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The Myth of Social Mobility: Subjective Social Mobility and Mental Health

Taewon Kim[1], Brenda Shein[2], Eileen E. Joy[2], Patrick K. Murphy[2], and Blake A. Allan[1]

Abstract

A common assumption is that upward mobility produces positive psychological outcomes. However, status-based identity framework and social class worldview model propose that perceived social mobility in either direction will lead to increased distress. Based on this claim, we examined relations among subjective social mobility, life satisfaction, and mental health using polynomial regression with response surface mapping. In Study 1, groups that experienced both subjective downward and upward mobility reported more depressive symptomatology than groups that remained in middle or upper social statuses in a sample of 567 adults. We did not find significant relations between subjective social mobility and life satisfaction. In Study 2, both groups that experienced subjective downward and upward mobility reported more depressive and academic distress symptomatology than groups that remained in middle or upper social social statuses in a sample of 7,598 clients from college counseling center data. The results provide insights relevant to multicultural counseling and training.

[1]University of Houston, Houston, TX, USA
[2]Purdue University, West Lafayette, IN, USA

Corresponding Author:
Taewon Kim, Department of Psychological, Health, and Learning Sciences, University of Houston, 3657 Cullen Boulevard, Houston, TX 77204, USA.
Email: tkim36@cougarnet.uh.edu

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Keywords
social class, upward mobility, financial stress, depression, academic distress

Significance of the Scholarship to the Public
A common myth argues that people who succeed in moving up the social ladder will be happier. However, across two studies, we found that both upward and downward social mobility come with some psychological costs, including depression and academic distress. These findings suggest that the changes that come with social mobility, such as changes in social class-related identity, worldview, and discrimination, may pose risks to mental health.

Rapid socioeconomic, political, and institutional shifts have shaped individuals' social statuses. Amidst these changes, approximately 40% to 60% of people in the United States have experienced upward or downward social mobility through immigration or changes in education and income (Organisation for Economic Co-operation and Development, 2018). Reflecting the trend, scholars have studied relations between either upward or downward mobility and psychological experiences. As expected, studies have shown that downward mobility is detrimental to subjective well-being and mental health (e.g., Das-Munshi et al., 2012; Nikolaev & Burns, 2014). On the contrary, the relation between upward mobility and mental health remains unclear. Although some studies found that upward mobility leads to greater subjective well-being (Nikolaev & Burns, 2014; Posel & Casale, 2011; Zhao et al., 2017), other studies demonstrated that upward mobility threatens life satisfaction and mental health (e.g., Becchetti et al., 2008; Hadjar & Samuel, 2015). Some studies found no relation between upward social mobility and mental health (Houle, 2011; Hoven et al., 2019).

These mixed results may stem from several operationalization, measurement, and sampling issues: (a) defining social mobility as objective changes in socioeconomic status (SES) and measuring SES with job or income changes (e.g., Zang & de Graaf, 2016); (b) arbitrarily categorizing income or job status (e.g., Hadjar & Samuel, 2015; Nikolaev & Burns, 2014; Tiffin et al., 2005); and (c) mostly focusing on general populations (e.g., Zhao et al., 2017). Specifically, the use of objective indicators does not fully capture nuanced social status-related experiences (e.g., being unemployed with adequate capital, having part-time work with affluent family wealth, or being overeducated but underpaid; Allan & Kim, 2020). Categorizing social class groups leads to loss of continuous information, which renders researchers

unable to measure the magnitude of variables. Given that subjective measures of social status more robustly predict psychological outcomes than objective measures, it is critical to measure continuous and subjective social mobility (i.e., perceived changes in social standing; Destin et al., 2017; Posel & Casale, 2011). Lastly, social mobility research has focused mostly on general samples. However, social mobility and subsequent psychological distress may be especially salient for college students (Destin & Debrosse, 2017). For example, upwardly mobile college students often experience classism and have difficulty adjusting to middle-class cultures (Rice et al., 2017; Stephens et al., 2014). As a result, these students may be more likely to experience depression, anxiety, and academic distress in the adaptation process (Stebleton et al., 2014; Stephens et al., 2014). Although previous studies particularly focused on first-generation college students, such research may have overlooked other socially mobile students. In this regard, greater attention to broader samples of college students in social mobility research is warranted.

Theoretical Framework

Two social class theories propose that both upward and downward social mobility may exacerbate psychological distress. Social class worldview model (SCWM) posits that the disequilibrium of social class worldviews and experiences of classism are critical to understanding social mobility-related distress (Liu et al., 2004). Social class groups develop shared understandings of appropriate capital, socialization, behaviors, and lifestyles, which contribute to a person's social class worldview. When social mobility threatens homeostasis—what is expected of a person based on their social class—people may experience psychological distress (Liu et al., 2004). Particularly, changes in economic culture and economic privilege may prime financial tensions (Liu, 2013). In this regard, the loss of resources, capital, and privilege, as well as the identity-related stress with downward mobility, could compromise mental health.

However, SCWM proposes that social mobility in either direction could lead to psychological disequilibrium. For instance, people form social class-related values and beliefs and develop a sense of belonging and homeostasis within their social standing. When their social standing changes, people's values and beliefs may not be consistent with their new social class group, and they may lose that sense of belonging. In addition, classism (i.e., marginalization based on social standings; Liu, 2013) can also exacerbate psychological distress. Specifically, socially mobile people face downward, (i.e., marginalization toward those in a lower social class), lateral (i.e., any marginalization directed to those perceived to be in a similar social class), or upward classism (i.e., marginalization toward those in a higher social class) that may increase psychological distress (Liu, 2013). Internalized classism can

also increase psychological distress if a person believes negative messages about their social class experiences. Subsequently, regardless of the direction of social mobility, people may experience psychological distress related to threatened homeostasis, shifting their values and behaviors and classism.

Like SCWM, status-based identity framework (SIF) proposed the concept of status-based identity, which refers to people's cultural identity based on subjective experiences of their social status and socioeconomic status (Destin et al., 2017). Within this framework, perceived social mobility in either direction can challenge people's status-based identity, such as creating uncertainty regarding their own identity, their belongingness within social groups, and their perception about the future (Destin, 2019; Destin et al., 2017). A challenged status-based identity threatens mental health and well-being indicators, such as self-esteem, life satisfaction, and belongingness (Destin et al., 2017). Specifically, SIF proposes additional stressful experiences that are specific to upward mobility (e.g., John Henryism: Black people's active coping that results in health concerns when overcoming barriers and discrimination; skin-deep resilience: co-experiences of academic achievements and health problems in Black youth; and discrimination; Destin, 2019). Notably, people with marginalized identities that experience subjective upward mobility face increased pressure to overcome barriers at the cost of their health (Destin, 2019; Destin & Debrosse, 2017). Therefore, considering broader contexts of systemic societal injustice, the effects of social mobility on psychological experiences are inseparable from oppression based on marginalized identities (e.g., racism; Destin, 2019; Liu, 2013).

Subjective Downward Mobility, Well-Being, and Mental Health

Scholars have generally found negative relations between downward mobility and well-being. For example, earning a lower income than one's parents predicts lower happiness and life satisfaction (Dolan & Lordan, 2020; Nikolaev & Burns, 2014). In another study with a sample of over 50,000 people, the negative relation between downward mobility and happiness showed a larger effect size than did upward mobility (Nikolaev & Burns, 2014). In contrast, a study demonstrated a different finding that people who were downwardly mobile tend to be happier (Zang & de Graaf, 2016). Notably, most previous studies used objective and categorical indicators to assess downward mobility.

In terms of mental health, previous studies have found positive links between downward mobility and psychological distress, but they have focused on objective SES indicators. For example, downward mobility, as measured by changes in occupation status, is associated with greater psychological distress, psychological impairment, and alcohol use disorder (Hemmingsson et al., 1999; Tiffin et al., 2005; Timms, 1998). Similarly,

educational and income downward mobility are associated with increased emotional distress and conduct disorder symptoms (Anderson, 2018; Tooth & Mishra, 2012). A meta-analytic study and other cross-sectional studies suggest that immigrants who experienced downward mobility because of migration were more likely to experience mental health concerns than those who maintained or increased their socioeconomic position (Das-Munshi et al., 2012; Nicklett, & Burgard, 2009). Although previous research provided insight on the relations among downward mobility, well-being, and psychological distress, it tended to neglect the use of subjective measures that predict psychological distress above objective SES indicators (Zhang & Chen, 2014). Therefore, it is critical to examine the relations more accurately by measuring subjective downward mobility.

Subjective Upward Mobility, Well-being, and Mental Health

Regarding well-being, links between upward mobility and well-being in previous literature are mixed. For example, some studies found a positive link between upward mobility and subjective well-being (e.g., Nikolaev & Burns, 2014; Posel & Casale, 2011; Zhao et al., 2017). On the other hand, other studies showed either no relation or negative relations between upward mobility and well-being indicators (e.g., Becchetti et al., 2008; Hadjar & Samuel, 2015; Zang & de Graaf, 2016). Referring to this group as "frustrated achievers," researchers have attributed these mixed findings to individual factors (e.g., relational problems; Becchetti et al., 2008) or contextual factors (Zang & de Graaf, 2016).

Similarly, research has shown mixed findings for the relations between upward mobility and mental health. For example, although a meta-analysis showed positive relations between upward mobility and mental health in immigrants (Das-Munshi et al., 2012), other studies using general population samples found no relations between subjective upward mobility and depressive symptoms (Houle, 2011; Hoven et al., 2019). As noted previously, studies have had measurement and conceptualization issues, including using objective measures or categorizing indicators. Responding to these issues, scholars called for considering subjectivity in social mobility (Hardaway & McLoyd, 2009). In the resultant literature, some studies explored the relations between subjective upward mobility and mental health. For example, qualitative studies suggested that working women who experience subjective upward mobility tend to feel depressed with a sense of debt to family (Higginbotham & Weber, 1992; Walkerdine, 2003). Likewise, the mixed results about the relations between upward social mobility, well-being, and mental health may reflect two potential issues. First, objective measurements have not reflected subjective hardships, such as identity challenges, which encourage the use of subjective indicators to measure upward mobility.

Second, previous studies have mostly assumed linear relations between current and past social status in predicting life satisfaction and mental health when that may not be the case. Specifically, theories suggest that socially mobile people might experience life satisfaction and mental health differently based on experiences of classism, marginalization, and discrimination (e.g., Liu, 2013).

Operationalizing Social Mobility Using Congruence and Discrepancy

As previously noted, most studies have relied on objective categorical indicators, which lose subjective and continuous information. One traditional way to address this issue is to subtract the score of perceived current social status from the score of perceived past social status. However, this approach has statistical limitations, including low reliability and validity issues, unclear correlations, and variance restriction (Edwards, 2002). Moreover, it captures a less detailed spectrum of how two variables simultaneously predict an outcome variable than does polynomial regression with a quadratic equation (e.g., Edwards, 2002; Phillip, 2013). To overcome these limitations, we used polynomial regression with response surface mapping, which allows for continuous measurement of the subjective discrepancy between childhood and current social status.

The three-dimensional representation depicts the predicted level of depression with a given combination of current subjective social status (CUSS) and childhood subjective social status (CHSS). As an example, the lines of congruence and discrepancy are depicted on the *x*-*y* plane in Figures 1–3. Whereas the congruence shows how similar social status over time (the absence of significant social mobility) is related to depression. The line of congruence in Figure 1 tilts upward towards the rear of the figure (*xy* coordinates [2, 2]) or upward towards the front of the figure (*xy* coordinates [−2, −2]). On the other hand, we aimed to focus on discrepancy that shows how changes in social statuses over time (social mobility) are related to depression. The line of discrepancy shows that the surface tilts (slopes) upward towards the left of the figure (*xy* coordinates [2, −2]) or upward towards the right of the figure (*xy* coordinates [−2, 2]). As an example, *xy* coordinates (2, −2) indicate upward social mobility.

Drawing from two frameworks (i.e., SCWM and SIF) and previous literature, both subjective downward and upward mobility would be negatively associated with well-being and mental health. Therefore, we hypothesized that there would be a significant slope for the response surface that is above the line of discrepancy for past and current social status when predicting life satisfaction and mental health. In addition, to test whether perceived social mobility in either direction is associated with poorer life satisfaction and mental health, we hypothesized that there will be a

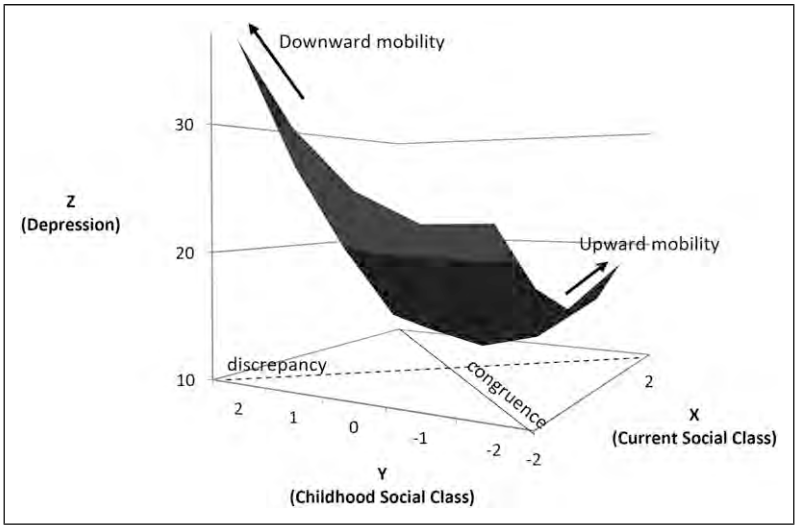

Figure 1. Depression as Predicted by the Relation Between Current and Childhood Subjective Social Status.
Note. *X* and *Y* axes are in z-scores.

significant convex slope for the response surface that is above the line of discrepancy when predicting life satisfaction and mental health.

The Present Study

The goals of this study were twofold. First, we examined relations among subjective social mobility, life satisfaction, and mental health by using a polynomial regression with response surface mapping that provides continuous, subjective, and three-dimensional information. Second, we expanded our sample to include both general and clinical populations from college counseling data, where social mobility experiences are salient (e.g., Rice et al., 2017; Stephens et al., 2014). Although social mobility can occur over shorter periods, such as during occupational transition, we compared childhood and current subjective social status to reflect changes in identities that were developed in childhood when interacting with new social contexts (Destin & Debrosse, 2017; Destin 2019). Therefore, in Study 1 we investigated how subjective upward and downward mobility were associated with life satisfaction and depression in a general sample. In Study 2, we used a large clinical sample from university counseling centers across the United States to provide practitioners with clinical information.

Study 1

Study 1 examined how social mobility was related to life satisfaction and mental health concerns in the general population. For outcome variables, we chose depression and life satisfaction because depression is highly prevalent in the general population in the United States, and because upward mobility research has focused primarily on life satisfaction (e.g., Becchetti, et al., 2008; Kessler & Üstün, 2004; Zang & de Graaf, 2016). We measured subjective social status by assessing CUSS and CHSS, which researchers have recommended (e.g., Duffy et al., 2016).

Method

Participants. The sample consisted of 567 adults, and they ranged in age from 19 to 76 years (M_{age} = 36.81, *SD* = 11.16). Regarding race or ethnicity, most were White (*n* = 426, 75.1%), followed by Black/African American (*n* = 49, 8.6%), Asian/Asian American (*n* = 32, 5.6%), Latinx (*n* = 29, 5.1%), multiracial (*n* = 17, 3.0%), Asian Indian (*n* = 7, 1.2%), American Indian/Alaskan Native (*n* = 3, 0.5%), Pacific Islander (*n* = 3, 0.5%), and other (*n* = 1, 0.2%). Participants self-identified as women (*n* = 290, 51.1%), men (*n* = 274, 48.3%), transgender (*n* = 2, 0.4%), and genderqueer (*n* = 1, 0.2%). Regarding education, 11.2% (*n* = 63) had a high school education or less, 4.2% (*n* = 24) had a trade or vocational school diploma, 30.9% (*n* = 175) had some college, 39.7% (*n* = 225) had a college degree, and 14.1% (*n* = 80) had a professional or graduate degree. The average income of participants per year was $60,066.30 (*SD* = $49,120.31). Participants reported their current subjective social status as lower class (*n* = 41, 7.2%), working class (*n* = 189, 33.3%), middle class (*n* = 232, 40.9%), upper-middle class (*n* = 98, 17.3%), and upper class (*n* = 7, 1.3%). Their childhood subjective social status included lower class (*n* = 66, 11.6%), working class (*n* = 170, 30%), middle class (*n* = 206, 36.3%), upper-middle class (*n* = 110, 19.4%), and upper class (*n* = 15, 2.6%).

Instruments

Depression. We used the Center for Epidemiological Studies Depression scale (Radloff, 1977) to assess the frequency of depressive symptoms, such as depressed mood and worthlessness in the general population. Participants were asked to respond to the frequency of feelings and behaviors over the past 7 days and provide their ratings on a 4-point Likert-type scale ranging from 0 (*rarely or none of the time*) to 3 (*most or all of the time*). Sample items include "I felt depressed" and "I felt lonely." Radloff (1977) found scores to positively correlate with other depression scales and found scale scores to have good internal consistencies (α = .85–.90). The estimated internal consistency in the present study was α = .94.

Life Satisfaction. To measure life satisfaction, we used the five-item Satisfaction with Life Scale (Diener et al., 1985). Participants responded on a 7-point Likert-type scale ranging from 1 (*strongly disagree*) and 7 (*strongly agree*). Sample items include "The conditions of my life are excellent" and "I am satisfied with my life." Diener et al. (1985) found scale scores to positively correlate with other subjective well-being scales and negatively correlate with negative affect. The estimated internal consistency in the scale development study was $\alpha = .87$; in the current study, it was $\alpha = .93$.

Subjective Social Status. We assessed subjective social status by using the MacArthur Scale of Subjective Social Status (Adler et al., 2000). The scale shows a picture of a ladder and a description to participants to represent people's subjective social status. We adapted this scale by asking participants to indicate their current and childhood subjective social status individually. Participants then indicated where they fall on the ladder on a scale from 1 (*bottom rung*) to 10 (*top rung*). Previous studies have found that the scale significantly predicts psychological variables when controlling for objective socioeconomic indicators (Adler et al., 2000).

Procedure. We obtained institutional review board approval before starting data collection. To collect a representative sample of adults in the United States, we used Mechanical Turk (MTurk), an online participant source. Participants on MTurk complete surveys mostly for enjoyment and receive monetary compensation for their time (Buhrmester et al., 2011). Recent studies found that MTurk produces quality data by showing similar participant rejection rates and statistical power compared to other recruitment sources (Buhrmester et al., 2011; Sprouse, 2011). We posted a link to the informed consent and survey link. Participants needed to (a) reside in the United States and (b) be over the age of 18. Those who were eligible were given $0.50 for completing the survey. Although our initial sample consisted of 659 participants, there were 33 participants that only provided demographic information and 59 that did not correctly respond to attention check items. We removed these cases, which resulted in final sample size of 567 participants.

Data Analysis Plan

Polynomial Regression With Response Surface Mapping. Prior to analyses, we z-transformed variables and calculated the percentage of difference scores to identify whether our data had enough discrepancy between variables (Shanock et al., 2010). Next, we used the initial regression formula to confirm whether the quadratic term was significant in the initial regression formula (Edwards, 2002): $Z = b_0 + b_1X + b_2Y + b_3X^2 + b_4XY + b_5Y^2 + e$. For example, in our current study, predictors include CUSS, CHSS, the square of CUSS, the product of CUSS and CHSS, and the square of CHSS. As for b-weights, b_1 is

b-weight for variable X, b_2 is the b-weight for variable Y, b_3 is the b-weight for X^2, b_4 is the b-weight for XY, and b_5 is b-weight for Y^2. Then, we evaluated the level of congruence and discrepancy by confirming four assumptions with the b-weights (Shanock et al., 2010). First, we tested the significant level of congruence: a_1 ($b_1 + b_2$) tests if the level of agreement between two variables predicts an outcome linearly. For instance, a positive relation would mean that those low in both CUSS and CHSS tend to experience more depressive symptomatology than those high in both CUSS and CHSS. Second, we tested whether the response surface above the line of congruence has a significant curvature: a_2 ($b_3 + b_4 + b_5$) evaluates the quadratic curve along the line of agreement. For instance, a positive relation indicates that only those extremely low or high in both CUSS and CHSS tend to experience more depressive symptomatology than those who remained middle or upper class. Thus, a_1 and a_2 identify how people who remained in a similar social status over time experience mental health outcomes. Third, we examined the significant level of discrepancy: a_3 tests if the direction of a discrepancy ($b_1 - b_2$) predicts an outcome, revealing the direction of social mobility that is related to depression. Finally, we evaluated if the response surface above the line of discrepancy has a significant curvature: a_4 ($b_3 - b_4 + b_5$) tests the quadratic curve along the line of perfect discrepancy. If significant, it means that the relation between CUSS and CHSS on depression is nonlinear. For instance, the positive value would explain how people that experienced social mobility in either direction tend to experience depression.

Results

Preliminary Analyses. Of the sample, 565 (99.6%) were missing no data. We found no correlations among study variables and missing data, suggesting that all data were missing completely at random. We examined cases that fell outside the distance between the third and first quartile multiplied by 2.2 and found no outliers (Hoaglin & Iglewicz, 1987). All study variables' absolute values of skewness or kurtosis were less than 1, suggesting appropriate levels of univariate normality (Weston & Gore, 2006). All variance inflation factors for each variable were close to one, so we did not find evidence for issues with multicollinearity (Menard, 1995). Table 1 depicts correlations and descriptive statistics of study variables. To test the assumption for polynomial regression with response surface mapping, we assessed the amount of discrepancy by standardizing scores, subtracting CHSS from CUSS, and recoding the subtracted data into three groups, reflecting half a standard deviation change from the mean. We found that 37.4% of participants ($n = 212$) did not experience social mobility, 30.7% of participants ($n = 174$) experienced upward mobility, and 31.9% of participants ($n = 181$) experienced downward mobility, suggesting that groups are well distributed for analysis (Shanock et al., 2010).

Table 1. Correlations and Descriptive Statistics Among Study Variables in Study 1 and 2

	1	2	3	4	5
Study 1					
1. CUSS	—				
2. CHSS	.43**	—			
3. Depression	−.24**	-.03	—		
4. Life satisfaction	.37**	.09*	−.52**	—	
M	4.97	4.96	14.80	22.22	
SD	1.76	1.99	12.68	7.98	
Study 2					
1. CUFS	—				
2. CHFS	.49**	—			
3. Depression	.22**	.13**	—		
4. Generalized anxiety	.23**	.16**	.56**	—	
5. Academic distress	.26**	.13**	.54**	.43**	—
M	3.08	2.51	1.85	1.86	2.00
SD	1.09	1.23	1.04	1.05	1.08

Note. CUSS = Current subjective social status; CHSS = Childhood subjective social status; CUFS = Current financial stress; CHFS = Childhood financial stress. CUFS and CHFS were reversed for analysis.
*$p < .05$. ** $p < .01$.

Model Identification. Polynomial regression models should include higher order variables such as X^2 and Y^2 because predictors explain nonlinear relations among predictors and the outcome (Phillips, 2013). If the final best fitting model is higher order than the linear model, it supports response surface methodology. Therefore, we tested the three hierarchical regression models for life satisfaction and depression by first entering both CUSS and CHSS, then the quadratic and interaction terms. The quadratic model explained a significant change in variance (i.e., 2%) in depression but not in life satisfaction. Thus, we tested the surface values only for depression. Appendix A shows the output of test results.

Social Mobility and Depression. For depression, all four surface test values were significant: $a_1 = -2.46$, $SE = 0.61$, $t(567) = -4.05$, $p < .001$; $a_2 = 1.21$, $SE = 0.54$, $t(567) = 2.26$, $p = .024$; $a_3 = -4.55$, $SE = 0.96$, $t(567) = -4.72$, $p < .001$; and $a_4 = 3.59$, $SE = 0.96$, $t(567) = 3.75$, $p < .001$. The significant and negative value of a_1 indicates that depression is higher when CUSS and CHSS align at lower levels, rather than at higher levels of these variables. The significant and positive value of a_2 indicates that the level of agreement between CUSS and

CHSS is associated with depression nonlinearly. That is, participants who remained in a low or high social status reported more depressive symptomatology than those who stayed in middle class. The significant and negative value of a_3 indicates that when people reported greater CHSS than CUSS (subjective downward mobility), they reported more depressive symptomatology than those who experienced subjective upward mobility. However, the significant and positive value of a_4 indicates that as the discrepancy between CUSS and CHSS increases (social mobility in either direction), depressive symptomatology increases. Figure 1 shows three-dimensional information. The highest depression was evident when CUSS and CHSS were discrepant, especially for those with downward mobility. Supporting our hypotheses, the significant and negative value of a_3 and positive value of a_4 suggest that both downwardly and upwardly mobile people tend to experience more depressive symptomatology than those who maintain their social status.

Study 2

In Study 1, people who experienced subjective downward mobility reported more depressive symptomatology. People who experienced subjective upward mobility also reported depressive symptomatology, more so than those who maintained their social status. Expanding upon these results, Study 2 investigated how subjective social mobility is related to mental health outcomes—depression, generalized anxiety, and academic distress (Close et al., 2016; Stebleton et al., 2014). We adopted clinical data to provide more relevant information to practitioners, extending Study 1's focus on the general population. We predicted that people who experienced either subjective downward or upward mobility would report more symptoms of distress.

To operationalize social mobility, previous studies have focused on first-generation college status to identify the relation between social mobility and mental health. However, first-generation college status only reflects changes in education between parents and children, which limits the understanding of different dimensions of social mobility (e.g., students who experienced financial mobility). Another way to measure social mobility is to measure financial stress and financial difficulties (Destin et al., 2017; Dolan & Lordan, 2020; Liu 2013; Osypuk et al., 2016). Following this approach, we used current financial stress (CUFS) and childhood financial stress (CHFS) as a proxy variable for social mobility.

Method

Participants. Of the 7,598 participants in the final sample, ages ranged from 18 to 59 years (M_{age} = 22.19, SD = 3.51). Participants self-identified as

White (n = 5,744, 75.6%), Black/African American (n = 539, 7.1%), Asian/Asian American (n = 433, 5.7%), Latinx (n = 418, 5.5%), multiracial (n = 299, 3.9%), Native Hawaiian/Pacific Islander (n = 49, 0.6%), American Indian/Alaskan Native (n = 19, 0.3%), and other (n = 78, 1%). Participants self-identified as women (n = 2,135, 28.1%), men (n = 1,120, 14.7%), transgender (n = 20, 0.3%), and other gender identities (n = 45, 0.6%). The remaining participants did not identify their gender. About 15% of participants were first-generation college students (n = 1,104).

Instruments. We used depression, generalized anxiety, and academic distress measures from the Counseling Center Assessment of Psychological Symptoms-34 (CCAPS-34). We also pulled the current financial stress and childhood financial stress variables from the Standardized Data Set, which includes demographic information. Participants responded on a 5-point Likert-type scale ranging from 0 (*not at all like me*) to 4 (*extremely like me*) for mental health variables in the CCAPS-34 and on a 5-point Likert-type scale ranging from 1(*always stressful*) to 4 (*never stressful*) for financial stress.

Depression. We used the six-item Depression subscale in the CCAPS-34 to measure the degree to which participants experience depressive symptoms. Sample items include "I feel helpless" and "I feel sad all the time." Locke et al. (2012) found scores from this measure to positively correlate with other measures of mental health concerns, such as depressive symptoms, anxiety, and trait anger. Scale scores were also found to have a good internal consistency in the original study (α = .89) and present study (α = .89).

Generalized Anxiety. We assessed generalized anxiety by using the six-item Generalized Anxiety subscale. Sample items include "I feel tense" and "My thoughts are racing." Locke et al. (2012) found scores from generalized anxiety to positively correlate with other measures of mental health concerns, such as depressive symptoms, anxiety, trait anger, alcohol use, and found scale scores to have a good internal consistency (α = .82). In the current study, the estimated internal consistency was α = .85.

Academic Distress. We assessed academic distress with the four-item Academic Distress subscale. Sample items include "It's hard to stay motivated for my classes" and "I am unable to keep up with my schoolwork." Locke et al. (2012) found this scale to positively relate to depressive symptoms and anxiety, and negatively relate to adaptations (e.g., academic adjustment). Scale scores were found to have good internal consistency in the original study (α = .76) and present study (α = .83).

Subjective Social Mobility. We used two items from the Standardized Data Set, CUFS and Childhood Financial Stress (CHFS), to assess subjective social mobility. The items were "How would you describe your financial situation right now?" and "How would you describe your financial situation while growing up?" Participants responded on a 5-point Likert-type scale ranging from 1 (*always stressful*) to 5 (*never stressful*). To operationalize this variable in line with SCWM and SIF, we reversed the score after collecting data, meaning that higher scores reflect greater financial stress.

Procedure. After receiving institutional review board approval, we asked for CCAPS data from the Center for Collegiate Mental Health (CCMH), which manages client-related data for approximately 135 counseling centers (Locke et al., 2012). Counseling centers administer either the CCAPS-34 or the CCAPS-62, both of which include eight psychopathologies, including depression and generalized anxiety. After receiving de-identified data, we merged a year of data (2017–2018) from the initial assessment of the CCAPS. To standardize our analysis, we used CCAPS-34 subscale data collected at the first intake by retaining the overlapping items from the extended version. The data set consisted of 179,964 clients after removing appointment data. After choosing variables of interest, we removed 160,856 cases in which clients did not complete the CCAPS. We removed an additional 84 cases that the CCAPS scoring system regarded as "invalid," meaning that clients did not complete at least 50% of the items on each subscale. Finally, we removed 11,426 cases in which clients did not complete both current and previous financial stress measures, resulting in a final sample of 7,598 participants.

Results

Preliminary Analyses. Of the 7,598 participants in the final sample, no participants had missing data on study variables. No variable score was evaluated as an outlier when checking the multiplied range (Hoaglin & Iglewicz, 1987). All study variables showed normally distributed visually inspected histograms and boxplots. Moreover, no variables had absolute values of skewness or kurtosis greater than 1.5 (Weston & Gore, 2006). All variance inflation factors for each variable were close to 1.0, indicating no evidence of multicollinearity issues (Menard, 1995). Table 1 shows the correlations and descriptive statistics of the study variables. In total, 46.7% of participants (n = 3,551) did not experience social mobility, but 30.2% and 23.1% of participants (n = 2,295 and 1,752) experienced upward and downward mobility, respectively.

Polynomial Regression

Model Identification. We conducted polynomial regression models to test whether the nonlinear social class variables significantly predict variances in the outcome (Phillips, 2013). We tested three hierarchical regressions for depression, generalized anxiety, and academic distress by entering both CUFS and CHFS first and then the quadratic and the interaction terms. Appendix B shows the result of the model identification. All quadratic models explained significant changes in variance in depression, generalized anxiety, and academic distress. Therefore, we tested the surface values of all outcome variables.

Social Mobility and Depression. For depression, all four surface test values were significant: $a_1 = 0.25$, $SE = 0.01$, $t(7598) = 17.32$, $p < .001$; $a_2 = 0.07$, $SE = 0.01$, $t(7598) = 5.22$, $p < .001$; $a_3 = 0.18$, $SE = 0.02$, $t(7598) = 7.68$, $p < .001$; and $a_4 = 0.07$, $SE = 0.02$, $t(7598) = 2.95$, $p = .003$. The significant and positive value of a_1 indicates that when CUFS and CHFS align at higher levels rather than at lower levels, depression is higher. The significant and positive value of a_2 indicates that the level of agreement between the variables is associated with depression nonlinearly, with participants at the extremes reporting more depressive symptomatology than those who maintained middle or upper social statuses. The significant and positive value of a_3 indicates that when people experienced greater CUFS than CHFS (subjective downward mobility), they reported more depressive symptomatology than those who experienced subjective upward mobility. The significant and positive value of a_4 indicates that discrepancies between CUFS and CHFS were associated with more depressive symptomatology at the extremes, suggesting that social mobility in either direction predicted depression. In sum, the significant and positive values of a_3 and a_4 suggest that those who were both downwardly and upwardly mobile tend to experience more depressive symptomatology than those who remained in middle or upper social statuses, which supports our hypotheses. Figure 2 suggests that the highest depression was reported when CUFS and CHFS were in agreement, especially for those at extremes (high CUFS and CHFS), and when CUFS and CHFS were discrepant, specifically for those at extremes (low CHFS but high CUFS and high CHFS but low CUFS).

Social Mobility and Generalized Anxiety. For generalized anxiety three surface test values were significant: $a_1 = 0.28$, $SE = 0.01$, $t(7598) = 18.92$, $p < .001$; $a_2 = 0.06$, $SE = 0.06$, $t(7598) = 4.77$, $p < .001$; and $a_3 = 0.13$, $SE = 0.02$, $t(7598) = 5.25$, $p < .001$. However, a_4 was not significant $= 0.04$, $SE = 0.02$, $t(7598) = 1.85$, $p = .064$. Overall, the results suggest that if people experienced greater CUFS than CHFS (subjective downward mobility), they reported

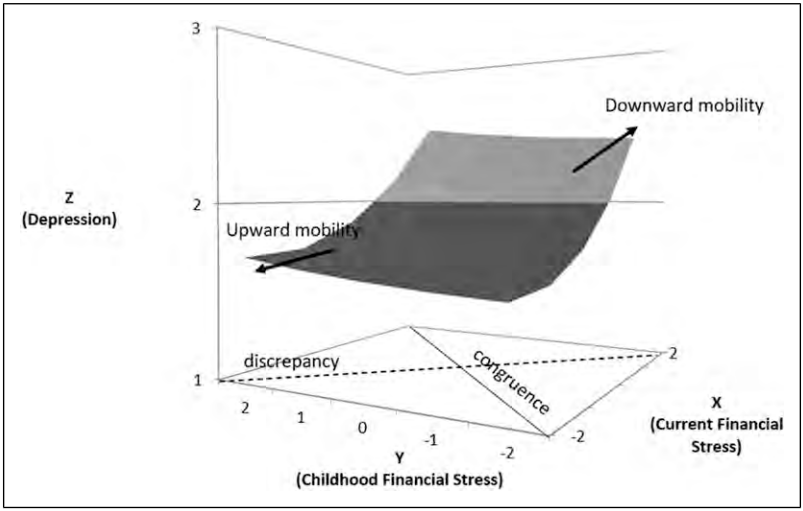

Figure 2. Depression as Predicted by the Relation Between Current and Childhood Financial Stress.
Note. *X* and *Y* axes are in *z*-scores.

more generalized anxiety symptomatology than those who experienced subjective upward mobility.

Social Mobility and Academic Distress. For academic distress, the significant and positive values of a_3 and a_4 also showed the same pattern: $a_1 = 0.29$, $SE = 0.01$, $t(7598) = 19.44$, $p < .001$; $a_2 = 0.03$, $SE = 0.01$, $t(7598) = 2.43$, $p = .015$; $a_3 = 0.27$, $SE = 0.02$, $t(7598) = 11.04$, $p < .001$; and $a_4 = 0.10$, $SE = 0.02$, $t(7598) = 4.14$, $p < .001$. That is, if people experienced greater CUFS than CHFS (subjective downward mobility), they reported more academic distress than people who were upwardly mobile. However, people who were upwardly mobile experienced more academic distress than those who maintained middle or upper social statuses. As seen in Figure 3, the highest academic distress was reported for those at low CHFS but high CUFS, followed by those with high CHFS and high CUFS and those with high CHFS but low CUFS.

General Discussion

The purpose of the current study was to test the links among subjective social mobility, life satisfaction, and mental health in both a general sample and a clinical sample using college counseling center data. In each study, we used polynomial regression with response surface analysis to measure

subjective social mobility. Our approach helps to shift the focus of social mobility research to include subjectivity as it relates to mental health. Across each study, both subjective downward and upward mobility were negatively related to mental health, partially supporting our hypotheses. However, like previous research, we found somewhat mixed results, such as not finding significant relations between subjective social mobility and life satisfaction.

In Study 1 and 2, we found that people who experienced downward mobility showed more depressive symptomatology, generalized anxiety symptomatology, and academic distress than those who maintained middle or upper social statuses. Study 1 included a smaller proportion of people who experienced downward mobility than in Study 2, potentially because college students are accruing capital through education. Regardless, the results suggest that downward mobility is as aversive as remaining in a lower social class. This corroborates previous research suggesting that downward social mobility predicts more severe mental health concerns than those who stayed in similar social status especially in middle/upper social status (Hemmingsson et al., 1999; Tiffin et al., 2005). The findings are also consistent with the SCWM, which suggests that downward social mobility may be stressful due to the experiences of threatened homeostasis, navigating downward classism, and losing resources and capital (Liu et al., 2004). Interestingly, in terms of academic distress, subjective downward mobility was more harmful than remaining in a lower social class. This indicates that downwardly mobile students may confront more complex psychological struggles than those who stay in a lower social status due to shifts in social class contexts. Downwardly mobile students may also experience relative deprivation and internalized classism when comparing themselves to their previous social standing, their peers' backgrounds, or middle-class cultures in higher education (Becchetti et al., 2008; Liu, 2013; Rice et al., 2017; Stephens et al., 2014).

Study 1 and 2 found that people who also experienced subjective upward mobility tended to report more depressive symptomatology and academic distress than those who maintained middle or upper social statuses, although the levels of symptomatology appeared less than those of downwardly mobile people. Our findings are in line with previous research suggesting that subjective upward mobility also predicts some forms of psychological distress (Higginbotham & Weber, 1992; Walkerdine, 2003). People who experience upward mobility may struggle with resocializing with higher social class cultures and expectations, such as navigating "elite" lifestyles and new etiquettes, which may create psychological distress (Liu et al., 2004). For example, internalized meritocracy myths, or the reduced financial self-efficacy and optimism that people may have developed from their social class in childhood, might still influence their feelings and behaviors in

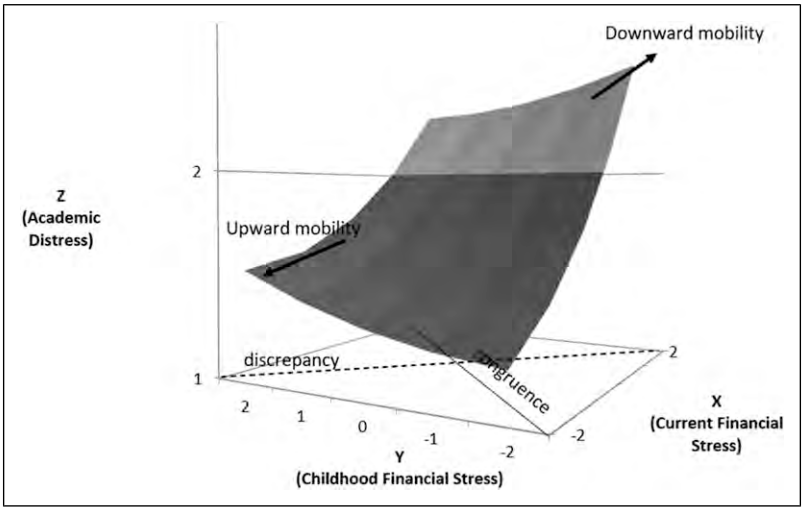

Figure 3. Academic Distress as Predicted by the Relation Between Current and Childhood Financial Stress.
Note. *X* and *Y* axes are in *z*-scores.

adulthood (Garrison et al., 2021; Heckman et al., 2014). In this sense, identity changes in social roles, interactions, and communities through upward mobility could lead to depression and academic distress (Carter, 2017; Destin et al., 2017). In addition, classism could play a role in exacerbating depression and academic distress. Specifically, upwardly mobile people may experience lateral classism because they are not equipped with certain types of behaviors, attitudes, or cultural capital to fit in and remain in their current social class. They may also experience internalized classism that promotes a lower sense of belongingness in their current social standing. In this regard, first-generation and other historically underserved students who perceive success in college to be a gateway for greater opportunities may experience moving up the ladder to be a stressful endeavor that is related to their academic distress.

Contrary to our hypotheses, there were no significant relations between subjective social mobility and life satisfaction in Study 1. This is a surprising result because previous studies have found negative relations between downward mobility and well-being indicators (e.g., Dolan & Lordan, 2020; Nikolaev & Burns, 2014). However, this may be because previous studies have used objective measures, which differ from our approach, and because life satisfaction is only linearly related to childhood and current social status. For example, reorganizing intra/inter components in one's social class worldview, navigating new social status-based identities, and facing

classism might more directly evoke negative experiences, rather than reducing life satisfaction overall (Diener, 2009). Additionally, aging and other developmental health stressors might be potential variables to consider. For example, a recent study found that elderly people who experienced social mobility also did not report changes in life satisfaction (Iveson & Deary, 2017). Future researchers can investigate the relations between subjective social status indicators and subjective well-being within developmental contexts.

Likewise, subjective upward mobility did not predict generalized anxiety in Study 2. Rather, we found that current financial stress was the predominant factor for generalized anxiety. Previous research suggests that identity changes and relevant psychological processes to reassess oneself and new contexts may explain depression more than other mental health variables (Carter, 2017). In addition, another study that used CCMH data found a moderate correlation between anxiety and financial stress, suggesting that lower levels of financial stress following upward mobility may have decreased anxiety (Tran et al., 2018). Therefore, it is critical to measure social mobility differently than using financial stress constructs to identify the relation between social mobility and generalized anxiety.

Limitations

Polynomial regression limits the ability to investigate specific mediators and moderators, including contextual constraints, social mobility, and psychological outcomes. Specifically, intra- and interpersonal components of SCWM, John Henryism, and skin-deep resilience in SIF suggest that social mobility, marginalized identities, and oppression are intertwined with opportunities, barriers, and classism-based and familial trauma (Destin, 2019; Liu, 2013). Consequently, social mobility may manifest differently based on the intersection of other marginalized identities, such as racialized mobility and mobility shaped by sexism (e.g., Cavalhieri & Wilcox, 2022). For example, people of Color who experience upward mobility may face racism in White dominant upper-class cultures and stress that arises from navigating different social class worldviews, classism, and identity changes. Because we measured mobility as a singular construct based on our methodology, our findings may not be generalizable to those who experience subjectively different social mobility. Second, although studies noted that financial stress could be a proxy variable for social mobility (e.g., Destin et al., 2017; Dolan & Lordan, 2020; Liu 2013; Osypuk et al., 2016), this measure did not capture other components of social mobility, such as education and privilege. Third, we hypothesized that disequilibrium of social class worldviews or/and classism could

worsen mental health. However, we did not test these constructs because our methodology precludes us from accurately identifying the role of disequilibrium and classism in the relation between social mobility and mental health.

Implications for Practice, Advocacy, Education, Training, and Research

Practice. Findings from the present study offer important implications for practice. First, clinicians can assess clients' social class trajectory over the lifespan to incorporate their social class identity and economic culture into case conceptualizations. Moreover, clinicians may consider both downward and upward mobility as potential sources of distress, with downward mobility being more strongly related to mental health outcomes. Clinicians might also ask their clients about trajectories in their subjective social status, financial stress, and the extent to which they relate their status-based identity to social mobility. As noted previously, exploring other forms of marginalization and discrimination that could occur with social mobility, such as classism, racism, sexism, heterosexism, and ableism, may also be beneficial. Critically, our study results highlight the need to support underserved students who experience downward mobility to better address their academic distress. Clinicians can explore how clients are adjusting to new contexts, redeveloping their worldview and identities, and coping with academic concerns.

Advocacy. Clinicians can provide consulting services to departments to increase faculty or staff awareness about underserved students' burdens associated with academic concerns. Counseling centers can collaborate with academic success centers to simultaneously target underserved students' psychological and academic well-being. Furthermore, clinicians can advocate for support programs to help people cope with social mobility and financial stress. For example, clinicians can provide outreach services to socially mobile communities and listen to their experiences, incorporate their needs, provide resources, and conduct support groups. Clinicians can further bridge connections and partnerships with policymakers to support those communities.

Education and Training. We suggest that social mobility be emphasized in multicultural training in counseling psychology. Our results contradicted the social mobility bias (i.e., upward mobility is always desirable and leads to positive outcomes), suggesting that clinicians should seek to understand clients' social class trajectories. The widespread adoption and societal

reinforcement of classist attitudes and beliefs based on meritocratic principles may cause research, practice, and training in counseling psychology to neglect social class (Smith, 2008). Our findings encourage clinicians to reflect on and be sensitive to identities and experiences pertaining to social class and mobility. Integrating readings and discussions about social class, social mobility, and intersectionality in training may enhance multicultural competence.

Research. Our study suggests that scholars can strengthen research on social mobility in several ways. First, it would be beneficial to develop subjective upward and downward social mobility scales to extend our findings within the broader context of social mobility research and reexamine the relation between upward mobility and anxiety. Second, investigating subjective social mobility across time by using longitudinal designs is critical to clarify if (a) psychological distress can lead to downward mobility, (b) people with psychological distress can view their social status more negatively and perceive more downward mobility experiences, and (c) other developmental and time variables (e.g., getting older) are related. The current design only measured current psychological distress and thus restricted more nuanced information such as participants' mental health history and racial, intergenerational, and/or classism-based trauma. Third, measuring the experience of disequilibrium and testing classism rather than using proxy variables would more accurately identify how threatened homeostasis in social class worldviews and experiencing classism could exacerbate mental health. Fourth, there is a critical need to investigate specific moderators that explain the quadratic relation between subjective social mobility and mental health. Some potential moderators might be different forms of oppression that marginalized groups experience (e.g., racism and classism). Indeed, previous studies showing the relation between upward mobility and mental health have focused on marginalized groups, such as immigrants and women (Das-Munshi et al., 2012; Higginbotham & Weber, 1992; Walkerdine, 2003). In this regard, future researchers can identify moderators that are applicable to marginalized groups' social mobility experiences. Because our study's samples consist of mostly White participants, it would be worth focusing on specific racial groups to study the intersection between social mobility, racism, and other relevant contextual factors. For example, future social mobility research could consider John Henryism or the model minority myth for Black people or Asian immigrants' social mobility experiences.

Appendix A

Hierarchical Regression Analysis of Linear and Quadratic Models of CUSS and CHSS

Variable	R^2	F	df	p	ΔR^2	ΔF	ΔF df	p
Life satisfaction								
Step 1 (linear effects)	.14	45.293	2, 564	< .001	.14	45.293	2, 564	< .001
Step 2 (quadratic + interaction)	.14	18.259	5, 561	< .001	.00	0.342	3, 561	.795
Depression								
Step 1 (linear effects)	.07	19.937	2, 562	< .001	.07	19.937	2, 562	< .001
Step 2 (quadratic + interaction)	.09	10.392	5, 594	< .001	.02	3.827	3, 559	.010

Note. The linear effect was added at Step 1, and quadratic and interaction terms were added at Step 2.

Appendix B

Hierarchical Regression Analysis of Linear and Quadratic Models of CUFS and CHFS

Variable	R^2	F	df	p	ΔR^2	ΔF	ΔF, df	p
Depression								
Step 1 (linear effects)	.051	202.780	2, 7595	< .001	.051	202.780	2, 7595	< .001
Step 2 (quadratic + interaction)	.056	90.460	5, 7592	< .001	.006	14.840	3, 7592	< .001
Generalized Anxiety								
Step 1 (linear effects)	.054	217.207	2, 7595	< .001	.054	217.207	2, 7595	< .001
Step 2 (quadratic + interaction)	.056	91.796	5, 7592	< .001	.003	7.799	3, 7592	< .001
Academic Distress								
Step 1 (linear effects)	.070	285.535	2, 7595	< .001	.070	285.535	2, 7595	< .001
Step 2 (quadratic + interaction)	.072	118.483	5, 7592	< .001	.002	6.687	3, 7592	< .001

Note. The linear effect was added at Step 1, and quadratic and interaction terms were added at Step 2.

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Author Note

Apart from the first author (Taewon Kim) and the senior author (Blake A. Allan), authors are listed alphabetically and contributed equally to the work.

ORCID iDs

Taewon Kim https://orcid.org/0000-0001-8369-1799
Blake A. Allan https://orcid.org/0000-0003-4754-7735

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Author Biographies

Taewon Kim, MA, is a PhD candidate in the counseling psychology program at the University of Houston. Her research focuses on cultural and contextual factors, such as social class and social mobility that relate to work experiences, the quality of work, well-being, and mental health.

Brenda Shein, MSEd, is a PhD student in the counseling psychology program at Purdue University. Her research broadly focuses on understanding trauma, adversity, and resiliency from a developmental and sociocultural perspective.

Eileen E. Joy, MA, is a PhD candidate in the counseling psychology program at Purdue University. Her research examines the roles of economic and cultural context in therapeutic processes and outcomes.

Patrick K. Murphy, MSEd, is a PhD candidate in the counseling psychology program at Purdue University. His research focuses on social mobility, social class identity, strengths-use, resilience, and well-being among persons from lower social class backgrounds.

Blake A. Allan, PhD, is an associate professor of counseling psychology at the University of Houston. His main research focus is on the quality of work, encompassing constructs such as underemployment, precarious work, decent work, meaningful work, and working poverty. This includes the conceptualization and measurement of underemployment and precarious work, how structural factors inequitably distribute poor quality work, and how these experiences relate to mental health and well-being both in and outside of work.