The Impact of Ethnic Identity on Attitudes Towards Counseling for Italian-Americans

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ABSTRACT

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Italian-Americans constitute 6% of the American population (Census, 2010). Although they are part of the White majority, they have a unique cultural experience, as they endorse ethnic values that differ from other White Americans. It has been noted that adherence to these values may impact the way Italian-Americans view mental health treatment. In an attempt to understand this dynamic, the present study investigated the impact of ethnic identity, acculturation, aspects of socioeconomic status, and collective self esteem on attitudes towards counseling for a sample of 242 self-identified Italian-Americans.

It was hypothesized that acculturation would mediate the relationship between ethnic identity, collective self-esteem, and attitudes towards counseling. It was also hypothesized that aspects of socioeconomic status would moderate the relationship between ethnic identity and collective self-esteem and attitudes towards counseling. Hierarchical multiple regressions were conducted to test these hypothesized models; however, findings were not significant. Preliminary analysis revealed that age and gender were significantly predictive of attitudes towards counseling. Furthermore, exploratory analysis revealed a significant positive relationship between public collective self-esteem and aspects of socioeconomic status to attitudes towards counseling for this sample. These findings have implications for training, research, and practice for mental health professionals.
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Chapter I

INTRODUCTION

The presence of two languages, two cultures awakened early an interest in duality --in the unique aspect of standing in two worlds at the same time…the pride in being Italian -- that identity permeating my being, combined with the necessity of moving beyond the circumscribed world of the neighborhood….Belonging and not belonging in the same instant. (Amore, 2003, p.185)

According to Ponterotto, Rao, Zweig, Rieger, Schaefer, Michelakou, Armenia, and Goldstein (2001), meeting the mental health needs of individuals in American society means that mental health practitioners must have an understanding of their clients’ social context that forms the foundation of their attitudes toward counseling. Our social contexts, which include individual, universal, and group dimensions (Sue, 2003), facilitate the formation of our social identities. These social identities include, and are not limited to, ethnic identity, racial identity, social class identity, and gender identity, which affect the ways in which we perceive people and the world around us. Social identity theory, introduced by Tajfel and Turner (1986), posited that social identities correspond to the way people perceive and categorize themselves. According to this theory, people form their self-concepts based on individual and collective identity. That is, they form their identities by adhering to certain values, norms, and practices that are influenced by their social environments, and develop opinions about their social group identification based on how others may perceive their membership to that group.

Practice-based scholarship has investigated variables such as these and their relationship to attitudes towards counseling in an attempt to inform mental health practitioners’ therapeutic interventions (Goh, Xie, Wahl, Zhong, Liang & Romano, 2007; Ramos-Sanchez & Atkinson,
Mental health practitioners and scholars committed to developing culturally sensitive interventions have engaged in this research because they recognize that the basis for psychological interventions has been influenced and normed on samples predominantly from White Western European middle to upper-class populations (Sue, 2003). Thus, interventions historically became focused on clients’ autonomy and self-actualization (Maslow, 1965), values that derive from Western European cultural assumptions about what constitutes healthy, normal development (Sue & Sue, 2007). In terms of attitudes towards seeking professional psychological help, the field of psychology has developed interventions based on the worldviews of individuals who are, relatively speaking, willing to verbally self-disclose and to prioritize personal (rather than collective) development, a position that coincides with the value of individualism (Sue, 2003).

In order to provide effective mental health services and outreach to diverse communities, psychologists must understand how varied social groups view psychological help and/or what they consider to be healing. This matter becomes even more significant in light of the existence of ethnic enclaves, the influx of immigration, and diverse social class membership in the United States (Sue, 2003). People’s contexts, which include adherence to values influenced by their social identities, inform their opinions towards counseling.

It has been noted that people’s cultural values and the stigma they associate with professional psychological assistance influence the likelihood of their pursuing these services (Dias-Verie, 2006; Leong, Wagner & Tata, 1995). More specifically, when taking immigration and intersections of identity into consideration (i.e. race and ethnicity), research has revealed that ethnic identity, acculturation, and collective self-esteem are significant predictors of attitudes towards counseling for diverse samples of populations. For example, individuals who strongly
identify with the cultural values of their ethnic group, such as Africentric values (Constantine & Wallace, 2005) or Asian values (Kim & Omizo, 2003), are less likely to have positive attitudes toward individualized professional psychotherapeutic help-seeking because of their values of collectivism, family, and community.

However, with regard to the relationship between acculturation and attitudes towards counseling (Atkinson & Thompson, 1992; Ramoz-Sanches, Atkinson & Fraga, 1999), results reveal a less consistent trend. That is, it has been suggested (e.g., Ponterotto et al., 2001) that acculturation may be both predictive and non-predictive of attitudes towards counseling. Furthermore, while scholarship shows that collective self-esteem is an important variable to investigate in terms of its relationship to attitudes towards counseling, only two studies have used this construct with a limited ethnic sample (Omizo, Kim & Abel, 2008; Yeh, 2002). Findings from these studies revealed that high collective self-esteem was related to negative attitudes towards counseling, as participants were more inclined to seek support from their communities and families.

In reviewing how these aspects of social identity (i.e. ethnic identity, acculturation, collective self-esteem) have been studied thus far, a question arises: How have these constructs been examined for other ethnic groups, particularly for White ethnic groups residing in the United States? Scholarship has revealed that within White racial groups, heterogeneity exists due to the adherence of cultural values and norms that differ within ethnic groups of European descent (Carter & Parks, 1992; Giordano, McGoldrick & Klages, 2005; Papajohn & Spiegel, 1975; Ponterotto et al., 2001). That is to say, although people of European decent share the same racial background and identify as White, certain ethnic groups within this racial group have a cultural, linguistic, and/or religious experience that is different from the WASP (White Anglo-
Saxon Protestant) cultural experience in America, which may influence their willingness to seek psychological help (Papajohn & Spiegal, 1975).

Only one empirical study (Ponterotto et al., 2001) has examined the relationship of acculturation and gender attitudes toward counseling in a sample of Italian and Greek-American college students. Findings from this study revealed that for the sample of Italian-American college students, women were more likely to seek mental health services than men. Furthermore, for the Italian-American sample, those who were less acculturated preferred a counselor of Italian descent. Accordingly, for the Greek-American sample, women who were more acculturated were more likely to seek counseling than men; and those who were less acculturated preferred ethnically similar counselors.

While the aforementioned study began to explore predictive variables of attitudes towards counseling for Italian and Greek-Americans as a means of building cultural competencies for mental health practitioners, its sample was limited to college students. Furthermore, it did not take aspects of socioeconomic status or specific cultural values into consideration for each ethnic group, which can also be predictive of attitudes towards counseling. Studies have shown that cultural values are related to attitudes towards counseling such that adherence to cultural norms will make it unlikely for people to seek out or believe in the counseling process (Fred, Radhika, & Hinshaw, 2010; Wang & Kim, 2010). Finally, an empirical study exploring the mental health attitudes of a sample of each of these groups separately is needed in order to identify how ethnic identity, acculturation, aspects of socioeconomic status, and collective self-esteem have an impact on attitudes towards help-seeking behavior.
This goal can be reached by examining such aspects of social identity as ethnic identity, acculturation, and collective self-esteem for Italian-Americans. According to the 2010 United States Census, 16 million Americans are of Italian descent and the most heavily populated Italian-American states are New Jersey (1.5 million), Connecticut (653,000), Rhode Island (202,735) and New York (2.7 million). Furthermore, many of the descendants of Italian immigrants in the United States are predominately from southern Italy. Historically, southern and northern Italy have been divided by differences in socioeconomic status and access to resources such as economic mobility and education (Luconi, 2004). These differences in aspects of socioeconomic status have also translated into differences in cultural values that have been formed by regional identifications, which, have been carried over to the United States and have been passed on to subsequent generations (Giordano & McGoldrick, 2005).

An ethnographic study examining the experience of Italian-Americans (Danzi, 2000) revealed that Italian-Americans from working class backgrounds were highly interested in how their children would comport themselves socially, as it was a representation of the family. For example, if daughters of the family were sexually active, this behavior would be considered a cause of shame for the whole family. However, as children of immigrants became more socially mobile via education and ability to attain professional positions, less importance was placed on social comportment and the representation of the family name, and more on the child’s accomplishments.

The idea of how one comports her/himself socially within the Italian community is referred to as *fare la bella figura*. For Italians and Italian-Americans, this is a strongly-held value, which is understood to mean “making a good impression,” as one is a representation of her/his whole family (Severgnini, 2006). This value has relevance to aspects of socioeconomic
status specifically for Italian-Americans, as the research shows that children of immigrants from southern Italian regions and working class backgrounds tend to endorse this value (Severgnini, 2006; Danzi, 2000). Hence, examining aspects of socioeconomic status becomes important for Italian-Americans in relation to their attitudes towards counseling because impression management may differentially influence people of lower socioeconomic status in deciding whether or not they would be willing to seek psychological help.

Accordingly, conceptually-based and empirically-based scholarship has posited that the cultural values of Italian-Americans are different than other White groups of European descent (Carter, 1991; Carter & Parks, 1992; Giordano et al., 2005). For example, *l’ordine della famiglia* is a cluster of family values that is taught to children at a very young age. These values include respect and loyalty to the family, which extends to aunts, cousins, and godparents. This family value also includes not talking to outsiders about family problems. Thus, Italian-Americans have not historically sought mental health treatment (Giordano et al., 2005). When a problem arises, a family member or an approved outsider may intervene (i.e. priest, or family physician) (LaGumina, Cavaioli, Prumeggia & Varacalli, 2000).

Italian-Americans have a collectivistic culture and have been historically stereotyped as less educated, loud, and members of mafia and Guido culture (Messina, 2003; Messina, 2004; Triandis, Bontempo, Villareal, Asai & Lucca, 1988), which has been reinforced in the media (and in turn has been internalized by Italian-Americans) with movies and television shows like “The Godfather”, “Rocky”, “The Sopranos”, and more recently, “Jersey Shore” (Axt, 2010). Since many Italian-Americans express discomfort with their ethnic identity (Giordano et al., 2005), it would be useful to investigate whether or not Italian-Americans’ collective self-esteem is related to their attitudes towards counseling.
Thus, the purpose of this study was to address the relationship of ethnic identity, acculturation, collective self-esteem, and aspects of socioeconomic status to attitudes towards counseling for Italian-Americans. Because Italian-Americans are considered to be one of the largest White ethnic groups in the country, and there is both conceptual and empirical evidence suggesting that cultural values are transmitted through the generations (Axt, 2010; Carter 1991; Carter et al., 1992; Giordano et al., 2005), it will be important for mental health practitioners to know how these variables may be related to this sample’s help-seeking attitudes since their ethnic experience is different from other White ethnic groups in the United States.
Chapter II
LITERATURE REVIEW

Knowing more about the relationship between aspects of social identity and attitudes toward counseling can help psychologists deepen their understanding of how they can most effectively serve clients from diverse ethnic backgrounds. In exploring this relationship, this chapter will begin by reviewing the research that exists in four interrelated areas of study: ethnic identity, acculturation, collective self-esteem, and aspects of socioeconomic status as they relate to attitudes towards counseling. These concepts will be operationalized, and gaps within the literature on each will be presented. Next, the discussion will move toward a focus on Italian-American identity, and relevant aspects of Italian-American history will be introduced as a backdrop for this exploration. This discussion will extend to the relevance of important aspects of socioeconomic status within Italian-American identity, and then to the potential conceptual linkages between aspects of Italian-American identity and attitudes toward counseling. Before examining how the concepts of ethnic identity, acculturation, aspects of socioeconomic status, and collective self esteem are related to attitudes towards counseling, a brief overview of the factors that influence help-seeking behavior for diverse ethnic groups will be provided in the next section.

Variables Related to Attitudes Toward Counseling for Ethnic Groups

Practice-related scholarship in applied psychology has established that attitudes towards and utilization of counseling services vary among different ethnic groups (Goh et al., 2007; Ramos-Sanchez & Atkinson, 2009). Much of the psychological research on different cultural groups to date has focused on variables such as perceived stigma associated with counseling (Dias-Verie, 2006; Smith, Foley, & Chaney, 2008; Wrigley, Jackson, Judd & Komiti, 2005). For
example, in a study investigating Chinese students’ attitudes toward seeking professional psychological help, perceived stigma was positively correlated with attitudes toward help-seeking (Goh et al., 2007). Furthermore, in another study investigating Asian-American cultural values, loss of face and self-concealment as predictors of attitudes toward seeking professional psychological help, (Zayco, 2009) revealed that higher adherence to emotional self-control and self-concealment and lower adherence to collectivism were predictive of lower stigma tolerance associated with help-seeking. While these findings suggest that perceived stigma is predictive of attitudes towards counseling and/or help seeking, it seems that a common thread across these studies is aspects of social identity. That is, cultural values associated with ethnic identity, are important in determining the participants’ use of counseling services.

In Leong, Wagner and Tata’s (1995) review of mental health practices among Latin-American communities, it was hypothesized that three main factors contribute to attitudes towards counseling and the pursuit of mental health services: first, Mexican Americans have lower incidences of mental illness due to adherence to cultural values such as familism, and second, structural barriers influence help-seeking, including a) culturally irrelevant therapeutic approaches; b) lack of Spanish speaking counselors; c) inconvenient locations of mental-health clinics (outside of Latin-American communities); and d) lack of ethnically similar counselors. Finally, their third hypothesis was referred to as “cultural barrier theory” (p. 63), which posits that “various aspects of Latino/a culture predispose members to not seek professional services. These factors were identified as alternative resources, lack of acculturation, and traditional Mexican values” (p. 63). Again, according to this theory and findings mentioned earlier, it becomes evident that a relationship between aspects of social identity such as adherence to cultural variables is related to attitudes towards counseling.
In fact, scholars within the field of counseling psychology have noted that cultural variables account for much of the differences in attitudes towards seeking psychological help (Atkinson, Poston, Furlong, & Mercado, 1989; Mori, 2000; Yeh, 2003), inspiring psychologists to increase their multicultural competence when working with individuals from diverse racial/cultural groups. Some cultural variables that account for these differences include racial differences between counselor and client (Carter & Parks, 1992; Carter, 1995; Helms, 1990); access to helpful counseling resources (Smith, 2010); and diverse cultural groups’ mentality toward counseling (Liang & Fassinger, 2008; Ramoz-Sanchez et al., 2009). For example, in a study investigating the attitudes toward seeking professional psychological help among Asian-Americans, Omizo, Kim, and Abel’s (2008) results revealed that participants with a strong adherence to Asian cultural values had less positive attitudes towards psychological help-seeking. The findings of this study provided mental health practitioners with important considerations such as bicultural competence or having knowledge of two cultures that a client may belong to in order to provide her or him with culturally sensitive interventions. Results suggest that variables such as acculturation, gender (Ponterotto et al. 2001), racial identity, socioeconomic status (Duncan & Johnson, 2007), and cultural values (Ramoz-Sanchez et al., 2009) are all associated with attitudes towards counseling. Among the variables most commonly studied are ethnic identity, acculturation, and collective self-esteem, which will be discussed in subsequent sections of this literature review.

Findings such as these imply that the White, Western, patriarchal, class-privileged underpinnings of mainstream counseling may make mental health services accessible only to a portion of our population (Smith, Chambers & Bratini, 2009). To enable mental health practitioners to further improve their services to clients from diverse ethnic groups, researchers
must delineate the ways that aspects of diverse cultural identities relate to attitudes towards counseling. In the following sections, models of ethnic identity, acculturation, and collective self-esteem will be presented, and the relationship of each variable to attitudes toward counseling will be discussed as a means of understanding how these variables are related to help-seeking. The relevance of ethnic identity models to White ethnic groups will be explored, and aspects of socioeconomic status will be introduced as a relevant variable in that it may serve to explain the relationship between ethnic identity, acculturation and attitudes towards counseling. Finally, a rationale for investigating how these aspects of identity impact help-seeking for Italian-Americans will be discussed.

**Conceptual Origins of Ethnic Identity**

The concept of *ethnic identity* is rooted in conceptualizations of identity development within both developmental and social psychology. Erik Erikson’s developmental theory of adolescent identity (1968), as explained in his famous work, *Identity: Youth and Crisis*, posited that during adolescence people are in search of their identity and experience an adolescent crisis, which facilitates a process of understanding and reconciling with social identities that have been imposed (on adolescents) either by family and/or society. During this stage an adolescent struggles to understand the meaning associated with her social identities and begins a process of exploration. Erikson suggested that once exploration of her identity takes place, the adolescent reconciles with her identity and makes a commitment to it. Once the adolescent commits to her identity, she can experience a strong sense of self. From this perspective, identity formation is a developmental process. Social psychologists however, have taken a different approach to understanding identity development.
In their quest to understand social identity development, social psychologists Tajfel and Turner (1986) focused their work upon understanding people’s feelings of belonging or attachment to their social groups. French, Seidman, Allen, and Aber (2006) asserted that, “social psychologists have focused on the negotiation of one’s social identity in the broader context of the value society has placed on one’s group membership” (p.1). Tajfel and Turner (1986) noted that people do not go through a developmental identity crisis. Rather, people are given messages about the social groups to which they belong and make negotiations about their identity with that group. If someone comes from a valued group, she/he may not have to negotiate his/her identity with that group. However, with regard to a socially-devalued group, one of three strategies may be used to accommodate oneself to membership in that group: a) *individual mobility* (if the group membership is not connected to race, gender, or ethnicity) in which the person chooses to mentally leave or dissociate from the group; b) *social creativity*, which means that a person chooses what this group membership is going to individually mean to her or him in a way that is positive and which can result in internalizing negative or positive messages about the devalued group; and c) *social competition*, whereby multiple members of the social group can work to change the hierarchy of social groups. Thus, scholars (French et al., 2006; Phinney & Ong, 2007; Ponterotto & Park-Taylor, 2007) have contended that *ethnic identity* has its origins in the *social creativity strategy*, such that when groups of color are devalued they must be creative in order to find positive meaning and identity with the racial, ethnic, or cultural group to which they belong. Working from this social-psychological theoretical perspective, counseling psychologists have defined ethnic identity, derived models to understand its meaning, and have constructed measures to assess the meaning it has in people’s lives for the purposes of psychological research and practice.
Ethnic Identity Defined

Scholars have noted that ethnic identity has not been a clearly defined construct, as it has been operationalized in various ways and has often been used interchangeably with the construct of race (Ponterotto & Park-Taylor, 2007). In his review of ethnic identity definitions, Trimble (2007) suggested that ethnic identity is an affiliate construct, meaning that an individual is viewed by others and themselves as belonging to a particular group. Cokley’s (2005) definition stated that ethnic identity is the extent to which one identifies with one’s ethnic group (which includes cultural norms and traditions and is absent of internalized messages concerning race).

Phinney (1989) traced the origins of the study of ethnic identity to Erik Erikson (1968). Erikson contended that adolescents that are a part of an oppressed or minority group tend to internalize negative views of themselves, which leads to negative identity. Accordingly, Tajfel (1978), in his approach to studying ethnic identity, found that adolescents either choose to adopt the dominant culture’s negative views on their identity, or decide to reject it in search of their own identity (Phinney, 1989). Finally, Phinney (1996) and French et al. (2006) used the terms ethnic identity and ethnicity interchangeably with racial identity. For example, when using the racial group terms Black, White, and Asian, they referred to them as ethnic groups. However, at the same time, Phinney (1996) affirmed that race and ethnicity have been studied as separate constructs in previous research and should be treated as such. Smedley (1993) suggested that the term ethnicity can be used to refer to a group of people seen by others and themselves as having distinct cultural features and a clearly defined sociocultural history. Furthermore, according to Carter (1995), the term ethnic group can refer to one’s national origin, religious affiliation, or other socially or geographically defined region. Scholars have also developed models for the conceptualization of ethnic identity, which will be further explored in the next section.
Ethnic identity models. An early model of ethnic identity that has been widely studied and still used in psychological literature is the *Minority Identity Development* model (Atkinson, Morten & Sue, 1989). Again, based on how ethnic identity was defined in previous sections, this model was developed and conceptualized in terms of how People of Color define themselves within a dominant White society. This model is developmental in nature and has five stages. The first stage, called *conformity*, refers to when People of Color adhere to the values and practices of the dominant culture without challenging this way of being. Atkinson et al. (1989) referred to this stage as the internalization of negative attitudes of one’s ethnic background. The second stage, *dissonance*, is when People of Color challenge their values and think about why they have been behaving in accordance with the values and practices of the larger dominant society. As a result of this internal questioning, they then move to the third stage, *resistance and immersion*. Here, there is a rejection all of the practices and values of the dominant society and an immersion into the practices of the ethnic background. While this is occurring, people may not feel satisfied with this approach to life, as it may be confining and rigid. Therefore, they begin to reintegrate values and practices of the dominant culture with their own ethnic practices. Finally, in the *synergetic articulation and awareness stage*, people have a clear understanding of their values and a secure sense of their ethnic identity and actively oppose oppression.

Another early ethnic identity model was Bulhan’s (1980) three-stage conceptualization. Bulhan's model was similar to Atkinson et al.’s (1989) model in that the stages represented responses to the dominant culture, and covered processes such as *assimilation* and *repudiation* of the dominant culture (Ruiz, 1990). It differed from Atkinson et al.’s (1989) model such that the third phase is an examination of commitment to sociopolitical practices in addition to an integration of one’s ethnic identity with the dominant group’s practices. According to Bulhan
(1980), “each phase represents reaction to the dominant Euro-American world on the one hand and to the dominated indigenous culture on the other” (p.106). In the first stage, capitulation, there is an increased effort of assimilation into the dominant culture and a rejection of one’s own culture. In the second phase, revitalization, there is a rejection of the dominant culture and a romanticizing of the host culture such that people immerse themselves within the indigenous cultural practices and behaviors. Finally, in the third phase, radicalization, there is a synthesis of both the dominant group’s practices with indigenous practices and a commitment to socio-political change.

In an effort to understand the Mexican-American experience, Ruiz (1990) developed the Chicano/Ethnic identity model, which was based on case histories he derived from counseling sessions. His model consisted of five stages. In the first stage, causal, there is a failure to identify with one’s ethnic group due to messages received by parental figures early on to reject cultural traditions as a means to assimilate. Chicanos in this stage usually feel disconnected from their ethnicity when they are with other Chicanos and are sometimes rejected by others in their community. In the second stage, cognitive, there is a belief that in order to succeed in American society one must completely assimilate and completely reject Chicano culture. In this stage negative associations are put together with one’s ethnic affiliation, such as internalized experiences of discrimination. In the third stage, consequence, there is a fragmentation of ethnic identity. In this stage, Ruiz (1990) explained that the client is hurt because she/he views herself/himself as inferior due to phenotype characteristics, cultural customs, language and name. Therefore, there are many attempts to assimilate by changing the way one speaks, dresses, and even changing one’s name. These behaviors are associated with low self-esteem. In stage four, the working through stage, psychological distress is experienced because there is no longer an
ability to cope with ethnic conflict. In this stage the client is encouraged to challenge her/his negative thoughts about her/his ethnic affiliation with group interaction and ethnic identity exploration. Finally in the fifth stage, successful resolution, there is a greater acceptance of self, culture, and ethnicity. Ethnicity is no longer perceived as a limitation. Rather, it is perceived as a resource and strength.

Phinney’s (1996) ethnic identity model consisted of three stages. In the first stage, unexamined ethnic identity, individuals give ethnicity little conscious thought, as it has not yet become salient in their lives. At this stage, young adults accept the values and attitudes that are presented in their environment. Furthermore, they can consciously choose whether or not to internalize positive or negative stereotypes about their groups. In the second stage of development, ethnic identity search/moratorium, young adults become interested in learning about their ethnic groups. At this stage, ethnicity becomes salient for adolescents, and attitudes towards their own groups are usually positive. In the final stage of development, known as ethnic identity achievement, young adults develop a secure and confident sense of themselves as members of their ethnic group.

In summary, ethnic identity has been conceptualized in varying ways, and as a construct, has been the subject of much debate. The models just presented have many similarities in that they are ways of conceptualizing People of Color’s experiences of themselves in relation to the dominant European American group. They are also linear because they are described as progressions through stages. Finally, they each begin with experiences of internalized discrimination, a working-through phase to an integration of identity that balances both ethnic identity values and the values of the dominant culture. Yet, in an article reviewing the theory, measurement, and research concerning racial and ethnic identity (Ponterotto & Park-Taylor,
2007), these scholars agreed that clear constructs and definitions between race and ethnicity need to be developed in order for research to progress in this area. Trimble (2007) asserted that researchers and practitioners involved in this effort must participate actively in understanding the historical developments of concepts like ethnic identity and work closely with other disciplines such as anthropology. Trimble (2007) gave a specific definition of ethnic identity in terms of people belonging to a group that shares the same cultural traditions, practices, language, and customs.

Although ethnic identity awaits precise definition, therefore, it has been differentiated from racial identity in that it refers to the adoption of specific values and behaviors that are particular to an ethnic group. This identity is different from racial identity in that it concerns values, beliefs, and customs, which may distinguish one group of people from another that may have the same racial background. For example, this could mean distinguishing diverse Asian ethnic groups (i.e. Chinese, Korean, and Japanese). This fact raises the issue of ethnic identity among White ethnic groups for consideration, in that they obviously share a socioculturally-dominant racial membership, yet may vary with regard to ethnic values, beliefs, and customs.

Because this study explored aspects of ethnic identity that relate to attitudes towards counseling for Italian-Americans, a White ethnic group, several of the models just presented may not be a good conceptual fit for the Italian-American experience, since Italian-Americans are racially part of the dominant group. On the other hand, Helms (1990) has presented a White Racial Identity model that describes the statuses by which White individuals relate to their racial identity, but that model does not comprise ethnic identity. For these reasons, Phinney’s model of ethnic identity (1996) will be used within the present study to conceptualize ethnic identity for Italian-Americans. Furthermore, this model has been used and normed across various ethnic
groups including people of Italian decent (Ponterotto, Grethchen, Utsey, Stracuzzi & Saya, 2003).

**Ethnic identity and attitudes towards counseling.** Recent scholarship has shown that aspects of ethnic identity such as adherence to cultural values, can be predictive of help-seeking behavior and/or attitudes toward counseling. For example, in a study investigating Africentric cultural values and psychological help-seeking attitudes for African American College Students (Constantine & Wallace, 2005), results revealed that for both men and women who endorsed many Africentric cultural values (i.e. communalism, unity, harmony, and collectivism) were associated with greater perceived stigma about receiving counseling services. Similarly, in another study examining Asian cultural values and attitudes toward seeking professional psychological help (Kim & Omizo, 2003), findings revealed that adherence to Asian cultural values were inversely predictive of attitudes toward seeking professional psychological help. Furthermore, a study investigating help seeking among Korean Americans (Gloria, Castellanos, Park & Kim, 2008) results showed that Korean women shared more positive values towards help seeking than men. The authors attributed these findings to the research indicating that female Korean immigrants are encouraged to adopt western European values (Gloria et al., 2008), whereas Korean men are discouraged to do so; thus, explaining the discrepancy in findings across gender. Finally, other studies examining the same relationship have similar findings such that those who identify strongly with their ethnicity’s cultural values are less likely to have positive attitudes towards counseling (Duncan & Johnson, 2007; Omizo et al., 2008).

The trend found in these studies calls acculturation into question because it seems to be a concept that is related to adherence to one’s ethnic cultural values as it relates to attitudes towards counseling for diverse ethnic groups including Italian-Americans. Therefore, the
following section will first define acculturation as a construct. Then, a review of the existing scholarship that examines the relationship of acculturation to attitudes towards counseling will be provided.

**Acculturation**

Historically, acculturation has been defined as a psychological process and change that takes place when two diverse ethnic cultures come into contact with one another (Graves, 1967). It has also been conceptualized as an integration of one’s original culture with the host culture (Berry, 1990). However, the literature has suggested that the ways in which people choose to acculturate depends on their access to resources from their culture within the host culture, internalized messages they have received about their host culture, and their generational status (Bourhis, Moise, Perreault & Senecal, 1997). This process is understood to be related to, but different from *ethnic identity* in that, in acculturation, one may decide to shed aspects of his or her ethnic identity (which includes adherence to cultural norms) in an attempt to assimilate and be accepted by the dominant culture. A definition of acculturation that has been widely accepted in the counseling literature is that of Redfield, Linton, and Herskovits (1936). According to this definition, “acculturation comprehends those phenomena which result when groups of individuals having different cultures come into continuous first-hand contact with subsequent changes in the original culture patterns of either or both groups” Redfield et al., 1936 (as cited in Ponterotto et al., 2001, p.363). This definition describes acculturation as a process of retaining, losing, or integrating parts of the person’s old cultural practices with new cultural practices.

Similarly, Stephenson (2000) described acculturation as a complex process of learning in which individuals and groups come into continuous contact with different societies. It is defined as, “the degree of immersion in dominant and ethnic societies” (p.79). Thus, this degree of
immersion is measured as intermediate and superficial behaviors at the individual level in the areas of interaction, language, food, and media. Phinney and Flores (2002) supplemented their previously-mentioned work on ethnicity with a conceptualization of acculturation. They defined acculturation as a process of retaining or not retaining aspects of culture with two distinct aspects: language retention and friendship. Acculturation, therefore according to this definition was understood to be the extent to which one retains her or his own culture through the use of their first language, as well as the extent to which friendships are made with those from the same background in the host culture.

While these definitions have been widely used in the fields of sociology, anthropology, and psychology, scholars have noted that acculturation is a more dynamic and complex process than simply “assimilating” into a host culture (Berry, Trimble & Olmedo, 1986; Padilla & Perez, 2003). As will be explained in the next section, they are taking into account other factors such as climate of the host culture (i.e. integrationalist versus assimilationalist) and experiences of discrimination based on race and ethnicity.

Models of Acculturation

Two of the earliest models of acculturation (Park & Miller, 1921), the unidirectional model (UDM) and the bidirectional model (BDM) explained acculturation as the process in which one adapts to a new environment of culture (Graves, 1967). According to the unidirectional model, people go through a process of assimilation into the host culture in a linear way from being “traditional” to “assimilated.” For the purposes of this model, traditional is conceptualized as the values, norms and practices of the immigrant group. Assimilated refers to adapting the norms and practices of the dominant group or host culture. According to this model, one can assimilate in the following ways: linguistically, socially, economically, and civically.
That is, one first adapts the language of the host culture, which allows her/him to interact with others (i.e. leading to the social component). Then this social interaction provides one with the opportunities needed to obtain employment; thus, there is economic gain. Finally, with this economic gain there is opportunity to gain civic assimilation.

The *bidirectional model*, an extension of the unidirectional model, displayed a more complex view of acculturation. According to this model, acculturation was conceptualized as having two cultural orientations: a combination of one’s relation to her/his host culture and one’s relation to a home culture. This model set the foundation for Berry’s (1986) future model of acculturation as the conceptualization followed a similar pattern. According to this model, four types of acculturation exist: *separation, integration, alienation, and assimilation*. These four constructs will be defined in the following section via an explanation of Berry’s model.

Berry (1986) proposed a model of acculturation comprising two psychological dimensions. The first dimension is the degree of concern for *maintaining* one’s cultural characteristics and identity. That is, the extent to which one makes a concerted effort to maintain her or his culture. The second dimension is the *importance* or *value of interacting* and *maintaining* relationships with other ethnic groups. In other words, Berry understood this to mean the effort one takes to get to know and understand people from different ethnic backgrounds than her or his own. Thus, this definition addressed the extent to which people maintain their own cultural characteristics, and interact or do not interact with others from diverse ethnic groups. In a later revision of this model, Berry (1990) proposed four dimensions of acculturation. First, *assimilation* occurs when members of an ethnic group choose to identify solely with the dominant culture and cut all ties with their ethnic culture. *Integration* is described as a strong identification and involvement with both the dominant culture and the traditional
ethnic culture. *Separation* involves exclusive focus on one’s own ethnic cultural values and little or no interaction with the dominant society. Finally, *marginality* is the loss of one’s culture of origin values coupled with a lack of involvement with the dominant society.

Another acculturation model, the *Interactive Acculturation Model* (Bouhris et al., 1997) was an integrative approach to conceptualizing the process of acculturation such that it took the following factors into consideration: acculturation orientations (i.e., assimilating into the host culture completely) adopted by immigrant groups in the dominant or host community, the acculturation orientations adopted by the host community towards specific immigrant groups (i.e., integrationalist versus assimilationalist orientation), and the interaction of these orientations, which is influential on this acculturation process for individuals. Therefore, the authors proposed a more dynamic approach to understanding the acculturation process. Although this model has not yet gained empirical support, conceptually, it makes sense to take all of these factors into consideration when thinking of acculturation because it provides psychologists with a framework from which to understand populations’ motives for acculturating and/or not acculturating into the dominant society.

Padilla and Perez (2003) offered a new perspective on acculturation by revamping their original model (Padilla, 1980) and incorporating work on social and cognitive psychology. Padilla’s (1980) original model of acculturation, which was considered by scholars to be multidimensional, relied on two constructs: *ethnic loyalty* and *cultural awareness*. According to this model, “if individuals show more knowledge of their heritage cultures than they do of the new contact cultures, the model holds that they are less acculturated; similarly if the persons possess more knowledge of the host cultures, then they are more acculturated” (p.38). In an attempt to expand on this model, Padilla and Perez’s recent acculturation model (2003) posited
that when understanding this construct as a process, it is important to take the following into consideration: social cognition, cultural competence, and social identity, dominance, and stigma. By taking these concepts into consideration when understanding acculturation, the authors illustrated that immigrants are not always free to pursue the acculturation strategy they want, that the host or dominant culture affects the adaptation of immigrants, and that physical similarity to the host or dominant culture (or phenotype) affects the stigma that immigrant groups experience in that new society.

The models just described are similar in that they recognize that acculturation is generally a process that takes place when someone from a group different from the dominant culture comes into contact with a host culture. During this process, a person can choose to adopt all of the cultural norms of the dominant group and reject their own cultural norms, choose not to adopt norms of the host group, develop a way of migrating between the two diverse groups—thus retaining their cultural norms while living in the dominant group, or, reject both cultural norms (i.e., that of their cultural group and the dominant group). These scholars also posited that many psychological processes must be taken into consideration as well when thinking of acculturation such as climate of the dominant culture, stigma experienced, and meaning associated with acculturation.

In reviewing models of acculturation, it becomes clear that scholars have noted the complexity that lies within acculturation. That is, it is not a linear process of people necessarily “giving up” their cultural norms and ties to exist in a dominant culture, which is only a part of acculturation. Rather, acculturation can be a combination of retaining one’s culture norms and adapting new cultural norms (i.e., biculturalism). Acculturation can also look like an integration of one’s own ethnic cultural norms with the norms of the host culture. That is to say, people can
pick the norms to which they would like to adhere and thereby individualize their cultural experiences. Accordingly, as was just discussed, these conscious or unconscious decisions are made based on one’s experience in the host culture. For example, is one’s group stigmatized in the host culture? Does the host culture embrace diversity or value assimilation? Cuellar, Arnold, and Maldonado (1995) addressed these concerns by devising their own model of acculturation which combines earlier models’ concepts of acculturation that were previously mentioned in this section. These scholars also created the ARSMA-II (Acculturation Rating Scale for Mexican Americans), which has been used across different ethnicities of Latino and Asian origin (Michelson, 2003; Zane & Mak, 2003). This scale was also adapted for use with a Greek-American and Italian-American sample (Ponterotto et al., 2001), making it relevant for use in the current study. The following section will describe the ARSMA-II in more detail.

In an article exploring the psychometric properties of the ARSMA-II, Gutierrez et al. (2009) asserted that the conceptual framework from which Cuellar, Arnold, and Maldonado (1995) devised this scale originated from a combination of acculturation models, including Berry’s (1990) model and Padilla’s (1980) model. According to Cuellar et al.’s (1995) model of acculturation, which is similar to Berry’s (1990) model, “a person may identify and practice two unique cultures in conjunction” (p. 342). Furthermore, according to this model, there are varying traits of acculturation, which are categorized into the following four modalities: assimilation, integration, separation, and marginalization. Again, these categories are defined similarly to Berry’s model. That is, **assimilation** refers to the process by which someone loses parts of identity with her/his culture and adopts the cultural identity of the dominant or host culture. **Separation** is the opposite of assimilation in that a person is resistant to adapting to the cultural norms of the dominant culture and continues to practice the cultural norms and behaviors of
her/his ethnic group. *Integration* refers to the process in which a person incorporates both aspects of her/his culture and the dominant culture that she/he is comfortable with and forms a sense of identity that combines both practices. Finally, in *marginalization*, people give up parts of their ethnic identity to conform to the dominant culture only to find that they are still rejected by the host culture. These four theories of acculturation served as the theoretical foundation for the ARSMA-II, which consists of two main scales. The first measures integration and assimilation and the second measures separation and marginalization. Details regarding the scale’s psychometric properties and questions will be addressed in Chapter Three.

Now that diverse conceptualizations and models of acculturation have been reviewed, the next section of this text will focus briefly on the acculturation experiences for Italian-Americans in the United States. First, an argument will be made for examining the relevance of how the experience of acculturation can be related to attitudes towards counseling for Italian-Americans with a review of both conceptual and empirical work. Next, the selection of Cuellar et al.’s (1995) model of acculturation for this study will be explained.

**Italian-Americans and acculturation.** With regard to the population of interest in this study, the literature reveals that, historically, acculturation has been a complex process for Italian-Americans (Alessandria, 2002; Axt, 2010). Although southern Italians are no longer migrating to the United States in significant numbers, the Italian-American community is still considered to be one of the largest White ethnic groups that exist in America (Census, 2000) and is ethnically diverse from other White American groups due to adherence to cultural norms and practices (Alessandria, 2002; Axt, 2010; Giordano et al., 2005). With this, there are still many Italian-American ethnic enclaves in existence across the country; especially in the northeastern region of the United States. Furthermore, in a study conducted by Ponterotto et al. in 2001,
findings revealed significant differences in attitudes towards counseling for Italian-Americans that were related to acculturation. Accordingly, for these reasons just stated, it may be important to consider the impact acculturation has on attitudes towards counseling for Italian-Americans. Thus, Cuellar’s (1995) model of acculturation will be used to conceptualize these experiences, as the model attends to the complexity of ethnic identity as it relates to acculturation. In the following section, the relationship between acculturation and attitudes towards counseling for diverse ethnic and racial populations will be reviewed.

**Acculturation and attitudes toward counseling.** The scholarship on acculturation in the field of counseling has focused primarily on two immigrant groups of color: Latinos and Asians Sodowsky and Maestas (2000). Furthermore, in Ponterotto, Baluch, and Carielli’s (1998) extensive review of the acculturation literature, particularly in its relationship to attitudes towards counseling, contradictory results have been noted. In Ponterotto et al.’s (1998), review of sixteen studies examining the relationship of acculturation to attitudes toward counseling for diverse ethnic groups of Asian descent, twelve of the sixteen studies revealed a trend such that higher acculturated participants exhibited more positive attitudes toward counseling than did less acculturated participants. However, the remaining four studies found little or no relationships between the level of acculturation and attitudes towards counseling.

Similarly, in Atkinson and Thompson’s (1992) review of four studies on Latino acculturation, results revealed that less acculturated individuals were less likely to seek counseling than highly acculturated individuals. However, Ramoz-Sanchez, Atkinson and Fraga (1999) revealed a contradictory finding in that the more acculturated their Mexican-Americans participants were, the less likely they were to endorse positive attitudes towards counseling because they found counselors to be less credible. Similarly, a more recent study (Ramoz-
Sanchez & Atkinson, 2009) that investigated the relationship among Mexican-American acculturation, cultural values, and gender and help-seeking intentions suggested that as Mexican-Americans became more acculturated, the less likely they were to seek counseling. What accounts for the inconsistencies in the literature on the relationship between acculturation and attitudes towards counseling? It could be speculated that differences in knowledge of and access to counseling, experiences of racism, and/or lack of financial resources may be factors in attitudes toward counseling. Additionally, different populations may have attitudes about their group membership that may impact the way they view counseling. For example, if a group is being stereotyped in a certain way by the dominant culture, members of that group may be less likely to seek services or have a positive attitude towards counseling out of fear of being treated insensitively by mental health practitioners. Therefore, it would be important for scholars to also take collective self-esteem (which includes private and public esteem) into consideration when investigating the relationship between acculturation and attitudes towards counseling, as will be addressed in the next section.

Collective Self-Esteem

Social identity theorists have suggested that people have two components within their self-concept: personal and collective identities (Crocker & Luhtanen, 1990; Tajfel & Turner, 1986). Personal identity refers to the identification with one’s skills and abilities (e.g. being a psychologist-in-training). Collective identity refers to “that aspect of the of the individual’s self concept which derives from their knowledge of their membership in a social group, together with the value and emotional significance attached to that membership” (Tajfel, 1981, p. 255). Crocker and Luhtanen (1990) went on to explain that collective identity focuses on the aspects of self concept that are in direct relation to ethnic background, race, religion, and feelings of
belonging to any or each of these groups. Hence, this group membership may or may not describe one’s personal identity (Crocker & Luhtanen, 1990). How one feels about these aspects of the self is the basis for both self and collective self-esteem.

On a much broader scale, psychological researchers studying self-esteem have understood this construct to relate to how individuals feel about themselves (e.g., Giang & Witting, 2006; Goodstein & Ponterotto, 1997). Self-esteem reflects people’s overall evaluation of themselves and/or their self worth that may be based on one’s physical appearance (i.e., attractiveness), social ability, intelligence, etc. (Crocker & Luhtanen, 1990). The construct collective self-esteem, however, is different from self-esteem in that it is reflective of one’s positive or negative regard specifically for their identity group membership, which may include gender, ethnicity, race, social class, etc. (French et al., 2006).

Collective self-esteem as defined by Luhtanen and Crocker (1992) is rooted in social identity theory in that collective identity is the aspect of self concept that is in direct relation to ethnic background, race, religion, and feelings of belonging to any or each of these groups. Based on this theoretical concept, Luhtanen and Crocker (1992) contended that collective self-esteem is how one feels about her/his social group membership and comprises four parts: membership esteem, public collective self esteem, private collective self esteem, and identity. Membership esteem refers to an individual’s judgment of “how good” or “how worthy” they are as a member of their group. Public collective self-esteem refers to one’s judgment of how others view one’s social group. Private collective self-esteem refers to one’s feelings about how good one’s group membership is to her or himself. Finally, identity refers to the importance of one’s social group membership is to one’s self-concept.
Collective self-esteem has been given much attention in the field of social and counseling psychology, as there has been an emphasis on studying people within their social context, particularly regarding how they feel about their personal and social identities. In the next section, empirical research on the construct of collective self-esteem will be provided, followed by its relationship to attitudes toward help-seeking behavior among diverse populations.

**Collective Self-Esteem in the Psychological Literature**

A study conducted by Crocker and Luhtanen (1990) investigating collective self-esteem and in-group bias was the beginning of a deeper understanding of the interaction of the components of this construct. In this study, Crocker and Luhtanen proposed the existence of *collective self-esteem*, which eventually led to the development of the collective self-esteem scale. The authors hypothesized that people who have high collective self-esteem would be more likely to react to stereotype threat by enhancing the in-group (i.e. by making positive self statements about the ethnic group to which they belong) and derogating the out-group (i.e. by making negative statements about members outside of their own ethnic group) (Crocker & Luhtanen, 1990). They based this hypothesis on previous research on self-esteem, which posited that when people are being devalued and already have high self-esteem they are more likely to heighten their abilities and externalize negative perceptions of themselves; thus, maintaining a positive self-concept. Consistent with their hypotheses, the authors found that individuals with high collective self-esteem engage in group-enhancing behaviors when faced with a stereotype threat. This study had implications for social identity theory such that, “there are many individuals that may attempt to restore a threatened social identity, including leaving the group, and/or reevaluating the group attributes from negative to positive” (p.65).
Although Crocker and Luhtanen’s (1990) findings were important because they contributed to the theoretical underpinnings of social identity theory, they focused on one aspect of collective self-esteem—private collective self esteem (i.e., how one views her/himself as a member of this social group.) In the mid to late 1990’s, psychologists began to investigate collective self-esteem more broadly by examining its relationship to psychological well being (Crocker, Luhtanen, Blaine, & Broadnax, 1994; Marmarosh & Corazzini, 1997; McFarland & Buehler, 1995), intergroup differences (Long & Spears, 1998; Trafimow & Finlay, 1996) and out-group derogation (Branscombe & Wann, 1994). Findings from these studies revealed that aspects of collective self-esteem are positively related to aspects of psychological well-being, which is dependent on racial group membership (Crocker et. al, 1994). These studies indicated that people who value their social group identities may experience positive subjective well-being (Bettencourt & Dorr, 1997). Furthermore, if “individual” and “other” evaluations of their social groups are both favorable, as measured by the collective self esteem scale, then people are more likely to have a positive sense of well being (Bettencourt et. al, 1997). Additionally, research has also revealed that high identification with a social group (such as race, ethnicity, etc.) with low collective self-esteem involving that group is related to group derogation. That is, people are more likely to deny group membership if their group is threatened when they have lower collective self-esteem. These findings illustrate how complex collective self-esteem is such that it has implications for identity and psychological well-being.

In Crocker et al.’s (1994) study examining collective self-esteem and psychological well being among White, Black and Asian college students, the authors were interested in seeing if there was a difference between two of the four parts of collective self-esteem (private and public) for a diverse sample of participants because the sub-scales of private and public esteem had been
normed on White people. A second purpose of the study was to examine the relationship between the subscales of the collective self-esteem scale and psychological well-being since previous research indicated that there is a relationship between ethnic identity and psychological well-being, especially for those whose collective identity is an important part of their self-concept and individual identity (Phinney, 1990). Results revealed that for the Asian and White participants, public and private collective self-esteem were positively correlated. That is, they felt that there was no difference between the ways they perceive themselves from the way others may perceive them. However, for Black participants, there was no correlation between private and public self-esteem. This finding suggests that the participants felt that the way they saw themselves as members of their racial group was different from the way they thought others saw them as part of their racial group. The authors attributed these differences to the prejudice and discrimination that Black people have faced in America. That is, in an attempt to have a healthy response to racism, the Black participants had to establish a more positive view of how they saw themselves versus how they thought others perceived them. The differences found between the Asian sample and the Black sample was attributed to the fact that in Asian culture, an emphasis is placed on the “looking glass self” (p.510). That is, people from Asian cultures often value the importance of public image and feelings and evaluations of others and therefore, make constant attempts to make favorable public impressions. Furthermore, in terms of how collective self-esteem related to psychological well-being for the participants in this study, results showed that when participants from the three racial categories were considered separately, higher scores on the public subscale were related to well-being for White and Asian participants and not for Black participants, whereas, higher scores on the identity sub-scale was related to psychological well-being for Black participants. These findings suggest that when populations are discriminated
against, they must separate how they see themselves as members of their groups from how others see them in order to have a positive self-identity. In 2002, Constantine, Donnelly, and Myers conducted a study investigating the collective self-esteem and Africultural coping styles in African American adolescents. Participants of this study were 106 African-American students matriculated in a predominantly White high school. They each completed a demographic questionnaire, the Africultural Coping Systems Inventory and the Collective Self-Esteem Scale. Results revealed that participants with higher public collective self-esteem, which is the belief that others feel positive about their racial group, used spiritually centered Africultural coping styles to deal with emotional turmoil. Furthermore, the results showed that the higher their collective self esteem was, the more likely they were to use collective coping strategies. These findings have implications for how one’s collective self-esteem is related to attitudes towards seeking professional psychological help, specifically for marginalized groups. From these findings, it can be hypothesized that if one’s cultural group experiences forms of discrimination despite the fact that one may highly identify with that group and feel good about being a member of that group, she/he is probably less likely to seek professional counseling.

In another study exploring Asian and European American cultural values, collective self-esteem, acculturative stress, cognitive flexibility, and general self-efficacy among Asian American college students (Kim & Omizo, 2003), results showed that adherence to both Asian and European American cultural values was positively correlated with membership and private collective self-esteem. Adherence to these values was also predictive of general self-efficacy and cognitive flexibility. These findings have implications for bi-culturalism and how that can be adaptive for functioning in diverse settings. Although this study gives mental health practitioners a sense of how adaptation can be healthy, it fails to take within racial group differences into
account. It also fails to address generational status and socioeconomic status, which can have an impact on this population’s collective self-esteem and willingness to seek professional psychological help. In the following section, the research relating collective self-esteem to attitudes towards seeking professional psychological help will be provided as an attempt to address how these aspects of social identity for diverse racial ethnic groups is predictive of willingness to seek mental health treatment.

**Collective self-esteem and attitudes toward counseling.** The counseling literature has yet to thoroughly address the relationship between collective self-esteem and attitudes towards counseling. To date, only two studies exist examining this relationship. In a recent study examining the relationship between collective self-esteem and help-seeking attitudes, in a sample of Taiwanese students, Yeh (2002) showed that participants who exhibited high collective self-esteem were less likely to seek psychological help because of their value on community and family. In another study examining Asian and European American cultural values, bicultural competence, and attitudes toward seeking professional psychological help among Asian American adolescents, results revealed that the sample’s adherence to both Asian and European American values was positively associated with collective self-esteem (Omizo et al., 2008).

What do these research findings regarding collective self-esteem imply for Italian-Americans and their attitudes towards counseling? Because Italian-Americans have an ancestry primarily from southern Italy, they are considered to be a *collectivistic culture*, which by nature, means that the well being and interest of the group supercedes the well being of the individual of that group (Triandis et al., 1988). This collectivism, which has shaped the value system of Italian-Americans today, is seen in the value of family (which includes extended and non-blood related family members) and helping members of the Italian-American community (Alessandria,
2002). For this reason, it may be important to consider the impact of collective self-esteem as we examine attitudes towards counseling for Italian Americans. The socio-historical context regarding cultural value distinctions between northern and southern Italy will be provided in subsequent sections of this text.

**Critique of Research Findings**

In their efforts to understand differences in service utilization among different ethnic groups, psychologists have studied the three variables described above in relation to attitudes toward counseling. With regard to ethnic identity, acculturation, collective self-esteem and attitudes towards counseling, researchers have addressed their attention primarily toward immigrant groups of color. Furthermore, their findings regarding the relationship between acculturation and attitudes towards counseling thus far have been inconsistent. Perhaps these inconsistencies are related to examining these constructs with samples of color of who have diverse experiences of racism and classism within American society.

The experiences of immigrants of color are qualitatively different than the experiences of White immigrant groups; specifically, People of Color have faced a history of racist oppression along with all the other challenges of immigration to the U.S. (Sue, 2003). Furthermore, as discussed earlier, People of Color’s relationship with seeking counseling services have historically been qualitatively different than White people seeking services, since counseling has traditionally followed a Western, patriarchiacal model of treatment (Sue, 2003).

Alessandria (2002) and Ponterotto et al. (2001) explained that, while it is imperative to study the experiences of American populations of color and immigrant groups of color residing in the United States, it is also important for mental health practitioners to acquire knowledge and awareness of the heterogeneity that exists within White ethnic groups (Axt, 2010; Carter, 1992;
Ponterotto et al, 2001). White groups’ diverse ethnic identities, which include adherence to various cultural norms, have implications for White ethnic immigrant groups’ mental well-being and the different ways in which they view mental health and counseling (Ponterotto et al., 2001). As mental health practitioners, it is important to investigate these differences as they, too, have implications for culturally-sensitive interventions. In the next few sections of this review, a context for studying the experiences of Italian-Americans will be provided along with a rationale of the importance of studying the relationship of ethnic identity, acculturation, collective self-esteem, aspects of socioeconomic status and attitudes towards counseling for Italian-Americans.

**Italian-American Ethnic Identity in Psychological Research**

Relatively little psychological research addresses the experiences of White ethnic groups in the U.S., particularly pertaining to their attitudes towards counseling (Ponterotto et al., 2001). Notable exceptions to this statement include conceptual work by Monica McGoldrick, whose book *Ethnicity and Family Therapy* addresses the cultural values and experiences of Italian families, Greek families, and Jewish families (2005). While in general, there is a scarcity of research that exists for these groups; the research existing for Italian-Americans will be profiled for the purpose of this study.

Before moving to the psychological findings that exist with regard to Italian-Americans, specifically with relevance to their attitudes toward counseling, the sociocultural background of this immigrant group will be presented. This discussion will begin with a brief historical profile, and then will relate these historical experiences to studies of Italian-American ethnic identity, some of which derive from the field of sociology. In particular, these studies have suggested the relevance of aspects of socioeconomic status within Italian-American identity, although these constructs have yet to receive focused attention.
History and Immigration Experiences

From the fall of Rome in 476 AD until the 19th century, modern-day Italy was made up of small city-states and principalities that were always under the influence of different countries, such as Spain, Austria, and France (Holt, 1971). Thus, the people residing in each region of the country identified primarily with their region’s dialect and traditions. The unification of these city-states occurred between 1861 and 1871, with the result that the modern nation of Italy has existed for only 150 years. Furthermore, Italian unification occurred after the Industrial Revolution, which was slow to reach southern Italy. Accordingly, southern Italy was (and still is) primarily agricultural. Years of bad harvest therefore exacerbated poverty in the region and spurred immigration to the United States, as economic opportunity was limited to agricultural access (Giordano et al., 2005).

Italian waves of immigration to the United States. As recounted by Fanella (1999), over five million Southern Italians immigrated to the United States in the early 1900s, and 80% decided to reside in New York City. This population did not even consider themselves Italian, but rather, Sicilian, Neopolitan, Calabrian, and so forth. In the 1950s, economic conditions in Southern Italy were still unfavorable, as there was no opportunity for work; thus, a second wave of immigration to the United States occurred in 1955 with approximately 971,000 Italian laborers coming to American shores. After 1962, southern Italian emigration to the United States rose by 63% (Fanella, 1999). According to the 2000 U.S. Census, 16 million Americans are of Italian descent. Furthermore, the most heavily populated Italian American states are New Jersey (1.5 million, 18.5%), Connecticut (653,000, 19.8%), Rhode Island (202,735, 20%) and New York with 2.7 million.
**Italian experience upon arrival to the United States.** According to Luconi (2004), when southern Italians first immigrated to the United States in the 1900s, most settled in New York City. Corresponding to the pre-unification history of Italy, southern Italians tended to settle in neighborhoods according to their regions of origin. Each street, for example, might be divided by region of origin such that people only communicated with one another in that town or region’s dialect. Although Italians were aware of these differences among themselves, especially the differences in class and economic power between northern and southern Italy, they were perceived generally as Italians in the United States. Hence, their immigration to the United States forced them to gain a new consciousness of being “Italian.”

Italian immigrants were commonly considered to have a lower class status than other American settlers (e.g. Irish) and were a common target of abuse (Luconi, 2004). At the time of Italian immigration to the United States, the Irish were more established in New York and controlled the Catholic Church and political machinery. Therefore, Italian discrimination was expressed both explicitly and implicitly through job discrimination, ethnic slurs, and violence. In view of this bigotry, Italians soon learned that their origins attached to them a stigma from which they had to distance themselves in order to survive in the United States. Thus, Italian immigrants began to intermarry with other European immigrants in order to be more socially mobile and to become what they perceived as more American (Axt, 2010; Luconi, 2004).

**Italian Cultural Values**

The study of Italian cultural values can be located within the small body of psychological literature regarding White ethnic cultural values Carter (1990) reviewed empirical research using Kluckhon and Strodbeck’s model of value orientations (1961) in an attempt to distinguish within-group differences that exist among White ethnic groups. According to this
model, *value orientations* are defined as characteristics that members of a given group consider being important and desirable. According to Kluckhon and Strodbeck,

> The concept of value orientations, which is distinct from basic values and, as such, represents a concept that allows for analysis of between and within group cultural patterns. Value orientation is a fundamental concept that incorporates normative cognitive (thoughts about life and the universe), conative, or directional (inclination toward a selection of a particular course of action), and affective (what is felt as important and desirable) elements. (p.165)

In using this model as a template, Carter found both within-group and between-group variations in cultural values across White participants who identified as having Italian or Greek ethnicities. Italian immigrants endorsed more collateral social relations (i.e., collectivism and value in group needs over individual needs), more emotional expressiveness, and more enjoyment of life in the present. Furthermore, Italian participants showed a preference for subjugation to nature, which the authors associated with a belief in fatalism.

In another study, Carter and Parks (1992) studied the cultural values orientation among six White ethnic second generation and later groups which consisted of Italian, Polish, Irish, and German populations. The Intercultural Values Inventory (Carter & Helms, 1990) was used to assess whether or not these ethnic groups could be differentiated according to their cultural values. The results of this study indicated that there were cultural differences that distinguished the second and third generation Italian-American sample from the participants of other White ethnic groups (i.e. German, Polish, Irish). Furthermore, acculturation and generational status were related to these cultural differences.
Italian-American Cultural Identity

The book *Ethnicity and Family Therapy* contained a chapter focused on the cultural values of Italian American families (Giordano & McGoldrick, 2005), exploring Italian American identity by explaining Italian history, immigration to the United States, family patterns and roles, cultural values, acculturation, and life cycle issues. This discussion specifically addressed the ways in which Italians and Italian Americans view mental health and rely on their families for social support. The authors recognized that children of immigrant parents of Italian descent experience intergenerational disagreements due to a conflict between the dominant U.S. culture and the Italian cultural values with which they are raised.

As stated earlier, Italians immigrated to the United States in the early 1900s in search of a better life (Alba, 2005; Giordano et al., 2005; Messina, 2004). To Italians, that meant finding steady employment in the hope of buying a home—a symbol of the family in Italian culture. Most Italians found it difficult to immerse themselves in American life not because the language was different from their own, but because their cultural values were so different from other White Americans (Giordano et al. 2005; Safonte-Strumolo & Dunn, 2000). Italians did not share Americans’ prioritization of individualism, independence, or personal achievement over group affiliation. Rather, they valued collectivism and family support, and any personal achievement was for the benefit of the family (Giordano et al. 2005; Vosburg & Juliani, 1990). These cultural values could serve as a source of support or pressure for successive generations, as Italian Americans who are born and raised in the United States might identify more with individualism and breaking away from the family than had previous generations.

In terms of acculturation, Italian Americans have experienced confusion regarding their ethnic identities, with second- and third-generation Italian Americans feeling not necessarily
Italian, yet not entirely American (Carnevale, 2003). More specifically, second-generation Italian Americans may realize that staying close to home is not rewarded in the United States, and may therefore begin to question their role in both society and in their family, which may be a source of conflict. This can produce turmoil within families, as family members may feel abandoned. Furthermore, for second-generation Italian Americans, developing a positive ethnic identity can be challenging as they risk internalizing the negative stereotypes exist in U.S. culture. Therefore, they may become uncomfortable with any symbols or traditions that relate to being Italian (Carnevale, 2003; Giordano et al. 2005; Messina, 2004).

**Southern Italian cultural values and American cultural values.** This section will specifically focus on contrasting southern Italian cultural values with American cultural values because a large portion of Italian immigrants migrated from southern Italy, as explained earlier, due to economic hardships faced in that region of Italy. According to Stewart and Bennett (1991), there are several cultural patterns that characterize American ways of living, which have reflected the influence of Westernization and Eurocentric worldviews. These Eurocentric cultural patterns or values include individualism, competition, future orientation, time consciousness, and the importance of the nuclear family (Stewart & Bennett, 1991). According to these cultural patterns, Americans believe that hard work will create opportunities for everyone to succeed (Stewart & Bennett, 1991). Furthermore, they believe that one must rely on oneself in order to be successful and that the nuclear family is important. That is, it is culturally acceptable to live away from the extended family.

Southern Italian values, as described by Giordano and McGoldrick (2005) and Carter et al. (1992) are different from American cultural values. Southern Italians value family and staying in close proximity to extended family members. Furthermore, great respect or reverence
for all family members is shared, as they each represent the family name. Thus, southern Italians value collectivism and using family networks for emotional and financial support. In addition, southern Italians value the present versus the future, as there is an implicit belief that one does not know what the future brings and should therefore appreciate the present. Furthermore, a study of Italian-Canadians (Cameron & Lalonde, 1994) suggested that these cultural differences seem to persist within successive generations of Italian immigrant families.

Recent scholarship has revealed that Italian-Americans have a distinct ethnic experience in the United States that is transmitted through the generations (Di Martino, 1994; Scannell, 2007; Simonini, 2006) such that there is a complexity related to their “assimilation status” as expressions of Italian culture is still in existence for this population. Furthermore, in a recent study examining the relationship between differentiation of self and chronic anxiety in a sample of Italian-Americans, results revealed that not all aspects of the Bowen family system theory, particularly, fusion with others, applies to Italian-Americans (Mora, 2010). This finding has implications for how Italian-Americans may relate to others, in that an emphasis is put on interconnectedness with family.

Additionally, in a study investigating the aspirations of Italian-American college students, family traditions and patterns of behavior were found to have an impact on the choices of pre-professional versus non-pre-professional employment for a sample of 898 students (Franco, 1996). More specifically, results of this study revealed that Italian-American respondents were labeled as more traditional which was related to behaving in limited ways. That is, results showed that these students tended to not participate in pre-professional experiences in college; rather, they were more likely to participate in non-pre-professional experiences including family businesses. Again, these findings assert the importance of family to Italian-Americans and also
differences in social class, as parents of first-generation college students whom are either immigrant or not college educated, encourage their children to seek job stability over pursuing higher education.

In a study investigating the family values and psychological adjustments among female Italian and Jewish immigrant nursing home residents (Presenti, 1990), Italian women reported greater filial expectations, i.e., that their children will take care of them during their old age. Furthermore, results revealed that Italian women held more traditional values regarding their families and had poorer adjustment to nursing home life than Jewish women in this sample.

Italians living in the United States, therefore, have a unique cultural outlook that relates to their ethnicity and to the maintenance of certain cultural norms (Alessandria, 2002; Baluch, 2004). Scholarship has also begun to address the cultural values and stereotyping of Italian-Americans (Messina, 2004). A related area that has received attention is the Italian-American value of *la bella figura* (Severgnini, 2006) which can be informally translated as “making a good impression.” This value has specific relevance to aspects of socioeconomic status for Italian-Americans, as will be addressed in the next section.

**Aspects of Socioeconomic Status and Italian-American Culture**

There are reasons to believe that aspects of socioeconomic status may be related to attitudes toward counseling among Italian-Americans. As will be explained, the cultural attitude known as *fare bella figura* or "making a good impression," is important within Italian culture, is conceptually related to social class as a construct, and is likely to be related to attitudes towards counseling. First, this cultural attitude will be defined and examples of how it is endorsed by Italian-Americans will be provided. Next, its relationship to socioeconomic status will be stated in an attempt to reveal its potential relationship to attitudes towards counseling.
Mautner (2003) noted that *fare bella figura* is an important and relevant cultural value for Italians, particularly for southern working-class Italians. As mentioned, the phrase translates roughly to “to make a good impression.” Accordingly, the ways in which Italians feel that they can make positive impressions include presenting themselves in an advantageous social context through dress, clear communication, respect, and hospitality. Mautner explained that *fare bella figura* is a principle of Italian living according to which one should have a sense of pride in everyday interactions. This sense of pride in everyday interactions translates into making a good impression through gestures like wearing clothing that is neatly pressed and cleaned; greeting people with a smile; and keeping a welcoming environment in one’s home no matter how big or small the space. Severigni (2006) and Mautner (2003) both contended that this value is endorsed particularly strongly by southern Italian-Americans because of their low socioeconomic status and perceived inferiority by northerners. By way of example, Mautner (2003) pointed out the pride that southern Italian women took in making a meal from simple ingredients that could feed many, connecting such values to *fare bella figura*. The value of making a good impression stayed with many southern Italians who immigrated to the United States, and was subsequently passed on to future generations (LaGumina et al., 2000).

LaGumina et al. (2000) noted that *fare bella figura* for Italians living in the United States and for Italian-Americans has been expressed in varying ways. Working-class Italian-American women of immigrant parents wore clothing that suggested they were of higher social status and walked with a stance that communicated pride. He noted that this cultural attitude was displayed in ethnic enclaves of Italian-Americans, as their gardens were meticulously manicured and preserved. Obtaining the American dream of immigrating to the country and having the
opportunity to work and eventually have a home were demonstrations of fare bella figura, as this opportunity was not offered in southern Italy.

This cultural position may also correspond to less exposure to various forms of conventional mental health treatment and, therefore, a lower likelihood of seeking professional help, as working class Italians may wish to avoid shaming their families (Giordano et al., 2005), which has implications for their attitudes towards counseling. Although Italian-Americans of working class backgrounds have traditionally endorsed fare bella figura, Danzi (2000) noted that the attainment of a college education may contribute to less concern with impression management for this population. Attainment of a college education allows for acculturation to American norms and values as it enables one to move away from the family and ethnic enclave. It can also provide social class mobility, as obtaining a college education can enable an individual to achieve middle class status, which may relatedly shift the cultural value of fare bella figura. Thus, a better understanding of the differential impact of socioeconomic status may contribute to an understanding of Italian-Americans’ attitudes towards counseling.

**Italian-American Cultural Identity and Attitudes toward Counseling**

In their article examining the history of counseling and psychotherapy in Italy, Gemignani and Giliberto (2005) asserted that

the word counseling does not find a precise correspondent in the Italian language. Although often used as a synonym for psychotherapy in mental health contexts, counseling has a broader meaning that includes a top-down, instead of a collaborative process. (p.169)

The authors went on to explain that “counseling,” which translates literally into Italian as consulenza, means to advise, thus giving Italians a different picture of what it means to be in
psychotherapy. Furthermore, they contended that counseling has both negative and positive social judgments.

In their explorations of the origins of psychology in Italy, Gemignani and Giliberto (2005) noted that one of the first Italian psychologists (who was a student of Freud's) was not received with much enthusiasm in Italy. The Catholic Church and fascist regime saw psychology as a threat to their authority. Thus, it was not until the 1970s that Italy launched its first two psychology degrees. Furthermore, the authors noted that the patriarchal influence of the church led to “the creation of conservative and rigid views of the origins and meanings of mental health concerns” (p.176). Finally, the authors contended that although psychotherapy has become integrated into Italian society because of U.S. influences, Italians take a passive stance when in therapy because they view the therapist as the expert. Immigrants from Italy, therefore, likely carried these values with them and may not have had a sense of what “counseling” meant in an American context. The scholarship also shows that immigrants held on to certain values that were influenced by patriarchal views influenced by Catholicism that had been passed down from generation to generation (LaGumina et al., 2000).

There is a scant amount of empirical scholarship that is dedicated to the mental health needs of the Italian-American population. It would be useful for mental health practitioners to look at how different variables of social identity such as ethnic identity, acculturation, collective self-esteem, and aspects of socioeconomic status relates to attitudes towards counseling specifically for Italian-Americans for three primary reasons: 1) Italian-Americans compromise a large portion of the population and are considered to be one of the largest White ethnic groups in existence in the United States; 2) although Italian-Americans are racially White, they have a distinct cultural experience, different from other White Anglo populations in the United States,
that is important to highlight; and 3) such knowledge would contribute to the existing literature in that it illuminates within-racial-group cultural differences that are related to ethnic values, which can further inform culturally sensitive practice.

Summary

Counseling psychologists have not only recognized that the population of the United States is changing with the influx of immigration, they have also realized that traditional psychological interventions are based on a White Western worldview (Sue & Sue, 2007). Therefore, mental health practitioners are called to create helping roles that respond flexibly to the cultural values and life experiences of clients, and to recognize that a client’s identity includes individual, universal, and group dimensions (Sue, 2003). In their attempts to better serve diverse racial, ethnic, and cultural groups, psychologists have studied the experiences and values of various cultural groups, including primarily American Populations of Color and immigrant Populations of Color (Cokely, 2005; French et al., 2006; Giang et al., 2006).

In extending this examination to Italian-American culture, this literature review presented central constructs within ethnic identity research. The small body of psychological research regarding findings related to Italian-Americans’ cultural values was presented. The history of Italian-American immigration to the United States was profiled, and relevant historical facts were supplied as context for Italian immigrants’ perceptions of themselves as well the cultural values that they brought with them during their immigration to the United States. These cultural values, including those related to aspects of socioeconomic status, were explored in connection with the experiences of Italian-Americans in the United States. Finally, the foregoing was discussed in relationship to Italian-Americans’ attitudes toward counseling.
Statement of the Problem

Italian-Americans constitute a large part of the American population. Although they are a part of the dominant White racial group, they have a unique within-race group experience, as evidenced by the examination of the research that exists on Italian-Americans’ cultural experiences. While Ponterotto et al. (2001) examined two important factors, gender and acculturation in association with Italian Americans’ and Greek Americans’ attitudes towards counseling, many other factors were not taken into consideration. These factors include ethnic identity, aspects of socioeconomic status, and collective self-esteem—all of which are variables that have been correlated to attitudes towards counseling for samples of Populations of Color. Furthermore, what is lacking from the research are studies that relate Italian-Americans’ cultural experiences to their attitudes towards mental health. An empirical study of the relationship of Italian-Americans’ ethnic identity, acculturation, collective self-esteem, aspects of socioeconomic status to their attitudes towards counseling could therefore add significantly to psychologists’ knowledge base regarding this population, potentially paving the way for enhanced multicultural competence among practitioners who work with Italian-American clients.

Specifically, an empirical approach has been useful in investigating these concepts for two reasons: 1) much of the research on Italian-Americans is qualitative in nature with small samples and 2) much of the supporting literature that exists for Italian-Americans is conceptual. While both of these approaches are valid and helpful in understanding the experiences, histories, and narratives of Italian-Americans, there has been little recent empirical support for the experiences of Italian-Americans that examines how their unique social identity—that of being White and being part of an ethnic group with its own cultural norms—has on their attitudes towards seeking professional psychological help.
This study explored the relationship of ethnic identity, acculturation, collective self-esteem, and aspects of socioeconomic status to attitudes toward counseling for Italian-Americans. It addressed itself to the following questions:

1. Is there a significant relationship between ethnic identity, acculturation, collective self-esteem, and aspects of socioeconomic status to attitudes towards counseling for Italian-Americans?

2. Does acculturation mediate the relationship between ethnic identity, collective self-esteem, and attitudes towards counseling for Italian-Americans?

3. Do aspects of socioeconomic status (i.e. education and occupation) moderate the relationship between ethnic identity, collective self-esteem to attitudes towards counseling for Italian Americans?

These questions correspond to the following hypotheses:

**Hypothesis 1:** Ethnic identity, acculturation, collective self-esteem, and aspects of socioeconomic status will be significantly associated with attitudes towards seeking professional psychological help for Italian-Americans. Specifically, those who have high ethnic identity, are less acculturated, have low collective self esteem, and have low socioeconomic status will be less likely to have positive attitudes towards counseling.

**Hypothesis 2:** Acculturation will mediate, or explain, the relationship between ethnic identity, collective self-esteem, and attitudes towards counseling. Specifically, acculturation will explain the relationship between a) ethnic identify and collective self esteem and b) attitudes towards counseling such that when acculturation is present in the model, the relationships between these variables will be diminished.
Hypothesis 3: Aspects of socioeconomic status (i.e. education and occupation) will moderate the relationship between ethnic identity, collective self-esteem and attitudes towards counseling such that low SES participants who are more Italian-identified will be more open to counseling, whereas ethnic identity variables will not be predictive of attitudes toward counseling among high SES participants.
Chapter III

METHOD

Procedure

Approval to begin the study was sought from the Teachers College, Columbia University Institutional Review Board (IRB). After approval was received, participants were recruited via electronic invitations and listserv announcements. Participants received an electronic invitation with a hyperlink inviting them to participate in an online survey examining the social attitudes of Italian-Americans. A copy of this invitation can be found in Appendix G.

Special efforts were made to recruit Italian-Americans by posting invitations to participate in the study on listservs of various Italian-American organizations such as the Calandra Institute, The American Italian Historical Society, and the Association of Italian-American Psychologists. The invitation announcement provided potential participants with the web address where the study was conducted. The invitation also requested that information about the study be forwarded to others to create an online snowball sampling effect.

An online snowball sampling procedure was chosen as an efficient means to recruit participants for the study given the specificity of inclusion criteria. Participants had to be 18 years of age or older to participate and had to self-identify as Italian-American. Authors have noted that snowball sampling is appropriate for recruiting participants when inclusion criteria are specific, as participants can refer others who share the same characteristics (Biernacki & Waldorf, 1981). More generally, online sampling has been observed to garner higher participant response rates than procedures that obtain data via traditional mailings (Andrews, Nonnecke, & Preece, 2003).
Participants who volunteered to respond to the study were directed to a hyperlink where they read a study description and an informed consent statement. A copy of this informed consent can be found in Appendix F. They were informed that their participation was confidential and that they could withdraw from participation at any time. They were also informed of the risks and benefits of participation and the purpose of the study. Those who granted consent were presented with a page that presented a survey containing the following instruments: a demographic questionnaire; The Multidimensional Ethnic Identity Measure-Revised (MEIM-R; Phinney & Ong, 2007), The Acculturation Rating Scale (adapted for Italian-Americans) (ARSMA-II; Cuellar, Arnold, & Maldonado, 1995), The Collective Self-Esteem Scale (CSE-S; Luhtanen & Crocker, 1990), The Barratt Simplified Measure of Social Status (BSMSS; Barratt, 2006), and The Attitudes Toward Seeking Professional Psychological Help Scale (ATSPPH-S; Fisher & Turner, 1970). Those who did not indicate consent (i.e., those who did not check the “yes” box on the online consent form) were taken to an exit page that thanked them for their consideration. Participants’ option to contact the primary investigator with any questions or concerns was explained; in addition, participants were advised to click the “exit” button if they felt they no longer wanted to participate at any point.

Participants had to answer every question before moving on to the next in the survey. On average, it took participants between 10 and 25 minutes to complete the survey. Once they completed the survey, they were directed to a “Thank you” page where they were thanked for their participation in the study and again encouraged to contact the primary investigator if they had any questions.

Data was collected using Survey Monkey, a secure online survey provider for researchers. Here, the survey was developed and was accessed by participants. Confidentiality
was protected, as participants were assigned a code once they completed the survey. Furthermore, IP addresses were not collected at the website. Data has been stored on an encrypted flash drive.

Participants

Sample Characteristics and Demographics. A total of 287 people logged on to the online survey. Of the 287 visitors to the website, 242 completed the study in its entirety and were included in the analysis. The inclusion criteria consisted of adults self-identifying as Italian-American. Thus, participants with different generational statuses participated in the study, including Italian immigrants, first-generation native Americans (with Italian parents), second generation Italian-Americans (with Italian born grandparents), and so forth.

As presented in Table 1, which includes demographic data of the 242 adults who participated in this study, 61.6% \((n=149)\) were female and 38.4% \((n=93)\) were male. Participants’ ages ranged from 18 to 85 years with a mean age of 45.71 \((SD=16.05)\). Of the participants, 44.6% \((n=108)\) were first generation Italian-Americans who were born and raised in the United States by immigrant parents. Furthermore, 31.4% \((n=76)\) were second generation Italian-Americans who were also born and raised in the United States and have immigrant grandparents; 13.6% \((n=33)\) were third generation; and 45 % \((n=1)\) was fourth generation. Of the sample, 9.9% \((n=24)\) were born in Italy and immigrated to the United States.

Income levels were represented across the sample with the highest percentage 13.2% \((n=32)\) of participants reporting a household income of more than $175,000/year; 5.0% \((n=12)\) earned between $160,000 and $175,000; 6.2% \((n=15)\) earned between $145,000 and $160,000; 8.7% \((n=21)\) earned between $125,000 and $140,000; 5.4% \((n=13)\) earned between $110,000 and $125,000; 12.0% \((n=29)\) earned between $95,000 and $110,000 a year; 12.0% \((n=29)\) who
earned between $80,000 and $95,000; this group was followed by 12.8% \((n=31)\) who earned between $65,000 and $80,000; 8.7% \((n=21)\) earned between $50,000 and $65,000; 8.3% \((n=20)\) earned between $35,000 and $50,000; 4.5% \((n=11)\) earned between $20,000 and $35,000; and, 3.3% \((n=8)\) earned less than $20,000.

With regard to self-identified social class membership, a majority of the sample, or 81.8% \((n=198)\) identified as middle class; 10.6% \((n=26)\) identified as working class; 6.6% \((n=16)\) identified as upper class; and .8% \((n=2)\) identified as poor. (See Table 1.)

A majority of participants reported a high level of formal education. When asked to indicate the highest degree earned, the majority, 66.5% \((n=161)\) reported having earned a graduate degree; 24.8% \((n=60)\) earned an undergraduate degree; and 8.7% \((n=21)\) earned a high school degree. Moreover, 62.4% \((n=151)\) of participants reported that they were members of the first generation in their families to attend college.
Table 1

Demographic Information of Participants

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<tr>
<th></th>
<th>N</th>
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</thead>
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**Generational Status**

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</thead>
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<td>First generation born in U.S.</td>
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<td>Second generation</td>
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<tr>
<td>(grandparents born in Italy)</td>
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<tr>
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<td>Fourth generation and later</td>
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</table>

**Instruments**

Participants completed a series of five instruments and a demographic questionnaire. Participants were asked to complete the following instruments: The Multidimensional Ethnic Identity Measure-Revised (MEIM-R; Phinney & Ong, 2007), The Acculturation Rating Scale (adapted for Italian-Americans) (ARSMA-II; Cuellar, Arnold, & Maldonado, 1995), The Collective Self-Esteem Scale (CSE-S; Luhtanen & Crocker, 1990), The Barratt Simplified Measure of Social Status (BSMSS; Barratt, 2006), and The Attitudes Toward Seeking Professional Psychological Help Scale (ATSPPH-S; Fisher & Turner, 1970).

**Demographic questionnaire.** Participants completed a demographic questionnaire (Appendix A) to gather information regarding, age, gender, income, self identified socioeconomic status, education, race, ethnicity and generational status. In terms of generational status, participants chose one of the following identifiers: (a) 1st generation if the participant’s parents were born in Italy; (b) 2nd generation if the participant and participant’s parents were
born in the U.S. and grandparents were born in Italy; (c) 3rd generation if the participant, parents, and grandparents were born in the U.S. and great grandparents were born in the United States.

**Ethnic identity.** The revised version of The Multigroup Ethnic Identity Measure (MEIM-R) (Appendix B), developed by Phinney and Ong (2007) was used to measure ethnic identity for this sample. This six-item scale was revised from the original 14-item scale (Phinney, 1992) to specifically assess *exploration* and *commitment* of ethnic identity across diverse ethnic and racial groups (Phinney & Ong, 2007). This scale has been widely used and has shown to have good reliability across a range of ethnic groups and samples, as the combined 6-item scale yielded a Cronbach alpha of .81 (Phinney & Ong, 2007). More specifically, the *exploration* subscale yielded a Cronbach alpha of .76 and the *commitment* subscale yielded a Cronbach alpha of .78 (Phinney & Ong, 2007). Confirmatory factor analysis revealed that the measure has good construct and criterion validity (Phinney & Ong, 2007). This scale has not been used specifically with Italian-Americans. The MEIM-R is a Likert-type scale consisting of six items that measure two factors: *ethnic identity exploration*, which is a cognitive and developmental component, and *commitment to one’s ethnic identity*, which is an affective component. Three items measure ethnic identity exploration (numbers 1, 4, and 5); an example of such an item is, "I have spent time trying to find out more about my ethnic group, such as its history, traditions, and customs." Three items measure commitment to one’s ethnic identity. An example of one of these items is “I have a strong sense of belonging to my own ethnic group.” Respondents rate their responses to items on a Likert-type scale that ranges from 1(*strongly disagree*) to 5(*strongly agree*). With this measure, scores can be obtained according to two separate mean scores, one score for ethnic identity exploration and one score for commitment for one’s ethnic identity. Mean scores range from 1 to 5, with low scores indicating no exploration for ethnic identity or low commitment to
one. For this study, the ethnic group referenced in the first paragraph of the measure was “Italian-American.”

**Acculturation.** The Acculturation Rating Scale for Mexican Americans-II (ARSMA-II; Cuellar, Arnold & Maldonado, 1995) was used to assess participants’ level of acculturation for this study. This scale is considered to be one of the most widely-used measures of acculturation (Gutierrez, Franco, Powell, Pederson & Reid, 2009). Cuellar and colleagues (1995) revised the original ARSMA to produce this scale as a means of measuring acculturation on a continuum. It is highly correlated with the original ARSMA ($r=.89$) (Cuellar et al., 1995). Although it has been reliably adapted for use with many Latino and Asian populations it has only been validated for Mexicans (Gutierrez et al., 2009).

The ARSMA-II measures behavioral aspects of acculturation according to four modes of acculturation proposed by Berry (1980). These modes are *integration, assimilation, separation,* and *marginalization.* The scale consists of 30 items, 13 of which correspond to the *Anglo Orientation Subscale* and 17 of which correspond to the *Mexican Orientation Subscale.* An example of an item from the Anglo Orientation Subscale is, “I associate with Anglos.” An example of an item from the Mexican Orientation Subscale is, “I enjoy Mexican food.” Both subscales have shown to have good internal reliability. The Anglo-Orientation sub-scale yielded a Cronbach alpha of .86 and the Mexican orientation sub-scale yielded a Cronbach alpha of .88. People who score greater than one-half standard deviation below the mean on the AOS and MOS subscales are considered highly integrated, i.e., that they have incorporated elements from both American and Mexican culture to form one identity (Cuellar et. al, 1995).

Following Ponterotto et al. (2001), an adaptation of the Acculturation Rating Scale for Mexican Americans-II (ARSMA-II; Cuellar, Arnold & Maldonado, 1995) for Italian-Americans
was used to assess participants’ level of acculturation. Items on this scale were adapted by changing “Mexican” to “Italian” when necessary. Ponterotto et al. (2001) previously found that such an adaptation showed good reliability (i.e., Cronbach's alpha = .95). Furthermore, face and content validity checks among Italian-American and Greek-American participants showed that the items flowed well and were appropriate for this sample.

**Collective self-esteem.** Participants' collective self-esteem was measured using the Collective Self-Esteem Scale (CSE; Luhtanen, & Crocker, 1992). This scale was developed to assess two distinct aspects of one’s social identity, public and private identity. More specifically, the scale assesses four aspects of collective self esteem: membership esteem, private esteem, public esteem, and identity. Membership esteem refers to how good or how worthy one feels about his/her ascribed group membership. Scale items that fall under this category include: “I am a worthy member of the social groups I belong to” (p.305). Private esteem assesses one’s personal judgment of his/her own reference group(s), and includes items like, “I feel good about the social groups I belong to” (p. 305). Public esteem items assess how people feel others feel about their group members. Such items assessing this construct include, “In general, others respect the social groups that I am a part of” (p.305). Finally, identity items were developed to assess how important one’s social group membership is to ones’ identity. Items include statements like, “The social groups I belong to are an important reflection of who I am” (p. 305). Four separate scores capturing the following constructs are obtained from this measure: private esteem, public esteem, membership esteem, and identity. Participants respond to CSE items along a 7-point Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree). This scale has been widely used with subscales showing good internal consistency. Alphas have ranged from .73 for the membership subscale to .80 for the public subscale (Luhtanen & Crocker, 1992).
Luhtanen and Crocker (1992) established validity for this scale through positive correlations found between personal self esteem and collectivism. For the purposes of this study, items will specify “Italian-Americans” as the social group of reference (Appendix D).

**Aspects of socioeconomic status.** Aspects of socioeconomic status were assessed through the use of the Barratt Simplified Measure of Social Status (BSMSS) (Barratt, 2006) (Appendix E). The BSMSS has been used to measure socioeconomic status in studies across disciplines such as sociology, pediatric psychiatry, and medicine (Jurberg, Long, Ticona & Phipps, 2009; Martinez, Naredran, Silfstein, Liu, Kumar, Broft, Heertrum, & Kleber, 2009; McNeely, 2010; Walworth, 2007). Barratt (2006) created this measure as an updated revision of the Hollingshead Four Factor measure of social status (1975), which measured social status by assigning scores to educational and occupational attainment. This measure was revised in two ways to create the BSMSS. First, Barratt updated the list of occupations by providing nine employment divisions that are more reflective of current jobs. Secondly, the BSMSS accounts for not only a participant’s educational and occupational attainment but also his or her parents’ and partner’s attainment. Barratt (2006) noted that while the BSMSS, like the Hollingshead and other indicators, does not produce an absolute measure of SES or social class, it yields a score that combines essential elements of SES within a variable that allows for statistical analysis and/or the creation of SES groups.

The BSMSS consists of 16 items. The first seven items assess parents’, participants, and spouse/partner’s level of education. Items in this section range from “less than seventh grade” to “graduate degree,” with each level of education producing a different score. Scores from this section can range from 3 to 21. The rest of the items assess parents’, participant’s and spouse/partner’s occupation. Item categories provide groups of occupations that are clustered.
Together for scoring purposes; one such cluster is *day laborer, janitor, house cleaner, farm worker, food counter sales, food preparation worker*. Occupation scores can range from 5 to 45. Once both sections of this measure are completed, a total score for these aspects of socioeconomic status is calculated and can range from 8 to 66, with lower scores corresponding to lower socioeconomic status.

**Attitudes toward counseling.** Attitudes toward counseling was assessed through the use of the Attitudes Toward Seeking Professional Psychological Help Scale (Fisher & Turner, 1970). This scale has been shown to have good validity across diverse ethnic/racial groups (Fisher & Turner, 1970) (Appendix F). The scale consists of 29 four-point Likert scale items ranging from 0 (disagree) to 4 (agree). It also has four subscales assessing the following constructs: need (recognition of personal help), stigma (tolerance of the stigma associated with psychological help), openness (interpersonal openness regarding one’s difficulties), and confidence (confidence in the ability of a mental health professional to give assistance). Scores can range from 0 to 87, with higher scores indicating more positive attitudes towards seeking professional psychological help. It has been found to distinguish those who wish to seek counseling from those who do not (Ponterotto et al., 2001). This instrument has demonstrated a test-retest reliability of .83. (Ponterotto et al., 2001). Furthermore, Ponterotto and colleagues (2001) found in their own use of the scale to determine the predictive ability of gender and acculturation to attitudes toward counseling, that the coefficient alphas across the full sample for the Need, Stigma, Openness, and Confidence subscales were .78, .68, .66, and .77, indicating that they are above or near the cutoff floor of .70, which also indicated good test-retest reliability within the subscales.

**Reliability.** In this study, the coefficient alpha of .89 for the MEIM measuring ethnic identity for this sample indicated good reliability, as it was above the cut-off floor of .70, as
established by Ponterotto (1996). Similarly, the Barrat Measure of SES, also indicated good reliability for this sample, \((\alpha=.89)\). The ARSMA-II measuring acculturation indicated good reliability, \((\alpha=.73)\). The Collective Self-Esteem scale indicated good reliability as well for this sample \((\alpha = .83)\). Finally, the Attitudes Towards Seeking Professional Psychological Help Scale also showed good reliability, \((\alpha = .83)\).
Chapter IV

RESULTS

Statistical analyses for this study were conducted using the Statistical Package for the Social Sciences, version 20 (SPSS 20.0). In this chapter, preliminary analyses will be presented first, followed by the primary analyses that were used to address the three hypotheses for this study. Finally, exploratory analyses will be presented. Tables will be presented throughout the chapter to illustrate findings.

**Preliminary Analyses**

Descriptive statistical analyses were performed to summarize demographic and other parameters of the sample in this study. (See Table 1, Chapter 3.)

**Missing values.** A total of 287 self-identified Italian-Americans visited the survey website. Of the 287, 56 participants did not complete the survey in full. If respondents failed to complete more than ten percent of the survey items, their responses were excluded from the study. Of the 56 participants who were excluded from the study, 24 provided demographic data. Of them, 54% were female ($N=13$) and 46% were male ($N=11$). They ranged in age from 20 to 81 years. Most of them, 70% received a graduate degree ($N=17$). More than half of this sample ($N=14$) reported they were first generation college students. Furthermore, 29.2% ($N=7$) were born in Italy and another 29.2% ($N=7$) had grandparents born in Italy. Table 1 presents a detailed summary of their demographics.

To check for biases in the sample, a dichotomous variable was created (i.e. in/out) that represented whether or not a participant was included in this study. This variable was correlated with the demographic variables of the study. Since the demographic variables were not significantly correlated with the new dichotomous variable (i.e. indicating whether or not a
person was excluded or included in the study), it appears that there is no evidence of bias in the sample. Table 2 displays these correlations.

Table 1
Demographic Information of Participants Excluded from the Study

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<tbody>
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<td>2</td>
<td>8</td>
</tr>
<tr>
<td>$95,000-$110,000</td>
<td>3</td>
<td>13</td>
</tr>
<tr>
<td>$80,000-$95,000</td>
<td>6</td>
<td>25</td>
</tr>
<tr>
<td>$65,000-$80,000</td>
<td>3</td>
<td>13</td>
</tr>
<tr>
<td>$50,000-$65,000</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>$35,000-$50,000</td>
<td>3</td>
<td>13</td>
</tr>
<tr>
<td>Less than $20,000</td>
<td>2</td>
<td>8</td>
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</tbody>
</table>
Table 1 continued

<table>
<thead>
<tr>
<th>Generational Status</th>
<th>N</th>
<th>%</th>
</tr>
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<tr>
<td>Born in Italy</td>
<td>7</td>
<td>29</td>
</tr>
<tr>
<td>First generation</td>
<td>6</td>
<td>25</td>
</tr>
<tr>
<td>Second generation</td>
<td>7</td>
<td>29</td>
</tr>
<tr>
<td>Third generation</td>
<td>3</td>
<td>13</td>
</tr>
<tr>
<td>Fourth generation and later</td>
<td>1</td>
<td>4</td>
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</table>

Table 2

Correlation Matrix For Demographic Variables and All Cases

<table>
<thead>
<tr>
<th>Variable</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Age</td>
<td>_</td>
<td>.123*</td>
<td>-110</td>
<td>.096</td>
<td>-.249**</td>
<td>-.241**</td>
<td>-.221**</td>
<td>.178**</td>
<td>.055</td>
</tr>
<tr>
<td>2. Education</td>
<td>_</td>
<td>.077</td>
<td>.067</td>
<td>.073</td>
<td>.148*</td>
<td>.031</td>
<td>-.050</td>
<td>.010</td>
<td></td>
</tr>
<tr>
<td>3. Gen.College</td>
<td>_</td>
<td>.059</td>
<td>.556**</td>
<td>.521**</td>
<td>.283**</td>
<td>-.040</td>
<td>.013</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Income</td>
<td>_</td>
<td>-.160**</td>
<td>-.121*</td>
<td>-.102</td>
<td>.149*</td>
<td>-.076</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Mom Ed.</td>
<td>_</td>
<td>.621**</td>
<td>.402**</td>
<td>-.079</td>
<td>-.026</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Dad Ed.</td>
<td>_</td>
<td>.351**</td>
<td>-.117</td>
<td>.014</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Gen. Status</td>
<td>_</td>
<td>.001</td>
<td>-.061</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Gender</td>
<td>_</td>
<td>.059</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. In-Out Cases</td>
<td>_</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Correlation is significant at the 0.01 level (2-tailed).
*Correlation is significant at the 0.05 level (2-tailed).

**Normality and outlier tests.** An outlier analysis was conducted for each of the two dependent variables, acculturation and help-seeking. For each analysis both univariate and multivariate outliers were examined. For the univariate outlier analysis, each continuous or ordinal predictor was first transformed to z-scores. Based on recommendations made by
Tabacknick and Fidell, Using Multivariate Statistics (2001, p.67), observations with z-scores less than -3.29 or greater than 3.29 are considered to be univariate outliers.

With respect to acculturation, one observation qualified as univariate outlier on one, and only one, predictor, ethnic identity. Specifically, this one observation had a z-value (-3.83) which exceeded the lower limit (-3.29) used to identify univariate outliers. No observations were identified as multivariate outliers. In order to determine whether this outlier materially affected the results of the regression model in which acculturation served as the dependant variable, a robust regression model, on which corrects the standard errors of the regression coefficients of any heteroscedasticity due to the presence of outliers and other sources of non-normality was run in SPSS Genlin. The pattern of statistically significant and statistically insignificant findings from this robust regression model was the same as reported in Table 7 using the ordinary least squared regression model. The consistency of the findings of the regular and robust regression models implies that outliers had no undue influence on the substantive conclusions drawn from the ordinary, i.e., the usual regression model.

With respect to the second dependent variable, help-seeking, as stated above, there was one univariate outlier on ethnic identity. Acculturation, which is now included as an additional predictor of help-seeking did not have any univariate outliers. Finally, One univariate outlier was identified on the dependent variable, help-seeking (z = -4.11). No multivariate outliers were identified for this second outcome measure. Again, a robust regression model was also estimated for this second dependent variable. Furthermore, as was the case with acculturation, the statistically significant findings are the same in both regression models (See Table 7).

A second version of the help-seeking regression model was also run in which two interaction effects were included as additional predictors, i.e., (1) ethnic identity by
socioeconomic status and (2) collective self-esteem by socioeconomic status. Five univariate outliers were identified for the first interaction effect \((z = -4.43, -3.78, -3.32, 3.96\) and \(4.23\)).

Three univariate outliers were identified for the second interaction effect \((z = 4.13, 4.32\) and \(5.43\)). Five multivariate outliers were also identified. It should be noted that because these interaction terms are cross-product terms generated by multiplying the two components which define each interaction, it is not surprising to find outliers for each of these interaction effects.

In order to protect the integrity of the significance testing procedures in the moderation model a Bonferroni correction was applied to the significance tests of the two interactions terms in the ordinary least squares regression model. This same Bonferroni correction was also applied in the robust regression model. Again, the statistically significant findings from the original regression model were replicated in the robust regression model.

**Descriptive statistics.** Descriptive statistics were obtained for the study’s variables as reported in Table 3. For the MEIM-R (measuring ethnic identity), ARSMA-II (measuring acculturation) and Collective Self Esteem Scale, the mean score represents an average global score. Higher numbers on these measures indicate greater endorsement. Similarly, for the Barratt Scale (measuring SES) and the Attitudes towards Seeking Professional Psychological Help scale, scores are obtained by adding the sums with higher scores indicating greater endorsement.

More specifically, the mean score of the MEIM-R \((M=4.50)\) corresponds to a response that falls between the two highest possible ratings for the item, which are “agree” and “strongly agree.” This indicated that the sample endorsed a strong level of ethnic identification. This score is higher than the mean score found in other studies using this measure with White participants (Ponterotto et al., 2003).
In terms of aspects of socioeconomic status, the mean \((M=47.69)\) indicates that overall, the sample endorsed high levels of education and occupations. The mean acculturation score \((M=.79)\) and suggests that in terms of acculturation level, this sample is slightly *Anglo oriented bicultural*, meaning that that although they hold both Italian and American cultural ways of being, they are more Americanized; and thus, more acculturated. This finding is similar to what Ponterotto et al. (2001) found in his sample of Italian-American and Greek American college students, as their sample’s mean acculturation score was .75.

An overall mean score for collective self-esteem was obtained \((M=5.52)\) indicating that this sample endorsed high levels of collective self-esteem. Finally, with regard to attitudes towards seeking professional psychological help, an overall mean score of \((M=60.00)\) indicates that the sample endorsed generally positive attitudes towards seeking professional psychological help. This finding was similar to what Ponterotto et al. (2001) found in his sample of female Greek-American and Italian-American participants.

Table 3: *Mean, Standard Deviation, Reliability, and Range of Scores for Variables*

<table>
<thead>
<tr>
<th>Variable</th>
<th>(M)</th>
<th>(SD)</th>
<th>(\alpha)</th>
<th>Skewness</th>
<th>Kurtosis</th>
<th>Range Actual</th>
<th>Range Potential</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethnic ID</td>
<td>4.50</td>
<td>.55</td>
<td>.89</td>
<td>-1.16</td>
<td>1.06</td>
<td>2.33-5.00</td>
<td>1.00-5.00</td>
</tr>
<tr>
<td>SES</td>
<td>47.69</td>
<td>10.24</td>
<td>.88</td>
<td>-.759</td>
<td>.743</td>
<td>12.80-66.00</td>
<td>8.00-66.00</td>
</tr>
<tr>
<td>Acculturation</td>
<td>.79</td>
<td>.93</td>
<td>.73</td>
<td>.009</td>
<td>-.704</td>
<td>-1.20-3.28</td>
<td>&lt;-1.33 - &gt;2.45</td>
</tr>
<tr>
<td>Collective Self Esteem</td>
<td>5.52</td>
<td>.73</td>
<td>.83</td>
<td>-.434</td>
<td>-.253</td>
<td>3.38-7.00</td>
<td>1.00-7.00</td>
</tr>
<tr>
<td>Help Seeking Attitudes</td>
<td>60.00</td>
<td>8.31</td>
<td>.83</td>
<td>-.622</td>
<td>.465</td>
<td>6.00-86.00</td>
<td>0.00-87.00</td>
</tr>
</tbody>
</table>
**Intercorrelations.** Intercorrelations for the variables to be used in the study’s primary analyses were calculated and are included in Table 4. As Table 4 indicates, statistically significant correlations were found between ethnic identity and acculturation; ethnic identity and collective self-esteem, and SES and attitudes towards help-seeking.

Table 4

*Correlation Matrix For Variables*

<table>
<thead>
<tr>
<th>Measure</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Ethnic ID</td>
<td></td>
<td>-0.327**</td>
<td>0.029</td>
<td>-0.307**</td>
<td>0.030</td>
</tr>
<tr>
<td>2. Acculturation</td>
<td></td>
<td>0.037</td>
<td>-0.022</td>
<td>-0.007</td>
<td></td>
</tr>
<tr>
<td>3. SES</td>
<td></td>
<td></td>
<td>0.065</td>
<td></td>
<td>0.147*</td>
</tr>
<tr>
<td>4. Collective SE</td>
<td></td>
<td></td>
<td></td>
<td>0.110</td>
<td></td>
</tr>
<tr>
<td>5. Help Seeking</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Correlation is significant at the 0.01 level (2-tailed).  
*Correlation is significant at the 0.05 level (2-tailed).**

**Analysis of demographic variables and attitudes toward help seeking.** A multiple regression analysis was performed to assess any association of the following demographic variables with the dependent variable, attitudes towards help-seeking: age, education, first-generation college status, self-reported income, mother’s education, father’s education, generational status, and gender. Results revealed that the overall model was significant, overall $R^2 = .10$, $F(8, 234) = 3.2$, $p < .05$. As shown in Table 5, Age $\beta = .17$, $t = 2.5$, $p < .05$, and Gender $\beta = -.17$, $t = -2.7$, $p < .05$ each significantly contributed to the overall model and were significantly associated with help seeking. More specifically, female participants were associated with positive attitudes towards counseling. Additionally, age was positively associated with
favorable attitudes towards counseling, such that, as age increased, positive attitudes towards counseling increased.

Table 5

*Regression Analysis of Demographic Variables as Predictors of Help Seeking*

<table>
<thead>
<tr>
<th>Variable</th>
<th>Model 1 B</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>.17*</td>
<td>(0.03, 0.25)</td>
</tr>
<tr>
<td>Gender</td>
<td>-.17*</td>
<td>(-0.82, -1.3)</td>
</tr>
<tr>
<td>Education</td>
<td>.06</td>
<td>(-1.4, 3.9)</td>
</tr>
<tr>
<td>1st Gen. to Attend College</td>
<td>-.10</td>
<td>(-0.69, 1.7)</td>
</tr>
<tr>
<td>Income</td>
<td>.11</td>
<td>(-0.07, 1.0)</td>
</tr>
<tr>
<td>Mother’s Education</td>
<td>.02</td>
<td>(-2.1, 2.8)</td>
</tr>
<tr>
<td>Father’s Education</td>
<td>.10</td>
<td>(-0.98, 3.7)</td>
</tr>
<tr>
<td>Generational Status</td>
<td>-.13</td>
<td>(-4.2, 0.12)</td>
</tr>
<tr>
<td>$R^2$</td>
<td>.10</td>
<td></td>
</tr>
<tr>
<td>$F$</td>
<td>3.2*</td>
<td></td>
</tr>
</tbody>
</table>

Note. * P < .05
Primary Analyses

Hypothesis 1

H1: Ethnic identity, acculturation, collective self-esteem, and aspects of socioeconomic status will be significantly associated with attitudes towards seeking professional psychological help for Italian-Americans. The predictive ability of ethnic identity, acculturation, collective self-esteem, and aspects of socioeconomic status (i.e., education and occupation) on attitudes towards seeking professional psychological help will be analyzed using a hierarchical multiple regression analyses. More specifically it is hypothesized that all of these independent variables will be positively correlated to help seeking attitudes.

Analysis 1: A hierarchical multiple regression analysis was used to test this hypothesis. The results indicated that ethnic identity $t = -.160, p > .05$, acculturation $t = 1.03, p > .05$, collective self-esteem $t = 1.30, p > .05$, and aspects of socioeconomic status $t = 1.80, p > .05$ were not significantly associated with positive attitudes towards help seeking, as detailed in Table 6.

Hypothesis 2

H2: Acculturation will mediate the relationship between ethnic identity, collective self-esteem, and attitudes towards counseling. Within a hierarchical regression model, acculturation will explain the relationship between a) ethnic identity and collective self esteem and b) attitudes towards counseling such that when acculturation is present in the model, the relationships between these variables will be diminished (Figure 1).

Analysis 2: This hypothesis was tested using a hierarchical multiple regression analysis. In the first step of the analysis, all of the demographic variables (i.e. age, education, first generation college status, income, mother’s education, father’s education, generational status,
and gender) were put into the regression model to assess their effect on acculturation and help-seeking. Although both age and gender were found to be associated with help-seeking in the preliminary analysis, the predictive ability of each of these variables were put into this model because acculturation (the presumptive mediator) is also considered another dependant variable. Thus, age, $\beta = .14$, $t = 5.4$, $p < .05$, education, $\beta = -.23$, $t = 15.22$, $p < .05$, income, $\beta = .17$, $t = .15$, $p < .05$, and generational status $\beta = .41$, $t = 41.55$, $p < .05$ were significantly positively associated with acculturation.

With the demographic variables controlled for (i.e. age, education, first generation college status, income, mother’s education, father’s education, generational status, and gender), the relationship of two independent variables in the mediation model, ethnic identity and collective self-esteem, to the dependent variable (acculturation) was assessed. Results revealed that the overall model was significant, $R^2 = .35$, $F (10, 231) = 12.3$, $p < .05$. However, as shown in Table 7, only ethnic identity was significantly positively associated with acculturation, $\beta = -.32$, $t = 32.05$, $p < .05$. There was no significant association between collective self-esteem and acculturation, $t = 1.3$, $p > .05$.

Finally, the second part of the mediation model was tested using regression analysis. With ethnic identity and collective self-esteem controlled for, acculturation was added to the regression model to assess whether or not it is associated with help seeking. Acculturation was not significantly associated with help-seeking, $t = 1.05$, $p > .05$. See Table 7.

**Hypothesis 3**

H3: Aspects of socioeconomic status will moderate the relationship between a) ethnic identity and collective self-esteem and b) attitudes towards counseling. This hypothesized
moderating effect will be investigated using a hierarchical regression model that tests the interaction between ethnic identity and SES and collective self-esteem and SES. See Figure 2.

Analysis 3: The hypothesized moderating effect of SES was tested using hierarchical multiple regression. In the first model, the demographic variables were tested to see if they were associated with help seeking. As described earlier, both age $\beta = .17, t = 2.5, p < .05$ and gender, $\beta = -0.17, t = -2.7, p < .05$ were significantly associated with help-seeking. In the second model, with demographic variables controlled for, ethnic identity, collective self-esteem, and SES were put in the model to assess their relationship with help seeking. The results showed that ethnic identity $t = 3.08, p > .05$, collective self-esteem, $t = 1.9, p > .05$, and SES, $t = 3.2, p > .05$, were not significantly associated with help-seeking. Finally, to assess the moderating effect of SES with ethnic identity and collective self-esteem, an interaction effect between these two variables was tested. The first interaction tested was ethnic identity and SES on help seeking. This interaction was not significant $t = 3.6, p > .05$. Additionally, another interaction between collective self-esteem and SES was tested, which was shown not to be significant $t = .159, p > .05$.

Because two hypotheses are tested simultaneously, i.e. two interaction effects are included in this regression model, a Bonferonni-correction is applied to the significance tests for these two interaction terms in order to better control the Type I error rate in this analysis.
Figure 1: Mediation Figure of Attitudes Towards Counseling

Figure 2: Moderation Figure of Attitudes Towards Counseling
Table 6

Hierarchical Multiple Regression Analysis Predicting Help-Seeking*

<table>
<thead>
<tr>
<th>Help-Seeking</th>
<th>Predictor</th>
<th>ΔR²</th>
<th>β</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Control variables</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Age</td>
<td>.17*</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Education</td>
<td>.06</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1st Generation re College</td>
<td>- .10</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Income</td>
<td>.11</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mother’s Education</td>
<td>.02</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Father’s Education</td>
<td>.10</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Generational Status</td>
<td>- .13</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Gender</td>
<td>- .17*</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Independent Variables</strong></td>
<td>.22</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ethnic Identity</td>
<td>- .01</td>
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</tr>
<tr>
<td></td>
<td>Collective Self Esteem</td>
<td>.09</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SES</td>
<td>.16</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Acculturation</td>
<td>.08</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Total R²</strong></td>
<td>.32</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>n</strong></td>
<td>242</td>
<td></td>
</tr>
</tbody>
</table>

Note. * Beta weight at the point of entry into the regression model

* p < .05
Table 7

Mediation Model:
Hierarchical Multiple Regression Analysis Predicting Acculturation and Help-Seeking

<table>
<thead>
<tr>
<th>Predictor</th>
<th>Acculturation</th>
<th>Help-Seeking</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ΔR²</td>
<td>β</td>
</tr>
<tr>
<td><strong>Step 1</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Control variables</td>
<td>.26*</td>
<td>.10*</td>
</tr>
<tr>
<td>Age</td>
<td>.14*</td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td>-.23*</td>
<td>.06</td>
</tr>
<tr>
<td>1st Generation re College</td>
<td>.03</td>
<td>-.10</td>
</tr>
<tr>
<td>Income</td>
<td>.17*</td>
<td>.11</td>
</tr>
<tr>
<td>Mother’s Education</td>
<td>.12</td>
<td>.02</td>
</tr>
<tr>
<td>Father’s Education</td>
<td>-.09</td>
<td>.10</td>
</tr>
<tr>
<td>Generational Status</td>
<td>.41*</td>
<td>-.13</td>
</tr>
<tr>
<td>Gender</td>
<td>.05</td>
<td>-.17*</td>
</tr>
<tr>
<td><strong>Step 2</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independent Variables</td>
<td>.09*</td>
<td>.01</td>
</tr>
<tr>
<td>Ethnic Identity</td>
<td>-.32*</td>
<td>-.04</td>
</tr>
<tr>
<td>Collective Self Esteem</td>
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<td>.10</td>
</tr>
<tr>
<td><strong>Step 3</strong></td>
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<tr>
<td>Acculturation</td>
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<td></td>
</tr>
<tr>
<td><strong>Total R²</strong></td>
<td>.35*</td>
<td>.11*</td>
</tr>
<tr>
<td><strong>n</strong></td>
<td>242</td>
<td>242</td>
</tr>
</tbody>
</table>

Note. a Beta weight at the point of entry into the regression model

* p < .05
Table 8
* Moderation Model:
* Hierarchical Multiple Regression Analysis Predicting Help-Seeking*

<table>
<thead>
<tr>
<th>Predictor</th>
<th>$\Delta R^2$</th>
<th>$\beta$</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Step 1</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Control variables</td>
<td>.10*</td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>.17*</td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td>.06</td>
<td></td>
</tr>
<tr>
<td>1st Generation re College</td>
<td>-.10</td>
<td></td>
</tr>
<tr>
<td>Income</td>
<td>.11</td>
<td></td>
</tr>
<tr>
<td>Mother’s Education</td>
<td>.02</td>
<td></td>
</tr>
<tr>
<td>Father’s Education</td>
<td>.10</td>
<td></td>
</tr>
<tr>
<td>Generational Status</td>
<td>-.13</td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td>-.17*</td>
<td></td>
</tr>
<tr>
<td><strong>Step 2</strong></td>
<td></td>
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<td>Collective Self Esteem</td>
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<td>Ethnic Identity x SES</td>
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<td>Collective Self-Esteem X SES</td>
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<td><strong>Total $R^2$</strong></td>
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<tr>
<td><strong>n</strong></td>
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Note. * Beta weight at the point of entry into the regression model

* $p < .05$
Exploratory Analysis

An exploratory analysis was conducted to investigate possible correlations between the subscale scores of the independent variables (i.e. ethnic identity, acculturation, collective self esteem, and aspects of socioeconomic status) and the dependent variable help-seeking attitudes (See Table 9). Before explaining the results of this pearson correlational analysis, a brief review of each of the measure’s subscales and their associated meanings will be provided.

Ethnic Identity. The MEIM-R was used to measure the construct ethnic identity for this sample. It consists of two subscales: identity exploration and identity commitment. The MEIM-R is a Likert-type scale consisting of six items that measure two factors: *ethnic identity exploration*, which is a cognitive and developmental component, and *commitment to one’s ethnic identity*, which is an affective component. Three items measure ethnic identity exploration (numbers 1, 4, and 5); an example of such an item is, "I have spent time trying to find out more about my ethnic group, such as its history, traditions, and customs.” Three items measure commitment to one’s ethnic identity. An example of one of these items is “I have a strong sense of belonging to my own ethnic group." Respondents rate their responses to items on a Likert-type scale that ranges from 1(*strongly disagree*) to 5(*strongly agree*). With this measure, scores can be obtained according to two separate mean scores, one score for *ethnic identity exploration* and one score for *commitment for one’s ethnic identity*. In this study, the coefficient alpha of .85 for the exploration subscale of the MEIM-R indicated good reliability, as it was above the cut-off floor of .70, as established by Ponterotto (1996). Similarly, the coefficient alpha of .87 for the commitment subscale of the MEIM-R indicated good reliability for this sample.

Acculturation. The Acculturation Rating Scale for Mexican Americans-II (ARSMA-II; Cuellar, Arnold & Maldonado, 1995) was used to assess participants’ level of acculturation for
this study. This scale is considered to be one of the most widely used measures of acculturation (Gutierrez, Franco, Powell, Pederson & Reid, 2009). Cuellar and colleagues (1995) revised the original ARSMA to produce this scale as a means of measuring acculturation on a continuum. It is highly correlated with the original ARSMA (r=.89) (Cuellar et al., 1995). Although it has been reliably adapted for use with many Latino and Asian populations it has only been validated for Mexicans (Gutierrez et al., 2009).

The ARSMA-II measures behavioral aspects of acculturation according to four modes of acculturation proposed by Berry (1980). These modes are integration, assimilation, separation, and marginalization. The scale consists of 30 items, 13 of which correspond to the Anglo Orientation Subscale and 17 of which correspond to the Mexican Orientation Subscale. An example of an item from the Anglo Orientation Subscale is, “I associate with Anglos.” An example of an item from the Mexican Orientation Subscale is, “I enjoy Mexican food.”

In this study, the coefficient alpha of .74 for the Anglo orientation subscale of the ARSMA-II indicated good reliability, as it was above the cut-off floor of .70, as established by Ponterotte (1996). Similarly, the coefficient alpha of .87 for the Italian-orientation subscale of the ARSMA-II also indicated good reliability for this sample.

**Collective self-esteem.** Participants' collective self-esteem will be measured using the Collective Self-Esteem Scale (CSE; Luhtanen, & Crocker, 1992). This scale was developed to assess two distinct aspects of one’s social identity, public and private identity. More specifically, the scale assesses four aspects of collective self esteem: membership esteem, private esteem, public esteem, and identity. Membership esteem refers to how good or how worthy one feels about his/her ascribed group membership. Scale items that fall under this category include: “I am a worthy member of the social groups I belong to” (p.305). Private esteem assesses one’s
personal judgment of his/her own reference group(s), and includes items like, “I feel good about the social groups I belong to” (p. 305). Public esteem items assess how people feel others feel about their group members. Such items assessing this construct include, “In general, others respect the social groups that I am a part of” (p.305). Finally, identity items were developed to assess how important one’s social group membership is to ones’ identity. Items include statements like, “The social groups I belong to are an important reflection of who I am” (p. 305).

Four separate scores capturing the following constructs are obtained from this measure: private esteem, public esteem, membership esteem, and identity. In this study the coefficient alpha for the membership collective self esteem subscale was .71, indicating good reliability for this sample, as it was above the cut-off floor of .70, as established by Ponterotto (1996). Furthermore, the private collective self esteem subscale indicated good reliability as well as (α = .82). Similarly, the public collective self esteem subscale showed good reliability as (α = .83). Finally, the identity subscale score of the collective self esteem scale also indicated good reliability as (α = .83).

Aspects of socioeconomic status. Aspects of socioeconomic status was assessed through the use of the Barratt Simplified Measure of Social Status (BSMSS) (Barratt, 2006) (Appendix E). The BSMSS consists of 16 items. The first seven items assess parents’, participant’s, and spouse/partner’s level of education. Items in this section range from “less than seventh grade” to “graduate degree,” with each level of education producing a different score. Scores from this section can range from 3 to 21. The rest of the items assess parents’, participant’s and spouse/partner’s occupation. Item categories provide groups of occupations that are clustered together for scoring purposes; one such cluster is day laborer, janitor, house cleaner, farm worker, food counter sales, food preparation worker. Occupation scores can range
from 5 to 45. Once both sections of this measure are completed, a total score for these aspects of socioeconomic status is calculated and can range from 8 to 66, with lower scores corresponding to lower socioeconomic status. In this study, the coefficient alpha of .71 measuring education indicated good reliability, as it was above the cut-off floor of .70, as established by Ponterotto (1996). Furthermore, the coefficient alpha of .67 indicated decent reliability, as it was nearing the cut-off floor of .70.

**Attitudes toward counseling.** Attitudes toward counseling was assessed through the use of the Attitudes Toward Seeking Professional Psychological Help Scale (Fisher & Turner, 1970). The scale consists of 29 four-point Likert scale items ranging from 0 (disagree) to 4 (agree). It also has four subscales assessing the following constructs: need (recognition of personal help), stigma (tolerance of the stigma associated with psychological help), openness (interpersonal openness regarding one’s difficulties), and confidence (confidence in the ability of a mental health professional to give assistance). Scores can range from 0 to 87, with higher scores indicating more positive attitudes towards seeking professional psychological help. It has been found to distinguish those who wish to seek counseling from those who do not (Ponterotto et al., 2001). In this study, the coefficient alpha of .80 for the need subscale of help seeking indicated good reliability for this sample, as it was above the cut-off floor of .70, as established by Ponterotto (1996). Similarly, the stigma tolerance subscale of helpseeking indicated good reliability for this sample ($\alpha = .73$). Additionally, the openness to counseling subscale of the help seeking measure indicated good reliability for this sample ($\alpha = .73$). Finally, the confidence in counseling subscale indicated good reliability for this sample ($\alpha = .73$).
Results of Exploratory Correlational Analysis

In order to examine the relationships within and between subscale scores for each measure, Pearson correlations were performed among all of the subscale scores of each measure explained above. A number of significant correlations within and between other subscales were found. Each of the correlations will be discussed according to each variable in the next few sections of this chapter.

Ethnic Identity

Ethnic identity, as measured by the MEIM-R (Phinney, 2006), has two subscales: ethnicity identity exploration and ethnicity identity commitment. There was a significant positive correlation between ethnic identity exploration and ethnic identity commitment, $r (242) = .65, p< .01$. This correlation suggests that participants who were engaged in the exploration process of their Italian-American identity were also committed to their Italian-American ethnic identity.

Additionally, there was a significant positive correlation between ethnic identity exploration and the Italian-Oriented subscale of the Acculturation measure, ARSMA-II (Cuellar et al., 1995) used in this study, $r (242)= .37, p< .01$. This correlation indicates that participants engaged in exploring their ethnic identity also adhere to behaviors associated with being Italian-American.

There was a significant positive correlation between ethnic identity exploration and the membership esteem subscale of the collective self esteem measure CSE (Luhtanen & Crocker, 1990), $r (242)= .28, p < .01$, suggesting that participants engaged in the exploration process of their ethnic identity are also feeling worthy as members of this ethnic group. Furthermore, there was a positive significant correlation between ethnic identity exploration and private collective self-esteem, $r (242)= .15, p< .05$. This correlation indicates that participants engaged in ethnic identity exploration also feel positively about being members of the Italian-American group.
Finally, a significant positive correlation was found between ethnic identity *exploration* and the *identity* subscale of collective self esteem, \( r(242)= .19, p < .01 \), indicating that participants engaged in their ethnic identity exploration also find being Italian-American important to their identity and self-concept.

The second subscale of the MEIM-R (Phinney, 2006), *commitment* to one’s ethnic identity, was also positively correlated with *Italian-Orientation* of the acculturation scale, and *membership, private, and identity* subscales of collective self esteem. A significant positive correlation was found between ethnic identity *commitment* and the *Italian-oriented* subscale of the acculturation scale, \( r(242)= .37, p< .01 \). This correlation indicates that participants who are actively committed to what it means to be Italian are also engaged in Italian behaviors and traditions. There was a significant positive correlation between ethnic identity *commitment* and *membership collective self-esteem*, \( r(242)= .31, p< .01 \), suggesting that participants who are committed to their ethnic identity also feel that they are worthy members of the Italian ethnic group. Furthermore, a significant positive correlation was found between ethnic identity *commitment* and *private collective self-esteem*, \( r(242)= .27, p< .01 \). This correlation indicates that participants who are committed to their Italian-American identity also feel positively about being a part of this group. Finally, ethnic identity *commitment* was significantly positively correlated with the *identity* subscale of collective self-esteem, \( r(242)= .31, p< .01 \). This correlation indicates that participants committed to their ethnic identity also find being Italian-American important to their identity and self-concept.
Acculturation

Acculturation was measured by the ARSMA-II (Cuellar et al., 1995). The ARSMA-II has two subscales: Anglo-orientation subscale and Italian-orientation subscale. A significant negative correlation was found between the Anglo orientation subscale and the Italian orientation subscale, $r (242) = - .32, p < .01$. This correlation indicates that participants who endorsed more Anglo or American behaviors engaged in fewer Italian-oriented behaviors. A significant positive correlation between the Anglo orientation subscale and private collective self-esteem were found, $r (242) = .16, p < .05$. This finding indicates that participants who endorsed more American behaviors also felt positively about their Italian-American identity. Additionally, a significant positive correlation was found between Anglo-orientation and public collective self-esteem, $r (242) = .13, p < .05$. This correlation indicates that participants who are more acculturated to American culture also think that others value them positively as part of their cultural group. Furthermore, a significant positive correlation was found between Italian-orientation of the acculturation scale and membership collective self-esteem, $r (242) = .21, p < .01$. This finding indicates that those who are less acculturated (or, who endorse more behaviors associated with being Italian) also felt positively about being a member of their ethnic group. Similarly, a significant positive correlation was found between Italian orientation of acculturation and identity collective self-esteem, $r (242) = .13, p < .05$. This correlation indicates that participants who are less acculturated or endorsed Italian behaviors also felt that being Italian is an important part of their identity.

Collective Self Esteem

There was a significant positive correlation between membership collective esteem and private collective self-esteem, $r (242) = .55, p < .01$. This relationship indicates that participants...
who feel positively about being a member of the Italian-American group also endorse a positive evaluation of the group. A significant positive correlation was found between membership collective self-esteem and public collective self-esteem, \( r(242) = .35, p < .01 \). This finding indicates that participants who feel that they are worthy members of the Italian-American group also feel that others perceive them positively as members of this group. Additionally, a significant positive correlation was found between collective membership esteem and identity collective self-esteem, \( r(242) = .31, p < .01 \). This relationship indicates that participants who feel they are worthy members of the Italian-American group also feel that being a member of this group is important to their identity. A significant positive correlation was found between private collective self-esteem and identity collective self-esteem, \( r(242) = .29, p < .01 \). This finding indicates that participants who feel positively about being Italian-American also feel that this ethnicity is important to their identity and self-concept.

Public collective self esteem was also correlated with openness, confidence, and stigma tolerance associated with counseling. More specifically, public collective self esteem was significantly positively correlated with the openness subscale of seeking professional psychological help, \( r(242) = .17, p < .01 \). This result indicates that participants who felt that others view them positively as a member of the Italian-American group also felt open to seeking counseling services. Additionally public collective self-esteem was significantly positively correlated with confidence in counseling, \( r(242) = .15, p < .05 \). This means that participants who felt that others view them positively as a member of the Italian-American group also felt confident in the counseling process. Finally, a significant positive correlation was found between public collective self esteem and stigma tolerance associated with seeking counseling, \( r(242) = .15, p < .05 \). This finding suggests that participants who felt that others viewed them positively as
members of the Italian-American group also endorsed high stigma tolerance of the counseling process.

**Aspects of SES: Education and Occupation**

Aspects of SES were assessed with the Baratt measure (Baratt, 2006). It consists of two subscales: occupation and education. A significant positive correlation was found between occupation and stigma tolerance associated with seeking counseling services $r(242)=.54, p<.01$. This finding indicates that participants with higher status occupations (i.e. doctor, lawyer, etc.) also endorsed high levels of stigma tolerance associated with counseling. Furthermore, a significant positive correlation was found between occupation and confidence in counseling services, $r(242)=.22, p<.01$. This result indicates that participants with higher status occupations also endorsed higher confidence in the counseling process. Finally, a significant positive correlation between higher levels of education and confidence in counseling services was found, $r(242)=.12, p<.05$. This finding indicates that participants who obtained higher levels of education were also more confident in the counseling process.

**Attitudes towards Help Seeking**

Attitudes toward counseling were assessed through the use of the Attitudes Toward Seeking Professional Psychological Help Scale (Fisher & Turner, 1970). The subscales are: openness, need, confidence, and stigma tolerance. All of the subscale scores of this measure were significantly positively correlated with one another. A significant positive correlation was found between openness and confidence, $r(242)=.50, p<.01$. This finding indicates that participants who endorsed openness to counseling also endorsed confidence in the counseling process. A significant positive correlation was found between openness and recognition of need for services, $r(242)=.50, p<.01$. This finding indicates that participants who endorsed openness to
counseling also recognized a need for it. A significant positive correlation was found between openness and stigma tolerance \( r(242)=.44, p<.01 \). This finding indicates that participants who endorsed openness to counseling also endorsed high stigma tolerance associated with it. A significant positive correlation was found between confidence in counseling and need to pursue it \( r(242)=.65, p<.01 \). This finding indicates that participants who endorsed feeling confident in the counseling process also recognized a need for it. A significant positive correlation was found between confidence and stigma associated with counseling, \( r(242)=.49, p<.01 \). This finding indicates that participants who were confident in the counseling process also endorsed feelings of high stigma tolerance associated with it. Finally, a significant positive correlation was found between need and stigma, \( r(242)=.33, p<.01 \). This finding indicates that participants who recognized there is a need of counseling also endorsed high stigma tolerance associated with it.
Table 9a: Subscale Intercorrelations for All Measures

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<th>4</th>
<th>5</th>
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<th>11</th>
<th>12</th>
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<td>.277**</td>
<td>.073</td>
<td>.310**</td>
<td>.045</td>
<td>.054</td>
<td>.055</td>
<td>.016</td>
<td>.055</td>
<td>.044</td>
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<td>.160*</td>
<td>.137*</td>
<td>.060</td>
<td>.028</td>
<td>.016</td>
<td>.006</td>
<td>.080</td>
<td>.085</td>
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<td>-.049</td>
<td>.150*</td>
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<td>-.083</td>
<td>-.075</td>
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<td>.055</td>
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<td>.178**</td>
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Note: E.I. Exploration = Ethnic identity exploration subscale from MEIM-R; E.I. Commitment = Ethnic Identity Commitment subscale from MEIM-R; Acc. Anglo = Anglo-Orientaion subscale from ARSMA-II; Acc. Italian = Italian-Orientaion subscale from ARSMA-II; CSE Member = Collective self-esteem (membership esteem) CSE scale; CSE private = Collective self esteem (private esteem) CSE scale; CSE Public = Collective self esteem (public esteem) CSE scale; SES occupation = socioeconomic status (occupation subscale) Barratt measure of social status; SES education = Socioeconomic status (education subscale) Barratt measure of social status; HS Openness = Help seeking (openness subscale); HS confidence = Help seeking (confidence subscale); HS Need = Help Seeking (need subscale); HS stigma = Help Seeking (stigma subscale).

Note: **Correlation is significant at the 0.01 level (2-tailed). *Correlation is significant at the 0.05 level (2-tailed).
Chapter V
DISCUSSION

Introduction

The purpose of the present investigation was to explore the role of ethnic identity, acculturation, collective self-esteem, and aspects of socioeconomic status on attitudes towards counseling for Italian-Americans. Specifically, the researcher tested the predictive ability of these independent variables (i.e. ethnic identity, acculturation, collective self-esteem, and aspects of socio-economic status) with regard to attitudes towards counseling. Additionally, the role of acculturation in mediating the impact of ethnic identity and collective self esteem upon attitudes towards counseling was tested. Finally, aspects of socioeconomic status as a moderator was tested with regard to ethnic identity, collective self-esteem and attitudes towards counseling. Neither of these models was found to be significant for this sample.

This chapter begins with an overview of the significant findings within the preliminary and primary analyses, followed by a discussion of the significant findings from the exploratory analysis. A discussion of the major hypotheses guiding the research as well as the data interpretations in the context of the literature related to attitudes towards counseling will be presented. Possible interpretations of the insignificance of the predicted models will be provided. Next, future directions and implications will be discussed in the areas of theory, research, practice and training. The chapter will conclude with the study’s limitations.

Discussion of Preliminary and Primary Analyses

Before testing the hypothesized models for the study, a preliminary multiple regression analysis was performed to assess the relationships of the demographic variables to attitudes towards help seeking. From this analysis, age and gender were found to be significantly
positively correlated with attitudes towards counseling. In other words, female participants were more likely to be open to counseling, as were those who were older in age. The association between being female and openness to the counseling process is consistent with Ponterotto et al.’s (2001) study, in which female college student participants had a greater recognition of personal need for counseling and endorsed confidence in the usefulness and benefit of mental health services than male participants. It is also consistent with findings from Turner and Fisher’s study (1970) examining the psychometric properties of their attitudes towards seeking professional psychological help scale. In their study, the authors found that women shared significantly more positive attitudes towards help seeking than did men in their sample.

These findings also coincide with the conceptual literature regarding the experiences of Italian-Americans from migrant backgrounds (Giordano et al., 2005). Specifically, gender-related cultural expectations among Italian-American women (and women more generally) operate such that women are often socialized to be more open to emotional expression, and also to be more open to receiving mental health services than men (Giordano et al., 2005; Messina, 2001). Conversely, men are frequently socialized to have more traditional characteristics of masculinity, such as showing strength and being less emotionally expressive, and therefore, less open to receiving mental health services (Giordano et al., 2005; Luconi, 2004).

Additionally, age was found to be associated with more favorable attitudes towards counseling, such that participants who were older indicated more openness to seeking counseling. This finding is inconsistent with the conceptual literature for Italian Americans (Giordano et al, 2005; Luconi, 2004). That is, older Italian-Americans have previously been found less likely to speak to mental health professionals about their concerns, and more likely to confide in family and church clergy (Alba, 1981). It is speculated that for this particular sample,
given that the majority of those who are older in age have received graduate degrees, educational attainment is a contributing factor to their relatively favorable attitudes towards counseling. We can speculate that education is a contributing factor for favorable attitudes towards help seeking for this sample because other studies examining factors related to help seeking have found that people with higher educational levels are more open to receiving counseling services (Fisher & Turner, 1970).

In addition to this regression analysis, all of the variables in the models were entered into a correlation analysis. A significant association was found between ethnic identity and collective self esteem such that as ethnic identity increased, collective self esteem decreased. That is, as participants expressed more identification with being Italian American, the less they seemed to feel good about being a part of this ethnic group. This finding is consistent with literature concerning the experience of Italian Americans with stereotypes (Luconi, 2004; Messina, 2004). Authors have noted that Italian Americans have often encountered stereotypes of their cultural group in the media, such as being portrayed as Mafia figures or as uneducated and loud (Alba, 1981; Banton, 1963; Messina, 2004). In light of the exposure to these stereotypes in combination with the Italian cultural value of fare bella figura (Mautner, 2004), or making a good impression, it is speculated that participants might have internalized some negative impressions about being a part of this cultural group. If so, the more one identifies with the group, the more heightened one’s awareness of the negative associations might be. This finding is timely given the continual and renewed stereotypical portrayal of Italian-Americans in the media through reality shows like Mobwives, The Jersey Shore, and Housewives of New Jersey. These images also coincide with current cultural movements in Northern Italy to secede from the
south, the south being viewed as *meridionale* or less progressive and of lower SES status (Giliberto, 2005).

Furthermore, *acculturation* and *ethnic identity* were found to be significantly associated such that as acculturation increased, ethnic identity decreased. More specifically, as participants reported more engagement in American traditions and behaviors, the less identified they seemed with being Italian-American. This finding is consistent with existing research on ethnic identity and acculturation, which indicates that as one becomes more assimilated to American society, they can still have an ethnic affiliation, and be less engaged in cultural practices (Berry, 1995; Phinney, 2007).

**Summary of research findings for preliminary and primary analyses.** It was hypothesized that ethnic identity, acculturation, collective self esteem, and aspects of socioeconomic status would be significantly associated with attitudes towards seeking professional psychological help. When controlling for demographic variables in the regression model, these variables were not found to be significantly associated with help seeking. Although this hypothesis was initially not supported with the regression analysis, results from the exploratory analysis revealed that aspects of socioeconomic status (i.e. education and occupation) and public collective self esteem were significantly positively correlated to aspects of help seeking; thus, providing partial support to this initial hypothesis. More specifically, the *occupation* subscale score of the Baratt Measure of Social Status (2006) was significantly positively correlated with the *stigma tolerance* subscale score of the Attitudes Towards Seeking Professional Psychological Help Measure. Similarly, the *education* subscale score of the Baratt Simplified Measure of Social Status was significantly positively correlated with the confidence subscale of the Attitudes Towards Seeking Professional Psychological Help measure. These
findings are consistent with the literature that highlights that people from high socioeconomic status, particularly who are highly educated are more likely to be open to seeking counseling (So, Gilbert & Romero, 2006; Fischer & Turner, 1970). Secondly, the subscale score, public collective self esteem of the Collective Self Esteem measure (Luhtanen & Crocker, 1992) was significantly positively associated with openness, confidence, and stigma tolerance subscale scores of the Attitudes Towards Seeking Professional Psychological Help measure (Fisher & Turner, 1970). This finding is inconsistent with another research study examining these constructs with a sample of Taiwanese students (Yeh, 2002). In Yeh’s (2002) study, results revealed that high collective self esteem was significantly negatively associated with positive attitudes towards help seeking. Therefore, the findings of this study have implications for the cultural experiences of Italian-Americans; particularly how they pertain to the construct of fare bella figura. The implications of these partially supported hypothesis will be discussed in more detail in subsequent sections of this chapter.

Secondly, it was hypothesized that acculturation would mediate or explain the relationship between ethnic identity and collective self esteem to attitudes towards counseling such that when acculturation is present in the model, the relationships between these variables would be diminished. When this hypothesis was tested, and all demographic variables were controlled for (i.e. age, education, first generation college status, income, mother’s education, father’s education, generation status, and gender), the findings revealed that while acculturation did not mediate this relationship, other significant associations emerged.

For example, age, education, income, and generational status were significantly positively associated with acculturation. That is, older participants who had higher educational levels, earned higher salaries, and were third or fourth generation Italian-American were more
acculturated. This finding confirms the existing acculturation literature, particularly with regard to Italian Americans (Ponterotto et al., 2001 & Zeihler, 2012). That is, Italian Americans who have been here for many generations may have retained an Italian ethnic affiliation, yet have also climbed the economic ladder and have adopted more American cultural values (Alba, 1985). This trend is also consistent with acculturation models and research (Berry et al., 1980; Cuellar et al., 1995). Berry and Cuellar asserted that the acculturation process does not comprise stages; rather, it exists on a spectrum and is considered to be fluid. Finally, in the third hypothesis, socioeconomic status was hypothesized to moderate the relationship between ethnic identity and collective self esteem to attitudes toward counseling. However, this model was not found to be significant. Because these models were not found to be significant, the researcher conducted exploratory analyses that examined the associations between the subscale scores of each measure. These findings will be discussed in the next section of this chapter.

**Discussion of Exploratory Analyses**

In this section, the study’s exploratory findings will be presented in the context of the existing literature. The significant subscale intercorrelations discussed in this section are summarized in Table 9b.
Table 9b:

**Significant Intercorrelations of Subscale Scores for all Measures**

<table>
<thead>
<tr>
<th>Subscales Correlated</th>
<th>Pearson $r$</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEIM-R: exploration and commitment</td>
<td>.65**</td>
</tr>
<tr>
<td>MEIM-R: exploration and ARSMA-II: Italian orientation</td>
<td>.37**</td>
</tr>
<tr>
<td>MEIM-R: exploration and CSE: Membership</td>
<td>.28**</td>
</tr>
<tr>
<td>MEIM-R: exploration and CSE: Private</td>
<td>.15*</td>
</tr>
<tr>
<td>MEIM-R: exploration and CSE: Identity</td>
<td>.19**</td>
</tr>
<tr>
<td>MEIM-R: commitment and ARSMA-II: Italian orientation</td>
<td>.37**</td>
</tr>
<tr>
<td>MEIM-R: commitment and CSE: Membership</td>
<td>.31**</td>
</tr>
<tr>
<td>MEIM-R: commitment and CSE: Private</td>
<td>.27**</td>
</tr>
<tr>
<td>MEIM-R: commitment and CSE: Identity</td>
<td>.31**</td>
</tr>
<tr>
<td>ARSMA-II: Italian orientation and Anglo orientation</td>
<td>-.32**</td>
</tr>
<tr>
<td>ARSMA-II: Anglo orientation and CSE: Private</td>
<td>.16*</td>
</tr>
<tr>
<td>ARSMA-II: Anglo orientation and CSE: Public</td>
<td>.13*</td>
</tr>
<tr>
<td>ARSMA-II: Italian orientation and CSE: Membership</td>
<td>.21**</td>
</tr>
<tr>
<td>ARSMA-II: Italian orientation and CSE: Identity</td>
<td>.13*</td>
</tr>
<tr>
<td>CSE: Membership and Private</td>
<td>.55**</td>
</tr>
<tr>
<td>CSE: Membership and Public</td>
<td>.35**</td>
</tr>
<tr>
<td>CSE: Membership and Identity</td>
<td>.31**</td>
</tr>
<tr>
<td>CSE: Private and Identity</td>
<td>.29**</td>
</tr>
<tr>
<td>CSE: Public and ATSPPH: Openness</td>
<td>.17**</td>
</tr>
<tr>
<td>CSE: Public and ATSPPH: Confidence</td>
<td>.15*</td>
</tr>
<tr>
<td>CSE: Public and ATSPPH: Stigma Tolerance</td>
<td>.15*</td>
</tr>
<tr>
<td>SES: Occupation and ATSPPH: Stigma Tolerance</td>
<td>.54**</td>
</tr>
<tr>
<td>SES: Occupation and ATSPPH: Confidence</td>
<td>.22**</td>
</tr>
<tr>
<td>SES: Education and ATSPPH: Confidence</td>
<td>.12*</td>
</tr>
<tr>
<td>ATSPPH: Openness and Confidence</td>
<td>.50**</td>
</tr>
<tr>
<td>ATSPPH: Openness and Need</td>
<td>.50**</td>
</tr>
<tr>
<td>ATSPPH: Openness and Stigma Tolerance</td>
<td>.44**</td>
</tr>
<tr>
<td>ATSPPH: Confidence and Need</td>
<td>.65**</td>
</tr>
<tr>
<td>ATSPPH: Confidence and Stigma</td>
<td>.49**</td>
</tr>
<tr>
<td>ATSPPH: Need and Stigma</td>
<td>.33**</td>
</tr>
</tbody>
</table>

*Note: MEIM-R: Multigroup Ethnic Identity Measure-Revised; ARSMA-II: Acculturation Rating Scale for Mexican Americans (i.e. Italian-Americans); CSE: Collective Self Esteem; SES: Baratt Measure for Socioeconomic Status; ATSPPH: Attitudes Towards Seeking Professional Psychological Help.*

**Correlation is significant at the 0.01 level (2-tailed).**

*Correlation is significant at the 0.05 level (2-tailed).
Significant correlations within subscale scores: Ethnic identity. As reported in the previous chapter, subscale scores for the MEIM-R were found to be significantly positively correlated with one another. More specifically, participants who endorsed exploration of their Italian-American ethnic identity also endorsed commitment to this identity. This finding suggests that for this sample, participants who were actively engaged in asking themselves questions about what their ethnic identity means to them, and making efforts to learn more about Italian identity and history were also committing themselves to adopting Italian cultural practices such as speaking the language, reading Italian literature, and learning more about their history.

This correlation corresponds to the direction that Phinney et al., (2007) anticipated in her description of people identifying themselves with a specific ethnic group. She explained that while exploration and commitment are two separate processes that make up the construct of ethnic identity, they are related, and are usually found to be significantly correlated with one another. She has noted numerous times in her work that without exploration, it is difficult to achieve commitment (Phinney, 1992; Phinney, 2006). Therefore, although these two constructs can be measured separately, they are conceptualized as being related to one another and are expected to be positively significantly correlated.

With regard to the Italian-Americans in this sample, these findings may mean that they are in the “achievement status” of ethnic identity. More specifically, they have taken time to understand what it means to be Italian-American and are committed to this ethnic affiliation as a part of their identity (Phinney & Ong, 2007). In their theoretical article on racial and ethnic identity theory, measurement, and research in counseling psychology, Ponterotto and Taylor (2007) asserted the importance of this measure’s use among specific ethnic groups such as Italian-Americans as a way of gauging their cultural experiences.
This finding adds to the literature that currently exists for Italian-Americans as this study is the first to use the MEIM-R with self-identified Italian-Americans. Previously, studies assessing the psychometric properties of the revised MEIM-R have compared samples across racial groups (Ponterotto & Taylor, 2007; Yoon, 2011). Results of that research revealed that only groups of color achieved the higher statuses of identity such as “achievement” with the MEIM-R in comparison to people of European decent. While the results showed that for both groups of color and Whites, the subscales were correlated, this is the first study to indicate that for a White ethnic group like Italian-Americans, identity orientations may be similar to groups of color. Therefore, although Italian-Americans do not experience the discrimination that other groups of color in the United States experience, they may experience a salience in ethnic identity that is similar.

**Acculturation.** As noted in the results, the Anglo or the American orientation subscale of the ARSMA-II was significantly negatively correlated with the Italian-orientation subscale of this measure. This finding indicates that as acculturation or endorsement of American cultural patterns increased, endorsement of Italian cultural patterns and behaviors decreased. Given Cuellar et al.’s (1995) conceptualization of acculturation, in which acculturation occurs along a spectrum, this finding coincides meaningfully with the other results for this sample. That is, although we see a significant endorsement of more “American” behaviors with this sample, the way they score on the ARSMA-II indicates that participants do in fact have a bicultural existence and experience.

According to Cuellar et al.’s (1995) method of interpreting scale scores, this sample fell largely within the *anglo-oriented bi-cultural* category. This means that participants endorsed both Italian and American cultural behaviors and were relatively Americanized, as evidenced by
the sample consisting mostly of 2nd and beyond generation Italian-Americans. Furthermore, the participants’ scores tended to range from *Italian oriented bi-cultural* to *very assimilated*. This finding is consistent with findings from Ponterotto et al.’s (2001) study examining acculturation and attitudes towards help seeking for a sample of Italian and Greek American college student. He also used the ARSMA-II, and found for the Italian-American sample that they ranged from *very Italian* to *very assimilated*.

The results for this scale with the current sample are consistent with earlier results using this measure with populations of color. Specifically, in Cuellar et al.’s (1995) initial study validating the ARSMA-II with a sample of self-identified Mexican Americans, he found that as the generation of participants increased, so did acculturation, and therefore the sample seemed to adopt more assimilated and Anglicized views. This is consistent with this sample of Italian-Americans. The generational range was from born in Italy to fourth generation, which is consistent with the range of how they scored on the ARSMA-II (*Italian bicultural* to *very Anglicized*). Since the majority of the participants were first and second generation born in the United States and self identified Italian-American, it makes sense that they fell in the bi-cultural Anglo oriented context.

**Collective Self Esteem.** All four subscales of the collective self-esteem instrument (*membership, private, public* and *identification*) were significantly positively correlated with one another. Although this scale has not been used specifically with Italian-Americans or white migrant ethnic groups, the findings are consistent with other uses of the scale finding high levels of collective self and well-being among White, Black, and Asian college students (Crocker et al., 1994). More specifically, findings from the Crocker et al. (1994) study revealed that White and Asian participants overall had high collective self esteem and that their public and private were
significantly positively correlated. For Black participants, however, findings were different in that private and public collective self-esteem were negatively correlated. Authors attributed this difference in scores to the discrimination that Black Americans face in the United States and noted that a way of coping and maintaining a healthy sense of identity has been to separate private and public esteem (Crocker et al., 1994). Although it has been noted that Italian-Americans are targets for stereotypes (Luconi, 2003; Messina, 2004), we see that for this sample, the subscale scores for collective self-esteem remain correlated. It may that this difference is related to the fact that Italian-Americans are White and do not experience the systemic or individual discrimination that groups of color experience in this country.

Aspects of SES. As noted in previous chapters, aspects of SES were assessed through the use of the Barratt Simplified Measure of Social Status (BSMSS) (Barratt, 2006). The BSMSS has been used to measure socioeconomic status in studies across disciplines such as sociology, pediatric psychiatry, and medicine (Jurberg, Long, Ticona & Phipps, 2009; Martinez, Naredran, Silfstein, Liu, Kumar, Broft, Heertrum, & Kleber, 2009; McNeely, 2010; Walworth, 2007). Barratt (2006) created this measure as an updated revision of the Hollingshead Four Factor measure of social status (1975), which measured social status by assigning scores to educational and occupational attainment. The scores may vary depending on the population (Barratt, 2006). For the participants in this study, the education and occupation subscales were significantly positively correlated to one another. This means that as education increased, so did attainment of higher prestige occupations. This finding is conceptually consistent given the demographic make-up of the participants; most of the participants received a college or graduate degree and have obtained careers in education, medicine, finance and/or psychology.
Attitudes towards seeking professional psychological help. Attitudes towards seeking professional psychological help was assessed with the ATSPPH scale (Fischer & Turner, 1970). All four of the subscale scores were significantly positively correlated to one another, indicating that this sample had favorable attitudes towards counseling. More specifically, the findings suggested that the participants were open to seeking counseling, had confidence in the process, saw a need for it, and had high tolerance for the stigma associated with receiving mental health services. This finding is similar to findings from Ponterotto et al.’s (2001) study using the same measure to assess attitudes towards seeking professional psychological help within a sample of Italian Americans. Specifically, for the Italian-Americans in his sample, personal need and confidence were significantly positively correlated with one another, indicating that those who saw a need for counseling also endorsed feelings of confidence with the process.

The significant positive correlations that exist among these subscales for the participants of this study represent a contribution to the conceptual literature that currently exists for Italian-Americans and their attitudes towards seeking professional psychological help. As discussed in previous chapters, Giliberto (2005) noted that one of the first Italian psychologists (who had been a student of Freud's) was not received with enthusiasm in Italy. The Catholic Church and fascist regime saw psychology as a threat to their authority. Thus, it was not until the 1970s that Italy launched its first psychology degree-granting programs. Furthermore, the authors noted that the patriarchal influence of the church led to “the creation of conservative and rigid views of the origins and meanings of mental health concerns” (p.176). Finally, the authors contended that although psychotherapy has become integrated into Italian society because of U.S. influences, Italians may often take a passive stance in therapy because they view the therapist as the expert. Immigrants from Italy, therefore, may have carried these values with them and may not have had
a sense of what “counseling” meant in an American context. The scholarship also suggests that immigrants held on to certain values that were influenced by patriarchal views characteristic of Catholicism that had been passed down from generation to generation (LaGumina et al., 2000).

**Correlations between subscale scores across measures: Ethnic identity and acculturation.** As stated previously, a significant positive correlation was found between ethnic identity exploration and the Italian orientation subscale of the ARSMA-II. This finding suggests that participants engaged in exploring what their Italian ethnic identity means for them also endorsed behaviors associated with Italian culture. This finding is consistent with studies exploring the relationship between ethnic identity and acculturation particularly for groups of color (Cuellar, Nyberg, Maldonado & Roberts, 1997; Leong & Chou, 1994). The association found between ethnic identity exploration and the Italian-orientation subscale of acculturation for this sample contributes to the scholarship pertaining to the Italian-American experience. Specifically, it further supports the notion that this sample has obtained an “achievement status” of ethnic identity (Phinney, 2007), which entails both exploring what it means to be Italian-American and making a commitment to having this identity be a part of this sample’s self-concept. The association with the Italian-orientation subscale of acculturation further suggests that this sample is committed to this ethnic identity, as they endorse cultural behaviors associated with this identity.

**Ethnic identity and collective self-esteem.** As discussed earlier, the subscale *ethnic identity exploration* of the MEIM-R was significantly positively correlated with the following subscales from the collective self esteem measure: *membership esteem, private esteem, and identity*. This finding suggests that participants were actively engaged in exploring what their Italian-American ethnic identity means for them. That is, they were actively engaged in a process
of gaining an understanding of the history, practices and beliefs of the ethnic group.

Furthermore, this exploration suggests that they also felt that they were worthy members of this ethnic group, felt positively about being a member of this group, and felt that this Italian-American ethnic identity was important to their overall self concept and identity. Additionally, the ethnic identity commitment subscale was significantly positively correlated with the following subscales of collective self esteem: membership esteem, private esteem, and identity. According to Phinney (2007) commitment means that participants have clear sense of belonging to their ethnic group, and that this commitment comprises pride in one’s group. For this sample, this correlational finding indicates that participants who endorsed commitment to their Italian-American identity also endorsed feelings of worthiness of being a member of this group had a sense of pride associated with this membership that is also important to their identity and self-concept.

These correlational results are consistent with previous research and scholarship addressing the relationship between ethnic identity and collective self-esteem for participants of European backgrounds (Crocker et al., 1994; Phinney, 1990; Phinney, Jacoby & Silva, 2007). For example, Crocker et al. (1994), in assessing the collective self esteem and psychological well being among White, Black and Asian College students found that White participants had high collective self esteem; specifically, results indicated that subscale scores for White participants all subscale scores were significantly positively intercorrelated. The authors attributed this finding to White participants being a part of the majority culture, which may support a positive sense of their ethnic identity. Thus, the results of this study support this finding and assertion just mentioned, as the participants who identify as Italian-American are White and a part of the majority culture.
Acculturation and collective self-esteem. The Anglo-oriented acculturation subscale of the ARSMA-II was significantly positively correlated with both the private collective self-esteem subscale and the public collective self-esteem subscale. This finding suggests that for participants who engaged in American cultural practices felt positively about their American ethnic identity and feel that others view them positively as a part of this group. Again, this finding supports the existing literature on behavioral aspects of acculturation and collective self-esteem for White samples (Crocker et al., 1990; 1994). Because Italian-Americans are White and part of the majority culture, it makes sense that they feel others would perceive them positively as members of this group. Crocker, (1990) and Phinney et al. (2007) asserted that this is a typical finding for members of majority cultures.

Additionally, the Italian-orientation subscale score of the ARSMA-II and membership esteem and identity subscales of the collective self-esteem scale were significantly positively correlated. This indicates that participants who endorsed engaging in Italian cultural practices also felt that they were worthy members of the Italian ethnic group and that this identity is important to their self-concept. This finding is consistent with conceptual literature regarding acculturation and identity, as the ARSMA-II assesses the behavioral aspects of identity that are important to one’s membership within an ethnic group (Cuellar et al., 1995). It is similar to what Phinney (2007) and other scholars (Ponterotto et al., 2007) asserted about identity and regard for one’s identity. Specifically that one can engage in behaviors representative of their ethnicity that is important to one’s self-concept and private self-esteem.

The correlations just discussed among these subscales suggest that more acculturated participants endorsed positive private and public self esteem, meaning that they felt good about their more assimilated identity and believed that others view them positively as members of their
group. However, membership esteem and importance to identity was correlated with participants endorsing behaviors associated with being Italian. It is speculated that the difference in which aspect of collective self esteem was endorsed can be due to the intersections of identity; that being both Italian and American. It can be further speculated that this finding is speaking to the fluidity of identity (Cuellar et al., 1995; Phinney, 1990; 1992; 2007). More specifically, it speaks to the experience of the bi-cultural identity such that for this sample, having an Italian identity is important to their self-concept.

**Collective self-esteem and attitudes towards help seeking.** As stated earlier, public collective self-esteem (i.e. feeling that others view one positively as a member of the Italian-American group) was significantly positively correlated with openness to counseling, confidence in the process, and high tolerance of stigma associated with it. Only one other study included the construct of collective self-esteem as a potential predictor of attitudes towards seeking professional psychological help; this study featured a sample of Taiwanese students (Yeh, 2002). The findings of the current study are inconsistent with the findings of the study just cited. In Yeh’s (2002) study, an inverse relationship was revealed. That is, Taiwanese students who endorsed high levels of collective self esteem were less likely to have positive attitudes towards counseling. The researcher attributed this finding to high collective self esteem being associated with healthy psychological well being, and the students reaching out to members of their own ethnic community for psychological support.

The differences in these two studies highlight the importance of cultural context as asserted by social identity theorists who have studied collective self esteem (Luhtanen & Crocker, 1992; Phinney, 2007). This scholarship suggests that regard for one’s group,
particularly how people think others may perceive them as a part of this group, is a crucial component to understanding openness to counseling.

As stated in previous sections, this may become particularly important when taking contextual and cultural factors into consideration for Italian-Americans. It is interesting that public collective self-esteem was related to openness to counseling. This finding seems to be related to the cultural value *fare bella figura* (Mautner, 2004) and the experience of Italian stereotypes in the Unites States (Luconi, 2004). More specifically, it seems that *fare bella figura* may be linked to public collective self-esteem. Perhaps if Italian-Americans think that they are making a good impression onto others as a part of this larger group, they have less fear about stereotype threat in the therapeutic relationship. With less stereotype threat, it seems that then, they are more likely to be open to counseling if they think counselors feel positively about them being a part of this larger ethnic group.

This is an area that needs further examination, and the present findings serve as a basis for future research. Notably, these interpretations are based upon correlational relationships, and it would be important for future studies to address this question in a model that can assess whether or not public collective self esteem is a mediator between ethnic identity and attitudes towards counseling for Italian Americans. This relationship can also be investigated qualitatively by asking a sample of Italian Americans how *fare bella figura*, may or may not be related to collective self esteem and subsequently attitudes towards counseling. It is interesting to note that private, membership, and identity collective self-esteem was not correlated with any aspects of attitudes towards help seeking. Therefore, it would be important for future researchers to be curious about the dynamics between private and public in relation to openness to counseling for Italian-Americans, as it can inform practice with this population.
Aspects of SES and help seeking attitudes. Both the education and occupation subscales of the Barratt measure of SES (2006) were significantly positively correlated with the openness subscale of attitudes towards seeking professional psychological help. This finding suggests that participants who obtained high levels of education and have professional careers were also open to seeking counseling.

This finding is consistent with studies exploring these two constructs (So, Gilbert & Romero, 2006; Fischer & Turner, 1970;). Fischer and Turner (1970), in their seminal article describing their scale, found that in a sample of White participants who obtained educational levels higher than high school were more open to seeking professional psychological help. Furthermore, So et al. (2006) found that African American college students who were further along in obtaining their college degree were also more open to seeking professional psychological help. More specifically, they found that the greater number of course credits participants had received, the more confidence they reported in receiving these services. Both authors attributed these findings to education contributing to psychological mindedness.

Implications of the Findings

The findings from this study, particularly from the exploratory analysis, may have theoretical implications for social identity theory as it pertains to White ethnic groups like Italian-Americans. In particular, these results may have implications for how social identity is related to aspects of help seeking for Italian-Americans – which may, in turn, shed light on how we conceptualize clients from White migrant ethnic groups. This section will begin with understanding discussion of social identity theory as it incorporates all of the constructs of this study: ethnic identity, acculturation, collective self-esteem, and aspects of social class. Next, an explanation of how the findings of this study contribute to this social identity theory (particularly
for Italian-Americans as members of a majority racial group with a specific ethnic affiliation) and further conceptualization of Italian-Americans will be addressed. Finally, implications for further research, training and practice will be provided.

Social identity theory. Social identity theorists (Tajfel & Turner, 1979) have posited that two aspects of self-concept contribute to the formation of identity. The first aspect is personal, which consists of beliefs about our own individual skills and abilities and how we feel about these skills. The second part of identity is associated with social identity, or what Crocker and Luhtanen (1990) term collective identity. This is the part of self-concept, which derives from membership in a certain group (i.e. the Italian-American ethnic group). From group membership, we derive knowledge of our group and attach value, meaning, and emotional significance to being a member of this group (Tajfel, 1982). Additionally, other identity theorists posit that identity can be fluid (Cuellar et al., 1995), can consist of an affinity (i.e. affiliation) (Phinney, 1990), and can consist of engaging in behaviors that display being part of this social group (Berry & Kim, 1998; Cuellar et al., 1995). In order to better understand the social identity experiences of the participants of this study, and how those experiences may relate to attitudes toward counseling, the researcher was curious about how Italian-American participants understood their Italian-American identity, the meaning they attributed to their identity, the behaviors that they engaged in to express the value in this identity, and how they felt as a collective part of this ethnic group. Therefore, Phinney’s model of ethnic identity (1990), Cuellar et al.’s (1995) model of acculturation, and Luhtanen and Crocker’s model of collective self esteem (1990) were used to understand ethnic identity for Italian-Americans in relation to their attitudes towards counseling.
In exploring the relationships among these constructs, this study contributes additional empirical support for the interrelationship of aspects of identity such as ethnic identity, aspects of socioeconomic status, and collective self esteem in association with attitudes towards help seeking, particularly for Italian-Americans. Again, in this study, age and gender were found to be associated with attitudes towards counseling for Italian Americans. Furthermore, in an exploratory correlational analysis, public collective self esteem was found to be associated with openness, confidence, and stigma related towards counseling. Given these findings, we see that ethnic identity, collective self-esteem, acculturation, and aspects of social class may provide a useful theoretical framework for understanding attitudes towards counseling for Italian Americans. As stated in earlier sections, the significant positive correlations found within the subscale scores of the MEIM-R (Phinney, 2006) suggest that for the participants of this study, they are in an *achieved* state of identity, as they have both explored what it means to be Italian-American and have committed to making this a part of their identity. This finding is a contribution to the existing literature on White ethnic groups, as other studies testing the revised MEIM-R on White ethnic groups in comparison to other groups of color did not find that White participants had a strong ethnic affiliation (Ponterotto et al., 2007). Furthermore, this finding supports the conceptual literature focusing on the relationship that Italian-Americans have with their ethnic identity, as scholars are positing that although Italian-Americans are no longer considered immigrants, they may still hold a distinct ethnic affiliation with what it means to be Italian-American (Alba, 1985).

Similarly, this sample fell under what Cuellar and colleagues referred to as a Bi-cultural Anglo-Oriented identity. This means that for this sample, participants identified and engaged in behaviors that fulfill American and Italian cultural values. This suggests theoretically that
behavioral aspects of identity must also be taken into consideration when counseling Italian-Americans, as it has implications for case conceptualization. For example, what does it mean for an Italian-American to be a part of the dominant culture in being White, but also have a bi-cultural identity? This finding supports the existing conceptual literature acknowledging that Italian Americans have a bi-cultural identity and engage in cultural traditions that preserve their ethnic identities (Alessandria, 2002; Giordano et al., 2006; Ziehler, 2012).

Collective self-esteem may provide a useful theoretical lens by which to frame identity research for White ethnic groups like Italian-Americans as it pertains to attitudes towards counseling. This has implications for how counselors conceptualize identity-related “collective self esteem” – a construct that has been applied mainly to groups of color. The correlational results revealed an association between public collective self esteem and openness to counseling. Future researchers should be curious about why this association exists. One can posit that cultural influences like fare bella figura can be an important contribution to wanting to make certain that potential mental health practitioners view a member of the Italian American group positively in order for them to be open to the process; however, we can not answer this question in this study.

Furthermore, it then becomes theoretically important to understand the experience of people’s self-concept in terms of intersections of identity such as race and ethnicity. More specifically, while White Americans have a unifying experience of racial privilege in the United States, they may also have diverse cultural and ethnic experiences that may impact their attitudes towards counseling. For example, the findings from this study support the notion of within-racial-group heterogeneity. Italian-Americans often adhere to a collectivistic identity (Triandis et al., 1988) and value what others may think of them being part of this ethnic group (i.e. public self
esteem), which has found to be associated with whether or not they will feel the counseling process will be beneficial for them.

**Research considerations.** There are several potential research directions that emerge from the findings of this study. While the original moderation and mediation models were found to be insignificant, it may be beneficial to replicate this study and test the models with a more diversified Italian-American sample. This sample overall was somewhat homogeneous, tending to be highly educated and of high socioeconomic status. For example, if this study were replicated with participants who included a migrant Italian group across SES levels to include more working class people, results may illuminate differently the interactions of the proposed mediation and moderation models. Similarly, it may be useful to replicate this study among members of Italian-American organizations that are more comfortable with filling out surveys via pencil and paper methods rather than electronically. It may also be useful to translate the measures into Italian as a means of sampling those that have recently migrated to the United States. Secondly, the ARSMA-II, a widely used acculturation scale, was originally normed on Mexican Americans and other central American Latino groups. While most of the items pertained to the Italian-American experience in terms of tapping into use of language, food, music, and literature, it did not tap into the cultural values specifically for Italian-Americans such as *famiglia* (family), *simpatia* (connectedness), *rispetto* (respect), and *fare bella figura* (to put your best foot forward). That is, it did not assess whether or not members endorsed all these cultural values, which could have implications for their acculturation status.

Researchers could further investigate this acculturation question either by developing and norming an acculturation scale that fits the Italian-American experience by having items that address specific Italian cultural values. Furthermore, to understand the nuances of this cultural
experience, a qualitative investigation could be conducted to explore participants’ endorsements of these cultural values as well as their candid opinions about counseling. Through semi-structured interviews, researchers could perhaps capture contextual nuances such as regional differences in acculturation behaviors, experiences of discrimination, and ties to ethnic traditions that are difficult to capture using quantitative measures.

This quantitative study could be also replicated with participants who have received mental health treatment. This study specified that only participants must identify as Italian-American. If this study were replicated with a focus on Italian-Americans who have received mental health treatment, findings may be more revealing with regard to attitudes towards seeking mental health treatment. As stated earlier, this might also be pursued qualitatively by asking Italian-American participants about their experiences in therapy. For example, participants could be asked whether they felt that their counselor was culturally competent and sensitive to their presenting concerns.

The question of cultural competency becomes more relevant given the association found between public collective self-esteem and openness and confidence to help seeking. Future researchers could design a qualitative investigation to tap into the experience of public collective self esteem by asking Italian-Americans about their experiences with stereotypes and how they think the impact the way that other people may view them as a part of this cultural group. Again, this is a timely matter, given current media representations of Italian-Americans as well as contemporary cultural trends in Italy. Finally, future investigators could replicate a version of this study in Italy to learn more about Italians’ perspective on counseling and mental health treatment as a means of setting a foundation for other work in this area that is done in the United States with Italian-Americans.
Practice considerations. The results of this study have implications for mental health practitioners. First, the findings help to confirm that various demographic and identity factors may play a role in attitudes towards counseling. For example, female participants were more open to seeking counseling than the male participants and those who were older in age were also more open. More specifically, cultural factors associated with public collective self-esteem were associated with confidence and openness in counseling and stigma.

The findings have implications for how counselors conceptualize and understand people from White ethnic groups. For example, it will be important for counselors to be cognizant of the cultural factors influencing one’s openness to counseling. While Italian-Americans are in general a highly acculturated group that has climbed the SES ladder (Alba, 1985) and who continue to benefit from White racial privilege, there are cultural beliefs that might challenge them with regard to their openness to the counseling process. For example, the association between public collective self-esteem and openness suggests that it matters to Italians how people perceive them as a part of this cultural group, an attitude that may be linked to the cultural concept of fare bella figura, or putting one’s best foot forward and making a good impression.

As part of their multicultural preparation, therefore, it will be helpful for counselors to become aware of the biases associated with being Italian American, as these biases may have implications for public self esteem and how open clients will be to the counseling process. Accordingly, it is important for practitioners to be aware of their own biases regarding Italian and Italian-American culture, which could potentially influence case conceptualization and ultimately the therapeutic relationship. Finally, mental health practitioners should generally take aspects of clients’ socioeconomic status into consideration, as findings from this study suggest that those coming from high SES backgrounds may be more open to counseling. For example, a
mental health practitioner could be curious about a client’s occupation, level of education, and whether or not they are first-generation, American-born, or college students, as any of these elements of identity may have an impact on the way the client may perceive the counselor. It is important that the counselor be willing to initiate conversations about the meaning of social class differences in the therapeutic relationship.

Results for the acculturation scale used in this study indicated that this sample was generally bicultural-Anglo, which suggests that they adhered both to Italian and American cultural norms, although they are more Americanized. It would be helpful for mental health practitioners to be curious about these attitudes and behaviors. For example, they can have dialogues with clients about what the bicultural experience is like for Italian-Americans. What are the behaviors and traditions that clients endorse? What meaning do they associate with this endorsement? How does it relate to their relationships with family and friends? Is the bicultural experience something that they struggle with, or is it a source of resiliency and strength?

Counselors-in-training may benefit from increasing their awareness of what these questions mean for them first – in other words, to understand their own biases related to counseling Italian-Americans with a bicultural experience.

The results of this study also have implications for outreach practice on urban college campuses where there is a large first generation college Italian American student population from working class backgrounds. For example, Zeihler and colleagues (2012) described the unique cultural experiences that pertain to commuter Italian-American students on CUNY (City University of New York) campuses in the research anthology, *Italian-American Students in New York City, 1975-2000*. In their study exploring the stressors that Italian-American college students experience results revealed that there is a high drop-out rate for first generation college
students that is associated with balancing different roles, such as being a student and also a financial contributor to the family (Blumberg & Lavin, 1985). Furthermore, Krase (1983) notes that because pursuing higher education may not always be a working class family value, Italian-American students may tend to take a vocational approach to college. That is, they may view it as a means to getting a well-paying job and treat it as such by not living on campus and not being involved in extracurricular campus activities. Because of the drop-out rate and stress potentially experienced by these students, it would be important for counselors to design targeted outreach programs that invite these students to make better use of mental health services and academic advising on campus.

For example, counselors can make an effort to visit classrooms to talk about the importance of mental health services or welcome students to attend an outreach program that is already in existence on some college campuses called “Let’s Talk Time.” This outreach program consists of counselors providing services to students in locations on campus that are outside of physical space of the counseling center. Although the services are confidential, it is not considered to be formal therapy, as counselors provide students with campus resources and assistance with immediate problem solving. This outreach program is an example of a non-traditional form of counseling and also represents a more culturally appropriate way of reaching this commuter population.

**Training considerations.** Several training considerations are suggested by the findings of this investigation. Because different aspects of identity such as age, gender, SES, and public collective self esteem were found to be associated with attitudes towards counseling for Italian-Americans, training programs could augment their curricula with White ethnic identity theories in multicultural counseling course work. More specifically, counseling trainees could learn about
intersections of identity for White ethnic groups that may be related to their attitudes towards counseling. Most trainees likely do not currently learn about *fare bella figura* yet many Italian-Americans’ notion of making a good impression could subsequently influence how they think their counselors may perceive them as an ethnic group. Taking this phenomenon into consideration, it will be important for training programs in counseling to incorporate student’s examination of cultural and ethnic biases as well as racial biases as a means of gaining self-awareness. Coupled with this experiential component, a sociocultural context for understanding Italian-Americans’ experience in the United States -- particularly concerning their cultural values, racial/ethnic socialization, and media portrayals -- should be considered. As such, training programs could also challenge students to conceptualize counseling as a White western cultural phenomenon that is viewed differently even among different White ethnic groups.

**Limitations of the study.** Several limitations of this study must be considered in interpreting its results. First, although attempts were made to reach a sample heterogeneous Italian-Americans, this sample was largely well educated and of high reported socio-economic status. Therefore, the findings are not representative of Italian-Americans from lower SES backgrounds or who have obtained a high school education (or less). Additionally, the majority of the participants in this study self-identified as first or second generation Italian American. Thus, the findings are not representative of experiences of third and fourth generation or immigrant Italian Americans, which makes them less generalizable to the Italian-American population that exists in the United States. In addition, as stated earlier in this chapter, the ARSMA-II, a widely used acculturation scale, was originally normed on Mexican Americans and other central American Latino groups. While most of the items pertained to the Italian-American experience in terms of tapping into use of language, food, music, and literature, it did
not tap into the cultural values specifically for Italian-Americans such as: *famiglia* (family), *simpatia* (connectedness), *rispetto* (respect), and *fare bella figura* (to put your best foot forward). That is, it did not assess whether or not members endorsed these cultural values, which could have implications for their acculturation status.

Secondly, because the study was conducted online, participants self-selected to participate. Thus, it is possible that those who did not participate could have provided data that could have altered the results of this study. For example, had we received a large working class sample, perhaps the testing of the moderation and/or the mediation models would have produced different results.

Finally, while the ARSMA-II acculturation scale has been used with many diverse populations, it has been normed primarily on Latino samples. Therefore, the items were not developed for Italian Americans, and may not all be relevant for Italian Americans. Specifically, the scale does not correspond to specific cultural values pertaining to the Italian-American experience such as *famiglia*, *simpatia*, *rispetto* and *fare bella figura*. Research in this area would benefit from the development of a scale or a semi-structured interview protocol that corresponded to these values more precisely, perhaps incorporating such questions as, how do you define family? How often do you see your family on a weekly basis? Do you live in close proximity to your family? What does respect mean for you? What does *fare bella figura* mean?

**Summary and Conclusions**

Italian-Americans compromise 6% of the population, are among the largest White ethnic groups in the United States (Census, 2010), and endorse cultural values that differ from those of White Western culture more generally -- including collectivism, family, and respect. It seems useful, therefore, for psychologists to know more about how they can most effectively
understand and serve their clients from this cultural group. Only one study before this dissertation examined how acculturation and gender impacted attitudes towards counseling for White immigrant groups such as Italian-Americans and Greek-Americans (Ponterotto et al., 2001). As a means of contributing to this empirical work, the purpose of this study was to investigate the role of ethnic identity, acculturation, collective self esteem and SES to attitudes towards counseling for Italian-Americans. The primary investigator hypothesized that all of these variables would be associated with attitudes towards seeking counseling. More specifically, aspects of SES were hypothesized to moderate the relationship between ethnic identity and acculturation to attitudes towards seeking counseling, and acculturation was hypothesized to mediate the relationship between ethnic identity and collective self esteem to attitudes towards counseling.

While both models were found to be insignificant overall, significant findings from the preliminary, primary, and exploratory analyses shed light on how these variables may be associated and provide a basis for future research. The first important and notable finding for this sample is that older participants had favorable attitudes towards counseling. Secondly, females endorsed more positive attitudes towards counseling than did males. Third, it was revealed that this sample demonstrated an achieved ethnic identity status as members of the Italian-American cultural group. Fourth, public collective self-esteem was significantly positively correlated with openness to counseling. These findings point to a potentially complex relationship between identity and collective self-esteem, particularly with regard to how they relate to perceptions towards help seeking. Finally, as socioeconomic status increased for this sample, so did their openness to counseling.
As discussed, all of these findings represent a contribution to the conceptual scholarship that exists for Italian-Americans and add to the empirical work regarding attitudes towards help-seeking for White ethnic migrant groups. It is hoped that this study will stimulate further inquiry and research in the multicultural counseling field, as Italian Americans compromise a large, diverse portion of the American population.
References


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Appendix A
Anonymous Demographic Questionnaire

1. Gender: Female___ Male___

2. Age:__

3. How do you identify racially?___________

4. How do you identify ethnically?__________

5. What is your religion?____________

6. Highest level of education (Please check one):
   Graduate degree___ Undergraduate degree___ High School_____ Grammar School____

7. Are you a first-generation college student? Yes___ No___

8. What is your occupation?_________________________________________

9. How do you identify yourself (Please check one):
   Upper class__ Middle class___ Working class___ Poor____

10. What is the approximate income bracket for your household?
    ___less than $20,000 ___$20,000 - $35,000 ___$35,000 - $50,000 ___$50,000 - $65,000
    ___$65,000 - $80,000 ___$80,000 - $95,000 ___$95,000 - $110,000 ___$110,000 - $125,000
    ___$125,000 - $140,000 ___$145,000 - $160,000 ___$160,000 - $175,000
    ___more than $175,000

11. Parents’ highest educational level:
    Mother:               Father:
    Graduate degree___    Graduate degree___
    Undergraduate degree___    Undergraduate degree___
    High School_____        High School___
    Grammar School____       Grammar School___

12. What is your generational status?
    1st generation born in the U.S. (Parents born in Italy)___
    2nd generation born in the U.S. (Grandparents born in Italy)___
    3rd generation born in the U.S. (Great-grandparents born in Italy)___

13. What region in Italy is your family from?__________________________

14. Do you speak Italian?___yes ___no
15. Do you speak a dialect? If so, which one?
Appendix B

Multigroup Ethnic Identity Measure-Revised (MEIM-R)

In this country, people come from many different countries and cultures, and there are many different words to describe the different backgrounds or ethnic groups that people come from. Some examples of the names of ethnic groups are Hispanic or Latino, Black or African American, Asian American, Chinese, Filipino, American Indian, Mexican American, Caucasian or White, Italian American, and many others. These questions are about your Italian-American ethnicity or your ethnic group and how you feel about it or react to it.

Please fill in: In terms of ethnic group, I consider myself to be ____________________

Use the numbers below to indicate how much you agree or disagree with each statement.

(5) Strongly agree     (4) Agree  (3) Neutral    (2) Disagree     (1) Strongly disagree

1- I have spent time trying to find out more about my ethnic group, such as its history, traditions, and customs.

2- I have a strong sense of belonging to my own ethnic group.

3- I understand pretty well what my ethnic group membership means to me.

4- I have often done things that will help me understand my ethnic background better.

5- I have often talked to other people to learn more about my ethnic group.

6- I feel a strong attachment towards my own ethnic group.
Appendix C

Acculturation Rating Scale for Mexican Americans-II adapted for Italian Americans

Circle a number between 1-5 next to each item that best applies.

1. I speak Italian
   1. not at all
   2. Very little or not very often
   3. Moderately
   4. Much or very often
   5. Extremely often or almost always

2. I speak English
   1. not at all
   2. Very little or not very often
   3. Moderately
   4. Much or very often
   5. Extremely often or almost always

3. I enjoy speaking Italian
   1. not at all
   2. Very little or not very often
   3. Moderately
   4. Much or very often
   5. Extremely often or almost always

4. I associate with other White Americans
   1. not at all
   2. Very little or not very often
   3. Moderately
   4. Much or very often
   5. Extremely often or almost always

5. I associate with Italians or Italian-Americans
   1. not at all
   2. Very little or not very often
   3. Moderately
   4. Much or very often
   5. Extremely often or almost always
6. I enjoy listening to Italian language music
   1. not at all
   2. Very little or not very often
   3. Moderately
   4. Much or very often
   5. Extremely often or almost always

7. I enjoy listening to English language music
   1. not at all
   2. Very little or not very often
   3. Moderately
   4. Much or very often
   5. Extremely often or almost always

8. I enjoy Italian language TV
   1. not at all
   2. Very little or not very often
   3. Moderately
   4. Much or very often
   5. Extremely often or almost always

9. I enjoy English language TV
   1. not at all
   2. Very little or not very often
   3. Moderately
   4. Much or very often
   5. Extremely often or almost always

10. I enjoy English language movies
    1. not at all
    2. Very little or not very often
    3. Moderately
    4. Much or very often
    5. Extremely often or almost always
11. I enjoy Italian language movies
   1. not at all
   2. Very little or not very often
   3. Moderately
   4. Much or very often
   5. Extremely often or almost always

12. I enjoy reading books in Italian
   1. not at all
   2. Very little or not very often
   3. Moderately
   4. Much or very often
   5. Extremely often or almost always

13. I enjoy reading books in English
   1. not at all
   2. Very little or not very often
   3. Moderately
   4. Much or very often
   5. Extremely often or almost always

14. I write letters in Italian
   1. not at all
   2. Very little or not very often
   3. Moderately
   4. Much or very often
   5. Extremely often or almost always

15. I write letters in English
   1. not at all
   2. Very little or not very often
   3. Moderately
   4. Much or very often
   5. Extremely often or almost always

16. My thinking is done in the English language
   1. not at all
   2. Very little or not very often
   3. Moderately
   4. Much or very often
   5. Extremely often or almost always
17. My thinking is done in the Italian language
   1. not at all
   2. Very little or not very often
   3. Moderately
   4. Much or very often
   5. Extremely often or almost always

18. My contact with Italy has been
   1. not at all
   2. Very little or not very often
   3. Moderately
   4. Much or very often
   5. Extremely often or almost always

19. My contact with the USA has been
   1. not at all
   2. Very little or not very often
   3. Moderately
   4. Much or very often
   5. Extremely often or almost always

20. My father identifies or identified himself as “Italian”
   1. not at all
   2. Very little or not very often
   3. Moderately
   4. Much or very often
   5. Extremely often or almost always

21. My mother identifies or identified herself as “Italian”
   1. not at all
   2. Very little or not very often
   3. Moderately
   4. Much or very often
   5. Extremely often or almost always

22. My friends while I was growing up, were of Italian origin
   1. not at all
   2. Very little or not very often
   3. Moderately
   4. Much or very often
   5. Extremely often or almost always
23. My friends while growing up were of White American origin
   1. not at all
   2. Very little or not very often
   3. Moderately
   4. Much or very often
   5. Extremely often or almost always

24. My family cooks Italian food
   1. not at all
   2. Very little or not very often
   3. Moderately
   4. Much or very often
   5. Extremely often or almost always

25. My friends now are of White American origin
   1. not at all
   2. Very little or not very often
   3. Moderately
   4. Much or very often
   5. Extremely often or almost always

26. My friends now are of Italian origin
   1. not at all
   2. Very little or not very often
   3. Moderately
   4. Much or very often
   5. Extremely often or almost always

27. I like to identify myself as an American
   1. not at all
   2. Very little or not very often
   3. Moderately
   4. Much or very often
   5. Extremely often or almost always

28. I like to identify myself as an Italian-American
   1. not at all
   2. Very little or not very often
   3. Moderately
   4. Much or very often
   5. Extremely often or almost always
29. I like to identify myself as an Italian
   1. not at all
   2. Very little or not very often
   3. Moderately
   4. Much or very often
   5. Extremely often or almost always
Appendix D

Collective Self-Esteem Scale

Instructions: We are all members of different social groups or social categories. Some of such social groups or categories pertain to gender, race, religion, nationality, ethnicity, and socioeconomic class. We would like you to consider your membership to your ethnicity (Italian-American) and respond to the following statements on the basis of how you feel about this group and your membership in it. There are no right or wrong answers to any of these statements; we are interest in your honest reactions and opinions. Please read each statement carefully and respond by using the following scale from 1-7:

1. I am a worthy member of the social group I belong to.
   1. Strongly disagree
   2. Disagree
   3. Disagree somewhat
   4. Neutral
   5. Agree Somewhat
   6. Agree
   7. Strongly Agree

2. I often regret that I belong to the social group I do.
   1. Strongly disagree
   2. Disagree
   3. Disagree somewhat
   4. Neutral
   5. Agree Somewhat
   6. Agree
   7. Strongly Agree

3. Overall, my social group is considered good by others.
   1. Strongly disagree
   2. Disagree
   3. Disagree somewhat
   4. Neutral
   5. Agree Somewhat
   6. Agree
   7. Strongly Agree
4. Overall my group membership has very little to do with how I feel about myself.
   1. Strongly disagree
   2. Disagree
   3. Disagree somewhat
   4. Neutral
   5. Agree Somewhat
   6. Agree
   7. Strongly Agree

5. I feel I don’t have much to offer to the social group I belong to.
   1. Strongly disagree
   2. Disagree
   3. Disagree somewhat
   4. Neutral
   5. Agree Somewhat
   6. Agree
   7. Strongly Agree

6. In general, I’m glad to be a member of the social group I belong to.
   1. Strongly disagree
   2. Disagree
   3. Disagree somewhat
   4. Neutral
   5. Agree Somewhat
   6. Agree
   7. Strongly Agree

7. Most people consider my social group, on the average, to be more ineffective than other social groups.
   1. Strongly disagree
   2. Disagree
   3. Disagree somewhat
   4. Neutral
   5. Agree Somewhat
   6. Agree
   7. Strongly Agree

8. The social group I belong to is an important reflection of who I am.
   1. Strongly disagree
   2. Disagree
   3. Disagree somewhat
   4. Neutral
   5. Agree Somewhat
   6. Agree
   7. Strongly Agree
9. I am a cooperative participant in the social group I belong to.
   1. Strongly disagree
   2. Disagree
   3. Disagree somewhat
   4. Neutral
   5. Agree Somewhat
   6. Agree
   7. Strongly Agree

10. Overall, I often feel that the social group of which I am a member is not worthwhile.
    1. Strongly disagree
    2. Disagree
    3. Disagree somewhat
    4. Neutral
    5. Agree Somewhat
    6. Agree
    7. Strongly Agree

11. In general, others respect the social group that I am a member of.
    1. Strongly disagree
    2. Disagree
    3. Disagree somewhat
    4. Neutral
    5. Agree Somewhat
    6. Agree
    7. Strongly Agree

12. The social group I belong to is unimportant to my sense of what kind of a person I am.
    1. Strongly disagree
    2. Disagree
    3. Disagree somewhat
    4. Neutral
    5. Agree Somewhat
    6. Agree
    7. Strongly Agree

13. I often feel I’m a useless member of my social group.
    1. Strongly disagree
    2. Disagree
    3. Disagree somewhat
    4. Neutral
    5. Agree Somewhat
    6. Agree
    7. Strongly Agree
14. I feel good about the social group I belong to.
   1. Strongly disagree
   2. Disagree
   3. Disagree somewhat
   4. Neutral
   5. Agree Somewhat
   6. Agree
   7. Strongly Agree

15. In general, others think that the social group I am a member of is unworthy.
   1. Strongly disagree
   2. Disagree
   3. Disagree somewhat
   4. Neutral
   5. Agree Somewhat
   6. Agree
   7. Strongly Agree

16. In general, belonging to a social group is an important part of my self-image.
   1. Strongly disagree
   2. Disagree
   3. Disagree somewhat
   4. Neutral
   5. Agree Somewhat
   6. Agree
   7. Strongly Agree
Appendix E

The Barratt Simplified Measure of Social Status (BSMSS)
Measuring SES
Will Barratt, Ph.D.

Please indicate with an “x” the appropriate level of education completed and occupation for your Mother, Father, Spouse’s/Partner, and yourself. If you grew up in a single parent home, mark the educational and occupational levels for one parent. If you are neither married nor partnered please mark only your level of education and occupation. If you are a full time student, mark educational and occupational levels for your parents. If you are retired, use your most recent occupation.

<table>
<thead>
<tr>
<th>Level of School Completed</th>
<th>Mother</th>
<th>Father</th>
<th>Spouse</th>
<th>You</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 7th grade</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Junior high/Middle school (9th grade)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partial high school (10th or 11th grade)</td>
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</tr>
<tr>
<td>High school graduate</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Partial college (at least one year)</td>
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<tr>
<td>College education</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Graduate degree</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Mother</th>
<th>Father</th>
<th>Spouse</th>
<th>You</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day Laborer, janitor, house cleaner, farm worker, food counter sales, food preparation worker, busboy.</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Garbage collector, short-order cook, cab driver, shoe sales, assembly line workers, masons, baggage porter.</td>
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</tr>
<tr>
<td>Painter, skilled construction trade, sales clerk, truck driver, cook, sales counter or general office clerk.</td>
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</tr>
<tr>
<td>Automobile mechanic, typist, locksmith, farmer, carpenter, receptionist, construction laborer, hairdresser.</td>
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<td></td>
</tr>
<tr>
<td>Machinist, musician, bookkeeper, secretary, insurance sales, cabinetmaker, personnel specialist, welder.</td>
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</tr>
<tr>
<td>Nurse, skilled technician, medical technician, counselor, manager, police and fire personnel, financial manager, physical, occupational, speech therapist.</td>
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<tr>
<td>Mechanical, nuclear, and electrical engineer, educational administrator, veterinarian, military officer, elementary, high school, and special education teacher.</td>
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<tr>
<td>Physician, attorney, professor, chemical and aerospace engineer, judge, CEO, senior manager, public official, psychologist, pharmacist, accountant.</td>
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Appendix F

Attitudes Toward Seeking Professional Psychological Help Scale

One the next few pages there are 29 statements. Please read each one and circle:

0  If you disagree
1  If you somewhat disagree
2  If you somewhat agree
3  If you agree

1. Although there are clinics for people with mental troubles, I would not have much faith in them.
   0  1  2  3

2. If a good friend asked my advise about a mental health problem, I might recommend that he see a psychiatrist.
   0  1  2  3

3. I would feel uneasy going to a psychiatrist because of what some people would think.
   0  1  2  3

4. A person with a strong character can get over mental conflicts by himself, and would have little need of a psychiatrist.
   0  1  2  3

5. There are times when I have felt completely lost and would have welcomed professional advice for a personal or emotional problem.
   0  1  2  3

6. Considering the time and expense involved in psychotherapy. It would have doubtful value for a person like me.
   0  1  2  3
7. I would willingly intimate matters to an appropriate person if I thought it might help me or a member of my family.

0  1  2  3

8. I would rather live with certain mental conflicts than go through the ordeal of getting psychiatric treatment.

0  1  2  3

9. Emotional difficulties, like any thinks, tend to work out by themselves.

0  1  2  3

10. There are certain problems that should not be discussed outside of one’s immediate family.

0  1  2  3

11. A person with a serious emotional disturbance would probably feel most secure in a good mental hospital.

0  1  2  3

12. If I believed I was having a mental breakdown, my first inclination would be to get professional attention.

0  1  2  3

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

0  1  2  3

14. Having been a psychiatric patient is a blot on a person’s life.

0  1  2  3

15. I would rather be advised by a close friend than by a psychologist, even for an emotional problem.

0  1  2  3
16. A person with an emotional problem is not likely to solve it alone; he is likely to solve it with professional help.

17. I resent a person—professionally trained or not—who wants to know about my personal difficulties.

18. I would want to get psychiatric attention if I was worried or upset for a long period of time.

19. The idea of talking about problems with a psychologist strikes me as a poor way to get rid of emotional conflicts.

20. Having been mentally ill carries with it a burden of shame.

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

22. It is probably best not to know everything about oneself.

23. If I were experiencing a serious emotional crisis at this point in my life, I would be confident that I could find relief in psychotherapy.

24. There is something admirable in the attitude of a person who is willing to cope with his conflicts and fears without resorting to professional help.
25. At some future time I might want to have psychological counseling.

26. A person should work out his own problems; getting psychological counseling would be a last resort.

27. Had I received treatment in a mental hospital, I would not feel that it had to be “covered up.”

28. If I thought I needed psychiatric help, I would get it no matter who knew about it.

29. It is difficult to talk about personal affairs with highly educated people such as doctors, teachers, and clergymen.
Appendix G

Dear Potential Participants,

My name is Cristina Dorazio and I am a doctoral student in the Counseling Psychology program at Teachers College, Columbia University. Currently, I am conducting a study exploring the Social Attitudes of Italian-Americans for my dissertation and would like to ask for your participation. You will be asked to answer a demographics questionnaire and a survey. The survey should take no longer than 25 minutes to complete.

**Please note that the only requirements to participate in this study are that you self-identify as Italian-American and are 18 years of age or older.**

By clicking on the following link, you will be redirected to a confidential and anonymous online survey. Your email address will not be linked to your survey results at any time.

https://www.surveymonkey.com/s/5CZZRDX

****This study has been approved by the Teachers College, Columbia University Institutional Review Board: Protocol #11-303.

Your participation is greatly appreciated! If you have a moment, please forward this email to other Italian-Americans. Thank you, Cristina Dorazio
Appendix H

Description of Research and Informed Consent

An Exploration of Social Attitudes for Italian-Americans

Thank you for giving your time to contribute to this online study exploring the social attitudes of Italian-Americans! You are being invited to participate in an online quantitative study. Participation in this study is premised on self-identification as an Italian-American, and involves completing a survey lasting approximately 25 minutes in length. I also have a brief demographic questionnaire for you to complete, but that information will only be reported in terms of cumulative results for the overall group of participants. Your participation in this study is completely voluntary, and you can withdraw from your involvement at any point by clicking on the “exit” key at the bottom on the page.

A number of safeguards will be in place to protect your identity. The information that you provide in the online surveys and on the demographics form will be anonymous and confidential. All downloaded surveys will be kept in a securely locked file cabinet in a professional office, and will be destroyed following data analysis. Until then, only the principal investigator will have access to the information that you offer. No names will be associated with the data at any time. The results of the study may be presented in a journal article or other professional context, but individual participants will never be identified.

There are no foreseeable physical risks associated with your participation. The study offers potential benefits in that the results may provide information about the exploration of social attitudes for Italian-Americans. Knowing more about the experiences of Italian-Americans is integral to the development of multicultural counseling and training for professionals.

In the event that you have concerns about topics or questions in the online survey, or if you would like further information regarding your rights a research participant, you may contact the Institutional Review Board at Teachers College, Columbia University, 525 W. 120th Street, New York, NY 10027, or by phoning (212) 678-4106. You may also contact Cristina Dorazio at 132 West 74th Street, Apartment 1B, New York, New York, 10023, or by phoning: 917-846-3454.

By signing below, you attest that you have read the study description and that you give your consent for participation.

Please print your name:____________________________ Date:____________________

Signature:_______________________________________ Date:____________________