) surveyed students regarding occurrences in their lives over the previous 12 months that had been traumatic or very difficult to handle. Financial struggles ranked second from the top at 35% after academic concerns reported by 45% of participants (ACHA, 2008). This research was unique in that it conducted subsequent biannual administrations of the survey inquiry in 2009 and 2010. Across the years, financial concerns remained a significant stressor for students (ACHA, 2010)

A similar study evaluated primary concerns of students who were struggling with suicidal ideation. Participants included 1,455 college students from four different colleges and universities including a major research university located in the Midwest, a

Southeastern state university, a Southeastern community college, and a small private

liberal arts college in the Southeast. Characteristics of the student participants included

35% male and 65% female with 82% being the traditional age of college students (18–24

years of age). Thirty-two percent of the participants were freshmen, 25% were

sophomores, 22% were juniors, 16% were seniors, and 5% were graduate students.

Respondents were asked a number of questions via survey related to whether they

had experienced depression since coming to college and, if so, to indicate the reasons for

that depression. They were also asked whether they had thought about or attempted

suicide since coming to college. Data indicated the most frequently cited causes of

depression among the sample of students across the four different campuses were grade

problems (53%), loneliness (51%), financial problems (50%), and relationship problems

(48%); Furr, Westefeld, McConnell, & Jenkins, 2001). Other contributing factors

included hopelessness (26%), parental problems (25%), helplessness (17%), other

(13%), don't know (5%), and legal problems (5%); Furr et al., 2001). This study was

significant in that financial concerns appeared near the top of the list of student issues.

Additionally, Eisenberg and his associates (2007) administered a web-based

survey to 2,843 participants at a large public university. Their results supported college

students reporting financial struggles were at higher risk for mental health problems at an

odds ratio of 1.6 to 9.0. Specifically, students reporting current financial problems, as

well as students reporting they grew up in a poor family, were more likely to screen

positive for depression and were more likely to experience suicidal thoughts than were

students who grew up in a comfortable financial situation. Students who struggled

financially were also more likely to screen positive for anxiety disorders compared with

students reporting no past or present financial concerns (Eisenberg et al., 2007). The Eisenberg et al. study findings were promising because the demographics of the sample they recruited were similar to the national student population, giving the results stronger validity and generalizability than some other studies.

Iydroose (2012) investigated the correlates of mental health help-seeking behavior among college students. The study used data from the 2010 National Healthy Minds Survey, an annual web-based survey of undergraduate and graduate students' mental health. The data were collected from students at a New England public university. A total of 990 undergraduate students responded. The majority (72.0%) of students were 21-years-old or less and more than half of the sample was female (76.7%). Iydroose did not find financial status to be a significant predictor of student use of counseling services.

A closer analysis of these findings spoke to the importance of how social class is measured in research. Iydroose (2012) called his social class related variable "financial situation" (p. 26) and was conceptualized as an enabling factor. The variable was dichotomized, and participants were asked to categorize themselves as either struggling or not struggling. No operational definition or description of what was meant by "struggling" financially was provided to participants. The richness and nuance of class was lost in this type of measurement. The likelihood of measurement error was high, potential skewing the results, which might be the primary cause for the non-significant results between mental health help-seeking behavior among college students and financial status.

Intersection of Social Identities

History

Today although the term *intersectionality* is frequently used in communities that focus on social justice and has become a scholarly buzzword (Nash, 2008), the term can be traced back to its creation by feminist and critical race theorist in the 1960s (Beale, 1970). One of the earliest cited expressions of the concept of intersectionality came from a manifesto written by a group of Black feminists who called themselves The Combahee River Collective (1997). They wrote, "We […] find it difficult to separate race from class from sex oppression because in our lives they are most often experienced simultaneously" (Combahee River Collective, 1997, p. 234). Other articulations of intersectionality existed around this time. Conversation on the experience of intersections grew to a pivotal point in the 1980s. During this time, dialogue and literature regarding the race-class-gender triad were recognized as holding multiple disadvantage statuses. Kimberle then coined the term intersectionality (Crenshaw, 1993). Equipped with a name and title for the experience, a collective of scholars (Anzaldua, 1987; Davis, 1983; Giddings, 1985; hooks, 1984; Hull, Scott, & Smith, 1982) were now able to go about investigating intersections and developing a coherent theory.

Theory

There are several definitions of what intersectionality theory is and what the goals of the theory are. Cole (2009) defined intersectionality theory as a way to conceptualize how social categories mutually shape experiences and outcomes. McCall (2005) delineated that intersectionality theory is a methodological approach to studying the relationships among multiple dimensions and modalities of social relationships.

Crenshaw (1991) herself stated the theory of intersectionality should not be offered as a "totalizing theory of identity" but rather a method to account for several aspects of identity when examining how one's social world is constructed (p. 1244). These definitions stressed the interconnectedness of identities. Other definitions focused on the related oppression of various identities.

According to Knudsen (2006), the theory of intersectionality suggests and investigates how several biological, social, and cultural categories contribute to systematic levels of social inequalities and injustice. In other words, systems of oppression do not act independently but rather are interrelated that create systems of oppression and discrimination (Knudsen, 2006). Knudsen argued that intersectionality could be used to analyze the "production of power" and involved identifying "social and cultural hierarchies" (pp. 62-63).

There is a strong understanding of how intersectionality should function toward understanding individuals and systems. In response, Leslie McCall (2005) proposed three approaches to studying intersectionality that are summarized as follows. The Anticategorical Complexity is an approach that argues social categories are an arbitrary construction of history and language that will eventually be challenged and eroded. For example, one could study how the categorical binary of gender as male and female has witnessed substantial changes resulting in a spectrum of gender identities including transgender and intersex. The Intercategorical Complexity approach focuses on the reality that there exist relationships of inequality among established social groups. The task of this approach is to explain these relationships. Lastly, the Intracategorical

Complexity approach acknowledges the failings of defining social categories and questions the way boundaries have been drawn between groups (McCall, 2005).

Despite these approaches, psychologists have experienced difficulties incorporating the theory of intersectionality empirically into research studies. The difficulty stems from a lack of clear guidelines on how to address the inherent overlapping of categories that intersectionality represents in an experimental design (McCall, 2005). Analyses typically evaluate categories such as race, class, and gender independently; yet in practice, these identities are lived simultaneously, which do not generally translate well to experimental designs.

The Role of Intersectionality in Counseling Psychology

Intersectionality provides a meaningful backdrop to better understanding an individual. Considering intersectionality has been characterized as acknowledging the "interplay between person and social location placing importance on power relations among social categories" (Mahalingam, 2007, p. 45). Working with clients while attending to concepts of intersectionality, psychologists are more likely to view constructs such as race and gender as structural categories and social processes rather than primarily as characteristics or mere demographics of individuals (Helms, Jernigan, & Mascher, 2005).

Research has demonstrated constructs like race, gender, and class affect individual beliefs about what is possible or desirable and define the outcomes of individuals' opportunities and life chances through social and institutional practices (Bonilla-Silva, 1997; Risman, 2004). The two most well-documented factors that intersect with SES in determining relative status, power, privilege, and outcomes are

gender and race/ethnicity (APA, 2007). The stereotype of the "Black welfare queen" provides a powerful example of how class, gender, and race intersect in the popular media and public imagination (Limbert & Bullock, 2005; Neubeck & Cazenave, 2001). Considering the role of intersectionality helps psychologists see individuals as embedded in cultural and historical contexts.

Acknowledgment of Social Class

Social class is distinctly different from other identities like race and gender because it is virtually invisible and only recognizable through materials and behaviors that are stereotyped to belong to particular groups (Liu, 2011). Nevertheless, social class has come to be regarded as one of the most meaningful cultural dimensions in people's lives (Fitzgerald & Betz, 1994; Fouad & Brown, 2000). Taken together, race, gender, and social class are the three cultural foundations in multicultural theory and research (Pope-Davis & Coleman, 2001). Despite this recognition, Lott (2002) observed that class is generally missing from psychological examinations even when multiculturalism is a central focus. The reason for this might be in the nature of measuring and researching social class.

The literature on class was not consistent. The terms *SES* and *social class* are often used interchangeably (Lupien, King, Meaney, & McEwen, 2000; Oakes & Rossi, 2003). The relationship between class and SES is blurry because the two are intimately linked. Socioeconomic status is typically intended to communicate an individual's position and esteem in society based on economic and other resources (Leong, Altmaier, & Johnson, 2008). Another definition captures SES as one's level of resources, control, or prestige (Gallo & Matthews, 2003; Wohlfarth, 1997). Stratification in SES is often

seen in census data, which provide a wide range of class segments including poor, low-income, disadvantaged, working-class, blue-collar, white collar, wealthy, and upper class (Baker, 1996). Each bracket brings with it a host of associated attitudes, beliefs, educational levels, power, prestige, and values (Smith, 2008).

Defining where each cut-off should be made is recognized as challenging work. The language used to describe class groupings is notoriously wide-ranging (Baker, 1996). Researchers Oakes and Rossi (2003) advise that researchers ought to be guided by a theory or framework as to why SES is related to the outcome of interest. Nevertheless, demarcations are often made arbitrarily.

According to Smith (2008), the most useful formulation within a social justice context is one that refers to class division as related to power relations. Two authors who offered such conceptualizations were Leondar-Wright (2005) and Zweig (2000). They each created two similar typologies of SES made up of four divisions. For brevity and consolidation, Smith summarized their work in 2008 with the following class divisions: poverty, the working class, the middle class, and the owning class.

Poverty includes predominantly working-class people who, because of unemployment, low-wage jobs, health problems, or other crises, are without enough income to support their basic needs. The working class includes people who have little power or authority in the workplace; little control over the availability or content of jobs; and little say in the decisions that affect their access to health care, education, and housing. They tend to have lower levels of income, net worth, and formal education than more powerful classes. The middle class includes professionals, managers, small business owners, and often college educated and salaried. Middle-class people have

more autonomy and control in work settings than do working-class people and more economic security; however, they rely on earnings from work to support themselves. The owning class includes people who own enough wealth that they do not need to work to support themselves; moreover, they are people who own and control the resources by which other people earn a living. As a result of their economic power, the owning class includes people who also have significant social, cultural, and political power relative to other classes.

Socioeconomic status classifications might lead to faulty assumptions. One might assume two individuals in the same SES bracket are impacted by similar sociocultural forces because they both make similar incomes. Zewig (2000) brought our attention to the inaccuracy of such an assumption and illuminated that a high school music teacher, small business owner, and city sanitation worker each face different cultural stereotypes, power relationships, and attitudes although they all might be in the middle class. The most consistent attempt at providing a rubric for SES has been defining SES as a composite of educational attainment, income and occupation (APA, 2007; Leong et al., 2008). According to the APA (2007) task force on SES, education is viewed as the foundational aspect of SES. Higher levels of education are associated with more favorable economic outcomes, i.e., consistent employment and psychological resources such as a greater sense of control (APA, 2007).

Income is most often used to communicate an amount of money or payment wages periodically received in exchange for some type of occupational investment (Kerbo, 1996). Income, however, can change unpredictably (APA, 2007). For this reason, accumulated wealth is a more accurate reflection of SES rather than one snapshot

measure of current income (APA, 2007). Wealth can be loosely defined as what one owns minus what one owes (Hodgson, 2000). Accumulated wealth is ownership of material possessions such as a house and car as well as other assets (APA, 2007). Another important aspect of wealth is it is typically passed down through generations. Greater familial wealth can buffer individual income fluctuations (APA, 2007) and maintain a higher level of socioeconomic position.

Wealth inequality is more extreme than that of income inequality (Keister & Moller, 2000; Kerbo, 1996). Income has been correlated with education (APA, 2007); however, this relationship can be dynamic. There are cases in which a person can be educated, yet relatively poor. The inverse also occurs; individuals with very little education such as high-school dropouts can have very high incomes and great financial success. Higher levels of wealth and income regardless of educational attainment serve the more obvious function of providing access to services such as health care including mental health care (APA, 2007).

Determining how occupational status contributes to overall SES involves value judgments about the occupation in question. Several scales and perspectives exist on how to rate or assign weight to jobs comparatively. The Hollingshead Index of Social Position (APA, 2007) weights occupations based on average education and income received. The Registrar General's Scale (Stevenson, 1928) rates jobs on the degree of skill involved ranging from unskilled and manual labor to professional. In general, consideration is given to associated prestige, access to capital, and power status such as owner, supervisor, or worker (Duncan, 1961; Wright & Perrone, 1975).

Socioeconomic status organized based on these factors is another way of separating or distinguishing ourselves from one another, which serves to maintain class differences as individuals assume that people in different classifications are different (Smith, 2008). Other taxonomies of social class add to the picture of how individuals are divided.

Typologies of Social Class Status

Several different categorizations of social class exist across the social science literature. The difficulty in establishing consistent divisions of social class is due to the fact that class often shifts based on the changing dynamics of society. For instance, a female led, single-parent household is a common characteristic of the middle class today but was ascribed to lower classes during the 1950s (Banks & McGee, 1997). Social class also often depends on outdated population estimates (Liu et al., 2004; Oakes & Rossi, 2003). The U.S. economy is still in a state of flux and the definition of middle class continues to shift (Pew Research Center, 2012), making annual income subject to error when used to classify class position.

Regardless of societal shifts, typologies of social class rely heavily on the criteria of education, income, and occupation. Early class research simplified class in the United States into three primary categories: upper class, middle class, and lower class (Berger, 1971; Farb, 1978). Consistently, the majority of Americans still assume there are three classes, namely, the rich, the middle class, and the poor (Zweig, 2000). This oversimplification does not differentiate enough to capture the various ways education, income, and occupation, equate to variations in how individuals may identify their economic class standing and background (Berger, 1971; Farb, 1978).

One theory that organizes social class is the RESPECTFUL model of counseling and development posed by D'Andrea and Daniels (1997, 2001). This model includes 10 factors that acknowledge the many forms of diversity that significantly impact a person's psychological development and wellbeing. Economic class background is among these factors and is divided into six categories (see Table 1). The categories define the educational, occupational, and financial circumstances of persons who fall into each group. For example, poor persons are classified as poor because they are financially unable to meet their basic needs without assistance, are unemployed, and do not possess a high school diploma.

This theory is useful as it provides a fuller picture of social class and provides specific criterion for class membership. However, this typology is better suited for a community population rather than a college student population. Students are just beginning to acquire their degree and do not typically have an annual income or occupation. Students choosing from the options of this typology would likely be forced to choose working class because they have some college but do not yet have their advanced degree. Providing these definitions would prevent students who feel they are members of the middle and upper class from endorsing this choice.

More recently, sociologists have tackled the task of delineating social class. The class models proposed by Beeghley (2004; see Table 2) and Thompson and Hickey (2005 see Table 3) present six distinct social classes. Both models reflect a general three-tier structure of upper class, middle class, and lower class; yet they offer meaningful class brackets within each level. The upper class or the super-rich class strata consist of substantial income levels and an Ivy League education status. The middle classes are

differentiated by education level and professional or semi-professional job status. Lastly,

the lower classes included those with poor paying jobs, living below the poverty line, and

minimal levels of education.

Table 1

RESPECTFUL Model of Counseling and Development

Factor	Definition
Poor persons	Unemployed individuals with less than a high school degree who are in need of economic assistance to meet their basic living needs.
The working poor	Individuals who have a high school or equivalency degree and/or some college experience, are employed as a non-skilled worker, and whose annual incomes fall below the federal poverty guidelines.
Working class	Individuals who have a high school degree, some college experience, and/or have received a certificate or license in a particular trade, and whose annual income falls above the federal poverty guidelines.
Middle class non-professionals	Individuals with at least a high school degree but more likely an advanced degree or specialized training in a given vocational-career whose annual income is above the national average.
Middle class professionals	Individuals with at least a college degree but more likely having an advanced degree in some professional field such as education, law, medicine, etc., whose annual income is above the national average.
The upper class	Individuals whose annual income falls within the upper ten percent of the national average).

Table 2

Leonard Beeghley's Class Model

Factor	Definition
The Super Rich	Multi-millionaires whose incomes commonly exceed $350,000; includes celebrities and powerful executives/politicians. Ivy League education.
The Rich	Households with net worth of $1 million or more; largely in the form of home equity. Generally have college degrees.
Middle Class	College educated workers with incomes considerably above-average incomes and compensation; a man making $57,000 and a woman making $40,000 may be typical.
Working Class	Blue collar workers and those whose jobs are highly routinized with low economic security; a man making $40,000 and a woman making $26,000 may be typical. High school education.
The Poor	Those living below the poverty line with limited to no participation in the labor force; a household income of $18,000 may be typical. Some high school education.

Table 3

William Thompson and Joseph Hickey Leonard Class Model

Factor	Definition
Upper Class	Top-level executives, celebrities, heirs; income of $500,000 or more. Ivy league education.
Upper Middle Class	Highly educated (often with graduate degrees) professionals & managers with household incomes varying from the high 5-figure range above $100,000.
Lower Middle Class	Semi-professionals and craftsman with some work autonomy; household incomes commonly range from $35,000 to $75,000. Typically, some college education.
Working Class	Clerical, pink and blue collar workers with often low job security; common household incomes range from $16,000 to $30,000. High school education.
Lower Class	Those who occupy poorly-paid positions or rely on government transfers. Some high school education.

Similarly to the RESPECTFUL model, the Beeghley (2004) classification descriptors as well as Thompson and Hickey's (2005) criteria appeared to be best utilized with older adults who could be measured on these indices as opposed to emerging adults. The reason most typologies of social class do not fit for college student are due to the fact that class in the this country is derived from educational attainment, occupation, and personal income of people age 25 or older, which is the age deemed to be the end of young adulthood (U.S. Census Bureau, 2005). Measuring social class with college student must take a different form.

Objective and Subjective Measures
of Social Class

Objective social class is inferred from a combination of observable measures of income, education, and occupation. Objective SES can be defined as the material conditions of life an individual enjoys (Oakes & Rossi, 2003). It is vague as to how the three factors create a single index of social class (Clark et al., 1999). College students have yet to acquire these indicators of economic status, leading some researchers to utilize parental economic information. More importantly, it is unclear how these objective measures coalesce into an experience of being in a particular class. The social class worldview model (SCWM), addressed later, offers criticisms for assuming all individuals in the same class share similar attitudes values, beliefs, or general experiences. The emphasis of the present study was on capturing the experience of belonging to a class over defining the category of class.

Subjective social class status has been defined as "a person's belief about his or her location in a status order" (Davis, 1956, p.112). Singhp-Manoux, Marmot, and Adler (2005) posited that subjective social status might incorporate an evaluation of current social circumstances, an appraisal of the individual's past economic situation, and his or her future prospects. Measuring subjective social class has taken many forms. One method is a listing procedure in which individuals are asked to "choose one of the following to describe the social class to which you would say you belong." Then various options are listed spanning from lower class to upper class (Griffiths, 2006).

The other method involves pictorial representations to capture perceived social class and social structures (Evans et al., 2010) and subjective social status (Adler et al., 2000; Ostrove, Adler, Kuppermann, &Washington, 2000).

Measuring Social Class in Undergraduate Students

Measuring social class within college student population is increasingly utilizing subjective methods. The primary subjective measure is the pictorial MacArthur Scale of subjective SES (Adler et al., 2000). This measure presents the picture of a ladder with 10 rungs representing people with different levels of education, income, and occupation status. Participants are instructed to place a large "X" on the rung where they feel they stand relative to other students at their university. Thus, the ladder assessed personal placement within the participant's own local community (R. Goodman, 2001). Each rung of the ladder was given a number between 1 and 10 with higher numbers indicating higher placement on the ladder. This representation is similar to the measurement approach of visual analogs.

Visual Analog Scales (VAS; Flynn, Van Schaik, & Van Wersch, 2004) are one of the most common response formats to measure subjective phenomena. Visual Analog Scales are usually presented as a 10-centimeter horizontal line with either end of the line anchored as the poles or opposing extremes of the phenomenon (Flynn et al., 2004). This format is considered to reduce the confounding effects that are at times apparent in measures that provide numbered cutoffs from which participants choose. Numbered graduations might limit individual interpretation; thus VASs allow participants to make finer distinctions (Brunier & Graydon, 1996).

Kraus et al. (2009) asked 244 traditional-aged college students to indicate their social class position by placing themselves on the MacArthur ladder that represented where people stand in society. Results were found to better reflect students' perceptions and experiences of class standing because unlike objective SES measures, subjective SES

assesses social class rank relative to other members of the same university, community, or country. Subjective SES captures the individual's perceived place within a "resource-based hierarchy" (Kraus et al., 2009, p. 4). Adler et al. (2000) concluded that one's self perception of social class is linked to experiences of stress, sense of control, pessimism, and heath indicators. Assessing psychological indicators was aligned with the goals of the current study.

Research findings from Adler et al. (2000) supported a personal perception of available resources and opportunities or a subjective view of one's class was a better predicator of good health than objective social class. This study compared the associations between objective and subjective socioeconomic status (SES) with psychological and physical variables among 157 young-adult White women. Although the women were similar in terms of education and income, they were allowed to identify their own social class positions. Results yielded the self-perceived social class position was more consistently and strongly related to psychological functioning and health-related factors (self-rated health, heart rate, sleep, body fat distribution, and cortisol habituation to repeated stress) than objective social class measure. These associations remained significant even after controlling for objective social status. These findings suggested that in this sample, psychological perceptions of social status were related to perceptions of health.

Subjective social class allows the individual to decide his or her own class position and demonstrates a relationship to health outcomes. However, this approach presents the potential constraint of social desirability impacting how students select their class position. Social desirability is the tendency for individuals to portray themselves in

a favorable fashion (Holden, 2010) or provide an answer they believe is more socially acceptable than their true answer. This form of adjusting one's answer might work in both directions. For example, a student of a lower social class might inflate his or her class status while a student of a higher-class status might deflate their status. The result is a regression toward the mean or, in this case, endorsing middle class statuses. The data analysis section in Chapter III elaborates on how this issue was managed statistically.

There was scant literature regarding social desirability and social class. One study conducted in 1992 by Mehlman and Warehime found an objective measure of social class that included one's education level, occupation, and residence correlated with a personal judgment of class position. This study suggested participants were able to select class statuses that were accurate. This was the hope for the current study; however, results were examined with acknowledgment to the impact of social desirability.

The study sought to evaluate social class influence on seeking mental health services, a type of health maintenance behavior (Adler et al., 2000). Due to the demonstrated utility of subjective measures of social class in recent literature and few limitations, a subjective social class measure in which students self-selected where they stood relative to the students at their university was utilized for this study. Specifically, the Thompson and Hickey (2005) topology was selected. The researcher was compelled to utilize subjective social class due to the advantages over utilizing parental SES data and because a subjective measure is more in line with the purpose of the study.

The social class world view model supports the significance of subjectivity in social class. This model was proposed by Liu et al. (2004) to demystify the

interrelationships between class, SES, and classism while highlighting class as a unique social identity and experience for each individual.

The Social Class World View Model

Development

The social class world view model (SCWM) is a theoretical model based in counseling psychology that connects social class with classism. The model also addresses how social class can be more fully integrated into clinical practice by providing psychologists with a common language to discuss social class. William Ming Liu (2001) developed the SCWM primarily because in his view, measuring class solely based on income, education level, and occupation did not instruct clinicians to attend to the multifaceted nature of social class and thus performs a disservice to clients. The assumption that all individuals in the same class share the similar attitudes values, beliefs, or general worldview minimizes the multiplicity of class experiences. He desired a model that would match the intent for counseling psychologists to understand how individuals construct their own context. The stratification of objective social class or SES brackets could not explain important intrapsychic phenomena like motivation, affect, and cognition nor emotions such as envy, guilt, or shame and entitlement (Liu, 2001). Lastly, he was deliberate in including classism as an integral component when examining social class.

Assumptions of the Model

1. Social class operates at an individual and subjective level in people's lives.

2. An individual's perceptions shape his or her reality. Hence, social class at the individual level is a socially constructed phenomenon derived from the individual's perception of the environment (Cherulnik & Bayless, 1986).

3. Individuals work toward homeostasis in their worldview. Individuals will seek concurrency between the various domains of the SCWM as a way to cope with the demands and expectations of their economic culture and maximize their opportunities to accumulate the valued capital within that economic culture.

The SCWM assumptions serve as givens or starting premises to be accepted in order to build upon and utilize the three overarching constructs.

Constructs

The three constructs serve not only an organizational structure but also seek to capture the variability that exists in social class perception and experience. The three constructs are the Economic Culture, which frames different types of capital; the Intrapsychic Realm, which houses the SCWM lens through which individuals view their world reside; and the Capital Accrual Strategies--where experiences with classism occur while in pursuit of moving up or maintaining social class status. Each construct is described here in more detail.

Economic cultures include local environments, such as a neighborhood or work environment, that require the use of different types of capital to survive and maintain their perceived position within that particular social class group (i.e., homeostasis).

Meeting expectations successfully implies homeostasis both cognitively and affectively, but failure to meet the economic culture's expectations might lead to depression and anxiety.

The social class worldview is the hub of perceptual and cognitive schemas regarding all aspects of life. Seven domains of life comprise the SCWM:

1. Domain 1: Consciousness, Attitudes, and Salience. Captures an individual's ability to understand the meaningfulness of social class in his or her environment.

2. Domain 2: Referent Groups. The three primary referent groups include the group of one is born into, called the group of origin, the peer group, and the group of aspiration. The people in these groups refer to individuals (past, present, and future) in a person's life who have been formative in the development of a social class perspective and have influenced social class behaviors.

3. Domain 3: Property Relationship, formerly known as relationship to material objects (Liu, 2001), reflects the role materialism has in one's life. Dittmat and Drury (2000) found an individual's purchasing practices and levels of materialism were important behaviors in expressing their identities, regulating emotions, and gaining social status.

4. Domain 4: Lifestyle. Captures the way individuals choose to organize their time and resources within a socially classed context. The old adage "time is money" can be applied to this domain because how one is able to spend leisure time is dependent upon financial resources. Vacations are one

indicator as a trip to Disney World is different than a trip to Europe (Molitor, 2000). In the college setting, studying abroad might be a normative activity for some students and seen as elitist for others (Altschuler, 2001; Brooks, 2000; Gertner, 2000; Robertson, 2001).

5. Domain 5: Behaviors. Social class behaviors are learned and socialized, purposeful and instrumental actions that reinforce, and individual's social class worldview. One clear example of class-based behaviors are table manners. A variety of table etiquettes exist and are rooted in the way a person is socialized into a class status. For example, how one cuts meat, spoons soups, and butters bread is based on class (Wang, 2001).

6. Domain 6: Referent group of origin accounts for the class status a person was born into. Typically this is comprised of the family environment and significant persons within it.

7. Domain 7: Referent group of aspiration is the group that represents the community to which the individual wants to belong in (Liu, 2001).

The model described the myriad of ways individuals attempt to maintain and acquire capital. Conflict is inevitable when one tries to retrieve capital from one another through interactions with other people from different economic cultures. In the United States, there is competition for limited resources and inherently pits people against each other until some emerge as winners and others become losers (Liu et al., 2004). Classism occurs during these interactions. The SCWM deliberately acknowledges the presence of classism.

The SCWM's definition of classism is different compared to other descriptions because it uses the language and theory of the model. Classism is defined as prejudice and discrimination directed at people engaged in behaviors not congruent with the values and expectations of one's economic culture. Essentially, classism according to the SCWM is unjust treatment perpetrated on individuals who step outside the implicit norms of their social class. Through this definition, it is clear to see how class operates and is experienced as a form of oppression. A desire to move up in class or not agree with class values results in prejudiced actions against the individual.

Four distinct types of classism are conceptualized. Upward classism is prejudice and discrimination against those perceived to be of a higher class. This is exhibited in thoughts and behaviors that treat these individuals as wasteful, snobbish, and elitist. Downward classism fits in line with the classical Marxian notion of oppression and discriminatory behavior against people and groups perceived to be "below" the perceiver (Liu & Pope-Davis, 2003). Lateral classism is best described as "keeping up with the Joneses." It is a form of social class pressure placed on individuals to maintain a particular social class position by being comparable with others of the same social class, i.e., wearing name-brand clothing of a similar level of status or attending colleges of comparable prestige. Lateral classism occurs when individuals behave inconsistently with the established social class norms. Finally, internalized classism is experienced by the individual as a violation of the values, norms, and expectations of an individual's economic culture and social class worldview.

Emotions such as anger, frustration, and feelings of failure, anxiety, shame, and depression are related to an inability to meet the demands of the economic culture

(Kilborn, 2001; Kottler, 1999; O'Connor, 2001; Schor, 2000; Sennett & Cobb, 1972).

Low levels of internalized classism leads to motivation in lateral classism keeping up, but

higher levels can negatively impact a person's health (Liu, 2002).

The SCWM provided theoretical backing for the present study by explicating how

class is a type of multicultural identity, and the SCWM provided a bridge from social

class to social justice by overtly addressing the presence of class oppression. Counselors

can use this model to meet the guidelines for working with diverse clients (APA, 2003)

and examining personal biases surrounding class to prevent microagrressions before they

occur. The model offers clinicians a better chance of understanding the economic context

of their clients and how class relates to emotions, behaviors, values, and cognitions.

The Impact of Class Inequality

Maher and Kroska (2002) found low SES individuals attributed their mental

illness to uncontrollable forces. A lack of sense of control could create the conditions for

a person to feel hopelessness, depression, anger, and hostility (Gallo & Matthews, 2003).

These negative conditions are stable across the life-span, only serving to exacerbate

current and subsequent mental health problems such as depression, personality disorders,

mood disorders, substance abuse, and suicide (Baum, Garofalo, & Yali, 1999; Gilman,

Kawachi, Fitzmaurice, & Buka, 2002; Lorant et al., 2004; Murphy et al., 1991; Weich &

Lewis, 1998; Xue, Leventhal, Brooks-Gunn, & Earls, 2005). A meta-analysis across 60

studies found lower-SES individuals were more likely to become depressed and remain

depressed than higher-class peers (Lorant et al., 2004).

Another element implicated in impaired mental health is differential exposure to

stress. Both acute and chronic stress is present among the lives of lower SES individuals.

The field of Health Psychology has made substantial contributions to the understanding of how stress affects the body and mind. McEwen (1998) developed the concept of allostatic load, which communicates the effects of persistent and repeated stress, which creates a type of wear and tear on the body that is damaging to one's health. Recent empirical studies have demonstrated the average allostatic load is higher among lower SES individuals and is predictive of earlier morbidity and mortality (Seeman et al., 2004).

Classism Within Psychology

One of the first steps psychologists can take to assist economically marginalized individuals is to recognize classism that occurs within the practice of psychology. Traditionally, psychological research has approached low-SES individuals and families from a deficit model (Buck, Toro, & Ramos, 2004; Rosier & Corsaro, 1993). Research revealed a tendency among practitioners to view low-SES clients as disorganized, inarticulate, apathetic, and insufficiently skilled to engage in or even benefit from the counseling process (Rosier & Corsaro, 1993; Smith, 2005). These attitudes are evidence of classism on the part of the clinician who is rooted in a middle-class worldview that contains misinformation and negative expectations of other classes (Hillerbrand, 1998; Liu et al., 2004). A body of literature exists showing that low-SES clients terminate therapy prematurely (Smith, 2005; Williams, Ketring, & Salts, 2005). Sue and Sue (1990) offered a plausible explanation suggesting clients that who did not represent middle class values of verbal ability, timeliness, and psychological mindedness might not have received optimum treatment, thus diminishing the effectiveness of therapy and leading to their premature termination.

Javier and Herron (2002) illustrated that when faced with the trauma that accompanied poverty, therapists can "find themselves perplexed by the unfamiliarity of the life of the patient and feel a struggle with how to make the process helpful" (p. 7). Even if the clinician comes from a low SES background, it is difficult to become a psychologist and truly remain a member of the working class given that one of the defining characteristics of class is occupation (Smith, 2005). One step in cultivating cultural competence is purposefully reflecting on personal values and biases (APA, 2003). The next step would be to recognize the reality and impact of institutional and social classism in the lives of low-SES individual as well as everyday struggles and microaggressions (Liu et al., 2004).

Some manifestations of classism are easily identifiable, whereas like other forms of prejudice, there are implicit and elusive forms of discrimination perpetuated by well-intentioned people who appear unaware of the classist implications of their thoughts and actions (Smith, 2008). These unintended offenses are microaggressions (Sue & Constantine, 2007). Chalifoux (1996) interviewed working class women about their experiences in psychotherapy. He concluded that therapists and clients from different class backgrounds viewed basic life experiences very differently. One client was put-off by the therapist's apparent inability to grasp the pervasiveness of her financial circumstances. The client recounted, "Freedom of choice takes money" (Chalifoux, 1996, p. 30). Altman (1995) also revealed some skewed views and unexamined bias on the part of the therapist. One therapist shared, "Work in the ghetto allowed me to feel special and admirable" (Altman, 1995, p. 4). Altman cautioned that such attitudes created and reinforced the dynamic that the therapist is high-minded, healthy, and

altruistic while the client is sick, needy, and dependent. Classism might even be found in the structure of services. Psychologists often decide to avoid the hassle of insurance reimbursement and offer sliding scale fees. Yet the reality is most psychologists' sliding scale prices remain out of the question for many poor families (Smith, 2005).

Social class status has been implicated to demonstrate a specific relationship between academic and psychological outcomes. Survey research conducted by Barney, Fredericks, and Fredericks (1985) examined the interrelationship of social class with stress/anxiety and social responsibility among other variables. Sixty undergraduate business students were administered questionnaires and the data demonstrated business students from lower social class backgrounds were more likely to suffer from anxiety (Barney et al., 1985). A later study followed the same trend by examining 270 freshmen students and uncovering their SES was highly correlated with stress levels (Saldana, 1994). The lineage of research continued; Chatman (2008) found students who identified as low income or poor had lower levels of a sense of belonging on campus compared to students who identified as middle and upper class. The same sentiment was echoed in research by Langhout et al. (2009) who used path analysis, also called causal, modeling to link social class to classism and evaluated how classism was causally associated with school belonging, psychological health, and school-related outcomes. Their research supported that students who had experienced classism were more likely to have negative psychological outcomes and intentions of leaving school before graduating. The findings did not show an association among classism, race, and gender. The findings did demonstrate experiences on campus were central to mediating significant academic and psychological consequences.

Similar to the research on stereotype threat regarding gender and ethnicity, the stereotype threat paradigm set forth by Steele and Aronson (1995) has been explored with class. Stereotype threat theory states that people who fit into a widely known stereotype are fearful of fulfilling the stereotype; thus when the stereotype is activated, individuals tend to fulfill the stereotyped behavior (Steele & Aronson, 1995). Croizet and Claire (1998) questioned whether low-social class students would perform poorly if their low-social background was made salient in a testing situation. Their methods divided 298 undergraduate students into two groups: low and high social class. Both groups had a diagnostic and non-diagnostic condition. The diagnostic group participants were asked about their parents' occupations and education levels. The non-diagnostic group was asked to provide neutral personal details. The low social class students in the diagnostic condition performed poorly compared to the high social class student in the diagnostic and non-diagnostic conditions. However, low social class students in the non-diagnostic condition matched the performance with high social class peers in the same condition.

Furthermore, qualitative research with working class law students in a prestigious university reflected the student belief that coming from a working class background was a form of stigma for them and they engaged in various behaviors to cope with the stigma and develop their professional identity. Coping included behaviors such as buying clothes at an expensive store or having business cards made for social events. These students also expressed anxiety around the low social class status of their parents and the poor social skills and etiquette of their spouses. They also expressed the feeling of having "sold out" who they really were to become part of the upper social class (Granfield, 1991).

The Current Study

The current study employed a hierarchal multiple regression to examine the influence of experiences with classism on student attitudes toward seeking mental health services and secondarily on various psychological outcomes including psychological distress, resilience, and college-self efficacy. The overall goal of this research was to add to the literature by ascertaining the level of classism experienced at different levels of social class standing and explain the amount to which classism was a barrier to seeking mental health services.

CHAPTER III

METHODOLOGY

Overview

This study evaluated the relationship between experiences with classism and attitudes toward seeking mental health in undergraduate students. The study additionally examined the influence of experiencing classism on the psychological experiences of depression, anxiety, stress, resiliency, and college self-efficacy. This chapter presents the methodology of the study including a description of participants, instruments, the research design and research questions, along with data collection and analysis procedures.

Participants

The target population for the study included undergraduate students, i.e., freshmen, sophomores, juniors, and seniors. Inclusion criteria designated that participants must have been currently enrolled students classified at the undergraduate level who were 18 or older; there was no upper limit to this age range. Participants were recruited from two medium-sized universities in the Rocky Mountain region. One university was a public institution and the other was a private college. These universities were selected to increase the likelihood of recruiting a diverse sample of participants across all levels of socioeconomic status and forms of ethnicity.

Participation in this study took place entirely online utilizing a web-based survey generator, Qualtrics. Six pages were presented with a total of 81 questions, which took participants an estimated average of 45 minutes to complete.

Research conducted by Shih and Fan (2008) demonstrated that financial rewards aid in increasing web-based survey response rates. In an effort to increase participation, the present study offered a small monetary incentive. Participants were informed through the consent form (see Appendix A) that their participation would automatically enroll them in a raffle to win a $100 Visa gift card that could be redeemed like cash at any location. One raffle winner was selected among all participants at both universities. All participants were treated in accordance with APA (2002) ethical standards.

Cohen (1988) set standards for conducting research in behavioral sciences. According to Cohen, a power analysis that includes effect size, alpha level, and the number of predictor variables provides an estimated appropriate sample size for the power analysis. The study adopted a medium effect size of .30, an alpha level of .05 as a standard alpha used for behavioral research (Tabachnick & Fidell, 2007), within a model that included five-predictor variables. Additionally, the researcher followed Chuan and Penyelidikan's (2006) recommendation to set the statistical power at .80. This power level is suitable for research purposes as it communicates a 1 in 5 or 20% chance of committing a Type II error.

An a priori power analysis with these statistical constraints was performed using G*Power version 3.1 (Faul, Erdgelder, Buchner, & Lang, 2009), a statistical power analysis software program. Similarly to Cohen's (1988) requirements, G*Power arrives at a minimum number of participants by considering the desired significance level of

analysis, the power required for the type of analyses, and the number of explanatory variables (Faul et al., 2009). To achieve the necessary statistical power required to conduct a hierarchal multiple regression, G*Power estimated an N of 125 was required.

Procedures

The researcher submitted an exempt status Institutional Review Board (IRB) application to both universities. This present research qualified for exempt review as it did not "propose to disrupt or manipulate participants' normal life experiences, or incorporate any form of intrusive procedures" (University of Northern Colorado Institutional Review Board, 2009, p. 10). Additionally, the study utilized "survey procedures in which the human participants were not appointed public officials or candidates for public office and could not be identified through identifiers linked to the participants" (University of Denver Institutional Review Board, 2012)

After approval of the research proposal and authorization from the Institutional Review Boards (IRB; see Appendix B) to utilize human participants at both universities, the researcher contacted the psychology departments at each university. The universities were equipped with online software that allowed students enrolled in psychology courses to participate in research. Specifically, both universities utilized Sona Systems, which is a web-based software program for the management of participant pools. The researcher completed the required procedures and was granted access to utilize the department's participant pool at both universities. It is notable that the field of psychology has witnessed a shift in the male to female gender ratio. The majority of psychology students are now women (Leong et al., 2008; Ostertag & McNamara, 1991). This is a phenomenon referred to as the feminization of psychology (Leong et al., 2008). The

implications for this study included that the sample size was likely to reflect a female-dominant population of the field.

The researcher contacted professors in the psychology departments via email (see Appendix C) and asked them to encourage their students to visit the department's participant portal. Each university received three follow-up invitations for students to participate from August to December in order to encourage participation. Typically, participation in research through this portal is used as a course requirement or offered as extra credit for students. Students were able to access the Qualtrics presentation through the participant portal. Participants were first presented with the informed consent form available to print and keep for their records if desired, followed by the measures for the present study. The informed consent educated participants regarding the researcher's contact information, their role in the research, any potential risk, their personal confidentiality, the approximate time to complete the surveys, and the raffle reward (see Appendix A). Clicking "ok" and continuing on from the consent form into the study implied consent from the participants. To combat the potential for participant cognitive fatigue and low completion rate for measures at the end of the administration, the five measures were presented in random order to each participant. Data collection was thus conducted entirely online. A total of 273 students participated in this study. The final sample resulted in 255 completed surveys. Debriefing included contacting each professor who encouraged participation and providing him or her with a preliminary summary of the findings they could communicate to their class.

Instrumentation

The following five measures were included in this study: (a) a demographic questionnaire created by the researcher (see Appendix D), (b) The Inventory of Attitudes Toward Seeking Mental Health Services (IASMHS; Mackenzie et al., 2004; see Appendix E), (c) the Classism Experiences Questionnaire-Academe (CEQ-A; Langhout et al., 2007; see Appendix F), (d) the Depression Anxiety Stress Scales (DASS-21; Lovibond & Lovibond 1995; see Appendix G), (e) the Dispositional Resilience Scale (DRS-15; Bartone, 1999; see Appendix H), and (f) the College Self-Efficacy Inventory (CESI; Solberg et al., 1993; see Appendix I). Each inventory was specifically selected to serve in answering the research questions.

Demographics

The demographic questionnaire was created by the researcher and instructed participants to provide their year in college (freshman, sophomore, junior, or senior), gender (male, female, or other), ethnicity (African American, Asian, Caucasian, Hispanic/ Latino(a), or multiracial), and self-perceived social class status. Participants selected belonged to one of the following social class categories: the upper class, upper middle class, middle class, lower middle class, working class, or poor. The social class categories used in this study were informed and constructed from current typologies of social class developed by Beeghley (2004) and Thompson and Hickey (2005).

Inventory of Attitudes Toward Seeking
Mental Health Services

Description and development. The IASMHS is a 24-item inventory with a 5-point Likert-type scale anchored at 0 for "*Disagree"* and 5 for "*Agree.*" The IASMHS is comprised of three subscales that assessed the following constructs: Psychological

Openness, Help-Seeking Propensity, and Indifference to Stigma. Psychological Openness addressed the extent to which individuals were open to acknowledging personal psychological problems. Help-Seeking Propensity tapped into the extent to which an individual believed he or she was willing to seek professional psychological help. Lastly, the Indifference to Stigma was concerned with the negative labeling and stigma associated with receiving psychotherapy.

Scoring required recoding each of the negatively worded items and calculating the sum across all 24 items. The goal was ease of interpretation so higher scores equated to more positive attitudes. Sample items included "There are certain problems which should not be discussed outside of one's immediate family" (negatively worded, psychological openness item), "I would want to get professional help if I were worried or upset for a long period of time" (help-seeking propensity item), and "I would feel uneasy going to a professional because of what some people would think" (negatively worded indifference to stigma item).

Development of the Inventory of Attitudes Toward Seeking Mental Health Services began as a revision of the Attitudes Toward Seeking Professional Psychological Help Scale (ATSPPHS; Fishcher & Turner, 1970). Structural changes from the Fishcher and Turner's (1970) ATSPPHS included updating dated language, using gender-neutral pronouns, and replacing the 4-point Likert rating scale with a 5-point scale (Mackenzie, et al., 2004). Most noteworthy among the changes was the IASMHS employed current statistical factor analysis techniques and generated items that assessed constructs related to the theory of planned behavior (TPB; Mackenzie, et al., 2004).

The theory of planned behavior proposed the prediction of a behavior could be enhanced by considering (a) subjective norms, (b) perceived behavioral control despite difficulties, and (c) general attitudes regarding the behavior (Ajzen, 1985). Mackenzie et al. (2004) created items to reflect the concepts of the theory with the goal of creating a measure that could predict mental health service use. For example, six items on the scale evaluated beliefs about how important individuals close to the participant (family, friends, business partners) would react if the participant sought professional psychological help. These items satisfied the social norm component of planned behavior. Additionally, six separate items assessed personal control over obstacles such as time and finances.

Psychometric properties. The IASMHS progressed through a three-step statistical process (Mackenzie et al., 2004). First, initial credibility was established through factor analyses that demonstrated strong reliability estimates. Next, the authors undertook a replication study to validate the three-factor structure and provide convergent and divergent validity. Finally, test-retest reliability estimates were assessed. Using Cronbach's alpha, internal reliability for the total IASMHS was .87.

The first version of the IASMHS inventory (Mackenzie et al., 2004) with 41 items was presented to a community sample of 322 individuals in Ontario, Canada. In this sample, 80% were women with a wide age range from 15-89 years old. The average age was 45.6 years. The sample was notably lacking in ethnic diversity. Nearly 93% of the sample endorsed not being a member of a visible minority group; only 5.8% endorsed minority group status. In respect to education, 39.6% had a university degree and 22.7% had post-graduate education. Sixteen items were deleted after a maximum likelihood

factor analysis determined these questions did not achieve inclusion criteria. An exploratory factor analysis was conducted with the remaining items and only one item was removed. The internal consistency coefficient measured by Cronbach's α for the final 24-item IASMHS was high at .87. Each of the three factors--psychological openness, help-seeking propensity, and indifference to stigma--also yielded a high level of internal consistency at .82, .76, and .79, respectively. The IASMHS explained 42% of the total variance in attitude toward seeking mental health services (Mackenzie et al., 2004).

A replication study was conducted with 297 second- and third-year undergraduate students. One hundred and forty-four students were men and 153 were women with an average age of 21 years. Confirmatory factor analyses verified a three-factor structure was upheld despite the difference in sampling population. However, descriptive data indicated inventory scores across each of the factors was higher (more positive) for the community sample than for the undergraduate replication sample. Positive Pearson correlations between the IASMHS and past use of professional help indicated convergent validity with $r =. 33$ for the community sample and $r = .38$ for the student sample. Discriminant validity was evident by the weak relationships between the IASMHS and intention to address issues with other persons (family & friends). Pearson coefficients between these two measures were very small with correlations of $r = .08$ for the community sample and $r = .19$ for the student sample. Test-retest analysis was conducted with a three-week lapse in between administrations with a group of 23 additional student participants. The full IASMHS demonstrated significant test-retest coefficients ($r = .85$, $p < .01$) as did the subscales (r ranged from .64 to .91, $p < .01$).

Rationale. The IASMHS (Mackenzie et al., 2004) was chosen to measure the dependent variable in the current study. This scale was free of charge and offered by the authors for research purposes. When compared to other measures of attitudes toward seeking mental health services, the IASMHS surpassed other measures with strong psychometric properties, a sound theoretical grounding, and was relatively brief. This scale has demonstrated effectiveness with similar populations as the current study and the subscales were of interest to the researcher.

Related scales such as the Thoughts About Counseling Survey (TACS; Pipes, Schwarz, & Crouch, 1985), the Thoughts About Psychotherapy Survey (TAPS; Kushner & Sher, 1989), and the Beliefs About Psychological Service (Ægisdóttir & Gerstein, 2009) addressed fears related to initiating the counseling process. Fears regarding psychological help were not of interest for the present study. The more recent Beliefs and Evaluations about Counseling Scale (BEACS; Choi, 2008) was not selected for several reasons. The length of the BEACS with 61 items made it less fitting for this study's online presentation. The author acknowledged one limitation of the BEACS was potential response fatigue due to participants completing a 64-item survey (Choi, 2008). Another limitation was the normative sample lacked diversity. The minority of participants were young Caucasian females. The current study aimed to gather a more diverse sample. In terms of psychometrics, the factor called *Negative Norm Tolerance,* a subscale of the BEACS similar to the Indifference to Stigma scale on the IASMHS, was found to be non-significant. This was worrisome due to the literature, which communicated the influence of social stigma as a large component in attitudes regarding therapy (Ægisdóttir & Gerstein, 2009; Fischer & Turner, 1970; Timlin-Scalera,

Ponterotto, Blumberg, & Jackson, 2003). Moreover, no test-retest reliability on the BEACS was evaluated. Overall, the IASMHS was the most appropriate choice for the purpose of the study.

Classism Experiences Questionnaire-Academe

The Classism Experiences Questionnaire-Academe (CEQ-A; Langhout et al., 2007) is a 21-item questionnaire that instructs participants to respond to each item based on a 5-point Likert-type scale ranging from 1--*Never* to 5--*Many times*. Through rigorous statistical analysis explained in the next section, the CEQ-A demonstrated sound three-factor structures: citational classism, institutionalized classism, and interpersonal classism via discounting. Citational classism includes the telling of stereotypical and disparaging jokes or stories about people who are working class or poor. Examples include offensive remarks regarding dress, actions, or speech of lower class individuals. Institutionalized classism are experiences of discrimination due to organizational structures, policies, and procedures. Interpersonal classism via discounting is evident in behaviors viewed as deliberately dismissive of a person's socioeconomic status, i.e., not appreciating a student's financial burden. Scores might range from 9 to 45 for citation classism, 5 to 25 for institutionalized classism, and 7 to 35 for interpersonal via discounting with higher scores indicating more experiences with each form of classism.

Sample items included "During your time at your University, have you been in situations where students or professors told stories of jokes about people who are poor?" (citational classism), "During your time at your University, have you been in situations where you could not join an activity (e.g., Student Association) because your job hours consistently conflicted?" (institutionalized classism), and "During your time at your

University, have you been in situations where students or professors invited you to events/ outings that you could not afford?" (interpersonal via discounting).

The Classism Experiences Questionnaire-Academe (CEQ-A) is one of the only measures to capture instances of classism experienced by students within a college setting. Researchers Langhout et al. (2007) began this pioneering effort with the goal of creating a measure that would be "behaviorally based and theoretically grounded" (p. 146). The goal of having a behaviorally-based questionnaire is noteworthy and reveals itself in the wording and construction of the items. The literature demonstrates that individuals seldom self-label their experiences as discriminatory (Magley, Hulin, Fitzgerald, & DeNardo, 1999; Munson, Miner, & Hulin, 2001). An illustration of this phenomenon was found when 55% of women endorsed behavior consistent with sexual harassment, yet only 15% of these women labeled their experiences as sexual harassment (Schneider, Swan, & Fitzgerald, 1997). Informed by existing literature on discrimination and oppression, CEQ-A question items were worded in terms of whether or not participants experienced specific behaviors or situations rather than asking participants to name or label the experience.

The CEQ-A is also theoretically grounded. During the scale construction, Langhout et al. (2007) used accepted psychological definitions of classism to build potential domains of the experience. Lott (2002) defined classism as "acting on stereotypes and negative attitudes in ways that separate, exclude, devalue, discount and define the working class or working poor as "other" (p. 8). Another definition added that classism takes places when harmful discourses are repeated and continuous (Kumashiro, 2002).

Psychometric properties. Given that the empirical study of classism is a relatively new frontier in social science research (Liu et al., 2004; Ostrove & Cole, 2003), the authors conducted exploratory factor analyses (EFA) and confirmatory factory analyses were conducted to determine the number of factors and patterns of factor loadings. The CEQ-A yielded a three-factor structure that accounted for 65% of the total variance. The first factor was comprised of nine items and evaluated *citational classism.* The second factor of five items assessed *institutionalized* classism. The final factor of seven items dealt with *interpersonal classism via discounting.* All subscales demonstrated high internal consistency reliability coefficients (α) of .93, .74, and .83, respectively.

The CEQ-A was normed on a college student sample of males (34%), females (63%), and transgender or gender queer (1%) young adults for a total sample of 950 participants. The average participant was 20-years-old. The ethnic make-up of the sample was as follows: 73% identified as White, 12% identified as Asian/Asian American, 5% were Black/African American, 5% identified as Latino(a)/Hispanic, and 5% of respondents classified as biracial. Twenty-four percent of students were in their first year, 28% were in the second year, 24% were in the third year, 24% were in the fourth year, and 1% responded as being in their fifth year of schooling. The sample used to create the CEQ-A demonstrated the following base rates for each of the three subscales: 58% of participants endorsed at least one item from the citational classism category, 43% of students marked at least one item corresponding with institutional classism, and over 80% identified with at least one item from the interpersonal via discounting classism subscale.

Predicative validity was established between the CEQ-A and psychological outcomes variables. For example, all three forms of classism negatively correlated with psychological wellbeing, social adjustment, and academic adjustment (Langhout et al., 2007). These findings were consistent with related research in workplace harassment resulting in negative job and health related outcomes (Fitzgerald, Magley, Drasgow, & Waldo, 1999).

Rationale. Classism served as the primary explanatory variable of interest in the present study. Few alternative measures existed for assessing classism. The Experiences with Classism Scale (EWSC) created by researchers Thompson and Subich (2013) was not selected due to the wording of the items. The questions were not behaviorally-based and required participants to self-identify instances of classism. The EWSC was more recently created with two subscales addressing personal and systemic classism. However, the CEQ-A was shorter in length and was specifically tailored to the personal and academic context of the university setting. Additionally, the citational classism subscale gauged the repetitive nature of this form of prejudice not assessed by the EWSC. This scale was free of charge and was offered by the authors for research purposes.

Depression Anxiety Stress Scale-21

The Depression Anxiety Stress Scale-21 (DASS-21) is a 21-item inventory that instructs participants to respond to questions considering how they have felt over the past week. A 4-point scale ranging from 0 to 3: 1 indicated *Did not apply to me at all-NEVER to* 3 represented *Applies to me very much, or most of the time-ALMOST ALWAYS.* The depression scale was characterized by a loss of self-esteem, anhedonia, along with a broad sense of sadness. The anxiety scale emphasized an enduring level of

unease and an acute response to fear. Distinctively, the stress scale measured persistent arousal and tension. Scores from each subscale were summed and multiplied by two. Subscale scores were then summed for a total score in which higher numbers indicated a greater level of overall psychological distress.

The Depression Anxiety Stress Scales (DASS-21) is the shortened form of the original 42-item DASS; Lovibond & Lovibond, 1995). Conceptually, the symptoms of depression, anxiety, and stress are unique, yet clinically a sizable overlap exists (Lovibond & Lovibond, 1995). Often, anxiety scales correlate as highly with depression scales as they do with other anxiety scales (Gotlib & Cane, 1989). The DASS was created with the hopes that depression, anxiety, and stress could be distinguishable through self-report. The DASS-21 was developed to be more manageable for clients with limited concentration and to satisfy criticisms and limitations identified on the full-length DASS.

Psychometric properties. The full length DASS-42 demonstrates robust psychometrics across several test and validations studies (Antony, Bieling, Cox, Enns, & Swinson, 1998; Clara, Cox, & Enns, 2001; Crawford & Henry, 2003). The DASS-42 is comprised of 3 seven-item scales taken from the full DASS and therefore was projected to produce a similar robust structure. A confirmatory factor analysis (CFA) was conducted with a sample of 1,794 non-clinical adults to evaluate construct validity of the shortened form (Henry & Crawford, 2005). Ages ranged from 18 to 91 with an average of 41-years-old. Average education level was 13.8 years with roughly equal amounts of men and women participating. Reliability estimates according to Cronbach's alpha were .88 for the Depression scale, .82 for the Anxiety scale, .90 for the Stress scale, and .93 for

the total scale with a 95% confidence interval of .93-.94. The authors evaluated Pearson correlations with other valid measures of depression and anxiety such as the Hospital Anxiety and Depression Scale (Zigmond & Snaith, 1983) and the Personal Disturbance Scale (Bedford & Foulds, 1978). The DASS-21 demonstrated strong convergent validity with these measures.

More recently, a two-part study with undergraduate students further explored the psychometrics of the DASS-21 (Osman et al., 2012). Part two of the study served as a validation sample for the results found in part one. The average age of participants in both studies was 19-years-old, making this instrument more fitting for the present study. The exploratory factor analyses with this sample also yielded strong reliability estimates. Alphas were .85, .81, .88 for the depression, anxiety, and stress factors, respectively. The depression subscale on the DASS-21 and the Beck Depression Inventory demonstrated a Pearson correlation of $r = .74$, which displayed convergent validity. The anxiety subscale yielded a $r = .81$ correlation with the Beck Anxiety Inventory. The stress subscale emerged as a standalone factor that addressed symptomology that was distinct from depression and anxiety (Lovibond & Lovibond, 1995).

Rationale. The DASS-21 was used to assess depression, anxiety, and stress. Keeping in mind the electronic presentation of the questionnaires in this study, there was great utility in having one concise measure evaluate the separate influence of these three psychological states. The factor-analytic studies supported the DASS-21 as establishing a cleaner factor structure compared to the DASS-42 in clinical populations (Antony et al., 1998; Clara et al., 2001). Assessing all three of these psychological states in one inventory provided a comprehensive illustration of emotional disturbance (Kendall,

Hollon, Beck, Hammen, & Ingram, 1987). This scale was free of charge and offered by the authors for research purposes.

Dispositional Resilience Scale-15

The development of the Dispositional Resilience Scale-15 (DRS-15; Bartone, 1999) has progressed through several different forms. The first DRS included 45 items (Bartone, Ursano, Wright, & Ingraham, 1989). The second version made slight changes including whittling the scale down to 30 items (Bartone, 1995). The final form cut the predecessor scale in half with only 15 items remaining (Bartone, 1999). Respondents indicated the level of agreement with the items on a Likert scale ranging from 0 to 3. Endorsing a value of 0 equated to *Not at all true* and a value of 3 communicates that the item was *Completely true*. Reverse scoring was required on the six negatively worded items and finding the sum across all 15 items. Each arrangement of the DRS indicated good internal consistency and other psychometrics. The driving force behind creating a briefer inventory was prompted by the necessity of a measure that could be completed quickly with less fatigue by respondents.

The DRS-15 is comprised of three subscales: commitment, control, and challenge. Commitment is an individual's ability to see the world as interesting and meaningful. Control is the belief in one's own ability to control or influence events. Lastly, challenge deals with seeing change and new experiences as exciting opportunities to learn and grow. "How things go in life depends on my own actions" was a sample item illustrating the control subscale. The challenge factor was typified by the question, "I enjoy the challenge when I have to do more than one thing at a time." Lastly, commitment was

evaluated with items similar to "By working hard you can nearly always achieve your goals."

Psychometric properties. The majority of statistical investigations with the DRS-15 were conducted with military populations due to the developer's background and interest in resilience for military populations (Bartone, 1995). Original internal consistency was found to be $\alpha = .83$ with a sample of 787 men and women who were Army Reservist personnel mobilized for the Gulf War (Bartone, 1995). Six thousand thirty-nine U.S. college undergraduate freshmen enrolled in the U.S. Military Academy at West Point were administered the DRS-15 on two occasions with a three week interval between administrations. Test-retest reliabilities yielded the following reliability coefficients for each subscale: commitment was $r = .75$, control was $r = .58$, challenge was $r = .81$, and $r = .78$ for the total scale (Bartone, 2007). Resilience is of interest in the university setting as it speaks to a student's ability to meet adversities and persevere.

Rationale. The present study aimed to assess for levels of hardiness in the presence of experiencing classism. The DRS-15 was appropriate for the current sample and was superior to other measures in terms of brevity and psychometrics. To use this scale, the researcher of the current study purchased a one-year research license.

College Self-Efficacy Inventory

Created in 1993 by Solberg et al. (1993), the College Self-Efficacy Inventory (CSEI) was created to measure the role of self-efficacy on college adjustment across a broad range of college experiences including academics. Participants responded according to an 11-point scale ranging from 0--*Not at all confident* to 10--*Extremely confident*. The total scale score was computed by averaging the 20 item responses. The

authors generated question items from tasks students typically encountered in the college environment. Six judges independently rated a pool of 40 items. The items the judges considered to be worded clearly and they believed accurately represented the college experience made the final scale.

Participants were instructed to endorse their levels of confidence at successfully completing tasks such as researching a term paper, sharing space in the dorm room, and making new friends. Each of these tasks represented the three subscale factors. The first factor entitled Course Efficacy included seven items that assessed performance in academic courses. The second factor with four items related to roommate interactions and was entitled Roommate Efficacy. Lastly, factor three consisting of eight items addressed a student's social and interpersonal adjustment and was thus titled Social Efficacy.

Psychometric properties. Due to the utility of this scale to assess student beliefs toward college success, numerous studies have investigated the statistical dimensions of the CESI. In a sample of 164 freshmen and sophomore Hispanic students, a principal components analysis (PCA) assessed the structure of the scale (Solberg et al., 1993). Three factors established from this study were labeled Course Efficacy, Roommate Efficacy, and Social Efficacy. Each had an alpha of .88. In a subsequent study, a four-factor model emerged from the data (Solberg & Villareal, 1998). The fourth factor was called Integration Efficacy, which reflected a student's connection to the institution at alpha = .62.

Most recently, a confirmatory factor analysis (CFA) with a sample of 257 freshmen students enrolled in a freshmen seminar course evaluated both the three factor

and four factor models (Gore et al., 2006). This sample was relatively diverse, representing a variety of ethnicities, and the mean age was 18-years- old. The four factor model failed to converge, meaning it did not fit the data, while the three factor model had adequate fit statistics. Internal consistency subscale coefficients for this sample were Course $\alpha = .88$, Roommate $\alpha = .83$, Social $\alpha = .86$, and $\alpha = .92$ for the total scale. The CFA explained 63.8% of the total variance.

A principal components analysis (PCA) with the Brief Symptom Inventory (BSI) and The College Stress Scale (CSS) established discriminate validity for the subscales. The correlation matrix revealed each subscale correlated negatively with college stress and the various symptoms of psychological distress found on the BSI (Solberg et al., 1993). Positive correlations between the CESI with scales that measured adjustment, academic persistence, and social integration established convergent validity (Solberg et al., 1993).

Rationale. The CSEI was a strong choice for the present study due to its scale structure and subscales. Addressing academic self-efficacy as well as interpersonal self-efficacy was of primary interest to the study. This scale was free of charge and was offered by the authors for research purposes.

Research Design

This study utilized a non-experimental, cross-sectional survey design with purposive sampling. The study employed surveys and did not include any intervention or manipulation. Purposive sampling is the process whereby the researcher selects a sample based on experience or knowledge of the group to be sampled rather than the randomization of participants to groups (Patton, 1990). Undergraduate students

(freshmen, sophomores, juniors, and seniors) were selected for their current experience within the college setting. A non-experimental method was preferred because the purpose of the study was to describe behaviors and not draw causal inferences.

Research Questions and Hypothe

The following nine research questions steered this study and are followed by the specific hypothesis that was tested to answer that question.

Q1   To what extent is the variance in attitudes toward seeking mental health services, as measured by the Inventory of Attitudes Toward Seeking Mental Health Services (Mackenzie et al., 2004), explained by gender, ethnicity, and perceived social class status in undergraduate students?

H1   Gender, ethnicity and perceived social class will explain a significant proportion of the variability in attitudes toward seeking mental health services in the sample of undergraduate students.

$H_0 1$ Gender, ethnicity and perceived social class do not explain any proportion of the variance in attitudes toward seeking mental health services.

Q2   Do experiences with classism, as measured by the Classism Experiences Questionnaire-Academe (Langhout et al., 2007), explain proportions of the variance in attitudes toward seeking mental health services as measured by the Inventory of Attitudes Toward Seeking Mental Health Services (Mackenzie et al., 2004) after controlling for the influence of gender, ethnicity and perceived social class status?

H2   After controlling for the influence of gender, ethnicity, and perceived social class status, experiences with classism will explain a significant proportion of the variance in attitudes toward seeking mental health services in this sample of undergraduate students.

$H_0 2$ Classism, as measured by the Experiences with Classism Scale-Academe does not explain any proportion of the variance in attitudes toward seeking mental health services beyond the level of variance explained by gender and ethnicity.

Q3   Do students of different social class status experience different amounts of classism as measured by the Classism Experiences Questionnaire-Academe (Langhout et al., 2007)?

H3   Lower class students (poor, working class, lower middle class) will experience greater levels of classism.

$H_0 3$ There are no differences in magnitude of classism based on a student's social class status.

Q4   Do student experiences with classism, as measured by the Classism Experiences Questionnaire-Academe (Langhout et al., 2007), differ by ethnicity?

H4   Minority students (African American, Asian, Hispanic, multiracial) will experience greater levels of classism.

$H_0 4$ There is no difference in experiences of classism based on ethnicity or gender.

Q5   Do student experiences with classism, as measured by the Classism Experiences Questionnaire-Academe (Langhout et al., 2007), differ by gender?

H5   There will be significant differences between male and female students in amount of classism experienced.

$H_0 5$ There will be no differences in experiences of classism based on gender.

Q6   Are student experiences with classism, as measured by the Classism Experiences Questionnaire-Academe (Langhout et al., 2007), associated with a greater amount of psychological distress as measured by the Depression Anxiety Stress Scale (Lovibond & Lovibond, 1995)?

H6   Greater amounts of classism will be positively associated with larger amounts of psychological distress.

$H_0 6$ There will be no significant relationships between classism and psychological distress.

Q7   Are student experiences with classism, as measured by the Classism Experiences Questionnaire-Academe (Langhout et al., 2007), associated with a greater amount of resilience as measured by the Dispositional Resilience Scale (Bartone, 1999)?

H7   Greater amounts of classism will be positively associated with larger amounts of resilience.

$H_0 7$ There will be no significant relationships between classism and resilience.

Q8   Are student experiences with classism, as measured by the Classism Experiences Questionnaire-Academe (Langhout et al., 2007), associated with decreased college self-efficacy as measured by the College Self-Efficacy Inventory (Solberg et al., 1993)?

H8   Greater amounts of classism will be positively associated with decreased of college self-efficacy.

$H_0 8$ There will be no significant relationships between classism and college self-efficacy.

Q9   To what extent does citation, institutional, and interpersonal classism, as measured by the Classism Experiences Questionnaire-Academe (Langhout et al., 2007), incrementally explain the variance in psychological distress as measured by the Depression Anxiety Stress Scale (Lovibond & Lovibond, 1995)?

H9   Each type of classism (citation, institutional, and interpersonal classism) will explain differing proportions of the variance in psychological distress. Interpersonal classism is hypothesized to demonstrate that largest contribution to overall experiences with classism.

$H_0 9$ Citation, institutional, and interpersonal classism will not explain any of the variance in psychological distress and will not differ.

Data Analysis

The current study primarily sought to explore the relationship among one dependent variable (attitudes toward seeking mental health services) and three predictor variables (gender, ethnicity, and student subjective social class) and was captured in research questions one through four. Additionally, this study explored the relationships between classism and psychological outcomes as reflected in research questions five and six. To answer these questions, two statistical tests were conducted: a hierarchical multiple regression and an analysis of variance (ANOVA).

Data analysis required several steps. The initial steps involved assessing for violations to the statistical assumptions of hierarchal regression and ANOVA. The assumptions for a multiple regression were linearity, homoscedasticity of residuals, and

the absence of multicolinearity. The assumptions for an ANOVA were independence of observations, normally distributed error terms, and homogeneity of variance.

For the hierarchical multiple regression, the researcher screened for outliers and influential cases as well as examined residuals scatter plots to verify the assumptions of linearity and homoscedasticity (Tabachnick & Fidell, 2001). The presence of multicolinearity between the predictor variables could negatively impact the results by underestimating the explanatory power of each predicator variable. Two assessments--tolerance and variance inflation factors (VIF)--were examined among the predictor variables of gender, ethnicity, and social class. According to Field (2005), a VIF score over 10 or a tolerance score under .2 indicate problems in the data.

For the ANOVA, the independence of observations assumptions was evaluated by examining a correlation between error terms and the independent variable; this means the predictor variables were independent of one another. The Durbin-Watson statistic (Tabachnick & Fidell, 2007) is a test of independence of observations. Durbin-Watson values less than 1 or greater than 3 violate the assumption of independence of errors. The researcher checked for non-normality and outliers using residual plots. Lastly, the Levene test is a formal investigation for unequal variances that was employed to evaluate the normality assumption. The problem with unequal variances is it affects the overall estimate of the error variance, which in turn underestimates the F statistic and p-value (Eisenhart, 1947).

In step two, the researcher evaluated the descriptive characteristics of the final data. The researcher then calculated the means and standard deviations for all variables. In addition, the researcher examined frequencies and percentages for each categorical

variable (gender, ethnicity, and perceived social class). Careful attention was paid to the variable of perceived social class. The presence of a regression to the mean would be indicated by a large majority of student endorsing the lower middle class status. This research sought to collect roughly (+/- 10) the same amount of participants for each class. This phase of data analysis provided an overall representation of the data. These two preliminary steps were completed before proceeding to step three.

Step three was devoted to examining the reliability of the sample through Cronbach's alpha. Cronbach coefficient alpha is by far the most commonly used index of reliability for self-report scales (Anastasi & Urbina, 1997). Poor reliability could lead to significant concerns with the trustworthiness of the results. After completing these initial three phases of examining the data and no violations were detected, the researcher conducted analyses to answer the specific research questions.

A hierarchical linear multiple regression is a statistical technique that organizes the data into a hierarchy or series of regression procedures. Multiple regression analyses are used to model the relationship among a set of independent or predictor variables and a single dependent outcome variable. A hierarchical linear regression was used in this study to answer research questions one through four.

In the first step of the hierarchical regression, the demographic variables of gender, ethnicity, and perceived SES status were entered and tested in the model. The value of R^2 conveyed the percentage of variance explained. The global CEQ-A score was added at the second step to test any additional explanation of variance depicted by $R^2 \Delta$. An ANOVA is a statistical procedure designed to compare multiple group means on a continuous dependent variable. Research questions five and six were answered through

means of an ANOVA. In both questions, classism served as the continuous dependent

variable.

CHAPTER IV

FINDINGS

Introduction

Using data generated from two universities in the Rocky Mountain region, this study evaluated the impact of social class status and experiences of classism on attitudes toward seeking mental health services among undergraduate college students. In addition, analyses evaluated the relationship among the experience of classism on psychological distress, resilience, and college self-efficacy. This chapter presents the procedures and data analysis of the study and details the results of each research hypothesis. A summary of the results concludes this chapter.

This study employed hierarchical multiple regressions, an ANOVA, and correlation analyses. Data analysis required several phases of statistical examination. Phase I included studying the descriptive characteristics and evaluating the reliability and validity of the sample. In Phase II, the researcher assessed for adherence to the statistical assumptions of a hierarchical multiple regression (HML) and ANOVA procedures. Phase III included conducing the HML, ANOVA, and correlation analyses in response to the nine research questions. Each of these three phases is presented in turn. The researcher used SPSS v20.0 software for descriptive and inferential data analyses. All inferential analyses were tested at the 95% ($p < .05$) level of significance.

Phase I: Descriptive Characteristics

Participants

Two hundred and seventy-three students participated in the study. The gender of the participants was 38% male, 60% female, and 2% identified as other. The majority of students were freshman--62% of the sample. Sophomores and juniors made up 14 % each while seniors represented 10% of the sample. Sixty-four percent identified their ethnicity as Caucasian, 17 % identified as Hispanic/Latino(a), 7% identified as African American, 5% identified as multiracial, 4% identified as Other, and 3% identified as Asian. In terms of self-identified social class status, only 1% indicated an upper class social identity, 25% stated they belonged to the upper middle class, 44% indicated belonging to the middle class, 15% specified belonging to the lower middle class, 11% belonged to the working class status, and 4% endorsed a poor social class status. Table 4 presents a summary of demographic data for the sample participants.

Table 4

Summary of Demographic Data for Sample Participants

	Totals	
Variable	*n*	%
Gender		
Female	152	38
Male	96	60
Other	7	2
Year in College		
Freshman	161	62
Sophomore	35	14
Junior	35	14
Senior	24	10
Ethnicity		
Caucasian	161	7
Hispanic/Latino(a)	44	3
African American	19	64
Multi-racial	13	17
Other	10	5
Asian	8	4
Social Class Status		
Upper Class	3	1
Upper Middle Class	63	25
Middle Class	111	44
Lower Middle Class	38	15
Working Class	29	11
Poor	11	4

N = 255

Measures of Central Tendency

The measures of central tendency provide a summary of the data set as a whole

(Gravetter & Wallnau, 2012). The reliability and validity measures indicate the level of

trust the researcher may have that the instruments are consistent and accurate. The

internal consistency was assessed with Cronbach's alpha set at the .05 level. The

Cronbach coefficient alpha is by far the most commonly used index of reliability for self-report scales (Anastasi & Urbina, 1997). Poor reliability may lead to significant concerns with the trustworthiness of the results.

Validity was assessed via a factor analysis method called Principals Component Analysis (PCA). A PCA is often viewed as the simplest and most direct way to reveal the internal structure of the data through assessing the factor structure of the measure (Jackson, 1991). A PCA was conducted for each of the continuous measurements to verify that the questionnaire items assessed the expected construct of their respective scales. The results are communicated in terms of the number of factors and the percent variance explained (Jolliffe & Uddin, 2000).

The means, standard deviations, Cronbach's alpha, and Principal Component Analysis (PCA) for the Inventory of Attitudes Toward Seeking Mental Health Services (IASMHS), Classism Experiences Questionnaire Academe (CEQ-A), College Self-Efficacy Inventory (CSEI), Depression Anxiety Stress Scale (DASS-21), and the Dispositional Resilience Scale (DRS-15, v.3) are reported in Table 5.

Table 5

Descriptive Statistics for the Inventory of Attitudes Toward Seeking Mental Health Services, Classism Experiences Questionnaire Academe, College Self-Efficacy Inventory, Depression Anxiety Stress Scale, and Dispositional Resilience Scale

Variable	M (SD)	α	PCA # of factors (% of variance explained)
IASMHS	57.1 (11.8)	.80	6 (55%)
CEQ-A	39.0 (15.5)	.92	2 (56%)
Citational classism	15.7 (8.6)	.96	
Institutionalized classism	8.9 (4.0)	.72	
Interpersonal classism	14.4 (6.2)	.86	
CSEI	135 (26.1)	.90	3 (54%)
Course Efficacy	49.4 (10.2)	.87	
Roommate Efficacy	30 (6.8)	.81	
Social Efficacy	56.3 (14.6)	.83	
DASS-21	38 (11.8)	.92	4 (58%)
Depression	12.4 (4.6)	.87	
Anxiety	12.0 (4.1)	.80	
Stress	14.03 (4.4)	.80	
DRS-15	29.6 (5.7)	.74	4 (61%)
Commitment	11.6 (3.0)	.68*	
Control	11.7 (2.4)	.69*	
Challenge	7.9 (2.9)	.66*	

* Questionable Cronbach's alpha level

This sample yielded internal consistency scores that ranged from acceptable to excellent for each of the instruments total scale scores as well as subscale scores. Cronbach provided ranges that have established standards for the reliability of psychometric tests (Cronbach & Shapiro, 1982). A Cronbach's alpha value of 0.9 and above is considered excellent. Alphas values ranging from 0.7 to 0.8 are deemed acceptable for social science research (Cronbach & Shapiro, 1982). Exceptions to an overall strong internal consistency were evident in the examination of the DRS-15

subscales. The subscales of commitment, control, and challenge yielded Cronbach's alpha levels that should be regarded as questionable (Cronbach & Shapiro, 1982). This finding is likely due to the fact that the DRS-15 norming sample included 787 men and women who were Army Reservist personnel mobilized for the Gulf War (Bartone, 1995) instead of traditional-aged college students. The decreased ability to utilize the DRS-15 subscales with this sample is discussed as a limitation in Chapter V.

In terms of validity, high percentages of total variance explained indicated questions on the scale had an underlying construct in common. The instruments applied to this sample yielded factor loadings that explained the majority of the variance and supported the validity of the scales.

<div align="center">

Phase II: Statistical Assumptions

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To be confident that the interpretations of results are accurate, the assumptions of the statistical test must be satisfied before data analysis can be conducted. The four primary assumptions for a regression analysis are normality, linearity, homoscedasticity of residuals, and the absence of multicollinearity. Similarly, an ANOVA analysis requires the data to meet the assumptions of: independence of observations, normally distributed error terms, and homogeneity of variance.

The test utilized to check regression assumptions can also serve to assess the assumptions of the ANOVA procedure. Bradley (1982) supported the significance of adherence to assumptions, stating that statistical inference becomes less robust as distributions depart from normality.

Normality

Assessing normality required examining graphs and conducting the Shapiro-Wilk's test. The researcher created scatterplots, histograms, and probability plots also known as Q-Q plots to visually review. Values of skewness and kurtosis were also calculated. Most parametric statistical methods (such as regression and ANOVA) require the dependent variable be normally distributed for each category of independent variable (Bradley, 1982). For the present study, this meant the IASMHS should be appropriately normally distributed across the demographic variables of gender, ethnicity, and social class status.

A visual inspection of histograms and normal Q-Q plots showed attitudes were approximately normally distributed for both males and females for each ethnicity and across levels of social class status. Values of skewness and kurtosis should be as close to zero as possible (Tabachnick & Fidell, 2013); yet in a real world sample, this is often not the case. To achieve an evaluation of the skewness and kurtosis of a particular data set, the value should not be too large in comparison to their standard errors (Tabachnick & Fidell, 2013). Dividing the value by its standard error will yield a value that should be between -1.96 and 1.96. If the values fall within this range, the sample does not differ from normality in a problematic manner (Hair, Anderson, Tatham, & Black, 1995). Table 6 displays the satisfactory values of skewness and kurtosis for each variable in the study with the exception of the kurtotic values of upper class and lower middle class status. The kurtotic values of upper class and lower middle class status within this sample might be due to the limited number of participants within these social class brackets.

This researcher used a Shapiro-Wilk's test (Razali & Wah, 2011; Shapiro & Wilk, 1965) to statistically test for normality. The null hypothesis was the data would not be normally distributed. This hypothesis was rejected if $p < 0.05$. All the tests yielded non-significant ($p > 0.05$) results, supporting that the data met normality assumptions.

Table 6

Shapiro-Wilk's Test for Normality for the Inventory of Attitudes Toward Seeking Mental Health Services

Predictor Variable	Shapiro-Wilk's Test of Normality	Skew, Kurtosis (Range -1.96 -1.96)
Gender		
Male	.979	1.46, .476
Female	.987	-1.20, .0024
Ethnicity		
African American	.885	1.671, -0.004
Asian	.930	0.033, -0.935
Caucasian	.987	-1.169, 0.053
Hispanic Latino (a)	.969	0.237, -0.928
Multiracial	.868	0.647, -1.424
Other	.911	-0.633, -0.856
Class Status		
Upper Class	.897	1.173, *
Upper Middle Class	.977	0.681, -1.140
Middle Class	.989	-0.126, 0.796
Lower Middle Class	.963	-0.579, 2.058*
Working Class	.981	-0.640, 0.003
Poor	.951	0.855, -0.294

Note. Shapiro-Wilk's test, $p < (0.05)$
*The Inventory of Attitudes Toward Seeking Mental Health Services (IASMHS) showed a kurtotic distribution in its scores across the upper class and lower middle class status.

Linearity

Linearity implies a linear relationship between the values on the Inventory of Attitudes toward Seeking Mental Health Services (IASMHS) and values of the predictor

variable, the Classism Experience Questionnaire- Academia (CEQ-A). Examining a bivariate scatterplot between these two variables is one method to evaluate the linearity. The presence of non-normality would be indicated by a scatterplot displaying a curved or any other nonlinear pattern (Tabachnick & Fidell, 2013). The bivariate scatterplot did not appear curved or nonlinear (see Appendix J). In looking at residual plots, this researcher further assessed the presence of linearity. Nonlinearity is indicated when most of the residuals are above the zero line. The residual plot illustrated an even number of residuals above and below the zero line, supporting the linearity of the data (see Appendix K).

Homoscedasticity

The assumption of homoscedasticity states that the variability in scores for one continuous variable is nearly the same at all values of another continuous variable (Tabachnick & Fidell, 2013) or that the random disturbance in the relationship between the independent variable and the dependent variable is the same across all values of the independent variable. Failure to meet the assumption of homoscedasticity results when there is non-normality of one of the variables or if one variable is linked to a transformation of the other. Violations of homoscedasticity do not invalidate the analysis of ungrouped data but the analysis could be weakened if homoscedasticity is present (Tabachnick & Fidell, 2013). This researcher conducted a scatterplot of the regression-standardized residuals against the regression-standardized predicted value, revealing a fairly erratic pattern of points and disconfirming the presence of homoscedasticity (see Appendix L).

Multicolinearity

The presence of multicolinearity between the predictor variables may negatively impact the results by underestimating the explanatory power of each predicator variable. First, a correlation table was used to assess for multicollinearity effects. Additionally, the researcher conducted two assessments: Tolerance and Variance Inflation Factors (VIF) were conducted among the predictor variables of gender; ethnicity, social class, and the CESQ-A total score. According to Field (2005), a VIF score over 10 or a tolerance score under .2 indicate problems in the data. The sample yielded VIF scores that were well below 3, ranging from 1.0 to 1.1 and fitting Tolerance scores of above .90.

Phase III: Data Analysis of Research Questions

A hierarchical regression model examined the relationship of gender, ethnicity, perceived social class, and experiences of classism on the Inventory of Attitudes toward Seeking Mental Health Services (IASMHS). The regression model consisted of three steps. An adjusted R^2 value was reported after each step. A significant adjusted R^2 value indicated an individual predictor variable added significantly to the variance accounted for in the IASMHS. The order in which variables entered the hierarchical regression equation depended on theoretical implications. Previous literature has identified variables that impact attitudes toward mental health services. In this study, these variables were entered into the model first to allow for their effects to be analyzed separately from variables entered into the model in subsequent steps.

The addition of each predictor variable produced an increase in the adjusted R^2 value. The change in the adjusted R^2 value is a measure of how much each added predictor variable contributed to the variance in the dependent variable above and beyond

the variance added by the predictor variables that entered the equation before it (Huck, 2008). In the present study, total scores on the Classism Experiences Questionnaire-Academe (CEQ-A) were entered last to evaluate how much variance of the Inventory of Attitudes toward Seeking Mental Health Services (IASMHS) was explained above and beyond the variance explained by gender, ethnicity, and social class status.

The null hypothesis stated the addition of the predictor variable would not explain a significant amount of variability in the dependent variable. Rejection of the null hypothesis would indicate the predictor variable significantly added to the explained variance in IASMHS scores. Each predictor variable in the hierarchical regression analysis was assessed via sequential F-tests (Tabachnick & Fidell, 2013).

This study identified four predictor variables (gender, ethnicity, perceived social class, and experiences of classism). Gender, ethnicity, and perceived social class were entered during step one of the model. Gender and ethnicity were known covariates because they both exerted an influence on the primary criterion variable of interest: attitudes toward seeking mental health services (Andrews et al., 2001; Kessler et al., 1995; Sue & Sue, 2003; Sussman et al., 1987; Turner & Berry, 2000; Vogel et al., 2006; Whaley, 2001; Zhang et al., 1998). Experiences with classism were added at step two. Several research questions were answered with this regression analysis.

Research Question 1

To what extent is the variance in attitudes toward seeking mental health services, as measured by the Inventory of Attitudes Toward Seeking Mental Health Services (IASMHS; Mackenzie et al., 2004), explained by gender, ethnicity, and perceived social class status in undergraduate students?

The first hypothesis stated that gender, ethnicity and perceived social class would explain a significant portion of the variance of IASMHS. The researcher tested this

hypothesis using a hierarchical regression analysis. These three predicators were entered into the model simultaneously in the first step of the regression. For data analysis purposes, the six social class categories were condensed into three social class categories: upper class, middle class, and lower class. The new upper class variable included participants who identified as upper class and upper middle class. The newly created middle class variable included participants who identified as middle class. Finally, those participants who identified as lower middle class, working class, and poor were combined to define the lower class bracket.

The data analysis found gender, ethnicity, and perceived social class explained 4.3% of the variance in IASMHS scores, $F(3, 203) = 3.01$, $p = .031$ ($R^2 = .043$, $\Delta R^2 = .043$). The regression model suggested the combination of gender, ethnicity, and perceived social class status significantly predicted IASMHS scores. The researcher rejected the first null hypothesis.

Research Question 2

> Do experiences with classism, as measured by the Classism Experiences Questionnaire-Academe (Langhout et al., 2007), explain a proportion of the variance in attitudes toward seeking mental health services as measured by the Inventory of Attitudes Toward Seeking Mental Health Services (Mackenzie et al., 2004) after controlling for the influence of gender, ethnicity, and perceived social class status?

The second hypothesis stated that after accounting for the influence of gender, ethnicity, and perceived social class status, experiences with classism as measured by the CEQ-A would explain a significant proportion of the variance in attitudes toward seeking mental health services above and beyond the three demographic variables. When the CEQ-A total scores were added as the second step in the model, it accounted for 4.3% of

the variance, $F(1, 202) = 9.49$, $p =. 002$ ($R^2 = .086$, $\Delta R^2 = .043$). Table 7 presents the

hierarchical regression analysis results.

Table 7

Hierarchical Regression Analysis of Predictor Variables on the Attitudes Toward Seeking Mental Health Services (Hypotheses 1 and 2)

Predictor Variables Value	B	SE	β	t	p
Step 1 ($R^2 = .043$, $\Delta R^2 = .043$)					
Gender, Ethnicity & Social Class	3.70	1.60	.158	2.30	.022
Step 2 ($R^2 = .086$, $\Delta R^2 = .043$)					
Experiences of Classism (CES-A)	-.168	.054	-.218	-3.08	.002

In the final model, all the predictors were statistically significant. Given that

CEQ-A scores significantly contributed an additional 4.3% of the variance above and

beyond what was predicted by gender, race, and social class, the second null hypothesis

was rejected. Experiencing higher levels of classism on campus was associated with a

decrease in positive attitudes toward seeking mental health counseling. Further

discussion of the implications is provided in Chapter V.

To further explore the impact of ethnicity and social class on experiences of

classism, the researcher created dummy variables for each of the five-ethnicity

categories: White, African American, Hispanic, Asian, and multiracial. Another

hierarchical regression analysis was conducted (see Table 8). Each of the ethnicity

categories did not explain statistically significant portions of the variance in IASHMS

scores. The same process was followed to further examine social class. The three levels

of social class did not explain statistically significant portions of the variance in the

IASHMS scores. These findings suggested that in the present sample, ethnicity was not a significant predictor of attitudes toward students seeking mental health services. This was contrary to the current literature. Further, these findings indicated experiencing classism on campus was significant while social class status was not significant in influencing student attitudes toward seeking mental health services. A complete discussion of these implications is provided in Chapter V.

Table 8

Hierarchical Regression Analysis of Ethnicity and Social Class on Attitudes Toward Seeking Mental Health Services

Predictor Variables	B	SE	β	t	p value
Step 1 ($R^2 = .004$, $\Delta R^2 = .032$)					
White	.527	.546	.063	.967	.335
Step 2 ($R^2 = .010$, $\Delta R^2 = .002$)					
African American	4.27	3.49	.086	1.22	.222
Step 3 ($R^2 = .017$, $\Delta R^2 = .004$)					
Hispanic	.933	.738	.116	1.26	.207
Step 4 ($R^2 = .018$, $\Delta R^2 = .000$)					
Asian	-.588	2.48	-.018	-.237	.813
Step 5 ($R^2 = .018$, $\Delta R^2 = -.004$)					
Multi-racial	-.138	1.11	-.013	-.124	.901
Step 1 ($R^2 = .000$, $\Delta R^2 = .000$)					
Upper Class	.519	6.91	.005	.075	.940
Step 2 ($R^2 = .006$, $\Delta R^2 = .006$)					
Middle Class	1.07	.897	.079	1.197	.233
Step 3 ($R^2 = .009$, $\Delta R^2 = .003$)					
Lower Class	.527	.617	.066	.854	.394

Research Question 3

Do students of who identify in lower social classes experience greater amounts of classism as measured by the Classism Experiences Questionnaire-Academe (CEQ-A; Langhout et al., 2007)?

In Research Question 3, students who were designated as belonging to the lower class were those who self-identified their social class as poor, working class, or lower middle class. The researcher hypothesized these students would experience greater levels of classism compared to those students who self-identified as upper class and upper middle class. This hypothesis was supported. Results from an independent samples *t*-test indicated lower class individuals (*M* = 44.1, *SD* =16.4, *n* = 69) scored higher than upper class students (*M* = 36.6, *SD* = 14.5, *n* = 147), *t* (214) = -3.344 =, *p* = .001 on the CEQ-A. The results indicated lower class students experienced more episodes of classism on their campuses when compared to upper class students.

Research Question 4

Do student experiences with classism, as measured by the Classism Experiences Questionnaire-Academe (Langhout et al., 2007), differ by ethnicity?

In Research Question 4, the researcher investigated whether minority students (African American, Asian, Hispanic, multiracial) experienced greater amounts of classism compared to their non-minority peers (Caucasian). The research hypothesis was not supported. Results from an independent samples *t*-test indicated minority students (*M* = 39.0, *SD* = 16.8, *n* = 67) did not score statistically higher than White students (*M* = 39.0, *SD* = 14.8, *n* = 140), *t*(214) =.005, *p* = .996 on the CEQ-A, which assessed the presence of experiencing classism on campus. The null hypothesis was accepted. There were no significant differences between minority students and White students regarding their experiences of classism on campuses.

Research Question 5

Do student experiences with classism, as measured by the Classism Experiences Questionnaire-Academe (CEQ-A; Langhout et al., 2007), differ by gender?

Research Question 5 evaluated whether student experiences with classism differed by gender. The research hypothesis was supported. Results from an independent samples *t*-test indicated males (*M* = 36.5, *SD* =14.4, *n* = 84) experienced fewer incidences of classism than did female students (*M* = 40.7, *SD* =16.1, *n* = 127), *t* *(209) =-1.97 p =.050*. The null hypothesis was accepted. In this investigation, there were no significant differences between male and female students regarding their experiences of classism.

Research Question 6

Are student experiences with classism, as measured by the Classism Experiences Questionnaire-Academe (CEQ-A; Langhout et al., 2007), associated with a greater amount of psychological distress as measured by the Depression Anxiety Stress Scale (DASS-21; Lovibond & Lovibond, 1995)?

Research Question 6 examined whether experiences of classism would be positively associated with psychological distress. The researcher found a positive correlation of moderate strength between experiences with classism and psychological distress, *r* = .470, *n* = 197 *p* < .001. The presence of classism was associated with greater psychological distress.

Research Question 7

Are student experiences with classism, as measured by the Classism Experiences Questionnaire-Academe (CEQ-A; Langhout et al., 2007), associated with resilience as measured by the Dispositional Resilience Scale (DRS-15; Bartone, 1999)?

In Research Question 7, the researcher hypothesized that experiences of classism would be positively associated with resilience. There was a non-significant correlation

between experiences with classism and resilience, $r = .062$, $n = 180$ $p = .411$. The

presence of classism in one's life was not associated with the ability to be resilient.

Research Question 8

> Are student experiences with classism, as measured by the Classism Experiences
> Questionnaire-Academe (CEQ-A; Langhout et al., 2007) associated with
> decreased college self-efficacy, as measured by the College Self-Efficacy
> Inventory (CSEI; Solberg et al., 1993)?

In Research Question 8, this researcher postulated that experiences of classism

would be negatively associated with college self-efficacy. A small negative correlation

was found between experiences with classism and college self-efficacy as measured by

the CESI, $r = -.140$, $n = 208$, $p = .044$. The negative correlation suggested that increasing

experiences of classism were associated with decreased college self-efficacy. The

experience of classism appeared to impact one's belief in his or her ability to succeed in

college.

Research Question 9

> To what extent do citation, institutional, and interpersonal classism, as measured
> by the Classism Experiences Questionnaire-Academe (CEQ-A; Langhout et al.,
> 2007), incrementally explain the variance in psychological distress as measured
> by the Depression Anxiety Stress Scale (DASS-21; Lovibond & Lovibond,
> 1995)?

Research Question 9 was evaluated with another hierarchical multiple regression.

This researcher hypothesized that each type of classism (citation, institutional, and

interpersonal classism) would explain differing proportions of the variance in

psychological distress as measured by the DASS-21. There was a lack of literature to

inform the order in which these variables should be entered into the model. Interpersonal

classism was hypothesized to demonstrate the largest proportion of the variance in

psychological distress.

The different types of classism explained a significant proportion of the variance in DASS-21 scores. The hierarchical regression revealed each of the three forms of classism was a significant predictor of DASS-21 (see Table 9). A careful examination of the regression model showed the Beta coefficients for each form of classism were very similar. Beta coefficients measure how strongly each predictor variable influences the dependent variable (Fischer & Fick, 1993). The data communicated that citation, institutional, and interpersonal classism all influenced psychological distress to a similar magnitude although they each explained a different proportion of the variance. Citation classism, which included the telling of stereotypical and disparaging jokes or stories about people who are working class or poor, explained the largest proportion of the variance (11%) in DASS-21 scores.

Table 9

Hierarchical Regression Analysis of Experiencing Classism on Psychological Distress

Predictor Variables	B	*SE*	β	*t*	*p* value
Step 1 ($R^2 = .113$, $\Delta R^2 = .113$)					
Citation Classism	.903	.181	.337	4.99	.000
Step 2 ($R^2 = .172$, $\Delta R^2 = .059$)					
Institutional Classism	1.50	.404	.261	3.71	.000
Step 3 ($R^2 = .246$, $\Delta R^2 = .073$)					
Interpersonal Classism	1.32	.305	.357	4.33	.000

Summary

Non-Supported Hypotheses

This study produced results indicating no association between the demographic categories of gender and ethnicity on students' experiences with classism. No significant differences between male and female students regarding their experiences of classism were detected in this sample. Minority students, when compared to White students, did not experience any significant differences in the amount of classism experienced. In addition, the presence of resilience was not significantly related to the experience of classism.

Supported Hypotheses

The data demonstrated that taken together, gender, ethnicity, and perceived social class explained 4.3% of the variance in attitudes toward seeking mental health services. Additionally, experiences with classism explained an additional 4.3% of the variance. The hypothesis that students who identified in the lowest class bracket would experience more instances of classism was supported.

In terms of psychological distress (depression, anxiety, and stress) as measured by the DASS-21, the data suggested that experiencing more instances of classism was related to increased psychological distress. This researcher also found a small, yet significant negative correlation between experiences with classism and college self-efficacy. Lastly, the three different types of classism (citation, institutional, interpersonal) explained a significant proportion of the variance in DASS-21 scores, with interpersonal classism explaining the largest proportion of the variance. The implications of these results are discussed in Chapter V.

CHAPTER V

DISCUSSION, IMPLICATIONS, AND RECOMMENDATIONS
FOR FUTURE RESEARCH

Introduction

This chapter discusses the conclusions of the data analyses, the implications of

these findings, and addresses the limitations of the study. Recommendations for future

research are woven into this discussion. The chapter discusses classism on college

campuses in relation to its impact on seeking mental health services. The chapter

concludes with clinical suggestions for psychologists aiming to attend to economic

diversity and creating a more inclusive mental health environment for an economically

diverse population of students.

Summary of the Study

College campuses are admitting more students who represent a wide spectrum of

diversity, including socioeconomic status (Gysbers, 2001). Examining social class

during the college years is especially important because social class becomes most salient

when people are around others from different social class backgrounds (Jones, 2003).

Considering how students of different socioeconomic statuses experience their college

campus is a significant component in gauging campus climate (Rankin, 2005). Previous

research explored the impact of social class standing on academic and psychological

outcomes. Research to date has not examined whether experiences with classism

impacted the specific help-seeking act of initiating counseling and overall attitudes toward counseling services.

The overall goal of this study was to investigate the influence of student experiences with classism primarily on student attitudes toward seeking mental health services and subsequently on psychological outcomes including depression, anxiety, stress, college self-efficacy, and resilience. The results of this study added to the literature by identifying the experience of classism on campus as an occurrence that impacted mental health service utilization.

For the purposes of this study, classism was defined in part by Lott's (2002) description that designated classism as a type of discrimination based on social class where people of a lower social class are treated in ways that serve to exclude, devalue, discount, and separate them based upon that status. In conjunction, Collins and Yeskel's (2005) definition was utilized to complete the description of classism. They posited that classism involves the assignment of characteristics of worth and ability based on social class, includes the attitudes, polices, and practices that maintain unequal valuing; and the systematic oppression of subordinated groups by dominant groups.

The utilization of mental health services by students was assessed by Mackenzie et al.'s (2004) Inventory of Attitudes toward Seeking Mental Health Services (IASMHS). This inventory assessed the following three factors: psychological openness, help-seeking propensity, and indifference to stigma. The measure used to assess classism was Langhout et al.'s (2007) Classism Experiences Questionnaire Academe (CEQ-A). This questionnaire was comprised of the following subscales: citation, institutional, and interpersonal classism.

Discussion of the Results

Demographic Variables

The hierarchical regression analyses performed in this study resulted in identifying predictors of attitudes toward seeking mental health services (IASMHS). Of the demographic variables measured, participant gender, ethnicity, and perceived social class were significant predictors on the total score of the Inventory of Seeking Mental Health Services and explained 4.3% of the variance. This suggested the combination of gender (i.e., male, female, or other), ethnic identity (African American, Asian, Caucasian, Hispanic, or multi-racial), as well as social class status (upper class, middle class, lower class) contributed to a participant's attitude toward seeking mental health services. Although only a small percent of the variance was explained by gender, ethnicity, and perceived social class, these findings were consistent with current literature regarding the impact of gender and ethnic status on attitudes toward mental health services.

The Impact of Gender

Vogel et al. (2007) found that due to gender role expectations, men might feel extra pressure to be self-reliant and in control of their emotions, whereas women are expected to be expressive and in touch with their emotions. Therefore, women might be more accepted by others and in turn more accepting of themselves when expressing distressing emotions to a therapist (Vogel et al., 2007). The limitations of adhering to rigid gender role expectations emerged as one of the primary factors that kept men out of therapy. Several studies supported this assertion.

Another study conducted by Berger, Levant, McMillan, Kelleher, and Sellers (2005) utilized a regression analysis to evaluate 155 adult males on a measure of

masculine role norms and the survey of Attitudes Toward Seeking Professional Psychological Help (ATSPPH). The ATSPPH survey is very similar in structure and content to the attitudes toward seeking mental health services inventory used in the present study. Among their findings, the research indicated men who scored higher on measures of traditional masculinity ideology tended to have more negative attitudes toward psychological help seeking (Berger et al., 2005).

The present study did not assess the magnitude to which the participants adhered to gender roles, which might explain in part the small proportion of variance explained by gender alone. In addition, the majority of participants in this study identified as female. Females endorsed more favorable views of counseling compared to males (Vogel et al., 2007). A majority female sample might have amplified the impact of gender to explain IASMHS scores.

A recent meta-analysis (Nam et al., 2010) examined gender differences in attitudes toward seeking psychological help across 16 studies published between1995 to 2008. This meta-analysis included 5,713 undergraduate and graduate students. The results found gender to be significantly predictive of attitudes toward seeking psychological help. Female students had more positive attitudes than did their male peers (Nam et al., 2010). In addition, one of the studies evaluated the potential moderating effect of cultural background and ethnicity. American White females were more open to seeking psychological help in comparison to female Asian students (Nam et al., 2010).

This meta-analysis was of particular interest in context of the present study. The scope of the meta-analysis further supported gender as a significant predictor in seeking psychological help. The meta-analysis also identified cultural background and ethnicity

as a moderator variable between gender and seeking psychological help. A moderator variable is a variable that impacts the strength or direction of the relationship between the predictor variable and a criterion variable (Baron & Kenny, 1986). In the present study, gender and ethnicity were two predictor variables known to have an impact on help-seeking attitudes. Yet, gender and ethnicity along with social class yielded only 4.3% of the variance in attitudes toward seeking mental health services. It is possible that a moderating effect occurred when taking gender and ethnicity together, which weakened the explanatory power in the relationship with the criterion variable of attitudes toward seeking mental health services.

The Impact of Ethnicity

The present study found ethnic identity contributed to a participant's attitude toward seeking mental health services. Caucasian students attended significantly more therapy sessions than all other ethnic groups (Cabral & Smith, 2011). In 2003, Sue and Sue found African American clients often terminated counseling prematurely. Several reasons for this included situational circumstances such as lack of transportation and conflicting work schedules as well as cultural factors like mistrust of the clinician and negative social norms regarding seeking help (Sue & Sue, 2003; Whaley, 2001). Similarly, based on cultural norms, many Asian American clients were more likely to utilize informal networks of support as opposed to a mental health professional (Yeh et al., 2002). For some Hispanic clients, the issue of dealing with a paucity of bilingual therapists presented an obstacle to counseling (Miville & Constantine, 2006).

The current study confirmed that ethnicity was a meaningful variable in evaluating attitudes toward seeking mental health services. The study did not indicate

which ethnicities had more positive attitudes toward mental health services. The findings of this study regarding gender and ethnicity were consistent with prior literature, which illustrated the social identities of being a male and a racial minority were significant predictors for less utilization of the therapy process.

Impact of Social Class

The last demographic variable measured was a subjective measure of social class status. Participants self-identified their social class from six categories. Social class status was found to be a significant predictor of the total score on the IASMHS, indicating perceived social class standing contributed to explaining attitudes toward seeking mental health services. Specifically, the identity of belonging to a lower social class status indicated a student would be less likely to seek mental health services. However, given the differences were not stark, these results should be interpreted cautiously. This significant finding was a possible result of condensing the six social class groups into three categories, thus comparing differences between three larger groups as opposed to the original six smaller groups. The decision to group the social class variable in this manner was based on the limited number of participants in each group and the statistical power requirements necessary to run the analysis. These decisions are explained further in the limitations section below.

There was very little research on the explicit interplay between social class and attitudes of college students toward seeking mental health services. However, there are several published studies on the relationships among SES, psychological processes, and health. Social class influences a person's physical and psychological wellbeing through differential access to resources and relationships with other people (Ein, 2012). Research

has consistently revealed each upward step in SES is linked to relative health advantages (Gallo, Smith, & Cox, 2006). Low SES individuals experience stressors, negative events, and interpersonal situations characterized by conflict, low support, and low control (Gallo et al., 2006). These experiences promote negative expectations and beliefs about the social world (e.g., mistrust, cynicism, pessimism) that result in negative attitudes toward psychological self-help (Ein, 2012).

Research conducted by Wolkon, Moriwaki, and Williams (1973) examined race/ethnicity and social class as factors important in the motivation toward psychotherapy. These researchers found that when comparing White and Black middle class students, social class alone was related to an inclination toward psychotherapy. Research conducted by Thomas and Azmitia in 2014 among 104 college students at the University of California, Santa Cruz found participants indicated their social class affected their everyday experiences more than gender or ethnicity. Specifically, upper-class students reported upper-class guilt while working-class students reported anger surrounding their inability to have material items or access to events and leisure activities (Thomas & Azmitia, 2014).

Additionally, Eisenberg et al. (2007) administered a web-based survey to 2,843 participants at a large public university. Their results supported that college students reporting financial struggles were at higher risk for mental health problems at an odds ratio of 1.6 to 9.0. Specifically, students reporting current financial problems, as well as students reporting they grew up in a poor family, were more likely to screen positive for depression. These students were also more likely to experience suicidal thoughts than students who grew up in a comfortable financial situation (Eisenberg et al., 2007).

These studies suggested social class is a social identity students were aware of and that social class status had an impact on their relationships and psychological wellbeing. It would be beneficial for these students to seek counseling for assistance managing negative emotions and processing their unique concerns, yet these students were less likely to be informed about counseling services (Yorgason et al., 2008).

The present study differed from prior studies by examining the student's perceived social class status as opposed to using parental social class data to determine class status. The social class label students ascribed to themselves did not significantly explain attitudes toward seeking mental health services. The majority of participants identified as middle class. Although many struggles are associated with a middle class identity (Pew Research Center, 2012), class-related oppression and historical distrust regarding mental health is typically more prevalent in lower social class brackets (Ein, 2012). Sue and Sue (1990) offered a plausible explanation, suggesting clients who do not represent the middle class values of verbal ability, timeliness, and psychological mindedness might not receive optimum treatment, which could diminish the effectiveness of therapy leading to their premature termination.

The literature supported lower class students face unique interpersonal and academic challenges in college that impact their mental health and the present study was in line with this literature. The study extended the conversation by providing empirical support that social class might be part of the explanation in understanding why students might or might not seek mental health services. The study could be improved by recruiting more than 30% of the sample to represent students who identified as lower middle class, working class, or poor. The study did illuminate that experience of

classism was also a noteworthy predictor of attitudes toward seeking mental health services.

Classism

After accounting for the influence of gender, ethnicity, and social class status, the primary predictor variable of interest emerged as a significant predictor of the total score on the Inventory of Seeking Mental Health Services. Classism accounted for an additional 4.3% of the variance in IASMHS scores above and beyond what was predicted by gender, race, and social class status. These findings suggested that experiencing classism on campus was an occurrence that demonstrated predictive power in evaluating mental health utilization in this sample. This finding offered empirical research in response to the appeal from Laura Smith (2008):

> What is missing from the counseling psychology's social justice agenda is the naming and explication of a form of oppression that operates so that poor and working- class people are systematically disadvantaged through attitudes and stereotypes; our society's institutions; policies, and economic structures: classism. (p. 899)

The sentiment of this article praised counseling psychology for providing forward momentum in social justice work while cautioning the field from becoming too complacent. The field of counseling psychology has been a leader in approaching and providing services and advocacy for oppressed groups (Goodman et al., 2004), yet it was not until 2006 that APA created a task force on SES. This task force emphasized the need for applied psychology to incorporate class into multicultural research and practice. One of the goals of the task force was to apply the well-known understanding of oppression into the context of social class and classism. Oppression itself is understood to be an interlocking system that involves domination and control of social ideology,

institutions, and resources, resulting in a condition of privilege for one group relative to the disenfranchisement of another (Hardiman & Jackson, 1997).

This definition of oppression lends itself to the examination of societal systems. A majority of social class research to date has been conducted by health psychologists studying the impact of poverty on health (Seeman et al., 2004). In a similar vein, community psychologists have conducted longitudinal studies on community ecology, violence, poverty levels, and welfare dynamics (Caughy & Ocampo, 2006; James et al., 2003; Yoshikawa & Seidman, 2001). In the last 40 years, research from social psychologists attending to poor clients in community mental health can be found, yet Smith (2008) implores clinical and counseling psychologists to remain active.

Few counseling psychologists have researched the impact of social class and classism on retention, graduation, and academic struggles (Fitzgerald & Delaney 2002; Walpole, 2003), while others focused on student adjustment, psychological distress, and belonging (Chatman, 2008; Karp, 1986; Saldana, 1994; Wentworth & Peterson, 2001). The present research stands alone in recognizing classism as a deterrent to college students' desire to seek mental health services on college campuses. This research was not alone in illuminating that social class is part of the lived experience on campus.

A small and growing phenomenon is sweeping across college campuses. Growing networks of first-generation and low-income students are forming groups to share stories about their college experiences. The New York Times published an article in April 2015 that detailed how several Ivy League campuses currently have student-led groups that meet to discuss their experiences of income-inequality and the related hardships of being first-generation students (Pappano, 2015, p. 18). Madden, in her

editorial *Why Poor Students Struggle* communicated a focus on Ivy League schools such as Brown, Harvard, and Yale because it is assumed the more elite the school, the wider the income gap among its students (Madden, 2014, p. 8).

Narratives from students revealed they had experiences such as learning about what "office hours" meant and coming out as not middle class when he or she could not speak about going on vacation (Pappano, 2015, p. 8). Lower SES students shared it was often the indirect things, the signifiers of who they were and where they came from, that caused the most trouble, often challenging their feelings of belong on campus (Madden, 2014, p. 4).

Colleges are beginning to acknowledge the influx of low-income students and are attempting to foster economic diversity. Stanford University recently announced that tuition and room/board would be free for students from families making less than $125,000 a year. This change came from the university's provost John Etchemendy who in 2013 stated, "Our highest priority is that Stanford remains affordable and accessible to the most talented students regardless of their financial circumstances." National recognition of social class status from top tier universities is initiating the conversation regarding social class and the difficulties of upward mobility if college is unaffordable. Fulwood (2012), author of *Race and Beyond: Income Differences Divide the College Campus in America*, posited that class stratification on college campuses might be a barrier that increasingly divides affluent students from their less-well-off classmates, threatening the long-cherished ideal that a college education serves as the great equalizer of society. In other words, the experience of classism on campus impacts one's

experience of psychological distress. The present study offered some empirical support to the qualitative narrative shared by students across the country.

This investigation discovered that those students who identified as belonging to the lower middle, working, and poor classes experienced a significantly greater amount of classism when compared to their peers who identified as upper class and upper middle class. These findings were considered in the context of the Classism Experience Scale-Academe. The items on this scale were more adept at measuring downward classism, which is discriminatory behavior against people, and groups perceived to be below the perceiver (Liu & Pope-Davis, 2003). For example, item 4 read, "During your time at your university, have you ever been in situations where you could not afford social activities because of the fees?" Item 12 read, "During your time at your university, have you ever been in situations where students or professors made statements suggesting that people who are poor are inferior?"

Upper class students were not exempt from experiencing classism and class bias on campus. In a semi-structured interview study conducted by Thomas and Azmitia (2014), an upper class Asian American student reported feeling attacked by another student for being privileged. This student shared with the researcher, "It was really shocking to me how she felt so much animosity toward me […] I don't feel like my parents made all their money off of exploiting poor workers or something like that" (p. 24). This research did not acknowledge the intersecting identities of race and social class.

There is a strong precedent in history and literature linking race and class. Due to institutional and historical oppressions, minorities are more likely to be impoverished

than Caucasian individuals. The generational impact of poverty is a legacy that might be passed on to students who are admitted to college. Surprisingly, the present data did not identify significant differences in experiences of classism based on the participant's racial identity. A possible explanation for this finding might be due to condensing the seven ethnic group categories into only two groups (Whites and non-Whites), thus minimizing the intricacies between the groups. The decision to group ethnicity in this manner was based on the number of participants in each ethnic group and the statistical power requirements necessary to run the analysis. The decisions are explained further in the Limitations section.

The present study hoped to initiate questions regarding the differences in gender and classism and develop future avenues for research and practice. Research to date has focused on classism and retention in college or psychological outcomes (Fitzgerald & Delaney, 2002; Karp, 1986; Walpole, 2003; Wentworth & Peterson, 2001). The current study demonstrated men on average recognized more instances of classism than did women.

Psychological Distress

The secondary focus of the present study was to assess how classism impacted psychological symptoms (depression, anxiety, stress), college self-efficacy, and resilience. The research questions regarding these variables were assessed by correlational analyses. The DASS-21 had a positive correlation of moderate strength with the CEQ-A, suggesting presence of classism was associated with the presence of more psychological distress. This was consistent with the current literature, which was

exhaustive in supporting a relationship between socioeconomic status and psychological distress.

Langhout et al. (2009) examined classism in the university setting. They selected a small private liberal arts university where tuition, room, and board averaged $40,000 for the year the study was conducted. Among the hypotheses, the researchers postulated classism would be a stressor that negatively affected school belonging because classist experiences at college were tied to the college experience. They hypothesized school belonging, in turn, would affect psychosocial and health outcomes that included psychological distress, wellbeing, social adjustment, anxiety, depression, friendship, somatization, and health satisfaction. Results from a path analysis with 599 participants found students who had experienced classism were more likely to have negative psychosocial outcomes and intentions of leaving school before graduating.

In conjunction, other studies have found that working class and working poor students often feel isolated and marginalized, and they are often prone to psychological distress (Karp, 1986; Wentworth & Peterson, 2001). The University of California system reported that undergraduates who identified as low income or poor had lower levels of a sense of belonging compared to their peers who identified as middle class or upper-middle class (Chatman, 2008). It is recommended that future research take a step further than the present study and utilize stronger statistical tests such as MANOVA or a regression model to tease out the relationship classism enacts on the psychosocial distress of students.

Resilience

Resilience is theorized as an important intrapersonal ability or hardiness that allows individuals to adapt in the face of challenges (Masten, 2001). The researcher speculated that victims of classism would experience more stress and thus have more opportunities to develop resilience.

This hypothesis that social class status is related to stress was supported by literature, indicating a college student's social class status was associated with stress and hardships in student adjustment (Langhout et al., 2009). Stress among 270 first year students was highly correlated with SES and was true for both White students and students of color (Saldana, 1994). The hypothesis that increased stress would accompany increased resilience was not supported by the current research. A non-significant correlation emerged in this study disconfirming resilience was associated with experiencing classism.

The presence of resilience was not based on hardship alone. Protective factors are influences that assist and facilitate an individual's ability to respond to stressors with constructive reactions as opposed to responding with maladaptive or deviant behaviors (Garmezy et al., 1984). Mercer (2010) identified internal and external protective factors. Internal factors might include personal strengths such as flexibility or adaptability, tenacity, positive self-efficacy or confidence in ones' ability to succeed, leadership skills, emotional intelligence, communication skills, motivation to achieve, problem solving, and self-directed learning. External factors might include supportive relationships through family, friends, and mentors as well as caring and encouraging environments at

home, school, and in the community. The dispositional resilience scale used in this study did not assess for protective strategies.

College Self-Efficacy

Lastly, college self-efficacy was measured by the College Self-Efficacy Inventory (CSEI). This inventory consisted of three factors that addressed the major domains of the college experience. Course efficacy assessed performance in academic courses. Roommate efficacy evaluated interactions with roommates. Social efficacy examined student's social and interpersonal adjustment. The researcher postulated that greater amounts of classism would be associated with lower levels of college self-efficacy. This hypothesis was informed by prior literature on the impact of classism on feelings of belonging (Madden, 2014).

A small negative correlation existed between experiences with classism and college self-efficacy, supporting the hypothesis that experiencing classism negatively impacted one's appraisal of his or her ability to perform in college. A causal inference could not be drawn from a correlation analysis alone; however, based on prior research, classism appears to have had an impact that eroded a student's belief in his or her ability to successfully perform specific tasks relating to college.

The CSEI and the CEQ-A were comprised of three subscales that yielded more detailed information about the global constructs of college self-efficacy and classism. One suggestion for future research is to assess for any possible interactions and evaluate how each form of classism (citation, interpersonal and institutional) impacts the various forms of college self-efficacy (course, roommate, and social).

Limitations and Recommendations
for Future Research

Limitations in research are commonly a result of either measurement issues or

difficulties in capturing human complexity (Polit & Beck, 2004). Self-reported data of

mental health and health behaviors are not as accurate as empirically-obtained data

(Deutsch, 1985). The study included self-report data on both the predictor and dependent

variables. The decision to use self-report was based on valuing the subjective

understanding of students regarding their social class and class based experiences over

objective evaluations. The potential outcome of this limitation was a discrepancy

between the accuracy of self-reported experiences and actual behaviors being assessed.

In addition, social desirability bias might have exerted an influence in many

significant ways. Research indicated participants are likely to underestimate the impact

of subordinate identities and negative experiences (Polit & Beck, 2004). Social

desirability bias is the tendency for individuals to portray themselves in a favorable

fashion (Holden, 2010) so as to provide an answer they believe is more socially

acceptable than their true answer. This form of adjusting one's answer might work in

both directions. In this study, a student of a lower social class might inflate his or her

class status while a student of a higher-class status might deflate their status. The result

is a regression toward the mean or, in this case, endorsing a middle class status. With

44% of the sample identifying as middle class, it is possible a regression toward the mean

due to social desirability bias occurred in the data. Although the survey administration

remained anonymous, endorsing classism and lower class statuses was likely diminished.

It is recommended that research that seeks to expand upon these finding use a measure

such as the Marlow-Crowne Social Desirability Scale (Crowne & Marlowe, 1960) to

account for the influence of social desirability. The Marlow-Crowne Social Desirability Scale is an inventory comprised of 33 true/false items intended to evaluate whether respondents are responding truthfully or are misrepresenting themselves in order to manage their self-presentation. Research on the scale has demonstrated strong internal consistency and test retest reliability as well as the ability to discriminate between individuals who do and do not tend to exhibit social desirability bias (Beretvas, Meyers, & Leite, 2002). Accounting for social desirability bias here likely would have allowed for a greater proportion of the variance in IASMHS scores to be explained.

The literature stated the majority of college students come from similar backgrounds and tend to aspire to similar social class levels (Carter, 2003). Critics have also acknowledged that research in this population might find little variability in social class among college students when the method is based on objective means, e.g., income, occupation, education level (Carter, 2003). To counter this methodological limit, participants in this study were recruited from two separate universities to gain more diversity in class status. Despite this effort, the majority of the participant pool came from one of the two universities. One hundred and three participants came from University 1 while only 80 participants were from University 2. The impact potentially minimized the overall diversity of the sample. Future research could utilize a similar method of wider sampling and benefit from greater success in recruitment.

An additional restraint was participants were assessed on on their subjective social class as opposed to an objective measure. This was a difficult decision made by the researcher due to the host of methodological difficulties in ascertaining an accurate evaluation of social class. Several different categorizations of social class existed across

the social science literature. Each proposed bracket of class brought with it associated attitudes, beliefs, educational levels, power, prestige, and values (Smith, 2008). Classifications might lead to faulty assumptions. One might assume that similar sociocultural forces impacted two individuals in the same SES bracket because they both made similar incomes (Zweig, 2000). The difficulty in establishing consistent divisions of social class is due to the fact that class often shifts based on the changing dynamics of society (Pew Research Center, 2012).

Regardless of societal shifts, typologies of social class rely heavily on criteria of education, income and occupation. Students are just beginning to acquire their degree and do not typically have an annual income or occupation. More importantly, it is unclear how these objective measures coalesce into an experience of being in a particular class. Measuring social class within college student population is increasingly utilizing subjective methods (Adler et al., 2000; Clark et al., 1999; D. Goodman, 2001). Jackman and Jackman (1983) stated, "How the person believes and feels about things and a person's style of life is more important than objective measures of social class" (p. 48).

One limitation in this study was the unequal numbers of participants across the six social class groups. The stratification of social class of the participants in this study was similar to the distribution of other studies in that a slightly positively skewed distribution existed toward the upper middle class and middle class statuses. Several studies investigating social class were similar to the present study in how the variable of social class status was re-grouped for data analysis procedures (Lambert, 2010; Stephens, Hamedani, & Destin, 2014; Walpole, 2003).

For example, Walpole (2003) recruited approximately 12,376 students from 209 four-year institutions across the United States and used the highest and lowest social class quartiles of her data to create two distinct groups for analysis. Research conducted by Stephens et al. (2014) also condensed social class to only two groups. One fairly recent dissertation began with eight social class levels and re-grouped the variable into three segments (Lambert, 2010). Each of these studies re-grouped social class (a) to level the sample size of each group and (b) to increase the ability to statistically compare differences among the groups. The present study re-grouped the social class variable to achieve the same rationale.

In the current study, three social class groups were created from the six original categories. The new "upper class" variable included participants who identified as upper class and upper middle class, $n = 66$, 26% of the sample. The newly created "middle class" variable included only participants who identified as middle class, $n = 111$ (44%). Lastly, those who identified as lower middle class, working class, and poor were combined to define the "lower class bracket," $n = 77$ (34%). This reorganization of social class provided the best option in this data set for creating groups that were comparable in terms of sample size and allowed the ability to conduct statistical comparisons.

The most noteworthy findings of the study were demonstrating that classism was a significant predictor of attitudes toward seeking mental health services and explained more variance than gender, ethnicity, and social class status. However, classism only explained an additional 4.3% of the total variance above and beyond the variance described by gender, ethnicity, and perceived social class. The greatest limitation of this

study was it did not explain a majority of the variance. The remaining 91.4% of the variance was unaccounted for by explicating attitudes toward seeking mental health services.

The remaining variance was likely accounted for in part by stigma. Mental health stigma is a profound experience. The most common reason why individuals avoid treatment for mental illness is the fear of being stigmatized (Corrigan, 2004; Harrison & Gill, 2010; Vogel et al., 2009). Bennett et al. (2003) found some people would rather have a physical illness than deal with the stigma of having depression. Students reported they would be embarrassed if their friends found out they were seeking psychological help from a counselor (Jagdeo et al., 2009). The present study recognized the impact of stigma yet failed to account for stigma outside of the indifference to stigma subscale on the ISMHS.

The study was also limited by the unequal participation by ethnic groups. The comparison for ethnicity was evaluated by creating two groups: Whites and non-Whites. Too few participants identified as Asian and multi-racial to make a meaningful comparison between each ethnic group. An additional limitation in the study was made apparent by the questionable validity of the DRS-15 for this sample of college students. The DRS-15 norming sample included 787 young adult men and women similar in age to college students who were Army Reservist personnel mobilized for the Gulf War (Bartone, 1995). Traditional-aged college students and Army Reservists face different hardships. The rationale for selecting the DRS-15 placed too much value on the brevity of the measure, the sub-scales included, and strong psychometrics of the scale. Future

research would benefit from selecting a resilience measure created for and normed on college students.

Lastly, the group of students who participated in the survey represented a distinct population on campus. The participants were recruited through psychology courses. It is likely there were unforeseen differences about psychology students that interacted with the results in a confounding manner. Psychology student respondents are likely to have a positive bias toward the field of psychology and thus potentially have more favorable attitudes seeking mental health services (Morel, 2008). If this was the case for participants in this study, it might be some students attempted to guess the purpose of this study and felt compelled to "fake good" or respond to the measures in socially desirable ways. Another limitation was restrictions on generalizability and interpretation of results. The findings of this study should not be generalized to students dissimilar from the sample.

On the other hand, some research indicated psychology students are not immune to mental health stigma and still harbor negative attitudes toward seeking mental health themselves (Eisenberg et al., 2009). The present study did not include a method of evaluating participant personal bias or internalization of mental health stigma. Further research would greatly benefit from (a) recruiting a larger pool of students representing a diversity of majors and (b) statistically accounting for the impact of mental health stigma. The Inventory of Attitudes Toward Seeking Mental Health Services used in this study included a subscale that evaluated indifference to stigma; however, an additional evaluation of internalized mental health stigma would be useful.

Implications for Psychology

From its inception, counseling psychology has demonstrated the core values of sharing power, facilitating consciousness raising of power dynamics, building on strengths, giving a voice to oppressed groups, and advancing social justice principles (Goodman et al., 2004). The practical applications of this study were consistent with the standards of multicultural competency and are important for counseling psychologists involved in outreach, individual, and group therapy.

The research indicated students experiencing classism in their campus communities impacted their attitudes toward counseling that might deter them from ever entering a counseling center for services. For this population, it becomes more important to reach students in their environment through outreach. Atkinson, Thompson, and Grants (1993) recognized that outreach and consultation work were viable alternatives to psychotherapy particularly for oppressed communities. They further proposed a three-dimensional model to assist clinicians in deciding which professional role would be most useful to minority clients (Atkinson et al., 1993). The study highlighted that economically disadvantaged students were minority students on campus (Gysbers, 2001).

Outreach as an intervention seeks to facilitate preventative care through psycho-education and self-help and to foster indigenous support that already exists in the community (Vera & Speight, 2003). Outreach informed by this research could take the form of (a) educating the campus and student groups that social class is another social identity similar to gender, race and sexual orientation; (b) acknowledging student experiences of their social class will become more salient during their college years (Jones, 2003); (c) informing students about classism, that it exits on campus, and carries

academic, interpersonal, as well as psychological effects; and (d) normalizing and working to de-stigmatize talking about social class and classism. Outreach performed in these ways would fit the guidelines of culturally competent, communitarian social-justice based practice (Vera & Speight, 2003).

When practicing individual therapy, counseling psychologists are called upon to cultivate cultural competence, which requires purposefully reflecting on personal values and biases (APA, 2002). The first step a psychologist could take to assist economically-marginalized individuals is to recognize the impact of institutional classism, social classism, everyday struggles, and micro aggressions (Liu et al., 2004).

Social class is displayed in numerous ways on a college campus. A perceptive psychologist can easily recognize many indicators of social class. Students can display their class status through commodities such as cars, clothing, cell phones, and school supplies. Social class is also built into programs and services of the college. Some students can purchase unlimited meal plans, live in more expensive housing accommodations, or participate in sports, recreation, or Greek life activities that require additional financial support. Naturally, social class can also be perceived in conversations among peers. Students are likely to discuss and compare Spring Break vacation locations and gifts received on holidays. Informed by this research, psychologists could ask a multitude of informal questions of clients that would demonstrate awareness of and concern about the economic culture of their campus and its influence on students. For example, "What residence hall do you live in?" and "Do you feel as though you fit in there? Why or why not?" Additional recommended questions could include exploring students' plans for various standard holiday and academic year

breaks. A student's social class will exact its role in many of the decisions and opportunities a student has on campus. It is imperative for counseling psychologists to invite space for the exploration of this identity in therapy.

Recognition also needs to be paid to classism that occurs within the practice of psychology. Even if the clinician comes from a low SES background, it is difficult to become a counseling psychologist and truly remain a member of the working class given that one of the defining characteristics of class is occupation (Smith, 2005).

Traditionally, psychological research has approached low-SES individuals and families from a deficit model (Buck et al., 2004; Rosier & Corsaro, 1993). Research revealed a tendency among practitioners to view low-SES clients as disorganized, inarticulate, apathetic, and insufficiently skilled to engage in, or even benefit from, the counseling process (Rosier & Corsaro, 1993; Smith, 2005). These attitudes are evidence of classism on the part of the clinician who is rooted in a middle-class worldview that contains misinformation and negative expectations of other classes (Hillerbrand, 1988; Liu et al., 2004).

Beyond reflection is education and implementation. The Social Class World View Model (SCWM; Liu et al., 2004) was created for the purpose of offering clinicians a greater ability to understand the economic context of their clients and how class relates to emotions, behaviors, values, and cognitions. Specific social class interventions were extrapolated from this model including helping clients understand their economic culture, assisting clients with identifying the social class messages they receive, helping clients to explore their experiences, and moving clients toward developing adaptive and healthy

expectations about themselves. It is in this area that this study can further assist clinicians in developing a culturally competent practice.

Conclusions from this study suggested the importance of exploring and understanding the student's experience of classism. Counseling psychologists could incorporate questions from the CEQ-A during intake for a more thorough investigation of classism. Currently, many counseling centers do not assess for financial stress during the intake. In centers that do inquire about financial stress, it is typically investigated with one generic question. The CEQ-A was created for the academic environment and assesses three different forms of classism. This research found citation classism, which includes the telling of stereotypical and disparaging jokes or stories about people who are working class or poor, had the greatest influence on attitudes toward counseling.

Counseling psychologists could expand their intake assessment by using the full scale or the citation classism subscale in assessing the economic culture of their client. For example, one item on the citation classism subscale read, "During the time at your university, have you been in situations where students or professors made statements suggesting that people who are poor are inferior?" This question should be of particular interest to clinicians as the research supported that students who felt marginalized and of less value were less likely to be successful in college and demonstrated more psychological distress (Andrews et al., 2001; Kessler et al., 1995; Sue & Sue, 2003; Sussman et al., 1987; Turner & Berry, 2000; Vogel et al., 2006; Whaley, 2001; Zhang et al., 1998). Starting the therapeutic relationship with explicitly attending to social class would create a more inclusive environment, allowing the client to feel safe and able to discuss these issues as the therapeutic relationship develops.

Lastly, group counseling is an efficacious treatment due to the modality's theoretical and applied ability to serve as a social microcosm in which interpersonal conflicts and interactions are enacted in the group in similar ways as real world patterns outside of the group (Yalom, 1980). Based on the results of this study, it is recommended that process groups be created for economically disadvantaged students. The hope is for these groups to foster community for students who feel isolated. A group of this nature should take on a social justice model. Social justice within group therapy would require group leaders to create an environment where group members have opportunities to be heard and allowed the chance to explore how social and economic barriers impede their lives (Bemak & Chung, 2004). Counseling psychologist facilitating a group oriented toward social justice would need to be mindful of the crucial component called multicultural integration. Multicultural integration is when an individual, as well as the group as a whole, shift from an intrapsychic understanding to an extrasphychic conceptualization of their problems (Bemak & Chung, 2004). This shift is achieved when members can understand the broader cultural context and no longer blame themselves for their predicament.

Subgrouping can form in any group that focuses on a minority status. Subgroups can lead to problems with group cohesion (Chen, Thombs, & Costa, 2003). In a group focusing on social class, it is likely group members will play out dynamics of stereotyping, prejudice, and discrimination. If these dynamics are not addressed and managed well, the group can do harm by recapitulating oppression to the minority group (Chen, Kakkad, & Balzano, 2008). It is recommended that these group counselors are keen toward class-based microaggression and can actively intervene in the group process.

The literature on facilitating difficult dialogues supported that a properly managed process group for social class holds the potential to turn conflict into interpersonal learning that can be healing (Sue, Lin, Torino, Capodilupo, & Rivera, 2009; Watt, 2007).

Conclusions

This study contributed several unique findings to the literature regarding the relationship among social class, classism, and attitudes toward seeking mental health services in undergraduate students. This supported that a student's gender, ethnicity, and perceived social class were helpful toward understanding help-seeking behaviors. This study was additive by identifying subjective social class status contributed to the understanding of attitudes toward mental health services. The study provided empirical support for the claim that a student's experience with classism is a significant part of the dynamic that explains student attitudes toward seeking mental health services. Students belonging to a lower social class status were less likely to seek mental health services Furthermore, this investigation identified citation classism, which includes the telling of stereotypical and disparaging jokes or stories about people who are working class or poor, as the form of classism that had the largest impact on a student's experience of psychological distress.

The investigation also joined a well-established line of literature regarding the impact of classism on psychological distress, and self-efficacy. Higher levels of classism were indicative of more psychological distress and decreased self-efficacy. Diverging from prior literature, the study did not detect differences in the experience of classism based on ethnicity or gender. Additionally, classism was not related to a student's ability to be resilient.

The implications suggested potentially far-reaching effects for practitioners and future researchers who are striving to advance social justice advocacy and multicultural competency through outreach, individual, and group therapy. Most importantly, the findings of this study are influential in helping practitioners understand the presence of social class as an additional area in which they might wish to grow in cultural sensitivity and to be intentional in assessing the role of classism in the lives of students.

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APPENDIX A

**INFORMED CONSENTS FOR UNIVERSITY OF
NORTHERN COLORADO AND UNIVERSITY
OF DENVER**

INFORMED CONSENT

UNIVERSITY OF NORTHERN COLORADO

Project Title: Exploring the Influence of Social Class on Help Seeking Behaviors.
Researcher: Meag-gan Walters, B.A., Doctoral Student
                        Department of Counseling Psychology, University of Northern Colorado
                        E-mail: meaggan.walters@unco.edu

Research Advisor: M.S. O'Halloran, Ph.D., Department of Counseling Psychology
                        Phone: 970-351-1643   E-mail: sean.ohalloran@unco.edu
Purpose and Description: I am researching the relationship between social class status and student attitudes toward seeking professional mental help. I would like to invite you to participate in this study because you are an undergraduate college student. As a participant in this study, you will be asked to complete an online survey, which should take no more than 45 minutes.

The survey will not ask you to provide your name therefore; your identity and your responses will be anonymous. The survey will ask demographic information, such as your age, gender, ethnicity and your social class status. You will also be asked to answer questions regarding your attitudes toward mental health, experiences regarding social class on campus and psychological experiences, for example depression and anxiety. It is important that if you decided to participate, you answer each question in an honest manner. If at any time, you feel you cannot answer the questions, you can exit the survey without completing the questionnaire. Upon completion, your responses will be sent to a database for data analysis. Only authorized persons including myself, the research advisor and consulting statisticians will view the data.

Potential risks in your participation are considered to be no greater than those normally encountered during typical self-reflection on experiences. You will be asked to respond to questions about your experiences on campus and accompanying thoughts, feelings and potential behaviors. Should some uncomfortable emotions come up for you, or you become aware of a potential condition while or after participating in this study, please contact the counseling resources at your university. For example, if you select responses indicating frequent feelings of anxiety or depression, a visit to your counseling center is highly encouraged. As a University of Northern Colorado student you have several options for free or low cost counseling. The Psychological Services Clinic (PSC) is located on the second floor, room 248 of McKee Hall. This office can be reached at 970-351-2731. The Counseling Center is located on the second floor of Cassidy Hall. This office can be reached at 970-351-2496 and at http://www.unco.edu/counseling/

There are benefits to participating in this research. Your participation will automatically enroll you into a raffle to win one of two $50 Visa Gift cards that can be redeemed like cash at any location. Additionally, your participation furthers the understanding of college student experiences that can lead new therapies and theories on how to best serve students like you.

Your participation is voluntary. You may decide not to participate in this study and if you begin participation you may still decide to stop and may withdraw at any time. Your decision will be respected and will not result in loss of benefits to which you are otherwise entitled. Having read the above information, your consent to participate in the study will be implied by proceeding to take the available surveys. If you have any concerns about your selection or treatment as a research participant, please contact the Office of Sponsored Programs, Kepner Hall, University of Northern Colorado Greeley, CO 80639; 970-351-2161.

If you have any questions or concerns, please do not hesitate to contact me via email.

Thank you for participating!

INFORMED CONSENT

UNIVERISTY OF DENVER

Informed Consent for Human Participation in Research
Project Title: Exploring the Influence of Social Class on Help Seeking Behaviors.
Researcher: Meag-gan Walters, B.A., Doctoral Student
                      Department of Counseling Psychology, University of Northern Colorado
                      E-mail: meaggan.walters@unco.edu
Research Advisor: M.S. O'Halloran, Ph.D., Department of Counseling Psychology
                      Phone: 970-351-1643   E-mail: sean.ohalloran@unco.edu
Purpose and Description: I am researching the relationship between social class status and student attitudes toward seeking professional mental help. I would like to invite you to participate in this study because you are an undergraduate college student. As a participant in this study, you will be asked to complete an online survey, which should take no more than 45 minutes.

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There are benefits to participating in this research. Your participation will automatically enroll you into a raffle to win one of two $50 Visa Gift cards that can be redeemed like cash at any location. Additionally, your participation furthers the understanding of college student experiences that can lead new therapies and theories on how to best serve students like you.

Your participation is voluntary. You may decide not to participate in this study and if you begin participation you may still decide to stop and may withdraw at any time. Your decision will be respected and will not result in loss of benefits to which you are otherwise entitled. Having read the above information, your consent to participate in the study will be implied by proceeding to take the available surveys. If you have any concerns about your selection or treatment as a research participant, please contact the Office of Sponsored Programs, Kepner Hall, University of Northern Colorado Greeley, CO 80639; 970-351-2161.

If you have any questions or concerns, please do not hesitate to contact me via email.

Thank you for participating!

APPENDIX B

**INSTITUTIONAL REVIEW BOARD
APPROVAL LETTERS**

UNIVERSITY *of* **DENVER**

OFFICE OF RESEARCH AND SPONSORED PROGRAMS

Date: April 15, 2014

To: Meaggan Walters
CC: University of Northern Colorado IRB
Subject: Permission to recruit DU students for proposed research

Dear Ms Walters,

The Institutional Review Board for the Protection of Human Subjects has reviewed your request and determined that you may proceed with plans to target and recruit DU students for your research project, **pending approval by the University of Northern Colorado's Institutional Review Board.**

Once approval has been received from the UNC IRB, the approved materials and documents, along with the DU IRB Application form, must be submitted to the DU IRB via IRBNet for documentation purposes only. You may not begin recruitment until these documents have been received.

It is the responsibility of the Principal Investigator to keep track of the approved protocol and comply with the University of Northern Colorado's Institutional Review Board for renewal of this project. Please inform the Office of Research and Sponsored Programs at the University of Denver of any major changes made to this project.

The Institutional Review Board at the University of Denver appreciates your cooperation in protecting and ensuring that each subject gives a meaningful consent to participate in research projects. If you have any questions regarding your obligations, please do not hesitate to contact us.

Sincerely,

Emily Caldes, MA
Research Compliance Manager
University of Denver
Tel: 303-871-4052

UNIVERSITY *of*
NORTHERN COLORADO

Institutional Review Board

DATE:	July 15, 2014
TO:	Meag-gan Walters, B.A. Psychology
FROM:	University of Northern Colorado (UNCO) IRB
PROJECT TITLE:	[572569-2] Targeting the "Missing Piece" within the Social Justice Agenda: Exploring Experiences of Classism and Attitudes Toward Mental Health Services in Undergraduate Students
SUBMISSION TYPE:	Amendment/Modification
ACTION:	APPROVAL/VERIFICATION OF EXEMPT STATUS
DECISION DATE:	July 11, 2014

Thank you for your submission of Amendment/Modification materials for this project. The University of Northern Colorado (UNCO) IRB approves this project and verifies its status as EXEMPT according to federal IRB regulations.

Hello Ms. Walters,

Thank you for your prompt attention to my questions. I appreciate the way you have handled the issues raised. In particular the issue of test scores indicating some sort of pathology. This is a reminder that sometimes as researchers we discover things about our participants that raise red flags. This is the reason that in studies with children, we are bound to break confidentiality and report suspected abuse when discovered. In that instance the consent must inform participants of this ahead of time. This way they know that if discovered, their abuse would be reported to authorities.

I did not know if there was a similar situation in which professionals in your area are bound.

Again, thanks for your attention and good luck with your study.

Sincerely,

Nancy White, RN, PhD, IRB Co-Chair

We will retain a copy of this correspondence within our records for a duration of 4 years.

If you have any questions, please contact Sherry May at 970-351-1910 or Sherry.May@unco.edu. Please include your project title and reference number in all correspondence with this committee.

This letter has been electronically signed in accordance with all applicable regulations, and a copy is retained within University of Northern Colorado (UNCO) IRB's records.

APPENDIX C

**RECRUITMENT EMAIL SENT TO FACULTY AT THE
UNIVERSITY OF NORTHERN COLORADO AND
UNIVERSITY OF DENVER**

RECURITMENT LETTER TO FACULTY

UNVERSITY OF NORTHERN COLORADO

To: Professors in the School of Psychological Sciences

Regarding: Advertising for Participant Recruitment

Hello. My name is Meag-gan Walters and I am a PhD student here at the University of Northern Colorado, Department of Counseling Psychology. I am currently preparing to compile data for my dissertation and I would like to request your assistance. The purpose of my research is to explore the relationship between social class status and student attitudes toward seeking professional mental help. You may be aware that there are many barriers to receiving counseling and mental health stigma is still a very strong deterrent. My research seeks to investigate social class and experiences with classism on campus as a potential barrier. I hope this project can inform clinicians and administrators about strategies for making counseling more approachable to all students.

The study proposal has been approved by the UNC Institutional Review Board. I would like your permission and assistance in recruiting your *undergraduate* students to take an online survey. Your role in this process is to simply encourage and direct your *undergraduate* students to the Psychology Program Participant Pool at: https://unco.sona-systems.com/Default.aspx?ReturnUrl=/ and take the survey entitled **Exploring the Influence of Social Class on Help Seeking Behaviors.**

I have learned that most professors use participation in research as a course requirement or as an opportunity for extra credit. I would be honored if you wished to include my research as part of your curriculum.

You may inform students that the survey should take no more than 45 minutes to complete. A consent form will be presented first. Students will not be asked for any personally identifying information. Students will be asked to provide demographic information and all of their responses will remain anonymous.

I will share the findings with you, and your students upon completion of the study. Please e-mail me with your decision to promote this research to your students. Feel free to contact me with any questions you may have about this emerging and exciting area of research!

I look forward to sharing the results with you!

Respectfully,

Meag-gan Walters, B.A.
Doctoral Candidate, University of Northern Colorado
Department of Counseling Psychology
Phone: 970-347-7619 E-mail: meaggan.walters@unco.edu

RECURITMENT LETTER TO FACULTY

UNIVERSITY OF DENVER

To: Professors in the Department of Psychology

Regarding: Advertising for Participant Recruitment

Hello. My name is Meag-gan Walters and I am a PhD student at the University of Northern Colorado, Department of Counseling Psychology. I am currently preparing to compile data for my dissertation and I would like to request your assistance. The purpose of my research is to explore the relationship between social class status and student attitudes toward seeking professional mental help. You may be aware that there are many barriers to receiving counseling and mental health stigma is still a very strong deterrent. My research seeks to investigate social class and experiences with classism on campus as a potential barrier. I hope this project can inform clinicians and administrators about strategies for making counseling more approachable to all students.

The study proposal has been approved by Institutional Review Boards at both the University of Northern Colorado and the University of Denver. I would like your permission and assistance in recruiting your *undergraduate* students to take an online survey. Your role in this process is to simply encourage and direct your *undergraduate* students to the University of Denver Psychology Departments SONA System at: https://du.sonasystems.com/Default.aspx?ReturnUrl=/ and take the survey entitled **Exploring the Influence of Social Class on Help Seeking Behaviors.** I have learned that most professors use participation in research as a course requirement or as an opportunity for extra credit. I would be honored if you wished to include my research as part of your curriculum.

You may inform students that the survey should take no more than 45 minutes to complete. A consent form will be presented first. Students will not be asked for any personally identifying information. Students will be asked to provide demographic information and all of their responses will remain anonymous.

I will share the findings with you, and your students upon completion of the study. Please e-mail me with your decision to promote this research to your students. Feel free to contact me with any questions you may have about this emerging and exciting area of research!

I look forward to sharing the results with you!

Respectfully,

Meag-gan Walters, B.A.
Doctoral Candidate, University of Northern Colorado
Department of Counseling Psychology
Phone: 970-347-7619 E-mail: meaggan.walters@unco.edu

APPENDIX D

DEMOGRAPHIC QUESTIONNAIRE

DEMOGRAPHIC QUESTIONAIRE

1. What is your year in college?

    a. Freshman

    b. Sophomore

    c. Junior

    d. Senior

2. What gender do you identify with?

    a. Male

    b. Female

    c. Other

3. What is your Ethnicity?

    a. African American

    b. Asian

    c. Caucasian

    d. Hispanic / Latino(a)

    e. Multiracial

    f. Other

4. Choose one of the following to describe your social class. To which would you say you belong?

    a. Upper Class

    b. Upper Middle Class

    c. Middle Class

    d. Lower Middle Class

    e. Working Class

    f. Lower Class

APPENDIX E

**INVENTORY OF ATTITUDES TOWARD SEEKING
MENTAL HEALTH SERVICES**

Inventory of Attitudes Toward Seeking Mental Health Services

The term professional refers to individuals who have been trained to deal with mental health problems (e.g., psychologist, psychiatrist, social workers, and family physicians). The term psychological problems refer to reasons one might visit a professional. Similar terms include *mental health concerns, emotional problems, mental troubles,* and *personal difficulties.*

For each item, indicate whether you *disagree* (0), *somewhat disagree* (1), *are undecided* (2), *somewhat agree* (3), or *agree* (4).

1. There are certain problems which should not be discussed outside of one's immediate family.

   Disagree   Agree
   [0   1   2   3   4]

2. I would have a very good ide of what to do and who to talk to if I decided to seek professional help for psychological problems.

   Disagree   Agree
   [0   1   2   3   4]

3. I would not want my significant other (spouse, partner, etc.) to know if I were suffering from psychological problems.

   Disagree   Agree
   [0   1   2   3   4]

4. Keeping one's mind on a job is a good solution for avoiding personal worries and concerns.

   Disagree   Agree
   [0   1   2   3   4]

5. If good friends asked my advice about a psychological problem, I might recommend that they see a professional.

   Disagree   Agree
   [0   1   2   3   4]

6. Having been mentally ill carries with it a burden of Shame.

   Disagree   Agree
   [0   1   2   3   4]

7. It is probably best not to know *everything* about oneself.

   Disagree   Agree
   [0   1   2   3   4]

8. If I were experiencing a serious psychological problem at this point in my life, I would be confident that I could find relief in psychotherapy.

   Disagree   Agree
   [0   1   2   3   4]

9. People should work out their own problems; getting professional help should be a last resort.

   Disagree   Agree
   [0   1   2   3   4]

10. If I were to experience psychological problems, I could get professional help if I wanted to.

    Disagree   Agree
    [0   1   2   3   4]

11. Important people in my life would think less of me If they were to find out that I was experiencing psychological problems.

    Disagree   Agree
    [0   1   2   3   4]

12. Psychological problems, like may thing, tend to work out by themselves.

    Disagree   Agree
    [0   1   2   3   4]

13. It would be relatively easy for me to find
the time to see a professional for psychological
problems.

Disagree   Agree
[0   1   2   3   4]

14. There are experiences in my life I would not
discuss with anyone.

Disagree   Agree
[0   1   2   3   4]

15. I would want to get professional help if I were
worried or upset for a long period of time.

Disagree   Agree
[0   1   2   3   4]

16. I would be uncomfortable seeking professional help
for psychological problems because people
in my social or business circles might find out
about it.

Disagree   Agree
[0   1   2   3   4]

17. Having been diagnoses with a mental disorder
is a blot on a person's life.

Disagree   Agree
[0   1   2   3   4]

18. There is something admirable in the attitude of people
who are willing to cope with their conflicts and
fears *without* resorting to professional help.

Disagree   Agree
[0   1   2   3   4]

19. If I believe I were having a mental breakdown,
my first inclination would be to get professional
attention.

Disagree   Agree
[0   1   2   3   4]

20. I would feel uneasy going to a professional
because of what some people would think.

Disagree   Agree
[0   1   2   3   4]

21. People with strong characters can get over
psychological problems by themselves and
would have little need for professional help.

Disagree   Agree
[0   1   2   3   4]

22. I would willingly confined intimate matters to
an appropriate person it I thought it might
help me or a member of my family.

Disagree   Agree
[0   1   2   3   4]

23. Had I received treatment for psychological
problems, I would not feel that it ought to be
"covered up."…

Disagree   Agree
[0   1   2   3   4]

24. I would be embarrassed if my neighbor saw
me going into the office of a professional
who deals with psychological problems.

Disagree   Agree
[0   1   2   3   4]

APPENDIX F

**CLASSISM EXPERIENCES QUESTIONNAIRE
ACADEME**

Classism Experiences Questionnaire Academe

During your time at your university, have you ever been in a situation where
any students or professors harassed or discriminated against you because of your
Socioeconomic class?
a. Yes
b. No
c. I don't know

Please answer the following questions on the following scale:
1. Never   2. Once or Twice   3. Sometimes   4. Often   5. Many Times

During your time at your university, have you ever been in situations where:

1. You could not take a class (e.g. music, science, film) because you could not afford the fees for the class (for materials, travel etc.)?
2. You could not join a sports team because you could not afford the associated expense?
3. You could not join an activity (e.g. Student Organization) because your job hours consistently conflicted with the activity meetings/events?
4. You could not afford social activities because of the fees?
5. You had to live in the dorms because you could not afford another housing option?

During your time at your university, have you ever been in situations where students or professors:

1. Told stories of jokes about people who are poor
2. Made stereotypic remarks about people who are poor?
3. Made offensive remarks about people who are poor?
4. Made offensive remarks about the appearance of people who are poor?
5. Made offensive remarks about the way people who are poor act?
6. Made offensive remarks about the way people who are poor speak?
7. Made statements suggesting that people who are poor are inferior?
8. Made statements suggesting that rich people are superior?
9. Made offensive remarks about people on welfare?

During your time at the your university, have you ever been in situations where students or professors:

1. Were dismissive of your financial situation?
2. Invited you to events/outings that you could not afford?
3. Did not seem to appreciate your financial burdens?
4. Encouraged you to purchase things you couldn't afford?
5. Assumed you could afford things that your couldn't (e.g. dinner at and expensive restaurant)?
6. Assumed you could provide your own method of transportation?
7. Did not put books on reserve for class or made them available online?

APPENDIX G

DEPRESSION ANXIETY STRESS SCALE

Depression Anxiety Stress Scale

Please read each statement and select a number 0,1,2, or 3 which indicates how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any one statement. This assessment is not intended to be a diagnosis. If you are concerned about you results in any way, please speak with a qualified health professional.

0 = Did not apply to me at all

1 = Applied to me to some degree of for some of the time

2 = Applied to me to a considerable degrees or for a good part of time

3 = Applied to me very much or most of the time

1. I found it hard to 'wind down'
2. I was aware of dryness of my mouth
3. I couldn't seen to experience any positive feelings at all
4. I experienced breathing difficulty (e.g. breathlessness or excessively rapid breathing in the absence of physical exertion)
5. I found it difficult to work up the initiative to do things
6. I tended to over-react to situations
7. I experienced trembling (e.g. in the hands)
8. I felt that I was using a lot of nervous energy
9. I was worried about situation in which I might panic and make a fool of myself
10. I felt that I had nothing to look forward to
11. I felt myself getting agitated
12. I found if difficult to relax
13. I felt down-hearted and blue
14. I was intolerant of anything that kept me form getting on with what I was doing
15. If felt I was close to panic
16. I was unable to become enthusiastic about anything
17. I felt that I was rather touchy
18. I felt that I wasn't worth much as a person
19. I was aware of the action of my heart in the absence of physical exertion (e.g. sense of heart rate increase, heart 'missing a beat')
20. I felt scared without any good reason
21. I felt that life was meaningless

APPENDIX H

DISPOSITIONAL RESILIENCE SCALE

Dispositional Resilience Scale

Below are statements about life that people often feel differently about. Please show how much you think each one is true. Give your honest opinions. There are no right or wrong answers. Response options are as follows:

0. Not at all true   1. A little true   2. Quite true   3. Completely true

1. Most of my life gets spent doing things that are meaningful.

2. By working hard you can nearly always achieve your goals

3. I don't like to make changes in my regular activities.

4. I feel that my life is somewhat empty of meaning.

5. Changes in routine are interesting to me.

6. How things go in my life depends on my own actions.

7. I really look forward to my work activities.

8. I don't think there is much I can do to influence my own future.

9. I enjoy the challenge when I have to do more than one thing at a time.

10. Most days, life is really interesting and exciting for me.

11. It bothers me when my daily routine gets interrupted.

12. It is up to me to decide how the rest of my life will be.

13. Life in general is boring for me.

14. I like having a daily schedule that doesn't change very much.

15. My choices make a real difference in how things turn out in the end.

APPENDIX I

COLLEGE SELF-EFFICACY INVENTORY

College Self-Efficacy Inventory

The following 20 items concern your confidence in various aspects of college. Using the scale below, please indicate how confident you are as student at your university that you could successfully complete the following tasks. If you are extremely confident, mark a 10. If you are not at all confident, mark a 1. If you are more or less confident, find the number between 10 and 1 that best describes you. Item responses are aggregated across all student respondents in order to better understand how confident the. average student feels. Levels of confidence vary from person to person, and there are no right or wrong answers; just answer honestly.

	1	2	3	4	5	6	7	8	9	10

Not at all   Extremely
Confident   Confident

1. Make new friends at college.
2. Divide chores with others you live with.
3. Talk to university staff.
4. Manage time effectively.
5. Ask a question in class.
6. Participate in class discussions.
7. Get a date when you want one.
8. Research a term paper.
9. Do well on your exams.
10. Join a student organization.
11. Talk to your professors.
12. Join an intramural sports team.
13. Ask a professor a question.
14. Take good class notes.
15. Get along with others you live with.
16. Divide space in your residence.
17. Understand your textbooks.
18. Keep up to date with your schoolwork.
19. Write course papers.
20. Socialize with others you live with.

APPENDIX J

TEST OF NORMALITY

Test of Normality
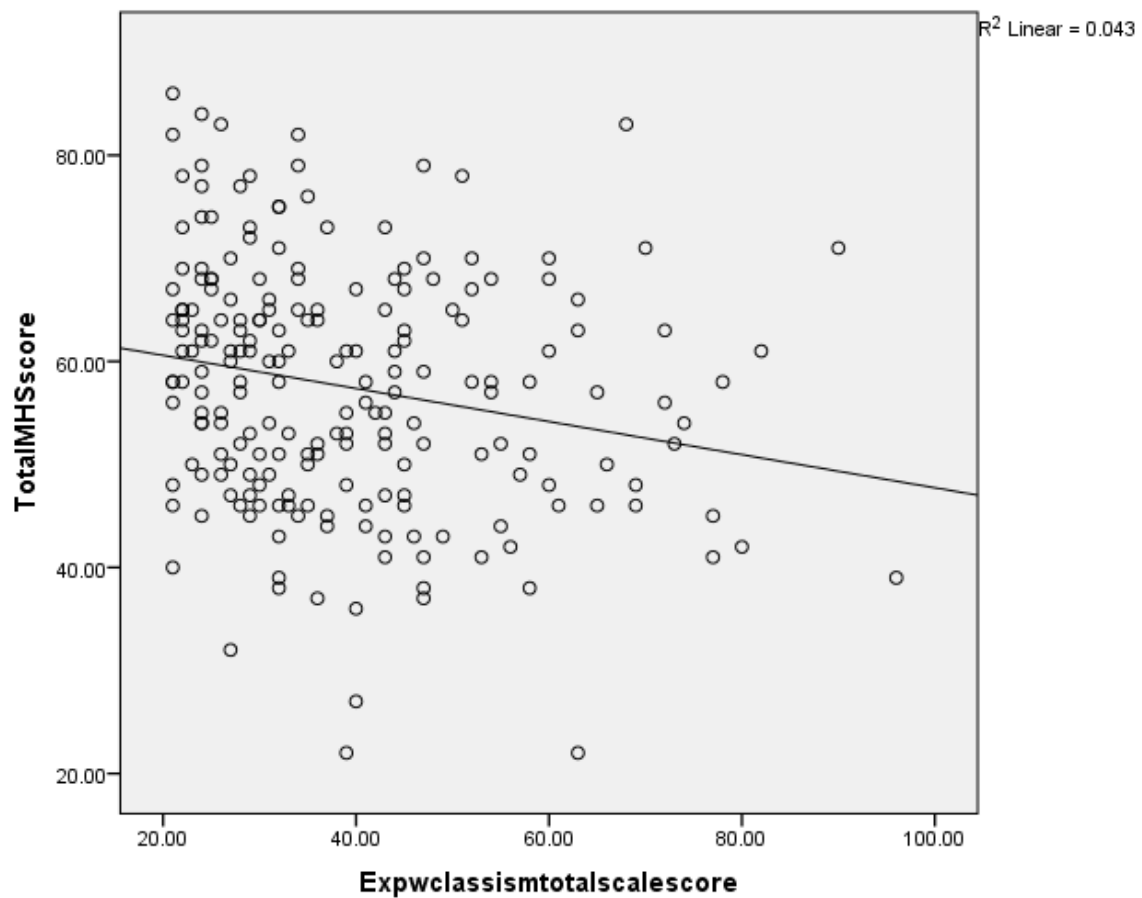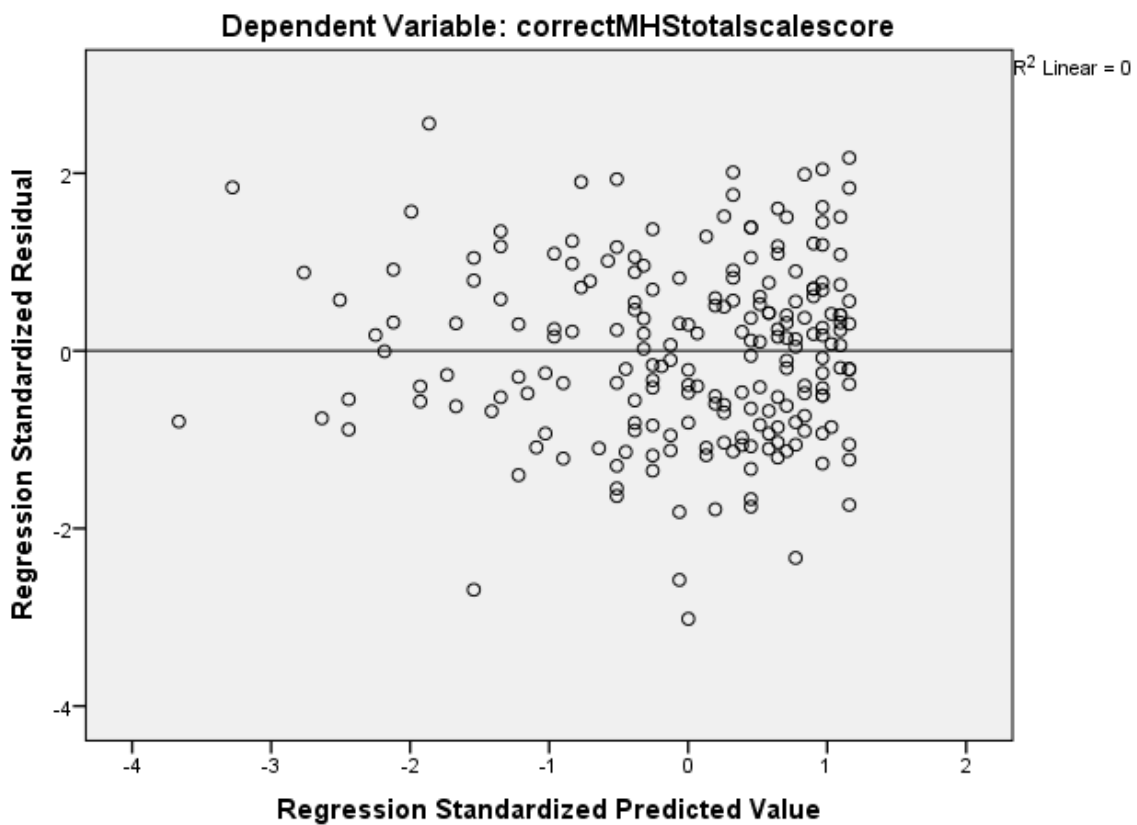
APPENDIX K

TEST OF LINEARITY

Test of Linearity
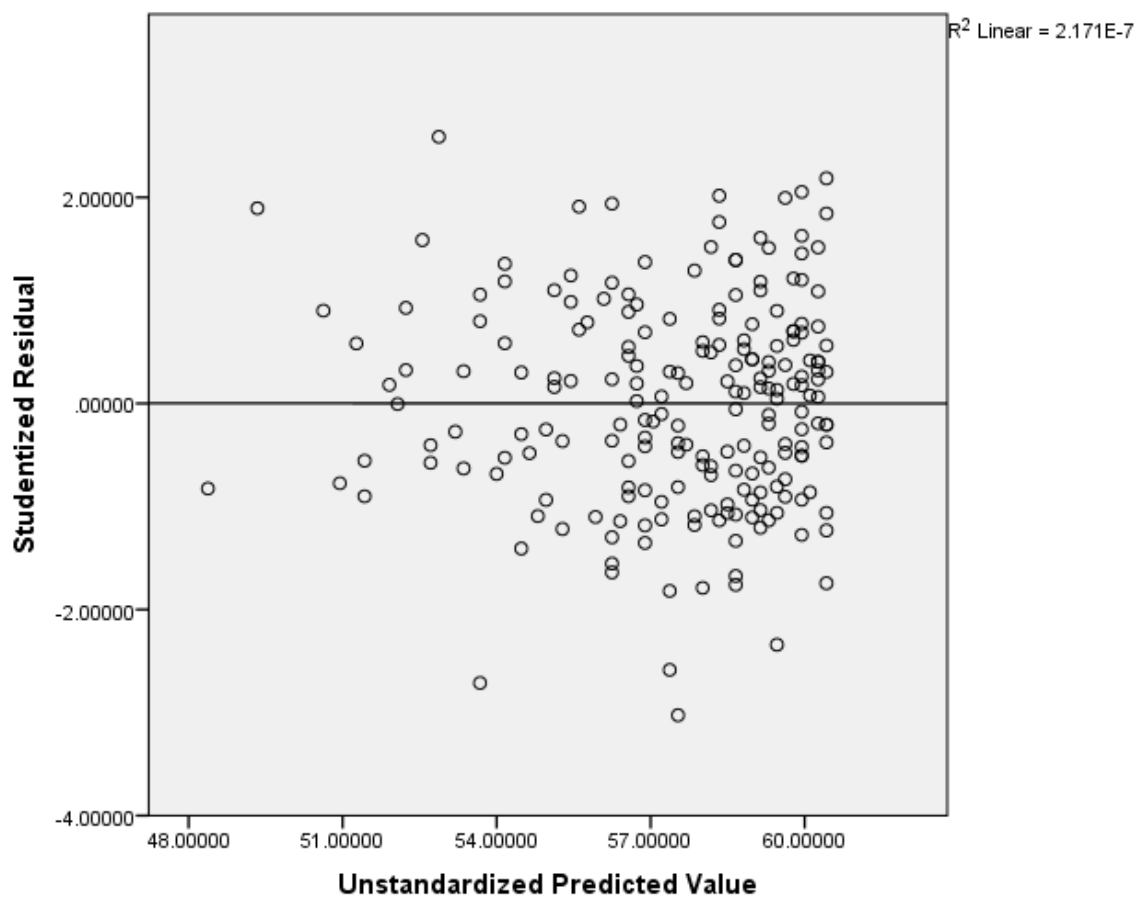
APPENDIX L

TEST OF HOMOSCEDASTICITY

Test of Homoscedasticity

Scatterplot

Dependent Variable: correctMHStotalscalescore

APPENDIX M

MANUSCRIPT FOR PUBLICATION

MANUSCRIPT FOR PUBLICATION

Exploring the 'Missing Piece' within the Social Justice Agenda: Exploring Experiences

of Classism and Attitudes toward Mental Health Services in Undergraduate Students

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ABSTRACT

Help-seeking behaviors among college students are characterized by pervasive underutilization. The most common reason why students avoid treatment for mental illness is the fear of being stigmatized. The field of psychology has recognized and examined the stigma associated with gender and ethnicity but has not fully explored the stigma related to other identities. Social class is one of the most meaningful cultural dimensions in people's lives. Despite this recognition, examination of class, class inequality and classism are generally missing from psychological discourse even when multiculturalism is a central focus. This paper documents original research examining the influence of student experiences with classism on attitudes toward seeking mental health services and on psychological outcomes including emotional distress, college self-efficacy, and resilience. A hierarchical regression analysis evaluated whether students' experiences with classism explained additional variance in help-seeking attitudes after accounting for gender, ethnicity and social class status. This supports that a student's gender, ethnicity, and perceived social class was helpful toward understanding help-seeking behaviors. This study is additive by providing empirical support for the claim that a student's experience with classism is a significant part of the dynamic that explains student attitudes toward seeking mental health services. The data demonstrated that experiences with classism explained an additional proportion of the variance in attitudes toward seeking mental health services above and beyond gender, ethnicity, and social class status. In terms of psychological distress, the data suggested that experiencing instances of classism was related to greater psychological distress. This research also found a small negative correlation between experiences with classism and college self-

efficacy. Clinical implications and interventions to more fully address the experience of classism for college student are discussed.

Keywords: social class, classism, mental health, college student

Introduction

When experiencing distress, some college students seek mental health services, while the majority does not (Hunt & Eisenberg, 2010). The literature is robust in identifying potential barriers that impede a student's use of mental health services including stigma, gender, and ethnicity. Along with gender and ethnicity, social class is regarded as one of the most important cultural cornerstones in multicultural theory (Pope-Davis & Coleman, 2001) and is experienced as one of the most meaningful cultural dimensions in people's lives (Fitzgerald & Betz, 1994; Fouad & Brown 2000), yet a specific focus on social class related concerns toward seeking mental health services is deficient (Bullock, 1995; Lott, 2001).

According to APA's 2007 task force on socioeconomic status (SES), education is viewed as an indispensable aspect of SES. Higher levels of education are associated with more favorable economic outcomes. However; low-income students are a minority group on college campuses (Carnevale & Rose, 2004). Similar to other minority groups, low SES students are likely to experience discrimination. The discrimination associated with social class is classism. Classism is a type of discrimination where people of lower social classes are treated in ways that serve to exclude, devalue, discount, and separate them based on that status (Lott, 2002). Furthermore, classism assigns characteristics of worth and ability based on social class and facilitates the systematic oppression of subordinated groups by the dominant groups (Collins & Yeskel, 2005, p.143).

Prior research found students who experienced classism were more likely to feel they did not belong in college. In addition, students who experienced classism were more likely to have negative psychosocial outcomes with intentions of leaving college before

graduating (Langhout, Drake, & Rosselli, 2009). Diversity and inclusion are extremely important aspects of campus climate and the presence of negativity and discrimination in any form subtracts from a healthy climate (Rankin, 2005). The climate of a campus can greatly impact a student's academic abilities and participation with campus life and services, including use of mental health services.

Examining the relationship between social class status and attitudes toward mental health among college students is vital because student attitudes toward health behaviors are often beginning to form in college; thus, institutions of higher education can benefit from a better understanding of the issues faced by students of various social class standings (Archer, 2007; Kettley, 2007). College represents an important developmental phase where young adults are transitioning into adulthood and determining who they are and what they stand for (Berk, 2000). Those who go to college are more likely to have more social power, thus it would be beneficial if the leaders of tomorrow understood class differences and could recognize and work to change classist behaviors.

The research to date has not examined if experiences of classism pose a deterrent for the specific help-seeking behavior of initiating counseling and overall attitudes toward mental health services. In keeping with the goal of providing competent multicultural therapy, the field of psychology can benefit from a further understanding regarding how class and classism impacts help-seeking attitudes. The research described in this paper evaluated the relationship between students' experiences with classism and seeking mental health services.

College Student Help-Seeking Behaviors

Less than half of troubled students on university and college campuses utilize mental health services (Hunt & Eisenberg, 2010). Harrar and his colleagues (2010) sought to determine the need for counseling services among students at a moderate size, mid-Atlantic, public liberal arts institution. A total of 1,963 surveys were mailed to students (811 on campus, 1,152 off campus). Their research found 29% of nonclinical students reported significant levels of distress and dysfunction and only 7% of those students reported receiving treatment. Additionally, data from university counseling centers indicated only 6% of the entire student body had been seen at the center during that year.

The American College Health Association (ACHA) surveyed 96,000 college students in the spring of 2010. They reported that 85% of students felt overwhelmed, 46% felt hopeless, 48% experienced overwhelming anxiety, 56% felt very lonely, and 31% felt so depressed that it was difficult to function. Results from that same survey indicated that, at most, only 8% of those students had sought professional treatment across several categories of mental health-related conditions (ACHA, 2010).

Comparative studies between college students and young adults who are not attending college is one method for distinguishing college student help-seeking behaviors from behaviors of the general public. Turner and Quinn (1999) found that when compared with a general population sample, college students were less likely than a non-college population to seek professional help for depression and anxiety, alcohol or drug problems, eating disorders, making lifestyle changes, or coping with stress.

These findings are perplexing because college campuses represent possibly the only time in many people's lives when a single setting and location offers many activities, both career related and social as well as health and support services (Hunt & Eisenberg, 2009). One would assume it is easier for students to seek help within the built in structures and supports. Unfortunately, the literature does not support this assumption; in some cases, students are completely unaware of the services available to them (Yorgason, Linville, & Zitman, 2008).

In March of 2008, Yorgason and his colleagues asked college students about their knowledge of mental health services. A total of 266 undergraduate students at an eastern U.S. university completed the survey. Thirty percent of participating students indicated they had never even heard of the services. Thirty-seven percent of respondents reported not having enough information about how to make contact for these services and 38% had heard of the services but knew nothing more about them (Yorgason et al., 2008).

The underuse of mental health services is a consistent theme across the literature, giving rise to a lineage of studies that have sought to find "approach tendencies" (Kushner & Sher, 1989). Approach tendencies are factors that increase the likelihood of help-seeking behaviors (Kushner & Sher, 1989). Some approach tendencies include having engaged in prior help-seeking behaviors (Deane & Todd, 1996; Vogel & Wester, 2003), perceived social support (Rickwood & Braithwaite, 1994; Vogel & Wester, 2003), and level of psychological distress (Deane & Chamberlain, 1994 Vogel & Wester, 2003).

Conversely, avoidance factors are those that decrease the chances that a person will seek services (Kushner & Sher, 1989; Vogel & Wester, 2003). Known avoidance factors that inhibit the likelihood of help-seeking by college students include: treatment

fear, fear of self-disclosure, self-concealment, stigma, emotional constriction, and anticipated risks (Kushner & Sher, 1989).

The most consistent finding indicates that positive help-seeking attitudes related to mental health services is the strongest predictor of actual help-seeking intentions among college students (Deane & Todd, 1996; Kelly & Achter, 1995; Vogel, Wade, & Hackler, 2007; Vogel & Wester, 2003; Vogel, Wester, Wei, & Boysen, 2005).

Benefits of Seeking Help

There are many benefits to participating in mental health services. Turner and Berry (2000) conducted a six-year longitudinal study among college students who received counseling and those who did not at a Western state university. The researchers reviewed records from 2,365 counseling center clients and a comparison group of 67,026 students in the general student body who were enrolled in at least one course. Their goal was to determine the role counseling had on academics, retention, and attrition. Overall the results found 70% of students who received counseling reported personal problems were affecting their academic progress, and 60.7% respondents reported counseling was helpful in maintain or improving their academics. Retention rates for those students who received counseling were deemed 'superior' to those in the general student body who did not seek treatment; specifically, annual retentions rates were 70.9% for counseling students versus 58.6% for non-counseled students.

Choi, Buskey, and Johnson (2010) sought to determine the academic effect counseling had on students after the counseling had a positive significant change in symptoms. Graduation rates were used as the outcome indicator. The Outcome Questionnaire (OQ-45) and the Problem Resolution Outcome Survey (PROS) were used

to assess positive treatment outcome. Academic functioning was measured using a subscale of the Student Adaptation to College Questionnaire (SACQ). The participants consisted of 78 students (69% female and 31% male) who sought counseling at the counseling center during a single academic year. Findings suggested academic functioning was positively correlated with positive psychological functioning (Choi et al., 2010). Students who had the greatest improvement between intake and resolution showed the greatest academic success.

Overall, Choi et al. (2010) found psychological problems had a negative impact on students' academic success and counseling had a direct positive effect on academics for students suffering from a mental health issue who received treatment. Students who received therapy responded favorably in other areas of their lives as well (i.e., relationship satisfaction, overall well-being). These studies demonstrate the positive impact counseling has on students who use it.

The Barriers to Help-Seeking

Stigma

Mental health stigma poses a profound barrier. The most common reason why college students avoid treatment for mental illness is the fear of being stigmatized (Corrigan, 2004; Harrison & Gill, 2010; Vogel, Wade, & Ascheman, 2009). Bennett, Coggan, and Adams (2003) found that some people would rather have a physical illness than deal with the stigma of having depressed. College students reported that they would be embarrassed if their friends found out they were seeking psychological help from a counselor (Jagdeo, Cox, Stein, & Sareen, 2009). This is despite the push by the American Psychological Association to reduce stigma by educating the public about

mental illness (Turner & Quinn, 1999). Education begins with knowing what stigma is and how it operates in the lives of people.

Goffman (1963) defines stigma as an "attribute that is deeply discrediting" and that reduces an individual "from a whole person to a tainted, discounted one" (p. 3). More concisely, Goffman defines stigma as the relationship between an "attribute and a stereotype" (p. 4). Goffman's influence is evident in other conceptualizations and measurements of stigma. Jones et al.'s (1984) framework postulated that stigmatization takes place when there is a link between a person and an undesirable characteristic that discredit him or her in the eyes of others.

Positioning social class within the stigma conceptualization borrows from sociologist Erving Goffman. In 1963, he proposed that the salient factor in the experience of stigma is based on how easily concealed the stigmatizing attribute could be. Goffman later provided different titles for stigmatized traits that were obvious and those that were not obvious. "Discredited" stigmas are attributes of individuals that are predominantly visible like ethnicity, physical disability and gender. Conversely, individuals with stigmatized attributes that could be hidden were termed "discreditable" stigma (Goffman, 1963), examples include mental illness, sexuality and addiction. Social class status on a college campus is not as easily or accurately perceived as ethnicity or gender and thus could be experienced as a discredited type of stigma.

The question of how concealed stigmas impacts physical and psychological health access has been examined. Recent observations collected by Chaudoir, Earnshaw and Andel (2013) suggest that one's ability to conceal a stigmatized identity negatively affects health care access and quality due to the inherent focus of health care systems and

providers to concentrate on visible stigmas. A past study by Frable, Platt, and Hoey (1998) investigated the concealed stigmas of being a sexual minority, having an eating disorder, and having a low socioeconomic status. These researchers found that individuals with these concealable stigmas reported greater negative affect, lower self-esteem than those with visible stigmas. Additionally, these individuals with concealed stigmas expressed feeling "better" when they were around "similar" others (p. 915). Likewise, social class is an overlooked and a non-visible stigma on college campuses with the potential to impact metal health.

Critics of these early stigma theories argue that these theories position the problem as inside the individual rather than resulting from the discrimination and exclusion that a stigmatized person experiences (Sayce, 1998). Contemporary stigma theorists have developed a conceptualization that has responded to this critique and positions the power of stigma on external factors surrounding the individual. Link and Phelan (2001) have posited that stigma exists when elements of labeling, stereotyping, separation, status loss and discrimination co-occur. This conceptualization shifts the problem of stigma from the individual toward the culture at large, acknowledging stigma as a type of discrimination.

Previous Research

Several empirical studies have explored how mental illness stigma relates to help-seeking attitudes and behavior. Stigma is posited to explain college student underutilization of services. Eisenberg, Downs, Golberstein, and Zivin (2009) investigated help-seeking behavior based on perceived and personal stigma (described above). The researchers gathered a random sample of 5,555 students across 13

universities. The researchers reported that higher personal stigma was significantly associated with a lower likelihood of help-seeking (Eisenberg et al., 2009). This is to say that negative stereotypes and prejudice about mental illness held by the individual impacted the student's behavior of initiating services. Secondly, perceived public stigma was higher than personal stigma (Eisenberg et al., 2009). In other words, the awareness of a negativity and prejudice about mental illness held in society was stronger than one's own personal negative views.

Lastly, and most pertinent to the present study is that Eisenberg et al. (2009) found several demographic characteristics associated with higher personal stigma and concurrently lower likelihood of seeking help. Demographics factors included: younger aged students, male students, international students, Asian students, being heterosexual and having higher levels of religiosity. Social class was not examined in this study.

Social Class

Socioeconomic status has been studied in relation to help-seeking attitudes. In the fall 2008 the National College Health Assessment sponsored by the American College Health Association surveyed students regarding occurrences in their lives over the previous 12 months that had been traumatic or very difficult to handle. Financial struggles ranked second from the top at 35% after academic concerns reported by 45% of participants (ACHA, 2008). A similar study evaluated the primary concerns of students who were struggling with suicidal ideation. Participants included 1,455 college students from four different colleges and universities. Respondents were asked a number of questions via survey related to whether they had experienced depression since coming to college, and, if so, to indicate the reasons for that depression. They were also asked

whether they had thought about or attempted suicide since coming to college. Data indicated that the most frequently cited causes of depression among the sample of students across the four different campuses were: grade problems (53%), loneliness (51%), financial problems (50%), and relationship problems (48%; Furr, Westefeld, McConnell, & Jenkins, 2001). Other contributing factors included hopelessness (26%), parental problems (25%), helplessness (17%), other (13%), don't know (5%), and legal problems (5%; Furr et al., 2001). This study is significant in that financial concerns appear near the top of the list of student issues.

Iydroose (2012) investigated the correlates of mental health help-seeking behavior among college students. The study uses data from the 2010 National Healthy Minds Survey, which is an annual we-based survey of undergraduate and graduate student mental health. The data were collected from students at a New England public university. A total of 990 undergraduate students responded. The majority (72.0%) of students were 21 years old or less and more than half of the sample was female (76.7%). Iydroose did find financial status to be a significant predictor of student use of counseling services.

Although previous research has examined university students' underutilization of mental health services and have identified some demographic variables like gender and ethnicity contribute to stigma, few studies have addressed the role of social class and classism. Therefore, the present study addressed the following nine research questions.

1. To what extent is the variance in attitudes toward seeking mental health services explained by gender, ethnicity, and perceived social class status in undergraduate students?

2. Do experiences with classism explain proportion of the variance in attitudes toward seeking mental health services after controlling for the influence of gender, ethnicity and perceived social class status?

3.   Do students of different social class status experience different amounts of classism?

4.   Do student experiences with classism differ by ethnicity?

5.   Do student experiences with classism differ by gender?

6.   Are student experiences with classism associated with psychological distress?

7.   Are student experiences with classism associated with resilience?

8.   Are student experiences with classism associated with decreased college self-efficacy?

9.   To what extent does citation, institutional and interpersonal classism incrementally explains the variance in psychological distress?

Method

Participants

Two hundred and seventy-three students participated in the study. The gender of the participants was 38% male, 60% female, and 2% identified their gender as other. The majority of students were freshman, comprising 62% of the sample. Sophomores and juniors made up 14% each, while seniors represented 10% of the sample. Sixty-four percent identified their ethnicity as Caucasian, 17% identified as Hispanic/ Latino(a), 7% identified as African American, 5% identified as Multiracial, 4% identified as Other and 3% identified as Asian. In terms of self-identified social class status, only 1% indicated an upper class social identity, 25% stated that they belonged to the upper middle class, 44% indicated belonging to the middle class, 15% specified belonging to the lower middle class, 11% belonged to the working class' status, and 4% endorsed a 'poor' social class status.

Design and Procedure

The research was web-based study that was conducted entirely on line. The two participating universities were equipped with online software that allowed students enrolled in psychology courses to participate in research. Specifically, both universities utilized SONA Systems, which is a web-based software program for the management of participant pools.

The researcher contacted professors in the psychology department via email and asked professors to encourage their student to visit the department's participant portal. Typically, participation in research through this portal is used as a course requirement or offered as extra credit for students. Students were able to access the measurements through the participant portal. Participants were first presented with the informed consent form; available to print and keep for their records if desired, followed by the measures for the present study.

The informed consent educated participants regarding the researcher's contact information, their role in the research, any potential risk, their personal confidentiality, the approximate time to complete the surveys, and the raffle reward. Clicking "ok" and continuing on from the consent form into the study implied consent from the participants. To combat the potential for participant cognitive fatigue and low completion rate for measures at the end of the administration, the five measures were presented in a random order to each participant.

Instrumentation

The five measures included in this study included the following instruments. A demographic measure created by the researcher. The Inventory of Attitudes Toward

Seeking Mental Health Services (IASMHS; Mackenzie, Knox, Gekoski, & Macaulay, 2004), the Classism Experiences Questionnaire-Academe (CEQ-A; Langhout, Rosselli, & Feinstein, 2007), the Depression Anxiety Stress Scales (DASS-21; Lovibond & Lovibond 1995), the Dispositional Resilience Scale (DRS-15; Bartone, 1999), and the College Self-Efficacy Inventory (CESI; Solberg, Villareal, Kennel, & Davis, 1993). Each inventory was specifically selected to serve in answering the research questions.

Results

The first hypothesis stated that gender, ethnicity and perceived social class would explain a significant portion of the variance of IASMHS. The researcher tested this hypothesis using a hierarchical regression analysis. These three predicators were entered into the model simultaneously in the first step of the regression. For data analysis purposes, the six social class categories were condensed into three social class categories: upper class, middle class, and lower class. The new upper class variable included participants who identified as upper class and upper middle class. The newly created middle class variable included participants who identified as middle class. Finally, those participants who identified as lower middle class, working class, and poor were combined to define the lower class bracket.

Data analysis found that the combination of gender, ethnicity and perceived social class explained 4.3% of the variance in IASMHS scores, F (3, 203) = 3.01, p =. 031 (R^2 =.043, ΔR^2 = .043). The regression model suggests that gender, ethnicity and perceived social class status

The second hypothesis stated that after accounting for the influence of gender, ethnicity and perceived social class status, experiences with classism as measured by the

CEQ-A, would explain a significant proportion of the variance in attitudes toward seeking mental health services above and beyond the three demographic variables. When the CEQ-A total scores were added as the second step in the model, it accounted for 4.3% of the variance, $F(1, 202) = 9.49$, $p =. 002$ ($R^2 = .086$, $\Delta R^2 = .043$). See Table 1 for the hierarchical regression analysis results.

In the final model, all the predictors were statistically significant. Given that CEQ-A scores significantly contributed an additional 4.3% of the variance above and beyond what was predicted by gender, race and social class, the second null hypothesis was rejected. Experiencing higher levels of classism on campus was associated with a decrease in positive attitudes toward seeking mental health counseling. Further discussion of the implications is provided in Chapter V.

Table M1

Hierarchical Regression Analysis of Predictor Variables on the Attitudes toward Seeking Mental Health Services (Hypothesis 1 and 2)

Predictor Variables	B	SE	β	t	p value
Step 1 ($R^2 = .043$, $\Delta R^2 = .043$)					
Gender, Ethnicity & Social Class	3.70	1.60	.158	2.30	.022
Step 3 ($R^2 = .086$, $\Delta R^2 = .043$)					
Experiences of Classism (CES-A)	-.168	.054	-.218	-3.08	.002

To further explore the impact of ethnicity, and social class, the researcher created dummy variables for each of the five-ethnicity categories: White, African American, Hispanic, Asian, and Multiracial. Another hierarchical regression analysis was conducted. Each of the ethnicity categories did not explain statistically significant

portions of the variance in IASHMS scores. The same process was followed for further

examining social class. The three levels of social class did not explain statistically

significant portions of the variance in IASHMS scores (see Table 2). These findings

suggest that in the present sample, ethnicity was not a significant predictor of attitudes

toward students' seeking mental health services. This is contrary to the current literature.

Further, these findings indicate that experiencing classism on campus is significant while

the social class status was not significant in influencing student attitudes toward seeking

mental health services.

In Research Question 3, students who were designated as belonging to the lower

class were those who identified their social class as: poor, working class, or lower middle

class. The researcher hypothesized that these students would experience greater levels of

classism compared to their upper class peers, which are those students who identified as

upper class and upper middle class. This hypothesis was supported. Results from an

independent samples t-test indicated that lower class individuals ($M = 44.1$, $SD = 16.4$, n

$= 69$) scored higher than upper class students ($M = 36.6$, $SD = 14.5$, $n = 147$), $t(214) = -$

3.344, $p = .001$ on the CEQ-A. The results indicated lower class students experiencing

more classism on their campuses when compared to upper class students.

In Research Question 4, the researcher investigated whether minority students

(African American, Asian, Hispanic, Multiracial) experienced greater amounts of

classism compared to their non-minority peers (Caucasian). The research hypothesis was

not supported. Results from an independent samples t-test indicated that minority

students ($M = 39.0$, $SD = 16.8$, $n = 67$) did not score statistically higher than White

students ($M = 39.0$, $SD = 14.8$, $n = 140$), $t(214) = .005$, $p = .996$ on the CEQ-A, which

assessed the presence of experiencing classism on campus. The null hypothesis was

accepted. There were not significant differences between minority students and White

students regarding their experiences of classism on campuses.

Table M2

Hierarchical Regression Analysis of Predictor Variables Ethnicity and Social Class on Attitudes toward Seeking Mental Health Services

Predicator Variable	B	SE	β	t	p value
Step 1 ($R^2 = .004$, $\Delta R^2 = .032$) White	.527	.546	.063	.967	.335
Step 2 ($R^2 = .010$, $\Delta R^2 = .002$) African American	4.27	3.49	.086	1.22	.222
Step 3 ($R^2 = .017$, $\Delta R^2 = .004$) Hispanic	.933	.738	.116	1.26	.207
Step 4 ($R^2 = .018$, $\Delta R^2 = .000$) Asian	-.588	2.48	-.018	-.237	.813
Step 5 ($R^2 = .018$, $\Delta R^2 = -.004$) Multi-racial	-.138	1.11	-.013	-.124	.901
Step 1 ($R^2 = .000$, $\Delta R^2 = .000$) Upper Class	.519	6.91	.005	.075	.940
Step 2 ($R^2 = .006$, $\Delta R^2 = .006$) Middle Class	1.07	.897	.079	1.197	.233
Step 3 ($R^2 = .009$, $\Delta R^2 = .003$) Lower Class	.527	.617	.066	.854	.394

Research Question 5 evaluated whether student experiences with classism differed by gender. The research hypothesis was supported. Results from an independent samples t-test indicated that males ($M = 36.5$, $SD =14.4$, $n = 84$) experienced fewer incidents of classism compared to female students ($M = 40.7$, $SD =16.1$, $n = 127$), $t(209)$ = -1.97, $p = .050$ on the measure which assessed the presence of experiencing classism on campus. The results suggest that the null hypothesis must be accepted. In this investigation there are not significant differences between male and female students regarding their experiences of classism.

Research Question 6 examined whether experiences of classism would be positively associated with psychological distress. The researcher found a positive correlation of moderate strength between experiences with classism and psychological distress, $r = .470$, $n = 197$ $p < .001$. The presence of classism was associated with greater psychological distress.

In Research Question 7, the researcher hypothesized that experiences of classism would be positively associated with resilience. There was a non-significant correlation between experiences with classism and resilience, $r = .062$, $n = 180$, $p = .411$. The presence of classism in one's life was not associated with the ability to be resilient.

In research Question 8, this researcher postulated that experiences of classism would be negatively associated with college self-efficacy. A small negative correlation was found between experiences with classism and college self-efficacy as measured by the CESI, $r = -.140$, $n = 208$, $p = .044$. The negative correlation suggests that increasing experiences of classism decreased college self-efficacy. The experience of classism appears to impact a student's belief in his or her ability to succeed in college.

Lastly, Research Question 9 was evaluated with another hierarchical multiple regression. There is a lack of literature to inform the order in which these variables should be entered into the model. Interpersonal classism was hypothesized to demonstrate the largest proportions of the variance in psychological distress.

The different types of classism did explain a significant proportion of the variance in DASS-21 scores. The hierarchical regression revealed that each of the three forms of classism were significant predictors of DASS-21. .A careful examination of the regression model shows that the Beta coefficients for each form of classism are very similar. Beta coefficients measure how strongly each predictor variable influences the dependent variable. The data communicate that citation, institutional, and interpersonal classism all are influencing psychological distress to a similar magnitude although they each explain a different proportion of the variance. Citation classism, which includes the telling of stereotypical and disparaging jokes or stories about people who are working class or poor, explained the largest proportion of the variance, 11%, in DASS-21 scores (see Table 3).

Table M3

Hierarchical Regression Analysis of Experiencing Classism (CES-A) on Psychological Distress (DASS-21)

Predictor Variables	B	SE	β	*t*	*p* value
Step 1 (R^2 = .113, ΔR^2 = .113)					
Citation Classism	.903	.181	.337	4.99	.000
Step 2 (R^2 = .172, ΔR^2 = .059)					
Institutional Classism	1.50	.404	.261	3.71	.000
Step 3 (R^2 = .246, ΔR^2 = .073)					
Interpersonal Classism	1.32	.305	.357	4.33	.000

Discussion and Implications for Psychology

The hierarchical regression analysis performed in this study resulted in identifying predictors of attitudes toward seeking mental health services (IASMHS). Of the demographic variables measured, a participant's gender, ethnicity and perceived social class were significant predictors on the total score on the Inventory of Seeking Mental Health Services explaining 4.3% of the variance. This suggests gender (i.e., male, female, or other), ethnic identity (African American, Asian, Caucasian, Hispanic, or Multi-racial), as well as social class status (upper class, middle class, lower class) contribute to a participant's attitude toward seeking mental health services. Although only a small percent of the variance is explained by gender and ethnicity, these findings are consistent with the current literature regarding the impact of gender and ethnic status on attitudes toward mental health services.

The present study did not assess the magnitude to which the participants adhered to gender roles, which may describe the small proportion of variance explained by gender

alone. In addition, the majority of participants in this study identified as female. Women endorse more favorable views of counseling compared to men (Vogel et al., 2007). A majority female sample may have amplified the impact of gender to explain IASMHS scores.

The Impact of Ethnicity

The present study found ethnic identity contributes to a participant's attitude toward seeking mental health services. The study did not indicate which ethnicities had more positive attitudes toward mental health services. The findings of this study regarding gender and ethnicity are consistent with of prior literature, which illustrates that the social identities of being a male and a racial minority do pose as significant indicators for utilization of the therapy process (Cabral & Smith, 2011; Miville & Constantine, 2006; Sue & Sue, 2003; Whaley, 2001).

Impact of Social Class

The last demographic variable measured was subjective social class status. Participants self-identified their social class from six categories. Social class status was found to be a significant predictor of the total score on the IASMHS indicating that social class standing dose add to the explanation of attitudes toward seeking mental health services. This significant finding is a possible result of condensing the six social class groups into three categories, thus comparing differences between three larger groups as opposed to the original six smaller groups. The decision to group the social class variable in this manner was based on the limited number of participants in each group and the statistical power requirements necessary to run the analysis. These decisions are explained further in the limitations section below.

There is very little research on the explicit interplay between social class and attitudes of college students toward seeking mental health services. However, there are several published studies on the relationships among SES, psychological processes, and health. Social class influences a person's physical and psychological well-being through differential access to resources and relationships with other people (Ein, 2012). Research has consistently revealed that each upward step in SES is linked to relative health advantages (Gallo, Smith, & Cox, 2006). Low SES individuals experience stressors, negative events, and interpersonal situations characterized by conflict, low support, and low control (Gallo, Smith, & Cox, 2006). These experiences promote negative expectations and beliefs about the social world (e.g., mistrust, cynicism, pessimism) that result in negative attitudes toward psychological self-help (Ein, 2012).

These studies suggest that social class is a social identity that students are aware of and that social class status has an impact on their relationships and psychological well-being. It would be beneficial for these students to seek counseling for assistance managing negative emotions and processing their unique concerns, yet these students are less likely to be informed about counseling services (Yorgason et al., 2008).

The present study differs from prior studies by examining the student's perceived social class status as opposed to using parental social class data to determine class status. The social class label that students ascribed to themselves did not significantly explain attitudes toward seeking mental health services. The majority of participants identified as middle class. Although there are many struggles associated with a middle class identity (Pew Research Center, 2012), class related oppression and historical distrust regarding mental health is typically more prevalent in lower social class brackets (Ein, 2012). Sue

and Sue (1990) offer a plausible explanation suggesting that clients who do not represent the middle class values of verbal ability, timeliness, and psychological mindedness may not have received optimum treatment, which diminished the effectiveness of therapy leading to their premature termination.

The literature supports that lower class students face unique interpersonal and academic challenges in college that impact their mental health. The present study would been improved by recruiting more than 30% of the sample to represent students who identify as lower middle class, working class, or poor. If this was achieved, social class status may have emerged as a significant predictor of ISMHS. The study did illuminate that the experience of classism, regardless of a student's social class label, is a noteworthy predictor of attitudes toward seeking mental health services. This finding will be discussed further.

Classism

After accounting for the influence of gender, ethnicity, and social class status, the primary predictor variable of interest emerged as a significant predictor of the total score on the Inventory of Seeking Mental Health Services. Classism accounted for an additional 4.3% of the variance in IASMHS scores above and beyond what was predicted by gender, race and social class status. These findings suggest that experiencing classism on campus is an occurrence that demonstrated predictive power in evaluating mental health utilization in this sample. This finding offers empirical research in response to the appeal from Laura Smith (2005) in her article entitled *Positioning Classism within Counseling Psychology's Social Justice Agenda*, in which she states,

> What is missing from the counseling psychology's social justice agenda is the naming and explication of a form of oppression that operates so that poor and working- class people are systematically disadvantaged through attitudes and

stereotypes; our society's institutions; policies, and economic structures: classism. (p. 899)

The sentiment of this article praised counseling psychology for providing forward momentum in social justice work while cautioning the field from becoming too complacent. The field of counseling psychology has been a leader in approaching and providing services and advocacy for oppressed groups (Goodman et al. 2004), yet it was not until 2007 that APA created a task force on SES. This task force emphasized the need for applied psychology to incorporate class into multicultural research and practice. One of the goals of the task force was to apply the well-known understanding of oppression into the context of social class and classism. Oppression itself is understood to be an interlocking system that involves domination and control of social ideology, institutions, and resources, resulting in a condition of privilege for one group relative to the disenfranchisement of another (Hardiman & Jackson, 1997).

This definition of oppression lends itself to the examination of societal systems. A majority of social class research to date has been conducted by health psychologists studying the impact of poverty on health (Seeman et al., 2004). In a similar vein, community psychologists have conducted longitudinal studies on community ecology, violence, poverty levels, and welfare dynamics (Caughy & Ocampo, 2006 ; James et al., 2003; Yoshikawa & Seidman, 2001). In the last 40 years, research from social psychologists attending to poor clients in community mental health can be found, yet Laura Smith (2005) implores clinical and counseling psychologists to remain active.

Few counseling psychologists have researched the impact of social class and classism on retention, graduation, and academic struggles (Fitzgerald & Delaney 2002; Walpole, 2003) while others have focused on student adjustment, psychological distress,

and belonging (Chatman, 2008; Karp, 1986; Saldana, 1994; Wentworth & Peterson, 2001;). The present research stands alone in recognizing classism as a deterrent to college student's desire to seek mental health services on college campuses. This research is not alone in illuminating that social class is part of the lived experience on campus.

A small and growing phenomenon is sweeping across college campuses. Growing networks of first-generation/ low-income students are forming groups to share stories about their college experience. The New York Times published an article in April 2015 that detailed how several Ivy League campuses currently have student-led groups that meet to discuss their experiences of income-inequality and the related hardships of being a first-generation student (Pappano, 2015, p.1). Vicki Madden in her editorial, "*Why Poor Students Struggle*," communicated that there is a focus on Ivy League schools such as Brown, Harvard, and Yale because it is assumed that the more elite the school, the wider the income gap among its students (Madden, 2014, p. 8).

Narratives from students revealed that they have experiences such as learning about what 'office hours' means, and coming-out as not middle class when he or she cannot speak about going on vacation (Pappano, 2015, p. 8). Lower SES students shared that it is often the indirect things, the signifiers of who they are and where they come from, that cause the most trouble, often challenging their feeling of belong on campus (Madden, 2014, p. 8).

Colleges are beginning to acknowledge the influx of low-income students and are attempting to foster economic diversity. Stanford University recently announced that tuition and room/ board would be free for students from families making less than $125,000 a year. This change comes from the universities provost John Etchemendy

who's in 2013 stated: "Our highest priority is that Stanford remains affordable and accessible to the most talented students, regardless of their financial circumstances." National recognition of social class status from top tier universities is initiating the conversation regarding social class, and the difficulties of upward mobility if college is unaffordable. Sam Fulwood (2012) , author of *Race and Beyond: Income Differences Divide the College Campus in America*, posits that class stratification on college campuses may be a barrier that increasingly divides affluent students from their less-well-off classmates, threatening the long-cherished ideal that a college education serves as the great equalizer of society. In other words, the experience of classism on campus does impact one's experience of psychological distress. The present study offers some empirical support to the qualitative narrative shared by students across the country.

This investigation discovered that those students who identified as belonging to the lower middle, working, and the poor classes experienced a significantly greater amount of classism when compared to their peers who identified as upper class and upper middle class. These finding are considered in the context of the Classism Experience Scale-Academe. The items on this scale are more adept at measuring downward classism, which is discriminatory behavior against people, and groups that are perceived to be "below" the perceiver (Liu & Pope-Davis, 2003). For example, item number four reads: D*uring your time at your university, have you ever been in situations where you could not afford social activities because of the fees?* Item twelve reads: *During your time at your university, have you ever been in situations where students or professors made statements suggesting that people who are poor are inferior?*

The present study hoped to initiate questions regarding the differences in gender and classism, and develop future avenues for research and practice. Research to date has focused on classism and retention in college or psychological outcomes (Fitzgerald & Delaney, 2002; Karp, 1986; Walpole, 2003; Wentworth & Peterson, 2001). The current study demonstrated that men on average recognized more instances of classism than did women.

Psychological Distress

The secondary focus of the present study was to assess how classism impacts psychological symptoms (depression, anxiety, stress), college self-efficacy, and resilience. The research questions regarding these variables were assessed by correlation analyses. The DASS-21 had a positive correlation of moderate strength with the CEQ-A, suggesting that presence of classism is associated with the presence of more psychological distress. This is consistent with the current literature, which is exhaustive in supporting a relationship between socio-economic status and psychological distress.

Langhout et al. (2009) examined classism in the university setting. They selected a small private liberal arts university at which tuition, room, and board averaged $40,000 for the year that the study was conducted. Among the hypotheses, the researchers postulated that classism would be a stressor that negatively affected school belonging because classist experiences at college are tied to the college experience. They hypothesized that school belonging, in turn, would affect psychosocial and health outcomes, which included: psychological distress, well-being, social adjustment, anxiety, depression, friendship, somatization, and health satisfaction. Results from a path analysis with 599 participants found that students who had experienced classism were more likely

to have negative psychosocial outcomes and intentions of leaving school before graduating.

In conjunction, others studies have found that working class and working poor students often feel isolated, marginalized, and are prone to psychologically distressed (Karp, 1986; Wentworth & Peterson, 2001). The University of California system reported that undergraduates who identified as low income or poor had lower levels of a sense of belonging compared to their peers who identified as middle class or upper-middle class (Chatman, 2008). It is recommended that future research take a step further than the present study and utilize stronger statistical tests such an MANOVA or a regression model to tease out the relationship classism enacts on the psychosocial distress of students.

Resilience

Resilience is theorized as an important intrapersonal ability or hardiness, which allows individuals to adapt in the face of challenges (Masten, 2001). The researcher speculated that those who are victims of classism will experience more stress and thus may have more opportunities to develop resilience.

This hypothesis that social class status is related to stress is supported by literature indicating that a college student's social class status is associated with stress and hardships in student adjustment (Langhout et al., 2007). Stress among 270 first year students was highly correlated with SES, and was true for both White students and students of color (Saldana, 1994). The hypothesis that increased stress would accompany increased resilience was not supported by the current research. A non-significant

correlation emerged in this study disconfirming that resilience is associated with experiencing classism.

The presence of resilience is not based on hardship alone. Protective factors are influences that assist and facilitate an individuals' ability to respond to stressors with constructive reactions as opposed to responding with maladaptive or deviant behaviors (Garmezy, Masten, & Tellegen, 1984). Mercer (2010) identified internal and external protective factors. Internal factors may include personal strengths such as: flexibility or adaptability, tenacity, positive self-efficacy or confidence in ones' ability to succeed, leadership skills, emotional intelligence, communication skills, motivation to achieve, problem solving, and self-directed learning. External factors include: supportive relationships through family, friends, and mentors as well as caring and encouraging environments at home, at school, and in the community. The dispositional resilience scale used in this study did not assess for protective strategies.

College Self- Efficacy

Lastly, college self-efficacy was measured by the College Self-Efficacy Inventory (CSEI). This inventory consisted of three factors that address the major domains of the college experience. Course efficacy assesses performance in academic courses. Roommate efficacy evaluated interactions with roommates. Social efficacy examined student's social and interpersonal adjustment. The researcher postulated that greater amounts of classism would be associated with lower levels of college self-efficacy. This hypothesis was informed by prior literature on the impact of classism on feelings of belonging (Madden, 2014).

A small negative correlation existed between experiences with classism and college self-efficacy supporting the hypothesis that experiencing classism negatively impacts one's appraisal of his or her ability to perform in college. A causal inference cannot be drawn from a correlation analysis alone, however based on prior research classism appears to have an impact that erodes a student's belief in his or her ability to successfully perform the specific tasks relating to college.

The CSEI and the CEQ-A are comprised of three subscales that yield more detailed information about the global constructs of college self-efficacy and classism. One suggestion for future research is to assess for any possible interactions and evaluate how each form of classism (citation, interpersonal and institutional) impact the various forms of college self-efficacy (course, roommate, and social).

Limitations and Recommendations for Future Research

Limitations in research are commonly a result of either measurement issues or difficulties in capturing human complexity (Polit & Beck, 2004). Self-reported data of mental health and health behaviors are not as accurate as empirically-obtained data (Deutsch, 1985). The study included self-report data in both the predictor and dependent variables. The decision to use self-report was based on valuing the subjective understanding of students regarding their social class and class based experiences over objective evaluations. The potential outcome of this limitation is a discrepancy between the accuracy of self-reported experiences and actual behaviors being assessed. In addition social desirability bias may have exerted an influence in many significant ways.

Research indicates that participants are likely to underestimate the impact of subordinate identities and negative experiences (Polit & Beck, 2004). Social desirability

bias is the tendency for individuals to portray themselves in a favorable fashion (Holden, 2010), or provide an answer that they believe is more social acceptable than their true answer. This form of adjusting one's answer may work in both directions. In this study, a student of a lower social class may inflate his or her class status while a student of a higher-class status may deflate their status. The result is a regression toward the mean or in this case, endorsing middle class statuses. With 44% of the sample identifying as middle class, it is possible that a regression toward the mean due to social desirability bias occurred in this data. Although the administration remained anonymous, endorsing classism and lower class statuses is likely to have been diminished. It is recommended that research that seeks to expand upon these finding uses a measure such as the Marlow-Crowne Social Desirability Scale to account for and control the influence of social desirability. The Marlow-Crowne Social Desirability Scale is an inventory comprised of 33 true/false items based on the responses of 608 undergraduate students. Accounting for social desirability bias is likely to allow for great proportion of the variance to be explained.

The literature states that the majority of college students come from similar backgrounds and tend to aspire to a similar social class levels (Carter, 2003). Critics have also acknowledged that research in this population may find little variability in social class among college students when the method is based on objective means e.g. income, occupation, education level (Cater, 2003). To counter this methodological limit, the participants in this study were recruited from two separate universities to gain more diversity in class status. Despite this effort, the majority of the participant pool came from one of the two universities. One hundred and three participants came from University 1

while only 80 participants were from University 2. The impact was potentially minimizing the overall diversity of the sample. Future research can utilize a similar method of wider sampling but will benefit from great success in recruitment.

An additional restraint was that participants were assessed upon on their subjective social class as opposed to an objective measure. This was a difficult decision made by the researcher due to the host of methodological difficulties in ascertaining an accurate evaluation of social class. Several different categorizations of social class exist across the social science literature. Each proposed bracket of class brings with it associated attitudes, beliefs, educational levels, power, prestige, and values (Smith, 2008). Classifications may lead to faulty assumptions. One may assume that similar sociocultural forces impact two individuals in the same SES bracket because they both make similar incomes (Zweig, 2000). The difficulty in establishing consistent divisions of social class is due to the fact that class often shifts based on the changing dynamics of society (Pew Research Center, 2012).

Regardless of societal shifts, typologies of social class rely heavily on the criteria of education, income, and occupation. Students are just beginning to acquire their undergraduate degree and do not typically have an annual income or occupation. More importantly, it is unclear how these objective measures coalesce into an experience of being in a particular class. Research measuring social class with college students is increasingly utilizing subjective methods (Adler, Epel, Castellazzo, & Ickovics, 2000; Clark, Anderson, Clark, & Williams, 1999; Goodman, 2001). Jackman and Jackman (1983) stated, "How the person believes and feels about things and a person's style of life is more important than objective measures of social class" (p. 48).

One limitation in this study was the unequal numbers of participants across the six social class groups. The stratification of social class of the participants in this study is similar to the distribution of other studies in that there existed a slightly positively skewed distribution toward the upper middle class and middle class statues. Several studies investigating social class were similar to the present study in how the variable of social class status was re-grouping for data analysis procedures (Lambert, 2010; Stephens, Hamedani, & Destin, 2014; Walpole, 2003).

For example, Walpole (2003) recruited approximately 12,376 students from 209 four-year institutions across the United States and used the highest and lowest social class quartiles of her data to create two distinct groups for analysis. Research conducted by Stephens et al. (2014) also condensed social class to only two groups. One fairly recent dissertation began with eight social class levels and re-grouped the variable into three segments (Lambert, 2010). Each of these studies re-grouped social class to (a) level the *n* of each group and (b) increase the ability to statistically compare differences among the groups. The present study re-grouped the social class variable to achieve the same rational.

In the current study, three social class groups were created from the six original categories. The new "upper class" variable included participants who identified as upper class and upper middle class, $n = 66$, 26% of the sample. The newly created "middle class" variable included only participants who identified as middle class, $n = 111$, 44%. Lastly, those who identified as lower middle class, working class, and poor were combined to define the "lower class bracket," $n = 77$, 34%. This reorganization of social

class provided the best option in this data set for creating groups that were comparable in terms of n size that allowed the ability to conduct statistical comparisons.

The most noteworthy findings of the study were demonstrating that classism was a significant predictor of attitudes toward seeking mental health services and that it explained more variance than gender, ethnicity, and social class status. However, classism only explained an additional 4.3% of the total variance above and beyond the variance described by gender, ethnicity and perceived social class. The greatest limitation of this study is that it did not explain a majority of the variance. A remaining 91.4% of the variance is unaccounted for in explicating attitudes toward seeking mental health services.

The remaining variance is likely accounted for in part by stigma. Mental health stigma is a profound experience. The most common reason why individuals avoid treatment for mental illness is the fear of being stigmatized (Corrigan, 2004; Harrison & Gill, 2010; Vogel et al., 2009). Bennett et al. (2003) found that some people would rather have a physical illness than deal with the stigma of having depression. Students reported that they would be embarrassed if their friends found out they were seeking psychological help from a counselor (Jagdeo et al., 2009). The present study recognized the impact of stigma, yet failed to account for stigma outside of the indifference to stigma subscale on the ISMHS.

The study was also limited by the unequal participation by ethnic groups. The comparison for ethnicity was evaluated was by creating two groups: Whites and non-Whites. There were too few participants who identified as Asian and Multi-racial to make meaningful comparison between each ethnic group. An additional limitation in the study

was made apparent by the questionable validity of the DRS-15 for this sample of college

students. The DRS-15 norming sample included 787 young adult men and women similar

in age to college students who were army reservists personnel mobilized for the Gulf War

(Bartone, 1995). Traditionally-aged college students and army reservists face different

hardships. The rationale for selecting the DRS-15 placed too much value on the brevity

of the measure, the sub-scales included, and strong psychometrics of the scale. Future

research would benefit from selecting a resilience measure created for and normed on

college students.

Lastly, the group of students who participated in the survey represented a distinct

population on campus. The participants were recruited through psychology courses. It is

likely that there are unforeseen differences about psychology students that are interacting

with the results in a confounding manner. Psychology student respondents are likely to

have a positive bias toward the field of psychology and thus potentially have more

favorable attitudes seeking mental health services (Morel, 2008). If this was the case for

participants in this study, it may be that some students attempted to guess the purpose of

this study and felt compelled to "fake good" or respond to the measures in socially

desirable ways. Another limitation is restrictions on generalizability and interpretation of

results. The findings of this study should not be generalized to students who are

dissimilar from the sample.

On the other hand, some research indicates that psychology students are not

immune to mental health stigma and still harbor negative attitudes toward seeking mental

health themselves (Eisenberg et al., 2009). The present study did not include a method of

evaluating participant personal bias or internalization of mental health stigma. Further

research would greatly benefit from (a) recruiting a larger pool of students representing a diversity of majors, and (b) statistically accounting for the impact of mental health stigma. The Inventory of Attitudes Toward Seeking Mental Health Services used in this study does include a subscale that evaluates indifference to stigma, however an additional evaluation of internalized mental health stigma would be useful.

Implications for Psychology

From its inception, counseling psychology has demonstrated the core values of sharing power, facilitating consciousness raising of power dynamics, building on strengths, giving a voice to oppressed groups, and advancing social justice principles (Goodman et al., 2004). The practical applications of this study are consistent with the standards of multicultural competency and are important for counseling psychologists who are involved in outreach, individual, and group therapy.

The research indicated that students experiencing classism in their campus communities impacts their attitudes toward counseling that may deter them from ever entering a counseling center for services. For this population, it becomes more important to reach students in their environment through outreach. Atkinson et al. (1993) recognized that outreach and consultation work were viable alternatives to psychotherapy particularly for oppressed communities (Atkinson, Thompson, & Grant, 1993). They further proposed a three-dimensional model to assist clinicians in deciding which professional role would be most useful to minority clients (Atkinson et al., 1993). The study highlights that economically disadvantaged students are minority students on campus (Gysbers, 2001).

Outreach as an intervention seeks to facilitate preventative care through psycho-education and self-help, and to foster indigenous support that already exists in the community (Vera & Speight, 2003). Outreach informed by this research could (a) educate the campus and student groups that social class is another social identity similar to gender, race and sexual orientation, (b) acknowledge that student experiences of their social class will become more salient during their college years (Jones, 2003), (c) inform students about classism, that it exits on campus, and carries academic, interpersonal, as well as psychological effects, (d) normalizing and work to de-stigmatize talking about social class and classism. Outreach performed in these ways would fit the guidelines of culturally competent, communitarian social-justice base practice (Vera & Speight, 2003).

When practicing individual therapy, counseling psychologists are called upon to cultivate cultural competence, which requires purposefully reflecting on personal values and biases (APA, 2002). The first step that a psychologist could take to assist economically- marginalized individuals is to recognize the impact of institutional classism, social classism, everyday struggles, and micro aggressions (Liu et al., 2004).

Social class is displayed in numerous ways on a college campus. A perceptive psychologist can easily recognize many indicators of social class. Students can display their class status through commodities such as cars, clothing, cell phones and school supplies. Social class is also built into the programs and services of the college. Some students can purchase unlimited meal plans, live in the expensive housing accommodations, or can participate in sports, recreation, or Greek life activities that require external financial support. Naturally, social class is also felt in conversation among peers. For example, students are likely to discuss and compare Spring Break

vacation locations and gifts received on holidays. Informed by this research, there are a multitude of informal questions that psychologists can ask clients that will demonstrate their awareness of and concern about the economic culture of their campus and its influence on students. For example, what residence hall do you live in? Do you feel as though you fit in there, why or why not? Additional recommended questions include exploring students' plans for spring break. A student's social class will enact its role in many of the decisions and opportunities a student has on campus. It is imperative for counseling psychologists to invite space for the exploration of this identity in therapy.

Recognition also needs to be paid to the classism that occurs within the practice of psychology. Even if the clinician comes from a low SES background it is difficult to become a counseling psychologist and truly remain a member of the working class given that one of the defining characteristics of class is occupation (Smith, 2005).

Traditionally, psychological research has approached low-SES individuals and families from a deficit model (Buck, Toro, & Ramos, 2004; Rosier & Corsaro, 1993). Research reveals a tendency among practitioners to view low-SES clients as disorganized, inarticulate, apathetic, and insufficiently skilled to engage in, or even benefit from, the counseling process (Rosier & Corsaro, 1993; Smith, 2005). These attitudes are evidence of classism on the part of the clinician who is rooted in a middle-class worldview that contains misinformation and negative expectations of other classes (Hillerbrand, 1998; Liu et al., 2004).

Beyond reflection is education and implementation. The Social Class World View Model (SCWM; Liu et al., 2004) was created for the purpose of offering clinicians a

greater ability to understand the economic context of their clients and how class relates to emotions, behaviors, values, and cognitions.

Specific social class interventions are extrapolated from this model including helping clients understand their economic culture, assisting clients with identifying the social class messages they receive, helping clients to explore their experiences, and moving clients toward developing adaptive and healthy expectations about themselves. It is in this area that this study can further assist clinicians in developing a culturally competent practice.

Conclusions from this study suggested the importance of exploring and understanding the student's experience of classism. Counseling psychologist could incorporate questions from the CEQ-A during intake for a more thorough investigation of classism. Currently, many counseling centers do not assess for financial stress during the intake. In the centers that do inquire about financial stress it is typically investigated with one generic question. The CEQ-A was created for the academic environment and assesses three different forms of classism. This research found that Citation classism, which includes the telling of stereotypical and disparaging jokes or stories about people who are working class or poor, had the greatest influence on attitudes toward counseling.

Counseling psychologist can expand their intake assessment by using the full scale or the citation classism sub- scale in assessing the economic culture of their client. For example one items on the citation classism sub- scale reads: "*During the time at your university, have you been in situations where students or professors made statements suggesting that people who are poor are inferior?*" This question should be of particular interest to clinicians as the research supports that students who feel marginalized and of

less value, are less likely to be successful in college and demonstrate more psychological

distress (Andrews, Issakidis, & Carter, 2001; Kessler, Foster, Saunders, & Stang, 1995;

Sue & Sue, 2003; Sussman, Robins, & Earls, 1987; Turner & Berry, 2000; Vogel, Wade,,

& Haake, 2006; Whaley, 2001; Zhang, Snowden, & Sue, 1998). Starting the therapeutic

relationship with explicitly attending to social class will create a more inclusive

environment allowing the client to feel safe and able to discuss these issues as the

therapeutic relationship develops.

Lastly, group counseling is an efficacious treatment due to the modality's

theoretical and applied ability to serve as a social microcosm in which interpersonal

conflicts and interactions are enacted in the group in similar ways as real world patterns

outside of the group (Yalom, 1980). Based on the results of this study, it is

recommended that process groups for economically disadvantaged students be created.

The hope is for these groups to foster community for students who feel isolated. A group

of this nature should take on a social justice model. Social justice within group therapy

would require the group leaders to create an environment where group members have

opportunities to be heard and allowed the chance to explore how social and economic

barriers impede their lives (Bemak & Chung, 2004). Counseling psychologist facilitating

a group oriented toward social justice would need to be mindful of the crucial component

called multicultural integration. Multicultural Integration is when an individual, as well

as the group as a whole, shifts from an intrapsychic understanding to an extrasphychic

conceptualization of their problems (Bemak & Chung, 2004). This shift is achieved

when members can understand the broader cultural context and no longer blame

themselves for their predicament.

Subgrouping can form in any group that focuses on a minority status. Subgroups can lead to problems with group cohesion (Chen, Thombs, & Costa, 2003). In a group focusing on social class it is likely that group members will play out dynamics of stereotyping, prejudice, and discrimination. If these dynamics are not addressed and managed well, the group can do harm by recapitulating oppression to the minority group (Chen, Kakkad, & Balzano, 2008). It is recommended that these group counselors are keen toward class-based microagression and can actively intervene in the group process. The literature on facilitating difficult dialogues supports that a properly managed process group for social class holds the potential to turn conflict into interpersonal learning that can be healing (Sue, Lin, Torino, Capodilupo, & Rivera, 2009; Watt, 2007).

Conclusions

This study contributed several unique findings to the literature regarding the relationship between social class, classism, and attitudes toward seeking mental health services in undergraduate students. This supports that a student's gender, ethnicity and perceived social class was helpful toward understanding help-seeking behaviors. This study is additive by identifying that subjective social class status contributes to the understanding of attitudes toward mental health services. This study provided empirical support for the claim that a student's experience with classism is a significant part of the dynamic that explains student attitudes toward seeking mental health services. Furthermore, this investigation identified citation classism, which includes the telling of stereotypical and disparaging jokes or stories about people who are working class or poor, is the form of classism that had the largest impact on a student's experience of psychological distress.

The investigation also joins a well-established line of literature regarding the impact of classism on psychological distress, and self-efficacy. Higher levels of classism were indicative of more psychological distress, and decreased self-efficacy. Diverging from prior literature, the study did not detect differences in the experience of classism based on ethnicity or gender. Additionally, classism was not related to a student's ability to be resilient.

The implications suggest potentially far-reaching effects for practitioners and future researchers who are striving to advance social justice advocacy and multicultural competency through outreach, individual, and group therapy. Most importantly, the findings of this study are influential in helping practitioners to understand the presence of social class an additional area in which they may wish to grow in cultural sensitivity and to be intentional in assessing for the role of classism in the lives of students.

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