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Attitudes Toward Career Counseling: The Role of Public and Self-Stigma

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Although many students struggle with career-related issues in college, comparatively few engage the career services offered by their academic institutions for help with their difficulties. In addition, there is little research on the factors influencing students' decisions to engage in counseling for career-related issues, making it difficult to develop programs to enhance students' use of career counseling services. The present study examines the relationships between the stigma associated with help seeking and attitudes toward engaging in career counseling. Participants were 509 college students who completed measures of stigma and attitudes toward career counseling. Structural equation modeling results indicated that public and personal stigmas were linked to self-stigma, which in turn was linked to attitudes toward seeking career counseling. Sixty percent of the variance in self-stigma and 42% of the variance in attitudes was accounted for in the model.

Keywords: help-seeking, career counseling, public stigma, self-stigma, attitudes

There is strong evidence to support the effectiveness of career-related interventions with college students (Whiston & Rahardja, 2008), but a key challenge facing counselors in academic settings is getting students who are in need to come in for services. It has been demonstrated that career concerns are often distressing (Multon, Heppner, Gysbers, Zook, & Ellis-Kalton, 2001) and that the risk of dropout for college students is tied to a lack of clear understanding of career options (Cueso, 2005). Yet, while the majority of students are uncertain about their career choices when they enter college (Cueso, 2005) and between 17% and 22% of college students directly report vocational problems (Benton, Robertson, Tseng, Newton, & Benton, 2003), only 6.3% utilize career services (Fouad et al., 2006). These findings underscore the importance of understanding the reasons why most students who are having career difficulties do not use the career services offered by their institutions. The objective of this study is to examine the relationships between the stigmas associated with career counseling and attitudes toward using career-related services.

Little is known about what prevents the majority of individuals who are experiencing career problems from pursuing treatment. Some factors, such as perceptions of stigma, have been shown to be an important barrier to seeking help for personal counseling (Vogel, Wade, & Hackler, 2007). However, it is uncertain whether the processes identified as barriers to seeking personal counseling are also factors in decisions concerning whether to seek career counseling. In fact, a recurrent debate in the counseling literature focuses on the similarities and differences between personal and career counseling. Zeig and Munion (1990) defined *personal counseling* as a "change-oriented process that occurs in the context of a contractual, empowering, and empathic professional relationship" (p. 14). In turn, Spokane (1992) defined *career counseling* as "any attempt to assist an individual in making improved career decisions through such means as workshops, classes, consultation, prevention, etc." (p. 44). Definitions such as these led Blustein and Spengler (1995) to argue that career and personal counseling are distinct from one another; however, they also recognized that the two areas of counseling share certain processes. For example, both require a close relationship between the counselor and client and entail self-disclosure of a problem in order for change to occur. Other research has also demonstrated interconnections between the two types of therapy, as career and noncareer concerns are often intertwined and affected by feelings of depression, self-confidence, independence, and assertiveness (W. P. Anderson & Niles, 1995).

Despite the many commonalities between career counseling and personal counseling, individuals may have different perceptions about career counseling than they have about personal counseling (Betz & Corning, 1993). In particular, there may be a perception that career counseling is a more solution-focused and shorter-term endeavor, and as a result, individuals may perceive that this type of counseling is less threatening and therefore would be more likely to pursue it (Rochlen, Mohr, & Hargrove, 1999). Then again, it may be the similarities between the different types of counseling (e.g., the need to self-disclose a problem) that play the most important role in the development of attitudes about using counseling services, and thus similar factors may be involved. Because of these unknowns, it is necessary to test the pathways found in the research on personal counseling to determine if they apply to career counseling.

Even with the need to identify factors contributing to attitudes toward seeking career counseling, current research on career-related issues has largely focused on client populations, that is, individuals who have already made the decision to seek counseling (e.g., Bosley, Arnold, & Cohen, 2006). Unfortunately, this research provides little insight into what prevents individuals from seeking career counseling. Only a few studies have examined help

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seeking for career-related issues. Rochlen et al. (1999) first developed a scale assessing individuals' perceptions of the value and stigma of seeking career counseling. In a subsequent study, Rochlen and O'Brien (2002) found that individuals who were less clear about their career paths endorsed greater stigma associated with career counseling. The finding that the stigma of career counseling may be present to a greater degree among those more likely to be experiencing career concerns is consistent with the assertion that stigma may be important in the development of attitudes and as a barrier to seeking career services. However, research has not directly examined stigma's effect on attitudes toward seeking career services. In addition, research on personal counseling has found that there are different levels of stigma, and research has not directly examined their respective roles concerning attitudes toward seeking career services.

Levels of Stigma

Help-seeking stigma has been defined as "the perception that a person who seeks . . . treatment is undesirable or socially unacceptable" (Vogel, Wade, & Haake, 2006, p. 325). Stigma can impact individuals considering treatment at a number of levels, including societal, personal, and internal. The influence of stigma at the societal level, usually referred to as *public stigma*, has received the most attention in the literature. This research has suggested that public views tend to be negative toward those seeking counseling and that people may avoid counseling to avoid this negative societal label (Corrigan, 2004). In the case of career issues, individuals who have difficulty crystallizing their career paths may be viewed as indecisive, unmotivated, less intelligent, and unsuccessful, and individuals may avoid career services to avoid being linked to these negative labels. In addition to having societal effects, stigma can also have an influence through the direct personal reactions of those with whom we interact, and this is termed *personal stigma* (Vogel, Wade, & Ascheman, 2008). If friends or family have a positive view of counseling, we may be more likely to actually pursue counseling (Vogel, Wade, Wester, Larson, & Hackler, 2007). Conversely, people may be less likely to utilize services if they expect to receive negative reactions from their families (Leaf, Bruce, & Tischler, 1986). Importantly, this personal stigmatization by close others has been found to act separately from public stigma on individuals' willingness to pursue counseling (Vogel et al., 2008). This may be particularly true for career issues, since college students are surrounded by other students, teachers, and family members who may have expectations of what they should be doing with their lives. Students experiencing career-related difficulties may be reluctant to seek help to avoid negative reactions from close others.

In addition to the external-level stigmas described above, stigma can also play a role in help-seeking decisions when it is internalized. This *self-stigma* is the perception held by the individual that he or she is personally unacceptable by seeking help (Vogel et al., 2006). Making career decisions is something virtually everyone is perceived as doing in their lives, and people may feel they should be able to make these decisions on their own without professional help and therefore feel particularly bad about themselves if they are having trouble doing so. These negative self-perceptions, in turn, can negatively affect the attitudes one holds toward counseling above and beyond the impact of public or personal stigma (Vogel et al., 2006). In fact, Vogel, Wade, & Hackler (2007) found that self-stigma fully mediated the relationship between public stigma and attitudes toward seeking professional help. These results suggest that external stigmas (public and personal) may become internalized as self-stigma, and then self-stigma plays a direct role in shaping attitudes about seeking counseling. Self-stigma should be important in the decision to seek career services because individuals may perceive their careers as integral aspects of their identities, and thus seeking help may be especially difficult.

Gender and Stigma of Seeking Counseling

Researchers have noted that men tend to perceive greater stigma associated with pursuing both personal (Vogel et al., 2008) and career (Rochlen et al., 1999) counseling than do women. Men may perceive greater stigma in regard to career decisions due to traditional gender roles suggesting that men should be decisive and know what they want to do. For example, Goldberg (1976/1977) coined the term *male harness*, referring to the idea that men are supposed to be controlled, competitive, self-reliant, and successful. Men who feel they need to possess these traits may find it particularly difficult to seek career counseling because it may suggest a weakness or incompetence in an area they are supposed to excel in (O'Neil, 1981). Consistent with this finding, researchers have found that more traditional men reported a greater amount of stigma attached to career counseling than did men with less traditional gender roles (Rochlen & O'Brien, 2002). Furthermore, Rochlen, Blazina, and Raghunathan (2002) found that more traditional men expressed a greater need for occupational information and self-clarity than did other men. On the basis of these initial results, it is seems important to further examine the role of gender on the relationships between the different stigmas (i.e., public, personal, and self-stigma) and thoughts about seeking career services.

Linking Stigma to Career-Related Issues

While research has been completed on some aspects of stigma and the link to help seeking for personal counseling (Komiya, Good, & Sherrod, 2000), only Rochlen and colleagues (Rochlen et al., 2002, 1999; Rochlen & O'Brien, 2002) have started to examine stigma and help seeking for career issues. An important limitation of these studies is that they examined only the zero-order correlations between public stigma and other related factors. Therefore, the role of stigma in career-related help-seeking decisions remains largely unexamined. It is necessary to take a closer look at how the different types of stigma (public, personal, self) are related to career counseling in order to better grasp how these factors may be influencing individuals' attitudes toward help-seeking decisions for career-related issues. More specifically, we propose to examine these relationships by building on a personal counseling help-seeking model where public stigma was found to be associated with attitudes toward seeking help through the mediator of self-stigma (Vogel, Wade, & Hackler, 2007).

Knowing that public stigma is related to attitudes toward career counseling would be useful, but changing societal beliefs is a difficult and slow process. Therefore, identifying other factors closer to the individual, such as personal stigmatization by close

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others and the potential mediator of self-stigma, may improve the effectiveness of direct interventions. For example, if self-stigma fully mediates the relationship between public stigma and help-seeking attitudes, then outreach efforts could be developed that focus on reframing talking about career issues as a type of empowerment rather than a sign of weakness, instead of focusing on changing perceptions of counseling itself, which might be a more difficult task. This shift in focus might link seeking help for career issues to positive feelings of change instead of negative feelings of self-blame. Therefore, examining models that help the profession understand how the different types of external and internal stigmas relate to the help-seeking process could be used to enhance service usage through programs that target mechanisms that inhibit seeking career counseling. Additionally, the relationships between different forms of stigma and the potential unique roles the two types of external stigma (public, personal) play in the process have not been examined in relation to any type of help-seeking decisions. As illustrated in Figure 1, we hypothesize that self-stigma will mediate the relationships between both public and personal stigmas and attitudes toward seeking career counseling. In particular, we hypothesize that both public stigma and personal stigma from others will be uniquely and positively linked with self-stigma, and then self-stigma will be negatively related to attitudes toward seeking career counseling. Finally, as research is needed to examine potential gender differences in the relationships among the variables, we test the structural invariance of the model across gender.

Method

Participants

College students from a large midwestern university were recruited from introductory psychology courses to participate in the current study in exchange for extra course credit. Participants completed the survey instruments in a large group setting. A total of 509 students—238 (47%) men, 268 (53%) women, and 3 individuals who did not identify their gender—participated in this study. Of the students, there were 261 (51%) 1st-year students, 139 (27%) 2nd-year students, 63 (12%) 3rd-year students, 28 (6%) 4th-year students, and 11 (2%) reported other student status. Through self-identification there were 8 (1.6%) African Americans, 13 (2.6%) Asian Americans, 464 (91%) Whites, 10 (2%) Hispanics, 5 (1%) biracial students, 4 (0.8%) who identified as international, and 12 (4%) who marked other or did not report their race/ethnicity.

Measures

Public stigma for seeking career counseling. Public stigma for seeking career counseling was measured with the five-item Stigma Scale for Receiving Psychological Help (SSRPH; Komiya et al., 2000). To assess the public stigma toward seeking career counseling, we modified the items by changing the wording *professional psychological help* to *career counseling*. A sample item is "People tend to like less those who are receiving counseling for a career issue." Questions are rated from 1 (*strongly disagree*) to 4 (*strongly agree*) so that higher scores reflect greater perceptions of public stigma. The SSRPH has been correlated ($r = -.40$; Komiya et al., 2000) with the Attitudes Toward Seeking Professional Psychological Help Scale (ATSPPHS; Fischer & Farina, 1995) and a measure of public stigma ($r = -.41$; Vogel et al., 2008), the Devaluation–Discrimination Scale (Link, Cullen, Frank, & Wozniak, 1987). The internal consistency was originally reported to be .73 (Komiya et al., 2000). The internal consistency of the scores obtained in the current sample was .80.

Personal stigma of seeking career counseling. Personal stigma for seeking career counseling was measured with the 12-item version of the Perceptions of Stigmatization by Others for Seeking Help (PSOSH) scale (Vogel et al., 2008). To assess personal stigma toward career services, we modified the directions of the PSOSH to reflect career counseling. Participants read the statement, "Imagine you had concerns about your career or career choice (e.g., trouble choosing a career or second thoughts about your career path) and needed to see a counselor to help with your concerns. If you sought counseling services, to what degree do you believe that the people you interact with would _____" and then answered questions on a scale from 1 (*not at all*) to 5 (*a great deal*). Five items are reversed-scored so that higher scores reflect greater perceptions of personal stigma. A sample item is "People

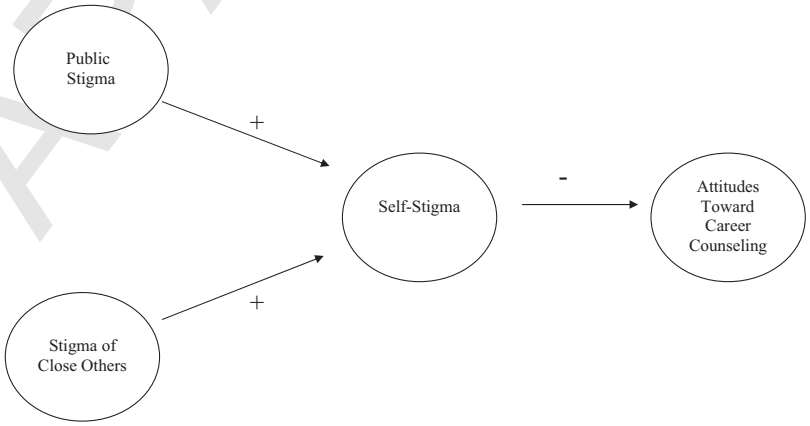

Figure 1. Hypothesized mediated model. A plus sign indicates a positive correlation between the latent variables, while a minus sign indicates a negative correlation between the variables.

you interact with would think there is something seriously wrong with you." The internal consistency ranges from .84 to .91, and test–retest estimates are reported at .82 (Vogel et al., 2008). The PSOSH has also been correlated (r = .37) with measures of self-stigma, such as the Self-Stigma of Seeking Help scale (Vogel et al., 2006; r = .37), and measures of public stigma (rs = .20–.31; Vogel et al., 2008), such as the SSRPH (Komiya et al., 2000) and the Devaluation–Discrimination scale (Link et al., 1987). The internal consistency of the scores obtained in the current sample was .81.

Self-stigma for seeking career counseling. Self-stigma was measured using the Self-Stigma of Seeking Help (SSOSH) scale (Vogel et al., 2006). Participants answered 10 questions on a scale from 1 (*strongly disagree*) to 5 (*strongly agree*). Five items are reverse-scored so that higher scores reflect greater perceptions of self-stigma. To assess self-stigma toward career services, we modified the directions of the SSOSH by changing the wording *therapist* and *psychologist* to *career counselor*. A sample item is "If I went to a counselor for a career issue, I would be less satisfied with myself." The SSOSH has also been correlated with attitudes toward seeking help (r = –.53 to –.63; Vogel et al., 2006). Estimates of internal consistency range from .86 to .90, while 2-week test–retest estimates have been reported at .72 (Vogel et al., 2006). Also, there is validity evidence shown by the correlations with attitudes toward seeking professional help (rs = –.53 to –.63), likelihood of seeking counseling, (rs = –.32 to –.38), and measures of public stigma (rs = .46 to .48). The internal consistency of the scores obtained in the current sample was .89.

Attitudes toward seeking career services. Attitudes toward seeking career services were measured with two scales. The first was the Attitudes Toward Career Counseling Scale (ATCCS; Rochlen et al., 1999). This scale measures two different factors: value of career counseling and stigma related to career counseling. In the current study, only the Value of Career Counseling (VCC) subscale was utilized in order to prevent overlapping with the stigma measures. The Stigma Related to Career Counseling subscale was also not used as a separate measure of stigma, as it contained items reflecting each of the types of stigma discussed above and thus did not reflect any single type of stigma. Participants answered the 16 items of the VCC subscale from 1 (*disagree*) to 5 (*agree*). A sample item is "If I was in a career transition, I would value the opportunity to see a career counselor." The VCC subscale has been correlated with attitudes toward seeking professional help (r = .34) and the stigma associated with career counseling (r = –.31), and estimates of reliability for the VCC subscale have been reported at .86 (internal consistency) and .80 (test–retest; Rochlen et al., 1999). The internal consistency of the scores obtained in the current sample was .89.

The second scale used to measure attitudes toward career counseling was a modified version of the ATSPPHS's short form (ATSPPHS-SF; Fischer & Farina, 1995). To assess attitudes toward career services, we modified the 10 items of the ATSPPHS-SF by changing the wording to reflect career issues. For example, the item "The idea of talking about problems with a psychologist strikes me as a poor way to get rid of emotional conflicts" was changed to "The idea of talking about problems with a counselor strikes me as a poor way to get rid of career problems." Items are rated on a 4-point scale from 1 (*disagree*) to 4 (*agree*) with five items reversed-scored so that higher scores reflect more positive attitudes. The 10-item scale has been shown to correlate with previous use of professional help for a problem and to differentiate between college students with serious emotional or personal problems who did not seek therapy (Fischer & Farina, 1995). The ATSPPHS-SF has been correlated with the likelihood of seeking counseling for interpersonal issues (r = .50; Vogel, Wade, & Hackler, 2007). The internal consistency has been reported to be .84, and the test–retest has been reported to be .80. The internal consistency of the scores in this sample was .81.

Results

To test our hypothesized model, we followed the suggestion of J. C. Anderson and Gerbing (1988) and first conducted a confirmatory factor analysis to ensure a measurement model with an acceptable fit to the data. We then tested a structural model to test the hypothesized relationships. We also compared our hypothesized model with an alternative model to select the best fitting model and compared the structural invariance of the best-fit model across gender (female vs. male). We used the maximum likelihood method in the LISREL 8.54 (Jöreskog & Sörbom, 1996) program to examine the measurement and structural models. Four indexes were used to assess the goodness of fit of the models on the basis of the traditional criteria for good fit: the comparative fit index (CFI; .95 or greater), the incremental fit index (IFI; .95 or greater), the standardized root mean square residual (SRMR; .08 or less), and the root mean square error of approximation (RMSEA; .06 or less; Hu & Bentler, 1999).

Latent Variables

To test the models, we used observed indicators of our latent constructs. The correlations, means, and standard deviations of the observed indicators can be seen in Table 1. The observed indicators for the latent variable of attitudes were the VCC and the ATSPPHS scales. The observed indicators for the latent variables of public stigma, personal stigma, and self-stigma were parcels created following the recommendation of Russell, Kahn, Spoth, and Altmaier (1998). Three parcels were created for the personal stigma and self-stigma scales, and two parcels were created for the public stigma scale, as it had five items. The parcels were created by separately fitting a one-factor model with exploratory factor analyses with the maximum likelihood method on the items from each scale. Each scale's items were then rank-ordered on the basis of the magnitude of their factor loadings. To equalize the average loadings of each parcel on its respective factor, we assigned the highest and lowest ranking items in pairs to a parcel. We chose to parcel these three variables in order to reduce the number of parameters that would result from using the individual items, thereby improving the estimation of the effects (see Russell et al., 1998). Furthermore, we used parcels rather than including additional measures of each construct because some of the constructs (e.g., self-stigma) had only one validated scale and because using fewer measures reduced participant burden. We chose this parceling method because Russell and colleagues asserted that "when this procedure is used, the resulting item parcels should reflect the underlying construct . . . to an equal degree" (p. 22). Having equal loadings across the parcels should maximize the benefits of parceling for the measurement model.

T1

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Table 1
Zero-Order Correlations, Means, and Standard Deviations Among the 10 Observed Variables

Measured variable	1	2	3	4	5	6	7	8	9	10	*M*	*SD*
Career counseling												
1. Value[a]	—	.74	−.29	−.39	−.5	−.48	−.45	−.31	−.23	−.32	25.22	5.33
2. Attitude[b]		—	.34	−.29	−.4	−.48	−.46	−.21	−.22	−.25	23.37	5.15
Public stigma[c]												
3. Parcel 1			—	.64	.49	.47	.53	.38	.41	.29	5.49	1.97
4. Parcel 2				—	.55	.5	.58	.35	.39	.29	3.2	1.34
Self-stigma[d]												
5. Parcel 1					—	.76	.77	.39	.42	.35	9.94	3.09
6. Parcel 2						—	.74	.42	.39	.36	6.9	2.45
7. Parcel 3							—	.42	.41	.33	6.7	2.51
Personal stigma[e]												
8. Parcel 1								—	.62	.63	7.78	2.36
9. Parcel 2									—	.52	5.62	1.76
10. Parcel 3										—	6.3	2.11

Note. $N = 509$. For all correlations, $p < .001$.
[a] From the Value of Career Counseling subscale of the Attitudes Toward Career Counseling Scale. [b] From the Attitudes Toward Seeking Professional Psychological Help Scale. [c] From the Stigma Scale for Receiving Psychological Help. [d] From the Self-Stigma of Seeking Help scale. [e] From the Perceptions of Stigmatization by Others for Seeking Help scale.

Normality

Because the maximum likelihood procedure that was used to test our hypothesized model assumes normality, we also examined the multivariate normality of the observed variables on the basis of the test developed by Mardia (see Bollen, 1989). The result indicated that the multivariate data were not normal, $\chi^2(2, N = 509) = 234.62$, $p < .001$. Therefore, the scaled chi-square will be reported in subsequent analyses.

Measurement Model

T2 Our measurement model (see Table 2) examined the fit of the 10 observed variables to the four latent constructs (i.e., public stigma of career counseling, personal stigma for career counseling, self-stigma of career counseling, attitudes toward career counseling). A test of the measurement model resulted in an excellent fit to the data, scaled $\chi^2(29, N = 509) = 73.33$, $p < .001$, CFI = .99, IFI = .99, SRMR = .031, RMSEA = .055 (90% confidence interval [CI] = 0.039 to 0.071). All of the observed variables significantly loaded on their respective latent variable (all ps $< .001$; see Table 2). Therefore, the latent variables appear to have been adequately measured by their respective indicators.

Table 2
Factor Loadings for the Measurement Model (N = 509)

Measured variable	Unstandardized factor loading	*SE*	*z*[a]	Standardized factor loading
Career counseling				
Value[b]	4.65	0.22	21.17	.87
Attitude total[c]	4.37	0.22	19.89	.85
Public stigma[d]				
Parcel 1	1.52	0.08	19.27	.77
Parcel 2	1.12	0.05	20.67	.83
Personal stigma[e]				
Parcel 1	1.99	0.11	18.65	.84
Parcel 2	1.30	0.09	15.11	.74
Parcel 3	1.53	0.09	16.82	.73
Self-stigma[f]				
Parcel 1	2.74	.10	26.33	.89
Parcel 2	2.08	.08	25.10	.85
Parcel 3	2.18	.09	24.39	.87

[a] $p < .001$. [b] From the Value of Career Counseling subscale of the Attitudes Toward Career Counseling Scale. [c] From the Attitudes Toward Seeking Professional Psychological Help Scale. [d] From the Stigma Scale for Receiving Psychological Help. [e] From the Perceptions of Stigmatization by Others for Seeking Help scale. [f] From the Self-Stigma of Seeking Help scale.

Structural Model

The structural model used to test our hypothesis (see Figure 2) showed an excellent fit to the data, scaled $\chi^2(31, N = 509) = 73.17$, $p < .001$, CFI = .99, IFI = .99, SRMR = .031, RMSEA = .052 (90% CI = 0.036 to 0.067). Public stigma and personal stigma predicted self-stigma, which in turn predicted attitudes toward seeking career counseling. Sixty percent of the variance in self-stigma and 42% of the variance in attitudes was accounted for in the model. We also tested an alternative model that examined the fit of the model if public stigma and personal stigma were considered one construct (external stigma). In this case, external stigma predicted self-stigma, which in turn predicted attitudes. This alternative model did not fit the data well, scaled $\chi^2(33, N = 509) = 345.04$, $p < .001$, CFI = .94, IFI = .94, SRMR = .073, RMSEA = .14 (90% CI = 0.12 to 0.15). Thus, the hypothesized model with separate measures of public stigma and personal stigma was selected as the best fitting model and used in the subsequent bootstrapping and invariance testing analyses. F2

Bootstrapping

The bootstrap procedure recommended by Shrout and Bolger (2002) was used to examine the significant levels of indirect effects for the mediated model. Indirect effects are not normally distributed, so using a standard error to perform a z test may produce inaccurate results. Bootstrap procedures offer an empirical

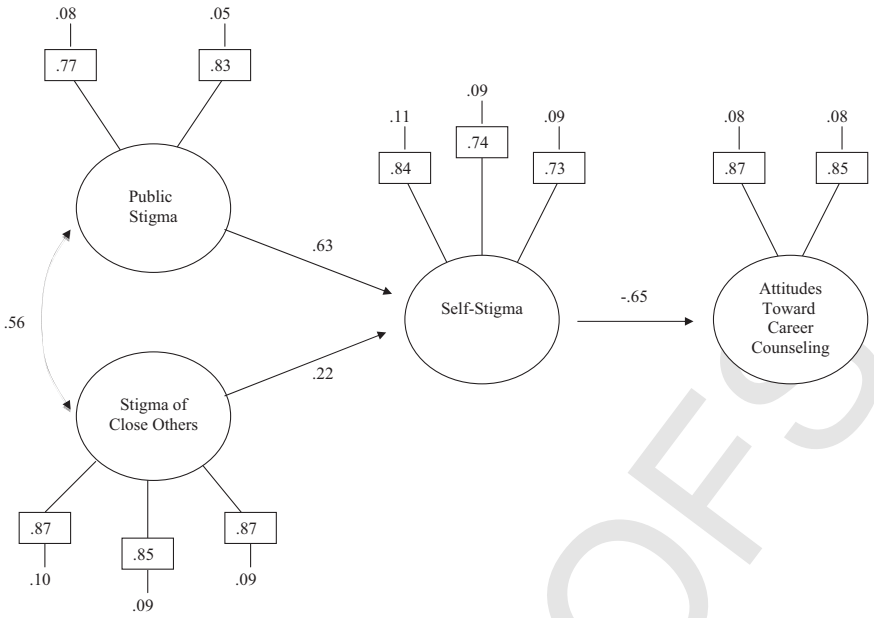

Figure 2. Final mediated model. Numbers in the boxes indicate the relationships between the measured variables and the latent variables. Numbers outside the boxes refer to the error variances of the measured variables. Numbers next to arrows indicate the relationships between the latent variables.

means for determining statistical significance that circumvents the need to assume normality, as the bootstrapping results provide asymmetric confidence limits. If the 95% CI for the estimate of asymmetric indirect effect does not include zero, it can be concluded that the indirect effect is statistically significant at the .05 level (Shrout & Bolger, 2002). The first step in this bootstrap procedure was to create 10,000 bootstrap samples from the original data set (N = 509) by random sampling with replacement. The second step was to run the hypothesized structural model 10,000 times with these 10,000 bootstrap samples to yield 10,000 estimations of each path coefficient. The third step was to use LISREL's saved output of the 10,000 estimations of each path coefficient to calculate an estimate of the indirect effect. The 95% CIs—obtained by finding the bootstrap values at 100(α/2) and 100(1 – α/2) percentiles of the bootstrap distribution—confirmed that the mediated pathways from public stigma through self-stigma to attitudes (β = .63 × –.65 = –.41) and from personal stigma through self-stigma to attitudes (β = .25 × –.65 = –.16) were significant (see Table 3). T3

Gender Comparison

We calculated the means and standard deviations for men and women for all of the scales utilized in the study, and the calculations are provided in Table 4. We also performed t tests to T4 determine if there were significant differences between women's and men's scores on the measures. There was a significant difference in men and women's scores on the SSRPH, $t(506) = -3.11$, $p = .002$, and on the ATCC, $t(506) = -2.53$, $p = .01$. There was no significant different between men's and women's scores on the PSOSH, $t(506) = 0.18$, $p = .86$, on the SSOSH, $t(506) = -0.23$, $p = .82$, and on the ATSPPHS, $t(506) = -1.94$, $p = .05$. Next, the invariance of structural path coefficients for the female (N = 268) and male (N = 238) groups was examined by conducting SEM

Table 3
Bootstrap Analyses of the Magnitude and Statistical Significance of the Indirect Effects

Independent variable	Mediator variable	Dependent variable	β	B	Bootstrap SD[a]	95% CI[a]
Public stigma[b]→		Self-stigma[c]	.63	1.10	0.11	0.93, 1.36
Stigma of close others[d]→		Self-stigma[c]	.25	0.30	0.08	0.15, 0.45
Self-stigma[c]→		Attitude[e]	−.65	−1.10	0.08	−1.25, −0.95
Public stigma[b]→	Self-stigma[c]→	Attitude[e]	−.41	−1.26	0.15	−1.57, −0.98
Stigma of close others[d]→	Self-stigma[c]→	Attitude[e]	−.16	−0.33	0.09	−0.51, −0.17

Note. CI = confidence interval.
[a] Values are based on unstandardized path coefficients. [b] From the Stigma Scale for Receiving Psychological Help. [c] From the Self-Stigma of Seeking Help scale. [d] From the Perceptions of Stigmatization by Others for Seeking Help scale. [e] From the Value of Career Counseling subscale of the Attitudes Toward Career Counseling Scale and the Attitudes Toward Seeking Professional Psychological Help Scale–Short Form.

Table 4
Means and Standard Deviations by Gender

	Women		Men	
Measure	*M*	*SD*	*M*	*SD*
PSOSH	32.328	6.625	32.492	7.372
SSRPH	8.304	2.833	9.13	3.154
SSOSH	23.452	5.677	23.567	5.404
ATSPPHS	23.682	3.073	24.223	3.213
ATCC	41.037	5.179	42.198	5.283

Note. $N = 270$ women and 238 men. PSOSH = Perceptions of Stigmatization by Others for Seeking Help scale; SSRPH = Stigma Scale for Receiving Psychological Help scale; SSOSH = Self-Stigma of Seeking Help scale; ATSPPHS = Attitudes Toward Seeking Professional Psychological Help Scale; ATCCS = Attitudes Toward Career Counseling Scale.

multiple-group comparison analysis. To compare the two, we tested a model in which the relations between the variables were freely estimated and a model in which the relations between variables were set to be equal for women and men. We then used the corrected scaled chi-square difference test to determine whether these models were equivalent. When these two models were compared, there was no significant corrected chi-square difference, $\Delta\chi^2(3, N = 506) = 6.34$, $p < .10$. Thus, the relations between the variables were invariant for women and men.

Discussion

The present study extends previous research on the role of stigma in the help-seeking process in several important directions. First, the results demonstrate that current models of help seeking can be extended to include career counseling. Our results build upon past research on general help-seeking processes by showing that as individuals internalize stigmatized beliefs about career counseling services, they may begin to devalue the utility of the career services being offered at their schools, making it more difficult to engage in these services when they are needed. Given the central importance of career-related decisions for college students and the implications for students who do not successfully navigate the career development process in college and drop out (Cueso, 2005), these results highlight the value of addressing stigma-related attitudes when designing or advertising career-related interventions in academic settings.

A second key contribution of the current study to the help-seeking literature is the demonstration of at least two important facets of external stigma that negatively impact help-seeking attitudes. That is, perceptions of public stigma held by society and perceptions of personal stigma were both uniquely related to having negative attitudes toward seeking career counseling and increased self-stigma. Our results, therefore, reveal that the effects of personal stigma toward career services can be separated from the effects of public stigma. This provides some new information about the role of other people (e.g., parents and friends) in the help-seeking process. As a result, it may be important to design career-related interventions that address the larger social support network of students to promote their use of career services in academic settings.

It is also interesting that both of these types of stigma had different levels of connection with self-stigma. Public stigma as a whole was more strongly associated with self-stigma than was personal stigma. This is an interesting finding that deserves future examination. One reason for the difference may be that personal stigma occurs less frequently than does public stigma. Alternately, individuals may be more likely to experience both positive and negative messages from those close to them, while public stigma may be more pervasive and represent clearer negative messages about seeking help for career issues. Future studies may try to tease apart these concepts by examining separately the positive and negative messages received from the different external sources and their effects on self-stigma and attitudes.

While most of the current findings are largely consistent with previous research, the current results do shed some light on some possible differences between the process of seeking help for career counseling and that for personal counseling. Some researchers have found that men report greater stigma regarding counseling than do women. Furthermore, in previous research on help-seeking decisions by Vogel et al. (2008), gender was found to be a moderator, such that men internalized public stigma as self-stigma to a greater degree than did women. However, the current study found that gender was not a moderator of the relationships between variables in the model, and only a few of the measured variables showed a mean difference for women and men. Concerning the issue of career counseling, men and women reported no differences in their experiences of public stigma, self-stigma, or attitudes in general. There was a significant difference between men and women concerning the amount of stigma they would feel from close others if they sought career counseling, with men experiencing more of this type of stigma than did women. There was also a significant difference between men and women in the amount of value they perceived they would attain from career counseling, with men stating they would obtain more value from attending career counseling. While men may continue to feel stigmatized by close others when they seek career counseling, these finding suggest that the stigma associated with career counseling may be perceived differently by men than the stigma associated with other forms of counseling. Men may be more likely to desire information about their career choices (see Rochlen et al., 2002), which may lessen the likelihood of internalizing external stigmas (i.e., it is a good thing to gather information). Thus, men may not internalize the stigma of career counseling in the same way as they do the stigma of other types of counseling. This notion is consistent with suggestions that career counseling may be perceived as a more concrete, less threatening task for which getting help could be appropriate for men (Rochlen et al., 1999). In fact, researchers have demonstrated that individuals tend to expect practical interventions based on the provision of information in career counseling (Galassi, Crace, Martin, James, & Wallace, 1992). As such, future research may want to continue to examine the role of gender on expectations of counseling and on the perceptions of the stigma associated with different types of counseling to further understand these issues.

Implications

The current study is important to the well-being of college students. The results can assist in the development of interventions

so that students can pursue career counseling and begin to get assistance with some of the difficulties faced during college. While public stigma is clearly an important component, altering the public stigma of career counseling may be a slow task. However, with these results examining the link between personal and self-stigmas and attitudes toward career counseling, we may be better able to develop interventions that could directly impact the potential consumer of career services. Changing the personal or self-stigma of career counseling felt by potential career counseling clients may be more direct routes to increasing service usage. Furthermore, as the personal stigma or self-stigma of career counseling is altered, over time the public stigma that society places on career counseling is bound to change for the positive as well.

Interventions that may be utilized to decrease personal stigma and self-stigma are numerous. Counselors may conduct outreach programs to college students, educating them on the benefits and the positive change that can occur with the use of career services. On college campuses, placing posters that positively describe career services or making announcements in classes could increase students' awareness and dispel misconceptions. Furthermore, during freshman orientation while parents are still present with their children on campus, it may be beneficial to offer a class that teaches both the students and their parents the advantages of career counseling. Through all of these outreach efforts, the stigma associated with career services can be reduced by normalizing the process and providing information that counteracts the negative messages individuals may have heard (i.e., discussing seeking help as a sign of courage rather than a sign of weakness). Also, once a student begins career counseling, it may be important to normalize career counseling and help students deal with negative associations about career counseling in order to ensure that they will not be deterred by stigma and negative attitudes toward career counseling.

Limitations and Future Directions

There are some important limitations of the current study. The majority of the sample was 1st- and 2nd-year students, which calls into question the generalizability of the results. Without an adequate representation of upperclass students in our sample, it is difficult to say with certainty that these results would apply to them. However, as noted by Cueso (2005), many academic and career concerns occur during the first few years of school, for which this group is representative. Another limitation is the limited racial and ethnic diversity of the sample. Other ethnic groups may have a different reaction to the stigma of career counseling from that of the White majority in this study, and future research is needed to determine the role of stigma on seeking career counseling for nonmajority groups. Additionally, it should be noted that although the current results demonstrate a link between stigma and attitudes toward career counseling, the college students who were questioned in this study may or may not have had career issues that they needed to explore in career counseling. While recently researchers have shown that help-seeking models developed on nonclinical populations hold for those with clinical issues (Vogel, Wade, Wester, et al., 2007), researchers may want to examine the efficacy of the current model for students experiencing distress related to career issues.

Additionally, although a strength of this research is the use of SEM analysis, the results are correlational, and causal relationships among the variables cannot be established from these data alone. In fact, in testing mediational models, longitudinal designs are often preferred, as they provide a rigorous test of the model (Cole & Maxwell, 2003). Testing mediational models with cross-sectional data requires more restrictive conditions, and the results do not automatically reflect longitudinal results. To test causality, future researchers should focus on longitudinal or experimental studies. Despite these limitations, the results of the current study expand previous findings to career counseling and highlight important similarities and distinct differences in people's perceptions about it when compared with counseling in general. The results also shed some light on ways to reach out to students who may be struggling with career-related decisions in college, many of whom might not otherwise engage in career counseling offered by their academic institutions.

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