



The Effects of Different Types of Classism on Psychological Outcomes: Preliminary Findings

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Abstract

In interpersonal relationships, people make assumptions about others' social class standing and interact with them based on these assumptions, which constitutes classism. Classism has an adverse impact on people's overall functioning, although scholarly attention on the unique impact of different types of classism, as proposed the Social Class Worldview Model-Revised (SCMW-R; Liu, 2011), has lagged behind. To address this gap in the literature, we explored how different types of classism (i.e., downward, upward, and lateral) can account for unique variance as predictors of psychological outcomes. Overall, our findings indicate that there is a unique impact of different types of classism on psychological outcomes (i.e., stress, anxiety, well-being, attitudes toward mental health care), beyond social status and overall discrimination alone.

Keywords Classism · Social class · Social class worldview model · Discrimination

Introduction

Social class has a significant impact on people's overall development, as it relates to one's access to wealth, privilege, and status (Liu, 2011a, b; Noonan & Liu, 2022). Historically, research in social class has focused on sociological approaches, mostly using distal variables (e.g., income, occupation) to characterize social class groups (Lau et al., 2013). Albeit useful, these objective measures rely on the assumption that people with the same income experience the world similarly. However, earning US\$ 40,000.00 a year in metropolitan Chicago is significantly different from earning

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the same amount in rural North Dakota. Furthermore, using occupation as a proxy for social class may be problematic, as it does not account for professions that have high income and low perceived social status (e.g., plumbers, welders). An alternative to the distributional model of social class (i.e., based on income, education, possessions) is the relational model, through which social class is understood in the dimensions of authority, oppression, exploitation, acculturation, and stress, based on which groups control resources (Liu, 2011a, b).

In line with the relational model, Liu (2011a, b) proposed a subjective model of social class (Social Class Worldview Model-Revised; SCWM-R), in which social class is understood as a worldview through which people perceive the world around them, filtering the information they receive. As people become aware of their own social position and status in the economic hierarchy, they interact with their environment accordingly, based on the norms and values (i.e., economic culture) from their own perceived social class group. From this approach, people make assumptions regarding the social class standing of other people based on contextual variables (e.g., fashion choices, race, language), and interact with them accordingly. The process of categorizing others and interacting with them according to their perceived social class standing characterizes classism.

Social Class

Although social class is an important part of one's identity, the construct has been defined in a myriad of ways in research. Liu and colleagues (2004) found that over 400 different words had been used to describe social class in a 19-year span. More recently, researchers have found an upward trend in research on social class (Cook et al., 2019), culminating in the Guidelines for Psychological Practice for People with Low-Income and Economic Marginalization (APA, 2019). The Social Class Worldview Model (SCWM-R; Liu, 2011a, b) is a phenomenological approach to the study of social class, focusing on subjective worldviews that serves as a lens on how people perceive information and interact with others.

The factors people take in consideration in deciding which social class group someone belongs to are contextual. As people who are wealthy are more likely to create and maintain wealth due to intergenerational inheritance, real estate, and stock market fluctuation, structural barriers (e.g., institutional racism) can serve as obstacles to wealth accumulation (Keister & Moller, 2000). As wealth is transmitted intergenerationally through inheritance, racial inequalities are maintained through racial segregation, systemic discrimination, and the stripping of the health and wealth of African Americans as a result of slavery (Gaskin et al., 2005; Strand, 2010). These intergenerational processes and the inherent social stratification changes how people categorize others in social class groups, as it maintains stereotypical assumptions of how wealthy or poor people look like, permeated by racialized assumptions.

According to the SCWM-R, people become aware of their own social position in the economic hierarchy and create in- and out-groups within the hierarchy. As people classify others in a social class group, they interact with them accordingly (Liu, 2011a, b). Given this subjective nature, different types of classism exist (i.e.,

downward, upward, lateral, internalized). Downward classism refers to classism toward those perceived to be from a lower social class, such as believing they are unintelligent, or dirty. Upward classism refers to classism toward those perceived to be from a higher social class, such as believing they are out of touch, or elitist. Lateral classism refers to classism toward those perceived to be in the same social class group, such as receiving and communicating that one does not fit in their social class group, reminding people of one's shortcomings that are not congruent with the expectations of their social class group. Lastly, internalized classism refers to internalized assumptions and myths about social class (e.g., upward mobility bias, meritocracy) that can lead to experiences of frustration and anxiety, particularly as one feels unable to maintain their social class status (Liu, 2011a, b). Whereas downward, upward, and lateral classism are experienced in interpersonal relationships, internalized classism is associated with self-devaluation and overall anxiety regarding one's social class standing (Liu & Cavalhieri, 2022; Liu, 2011a, b).

Although the impact of economic expectations is pervasive in capitalist societies, the implications of downward and upward classism cannot and should not be compared (Cavalhieri & Chwalisz, 2020; Liu & Cavalhieri, 2022; Liu, 2011a, b). People from lower social classes do not have the same societal power, and even though they might hold prejudice toward people in higher social classes, they do not have political power to support institutions that marginalize or discriminate against the wealthy (Smith, 2005). Nevertheless, recognizing how living in a capitalist society impacts people's economic assumptions is important, leading to inherent biases that affect interpersonal relationships in every social class group (APA, 2019).

Furthermore, although internalized classism has a significant impact on one's behavior, the experience is significantly different from other types of classism. Whereas internalized classism is an intrapsychic experience, in which distress stems from internalized classist myths and feeling unable to maintain one's social class standing (Liu & Cavalhieri, 2022), downward, upward, and lateral classism are all experienced interpersonally, based on how people perceive one's social class standing, and the distress associated with these classist assumptions (Liu, 2011a, b). As such, internalized classism is a qualitatively different experience, and cannot be measured the same way as downward, upward, and lateral classism (Cavalhieri & Chwalisz, 2020). Garrison and colleagues (2022) have found that Chinese international students build their social class worldview partially based on how they construe and cope with their experiences of classism, highlighting how one's subjective social class is not related solely to one's income, but also how they perceive others' behaviors. For that reason, in the current study, we focused on classism experienced interpersonally, opposed to the intrapsychic experience of internalized classism.

Effects of Classism

To our knowledge, the differential impact of classism types (e.g., downward, upward, lateral) has not been empirically addressed, partially due to the lack of measurement tools designed to measure the different types of classism proposed by

the SCWM-R (Lau et al, 2013; Liu, 2011a, b). However, classism has been found to be a significant overall stressor, impacting people's overall mental health.

Downward Classism

Choi and Miller (2018) found in a large sample of undergraduate students ($N=2230$) that subjective social status was associated with experiences of classism, which was a significant predictor of mental health stigma and more negative attitudes toward seeking mental health care. On the other hand, Duffy and colleagues (2021) recently found that undergraduate students who were marginalized and economically constrained were more likely to identify as a student of color, and more likely to seek counseling while in college. These mixed findings underscore the importance of investigating how classism and social class experiences impact attitudes toward mental health care, as economically marginalized groups are more likely to experience psychological distress, at the same time that existing group norms might prevent them from seeking counseling. Furthermore, both of these studies were conducted in college settings, with samples who are likely high academic achievers, which might not accurately represent the experiences of community dwelling adults.

People who experience downward classism were found to have more restrict work volition and career adaptability (Kim & Allan, 2021), and to be less connected and valued by their undergraduate institution (Alan et al., 2016; Garriott et al., 2021). Experiencing institutional classism has been found to be a predictor of interpersonal classism and lower work volition, which in turn was associated with greater life and academic satisfaction (Allan et al., 2021). Furthermore, people who are economically marginalized were less likely to comply with shelter-in-place recommendations during the COVID-19 pandemic, increasing their risk of contagium (Cavallieri, 2021). Chronic pain patients' perceived social status has also been associated with dehumanizing assumptions made by nurses, which adversely impacted pain care and management, assuming low-income patients were "passive" and had poor prospects of improvement (Diniz et al., 2020). Furthermore, classism was found to be a significant stressor for African Americans, with greater experiences of classism been significantly associated with higher stress, higher depression, and lower well-being (Cavallieri & Wilcox, 2022).

Upward Classism

In a large cross-cultural study, Zitelmann (2020) found that the wealthy tend to be perceived as morally corrupt, profit-hungry, and cold-hearted. Brockmann and colleagues (2021) conducted a text analysis on the twitter feed of tech elites (defined as the 100 wealthiest people in the tech industry) and found that they tend to hold more meritocratic view in comparison to general population who use twitter. These findings highlight the uniquely different social class experiences of the wealthy, and how assumption made about them (i.e., upward classism) could also have a psychological impact. Nevertheless, the impact of downward and upward classism cannot be equated—as the poor do not have power to discriminate against the wealthy or

support institutions that harm them. But as the wealthy are part of the economic hierarchy, assumptions made about them continue to maintain a subservient position of the poor and a system that prevents upward mobility (Liu & Cavallieri, 2022).

Affluent teens have been found to be susceptible to parental criticism, which contributed to internalizing and externalizing psychopathology (Stiles et al., 2020). Parental control strategies and high achievement expectations have also been found to be a predictor of risk behaviors for adolescents from higher socioeconomic status (Romm et al., 2020), and affluent adolescent girls have been found to experience stress and psychosomatic symptoms in response to increased parental criticism in relation to expected achievement (Williams et al., 2018). Furthermore, Black youth with self-reported high subjective social status have also been found to be more vulnerable to developing depressive symptoms, partially due to an increase in perceived experiences of discrimination (Assari et al., 2018). Assumptions placed on affluent adolescents appear to be associated with expectations of high achievement and of being spoiled and selfish, highlighting the likely adverse impact of upward classism on overall psychological symptoms (e.g., depression, stress, anxiety).

Lateral Classism

Lateral classism has been scarcely researched, so hypotheses about its impact on psychological functioning are tentative. As a unique type of social class discrimination, lateral classism is expressed toward others perceived to be in the same social class group (Liu, 2011a, b). Bellet (2019) found that satisfaction with one's house size was closely associated with upward comparisons with the size of other houses in the neighborhood. The author found that once large houses (i.e., "McMansions"; larger than 90% of local house size distribution) were built, neighbors' satisfaction with their own house significantly dropped. In a similar study, Kuhlmann (2020) investigated the impact of house relative size in its neighborhood on one's overall satisfaction with their residence. The author found that the relative size and positionality of house in the community was significantly related to satisfaction, even after controlling for tenure in the house, number of rooms, income, and absolute unit size. Their results imply that one's social position in relation to a particular reference group (e.g., neighborhood) significantly impact their decisions where to live and how satisfied they are with their residence. Although studies on the impact of relative house size (Bellet, 2019; Kuhlmann, 2020) may provide some insight into how comparison to neighbors impacts one's well-being, the construct of lateral classism is not directly measured, which poses a significant limitation.

Present Study

Classism is a multifaceted construct, as people across the economic hierarchy appear to be affected by social class assumptions. Although there is significant variability on how social class and classism have been operationalized in the literature

(Allan et al., 2021; Diniz et al., 2020; Kuhlmann, 2020; Romm et al., 2020; Zitelmann, 2020), the different types of classism have been widely associated with attitudes toward seeking mental health care (Choi & Miller, 2018; Duffy et al., 2021), stress (Assari et al., 2018; Cavalhieri & Wilcox, 2022; Garriott et al., 2021), anxiety (Stiles et al., 2020; Williams et al., 2018), and worse well-being (Allan et al., 2021; Kuhlmann, 2020). Overall, classism has been investigated as a unidimensional construct in the literature, neglecting how context and social class assumptions impact one's functioning. As such, it is paramount to investigate the multidimensionality of classism, and partial out how different types of classism may have a unique effect on psychological outcomes, particularly anxiety, stress, well-being, and attitudes toward mental health care.

The present study was designed to investigate whether different types of classism (e.g., downward, upward, and lateral) would be unique predictors of mental health outcomes and attitudes toward mental health services. The differential impact of classisms has not been empirically addressed, due to the lack of psychometrically sound measures. To address this gap, Cavalhieri and Chwalisz (2020) developed a scale of perceived experiences of classism, based on the Social Class Worldview Model. Their scale (i.e., the Perceived Classism Experiences Scale; PCES) has three subscales: downward, upward, and lateral classism. Overall, classism has been found to be associated with more negative attitudes toward mental health care (Choi & Miller, 2018), lower well-being and life satisfaction (Allan et al., 2021; Stiles et al., 2020), and higher stress and anxiety (Cavalhieri & Wilcox, 2022; Williams et al., 2018). Hence, we hypothesized that different types of classism would account for unique variance in predicting attitudes toward mental health services, anxiety, stress, and well-being. We also hypothesized that the different classisms would be significant predictors of the outcome variables beyond subjective social status and perceived overall discrimination.

Method

Participants

A priori power analysis for a multiple regression indicated that at least 114 subjects would be necessary to identify an effect size of 0.10, maintaining a power of 0.80 and an alpha of 0.05. A total of 143 people completed the survey, and 21 people (14.68%) were removed from further analyses as they did not answer at least one attention checking correctly (e.g., “please select strongly disagree”). The final sample consisted of 122 participants, with an average age of 36.25 ($SD = 11.18$). All participants lived in the USA at the time of data collection, and 12.3% identified as immigrants (i.e., had moved to the USA at some point during their lives). Participants' information on social class standing, wealth, and racial identity can be found in Table 1.

Table 1 Demographic information

Variable	<i>n</i>	%
Gender		
Female	61	50
Male	61	50
Sexual orientation		
Bisexual	20	16.4
Gay	2	1.6
Heterosexual	99	81.1
Lesbian	1	.8
Ethnicity		
Asian American	6	4.9
Black or African American	26	21.3
Latino/a	14	11.5
Native Hawaiian or other Pacific Islander	1	.8
North African or Middle Eastern	1	.8
White	72	59
Multiethnic	2	1.6
Social class growing up		
At or below the poverty line	1	.8
Lower class	8	6.6
Working class	20	16.4
Lower-middle class	18	14.8
Middle class	50	41
Upper-middle class	20	16.4
Upper class	5	4.1
Employment status		
Working full-time	104	85.2
Working part-time	11	9
Looking for work	3	2.5
Keeping house or raising children full time	2	1.6
Retired	2	1.6
Family income (last 12 months)		
Less than \$5,000	2	1.6
\$5,000 through \$11,999	4	3.3
\$12,000 through \$15,999	3	2.5
\$16,000 through \$24,999	14	11.5
\$25,000 through \$34,999	17	13.9
\$35,000 through \$49,999	31	25.4
\$50,000 through \$74,999	26	21.3
\$75,000 through \$99,999	16	13.1
\$100,000 and greater	8	6.6
Don't know	0	0
No response	1	.8

Table 1 (continued)

Variable	<i>n</i>	%
Accumulated wealth		
Less than \$500	13	10.7
\$500 to \$4,999	21	17.2
\$5,000 to \$9,999	17	13.9
\$10,000 to \$19,999	14	11.5
\$20,000 to \$49,999	20	16.4
\$50,000 to \$99,999	20	16.4
\$100,000 to \$199,999	7	5.7
\$200,000 to \$499,999	7	5.7
\$500,000 and greater	2	1.6
Don't know	0	0
No response	1	.8
Accumulated wealth minus debt		
Less than \$500	22	18
\$500 to \$4,999	14	11.5
\$5,000 to \$9,999	19	15.6
\$10,000 to \$19,999	23	18.9
\$20,000 to \$49,999	10	8.2
\$50,000 to \$99,999	18	14.8
\$100,000 to \$199,999	8	6.6
\$200,000 to \$499,999	3	2.5
\$500,000 and greater	1	.8
Don't know	1	.8
No response	1	.8

Measures

Demographic Questionnaire

Demographic questionnaire included questions on age, gender, race, education, employment, wealth, debt, and perceived social class growing up.

Classism

Classism was operationalized with the Perceived Classism Experience Scale (PCES; Cavalhieri & Chwalisz, 2020). The PCES is a measure of perceived classism, in which the 18 items are scored in a 5-point Likert-type scale. Higher scores indicate higher perceived experiences of classism. The PCES is grounded on the SCWM-R, and as such, its subscales are proposed to reflect three types of classism: downward, upward, and lateral. For the purpose of this study, the three

subscale scores were used to operationalize classisms (i.e., downward, upward, and lateral). In their original study, Cavalhieri and Chwalisz (2020) found high internal reliability for all subscales ($\omega_{\text{downward}} = 0.92$, $\omega_{\text{upward}} = 0.92$, $\omega_{\text{lateral}} = 0.89$). The authors also reported significant correlations between the subscales and self-rated health, anxiety, stress, and negative life satisfaction, providing supportive evidence for the scale's criterion validity. The Cronbach's alpha for the three subscale items in the current study were high, downward, $\alpha = 0.93$, upward, $\alpha = 0.95$, and lateral, $\alpha = 0.91$.

Stress

Stress was measured with the Perceived Stress Scale (PSS; Cohen et al., 1983). The PSS is a measure how much people perceive their lives to be stressful, with higher scores indicating greater distress. The PSS is a widely used measure to assess and operationalize psychological distress, with strong supportive evidence of its criterion validity. The 14 items are scored on a 5-point Likert-type scale. In their original study, the authors found high internal consistency for the PSS ($\alpha = 0.85$). An example of an item would be "In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?" The Cronbach's alpha for this sample was 0.81.

Anxiety

Anxiety was measured with the Penn State Worry Questionnaire (PSWQ; Meyer et al., 1990). The PSWQ is a 16-item scale, developed to measure the trait of worry. The PSWQ is one of the most widely used measures of overall worry and anxiety in the psychological literature, with strong supportive evidence of criterion validity. Scores range from 16 to 80, with higher scores indicating greater overall worry. In their original study, Meyer and colleagues (1990) found excellent internal consistency for the PSWQ ($\alpha = 0.93$). An example of an item would be "When I am under pressure I worry a lot." The Cronbach's alpha for this sample was 0.89.

Well-being

Well-being was operationalized with the Oxford Happiness Questionnaire (OHQ; Hills & Argyle, 2002). The OHQ is a unidimensional measure of personal happiness and psychological well-being, with items scored on a six-point Likert-type scale. We have operationalized well-being as having higher scores on the OHQ. Scores are obtained by summing all items, and higher scores indicate greater psychological well-being. Hills and Argyle (2002) found excellent internal consistency for the OHQ in their original study ($\alpha = 0.91$). The authors provided evidence of criterion validity, as their scale was positively correlated with extraversion, life-satisfaction, and self-esteem. An example of an item would be "I am well satisfied about everything in my life." The Cronbach's alpha for this sample was 0.89.

Attitudes Toward Mental Health

Attitudes toward mental health services was measured with the Mental Health Seeking Attitudes Scale (MHSAS; Hammer et al., 2018). The MHSAS is a 9-item bipolar scale, developed to measure people's attitudes to seeking help from a mental health professional. Based on the Theory of Planned Behavior, the MHSAS' items are purported to reflect attitudes toward seeking mental health services, and the authors found incremental variance was accounted by the MHSAS in comparison to previous instruments on attitudes toward mental health. The MHSAS is scored by adding item scores and dividing it by the total number of answered items. The authors found excellent internal consistency for the MHSAS on their original study ($\alpha=0.94$), found their scale was significantly correlated to other existing measures of attitudes toward mental health services, and that their scale accounted for unique variance in help-seeking intention in comparison to these existing scales. The Cronbach's alpha for this sample was 0.88.

Overall Discrimination

Overall discrimination was assessed with the Everyday Discrimination Scale-Revised (EDS-R; Stucky et al., 2011). The EDS-R is a short 5-items scale that is purported to measure daily perceived discrimination. Stucky and colleagues (2011) conducted an item analysis of the EDS using item-response theory, to provide cross-validated evidence of its dimensionality. The authors found that the revised version of the EDS was a significant predictor of negative health outcomes and represented a unidimensional set of items. The scale was also significantly associated with overt discrimination measures and depressive symptoms. They found adequate reliability of the measure ($r=0.84$), after removing items with local dependency issues. The EDS-R is scored by transforming summed scores into IRT/factor scaled scores (a conversion table is provided by the authors in their original study). Scaled scores have a mean of 20 and standard deviation of 10. An example item for the EDS-R is "You are treated with less respect than others."

Procedures

Data Collection

Following approval from the IRB, participants were recruited from a crowdsourcing platform. The participants completed an online survey, in which all scales (with the exception of the demographic questionnaire, which was presented last) were randomized to control for order effects. Multiple validity indicators were embedded in the survey to prevent bot responses and inattentive answers (Chmielewski & Kucker, 2020). The survey was set up to prevent multiple submissions from a single respondent (i.e., "ballot box stuffing"), and was embedded with a reCAPTCHA code to flag potential bot responses (Kennedy et al., 2020). A third-party provider was also employed (CloudResearch; Litman et al., 2017) to track and block suspicious

geolocations, duplicate IPs, and to vet participants who passed engagement and attention measures, to ensure high quality data.

Data Analysis

A multivariate multiple regression (MMR) was run to test our hypotheses on SPSS. As the MMR partials out the variance of all predictors, it is possible to test the unique contribution to the prediction for each type of classism. As such, an MMR was run (opposed to a linear regression), to test the differential impact of downward, upward, and lateral classism on the outcome variables. The outcome variables were stress, anxiety, well-being, and attitudes toward mental health. Age, subjective social status, and gender (0 = male, 1 = female) were controlled for in our analyses. Demographic variables (i.e., age, gender, and subjective social status), overall discrimination, and classisms (downward, upward, and lateral) were entered as predictors.

Results

To investigate how well different types of classism predict mental health symptoms and attitudes toward mental health services, a multivariate multiple regression (MMR) was computed. All tolerance scores were above 0.2, and all VIF scores were below 10, indicating there was no evidence of multicollinearity issues (Tabachnick & Fidell, 2013). Assumptions of normality and homoscedasticity were also met, based on the evaluation of Q-Q plots and scatterplots. Two multivariate outliers were removed (Mahalanobis Distance > 22.21, $df=5$, $p < 0.001$). Correlations, mean, and standard deviations for all variables can be found on Table 2.

Table 2 Correlation, mean scores, and standard deviation of all variables

	1	2	3	4	5	6	7	8
1 Downward classism ^a	-							
2 Upward classism ^b	.88**	-						
3 Lateral classism ^c	.74**	.77**	-					
4 Overall discrimination ^d	.89**	.89**	.71**	-				
5 Stress ^e	.57**	.46**	.63**	.50**	-			
6 Anxiety ^f	.39**	.21*	.49**	.26**	.68**	-		
7 Well-being ^g	-.32**	-.19*	-.42**	-.27*	-.72**	-.55**	-	
8 Attitudes toward mental health ^h	-.50**	-.42**	-.41**	-.43**	-.47**	-.27**	.45**	-
M	15.65	15.36	17.69	20 [^]	24.62	49.56	114.06	5.09
SD	7.55	7.79	6.3	10 [^]	8.45	13.32	20.91	1.27

$N=122$. Perceived Classism Experiences Scale, Downward Classism Subscale^a, Upward Classism Subscale^b, and Lateral Classism Subscale^c. ^dEveryday Discrimination Scale – Scaled Scores. ^ePerceived Stress Scale. ^fPenn State Worry Questionnaire. ^gOxford Happiness Questionnaire. ^hMental Health Seeking Attitudes Scale * $p \leq .05$. ** $p \leq .01$. [^]the EDS scores are scaled, with a fixed mean of 20 and a standard deviation of 10

There were no significant differences between men and women (all identified as cisgender on this sample), downward classism, $t(120)=0.91$, $p=0.364$, lateral classism, $t(120)=1.46$, $p=0.145$, overall discrimination $t(120)=1.51$, $p=0.132$, attitudes toward mental health, $t(120)=-0.896$, $p=0.372$, well-being, $t(120)=-1.26$, $p=0.210$, anxiety, $t(120)=-0.101$, $p=0.919$, and stress, $t(120)=0.770$, $p=0.443$. The only exception was upward classism, $t(120)=2.04$, $p=0.04$, with participants who identified as men having higher scores.

We hypothesized that different types of classism (i.e., downward, upward, and lateral) would be significantly related to stress, well-being, anxiety, and attitudes toward mental health care, above and beyond overall discrimination individually, explaining unique variance on the outcome variables. The overall multivariate model was significant for subjective social status ($\lambda=0.835$, $p<0.001$, $\eta_p^2=0.16$), downward classism ($\lambda=0.885$, $p<0.001$, $\eta_p^2=0.11$), upward classism ($\lambda=0.914$, $p=0.04$, $\eta_p^2=0.09$), and lateral classism ($\lambda=0.744$, $p<0.001$, $\eta_p^2=0.26$), but not for gender ($\lambda=0.982$, $p=0.74$), age ($\lambda=0.941$, $p=0.15$), or overall discrimination ($\lambda=0.973$, $p=0.56$). A summary of the MMR analyses can be found on Table 3. Univariate results indicated that subjective social status was related to well-being, and negatively related to stress and anxiety, but not related to attitudes toward mental health care. Furthermore, the univariate results for the different types of classism were significant. Downward classism was significantly associated with all outcome variables (stress, anxiety, well-being, and attitudes toward mental health care), indicating people with higher scores on downward classism had more severe psychological symptoms and more negative attitudes toward mental health care. Both upward and lateral classism were significantly associated with stress, anxiety, and well-being, but not to attitudes toward mental health care, indicating people with higher scores on the upward and lateral classism subscales had more severe mental health symptoms, although it did not account for any variance on participants' attitudes toward mental health care. As the results from MMR analyses partial out all other contributors, different types of classism (i.e., downward, upward, and lateral) were significant and unique predictors of the psychological outcomes measured. Based on partial eta-squared scores (η_p^2), downward classism accounted for 8% variance of stress, 5% variance of anxiety, 4% variance of well-being, and 6% variance of attitudes toward mental health care. Upward classism accounted for 3% variance of stress, 6% of anxiety, and 6% of well-being, whereas lateral classism accounted for the largest variance on the outcome variables, accounting for 16% of stress, 22% of anxiety, and 13% of well-being. Taken together, our hypotheses were partially supported. These preliminary results contribute to the evidence that different types of classism have a unique impact on psychological outcomes, which warrants further scholarly attention.

Discussion

The purpose of this study was to investigate whether different types of classism had a negative impact on psychological symptoms and attitudes toward mental health services in an adult community sample. Our results suggest there is a differential

Table 3 Summary of multivariate multiple regression on stress, anxiety, well-being, and attitudes toward mental health

	Gender ^a			Age			Subjective Social Status			Overall Discrimination			Downward Classism			Upward Classism			Lateral Classism									
	λ	η_p^2	<i>F</i>	<i>p</i>	λ	η_p^2	<i>F</i>	<i>p</i>	λ	η_p^2	<i>F</i>	<i>p</i>	λ	η_p^2	<i>F</i>	<i>p</i>	λ	η_p^2	<i>F</i>	<i>p</i>	λ	η_p^2	<i>F</i>	<i>p</i>				
Model	.98	.02	.49	.74	.94	.06	1.70	.15	.83	.16	5.37	<.01**	.97	.03	.74	.56	.88	.11	3.56	<.01**	.91	.09	2.56	.04*	.74	.26	9.37	<.01**
PSS ^b	η_p^2	.00	.02	.88	η_p^2	.01	1.04	.31	η_p^2	.04	5.23	.02*	η_p^2	.01	.82	.37	η_p^2	.08	10.11	<.01**	η_p^2	.03	3.92	.05*	η_p^2	.16	21.94	<.01**
PSWQ ^c	η_p^2	.00	.31	.58	η_p^2	.00	.01	.92	η_p^2	.05	5.92	.01*	η_p^2	.00	.03	.86	η_p^2	.05	6.11	.01**	η_p^2	.06	6.68	.01**	η_p^2	.22	31.21	<.01**
OHQ ^d	η_p^2	.01	.98	.32	η_p^2	.00	.02	.89	η_p^2	.13	17.08	<.01**	η_p^2	.02	2.38	.13	η_p^2	.04	5.25	.02*	η_p^2	.06	6.75	.01**	η_p^2	.13	16.60	<.01**
MHSAS ^e	η_p^2	.01	.58	.44	η_p^2	.03	3.78	.05*	η_p^2	.00	.04	.84	η_p^2	.00	.02	.89	η_p^2	.06	6.67	.01**	η_p^2	.01	1.13	.29	η_p^2	.02	2.07	.15

N = 120. ^aMan = 0; woman = 1. ^bPerceived Stress Scale. ^cPenn State Worry Questionnaire. ^dOxford Happiness Questionnaire. ^eMental Health Seeking Attitudes Scale. * *p* ≤ .05, ** *p* ≤ .01

impact of downward, upward, and lateral classism on overall psychological functioning. Our findings were congruent with extant literature on the adverse impact of classism on mental health (Cavallieri & Wilcox, 2022; Choi & Miller, 2018; Kim & Allan, 2021). Overall, we expected different types of classism to be unique predictors of mental health symptoms, which was supported by our findings, as greater experiences of classism were associated with worse mental health outcomes and a reduced likelihood of seeking mental health services.

To our knowledge, this is the first preliminary empirical study that specifically investigates the adverse effects of different types of classism, as proposed by the SCWM-R. Our novel findings corroborate with the theoretical tenets of the Social Class Worldview Model-Revised (Liu, 2011a; Liu & Cavallieri, 2022; Noonan & Liu, 2022), providing supportive evidence of the differential and potentially additive effect of different types of classism. In our sample, downward classism was significantly associated with all outcome variables (i.e., stress, anxiety, well-being, attitudes toward mental health care). Downward classism was found not only to contribute to more severe psychological distress, but also appeared to prevent people from seeking psychological services. This particular finding is congruent with existing literature on classism, as a significant stressor that impacts access to mental health services (Choi & Miller, 2018) and increases distress (Garriott et al., 2021; Kim & Allan, 2021).

However, the relationship between classism and mental health appears to be complex and non-linear. In our study, both lateral and upward classism were associated with stress, anxiety, and well-being, but were not related to one's attitudes toward mental health services. Although one's positionality on the social class hierarchy impacts the type of classism they experience, and consequently serves as a potential stressor (Noonan & Liu, 2022), the impact appears to be significant different. Upward and lateral classism appear to impact overall mental health, which is corroborated by previous literature (Kuhlmann, 2020; Romm et al., 2020; Stiles et al., 2020)—however, participants' perceived higher social status likely serves as a buffer to the adverse effects of classism, given the increased access to resources and lower barriers to political and social engagement (Ettman et al., 2020).

Of particular note, lateral classism appeared to be a significant stressor for our sample. The magnitude of the effects of lateral classism was markedly higher in comparison to upward and downward classism. Our findings appear to suggest that people who compare themselves to others in their own social class group (i.e., lateral classism) experience more negative psychological outcomes. Categorizing people in social class groups appears to be independent from objective social class indicators (Eshelman & Rottinghaus, 2015; Kraus et al., 2017) and appears to be associated with social comparison, which is a subjective experience. Racialized assumptions of what the poor and the rich look like, maintained by White Supremacy ideals, leads to contextually based experiences of classism (Liu, 2017). Therefore, people compare themselves to others they perceive to be in their social class group in attempt to maintain homeostasis on their social class worldview. In these comparisons, people are reminded they do not “fit in,” leading to increased distress (Noonan & Liu, 2022).

Limitations

Several limitations on this study must be noted. Generalizability concerns must be noted, as participants were recruited online—and people without internet who would likely experience social class discrimination were not included in our sample, furthering the digital divide for people with limited resources. Furthermore, our sample had a small number of Latino/a/x folks, which may hinder the applicability of our results to this particular segment of the population. Our study also had a cross-sectional design, which prevents us from determining a causal relationship of long-term effects of different classisms. Although downward, upward, and lateral classism were significant predictors of psychological outcomes, other types of discrimination (e.g., sexual orientation, disability, race) also impact people's psychological functioning, and future research should attend to how the intersection of marginalized identities (e.g., *classist racism*) may compound to cause worse psychological outcomes.

Implications for Research and Practice

Our preliminary findings imply that classism is a significant stressor to overall mental health, and people have different experiences of classism depending on their positionality on the social class hierarchy. Our findings appear to support the theoretical propositions of the SCWM-R, particularly how the web of classism experiences can shape one's social class worldview (Garrison et al., 2022; Liu, 2011a, b; Noonan & Liu, 2022). By separating the types of classism and understanding how each may have a differential psychological impact, counselors may be better positioned to better explore and conceptualize clients through a social class lens (Liu & Cavalhieri, 2022). Although these are promising results, it is paramount to replicate it in future research. By understanding how downward classism is a uniquely different experience compared to lateral or upward classism may allow counselors to explore how status, wealth, and social comparison serve as a potential buffer or hindering effect in regards to one's psychological health. As such, counselors can provide specific outreach and preventive care to vulnerable communities by knowing how they are impacted by social class expectations, as well as to develop collective plans to fight against classism.

Based on our preliminary findings that lateral classism specifically (i.e., comparing oneself to your own social class group and coming out wanting) contributes to more negative psychological outcomes, working to support a client's narrative that reduces stigma around seeking mental health services may be helpful in client outreach and retention. In social class comparisons, people create a narrative that they do not "fit in" due to perceived differences, which leads to increased distress (Noonan & Liu, 2022). Creating an environment that normalizes seeking mental health therapy within social class groups may provide opportunities to challenge lateral comparisons of mental health support and reduce distress related to mental health comparison in the client's outside social relationships.

Classism appears to be a multidimensional construct, with a significant impact on one's mental health and overall well-being. However, the effects of classism may be covert and gradual, and counselors can gently challenge classist assumptions present on client's discourse (e.g., meritocracy, protestant work ethic, "pulling yourself up by your bootstraps"), so clients can more critically engage with their own inter- and intra-personal experiences and notice how classism has impacted their lived experiences. By helping clients connect some of their present concerns (e.g., anxiety, stress) to their own experiences of classism may be an important path to counteract the adverse effects of classism, as conscientization of how oppressive systems impact us can be liberating by itself (Mosley et al., 2021).

Furthermore, classism is not a static experience, but dynamic and contextually dependent. Understanding classism solely through a distal lens (i.e., resource and prestige, such as which group has more or less resources) appears to obscure the complexities of the phenomenon. Although the experiences of different types of classism cannot be equated, as counselors, it is important to attend to how the entire web of classist-related assumptions impacts our clients. Helping our clients develop a Social Class and Classism Consciousness (Liu, 2011a, b) may help clients better understand the class-related constraints imposed on them. By challenging clients' rigid beliefs in regard to status and inequality, counselors may help unpack assumptions stemming from their own economic cultures. To specifically address clients' experiences of classism, counselors can inquire about experiences within their economic culture (i.e., norms and rules from clients' own social class group)—for example, what was expected of them as they were growing up? Was the client expected to value hard work to the detriment of their own mental health? Did they value the belief that merit was the only factor involved in succeeding in life (i.e., meritocracy)? By helping clients name their experiences, a renewed sense of agency is possible, which can in turn alleviate distress. Nevertheless, it is important to note that classist myths and ideological frames are built around white privileges and worldviews and are maintained by white supremacy (Liu & Cavallieri, 2022). These ideologies and myths would likely fail to explain the experiences of people of color, as these classist assumptions (e.g., meritocracy, upward mobility bias, protestant work ethic) do not address the effects of race and racism. As such, the class-related experiences of people of color would likely be different, which underscores the importance of helping clients develop a sense of social class and classism consciousness (Liu, 2011a, b).

Declarations

Conflict of Interest The authors declare no competing interests.

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