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The influence of collective self-esteem and the impact of perceived stigma from others on sorority women's attitudes toward seeking mental health services : a project based upon an independent investigation

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The Influence of Collective
Self-Esteem and the Impact
of Perceived Stigma from
Others on Sorority Women's
Attitudes toward Seeking
Mental Health Services

ABSTRACT

Although researchers are aware of the fact that public and group stigma affect

mental health help-seeking behavior, there has been no research on level of collective

self-esteem and stigma within specific social networks related to members' attitudes

toward seeking mental health services. This study aimed to identify a relationship

between sorority women's collective self-esteem, or how much they value their

membership in the sorority, and their perceived stigma from their fellow sorority

members on their overall attitudes toward seeking mental health services.

Fifty-one sorority women between the ages of 18-24 self-selected to participate in

an online survey composed of three empirically validated measures: Collective Self-

Esteem Scale- Revised, Attitudes Toward Seeking Professional Psychological Help

Scale-Short Form, and the Perception of Stigmatization by Others for Seeking Help scale

in addition to demographic data. The results of the current study, based on a population

of sorority women, were reflective of existing literature and research conducted with the

general population regarding attitudes toward seeking mental health services. There was a

significant relationship between members' attitudes toward seeking mental health

services and their current mental health status, and a significant relationship between past

and present experiences with mental health services and attitudes toward seeking mental

health services. There was also a significant correlation between collective self-esteem

(CSES-R) and perception of stigmatization from others for seeking mental health services

(PSOSH). The results of this study may spur an interest in research on sorority women,

an understudied unique social group, and their mental health concerns and help-seeking

behavior.

THE INFLUENCE OF COLLECTIVE SELF-ESTEEM AND THE IMPACT OF

PERCEIVED STIGMA FROM OTHERS ON SORORITY WOMEN'S ATTITUDES

TOWARD SEEKING MENTAL HEALTH SERVICES

A project based upon an independent investigation,
submitted in partial fulfillment of the requirements
for the degree of Master of Social Work.

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TABLE OF CONTENTS

LIST OF TABLES

Table

LIST OF FIGURES

Figures

CHAPTER I

INTRODUCTION

For many young adults, the transition to college comes with added pressures, anxieties and stress. Incoming students are generally exposed to people of different backgrounds, cultures, values, religions and political ideas that may challenge or clash with their previously held beliefs. Students must often leave social networks and family and immerse themselves in a new environment. Researchers have indicated that many college age students tend to join formal organizations on campus in order to create new relationships with fellow students (Archer & Cooper, 1998; Bohnert, Aikins & Edidin, 2007). Students who participated in formal organizations experience learning through interactions with others in a variety of settings, which increases self-esteem and identity formation (Archer & Cooper, 1998; Bohnert et al., 2007).

One of many options for social involvement on college campuses is joining a sorority, also known as *Greek life*. When an individual identifies strongly with a group, such as a sorority, she derives positive self-esteem from her membership in that group; this is also known as collective self-esteem or the self-esteem derived from membership in a group. Although research has shown that participation in *Greek life* can have many positive influences on a student's college experience, it can also lead to an increase in risky behaviors such as alcohol and drug abuse. As a whole, college students tend to engage in various risky behaviors, however Greek members self-report more engagement in risky behaviors than non-Greek members (Scott-Sheldon, Carey & Carey, 2008). In

1

addition to risk taking behavior, college-age adults are especially vulnerable to mental health problems, in part because many such problems first emerge in the late teens or early twenties. There are many factors that inhibit people from seeking mental health services, the most common being stigma from others (Sharkin, Plageman & Coulter, 2005; Vogel, Wade, & Asheman, 2009).

Although researchers are aware of the fact that public and group stigma affect help-seeking behavior for mental health services, no projects that could be found in an extensive search revealed researchers who have tried to measure level of collective self-esteem and stigma within social networks specifically related to members' attitudes toward seeking mental health services. The effect of perceived stigma from members of a formal social group on an individual member's actions can be a crucial factor in whether or not one will seek mental health services (Sharkin et al., 2005; Vogel et al., 2009). In other words, a person may be more influenced by stigma from their social group, than from the general public (Vogel et al., 2009).

The purpose of this study was to identify a relationship between sorority women's collective self-esteem and their perceived stigma from their fellow sorority members on their overall attitudes toward seeking mental health services. The study used a cross-sectional, correlational design in order to quantify each of the three variables. Fifty-one sorority women between the ages of 18-24 self-selected to participate in an online survey comprised of three empirically validated measures and questions regarding demographic data. The results of this study may spur an interest in research on sorority women as a unique social group and their mental health concerns and help seeking behaviors.

CHAPTER II

LITERATURE REVIEW

Introduction

The purpose of this study was to identify a relationship between levels of collective self-esteem and perceived stigma from immediate social groups on overall attitudes toward mental health help-seeking behaviors. A review of the literature will discuss the theory of collective identity as the lens through which the importance of individual and group identity can be understood. Next, there will be a discussion of formal group membership, specifically sorority membership, as it relates to the theory of collective identity and the experience of young adulthood. Finally, there will be an exploration of the transition to young adulthood, the mental health issues that can emerge, and the impact of stigma on attitudes toward seeking mental health services.

Self-Concept and Social Identity Theory

The notion of a *self-concept* has been described as the knowledge and tools we use to make sense of our experiences and the processes that construct, defend and maintain this knowledge (Meade, 2004; Oyserman, 2004). The self-concept is defined as a social product that is formed through relationships and interactions with others in relation to the self (Meade, 2004; Oyserman, 2004). The self-concept acts as a lens through which one makes sense of whom one is and, in turn, what one can expect from the self and others. In essence, some researchers believe that the self or "I" on some level, has a distinct reference to other people as well as the speaker (Cooley, 2004). Using the

3

knowledge gained from interactions with others, the self can create and define an individual's place in society (Meade, 2004; Oyserman, 2004). The self-concept has two distinct aspects: personal identity and social identity. Personal identity includes the specific attributes that make up an individual. These include competence, talent and sociability (Tajfel & Turner, 1986). For example, the statement "I am confident" identifies the self as viewed by the self. Whereas personal identity is created by internal views of oneself, social identity is formed by comparing one person's group to other groups (Cooley, 2004; Tajfel

& Turner, 2004). The second aspect of social identity is the self's knowledge of membership in a social group(s) together with the value and emotional significance attached to that membership (Cooley, 2004; Tajfel & Turner, 2004). In other words, social identity, or "we," is the self, in addition to other persons (Cooley, 2004).

Social psychology defines group membership as individuals who define themselves and are defined by others as members of the same social category (Tajfel & Turner, 2004). In this sense, a college student may identify himself with his college, or group, when it is competing with another group; "We are confident we will win the game." Both personal identity and social identity are the basis for Social Identity theory as defined by European psychologist, Henri Tajfel. According to social identity theory, members of a group share some emotional involvement in the mutual definition of themselves and achieve some consensus in evaluating their group and said membership in the group (Tajfel & Turner, 2004). This theory was constructed as a way to create a connection between the "group within the self…and the self within a group" (Brewer &

Hewstone, 2004, p. xi). The individual's self-concept, or the aspects of the self that have been derived from membership in a specific social group, and the acquisition of traits, expectations, customs, beliefs and ideologies that are associated with belonging to a particular social group or category represent the "group within the self" (Brewer & Hewstone, 2004, p. xi). The "self within the group" refers to the perception of the self as an integral part of a larger group. Social identity can stem from a variety of group memberships, including those based on race, gender and occupation. This theory has most often been used in research to examine intergroup relations and behavior specifically related to race or ethnicity (Tajfel & Turner, 2004).

<div align="center">*Collective Identity and Collective Self-Esteem Theory*</div>

In 1985, American psychologists expanded upon Tajfel's Social Identity theory by differentiating three aspects of identity: personal, social and collective (Luhtanen & Crocker, 1992). Personal identity remains the same in both theories meaning individuals' personal ideas, values, and emotions as viewed by the self. Social identity differs in that it refers to the self in relation to others, for example, one's popularity, attractiveness, or mannerisms. A woman may believe that she is beautiful (personal identity), however this same woman may not feel beautiful when she compares herself to other women (social identity). Collective identity is similar to that of Tajfel and Turner's (1986) social identity denoting those aspects of the self-concept that relate to established social groups. The term *collective identity* was created in addition to personal and social identity, as identified in social identity theory, in order to specifically address the value and aspects of identity that have to do with membership in social groups and the value one places on their social group. These social groups may include ascribed social categories based on

<div align="center">5</div>

race, gender, and socioeconomic status or acquired categories such as being a member of a club/organization or based on profession (Luhtanen & Crocker, 1992). Collective self-esteem theory best captures the essence of the research questions in this study, which focused specifically on the importance of college women's membership in a sorority and the importance of that membership to their identity.

Researchers have shown that an individual's identification with a group, or collective self-esteem, can be very important to her (Dietz-Uhler & Murrell, 1998; Luhtanen & Crocker, 1992; Tajfel & Turner, 1986). When an individual identifies with a group, she tends to define herself in terms of the group rather than as an individual (Dietz-Uhler & Murrell, 1998; Luhtanen & Crocker, 1992; Tajfel & Turner, 1986). For example, college athletes on a university campus may identify themselves in terms of the team they play on or sport they play rather than their personal or social identity (Watson, 2005). Collective identity theory implies that when an individual identifies strongly with a group, she derives positive self-esteem from her membership in the group due to the fact that she views the group to be representative of her own personal values (Burnett, Vaughan & Moody, 1997; Tajfel & Turner, 1986); this is also known as collective self-esteem, or the self-esteem derived from membership in a group (Luhtanen & Crocker, 1992).

When an individual strongly identifies with a group she may view the group in a more favorable light, have more confidence in the group and assign more rewards to the group than someone who does not identify strongly with a group (Abrams & Hogg, 2004; Dietz-Uhler & Murrell, 1998). This has also been explained as the difference between an in-group, or the group one is a member of and views in a positive light, and other groups

(out-groups) which are viewed as less valuable to a non-member (Tajfel & Turner, 1986). Research by Burnett et al. (1997) showed that an individual's values, or personal identity, are significantly correlated with the values of the groups one chooses to join. Burnett et al. (1997) asked 231 potential sorority recruits to rank their personal values; for example, the women rated themselves on levels of tolerance, distinctiveness, supportiveness and fairness. A second sample of current sorority women from nine different sorority chapters rated their chapter using the same scale. The results showed that there was a significant correlation between potential members' values and those values of the sorority chapters that they chose to join (Burnett et al., 1997). This finding further extends the collective self-esteem theory in that members may strongly identify with their organization due to the element of "value congruence" (Burnett et al., 1997, p. 298). The organizations used in this study lacked cultural diversity and only used one type of organization. Therefore, Burnett et al. (1997) suggested that future research study value congruence across different types of organizations and across cultures. Membership and identification with a group, whether ascribed or acquired, can become a significant part of an individual's identity and has the potential to increase self-esteem.

People possess multiple personal, social and collective identities. The complexity of possessing multiple identities can pose challenges when these identities are in conflict with one another (Abrams & Hogg, 2004). The way that we manage our complex and potentially disjointed self-concepts is not well known. Humans take in large amounts of information upon meeting another person. This often results in placing that person into a category based on a partial or simplified understanding of the other (Abrams & Hogg). This categorization may accurately represent properties of a specific group but

categorization is also influenced by the wider social context within which the category exists (Abrams & Hogg). The general assumption in the literature about the usefulness of social categorization is that people categorize others in order to reduce the subjectivity of all of the information people process on a daily basis (Abrams & Hogg). Therefore, the more uncertain an individual feels, the more an individual will place people and things into categories. These categories are meant to emphasize similarities within groups and differences between groups resulting in distinct entities (Abrams & Hogg). Individuals also place themselves in categories based on their current surroundings (Abrams & Hogg). Under certain circumstances, an individual's dominant social identity can shift when the dominant social identity and group norms are in conflict with another social identity (Hugenberg & Bodenhausen, 2004; Oyserman, 2004).

A conflict between one's dominant social identity and group norms may also arise when there is a stigmatized aspect of one's social identity. For example, a qualitative study by Hall and Cheston (2002) described patients' feelings about seeking psychological services from a community drop-in center. Many patients expressed concerns and experiences with stigma in being identified as a person with a mental illness. The participants viewed their social identities as people in the larger community (friend, sister, student) to be in conflict with their identity as a person with mental illness. One woman stated that when she is with friends "I have to be well. I can't let them see me ill" (Hall & Cheston, 2002, p. 35). At the drop-in center, these patients were more comfortable activating their identity as a person with mental illness while in the company of "people like them" who had had similar experiences (Hall & Cheston, 2002, p. 35). In the greater society however participants tended to conceal their mental illness for fear of

stigma. In this respect, the participants may activate a particular social identity in one situation while inhibiting another, more specifically a stigmatized identity (Hall & Cheston, 2002; Hugenberg & Bodenhausen, 2004).

The idea of selectively activating one social identity while inhibiting another has also been studied on university campuses using distinct social groups. Hugenberg and Bodenhausen (2004) used a sample of 58 students at Northwestern University, 17 of which were members of a sorority or fraternity. The sorority and fraternity members completed the Collective Self-Esteem scale (Luhtanen & Crocker, 1992) to assess level of identification with their organization. They also administered a measure of self-esteem for non-Greek students. Subsequently, they administered the Implicit Associations test (IAT) in which the Greek students were primed to think about their Greek identities while completing a lexical task that asked them to press a button at the moment they saw either Greek terms (ex. Phi Beta Tau) or terms that characterized the typical university student (ex. study, library); the researchers measured latencies in response times. Greek students took longer to respond to "student" words which indicated an inhibition of the student aspect of their social identity; non-Greek students took about the same amount of time to respond to both Greek and non-Greek terms. The participants' responses showed that membership in the primed social group inhibited the "accessibility of the student category" (Hugenberg & Bodenhausen, 2004, p. 237). These findings were based on a small sample and conducted at one university therefore the findings cannot be generalized to other populations. The findings in this study indicated that non-Greek students did not need to inhibit any other possible identities in this specific situation. Therefore, fraternity/sorority members experienced conflict between their two identities,

which led them to inhibit their student identity whereas non-Greek participants remained neutral (Hugenberg & Bodenhausen, 2004). Social identity is related to specific norms, attitudes, and expected behaviors. For example when the Greek identity is activated, norms and attitudes specific to belonging to a Greek organization are likely to have an impact on behavior whereas activating a student identity likely elicits different attitudes and behaviors (Hugenberg & Bodenhausen, 2004).

In summary, the self-concept, driven by social context, allows people to place themselves and others in various social categories. These categories are created by the self and others to maximize the similarities within and increase the differences between groups. Burnett et al. (1997) found that a significant correlation existed between an organization's values and an individual's values, and therefore individuals tended to join groups in which they perceived the members to be similar to themselves. Individuals are then able to derive positive self-esteem from their membership in these groups and may begin to identify themselves in terms of the group rather than as an individual. The theory of collective identity encapsulates the aspects of identity that have to do with one's membership in social groups, either ascribed or acquired, and the value one associates with one's social groups.

<center>*Formal Group Participation*</center>

Young adulthood (18-25 years old) is marked as a time of transition which includes instability, a lack of adult responsibilities, and commitments that give individuals the opportunity to explore potential life paths related to identity, work and views of the world (Bohnert et al., 2007). During the transition to college, young adults cope with the loss or absence of previous social support networks as well as the challenge

<center>10</center>

to form new ones (Bohnert et al., 2007; Kadison & DiGeronimo, 2004). Involvement in organized extracurricular activities or groups is important in promoting development during adolescence and young adulthood (Bohnert et al., 2007). Adolescents' participation in organized activities has been shown to lead to acquisition of new peer relationships and to provide a new sense of belonging (Bohnert, et al., 2007). Participation in a formal organization with which one identifies is associated with a positive social identity, potentially higher self-esteem and a greater likelihood of creating new peer relationships than those who do not belong or identify with a formal organization (Bohnert et al., 2007; Dietz-Uhler & Murrell, 1998).

Researchers have provided evidence that student organizations and out-of-class student activities are also related to personal growth (Abrahamowicz, 1988; Bohnert et al., 2007; Dietz-Uhler & Murrell, 1998; Kelly, Kendrick, Newgent, & Lucas, 2007). Bohnert et al. (2007) conducted a study of 85 young adults between the ages of 16 and 21 who were matriculating into a large public university. This study aimed to measure and track participants' involvement in organized activities, social motivation for activity involvement, friendship quality, and social dissatisfaction. The results showed that adolescents' participation in organized activities led to acquisition of new peer relationships and provided a sense of belonging (Bohnert, et al., 2007).

Bohnert et al. (2007) acknowledged two aspects of involvement, intensity (i.e., number of hours per week involved in activities) and breadth (i.e., number of different types of activities) (Bonhert et al., 2007). Distinguishing between the two facets of involvement led to a more complex understanding of how different types of activities may provide unique social benefits. Students who cited social motivations as a prominent

11

factor in their decision to participate in an activity were involved in a greater breadth of activities than those that did not cite social motivations for participating in an activity. However, those students who entered college having social dissatisfaction in adolescence especially benefited from the intensity of their involvement in a certain activity rather than the breadth of activities. The more time these students participated in activities, the more their sense of belonging and comfort increased. Students' involvement in organized activities may provide a smaller social group on large college campuses. By joining a group, members increased the likelihood of meeting people similar to themselves, which facilitated the creation of quality friendships and feelings of being accepted in a social context (Bohnert et al., 2007; Burnett et al., 1997). In other words, group membership was associated with a positive social identity, potentially higher self-esteem and a greater likelihood of creating new peer relationships (Bohnert et al., 2007; Dietz-Uhler & Murrell, 1998).

Participation in campus activities and organizations also affected retention rates in college. In order to assess the effect of college students' participation and involvement on campus, Kelly et al. (2007) surveyed 273 college students to explore experiences prior to and during their college experience. The results of the survey supported previous research that those students involved in campus activities or organizations tended to have more positive thoughts about themselves and the university or college they were enrolled in. Students, especially if they lived on campus, tended to be more involved in campus activities at the beginning of their college career. Participation decreased as they progressed (Kelly et al., 2007). The study showed that students who reported GPAs of 1.0 to 3.0 were involved in fewer activities than students who reported a GPA of 3.0 to 4.0

12

(Kelly et al., 2007). Students were also asked about the positive and negative influences they experienced while on campus. For example, a positive influence may be seeking tutoring services or an academic advisor, or maintaining a group of friends. Negative influences may include personal pressures, poor preparation and drug/alcohol use. Seventy-five percent of students who reported low positive influences also reported not being involved in any activities. On the other hand, 74% of those students that indicated having one or more positive influences on campus were also involved in one or more activities ($N = 273$, $p < .0008$) (Kelly et al., 2007). Although this study shows many positive aspects of being involved in campus organizations, it should be noted that there are limitations of the study; the sample size was relatively small (N = 273), and the data were based on self-report measures. In addition to influencing retention, involvement in extracurricular activities protected against various negative outcomes such as delinquency, alcohol and drug use, and depressed mood; in addition, participation facilitated positive outcomes such as higher self-esteem, increased civic engagement and increased likelihood of graduation from college (Bohnert et al., 2007; Kelly et al., 2007).

Findings from Kelly et al. (2007) and others have highlighted the need for colleges to have formal programs for students making the transition from high school to college in order to prepare students for the college environment. These programs should not only have information about time management and stress management but also should encourage students to get involved in activities to increase their relationships with the university and to create social networks which reduced drop-out rates (Kelly et al., 2007). Although the social aspect of involvement in activities or organizations is important, participation is also important for cognitive development as students develop a

stronger sense of self. Participation in student organizations is associated with greater involvement in the overall college experience, which resulted in a higher quality educational experience (Abrahamowicz, 1988).

Collective identity theory purports that by placing oneself into a distinct group or organization, one may begin to derive positive collective self-esteem from participation in an organization with values that are perceived to be similar to one's own. By choosing a group, students may be more able to create and maintain peer relationships, in essence rebuilding the social networks and support they may have lost in the transition to college.

Sorority Membership as a Formal Organization

The research discussed above indicates that formal group participation is important, not only for a positive transition to college, but also for the development of one's social identity and feelings of belonging. Undergraduates have many choices when it comes to involvement on their college campuses. These may include groups based on political affiliation, ethnicity, culture, athletics, specific interest groups, social groups etc. A well-known social group on college campuses is the Greek system, also known as fraternities and sororities. According to the National Panhellenic Council (NPC), which is the umbrella organization for sororities, there are approximately 259,910 undergraduate sorority women on 654 campuses in the United States and Canada (NPC Statistical Information, 2009). In today's society, Greek life often has a negative reputation especially regarding alcohol and drug consumption. However, the history behind the formation of sororities and the values associated with the organization serve as a foundation for group membership.

At the inception of the first all female Greek-letter sorority, in 1870 there were 11,000 women enrolled in institutions of higher education in the United States with few universities actually accepting females. The women enrolled in universities faced much opposition from society for fear that women would become "unsexed" and ruin the "natural" role of women in society (Turk, 2004, p. 3, 15). In order to carve out a place for themselves on campus, women believed that collective rather than individual action would help them to achieve their goals. While all male Greek-letter fraternities were multiplying, there were few women's clubs on college campuses, which reflected the low numbers of female college students in the mid-nineteenth century (Turk, 2004). Women followed their male predecessors and formed social organizations meant to provide support and friendship in facing the obstacles of coeducational college life. These organizations were to be composed of "worthy female students" (Turk, 2004, p. 3) to counter the opposition of their presence on campus.

The first sorority, Kappa Alpha Theta, was created as an organization that strived to develop a group of women who pledged a loyalty to uphold the standards of the society (Turk, 2004). In exchange, the organization offered solidarity, a sense of belonging, and membership and the backing of an organization that sought to take in only those whom its members considered the "highest representatives of ideal and noble womanhood" (Turk, 2004, p. 4). The founders of the sorority used the model constructed by male Greek students and formed their own secret rituals and values. The sorority sisters publicly displayed their membership by wearing badges on their clothing. The solidarity of the sorority represented a means to succeed on campus as well as a reflection upon their gender.

As women's presence on college campuses increased in the late 19th century, sororities became more selective in choosing members in order to compete with other new sororities popping up across the nation (Turk, 2004). The goal became to set chapters apart from one another. To represent their sorority, the organizations began to recruit the most prestigious and desirable group of college women who were intellectually gifted and academically ambitious. The strength of the chapter was based on the actions of each member in order to ensure the goal of proving women capable of university level work. The main terms of competition between chapters were each member's performance in the co-education classroom. Due to the constant critique of college women's morals by society, sorority women also worked to maintain the epitome of the proper, traditional female role to negate the notions that education would somehow render them un-feminine (Turk, 2004).

In the early 20th century, due to the larger numbers of women enrolled in college, some administrations created a separate educational track for women, which included all female dorms, classes and advisors (Turk, 2004). At these universities, the educational track for women was to become educators while males were selecting majors in engineering and agriculture. The second generation of sorority women began to place less emphasis on academics and focused on the social side of Greek life. This was in part because of the reduced academic pressures and the competition with men in the classroom (Turk, 2004). Sororities began to host parties for themselves, prospective members and their male fraternity counterparts, comparing themselves to other chapters according to the success of these social events. Alumnae and founding sisters of the

16

original sorority chapters questioned whether these second generation women understood the original meaning and purpose of a Greek-letter sorority (Turk, 2004).

While today's fraternities and sororities continue to base their traditions and values on those of the original founders, these organizations have become notorious on college campuses for members' alcohol and drug abuse, increased sexual behavior, eating disorders, and other risky behaviors (Scott-Sheldon et al., 2008). Participation in campus organizations, specifically fraternities and sororities, increased these risk taking behaviors, which are known to play a large role in the socialization process within the Greek community (Scott-Sheldon et al., 2008). In general, the Greek system emphasizes the importance of social activities and seemingly less on academics, which has earned the Greek system its bad reputation. On the other hand, researchers have also found that membership in a fraternity or sorority was related to increased social involvement and an increased ability to integrate diverse curricular and co-curricular experiences (Pike, 2000).

Ethnicity, Socioeconomic Status and Religion in Sororities

Fraternities and sororities have historically been exclusionary based on socioeconomic status and race but explicit exclusion criteria based on these terms were not widespread until the early 20th century. By 1928, many national fraternities and sororities had written rules excluding potential members based on race and religious affiliation (Sidanius, Van Laar, Levin & Sinclair, 2004; Turk, 2004). As increasing numbers of young men and women were opting to gain higher education, the price of education was also rising. This further reinforced the predominance of upper class men and women on college campuses in general and, specifically, in Greek life (Turk, 2004).

Popularity, social class, "Americanness" and family legacy now played a large part in who was accepted into sororities. Often women from the upper echelons of society who had fathers in banking, medicine or law were sought out and were deemed worthy based on money and social graces. Also, chapters created across the nation encompassed multiple social, cultural, generational, geographical and socioeconomic groups creating national networks of women who shared little other than their Greek-letter name (Turk, 2004).

The first sorority chapters did not have a written or unwritten position on members' religious affiliation (Sidanius et al., 2004; Turk, 2004). As education opened up to the masses and there was increased enrollment of Jewish and Catholic students, the issues of diversity and religious affiliation of potential members was questioned by affiliated members. The rise in religious prejudice in society was now reflected in sororities' recruitment process. Members were now banned based on being non-Christian, and at its most stringent, being non-Protestant. In response, Jewish students and the few African American students formed their own sororities to create solidarity. These organizations also had exclusionary practices of their own; Jewish sororities tended to exclude potential members based on country of origin, immigrant status, manner of speech and anyone whose appearance resembled that of the "Old Country" (Turk, 2004, p. 105). Historically black sororities also had exclusionary criteria based on lightness of skin color. The Greek system of fraternities and sororities is traditionally that of Caucasian, middle to upper class, Christian men and women.

Studies on the distribution of fraternity sorority membership across ethnicity have indicated that not only do minority ethnic organizations serve as ethnic enclaves for

minority students, but also that sororities and fraternities tend to serve as ethnic enclaves for white students (Sidanius et al., 2004). A 2004 study by Sidanius et al. surveyed 2,132 University of California at Los Angeles students representing the four largest ethnic categories White (n=764), Asian (n=758), Latino (n=466) and Black (n=144). These students were involved in ethnic organizations or Greek organizations. The researchers found that fraternities and sororities had comparable effects for White students as ethnic or minority organizations had for minority students. White students were found to be "strongly and significantly" overrepresented in the Greek system, whereas minority students were "strongly and significantly" underrepresented in the Greek system (Sidanius et al, 2007, p. 107). In this sense, Sidanius et al. (2004) stated that "Greek organizations tended to function as 'ethnic clubs' for White students" (p. 107). For both minority and white students, the decision to join a Greek organization was positively associated with one's degree of intergroup bias, or attributing positive characteristics to your own group while attributing negative characteristics towards other groups (Sidanius et al., 2004). Considering the general lack of ethnic diversity in the Greek system, studies regarding fraternities and sororities are limited to mostly Caucasian men and women. This should be considered when reviewing literature on the Greek system. In line with this research, participants in the current study were mainly Caucasian despite efforts to attain cultural diversity.

College Mental Health

Before leaving for college, many adolescents have created a strong sense of self in relation to their family context and immediate social experiences; upon beginning college, their views of themselves and others may begin to shift (Kadison & DiGeronimo,

2004). Incoming students are generally exposed to people of different backgrounds, cultures, values, religions and political ideas that may challenge or clash with their previously held beliefs. A college student may begin to redefine herself by these new experiences and relationships which can alter previously held personal and social identities; although this is a part of normal development, it can be anxiety provoking for many people (Kadison & DiGeronimo, 2004). There are numerous stressors associated with postsecondary education beyond that of academic stress, including creating a new social network, living independently and potentially the first experience of adulthood (Mowbray et al., 2006). Students may have a newfound autonomy and freedom to experiment with their sexuality, alcohol and drugs. The issues of autonomy versus dependency, relationships, sexuality, peer pressure, and the prevalence of alcohol and drug use can be triggers for mental health issues in the college-aged population (Kadison & DiGeronimo, 2004; Mental health: It's part of college life, n.d.; Mowbray et al., 2006). Considering the unique stage of life stressors that college students face, this section will cover specific behaviors that contribute to mental health issues in the college population, as well as help-seeking behaviors and stigma regarding seeking mental health services for college students.

Mental Health Issues in the College Population

An estimated 26.2 percent of Americans age 18 and older, or about 1 in 4 adults, experience mental health problems in a given year. This roughly translates to about 57.7 million people (Statistics, 2009). Many mental health problems emerge in college-age adults, which is a common age of onset for many psychological disorders; overall an estimated 27 percent of young adults between the ages of 18 and 24 have diagnosable

mental health problems (Kadison & DeGeronimo, 2004; Mowbray et al., 2006; Statistics, 2009). The 2009 National College Health Assessment II surveyed 26,685 college students about their habits, behaviors and perceptions on the most prevalent health topics on college campuses. In the last year, 47% of students felt that "things were hopeless," 30.6% of students had felt so depressed that it was difficult to function, and 49.1% felt overwhelming anxiety. Of those sampled, 6.4% seriously considered committing suicide and 5.5% intentionally cut, bruised or otherwise injured themselves. Of those students in the sample who were diagnosed or treated by a professional in the last year, the most prevalent disorders were anxiety (10.4%), depression (10.2%), panic attacks (5.1%), ADD/ADHD (3.6%) and insomnia (3.3%). Other common mental health issues that present themselves on college campuses are: anorexia/bulimia, bipolar disorder and substance abuse or addiction (Archer & Cooper, 1998; Executive summary of the National College Health Assessment II, 2009; Kadison & DeGeronimo, 2004). The leading factor that precipitated these conditions, along with biological predisposition, was stress (Kadison & DeGeronimo, 2004). One of the models used to explain the occurrence of serious mental illnesses is the diathesis-stress model which poses that a precondition for mental illness in some individuals can become triggered when the individual experiences certain stressful circumstances (Mowbray et al., 2006). Over 87% of students reported that they felt overwhelmed by all they had to do at least once in the past year. Under such stress, students with a biological predisposition for mental illness may be vulnerable to the emergence of psychiatric symptoms (Executive summary of the National College Health Assessment II, 2009; Mowbray et al., 2006).

College Students' Health and Risk-taking Behaviors

The college years are marked by the emergence of risky health behaviors that place college students at risk for health problems (Scott-Sheldon et al., 2008). Scott-Sheldon et al. (2008) surveyed 1,595 undergraduate students, both members of Greek life (17%) and non-members (83%) to evaluate several health behaviors (e.g. alcohol use, cigarette smoking, drug use, sexual behavior eating, physical activity and sleeping) as a function of membership in fraternities or sororities (Scott-Sheldon et al., 2008). The ratio of Greek members and non-members was representative of the university as a whole as 20% of students were involved in Greek life. Students involved in Greek life, on average, drank more frequently, consumed more on typical drinking occasions and binge drank (4 or more drinks in one drinking episode) more frequently (Larimer, Irvine, Kilmer & Marlatt, 1997; Scott-Sheldon et al., 2008). Students involved in the study reported drinking an average of 4.79 drinks in a typical drinking day and reported 4.63 days of heavy drinking in the last 30 days. Greek members tended to drink more alcohol and use more substances than non-Greek members (Larimer et al., 1997; McCabe et al., 2005). More than half of college students surveyed reported lifetime drug use and 40% reported using drugs within the last 30 days. Twenty-three percent of students surveyed smoked cigarettes and of that group, Greek members were more likely to smoke cigarettes frequently. Slightly more than one third of students had unprotected penetrative sex in the last 30 days and 55% percent of the general student population surveyed reported using any form of birth control in the past 3 months. There were no differences found between

22

Greek and non-Greek members for the use of protection. Overall, students reported about 11.51 sexual events in the last three months with no difference between Greek members and non-members. Greek members were found to have more sexual partners in the past year and past three months, and had more sex under the influence of alcohol (Scott-Sheldon et al., 2008). There were no significant differences between the groups on eating behaviors, number of caffeinated beverages consumed and number of hours spent exercising.

Scott-Sheldon et al. (2008) also found gender differences among Greek members and non-members in terms of health behaviors. In the sample of females (Greek = 164, Non-Greek=856), sorority women engaged in binge drinking more frequently, were more likely to be frequent smokers and reported more lifetime drug use and drug use in the last 30 days than female non-members. In addition, sorority women had more sexual partners in their lifetime, in the past year and in the past 3 months. Given that students self-select into peer groups, in this case sororities and fraternities, and the peer pressure within the organizations to be socially accepted promotes increased alcohol use (Larimer et al., 1997; McCabe et al., 2005; Scott-Sheldon et al., 2008). In other words, these behaviors are indicative of the socialization process in sororities.

The limitations of this study should be taken into consideration in evaluating the results. The population surveyed in this study was not representative of all institutions of higher learning or all Greek men and women. Data were collected by self-report and may be biased by memory or the desire to conform to societal expectations/norms. The findings suggested college students, in general, were engaging in various risky behaviors with Greek members self-reporting more engagement in a variety of these risky behaviors

than non-Greek members (Scott-Sheldon et al., 2008). With the exception of alcohol and drug use, limited research has been done on students involved in fraternities and sororities.

Mental Health Services on College Campuses

Beginning in the 1990's, many researchers found that there have been increases in the severity of mental health concerns in students seeking services at university counseling centers (Kadison & DeGeronimo, 2004; Sharkin et al., 2005). Serious mental disorders including bipolar disorder, eating disorders and schizophrenia often emerge for the first time in late teens and early 20's (Shuchman, 2007). In the past, students with serious mental illness may not have been able to remain in college due to the stress of the college atmosphere, however today with the availability of psychotropic drugs more students with serious mental illness are able to remain in school (Shuchman, 2007). The media has captured many incidents of suicide and/or violence on college campuses as a result of mental illness. In 2003, six New York University students committed suicide by jumping or falling from buildings; in 2000, Elizabeth Shin became the twelfth student to commit suicide on the MIT campus in the last twelve years. Most recently Seung-Hui Cho, thought to have a psychotic disorder, opened fire on the campus of Virginia Tech University, killing 24 students and 5 faculty members and wounding 24 others before killing himself (Shuchman, 2007).

Despite these high-profile cases and past research findings, most longitudinal studies comparing students' self-reports have failed to find significant increases in severity or incidence of psychopathology on college campuses (Jenks-Kettmann et al., 2007). Previous research had methodological flaws rendering them unable to measure

24

severity as a continuous variable (Jenks-Kettmann et al., 2007; Sharkin et al., 1995). A study done in 2007 by Jenks-Kettmann et al. (2007) aimed to clarify the discrepancies in the research. Eight hundred twenty seven college students who were seen for an initial consultation at a counseling center at least one time between 1995 and 2005 were studied using a multidimensional approach to determine if there was an increase in severity of mental illness on college campuses (Jenks-Kettmann et al., 2007; Mowbray et al., 2006). Unlike previous studies that only used psychologist's subjective opinion and client self-report measures, this study included reported diagnoses from the Diagnostic and Statistical Manual and Global Assessment of Functioning scores in the analysis. There were no significant trend increases in severity of psychopathology. These researchers speculated that psychologists were more often giving students' multiple diagnoses which, on the surface, appeared to indicate an increase in severity of mental health issues. Although mental illness and risky behaviors remains a large concern on college campuses, the discrepancy in the research indicated that there may not be an increase in the emergence of severe psychopathology. College years are an exciting, yet potentially vulnerable, time in students' lives. Mental health professionals on college campuses must be aware of the issues that present themselves during the college years and create effective outreach to educate and treat students with mental illness.

Factors in Help-Seeking Behaviors for Psychological Services

Today's society has varied attitudes toward seeking psychological help. In general, popular television shows and other forms of media negatively portray the mentally ill and those who seek mental health services. While some may view the decision to seek psychological help as a sign of weakness or evidence of someone going

25

crazy, others believe in the efficacy and potential benefits of seeking psychological help (Fischer & Farina, 1995; Fischer & Turner, 1970; Vogel et al., 2009). Attitudes toward seeking mental health services and the perception of those who seek services can vary due to multiple factors. Some demographic factors have been identified as inhibiting or accelerating the help-seeking process such as gender and culture. In general, females are more open to sharing emotions, perceive fewer stigmas associated with counseling, and report more severe psychological symptoms than males (Komiya, Good & Sherrod, 2000). In a sample of 70 college men, Komiya et al. (2000) found that men had less favorable attitudes toward seeking mental health services and were less likely to actually seek services than women. These differences may be explained by society's expectations for people to conform to gender roles such as the expectation that men should conceal their emotions (Komiya et al., 2000). Cultural norms regarding the causes of mental illness and the stigma associated with sharing personal information with a stranger may be in conflict with the traditional Western psychotherapy process (Chen & Mak, 2008). In certain South American cultures, people with mental illness are believed to have spiritual powers and therefore are less stigmatized than people with mental illness in America. However, in some Asian cultures, the mere expression of emotion is stigmatized. Individuals are expected to suppress and exhibit restraint in the expression of emotion (Chen & Mak, 2008). Demographic information such as gender and culture influence people's attitudes toward seeking mental health services, and these factors should be taken into account when educating people about the mental health system.

People's varied opinions about the mental health system are linked to other factors, which have been labeled as *approach* and *avoidant factors* (Cepeda-Benito &

26

Short, 1998; Kelly & Achter, 1995; Vogel & Wester, 2003). *Approach factors* are factors that may increase the likelihood an individual will seek psychological help; for example the perceived severity of distress and a desire to reduce distress are predictors of seeking psychological services. On the other hand, *avoidance factors* are factors that decrease the likelihood that an individual will seek services. Fischer and Turner (1970) identified four dimensions that affect people's attitudes toward seeking mental health services: the recognition of a need for psychological help, interpersonal openness, confidence in the mental health system, and stigma tolerance. More recent studies on *avoidance factors* support Fischer and Turner's (1970) four factors as the most prominent factors that inhibit people from seeking psychological services. More specifically, the research has focused on the risks of self-disclosure, personal self-concealment, social support, level of distress, and stigma (Cepeda-Benito & Short, 1998; Kelly & Achter, 1995; Komiya, et al., 2000; Sharkin et al., 2005; Vogel & Wester, 2003).

Interpersonal openness, as identified by Fischer and Turner (1970), can be broken down into the willingness of an individual to disclose personal information and the desire to self-conceal personal information (Cepeda-Benito & Short, 1998; Kelly & Achter, 1995; Vogel & Wester, 2003). The tendency to conceal distressing information, or self-concealment, is an antecedent to seeking psychological services. Self-concealment, defined by Kelly and Achter (1995), is a predisposition to hide distressing and potentially embarrassing information from others. By not sharing distressing personal information, one may have more interpersonal conflict and greater depression (Cepeda-Benito & Short, 1998). In a study by Kelly and Achter (1995) which surveyed 257 college students, it was found that students who scored high on self-concealment had significantly less

27

favorable attitudes toward counseling than low self-concealers. Also, high self-concealers (37%) were over three times more likely than low self-concealers (12%) to report needing, but not seeking professional help (Kelly & Achter, 1995).

The anticipated risk and perceived outcome of disclosing personal information can influence people's attitudes toward seeking mental health services as well as the likelihood that they will seek mental health services when in distress. Multiple research studies have found that college students in their sample shared concerns referring the helpfulness or benefits of counseling as influencing their decision about whether or not to seek services (Kelly & Achter, 1995; Komiya, et al., 2000; Vogel & Wester, 2003). College students also shared their fears about the counseling process and the potential shame or embarrassment of seeking services (Fischer & Turner, 1970; Vogel et al., 2009; Vogel & Wester, 2003). The help-seeking attitudes of college-age participants were affected by their tendency to self-disclose distressing information. These commonalities across study results may indicate that an individual's overall concerns about disclosing emotionally charged personal information predicts attitudes toward seeking psychological services (Vogel & Wester, 2003).

Psychological Help-seeking and Stigma

The most common reason that people, including college-age students, decide not to seek psychological services is stigma. In general, society often has a negative perception of those who seek mental health services, which denotes that help seekers are somehow "less favorable in society" (Vogel et al., 2009). The theory of *reasoned action* suggests that people will use all information that they have in a "reasonable" fashion to come to a behavioral decision (Fishbein, 2007, p. 282). The reasoned action approach

describes "whether or not people will engage in a given behavior based on behavioral, normative and control beliefs that they hold with respect to this behavior" (Fishbein, 2007, p. 282). The theory of reasoned action posits that anticipated emotional reactions, and anticipated social or physical outcomes are beliefs that affect the likelihood of performing a certain behavior. There is also a normative aspect to the theory of reasoned action; "the perception of whether one's important others think one should or should not engage in a given behavior can effect behavior" (Fishbein, 2007, p. 291). The idea that *people like me* or *people close to me* would or would not perform a particular behavior influences an individual's behavioral decisions (Fishbein, 2007). Social pressure to perform *normative behaviors* can also influence individuals to perform a certain behavior. In the context of this study, if the theory of reasoned action is applied to help seeking behaviors for mental health services, the decision to seek services would somewhat depend on whether or not people (in this case, students) perceive seeking psychological services as normative or non-normative (Fishbein, 2007; Sharkin et al., 2005).

Although college students tend to have more favorable attitudes toward seeking mental health services than non-college populations, the *self-concept* can shift depending on the social situation (Fischer & Farina, 1995; Luhtanen & Crocker, 1992; Tajfel & Turner, 2004). Therefore, an individual may identify as a college student in one setting and may redefine their *self-concept*, personal identity and collective identity when identifying with a specific social group. This shift may cause a change in attitudes or beliefs in general, and specifically toward mental health seeking behaviors depending on an individual's level of collective self-esteem in a particular group. For example, if a

student identifies strongly with her sorority, and she believes that her sorority sisters would think negatively of her for getting help, then the she may have more negative attitudes toward seeking mental health services and may be less likely to actually seek services (Fishbein, 2007; Vogel et al., 2009; Vogel & Wester, 2003).

Much research has been done on the relationship between help-seeking behavior and demographic variables such as gender, religion, ethnicity and socioeconomic status; however, there has not been much research on the association between participation in a specific group, and the perceptions of stigma and attitudes toward help-seeking behavior (Vogel et al., 2009; Watson, 2005). An example of a prominent social group on many college campuses is collegiate athletes. Although there are many positive benefits associated with participation in college athletics, for some athletes, participation may lead to psychological distress (Watson, 2005). Watson (2005) conducted a study on the help-seeking behaviors of college athletes, specifically keeping in mind their celebrity-like status on campus and the various barriers to services (Watson, 2005). College athletes were found to be hesitant to seek treatment because they had doubtful beliefs about the efficacy of counseling and were apprehensive of being stigmatized by coaches, teammates, student peers and fans (Watson, 2005).

Watson (2005) suggested that identification with the role of student-athlete influenced help-seeking attitudes. In one study, male and female undergraduates were asked about their attitudes and expectations about sport psychology; these students rated vignettes on fictional athletes lower in prestige if they were said to be seeking counseling services than athletes who were not seeking counseling services. Also, student-athletes may have felt uncomfortable seeking help outside of the athletic department for fear that

30

other service providers would not understand the special concerns, needs and pressures placed on student-athletes (Watson, 2005). With this in mind, a member of a group may be affected more by stigma from their social group, therefore lowering a member's attitudes toward seeking mental health services; on the other hand, if a member feels that her social group would be accepting of seeking help then she may have a more positive attitude toward seeking services (Watson, 2005; Vogel, et al., 2009). Within the theory of collective self-esteem, an individual's perceptions of stigma from their specific social network may affect their attitudes toward mental health services, and further, the likelihood that they will seek mental health services.

Although researchers, such as Vogel et al. (2009) and Watson (2005), found that stigma from one's social group affected help seeking behavior, there has not been much research on measuring the level of stigma in specific social networks (Vogel et al., 2009). The research done on athletes and help-seeking behaviors may also apply to individuals who participate in other university affiliated groups. The theory of collective self-esteem paired with the notion of the *self-concept* may help give insight into the help-seeking behaviors of not only student-athletes, but sorority women. In lieu of this gap in the research, this study aimed to identify sorority women's attitudes toward mental health by using the theory of collective self-esteem as a foundation to examine sorority women's perceptions of stigma from within their sorority. Like college athletes, sorority women are a vulnerable and often stereotyped group of individuals who could benefit from more effective outreach and psycho-education. I conducted a quantitative study to identify a relationship between level of collective self-esteem, perceived stigma from an immediate social group, and attitudes toward mental health help-seeking behaviors.

31

CHAPTER III

METHODOLOGY

Study Purpose and Questions

This study aimed to identify a relationship, if one existed, between sorority women's collective self-esteem and their perceived stigma from their fellow sorority members on their overall attitudes toward seeking mental health services. This study utilized a cross-sectional, correlational design. The following empirically validated measures were used to quantify the data, the Collective Self-Esteem Scale- Revised (CSES-R; Luhtanen & Crocker, 1992; Appendix A). Attitudes Toward Seeking Professional Psychological Help Scale-Short Form (ATSPPHS-SF; Fischer & Turner, 1970; Fischer & Farina, 1995; Appendix B), and the Perception of Stigmatization by Others for Seeking Help scale (PSOSH; Vogel et al., 2009; Appendix C). Collective self-esteem was divided into four subscales: membership, private, public and importance of membership to one's identity, and each subscale were considered as a distinct variable (Luhtanen & Crocker, 1992).

Originally, this study was meant to address the question "Does the level of sorority women's collective self-esteem and their level of perceived stigma from other women in their sorority correlate with sorority women's attitudes toward seeking mental health services?" The data analysis for this question required there to be a group that scored high on each scale and a group that scored low on each scale. However, the data that were collected did not equally represent a high score and low score groups for each

scale and therefore the original research question could not be assessed. Although it was not possible to compare all three scales together, it was possible to do individual correlations comparing two scales at a time. The following research questions were created in order to capture the relationship between the various scales:

1) Is there a relationship between sorority women's level of public collective self-esteem, private collective self-esteem, membership collective self-esteem and importance to identity as measured by the CSES-R and level of perceived stigma for seeking mental health services as measured by the PSOSH?

2) Is there a relationship between sorority women's attitudes toward seeking mental health services as measured by the ATPPHS-SF and level of perceived stigma for seeking mental health services as measured by the PSOSH?

3) Is there a relationship between sorority women's level of public collective self-esteem, private collective self-esteem, membership collective self-esteem and importance to identity as measured by the CSES-R, and their attitudes toward seeking mental health services as measured by the ATPPHS-SF?

This study also explored questions regarding sorority women's past and present experiences with mental health treatment and current mental health issues on attitudes toward help seeking and perceived stigma from group members.

4) Is there a difference between sorority women who believe that they have a current mental health issue and those who do not on attitudes toward seeking mental health services as measured by the ATPPHS-SF?

5) Is there a difference between sorority women who believe that they have a current mental health issue and those who do not on level of perceived stigma for seeking mental health services as measured by the PSOSH?

6) Is there a difference between sorority women's past or current use of mental health services and those who have never received services on their attitudes toward seeking mental health services as measured by the ATPPHS-SF?

7) Is there a difference between sorority women's past or current use of mental health services and those who have never received services on their perceived stigma for seeking mental health services as measured by the PSOSH?

In addition, there were research questions generated over the course of the data analysis process that were not explicitly stated at the beginning of the study. The methods chapter describes the survey sample, process of data collection, measures and data analysis utilized to answer the above stated research questions.

Sample

Fifty-one undergraduate students self-selected to participate in this study. The participants were recruited using a non-random snowball sample based on this researcher's contacts in the Greek community along with her social and professional contacts. To begin the recruitment process, these contacts received an email (Appendix D) stating the intent of this study and a request to forward the survey link to any potential participants. This email was also posted on a prominent social networking site to reach out to eligible participants or those who knew of potential eligible participants.

The participants in this study were between 18-22 years old, female, currently enrolled in a four-year university and active members of a nationally recognized sorority.

For the purposes of this study, a sorority was defined as "a women's student organization formed chiefly for social purposes and having a name consisting of Greek letters" (Sorority, 2009). This included religiously affiliated sororities and ethnic or multi-cultural sororities. Academic and professional sororities were excluded (e.g., Phi Beta Kappa) since they are mainly honorary and not social groups. Co-ed fraternities were also excluded. The purpose of contacting current students was to obtain data that reflected students' current perceptions of themselves and others in their surrounding environment.

Comment [S1]: Not in References.

Of the 77 women who took the survey, 6 women did not meet the eligibility criteria, and an additional 20 women did not complete the study in its entirety. Therefore, the data were based on a sample of 51 women who met the eligibility criteria, and who completed the survey in its entirety. This could be attributed to the potentially uncomfortable topics covered in the survey, specifically questions related to mental health, lack of interest in the study or the length of the survey. This researcher hoped for 50 or more participants and just exceeded this amount.

Data Collection

The survey for this study was created using the online data collection tool, Survey Monkey. The recruitment process began with an initial email to social and professional contacts many of whom were sorority alumnae. The email explained the intent of the study and requested that the email and link to the Survey Monkey site be passed on to potential participants or other contacts within the Greek community (Appendix D). A popular online social networking site was also used to recruit participants. This researcher posted the email and link to the survey on this networking site and requested that personal contacts do the same. This study initially proposed to include a paper and

35

pencil survey method if there were not enough participants recruited via online means, however this was not necessary. In order to achieve a diverse sample, some of the researcher's personal contacts included women of color who were members of multi-cultural or ethnic sororities. A Human Subjects Review proposal for this study was submitted and approved by the Institutional Review Board of Smith College School for Social Work (Appendix E).

The purpose of the study was explained to potential participants as an attempt to explore undergraduate sorority women's attitudes toward seeking mental health services. If potential participants decided to follow the link to the study, they were sent to a page with questions to determine eligibility (Appendix F). If participants were eligible to participate in this study, they were directed to the Informed Consent page to be reviewed and electronically signed (Appendix G). Participants electronically signed the document by checking a box with either "I have read and agree to the Informed Consent" or "I do not wish to participate in this the study at this time." If participants checked the box stating "I agree" to continue, they were directed to the demographics page to begin the survey. If participants did not wish to continue, they were thanked for their interest and asked to exit the survey. All of the data collected in this study were anonymous, and participants could exit the study at any time.

Measures

This study aimed to quantify three distinct variables: collective-self esteem, attitudes toward seeking mental health services and perceptions of stigma from others regarding seeking mental health services. Three empirically validated measures were utilized and adapted to cater to the sample of sorority women. The following measures

will be discussed: the Collective Self-Esteem Scale- Revised (Luhtanen & Crocker,

1992), Attitudes Toward Seeking Professional Psychological Help Scale-Short Form

(Fischer & Turner, 1970; Fischer & Farina, 1995), and the Perception of Stigmatization

by Others for Seeking Help scale (Vogel et al., 2009). In addition to the three measures,

there were 14 demographic questions that included age, race, year in school, type of

university, size of sorority, year pledged, and length of pledge period. There were also

questions about one's current mental health status, use of past and/or present services,

types of mental health services used and the helpfulness of these services (Appendix H).

Collective Self-Esteem Scale-Revised

The Collective Self-Esteem Scale-Revised is a 16-item scale that was constructed

to measure the extent of one's identification with a specific group (Luhtanen & Crocker,

1992). The CSES was originally created to measure level of collective self-esteem

specific ascribed groups such as race, religion, or ethnic background (Luhtanen &

Crocker). Luhtanen and Crocker (1992) stated that their research provides support for the

idea that collective self-esteem can be reliability measured and is empirically distinct

from, yet related to, personal self-esteem. The revised version of the CSES, or CSES-R,

has been shown to effectively capture collective self-esteem for acquired groups without

compromising its properties (Luhtanen & Crocker). This scale can and has been tailored

to cater to the Greek identity (Hugenberg & Bodenhausen, 2004; Luhtanen & Crocker).

Within collective self-esteem, Luhtanen and Crocker (1992) identified four

subscales: public collective self-esteem, private collective self-esteem, membership

esteem, and importance to identity. Under each subscale, there were four statements

meant to measure the four subscales respectively. Public collective self-esteem is one's

37

judgments of how other people evaluate one's social groups. This is captured in the statement "In general, others respect the social groups that I am a member of" (p. 305). Private collective self-esteem is one's personal judgments of how good one's social groups are. This is captured in the statement, "I feel good about the social groups I belong to" (p. 305). Membership collective self-esteem is one's judgments of how good or worthy one is as a member of social groups. This is captured in the statement, "I am a worthy member of the social groups I belong to" (p. 305). The final subscale, importance to identity, is the importance of one's social group memberships to one's self-concept. For example, this is captured in the statement, "The social groups I belong to are an important reflection of who I am" (p. 305).

Based on the CSES-R, participants were instructed to respond to the following prompt: *Please consider your membership in your sorority and respond to the following statements on the basis of how you feel about your sorority and your membership in your sorority. Please read each statement carefully, and respond using the following scale*. The measure uses a Likert scale from 1=*strongly disagree* to 7= *strongly agree*. In the current study, the four subscales were treated as separate variables with the lowest score being 4 and the highest possible score being 28 indicating a high level of collective self-esteem. Seven items were reverse scored. Although it is possible to create an overall or composite score for collective self-esteem, Luhtanen and Crocker (1992) advised against doing so because the subscales measure distinct constructs and averaging across constructs could lead to misleading findings (Self and social motivation laboratory, n.d.).

Attitudes Toward Seeking Professional Psychological Help Scale-Short Form

The original ATSPPHS is a 29-item measure that was developed and standardized

to measure attitudes toward seeking professional help for psychological issues. The scale

reliably distinguished persons who had experienced psychotherapeutic help from those

without such an experience (Fischer & Turner, 1970). The ATSPPHS is based on four

factors: recognition of need for psychotherapeutic help, stigma tolerance, interpersonal

openness, and confidence in mental health practitioner. Fischer and Farina (1995)

adapted the ATSPPHS into a shortened form (ATSPPHS-SF) to cater to a college

population; this version has virtually the same psychometric properties as the original.

The correlation between scores from the original ATSPPHS and the short form of the

survey were .87 (N=62) (Fischer & Farina). The short form scale is correlated with

previous use of professional help for a problem and the internal consistency has been

reported to be .84 in a college sample (Fischer & Farina). The revised version was used in

this study because of its conciseness and because it is considered "easier and less

obtrusive" (Fischer & Farina, p. 368) than the original version.

The short form scale is 10-items rated on a Likert scale of 1= *disagree* to

4=*agree*. Five items are reverse scored. The sum of these 10 questions indicates a total

score between 0 and 30 with a higher score indicating more favorable attitudes toward

help seeking. ATSPPHS-SF replaces certain terminology in the original scale with more

college-friendly language (Fischer & Farina, 1995). For example, instead of the statement

"*If a good friend asked my advice about a mental problem, I might recommend that he*

see a psychiatrist," the adapted scale would replace the word "*psychiatrist*" with "*college*

counselor." In addition, the adapted scale replaced "*mental hospital*" with "*counseling*

center" and "*psychotherapy*" with "*counseling*." Versions of the ATSPPHS-SF with

variations in language have yielded psychometric properties similar to the original

(Fischer & Farina, 1995; Watson, 2005).

      Vogel et al. (2009) developed a measure titled Perceptions of Stigmatization by

Others for Seeking Help (PSOSH), which was "found to be related to, but distinct from,

other measures of stigma and help seeking attitudes and to provide unique information

for understanding self-stigma" (Vogel et al., 2009, p. 305). The PSOSH measures the

perception of whether seeking psychological help would be stigmatized by the people one

interacts with most. This five-item scale showed good internal consistency (.91) and test-

retest estimates ($p < .001$), and it showed a good fit with the data among college students.

This measure is scored on a Likert scale from 1= *not at all* to 5= *a great deal* with a total

score between 5 and 25. Participants will respond to the prompt: "Imagine you had a

problem that needed to be treated by a mental health professional. If you sought mental

health services, to what degree do you believe that the people you interact with would…"

A sample statement would be "*think of you in a less favorable way*" or "*see you as*

seriously disturbed." Vogel et al. (2009) suggested that future researchers tailor the

phrase "the people you interact with" to fit a specific group, in this case sorority sisters,

because "the role of stigma may depend on the closeness of the relationship" (Vogel et

al., 2009, p. 307). This scale is brand new and has not been tested for use across cultures

or in non-college populations.

      Because these measures have been judged to have strong validity and reliability,

this researcher may be able to conclude that the data collected from these measures will

not be a threat to internal validity. Potential threats to internal validity may include the

use of a non-random snowball sample in which participants self-selected to participate in the study. The participants who completed the study may have deemed their participation to be beneficial to themselves and/or they may have been interested in the topic resulting in a biased sample.

<div align="center">*Data Analysis*</div>

The data obtained from all 77 participants in the survey was stored in an Excel file. The data were then filtered to only include those participants who finished the survey in its entirety (N=51). The data file was send to Marjorie Postal, data analyst at Smith College School for Social Work, for all data analyses. A Cronbach's Alpha was run to test the internal reliability of each scale used in this study. In the current study, alpha reliabilities for the four subscales in the CSES-R are as follows: membership .868, private .95, public .802, and importance to identity .802 (N=51). The alpha reliability for the 10-item ATSPPHS-SF scale in this study was .73 (N=51). The alpha reliability for the PSOSH was .96 (N=51). Frequencies were run for all demographic and descriptive variables. Pearson's correlations and one-way ANOVAs were used to identify a relationship, if one existed, between two variables. Two-tailed T-tests were used to determine if there was a significant difference between two groups.

CHAPTER IV

RESULTS

The objective of this quantitative study was to explore the relationship between three variables: sorority women's attitudes toward seeking mental health services, their perceptions of stigmatization from other women in their sorority for seeking mental health services, and sorority women's level of collective self-esteem. For the purpose of the study, participants were undergraduate sorority women enrolled in a four-year university. The results of this study were based on a survey that was presented on Survey Monkey and 51 sorority women participated.

An analysis of the data yielded several major findings. First, there was a significant relationship between sorority women's attitudes toward seeking mental health services and their perception of their current mental health status. In addition, there was a significant relationship between past and present experiences with mental health services and women's attitudes toward seeking mental health services. There was also a significant relationship between the women's year in school and membership collective self-esteem. Finally, there was a significant correlation between collective self-esteem (CSES-R) and perception of stigmatization from others for seeking mental health services (PSOSH).

The results for this study are presented in four major sections. The first section details the demographic data of the study participants. The second section focuses on data

42

collected on sorority women's attitudes toward seeking mental health services. The third section specifically addresses collective self-esteem in relation to demographic data. Finally, the fourth section discusses correlations between the three major variables in this study.

<center>*Demographic Data*</center>

The demographic data collected include the participant's age, race, year in school, and whether their university was public or private. Participants were between 18-22 years old, with a mean of 20.6 and median of 21. Participants represented all four years of college with the majority of the participants being seniors (see Figure 1).

Figure 1: Student Year
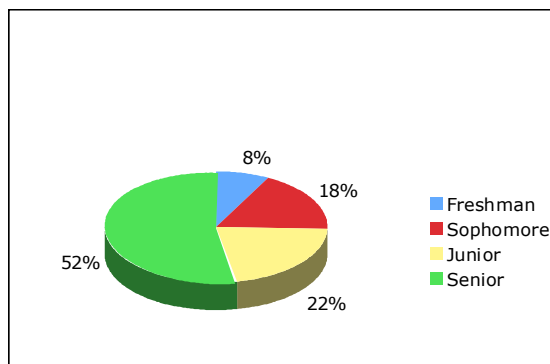
The participants were from both public (54.9%) and private (45.1%) universities. This researcher made efforts to recruit sorority women of color, however the sample is not ethnically diverse. The majority of the participants were Caucasian but other ethnicities were represented (see Figure 2).

<center>43</center>

Figure 2: Participant Race
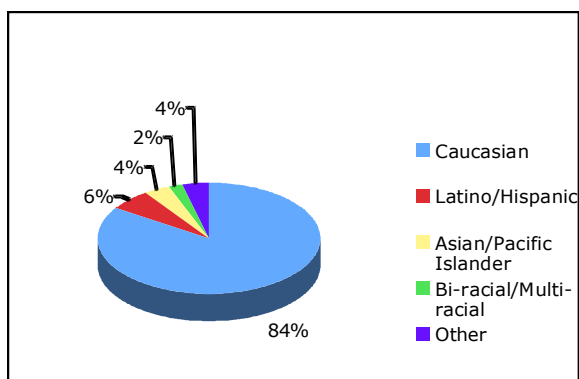
Attitudes Toward Seeking Mental Health Services

Participants in this study indicated overall positive attitudes toward seeking

mental health services. Sorority women's attitudes toward seeking mental health services

were quantified using the ATSPPHS-SF. A Cronbach's Alpha was run to test for internal

reliability which indicated moderate/high internal reliability (alpha=.73, N= 51, n of

items= 10). The mean score was 20.18 with scores ranging from 2 to 27 out of a possible

range of 0 to 30 (N=51, M= 20.18, SD= 4.69). In response to the statement "I might want

to have counseling in the future," 23 participants agreed (33.3%), 18 partly agreed

(35.3%), 9 partly disagreed (17.6%) and 7 disagreed (13.7%).

Current Mental Health Issue

There was a significant difference in attitudes toward seeking mental health

services between those who indicated that they had a current mental health issue and

those who did not (t(49)=2.097, p= .041, two tailed). Of the 51 women who participated

in the study, 12 women (23.5%) indicated that they currently have an emotional or

personal issue that could be helped by seeking mental health or counseling services and 39 women (76.5%) did not. In order to test the relationship between current mental health issue and attitudes toward seeking mental health services, a t-test was run. Those who perceived that they had a current mental health issue had significantly more positive attitudes toward seeking mental health services (M=22.58) than those who indicated that they did not have a current mental health issue (M=19.44).

There was no significant difference found in women's perceptions of stigma between those women who indicated that they had a current mental health issue and those who did not. Overall, participants had low perceptions of stigma for seeking mental health services from other women in their sorority. The mean score on the PSOSH was 7.35 with scores ranging from 5 to 25 out of a possible range of 5 to 25 (N=51, M= 7.35, SD= 4.41). A Cronbach's Alpha was run to test for internal reliability of the Perceptions of Stigmatization from Others for Seeking Help (PSOSH) scale which indicated high internal reliability (alpha= 0.96, N= 51, n of items= 5).

Experiences with Mental Health Services

A t-test showed that there was a significant difference between those who were currently receiving counseling services and those who were not on their attitudes toward seeking mental health services (t(49)=2.177, p=.034, two-tailed). Twelve participants (23.5%) indicated that they were currently seeking mental health services either on campus or off campus at the time of the study. These services included intake assessments, individual therapy, and medication management. In order to identify a relationship between current experiences with mental health services and attitudes toward seeking mental health services, participants indicated whether or not they were currently

45

receiving mental health services either on or off campus. The categories were collapsed from "yes, off campus" and "yes, on campus" into "yes" and "no" categories for convenience and due to a small number of participants who received services. Thirty-nine participants (76.5%) were not receiving services at the time of the study. Those women who were currently receiving services had significantly more positive attitudes toward seeking mental health services (M=22.67) than those who were not currently receiving services (M=19.41). There was no significant difference between the "yes" and "no" groups on participants' perception of stigma from others for seeking help.

There was a significant difference between those who have had past experiences with counseling and those who have not on their attitudes toward seeking mental health services (t(49)=2.015, p=.049, two tailed). In order to identify a relationship between past experience with counseling and attitudes toward seeking counseling, the categories were collapsed from "yes, off campus" and "yes, on campus" into "yes" and "no" categories for convenience. Twenty-one participants indicated that they had received mental health services in the past either on campus or off campus. These services included intake assessments, individual therapy, group therapy, medication management, and inpatient hospitalization. Thirty (58.8%) participants had never received services at the time of the study. Those who received past services had significantly more positive attitudes toward seeking mental health services (M=21.71) than those who have not (M=19.1). There was no significant difference between the "yes" and "no" groups on participants' perception of stigma from others for seeking help.

If participants indicated that they were receiving current services or had received services in the past, they were asked to how helpful they found those services to be

(Table 1). Overall, participants who had experience with mental health services found them at least somewhat helpful.

Table 1

Helpfulness of Current and Past Services

n=51	Not helpful at all	Somewhat helpful	Neutral	Somewhat helpful	Very helpful	N/A
How helpful are the mental health or counseling services you are currently receiving?	0 (0%)	2 (3.9%)	0 (0%)	6 (11.7%)	4 (7.8%)	39 (74.5%)
How helpful were the mental health or counseling services you received?	2 (3.9%)	2 (3.9%)	2 (3.9%)	11 (21.6%)	4 (7.8%)	30 (58.8%)

Collective Self-Esteem

Collective self-esteem was quantified using the CSES-R. For the purposes of this study, collective self-esteem was examined in four distinct subscales. Overall, participants in this study had high collective self-esteem in regards to their sorority (Table 2).

Table 2

Collective Self-Esteem Scale- Revised: Participants' Mean Score

n=51	Mean	Median	SD	Min	Max
CSES-R Public	5.62	5.75	0.98	2.25	7.00
CSES-R Private	5.74	6.00	1.46	1.00	7.00
CSES-R Membership	5.79	6.00	1.21	1.75	7.00
CSES-R Importance to identity	3.85	4.00	1.32	1.00	7.00

A Cronbach's Alpha was run in order to test the internal reliability of each of the four subscales of the CSES-R. The reliabilities are as follows, public collective self-esteem (alpha=.802, N=51, n of items= 4), private collective self-esteem (alpha=.950, N=51, n of items= 4), membership self-esteem (alpha=.868, N=51, n of items= 4), importance to identity (alpha=.802, N=51, n of items= 4).

Collective Self-Esteem and Student Year

There was a significant difference in membership collective self-esteem by student year (t(47.005) = 2.949, p=.005, two-tailed). Due to the relatively low numbers of freshman and sophomore participants in the study, the variable "student year" was collapsed into two groups *freshman and sophomore* (N=13) and *junior and senior*

(N= 38) and a t-test was run. The freshman/sophomore group had higher membership collective self-esteem (M=6.35) as compared to juniors and seniors (M=5). There was no significant difference found on private, public collective self-esteem or importance to identity between the freshman/sophomore group and the junior/senior group.

Collective Self-Esteem and Size of a Sorority

The variable for number of women in a sorority was collapsed into two categories: sororities with over 100 members (N=31) and sororities with less than 100 members (N=21). There was no significant difference between any of the four subscales of collective self-esteem by number of women in a sorority.
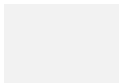
Correlations

There was a significant correlation between collective self-esteem (CSES-R) and perception of stigmatization from others for seeking mental health services (PSOSH). A Pearson correlation was run to determine if there was an association between the four subscales of collective self-esteem and participants' perceptions of stigma from other women in their sorority for seeking mental health services (Table 3). Specifically, there was a significant negative correlation between both membership (N=51, P= -0.495, p<0.001) and private collective self-esteem (N=51, P= -0.406, p= 0.001) and perceptions of stigma from others (Table 3). In other words as membership and private collective self-esteem increased, a participant's perceptions of stigma for seeking mental health help from other women in their sorority decreased.

Table 3

Correlations between Scales

Scales	1	2	3	4	5	6
1. ATSPPHS-SF	__	-0.075	-0.071	-0.060	0.048	0.035
2. PSOSH		__	-0.495**	-0.406**	-0.190	-0.081
3. CSES-R Membership			__	0.772**	0.453**	0.482**
4. CSES-R Private				__	0.645**	0.579**
5. CSES-R Public					__	0.387**
6. CSES-R Importance to ID						__

**p<.01

A Pearson's correlation was run to determine if there was a significant association between participants' attitudes toward seeking mental health services and perceptions of stigma from others for seeking mental health services. No significant correlation was found. In addition, there was no significant association between any of the four subscales of collective self-esteem and attitudes toward seeking mental health services (Table 3).

Summary

This quantitative study set out to explore the relationship between three variables: level of collective self-esteem, attitudes toward seeking mental health services and perception of stigmatization from others for seeking mental health services. In addition, this study looked at the relationship between various demographic data and the main variables. In this study, the variables current mental health issue, current experience with mental health services and past experiences with mental health services were significantly related to overall positive attitudes towards seeking mental health services.

Data analyses indicated membership collective self-esteem was correlated with student year, specifically the freshman/sophomore group had higher membership collective self-esteem than the junior/senior group. Overall participants had more positive attitudes toward seeking mental health services, low perceptions of stigma from others for seeking mental health services and high scores on membership, public and private collective self-esteem. Finally there was a significant correlation between both membership and private collective self-esteem and total perceptions of stigmatization from others for seeking help score. This study focused on sorority women specifically and the results of this study confirmed the results of past research on the topics of help-

seeking and attitudes toward mental health services with those in the general population. In this case, the theory of collective self-esteem made a slight difference in the women's perceived stigmatization from other sorority members for seeking mental health services. The results of this study did not yield any significant findings other than those that confirmed existing research, however this study may spark an interest in future research on sorority women, perceptions of stigma and attitudes toward seeking mental health services.

CHAPTER V

DISCUSSION

The Greek community has become notorious on college campuses for members'
alcohol and drug abuse, increased sexual behavior, eating disorders, and other risky
behaviors (Scott-Sheldon et al., 2008). Research on sororities and fraternities has been
generally limited to a focus on these high-risk behaviors but not necessarily on how these
behaviors affect Greek students' mental health or their attitudes toward seeking mental
health services. In lieu of this gap in the literature, this quantitative study was designed to
survey a sample of sorority women about their attitudes toward seeking mental health
services, their perceptions of stigma from within their sorority and their level of
collective self-esteem in regards to their sorority membership. The results of this study
confirmed past research on people's attitudes toward seeking mental health services and
help-seeking behaviors specifically using a sample comprised of current sorority women.
This study included an added component which was whether or not collective self-esteem
as a member of a specific group affected these women's perceptions of stigma for
seeking help and attitudes toward seeking help. A comparison of the existing literature
and the current study results will be discussed as well as the study limitations, ideas for
future research, and the implications of the study results on social work practice.

Discussion of Literature and Results

Overall, the participants in this study had positive attitudes toward seeking mental health services. In this specific population of college women, positive attitudes may have been related to a variety of factors some of which can be found in past research. These include the finding that college students tend to have more favorable attitudes toward seeking mental health services than non-college populations (Fischer & Farina, 1995) or that overall women tend to have more favorable attitudes toward seeking mental health services (Komiya et al., 2000). Those sorority women who were currently receiving services had significantly more positive attitudes toward seeking mental health services (M=22.67) than those who were not currently receiving services (M=19.41). These findings are consistent with past research that has indicated that people who perceive the severity of their distress and have the desire to reduce that stress are more likely to seek services and therefore have more positive attitudes toward seeking counseling (Cepeda-Benito & Short, 1998; Fischer & Farina, 1995; Fischer & Turner, 1970; Kelly & Achter, 1995). Along the same lines, those sorority women who received past services had significantly more positive attitudes toward seeking mental health services (M=21.71) than those who have never received services (M=19.1). These results are consistent with previous research that stated that there is a positive correlation between past counseling experiences and attitudes toward seeking mental health services (Vogel & Wester, 2003).

Collective Self-Esteem

Overall, participants in this study had high collective self-esteem in regards to their sorority. The mean scores indicated that participants had positive views regarding their membership in their sorority, believed that others respected their sorority, and felt

that they were valuable members of their sorority (Table 2). These findings directly reflect those of the theory of collective self-esteem in that it is expected that members of a group "share some emotional involvement in the mutual definition of themselves and achieve some consensus in evaluating their group and their membership in the group" (Tajfel & Turner, 2004, p. 59). In addition, previous research indicates that when an individual strongly identifies with a group, she derives positive self-esteem from her membership in the group. Interestingly, the mean score on the subscale *importance to identity* was slightly below the average score and lower than the mean scores of the other three subscales. Contrary to the theory of collective self-esteem, this result indicates that participants did not strongly believe that their membership in the sorority was a reflection of their *self-concepts*.

In the current study, there was no correlation found between perceptions of stigma from other sorority women and attitudes toward seeking mental health services. Overall, the participants had low levels of perceived stigma. This is an interesting finding because research states that stigma is one of the main reasons that people have more negative views of seeking mental health services (Mental health: It's part of college life, n.d.). However, this study prompted participants to focus on a specific aspect of their self-concept, which is their membership in a sorority. Data analysis indicated that there was a significant negative correlation between both membership and private collective self-esteem. It is possible that since participants had high levels of collective self-esteem, meaning that they strongly identified with their sorority, they perceived less stigma.

There was a significant difference in membership collective self-esteem by student year. The freshman/sophomore group had higher membership collective self-

esteem as compared to juniors and seniors. During the transition to college, young adults cope with the loss or absence of previous social support networks as well as the challenge to form new ones (Bohnert et al., 2007; Kadison & DiGeronimo, 2004). It is possible that the novelty and importance of creating new social relationships in the early college years contributed to a higher level of collective self-esteem. These results supported previous research which found that students, especially if they lived on campus, tended to be more involved in campus activities at the beginning of their college career. In a college sample, participation decreased as they progressed which may explain the significantly lower levels of collective self-esteem from the junior/senior group (Kelly et al., 2007).

Limitations

There are many limitations to consider when reviewing the results of this study. This study used participants who self-selected to participate in the study. This may mean that the participants in the study had a personal interest in the research or believed that taking the survey was beneficial for them. Therefore, this sample may not be reflective of sorority women in general and differing views on the subjects covered in the study. In addition, the data was skewed in a positive direction for all of the measures which did not allow for a comparison between equal groups. A larger sample size may have allowed for varied opinions and beliefs.

Of the 77 women who took the survey, six women did not meet the eligibility criteria, and an additional 20 women did not complete the study in its entirety. Therefore, the data were based on a sample of 51 women who met the eligibility criteria, and who completed the survey in its entirety. The drop-out rate could be attributed to the potentially uncomfortable topics covered in the survey, specifically questions related to

mental health, lack of interest in the study or the length of the survey. Considering the general lack of ethnic diversity in the Greek system, studies regarding fraternities and sororities are limited to mostly Caucasian men and women. This should be considered when reviewing literature on the Greek system in general. In line with this research, the participants in this study were mainly Caucasian despite efforts to attain cultural diversity.

The study results cannot be generalized because of the small sample size and the use of a convenience sample. A causal relationship among the variables or the likelihood of participants actually seeking mental health services cannot be established. The Perceptions of Stigmatization from Others for Seeking Help scale developed by Vogel et al. (2009), is a very new measure and has yet to be extensively used or studied. As discussed in regards to collective self-esteem theory, the *self-concept* can shift depending on the social situation. The participants were asked to imagine or put themselves in a frame of mind to assess their attitudes and perceptions of stigma. The answers to the questions on the survey may have differed if another data collection method was used instead of self-report measures.

<div align="center"><i>Future Research</i></div>

The results of the current study based on a population of sorority women was reflective of existing literature and research conducted with the general population regarding attitudes toward seeking mental health services. This study aimed to explore a relationship between three distinct variables without the availability of a foundation of literature focused on this population. Future research may want to focus solely on sorority women's attitudes toward seeking mental health services and their perceptions of their

<div align="center">57</div>

own mental health functioning. This may include more qualitative data and interviews with sorority women regarding the issues they face on campus and their questions or concerns about seeking mental health services if necessary. Similar to the research of Vogel et al. (2009), I believe that further research on the impact of stigma from a specific social group for seeking mental health services is needed.

Implications for Social Work Practice

The negative stereotypes associated with the Greek system have been perpetuated by the abundance of literature on alcohol, drug abuse and other high-risk behaviors within the Greek system. There is a virtual absence of research on the positive aspects of membership in a sorority or fraternity, prevention, intervention or outreach to this population. Consultation and outreach programs on behalf of the college counseling centers should involve targeting specific groups, departments, clubs or campus organizations as a means of reaching out to a large group of people (Vogel & Wester, 2003; Vogel et al., 2009). Counselors should attempt to target certain high-risk populations on campus, such as sorority women who engage in more risk-taking behaviors than those who are not involved in the Greek system while consciously acknowledging the positive aspects of membership. If counselors want to reach out to students in need of services, they need to obtain information regarding a specific group's attitudes toward counseling (Mowbray et al., 2006; Vogel et al., 2009). I do believe that this study could have implications for college counseling centers' outreach efforts to women in the Greek system and increased education for counselors on the Greek system, in general and issues that sorority members face.

Even though there are multiple media campaigns and organizations (e.g., NAMI) that are attempting to reduce the stigma associated with mental illness and seeking mental health services on a broader social level, it may be helpful to consider the individual in their social context and the stigma they might experience from others in their social groups. One possible strategy would be to adopt a team approach between college counseling centers and liaisons in the Greek community to provide a direction for education and prevention efforts regarding mental health. One's perception of the presence or absence of stigma may depend on the closeness of one's relationship with their social network. Using psycho-education to specifically address the social stigma associated with seeking mental health services within a formal organization might help to increase the likelihood that one will seek services if one deems it to be beneficial. This is especially true on college campuses because students are at the prime age for the onset of various mental illnesses in addition to being in a stressful environment. I hope that this study spurs an interest in the study of sorority women and their attitudes toward seeking mental health services. In the future, there may be a solid foundation of literature on sorority women, which may better support the impetus and concept of this study.

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Appendix A

Collective Self-Esteem Scale- Revised

Directions:

Please consider your membership in your sorority and respond to the following statements on the basis of how you feel about your sorority and your membership in your sorority. Please read each statement carefully, and respond by using the following scale. 1= *strongly disagree*, 2= *disagree*, 3= *disagree somewhat*, 4=*neutral*, 5= *agree somewhat*, 6= *agree*, 7= *strongly agree*

1. I am a worthy member of the sorority I belong to.
2. I often regret that I belong to the sorority I do.
3. Overall, my sorority is considered good by others.
4. Overall, my sorority membership has very little to do with how I feel about myself.
5. I feel I don't have much to offer to the sorority I belong to.
6. In general, I'm glad to be a member of the sorority I belong to.
7. Most people consider my sorority, on the average, to be more ineffective than other social groups.
8. The sorority I belong to is an important reflection of who I am.
9. I am a cooperative participant in the sorority I belong to.
10. Overall, I often feel that membership in the sorority is not worthwhile.
11. In general, others respect the sorority that I am a member of.
12. The sorority I belong to is unimportant to my sense of what kind of a person I am.
13. I often feel I'm a useless member of my sorority.
14. I feel good about the sorority I belong to.
15. In general, others think that the sorority I am a member of is unworthy.
16. In general, belonging to my sorority is an important part of my self-image.

Appendix B

Attitudes Toward Seeking Professional Psychological Help- Short Form

Below are a number of statements pertaining to psychology and mental health issues.
Read each statement carefully, and respond by using the following scale.
0= *disagree*, 1=*partly disagree*, 2= *partly agree*, 3= *agree*

1. If I believed I was having a mental breakdown, my first inclination would be to get professional attention.
2. The idea of talking about problems with a <u>counselor</u> strikes me as a poor way to get rid of emotional conflicts.
3. If I were experiencing a serious emotional crisis at this point in my life, I would be confident that I could find relief in <u>counseling</u>.
4. There is something admirable in the attitude of a person who is willing to cope with his or her conflicts and fears without resorting to professional help.
5. I would want to get <u>counseling</u> if I were worried or upset for a long period of time.
6. I might want to have <u>counseling</u> in the future.
7. A person with an emotional problem is not likely to solve it alone; he or she is likely to solve it with <u>counseling</u>.
8. Considering the time and expense involved in <u>getting counseling</u>, it would have doubtful value for a person like me.
9. A person should work out his or her own problems; getting <u>counseling</u> would be a last resort.
10. Personal and emotional troubles, like many things, tend to work out by themselves.

Note. From "Attitudes toward seeking professional psychological help: A shortened form and considerations for research," by E.H. Fischer and A. Farina, 1995, *Journal of College Student Development*, *36*, p. 369. Copyright 1995 by the American College Personnel Association. Adapted with permission.

Appendix C

Perceptions of Stigmatization by Others for Seeking Help

Imagine you had an emotional or personal problem that you could not solve on your own. If you sought <u>counseling</u> services for this issue, to what degree do you believe that the women in your sorority would...
Responses are as follows: 1= *Not at all*, 2=*a little*, 3= *some*, 4= *a lot*, 5= *a great deal*

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

Note. From "Measuring perceptions of stigmatization by others for seeking psychological help: Reliability and validity of a new stigma scale with college students," by D. Vogel, N. Wade and P. Asheman, 2009, *Journal of Counseling Psychology*, *56(2)*, p. 305. Copyright 2009 by the American Psychological Association. Adapted with permission.

Appendix D

Recruitment E-mail

Hello,

       My name is Lauren Baron and I am a Masters in Social Work student at Smith College School for Social Work. The reason I am contacting you is that I am doing thesis research regarding current sorority women's attitudes toward seeking mental health services and believe that you could participate or aid in the recruitment process for my study. I am recruiting participants who are 18 years old or older, current university students and currently an active member of a sorority affiliated with their university.

       Participation in this study involves following a link to a Survey Monkey site, http://www.surveymonkey.com/s/Sorority_Survey, and completing a survey. The survey will take approximately 15-25 minutes. Participation is completely voluntary and anonymous. Ways that you can help may include: forwarding this e-mail to current sorority women, telling current sorority women about this study, posting the link to the study on a social networking site or referring me to current sorority women who may be interested in participating. If you meet the criteria for participation, you may complete the survey yourself. Please contact me if you have any questions.

Any help that you can provide is greatly appreciated.

Sincerely,

Lauren Baron
Second year Masters Student
Smith College School for Social Work

Appendix E

Human Subjects Review Approval Letter

January 6, 2010

Lauren Baron

Dear Lauren,

Your revised materials have been reviewed and they are fine. We are glad at this time to give final approval to your study. If you find in your recruitment process that you will locate your efforts within an institution, be sure and get letters of permission from an administrator in that institution and send us a copy.

Please note the following requirements:

Consent Forms: All subjects should be given a copy of the consent form.

Maintaining Data: You must retain all data and other documents for at least three (3) years past completion of the research activity.

In addition, these requirements may also be applicable:

Amendments: If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

Renewal: You are required to apply for renewal of approval every year for as long as the study is active.

Completion: You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Good luck with your interesting project.

Sincerely,

Ann Hartman, D.S.W.
Chair, Human Subjects Review Committee

CC: Mary Beth Averill, Research Advisor

Appendix F

Eligibility

<u>Welcome to my survey.</u>

For the purposes of this study, a sorority is defined as "a women's student organization formed chiefly for social purposes and having a name consisting of Greek letters" (Merriam-Webster). This includes religiously affiliated sororities (e.g., Alpha Epsilon Phi) and ethnic or multi-cultural sororities (e.g., Beta Sigma Phi).

Eligibility

1) Are you a female undergraduate sorority member enrolled at a 4-year university?
   ☐ Yes
   ☐ No

2) Are you 18 years old or older?
   ☐ Yes
   ☐ No

If yes, please continue with the survey.
If no, your interest is appreciated however you do not meet the qualifications to complete this survey.

Appendix G

Consent to Participate in a Research Study
Online Version

January 2010

Dear Participants,

My name is Lauren Baron and I am a graduate student at Smith College School for Social Work. The purpose of my research is to look at undergraduate sorority women's attitudes toward seeking mental health services. Within this sample, I am interested in the relationship, if one exists, between the level of identification with your sorority and perceived stigma from your immediate social group on overall attitudes toward mental health help-seeking behaviors. The data from this research will be used in my Master's thesis as well as in possible presentations and publications.

I am asking that you be a participant for my study based on the fact that you meet the following criteria; you are a woman over the age of 18 years old currently attending an undergraduate university and are currently an active member of a sorority affiliated with your university. To be a participant in this study you will complete an online survey. I will collect some brief demographic information. You will then be asked to reflect on your participation in your sorority and the beliefs you have about seeking mental health services, as well as those of the women in your sorority. The survey will take approximately 15 to 25 minutes.

A potential risk of being a participant in this study might be some emotional distress as you reflect on your current mental health status and attitudes toward seeking professional help. In case you feel as though you need additional support services to deal with feelings that may have emerged, I have attached a list of referral sources for you to use at your discretion.

A benefit of participation in this study may be that you will be able to reflect on your membership in your sorority and gain insight into your own attitudes toward seeking mental health services. These findings may provide useful information in terms of how sorority women view the importance of their membership in their sorority, and also their perceptions of others' help-seeking behavior. It is possible that the results of this study will generate further research on outreach by college counseling centers and education on mental health issues specifically as it relates to women involved in the Greek system.

Anonymity will be maintained by not having you reveal your name, the name of your sorority or the university you attend; by checking the "I agree" button below you are consenting to participate in this study. No one except my thesis advisor and the statistical analyst will have access to the data. Your survey data will be kept secure for three years according to Federal regulations. After three years, the data will be destroyed. The findings of this study will be presented in aggregate form. No identifying information will be included.

You have the right to ask questions about this research study and to have those questions answered by me before or after the research using the contact information below. If you have any further questions about the study, at any time feel free to contact me, Lauren Baron, at 3sstudy@gmail.com. If you like, a summary of the results of the study please send a request via email and the results with will be sent to you electronically. If you have any other concerns about your rights as a research participant that have not been answered by this investigator, you may contact the Chair of the Smith College School for Social Work Human Subjects Review Committee at (413) 585-7974.

Participating in this study is completely voluntary. Since this is an anonymous survey, you will be unable to withdraw your survey once it has been submitted because your survey cannot be identified. You can contact me by the email address and/or phone number provided in this consent form.

BY CHECKING "I AGREE" YOU ARE INDICATING THAT YOU HAVE READ AND UNDERSTAND THE INFORMATION ABOVE AND THAT YOU HAVE HAD AN OPPORTUNITY TO ASK QUESTIONS ABOUT THE STUDY, YOUR PARTICIPATION, AND YOUR RIGHTS AND THAT YOU AGREE TO PARTICIPATE IN THE STUDY.

Lauren Baron
Smith School for Social Work

Please print a copy for your records.

Appendix H

Demographics

Age:

Race:

Gender: female

Current year in college:
- ☐ Freshman
- ☐ Sophomore
- ☐ Junior
- ☐ Senior

Is your university:
- ☐ public
- ☐ private

Year you *pledged* your sorority:
- ☐ Freshman
- ☐ Sophomore
- ☐ Junior
- ☐ Senior

Approximate length of *pledge* period: no pledge period
- ☐ 3 weeks
- ☐ 6 weeks
- ☐ 9 weeks
- ☐ 12 weeks

Approximately how many women are in your sorority chapter at your university?
- ☐ Under 50
- ☐ 50-75
- ☐ 75-100
- ☐ 100-125
- ☐ 125-150
- ☐ 150-175
- ☐ 175-200
- ☐ 200+

Do you currently feel like you have an emotional or personal problem that could be helped by seeking <u>mental health or counseling services</u>?

- ☐ Yes
- ☐ No

Are you currently receiving <u>mental health or counseling services</u> on or off campus? (check all that apply)

- ☐ Yes, on campus
- ☐ Yes, off campus
- ☐ No, I am not currently receiving mental health services

If so, what kind of services are you receiving? (check all that apply)

- ☐ individual counseling/therapy- only one session
- ☐ individual counseling/therapy- more than one session
- ☐ group therapy
- ☐ medication/psychiatry
- ☐ education about mental health or mental illness
- ☐ inpatient hospitalization
- ☐ residential treatment facility services
- ☐ Other: _____

<u>On a scale of 1 to 5 (1= not at all helpful, 2= somewhat helpful, 3= neutral, 4= somewhat helpful and 5=very helpful, N/A) how helpful are the mental health or counseling services you are currently receiving?</u>

Have you sought or made use of mental health or counseling services in the past on or off campus? (check all that apply)

- ☐ Yes, on campus
- ☐ Yes, off campus
- ☐ No I have not made use of mental health services

If so, what kind of services did you receive? (check all that apply)

- ☐ individual counseling/therapy- only one session
- ☐ individual counseling/therapy- more than one session
- ☐ group therapy
- ☐ medication/psychiatry
- ☐ psychological testing
- ☐ education about mental health or mental illness
- ☐ inpatient hospitalization
- ☐ residential treatment facility services
- ☐ Other: _____

On a scale of 1 to 5 (1= not at all helpful, 2= somewhat helpful, 3= neutral, 4= somewhat helpful and 5=very helpful, N/A) how helpful were the mental health or counseling services you received?