Anticipating Self-Stigma: The Roles of Values and Perceptions of Therapy Clients

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We report all data exclusions, manipulations, and measures in the study, and we follow JARS (Kazak, 2018). The dataset generated during and/or analyzed during the current study are available from the corresponding author on reasonable request. This study was not pre-registered. This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors. On behalf of all authors, the corresponding author states that there is no conflict of interest. Because identities can influence our approach to science (Roberts, et al. 2020), the authors wish to provide the reader with information about our backgrounds. When the manuscript was drafted, authors self-identified as White men.

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Abstract

The present study examined how similarities and differences between participants' prioritization of their own values and their perceptions of therapy clients' values predicted self-stigma of seeking psychological help. Undergraduates ($N = 231$) sorted the importance of 10 personal values for themselves and an imagined therapy client before completing an assessment of anticipated self-stigma of seeking psychological help. Polynomial regression analyses examined interaction effects between participants' own values and their perceptions of a hypothetical therapy client's values on anticipated help-seeking self-stigma. Self-stigma was predicted by the interaction between a person's own values of security and achievement and their perceptions of a therapy client's values of security and achievement. First, self-stigma was higher for those who prioritize achievement but view typical therapy clients as people who do not. Second, self-stigma was higher for those who prioritize security and also view typical therapy clients as people who also do. Therapy might be viewed as especially stigmatizing when it threatens concerns about future success or security.

Keywords: values, psychological help, polynomial regression, help-seeking, anticipated self-stigma

Clinical Impact Statement

Some people believe that if they were to seek psychological help that it would mean they are flawed, inadequate, or even broken—a phenomenon often called anticipated self-stigma. The present study found that people view therapy as especially stigmatizing when they believe attending would threaten their future success or security. It may be important for mental health advocates to highlight the facts that therapy clients are often successful people and that therapy involves changes that will not necessarily threaten one's personal or social security.

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Despite access to free or reduced-price services, fewer than half of college students experiencing mental health concerns seek psychological treatment each year (Ketchen et al., 2015), warranting further study of psychological factors that contribute to this avoidance of services. Part of the reason for this avoidance may be that individuals construct a mental representation of what it would be like to receive psychotherapy. In other words, they might create a mental representation of a possible future self (Markus & Nurius, 1986). Previous research indicates that individuals might avoid seeking psychological help because they anticipate viewing themselves negatively if they do (i.e., self-stigma; Lannin et al., 2016), suggesting a devalued *possible self in psychotherapy* (Mahalik & Di Bianca, 2021; Vogel et al., 2006). It is possible that this devalued mental representation of a future self in therapy not only reflects a person's own self-evaluations, but also a comparison to how they perceive a typical psychotherapy client (Hammer & Vogel, 2017; Lannin et al., 2020). However, this has yet to be directly tested. Using an established human values framework and building on past work showing that an individuals' personal values (e.g., equality, achievement) are linked to self-stigma (Lannin, Tucker et al., 2019), the present research examines the extent to which people's perceptions of similarity between their personal values and those of a hypothetical therapy client can predict their anticipated self-stigma of seeking psychological help. This approach will help us understand whether individuals' self-stigmatization relates to their perception of alignment between their own values and those of a hypothetical client, potentially showing that those who perceive greater divergence experience greater self-stigma and greater avoidance of seeking psychological help.

Anticipated Self-Stigma as a Devalued Possible Self

Anticipated self-stigma of seeking psychological help refers to one's belief that seeking help could result in a loss of self-worth, or a belief that one is 'flawed' or 'broken' (Vogel et al., 2006). Self-stigma has been identified as a predictor of negative attitudes towards seeking help

(Nam et al., 2013; Vogel et al., 2007), reduced intentions to seek services (Lannin et al., 2015), and less likelihood of seeking out online mental health information (Lannin et al., 2016).

When evaluating the extent to which therapy could be self-stigmatizing, a person may consider whether the prospect of seeking psychological help coheres with their personal values (Brown, 2012; Ingram et al., 2016). Personal values are mental representations of desired, abstract goals, that occur across situations, and guide behavior in a variety of domains (Roccas et al., 2002; Schwartz, 1994). In Schwartz's well-established theory of human values (Schwartz, 1994, 2012), self-transcendence values are described as pursuing the well-being of others (e.g., equality, helpfulness), and they are contrasted with self-enhancement values that promote self-interest (e.g., success, power). Openness values (e.g., creativity, freedom) promote intellectual and emotional interests and are contrasted with conservation values that are focused on protecting the status quo (e.g., tradition, security). Research using this model has found that those who prioritize self-transcendence values (e.g., valuing the welfare of others), tend to anticipate that seeking psychological help will be less self-stigmatizing, while those who prioritize self-enhancement values (e.g., value personal achievement and prestige) anticipate that seeking psychological help will be more self-stigmatizing. Because self-transcendence values correspond to motivations to cultivate intimate relationships, other people's well-being, and personal growth (Schwartz, 2012), those who prioritize self-transcendence values tend to feel more compassion for help-seekers and disagree that negative stereotypes should apply to themselves when seeking help (Lannin, Ludwikowski et al., 2020). In contrast, to bolster personal status and perceptions of success, those prioritizing self-enhancement values may be motivated to differentiate their own status as superior to those in need of help, leading them to stigmatize the help-seeking process (Suls et al., 2002). This pattern has been found across samples of racially/ethnically diverse adolescents (Lannin, Parris et al., 2020), students at predominantly white institutions and Historically Black Colleges and Universities (Lannin, Ludwikowski et al., 2020), and medical students (Lannin, Tucker et al., 2019).

Beyond the role of personal values, self-stigma is also inherently interwoven with individuals' perceptions about their possible future self-in-therapy. The Self-Stigma of Seeking Help scale (SSOSH; Vogel et al., 2006), the most prevalent assessment of self-stigma of seeking psychological help, captures one's beliefs about a possible future help-seeking self, specifically assessing a mental simulation of how devalued a person believes their self-worth would be if they were in therapy (Brown, 1998; Markus & Nurius, 1986; Vogel et al., 2006). Items of the SSOSH require respondents to reflect on the possibility of psychotherapy in a hypothetical manner, rating items such as "I would feel inadequate if I went to a therapist for psychological help", "it would make me feel inferior to ask a therapist for help", and "seeking psychological help would make me feel less intelligent" (Vogel et al., 2006).

Individuals' perceptions of their self-in-therapy may also automatically evoke comparisons with others, i.e., "what others are now, I could become" (Markus & Nurius, 1986, p. 954). Specifically, in considering whether seeking psychological help will be self-stigmatizing, a person may consider whether their 'current self' is closely related to a typical therapy client and whether they wish to become like them. Perceptions of clients are hypothesized to be based on a person's beliefs and stereotypes and predict one's own attitudes toward seeking psychological help (Hammer & Vogel, 2017). Given that one's own values predict stigma, and stigmatized views of therapy are based on stereotypic representations of others, it is conceivable that self-stigma may be related to the alignment of an individual's values with the values they believe a therapy client prioritizes. For example, an individual with high levels of value similarity may anticipate that help-seeking would be less stigmatizing because seeking therapy would not contradict their current values. In contrast, if there is a large discrepancy between a person's own values and the values they believe a therapy client prioritizes, they would likely anticipate that seeking psychological help would be threatening because going to therapy would contradict their values. It is also conceivable that these effects might be most pronounced for personal values that theoretically align with positive beliefs about

therapy (i.e., self-transcendence) or concerns about stigmatization (self-enhancement). These possibilities remain untested in the current literature.

The Present Study

Research has identified that prioritizing self-transcendence (e.g., universalism and benevolence) and self-enhancement values (e.g., achievement and power) are important predictors of anticipated self-stigma. Yet, it is unknown whether the similarity between a person's own values and their perceptions of therapy clients' values predict anticipated self-stigma of seeking psychological help. This is an important omission given that the very act of anticipating seeking help likely involves mental simulations (i.e., possible selves) that are composed of both self-evaluations as well as social comparisons. As such, it is possible that individuals who believe their values align with those of therapy clients will anticipate that therapy will be less stigmatizing. Conversely, those who believe that clients' do not share their values will report higher levels of anticipated self-stigma. Therefore, the present study examined the extent to which self-stigma was predicted by the interaction between a person's own prioritization of personal values and their perception of a typical therapy client's prioritization of values.

The present research used a sophisticated approach to test the extent to which anticipated self-stigma is predicted by perceived similarities between one's own values and those of a typical therapy client. Although most past work has used (absolute) difference scores or profile correlations to examine similarity effects, these methods are limited (Shanock et al., 2010) as they reduce an inherently three-dimensional relationship between personal values, perceived values, and the outcome to a two-dimensional one, thereby introducing substantial ambiguities in the analyses. These methods are problematic because they (1) discard information about the location and strength of value similarity effects, (2) conflate a similarity effect with the contributions of individuals' personal and perceived values, (3) and typically consider similarity effects across value types rather than testing whether similarity effects occur for some values but not others. Redressing these shortcomings, the present research used polynomial regression and

response surface analyses (RSA) that provide more statistical validity and detail about value similarity effects and allowed us to plot the complex interplay of effects in three-dimensional space (for helpful overviews, see Barranti et al., 2017; Wolf et al., 2020).

Methods

Participants

A total of 231 undergraduates participated in the present study (Sex: 82.3% female, 17.7% male; Age, *M* = 19.34, Range = 18─26; Race/Ethnicity: 68.4% White/European American, 15.2% Latinx/Hispanic American, 10.8% Black/African American, 3.0% Asian/Asian American, 2.2% Multiracial, 0.4% self-identify; Class: 48.1% Freshman, 16.0% sophomore, 22.1% junior, 12.6% senior, 1.3% other). Nearly half of all participants (44.6%) reported they had talked to a mental health professional in the past about a mental health concern; of those with previous help-seeking experience, 37% reported it was voluntary, 7.4% reported it was not voluntary, and 44.6% did not respond.

Measures

Personal Values. Personal values were assessed via card sorting procedures (see below), using 10 values cards that were based on Schwartz' value theory (Schwartz, 1994). The cards included *conformity, tradition, benevolence, universalism, self-direction, stimulation, hedonism, achievement, power,* and *security.* To familiarize students with the values concepts they would be working with, an experimenter provided students with 10 values flash cards; each card had the name of a value on one side of the card and the definition of that value on the other side. Participants were given three minutes to read the cards to try to remember the definitions. The experimenter quizzed participants until they were able to correctly answer the value that corresponded to each definition.

Anticipated Self-Stigma. The Self-Stigma of Seeking Help (SSOSH) scale measured participants' anticipated self-stigma related to seeking psychological help (Vogel et al., 2006). The 10-item scale phrases items hypothetically, such as "I would feel inadequate if I went to a therapist for psychological help" (Vogel et al., 2006). Items were rated on a 5-point Likert scale

where 1 = *strongly disagree* and 5 = *strongly agree*. Five items are reverse-scored so that higher scores correspond to higher anticipated self-stigma. Previous support for the validity of the SSOSH has indicated positive relations with the public stigma of seeking psychological help (i.e., beliefs that society stigmatizes help-seeking) and anticipated risks of disclosing in therapy, as well as negative relations with attitudes toward seeking professional psychotherapy and intentions to seek therapy (Vogel et al., 2006). In the present sample, α = .87.

Distress. The Self-Administered K6+ is a 6-item measure assessing psychological distress (Kessler et al., 2002). Participants were presented with the sentence stem "During the past 30 days, about how often did you feel…" and rated answers, such as "nervous" and "hopeless," on a 5-point Likert scale where 1 = *all the time* and 5 = *none of the time*. A clinical score is calculated by summing scores after converting the scale items so that 0 = *none of the time* and 4 = *all of the time*. Previous research supports the validity of the K6+ due to its ability to discriminate between clinical and non-clinical populations (Kessler et al., 2002), as well as internal reliability with Cronbach's alpha values ranging from .89 to .92. Internal consistency in the present sample, α = .83.

Previous Help-Seeking. Students' previous psychological help-seeking was assessed using a single item that asked, "as an adult have you ever talked to a mental health professional about a mental health concern?" Affirmative responses were followed up with the question, "was this voluntary?" Item were coded such that 0 = *no* and 1 = *yes*.

Procedures

Participants who were at least 18 years of age were able to sign up for the present in-person study via their psychology departments' research participant pool called SONA, wherein students can complete psychological studies for course credit. After providing informed consent, participants gave demographic information on an iPad. To examine values, participants were asked to prioritize a list of 10 basic human values (cf. Schwartz, 1994, 2012) according to the procedure described below.

Personal values card-sorting. Participants were then handed a new set of 10 magnetized values cards. On one side of each card there was the name of a value and examples of that value (e.g., Achievement—successful, ambitious, intelligent, capable, influential). On the other side was a corresponding definition (e.g., personal success that is recognized by others). After reading through the cards for 3 minutes, participants were quizzed on their ability to select the correct value when each definition was read; this procedure was repeated until participants correctly named all 10 values. Participants were then instructed to consider the personal importance of each value card and to sort them on a metal wall underneath one of three anchor cards—(1) most important, (2) unsure/neutral, (3) least important. After this initial sort, the experimenter placed 10 magnetized numeric cards on the metal wall in a vertical line with *1 = most important* on top and *10 = least important* on the bottom. Participants were instructed to rank-order each value. An experimenter observed and logged the participants' rank-order. For analyses, the value scores were reverse-coded and centered around zero for polynomial regression analyses, with possible scores ranging from –4.5 (least important) to +4.5 (most important).

Therapy Client's Values Card-Sorting. To assess participants' perceptions of a therapy client's values, participants completed the procedures just described—except they were instructed to sort the cards imagining that they were a person going to psychotherapy. An experimenter observed and logged the participants' rank-ordered values. For analyses, therapy client values were reverse-coded and centered around zero, with possible scores ranging from –4.5 to +4.5.

Outcome Measures. After completing card-sorting activities, participants completed questionnaires assessing anticipated self-stigma of seeking help and psychological distress. Participants indicating interest were provided additional mental health information. All study procedures were approved by the university's institutional review board.

Results

Descriptive Analyses

Missing data for individual scale items (i.e., SSOSH and K6+) ranged from 0.0% to 0.4%, and Little's (1998) Missing Completely at Random (MCAR) test was not statistically significant, χ^2 (15) = 7.43, $p < .944$. *Table 1* displays descriptive data and correlations between personal values and outcome variables. The sample's mean distress score was 7.04 (*SD* = 4.70; Range: 0.00 – 23.00), with 36.4% reporting symptoms indicative of low distress, 45.1% indicating moderate distress, and 15.6% indicating severe distress (cf. Prochaska et al., 2012).

Analytic Approach

We used polynomial linear regression analyses to examine effects of participants' own values, their perceptions of therapy client values, and similarity effects between these linear terms on anticipated help-seeking self-stigma (for an overview of this analytical approach, see Barranti et al., 2017; Wolf et al., 2019). The analysis entered seven predictors: the linear terms of a participant's own values, their perception of a therapy client's values, and covariates (i.e., distress, previous help-seeking) in step 1, and the interaction between a participant's own values and their perception of a therapy client's values (i.e., a multiplication of the two linear terms) and their two quadratic terms (i.e., each linear term squared) in step 2 of the analysis. We conducted 10 analyses, with one analysis for each of the 10 value types.

Further, we produced response surface analyses (RSA; R package 'RSA'; Schönbrodt & Humberg, 2018) plots in the statistical program R (version 4.4.2; R Core Team, 2018) to visually inspect interactive effects. We focused on the interaction term as an indicator of a possible similarity effect and evaluated it in the light of other present linear and quadratic effects. A similarity effect refers to situations when a person rates their own personal values and those of a therapy client in a similar manner (e.g., when one's own values are both at +2, or when both are at –2). Conversely, a dissimilarity effect refers to situations when a person rates their own personal values and those of a therapy client differently (e.g., when one's own values are at +2 but a client's values are at –2, or vice-versa). We tested for these patterns in the main analyses. Before conducting the analyses, we followed recommendations from Barranti et al. (2017) by

ensuring the presence of similarity and dissimilarity in our data, that the linear terms were not multicollinear, and that all predictors were centered around the scale midpoint.

Main Analyses

The results from the polynomial regression analyses on the outcome anticipated help-seeking self-stigma can be seen in Table 2. There was one linear effect wherein ranking power as important predicted higher anticipated self-stigma, $b = 0.05$, $SE = 0.03$, $t(226) = 2.13$, $p =. 035$.

Achievement values showed a statistically significant interaction between participants' own values and their perceptions of a therapy client's values on anticipated self-stigma, $b = -0.02$, $SE = 0.01$, $t(223) = -2.19$, $p = .030$. As shown in Figure 1, a simple slopes analysis generally revealed a similarity/dissimilarity effect wherein participants who perceived a hypothetical therapy client as ranking achievement as less important anticipated less stigma if they also ranked achievement as less important (i.e., bottom front corner in the figure, at -2 and +2 on both predictors) and more stigma if they ranked achievement as more important (i.e., top right corner, at +2 on personal values and -2 on client values), $b = 0.06$, $SE = 0.03$, $t(223) = 2.03$, $p = .044$. There was no similarity effect when participants perceived a hypothetical therapy client to rank achievement more highly (i.e., no effect at the back wall of the figure), $b = -0.03$, $SE = 0.03$, $t(223) = -1.12$, $p = .265$.

Security values also showed a statistically significant interaction between participants' own values and their perceptions of a therapy client's values on anticipated self-stigma, $b = 0.02$, $SE = 0.01$, $t(223) = 2.20$, $p = .029$. As shown in Figure 1, a simple slopes analysis generally revealed a similarity/dissimilarity effect wherein participants who perceived a hypothetical therapy client as ranking security as more important anticipated less self-stigma when they personally devalued security values (i.e., bottom left corner, at -2 on personal values and +2 on client values) but anticipated more self-stigma when they personally also ranked security as more important (i.e., top back corner, at +2 on both predictors, $b = 0.12$, $SE = 0.05$, $t(223) = 2.50$, $p = .013$. There was no similarity effect when participants perceived a hypothetical therapy client to

rank security less strongly, $b = 0.03$, $SE = 0.04$, $t(223) = 0.68$, $p = .496$. Polynomial regression analyses showed no other statistically significant interaction effects on anticipated self-stigma.

Discussion

The present study examined how therapy clients' own values and their perception of hypothetical therapy clients' values predict anticipated self-stigma of seeking help. Some may perceive help-seeking as a threat to self-image in part because they view attending psychological help as threatening positive self-perceptions (Fischer et al., 1982). Results of the present study also provided some support for the notion that a person's evaluation of psychological help as self-stigmatizing may be a function of a person's own values as well as their perceptions of the values of typical therapy clients. Results indicated that self-stigma was highest for those who prioritized achievement but viewed therapy clients as prioritizing achievement less than them. Interestingly, self-stigma was unrelated to a person's prioritization of achievement values when they perceived therapy clients as also prioritizing achievement. Overall, this pattern of results suggests that psychological help may only be particularly self-stigmatizing to achievement-oriented people when they perceive psychological help as a service utilized by those who are less oriented toward achievement than them. This expands upon findings that those who hold a more stereotypically negative image (e.g., worthless, inadequate, selfish) are more likely to anticipate self-stigma should they seek help themselves (Hammer & Vogel, 2017).

The interaction effect slightly differed for the security value. Anticipated self-stigma was highest when participants prioritized security and believed therapy clients also prioritized security values. Security values reflect a desire for safety and broadly reflect a motivation for conservation, i.e., maintaining the status quo; as such, security is motivationally opposed to openness to change values such as self-direction that focus on autonomy, personal freedom, and a broader motivation to experience novelty, stimulation, and change (Schwartz, 1994, 2012). However, self-stigma was lower when participants personally devalued security even when they thought help-seekers would value security (i.e., dissimilarity in values). Therefore, one possible explanation for the observed effect is that individuals who devalue security are more open to the

process of personal growth and change that is core to many therapeutic modalities, regardless of whether they perceive others who seek out therapy as sharing this same value.

Limitations and Future Directions

Our results should be interpreted within the scope of certain limitations. First, this sample was primarily composed of White, female undergraduates experiencing moderate psychological distress. Replication among diverse populations would improve external validity. Although the in-person nature of the study increased experimental control, it also limited sample size; replication of the present results with larger samples that provide sufficient statistical power for correction of multiple comparisons may be necessary for additional confidence in the present results. Apart from security and achievement, no other personal values yielded statistically significant similarity/dissimilarity effects. Though it is conceivable that benevolence and security may be the only values that are relevant to stigmatization concerns; this does not cohere with previous literature. One possibility for these findings is that our sample was qualitatively different from previous research. For example, observed relations could have been attenuated because therapy was less personally relevant to some participants; only about 1 in 6 participants reported severe levels of psychological distress which is lower than national estimates. Examining these variables in more severely distressed samples may be beneficial because psychological help may be more personally relevant and amplify concerns about stigmatization. Another possibility is that this study lacked the statistical power to find smaller effects that have been reported in previous research. The cross-sectional nature of our study also limits the ability to confirm directional effects, which requires experimental and/or multi-wave designs are needed to bolster the nature of the relationships observed in the present study. Additionally, it is possible that the physical presence of an experimenter elicited socially desirable responding; this could have attenuated the expression of stigmatizing responses and influenced the prioritization of personal values. Future research may benefit from experimentally testing social desirability effects related to help-seeking stigma and personal values that arise when participants know they are being observed. Future work may also benefit from experimentally testing whether

presenting individuals with information on what they have in common with typical therapy clients can reduce self-stigma or whether such similarity information could be threatening for some individuals and backfire. Future research could also examine the impact of the interaction between other relevant self-evaluations and therapy client evaluations including personality traits and gender norms.

Conclusion

The present study has important implications for the approaches that are utilized to encourage psychological help-seeking. Evaluations of psychological help may entail an interaction between how a person views themselves and "who they believe they may become," the latter of which may be informed by their perceptions of typical therapy clients. Specifically, the present study found self-stigma to be higher for two such interactions. First, self-stigma was higher for those who prioritize achievement but view typical therapy clients as people who do not. Second, self-stigma was higher for those who prioritize security and view typical therapy clients as people who also do. That is to say, therapy might be viewed as most stigmatizing when it threatens concerns about future success or security. This suggests that an important approach for improving perceptions of psychological help may be highlighting the facts that therapy clients are often successful people, and that therapy may involve changes that will not necessarily threaten one's personal or social security.

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Table 1.

Descriptive Statistics for all Study Variables and Correlations between Values (Own and Therapy Client), Covariates (Distress, Therapy Visit), and Outcome Variables.

Variable	***M***	***SD***	**Correlation with Stigma**
1. Own Benevolence	2.36	2.03	−.07
2. Own Universalism	0.76	2.56	−.10
3. Own Self-Direction	1.86	2.14	.02
4. Own Stimulation	−0.31	2.19	−.01
5. Own Hedonism	−1.22	2.54	−.01
6. Own Power	−3.28	1.91	.13*
7. Own Achievement	−0.42	2.56	.03
8. Own Conformity	−0.98	2.62	.04
9. Own Tradition	−0.92	2.51	−.09
10. Own Security	2.15	2.08	.10
11. Client Benevolence	1.23	2.38	.02
12. Client Universalism	−1.25	2.44	.09
13. Client Self-direction	1.79	2.30	.05
14. Client Stimulation	−0.54	2.23	−.09
15. Client Hedonism	0.46	2.71	−.08
16. Client Power	−1.95	2.80	.00
17. Client Achievement	0.88	2.31	−.02
18. Client Conformity	−0.72	2.60	.02
19. Client Tradition	−2.50	2.01	−.09
20. Client Security	−2.60	2.15	.09
21. Distress	7.04	4.70	.06
22. Therapy visit	45%	—	−.21**
23. Stigma	2.28	0.72	

Note. *Own* = Participant's personal importance of value, *Client* = Participant's perception of a therapy client's importance of value.

*$p < .05$, **$p < .01$.

Table 2

Standardized Beta Weights from Polynomial Linear Regression Analyses, regressing Stigma on Own and Perceived Therapy Client Values for each Value Type, Controlling for Therapy Visit.

Value Type	Own	Client	Interaction	Own²	Client²	Distress	Therapy
Benevolence	−.10	.03	.04	.01	−.10	.18*	−.28***
Universalism	−.10	.09	−.03	.07	.00	.18*	−.26***
Self-direction	−.01	.06	.12	.14	.00	.18*	−.27***
Stimulation	−.01	−.08	−.01	.06	.01	.17*	−.27***
Hedonism	.02	−.07	.03	.01	−.02	.17*	−.27***
Power	.14*	−.04	.14	−.14	.01	.18**	−.28***
Achievement	.04	−.01	−.16*	.06	.02	.19**	−.27***
Conformity	.03	.02	.06	−.05	−.07	.17*	−.28***
Tradition	−.06	−.08	.01	−.04	.03	.18*	−.27***
Security	.10	.07	.26*	−.13	−.01	.16*	−.30***

Note. Own = linear effects of participant's own values, Client = linear effects of hypothetical therapy client values, Interaction = interaction effects of values (own×client), Own^2 = quadratic effects of participant's own values, $Client^2$ = quadratic effects of hypothetical client's values, Therapy = previous therapy visit.

*$p < .05$. **$p < .01$.***$p < .001$.

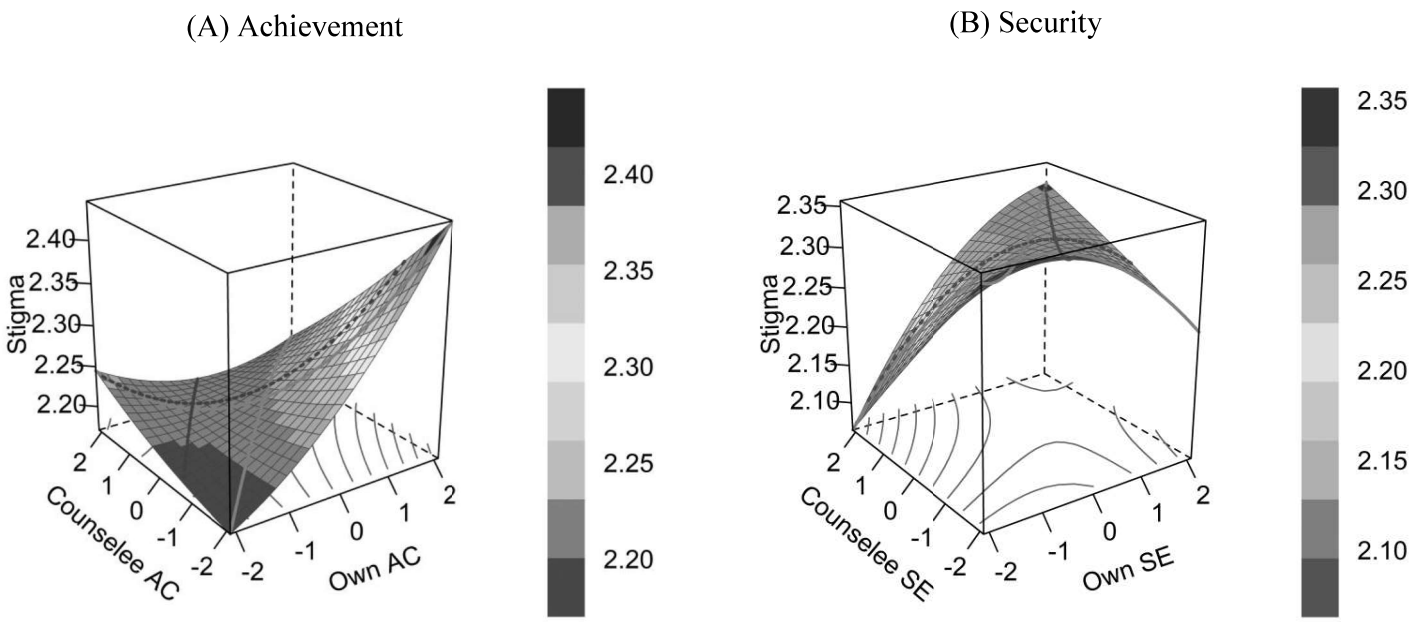

Figure 1. Response surface analysis plot of the interaction between participants' own values and their perceptions of therapy clients' values on anticipated help-seeking self-stigma. Higher scores indicate higher anticipated self-stigma. Counselee AC = Hypothetical client's prioritization of achievement. Own AC = Participant's own prioritization of achievement. Counselee SE = Hypothetical client's prioritization of security. Own SE = Participant's own prioritization of security.