RESISTANT CAPITAL, ACTIVISM, AND THE MENTAL HEALTH AND WELL-BEING OF ADOLESCENTS

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ABSTRACT

Andrew Jian-Bing Chin: Resistant Capital, Activism, and the Mental Health and Well-being of Adolescents (Under the direction of Steven E. Knotek).

The extant literature on mental health and psychological well-being of adolescents in the United States has provided considerable insight into the factors that contribute to their overall functioning as well as how these resources and supports can be conceptualized and organized. One understudied theoretical orientation and its related constructs is Community Cultural Wealth (CCW) and its subconstructs of cultural capital. Cultural capital is particularly useful in helping conceptualize the supports and resources of minority, at-risk, and marginalized groups who may not possess or value the same types of tools or assets as their peers who belong to majority groups. Within CCW, resistant capital is understudied compared to other forms such as family or social capital despite how it is conceptualized to include ways in which individuals and groups are socialized, an individual's attachment and perceptions of belonging, resisting subordination, and advocating for social justice and equality. Resistant capital and its subconstructs are also relatively understudied in their individual and collective contribution to adolescent mental health and well-being. Utilizing the National Longitudinal Study of Adolescent to Adult Health (Add-health) Wave I dataset, four variables of cultural capital were constructed (family, social, aspirational, and resistant) and subjected to three analytical procedures to understand their relationship to mental health and well-being. Preliminary results showed significant relationships of resistant capital to mental health and well-being. These findings included a significant correlation between resistant capital and variables of mental health and well-being. In addition,

resistant capital as an independent variable was shown to have a significant association with mental health and well-being while also having some significant associations to mental health and well-being as a covariate with biological sex, race/ethnicity, and immigrant status. Finally, significant differences in mental health and well-being outcomes were observed between sociodemographic groups when resistant capital is a covariate; these comparison groups consisted of male versus female, white versus non-white, and immigrant versus non-immigrant. The implications of these findings are discussed in relation to understanding mental health and well-being in adolescents and future directions for interventions and inquiry.

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LIST OF ABBREVIATIONS

AC	Aspirational Capital
CCW	Community Cultural Wealth
COC	Communities of Color
CRT	Critical Race Theory
CSI	Concealed Stigmatized Identity
DV	Dependent Variable
ERI / REI	Ethnic-Racial Identity or Racial-Ethnic Identity
ERS	Ethnic-Racial Socialization
FC	Familial Capital or Family Capital
GLM	Generla Linear Model
IV	Independent Variable
LGBT	Lesbian, Gay, Bisexual, and Transgender
LGBTQIA+	Lesbian, Gay, Bisexual, and Transgender, Queer, Intersex, and Asexual
MH	Mental Health
PERMA	Positive Emotions, Engagement, Relationships, Meaning, and Achievement
RC	Resistant Capital
SC	Social Capital
WB	(Psychological) Well-Being

CHAPTER 1: INTRODUCTION

Mental health problems are incredibly prevalent amongst youth in the United States. In adolescents, about half (49.5%) experience a behavioral health problem in their lifetime, over one-fifth (22.2%) experience significantly debilitating symptoms, and forty-percent experience problems with disorders in two different diagnostic classes (e.g. major depressive disorder and comorbid generalized anxiety disorder) (Merikangas et al., 2010). In addition to this jarring statistic, over the past ten years violent death, namely suicide, has been in the top four leading causes of death in children and adolescents next to unintentional injury, homicide, and malignant neoplasms (CDC, 2021). Data from the National Comorbidity Study-Adolescent Supplement (NCS-A) reports slightly less than half (45.0%) of all adolescents between 2001 and 2004 received some form of treatment for their psychiatric diagnosis with 23.6% of total individuals receiving services in the school, which is greater than those receiving care in a specialty, mental health outpatient clinic (22.8%) (Costello, He, Sampson, Kessler, & Merikangas, 2014).

The extant literature on adolescent mental health has been able to provide insight into how these problems manifest that provide more context to their etiology, while also providing potential pathways for prevention and intervention and areas that would benefit from additional exploration. An important contribution provided by existing research is the documentation of increased risk for adolescents experience of challenges and dysfunction based on identification and/or belonging to specific sociodemographic groups including, but not limited to ethnicity/race (e.g. Hung et al., 2020; Lee & Wong, 2020; Silva & Van Orden, 2018), disability status (e.g. Dean-Boucher, Robillard, & Turner, 2019; Tough, Siegrist, & Fekete, 2017), socioeconomic

status (SES) (e.g. McFarland et al., 2019; Rodems & Shaefer, 2020), or gender identity and sexual orientation (e.g. Busby et al., 2020; Hall, 2018). To illustrate briefly, The National Center for Educational Statistics (McFarland et al., 2019) reports that the most common reasons for bullying are related to physical appearance, race/ethnicity, gender, disability, and sexual orientation. Moreover, bullying has been linked to poor mental health outcomes in youth (e.g. Holt et al., 2015; Kowalski, Giumetti, Schroeder, and Lattanner, 2014). There is some data (e.g. Raabe & Beelmann, 2011) that suggests a significant contributing factor to the development of prejudice in adolescents towards outgroups is much more domain-specific and dependent on the social environment and social context. These types of insights are critical to providing services to those who need it while also providing a path for further exploring the relationship between different psychosocial constructs and mental health.

Group membership, culture, and intergroup interactions have been explored in a variety of ways that have shed light on some of the mediating and moderating influences culture has on psychological, educational, and developmental functioning. While there may always be an existential threat of experiencing adversity or challenges regardless of group identification and membership, there is a bevy of available literature that has systematically shown elevated risk of negative psychosocial outcomes within minority populations including the literature cited previously. Academic efforts have also undertaken the role of scientifically mapping out how minority members of our communities differ along a variety of domains in psychosocial functioning (e.g. academic functioning or well-being) as well as engaging in valid needs assessments that inform intervention and preventative efforts.

A variety of theoretical perspectives have also provided ways to (re)conceptualize problems and their potential solutions that include the consideration of cultural factors and how

culture mediates developmental and behavioral processes, which ultimately impact mental health outcomes in adolescents. One area that has not received as much attention in the extant literature are the social justice and activist behaviors of adolescents including how these behaviors may manifest and what impact they may have on individual experience of psychopathology and overall well-being.

Within the extant educational literature, there is one theory that provides a gateway into constructing a more inclusive framework for conceptualizing how cultural factors influence specific behaviors, the differences in how specific behavioral phenomena emerge, and how they impact overall mental health and well-being. The following literature introduces Community Cultural Wealth and its link to well-being.

CHAPTER 2: REVIEW OF THE LITERATURE

Community Cultural Wealth

Community Cultural Wealth (CCW) is a framework that helps define knowledge, resources, skills, and abilities that are utilized particularly by communities of color (COC) to survive and resist racism and other forms of oppression (Yosso & Burciaga, 2016). CCW draws upon Critical Race Theory and critiques of social and cultural reproduction to delineate how racial/ethnic minority groups – and to larger extent, other minority, marginalized, and at-risk groups – can thrive within systems and contexts that may be discriminatory against – if not outright hostile – towards them (Yosso, 2005). Yosso (2005) originally defined CCW as being comprised of at least six forms of *cultural capital*, while also acknowledging the potential presence of others; scholarship on cultural capital has produced additional forms such as *caring capital* (Lawton-Stickler, 2018), *spiritual capital* (Park, Dizon, & Malcolm, 2020), *transnational capital* (Araujo & de la Piedra, 2013), and *transgressive capital* (Pennell, 2016). Together, these forms of capital challenge the "deficit thinking" model that permeates through different domains of American society such as law and education while offering a different way to conceptualize what is valued and critical to success; it has been argued that White, middle-class norms have long been the cultural standard of American life from which all other cultural expressions and behaviors are judged that result in the perceptions of a group to be either "culturally wealthy" or "culturally poor" (Yosso, 2005). Previous scholarship has revealed that dominant and minority groups and their respective cultures interact in a way such that individuals belonging to the latter

are subjected to teachings and cultural knowledge that is deemed "valuable" by the former (Garcia & Guerra, 2004; Yosso, 2005). In this sense, at-risk and minority groups are placed in a subordinate status to the majority group (and their culture) and viewed as deficient or inferior for the simple fact of being different along subjectively determined criteria. One of the issues with observing differences related to group membership and culture through a deficits perspective is that it provides a limited scope of interpreting "success" – which in itself is also based on assumptions about culturally appropriate outcomes – that leads to the perception that it is not the system that needs to change in the face in inequality, but rather it is incumbent on the affected students, parents, and communities to change as the system itself is already established as equitable and effective (Garcia & Guerra, 2004; Yosso, 2005). A good historical example of this is the value of accruing wealth from which "success" is inferred. Whereas success may be more readily evaluated by the dominant culture through the accumulation of monetary and material wealth, success in COCs – who have historically lacked these types of resources – is determined differently; the various forms of cultural capital can give greater insight into well-being in racial/ethnic groups as well as other at-risk and minority populations (Yosso, 2005). The original six forms defined by Yosso (2005) are as follows.

Aspirational capital refers to the ability to maintain hopes and dreams for the future despite the presence of real and/or perceived barriers that creates and nurtures a culture of possibility that can help break cycles of individual, family, and community inequality present in COCs (Yosso, 2005; Yosso & Burciaga, 2016). *Linguistic capital* includes the intellectual and social skills attained through communication as well as communication through the use of visual art, music, or dance (among others) that promotes the transmission of cultural content and highlights the skills of individuals within COCs to navigate through different - and potentially

hostile - environments and contexts (Yosso, 2005; Yosso & Burciaga, 2016). *Familial capital* refers to the collective knowledge nurtured amongst "kin" that carries a sense of community history, memory, and cultural intuition that acknowledges that within COCs, family commonly includes the bonds between different families and extends throughout the community promoting the idea that no one person or family is alone in dealing with their problems (Yosso, 2005; Yosso & Burciaga, 2016). *Social capital* is defined as the networks of people and community resources that provide instrumental and emotional support to individuals navigating through society's institutions, which can sometimes be self-sustaining as within COCs, individuals may choose to give back and further invest in these networks to help others giving rise to the tradition of "lifting as we climb" (Yosso, 2005; Yosso & Burciaga, 2016). *Navigational capital* refers to the specific skills related to navigating through social institutions particularly those that were created without taking the needs of COCs into account that highlights individual agency and development, but also the inherently connected social networks and community navigation resources (Yosso, 2005; Yosso & Burciaga, 2016). Lastly, *resistant capital* refers to the knowledge and skills fostered through oppositional behaviors that challenge inequality and is fostered by a legacy of resistance to subordination that includes the promotion of different variations of personal identity such as young women in COCs being taught to assert themselves as strong, intelligent, and independent in the face of racism and gender inequality (Yosso, 2005; Yosso & Burciaga, 2016).

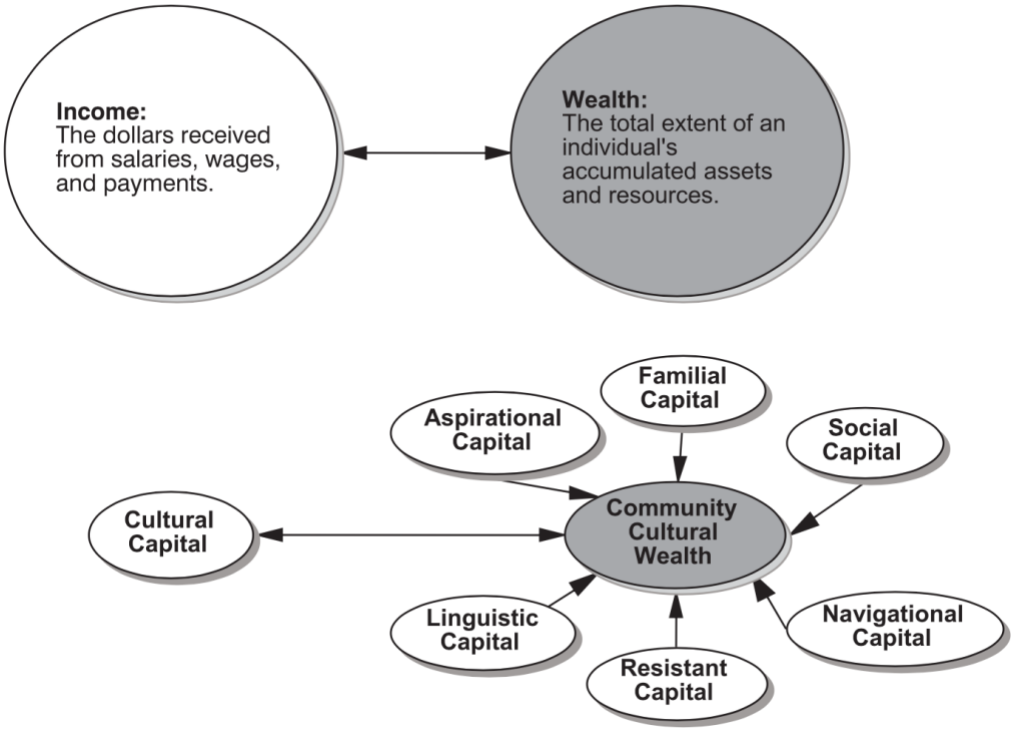

Fig. 1 *Multi-dimensional framework of cultural capital from Yosso (2005)*

It is particularly within the final form of capital – *resistant capital* – and its relationship to mental health and well-being in adolescents that this study is focused on. Rather than perceiving differences as dysfunctional or deviant, resistant capital provides a starting point from which mental health professionals, educators, community stakeholders and beyond can identify and capitalize on unique cultural resources to promote well-being. Moreover, resistant capital may provide insight into how specific/unique resources may contribute to resiliency, thus providing a buffer against adverse experiences and mental health problems. Specifically, it is asked: does resistant capital have a relationship with group membership and mental health. Moreover, do social justice and advocacy behaviors that fall under resistant capital provide any benefits to mental health and well-being. Of additional interest is how resistant capital interacts with other cultural constructs such as socialization, identity development, acculturation, and

race-related coping to further mediate the relationship between group membership and mental health and well-being.

Thus, while all forms of cultural capital within CCW are interrelated and may demonstrate (sub)construct overlap, resistant capital is the lynchpin through which values of equality, social change, and activism are ultimately expressed; social justice and activism are observable behaviors that can be recorded and potentially linked to mental health and well-being. The following is a review of the construct of resistant capital and its literature base.

Resistant Capital Scholarship

The existing literature surrounding resistant capital is not very large and has its limitations. In addition, Yosso's (2005) derivation of CCW as a whole has been used more so in educational scholarship, but even within that domain, the literature is also somewhat limited and does not always focus on all six forms of capital. Studies focusing specifically on child and adolescent populations are also limited and contain a varying degree of focus on forms of capital. In addition, a significant proportion of studies focusing on capital are qualitatively based. As such, available studies focus on niche populations and do not necessarily have the desired generalizability that can be found in other theoretical frameworks.

The mostly exploratory studies on resistant capital that are available, cover a broad spectrum of psychological, developmental, and educational areas. For example, Papa (2019) engaged Cambodian-American adolescents and young adults using Photovoice (Wang & Burris, 1997) – a form of Participatory Action Research (PAR) methodology – to elicit their perceptions on community concerns and found that for the sample, resistant capital emerged from several different key topics: 1) challenging the assumption that to be American, one is White; 2) recognizing the perception that Cambodians are dangerous and inferior to White Americans has

a detrimental impact on policing in Cambodian communities, and; 3) expanding upon the Eurocentric or Americanized coverage of topics in school and advocating for the inclusion of ethnic studies that reflect the ethnic/racial diversity of the community within the school district's curriculum (Papa, 2019). Papa (2019) noted that providing a space and tools with which youth could interact and think critically was key in developing the critical consciousness necessary to create and wield resistant capital. Within this study, resistant capital manifested in several different ways: 1) appearing through the development of an identity (COCs are also American, COCs are respectable members of their community and COCs can be educators or people to be learned from); 2) socialization (providing a sense of culture and skills to interact with other groups and institutions that may be hostile towards them such as law enforcement); 3) education (acting as teachers to peers and the community about their cultural and historical experiences as a person of color), and; 4) advocacy (engaging in activities that promote social justice and equality) (Papa, 2019). These results are insightful to working with Cambodian youth and potentially other Southeast Asian populations and highlight how resisting harmful perceptions about one's own group, building a strong sense of community within one's group, and advocating for one's group can have positive effects. What may not be as evident however, is whether or not some of the patterns of resistant capital observed amongst Cambodian youth differ from other Southeast Asian youth groups as well as their peers from other minority groups. As to be expected, resistant capital has some observed differences across groups and contexts, but again, the qualitative nature of other studies presents some limitations.

At least two studies examining resistant capital in Latino/a higher education populations were found. One examined how CCW influences academic success in Latinos attending

community college (Sáenz et al., 2017), while the other specifically examined resistant capital in undergraduate, Latino/a, STEM students (Revelo & Baber, 2018).

Sáenz and colleagues (2017) highlighted the importance of several interrelated processes in the cultivation of resistant capital in Latino men such as building *familismo* - sense of family unity and connectedness (Sáenz et al., 2017), *machismo* - "masculinity" and gendered expectations for men including hard work, dignity, and resilience (Sáenz et al., 2017; Soto et al., 2011), *respeto* - respect for others and parents regardless of age or gender (Calzada, Fernandez, & Cortes, 2010; Sáenz et al., 2017; Valdes, 1996), and *consejos* – advice and support (Sáenz et al., 2017). While these cultural processes are infused in many other life domains, Sáenz and colleagues (2017) focused specifically on how these impacted success in higher education. It was specified that while Latino/a families are often involved in both academic (e.g. teaching accountability and preparedness) and non-academic (e.g. teaching manners and values) areas of life, it is particularly within the latter that the process of *consejos* contributes to how young men are taught about their role as a "man" and the importance of hard work (Sáenz et al., 2017; Valdes, 1996). Consejos was found to be significant for a variety of reasons including fathers imparting their experiences of struggling, promoting education as a way to better oneself, and fostering aspirational capital and communicating wanting to see their sons succeed (Sáenz et al., 2017). Resistant capital in this particular study took the form of utilizing education as a way to attain more fruitful employment and thus, resisting economic burden and subordination (Sáenz et al., 2017). Stress and conflict were also noted across the sample particularly as Latino men try to complete their degrees while also trying to manage familial expectations of contributing (financially) to the family (Sáenz et al., 2017). While being outside the scope of the study, these interactions create questions about how resistant capital may contribute to overall well-being as

demonstrated by how resilience and aspirational qualities can be fostered. Furthermore, they also raise questions about how different processes may interact with resistant capital that have downstream effects on mental health and well-being.

Some of these processes are further highlighted in Revelo and Baber's (2018) qualitative study in Latino/a STEM students. As an underrepresented group within STEM education, Revelo and Baber (2018) observed resistant capital taking the form of role modeling, participating in community outreach, and collective resistance. Through role modeling, undergraduate student members of the Society of Hispanic Professional Engineers (SHPE) were observed to develop self-concepts as leaders and challenge academic and professional barriers through demonstrating/modeling skills for success, creating a sense of belonging for others, and "paying it forward" for younger cohorts (Revelo & Baber, 2018). Undergraduate Latino/a's further wielded resistant capital through reaching out to middle and high school students particularly in this Latino/a community; through this type of engagement, undergraduates sought to promote STEM education, inspire younger generations, and give back to their communities not only as a way to challenge the gap between the Latino/a community and college, but to also promote STEM programs and careers which do not have many Latino/a students (Revelo & Baber, 2018). Finally, collective resistance was observed through SHPE's creation of a *familia* amongst its members that is a critical element in providing support against stereotypes and empowering members during their education (Revelo & Baber, 2018). Embedded within this study are elements and building blocks of mental health and well-being. For example, the creation of possibilities and purpose in obtaining an education and degree may create hope, resilience, and/or grit. The creation of a student organization and maintenance of familia in higher education and extending it to the community can create a sense of belonging and build strong

social supports. Beyond the general exploration of resistant capital's connection to mental health and well-being, Revelo and Baber (2018) also identify more nuanced facets about this relationship.

Revelo and Baber (2018) highlight within their study the importance of two aspects of resistance: conformist and transformative resistance. Conformist resistance refers to the focus on improving opportunities for traditionally marginalized populations by changing individual or group dispositions that better match norms within a dominant structure in lieu of creating systemic change whereas transformative resistance refers to both the critique of the inequitable structure and the motivation to make systemic change (Revelo & Baber, 2018). Indeed, many undergraduate students in their study acknowledged that role modelling in particular was more conformist, but noted that this strategy was still important and can be used as a tool to help a movement gain critical mass and promote systemic change (Revelo & Baber, 2018).

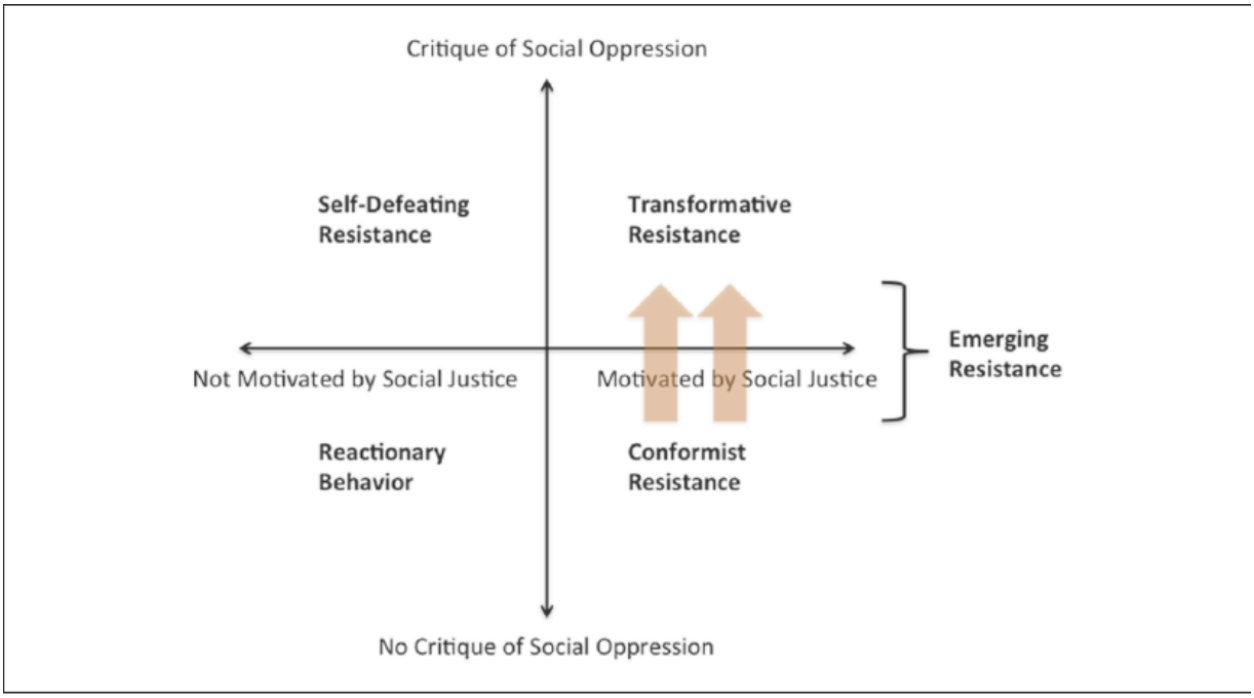

Fig. 2 Two factor model of resistance creating four different types of action based on a variation/combination of presence of a critique of social oppression and change processes motivated by social justice (Revelo & Baber, 2018).

The concept of resistant capital falling into at least two different categories is illuminating. While it is important to some of the overarching questions in this study, it also highlights some of the ways in which different groups conceptualize resistance. For example, it is argued that the mere existence of the LGBTQ+ community and its members living their lives creates resistant capital as it challenges heteronormativity (Pennell, 2016). This more "passive" – as Pennell (2016) writes - or conformist approach does provide insight into potentially fostering change at the local level; resistance – whether overt or covert – have their respective places in allowing members of the LGBTQ+ community to live more comfortably overall (Pennell, 2016). Pennell (2016) argues that the ability to move from a conformist stance to a transformative one is a form of capital on its own. *Transgressive capital* refers to the proactive challenging of boundaries and the creation of a group's own reality (queer or otherwise marginalized) (Pennell, 2016). Through acts such as challenging the binary perception of gender and sexual orientation or transgender youth requesting to be called the name of their choice, LGBTQ+ individuals are able to push norms or structures thereby achieving outcomes similar to those outlined under transformative resistance (Pennell, 2016). The hypothesized presence of transgressive capital and how resistant capital may exist as a passive or active set of processes and behaviors begs the question, what – if any – patterns exist in the manifestation of resistant capital between minority, marginalized, and at-risk groups and what similarities and differences arise in mental health outcomes as a result of resistant capital.

One final study examining resistant capital did so amongst a sample of students in a highly diverse elementary school; half of the school population attended a dual language immersion program, located near a port of entry on the US-Mexico border, and a significant

amount of the student population traveled back-and-forth between the US and Mexico (Araujo & de la Piedra, 2013). Araujo and de la Piedra (2013) sought to examine how cultural capital was used to navigate academic life while attending school in the United States as well as the role capital plays in mitigating the effects of exposure to violence in Mexico while participating in everyday life in the US. Resistant capital was found to be created through several different processes. Of particular note was the development of resiliency and confronting the normalcy of violence through protecting and improving the livelihood of one's family – education being one way in which this could be facilitated (Araujo & de la Piedra, 2013). Students also noted that they had found a variety of ways to actively cope with their traumatic experiences, while also possessing a responsibility to their family and communities in Mexico and a desire to help them, which led to the emergence of transformational resistance (Araujo & de la Piedra, 2013). Within this study, transformational resistance was identified in the study sample as students would frequently identify the inequity existing between life in Mexico (Ciudad Juarez) and the US (El Paso) as well as some of the potential causes, thus developing a critical perspective and critique of government that is foundational to creating critical consciousness; a proportion of students were also noted to have begun talking about community-organizing particularly around self-protection and protecting neighborhoods as well as ways in which these types of activities promote character development and pass on important values (Araujo & de la Piedra, 2013). The way in which students displayed resistance culminates in another form of capital hypothesized as *transnational capital*: the multitude of spaces and contexts occupied by transnational individuals and families that requires the adoption of different skills and knowledge that is crucial in navigating the diverse spaces that are important to the individual and his/her family (Araujo & de la Piedra, 2013).

The extant – albeit limited – literature base on resistant capital amongst adolescents highlights the need to explore several different processes between this type of capital and mental health. First, resistant capital includes the transmission of cultural wealth and passing on relevant knowledge, skills, and values from one generation to the next; these will be important as adolescents continue to develop their identities, make important life decisions, and transition into new roles that have implications for mental health and well-being. Second, resistant capital and the transmission of culture inherently includes a developmental aspect that shapes how adolescents are raised that may have stark contrasts between different groups that may ultimately impact mental health. Thirdly, resistant capital includes the specific skills, networks, and resources that at-risk, minority, or marginalized groups can use – particularly within the context of surviving, resisting subordination, and passing on culture to others, which may act as a buffer against distress and psychopathology. These facets are important considerations to make particularly when different groups have different values, beliefs, and practices that may conflict with those of another group or with a system at large. While conflict in itself may naturally create distress and result in psychopathology, resistant capital by nature possesses several different elements that can act as protective factors against mental health problems. The following literature examines several interrelated processes that are germane to adolescent development and mental health.

Resistant Capital, Cultural Transmission, and Ethnic-Racial Socialization

Yosso's (2005) original publication provides a broad definition of how resistant capital manifests in COCs and their collective legacy of diverse strategies that promote positive development and the transmission of cultural wealth. Furthermore, it is suggested that maintaining and passing on other dimensions of CCW creates part of the knowledge base of

resistant capital (Yosso, 2005). As such, resistant capital is suggested to include cultural variations of identity development, transmission of knowledge, and fostering of cultural practices. One such historical example provided in illustrating resistant capital are the Japanese communities within internment camps that resisted racism and subordination by maintaining and nurturing various forms of cultural wealth (Wakatsuki-Houston & Houston, 1973; Yosso, 2005). Other groups have legacies of fostering particular cultural identities that challenge cultural norms and standards. African American mothers have a history of raising their daughters as "resistors" who assert themselves as intelligent, beautiful, strong, and worthy of respect that rebuff negative societal perceptions of "Blackness" and the belittling of Black women (Robinson & Ward, 1991; Yosso, 2005; Listman, Rogers, & Hauser, 2011). Similarly, Latina mothers have been observed to also pass on "resistant" values through the teaching of their daughters to *valerse por si misma* (to value oneself and be self-reliant) within structures of inequality including racism, capitalism, and patriarchy (Villenas & Moreno, 2001; Yosso, 2005; Listman, Rogers, & Hauser, 2011).

Some of the same forms of cultural transmission and identity development related to the development of resistant capital exist in other at-risk sociodemographic groups. Within the deaf community, the legacy of audism as viewing deaf individuals as unwanted or inferior is embedded in a variety of cultural systems and social institutions; audism manifests in the form of treatments and interventions that label deafness as something to be corrected or within the workplace where deaf individuals are discriminated against (Listman, Rogers, & Hauser, 2011). The legacy of audism also influences the interactions between dominant culture and deaf culture that produces a struggle of identity maintenance in deaf individuals and results in the questioning of personal identity and ability (Listman, Rogers, & Hauser, 2011). Resistant capital within the deaf community is created and observed when deaf individuals are provided a space to interact

with other deaf individuals, share their stories of encountering audism, and teach each other (Listman, Rogers, & Hauser, 2011). Deaf adolescents attending residential school for the deaf had higher resilience compared to deaf students in mainstreamed programs (with and without support services) (Listman, Rogers, & Hauser, 2011; Thew, 2007). Thus, the resources necessary to create a space for culture to be transmitted can also be interpreted as a part of resistant capital that aligns with Yosso's (2005) original definition of CCW. The evidence outlined within previous literature of deaf individuals and resistant capital establishes as basal link with well-being.

It is evident that within resistant capital is the propagation and transmission of cultural knowledge and practices between individuals, families, communities, and generations. What is also equally important is how resistant capital drives development in individuals. Resistant capital shares a great deal with another branch of scholarship related to ethnic/racial socialization (ERS) that also includes the transmission of culture. Indeed, research on ERS includes four main themes: cultural socialization, preparation for bias, promotion of mistrust, and egalitarianism (Priest et al., 2014) that are similar to some of the underlying messages youth receive as a part of generating resistant capital.

In their systematic review of how different groups engage in ERS, Priest and colleagues (2014) reviewed the ethnic-racial and gender intersection on socialization and found that – to no surprise – different ethnic/racial groups socialize their youth in different ways. For example, previous studies suggest that African American boys tend to receive more preparation for bias messages than girls, which reflects gendered patterns of racism in society (Priest et al., 2014), while girls receive more messages related to respecting others and maintaining self-awareness of one's behaviors (Berkel et al., 2009; Priest et al., 2014). Berkel and colleagues (2009) also found

that African American mothers emphasized the importance of perseverance despite discrimination equally between boys and girls thus demonstrating that certain aspects of socialization can be different, while others are the same at the intersection of gender and ethnicity/race. Perseverance, as a (sub)construct has been linked to other established moderators of mental health and well-being. One such construct is grit, which is divided into consistency of interest and perseverance of effort (Akos & Kretchmar, 2017; Duckworth et al., 2007) and has been linked to academic achievement (e.g. Akos & Kretchmar, 2017; Datu, et al., 2019) and mental health and well-being (e.g. Datu et al., 2019; Disabato et al., 2016).

These findings and others like it are important given the data in the extant literature that has demonstrated a consistent, negative link between direct experiences of discrimination, racism, and psychological well-being (e.g. Cave et al., 2020; Priest et al., 2013) with some emerging evidence suggesting even secondhand experiences such as vicarious racism also negatively impact child health (Heard-Garris et al., 2018)**.** These cultural responses to discrimination, racism, and other societal/cultural conflicts also gives way to one other facet in which resistant capital is transmitted and connects to well-being.

The collective literature on cultural transmission and socialization has also provided insights into racism-based coping that can be viewed as an extension of cultural practices that are passed on or encouraged amongst COC's. The extant literature has also consistently documented that culture mediates a wide range of processes in behavioral health interventions including preferences for support (e.g. who individuals reach out to such as family or clergy), preferences for treatment (e.g. integrating spiritual or religious aspects into care), and willingness to engage with mental health professionals (e.g. Goldston et al., 2008; Reardon et al., 2017; Derr, 2016).

Culture is also one of the suggested mediators of coping behaviors in response to discrimination and racism.

Lewis-Coles and Constantine (2006) assessed how different types of racism (*individual*, *institutional*, and *cultural racism*) would predict African-American adults use of *Africultural Coping* – consisting of *cognitive/emotional debriefing*, *spiritual-centered*, *collective-coping*, and *ritual-centered coping* (Utsey, Adams, & Bolden, 2000) – and religious problem-solving. Gendered differences were found in response to stress in general as well as in response to different levels of racism; in general, black women were found to utilize deferring and collaborative styles more often than their male counterparts who opted for self-directing, religious problem-solving styles, which affirms previous research suggesting black women use more religious coping strategies when faced with challenges while black men prefer to confront their problems directly (Lewis-Coles & Constantine, 2006). In response to individual-level racism, there were no significant differences between male and female use of Africultural coping or religious problem-solving; in response to institutional racism women were found to use more cognitive/emotional debriefing, spiritual-centered, and collective coping strategies while cultural racism-related stress resulted in lower use of self-directing religious problem-solving strategies (Lewis-Coles & Constantine, 2006). Interestingly, institutional racism did not significantly account for any variance in Africultural coping styles in men; cultural racism significantly predicted greater use of collective coping strategies in men (Lewis-Coles & Constantine, 2006).

Other research has sought to identify "profiles" of racial/ethnic identity and coping behaviors. In a sample of Latina/o adolescents, McDermott, Umaña-Taylor, & Zeiders (2019) identified three unique profiles that examine the intersection of racial-ethnic identity and mental health/coping; these unique profiles included *passive* and *moderately proud*, *rude* and *work hard*

*(*a.k.a. *confrontative*), and lastly, and *proud* and *work hard* (a.k.a. *proactive*). Of additional interest were the findings that the profiles of adolescents remained relatively stable (80.5%; n = 260 of participants stayed in the same profile) over the course of two years and three sampling waves as well as the findings that compared to adolescents with proactive profiles, those with confrontative ones reported lower academic motivation and those with passive and moderately proud profiles reported lower academic motivation and self-esteem (McDermott, Umaña-Taylor, & Zeiders, 2019). It was hypothesized that for certain profiles, particularly those in the passive and moderately proud group, experienced differences in outcomes in adjustment (i.e. well-being scores) as a result of variations in coping repertoires as opposed to differences in experiences of discrimination; while profiles are highlighted by a balance of coping strategies, *ignoring* is prevalent in similar levels across them suggesting that coping with racial-ethnic discrimination is relatively normal further suggesting that differences are a result of how other strategies are used in conjunction (McDermott, Umaña-Taylor, & Zeiders, 2019). One last important finding was a sensitivity analysis showing that differences in perceptions of discrimination predicted differences in profile membership longitudinally (McDermott, Umaña-Taylor, & Zeiders, 2019).

In a similar vein, Forsyth and Carter (2012) identified four different clusters of adult, African-American males based on racial identity – using the Racial Identity Attitude Scales (Helms & Parham, 1996) – and scores on the Racism-Related Coping Scales (Forsyth & Carter, 2012); based on the level of identity integration, cluster members were more likely to rely on particular racism-related coping strategies. The results of this study identified those within the cluster of *internalization-empowered resistance* – featuring a secure and self-confident identity that takes advantage of community and/or legal resources to hold individuals accountable in racially charged incidents – had the least intense psychological symptoms out of the four clusters

indicating that different aspects of the clusters (i.e. racial-ethnic identity and methods of coping) contribute differentially to mental health outcomes; how individuals encounter racism and discrimination – as a product of socialization and an individual's identity development – and consequently respond can distort even potentially ambiguous situations and result in the manifestation of feelings of self-blame or denigration (Forsyth & Carter, 2012). It is specifically mentioned that racial-ethnic identity can be a powerful internal resource that can influence how individuals appraise racially charged incidences and choose the strategies used to cope with them; individuals in earlier stages of racial-ethnic identity development may need additional assistance in processing the role of race and racism in distressing situations (Forsyth & Carter, 2012). These results share some similarities with McDermott, Umaña-Taylor, & Zeiders (2019) in that racial-ethnic minorities display patterns of (learned) behavior and cognitive processes that fit into their personal experiences of discrimination and racism wherein they are able to retain their identities and cultural practices.

While the extant literature does provide insight into how the propagation of specific cultural knowledge and traditions help construct individual identity, it is not as clear what specific activist or social justice messages are imparted between generations, amongst cohorts of individuals, or communities at large. While *egalitarianism* is one of the four main subconstructs of ERS, it refers to the shared commonalities between groups rather than racial, ethnic, or cultural differences (Priest et al., 2014) and it is not as clear how this construct translates to actual activism, challenging inequality, and achieving social justice. Moreover, it is not clear if there are any particular patterns of resistance that exist within or across minority, marginalized, or at-risk groups of adolescents. Another intriguing aside, is the lack of clarity around how transformative behaviors are transmitted and fostered amongst youth who belong to majority or

non-marginalized groups (e.g. how might a Caucasian adolescent come to support the Black Lives Matter movement or someone who identifies as Christian/Catholic supporting LGBTQ+ rights). Thus, the question of how adolescents – particularly those belonging to minority, marginalized, or at-risk groups – possess and display resistant capital is of particular intrigue. What – if any – differences exist between minority, marginalized, or at-risk adolescent groups in terms of resistant capital quickly follows. Lastly, the question of whether or not resistant capital contributes to adolescent mental health and well-being is a focal point of this study.

While resistant capital and other socialization processes impact identity development, another facet of identity research is the extent to which different elements of adolescent identity are central to their self-concept and how this may shape decision making including the participation in activism. On its face, it isn't unreasonable to surmise that individuals may be more likely to utilize resistant capital in the service of an identity that is important to them and less likely when it is not. This leads the review into another important aspect of how resistant capital manifests.

Resistant Capital, Identity Centrality, and (Ethnic-Racial) Pride

As previously discussed, part of resistant capital includes the socialization and development of minority youth, which includes the processes through which youth encounter, cope with, and resist racism and discrimination. A significant contributor to how individuals respond to oppression and subordination is identity. It is asserted here that by extension, resistant capital also includes identity development. There is a wealth of scholarship focusing on identity particularly – within the context of this study – along the lines of racial-ethnic (REI or ERI), gender, and sexual orientation identity. Beyond these three forms of identity however, there exists a large pool from which an individual can identify his, her or their self, which begs the

question: what is identity? Borrowing from more specific definitions found in ERI research (e.g. Neblett, Rivas-Drake, & Umana-Taylor, 2012; Seaton et al., 2011; Tikhonov et al., 2019), identity as a general construct could be defined as the subjective sense of membership to a group, its significance, and meaning in an individual's life. As it will be discussed further, this broader definition is important in encapsulating other domains integral to identity including, but not limited to religious or spiritual affiliation, disability, or immigrant status.

Whereas identity may affirm or deny one's identification or membership in a particular group, *identity centrality* refers to the extent to which belonging to a particular group is seen as important to one's sense of self (Davis & Kiang, 2016; Hoffman, Kurtz-Costes, & Shaheed, 2020; Quinn & Chaudoir, 2009). It is possible then that an individual may loosely associate themselves with a more transient or fluid identity such as their age, whereas a static identity such as ethnicity/race could have greater importance in their self-concept.

In addition, while centrality refers to the spectrum along which the amount of importance one places on his, her, or their belongingness to a group, *regard* refers to the (positively or negatively valanced) feelings about one's affiliation toward their in-group (Davis & Kiang, 2016; Hoffman, Kurtz-Costes, & Shaheed, 2020). *Ethnic pride* or *pride* is sometimes used synonymously with regard. Pride as a construct has generally carried a similar – if not the same – meaning as regard although it has also been extended to include affirmation, commitment, and self-respect of one's identity (e.g. Castro, Stein, & Bentler, 2009; Gfellner, 2016; Kulis, Napoli, & Marsiglia, 2002; Upadhyayula et al., 2017). Nevertheless, high or positive regard and pride connote greater importance, attachment and belonging, and warmth surrounding one's identity. Building high/positive regard and fostering pride should be targets of interventions supporting mental health and well-being.

The development of strong identities – or potentially lack thereof – has been implicated in a range of psychosocial outcomes including mental health and well-being. REI, in itself, in relationship to psychological well-being has been shown to have at least a historically modest relationship ($r = .17$) that has spanned across age groups including adolescents and young adults (Smith & Silva, 2011). More specific findings include evidence suggesting that amongst African American pre-adolescents and teens, greater internalization (i.e. more positive racial identity) is linked to more positive self-concepts as well as higher composite identity scores correlated with lower depressive symptoms (Rivas-Drake et al., 2014). In a longitudinal study of students of Mexican origin (followed from fifth to ninth grade), Hernandez et al. (2017) found that ethnic pride was prospectively associated with self-esteem, which in turn was associated with school belonging which itself had a bidirectional relationship with ethnic pride; it was noted that ethnic pride was only associated with school belonging later amongst girls noting that the relationship of ethnic pride with self-esteem and school belonging is significantly mediated by gender and time (Hernandez et al., 2017), which echoes historical patterns within REI research.

Within their meta-analysis, Smith and Silva (2011) note that REI alone contributes to only a small proportion of variance in well-being. A variety of scholarship exists examining the intersection of multiple identities such as gender. For example, while strong ethnic-racial identities have been linked to greater well-being in American Indian adolescents, gender is noted to also contribute significantly to positive mental health; gender private regard made the strongest contribution amongst males and while gender private regard *and* gender centrality amongst females had the most significant associations with well-being (Hoffman, Kurtz-Costes, & Shaheed, 2020). These findings are similar to those examining Black adolescents at this intersection which found a relationship between gender identity and self-esteem and reduced

depressive symptoms (Hoffman, Kurtz-Costes, & Shaheed, 2020; Rogers, Scott, & Way, 2015; Skinner et al., 2018).

There is evidence that the intersection of other forms of identity and centrality also impact well-being. Religiosity amongst Asian American adolescents is associated with greater positive affect, presence of meaning of life, and reduced depressive symptoms (females) (Davis & Kiang, 2016) whereas amongst young gay and bisexual men, religiosity has different effects. In examining different components of religiosity (e.g. participation, commitment, or spiritual coping), religiously affiliated gay or bisexual men were observed to have poorer psychological outcomes compared to their non-religious counterparts (Meanley, Pingel, & Bauermeister, 2016). Religious commitment and participation are particularly associated with lower self-esteem and greater internalized homophobia while spiritual coping was associated with greater life purpose and self-esteem; greater spirituality or tapping into spiritual capital may provide a path for young gay and bisexual men to build resiliency through the spiritual benefits offered by their respective ideologies (Meanley, Pingel, & Bauermeister, 2016). These findings are insightful to the examination of resistant capital in regards to the devaluation – or even demonization – of a particular group of individuals by another despite a shared identity. This echoes the previously mentioned question of how resistant capital manifests differently between different groups of minority, at-risk, or marginalized youth. This intersection also creates an additional point of inquiry: are there significant differences in observed capital when youth identify with several different minority groups (e.g. LatinX *and* LGBTQ+)?

The scholarship around sexual orientation and mental health engenders a conversation about "concealable stigmatized identity" (CSI). CSI is generally defined as an identity that can be hidden from others, but carries social devaluation (Crocker, Major, & Steele, 1998; Quinn &

Chaudoir, 2009) and negative public regard that can be a source of shame in the individual (Goffman, 1963; Quinn & Chaudoir, 2009). CSIs cover a broad range of identities including, but not limited to (history of) mental illness, rape, domestic violence, previous incarceration, HIV/AIDS, or substance abuse (Quinn & Chaudoir, 2009). The extent to which concealed identities cause distress can be traced to the unique contributions of cultural stigma, anticipation of devaluation if an identity is revealed, the salience of the identity, and the greater degree of centrality the identity is to the individual (Quinn, Chaudoir, 2009). Quinn and Chaudoir (2009) also found that those who anticipate social devaluation and rejection if their identities are revealed also report greater centrality and salience of their identity, which in turn increases distress. Interestingly, while cultural stigma impacts anticipated stigma and distress directly, it does not indirectly impact identity centrality or salience; anticipated stigma directly impacts distress while also working indirectly through its associations with centrality and salience (Quinn & Chaudoir, 2009).

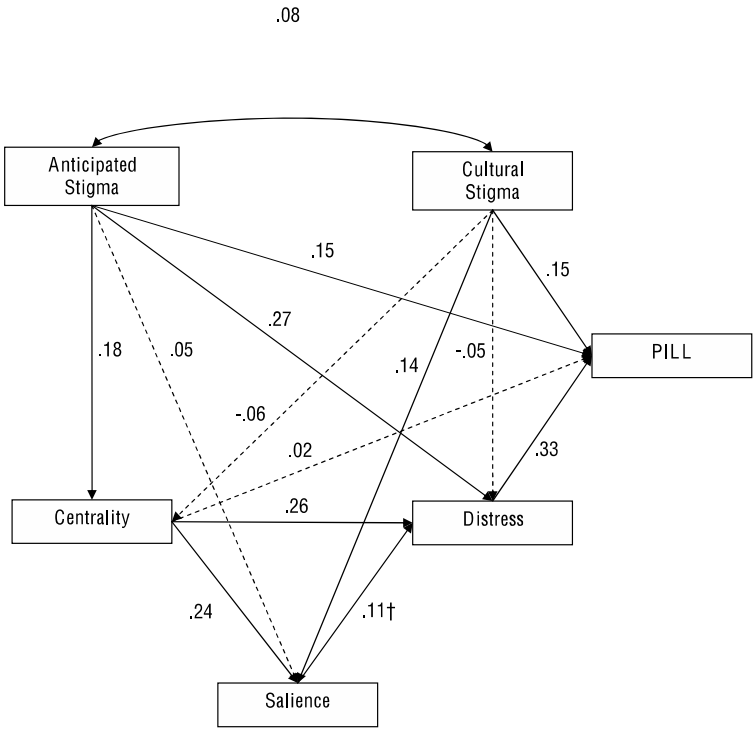

Fig 3. Structural equation model of anticipated stigma, centrality, salience, cultural stigma, and distress effects on health (Quin & Chaudoir, 2009)

It is evident that the underlying mechanisms between identity and well-being are complex; a variety of mediators and moderators are present that can quickly make conceptualizing well-being as a product of resistant capital murky. What is clearer from the extant literature is the linear relationship resistant capital has with well-being. Elucidating further, which factors contribute significantly to overall mental health and well-being in adolescents is warranted. It has been previously identified that this form of cultural wealth includes socialization and cultural transmission processes, which promote identity development and provide tools to resist marginalization, subordination, and oppression. These in turn along with racism, discrimination, sexism etc. have had a negative impact on overall functioning. The extant literature does provide insight into how the cultivation of strong identities can rebuff against some of these effects while also promoting the growth of adaptive behaviors and cognitive processes. In particular, they can give rise to advocacy and activist behaviors as evidenced by *empowered-resistance* identified by Forsyth and Carter (2012); a strong, internalized REI is associated with coping behaviors that not only protect the individual, but seek to hold those who offend responsible.

The extant literature provides some encouraging directions in the exploration of and intervention into factors that promote mental health and well-being. The current literature base establishes several common threads to reducing psychological distress and promoting thriving across the adolescent population regardless of group such as building positive identities or promoting safe social spaces/environments. One other area of promise – that is the focus of this study – is engaging in activism and social justice to challenge cultural and systemic barriers. There is limited evidence linking these behaviors to mental health and well-being. Furthermore,

it is unclear what – if any – patterns exist within other minority, marginalized, and at-risk groups. The discussion around identity centrality and pride, echoes another previously stated guiding question: how does resistant capital account for those who engage in advocacy and social justice activities that support groups with whom they do not necessarily share a direct relationship with? In addition, how do individuals within this phenomenological group benefit psychologically – if at all – from this type of participation?

The limited literature base does provide some inroads to grasping how social just and activism potentially influences psychological well-being. As with most of the literature reviewed thus far, it is not without its limitations. This final area is reviewed below.

Activism, Social Justice, and Mental Health

The extant literature on advocacy and social justice activities has a rather large and informative legacy and raises several other questions in relationship to resistant capital and well-being. A particular distinction that is made within this study however, is not advocacy as it is done by professionals or stakeholders – particularly in the context of youth – to the benefit of the affected, but rather, activism as it is observed in those adolescents themselves, whether it be conformist/passive or transformative. By this token, the extant literature shrinks considerably. In addition, the available literature examining the ways in which adolescents engage in resistance and activism is limited to samples that may also contain (young) adults including some of the literature that will be reviewed here.

Frost et al (2019) examined *economic precarity* and its subsequent effect on health and well-being in LGBTQ and gender non-confirming (GNC) youth, which included eliciting activist behaviors in response to their economic and social situations. The study also examined indirect

pathways of minority stress-activism, economic precarity-activism, and activism-participation in community-based organization (Frost et al., 2019).

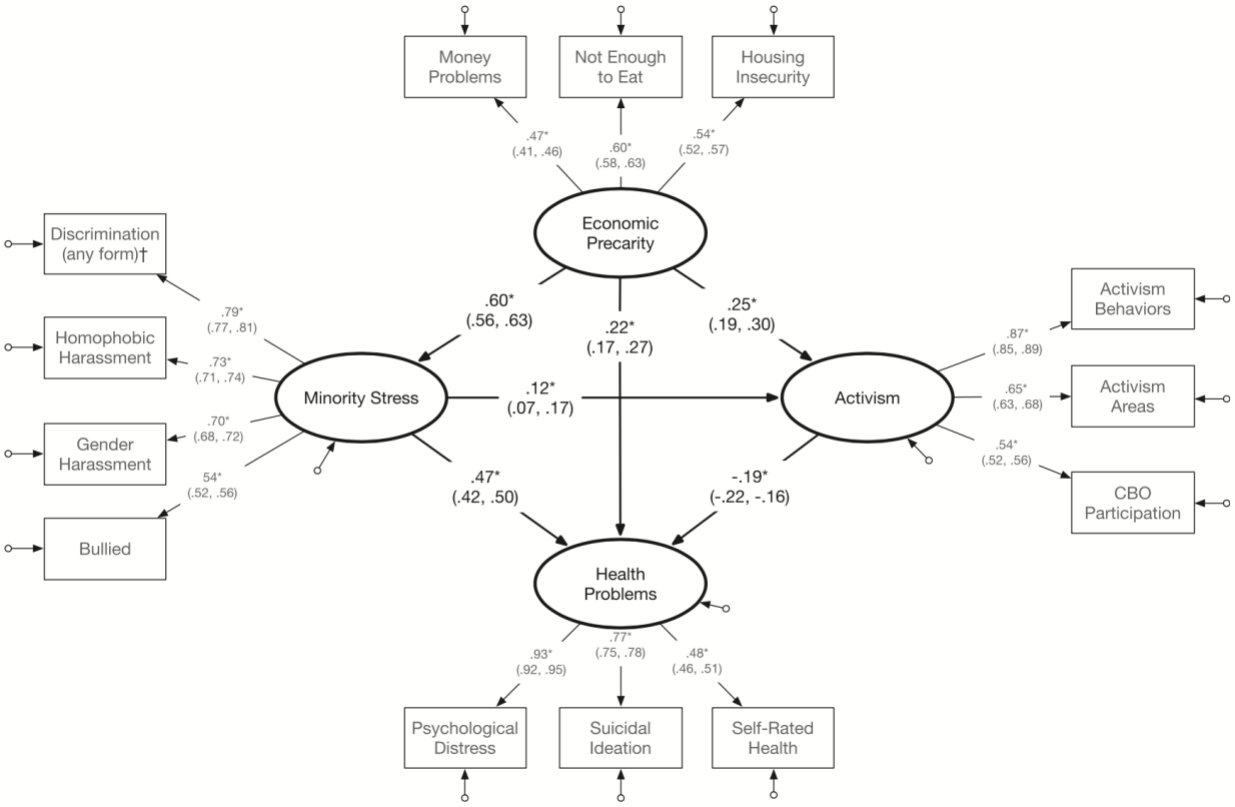

Fig. 4 SEM of associations between economic precarity, minority stress, activism, and health (Frost et al., 2019)

What was found in examination of direct and indirect pathways was a significant relationship/role activism plays within the proposed model of economic precarity and the health outcomes of LGBTQ/GNC individuals; economic precarity was associated with greater activism (direct), which in turn was associated with fewer health problems (Frost et al., 2019). Minority stress was associated with activism as well as well economic precarity's association to activism via minority stress and activism partially mediates the association between minority stress and health outcomes (Frost et al., 2019). While the findings are illuminating on a specific piece of resistant capital (i.e. activism) and its roles in contributing to mental health, part of the primary purposes and analytical procedures were also its limitations; as the goals were geared towards

examining the intersection of race and gender in the context of economic precarity in LGBTQ/GNC individuals, race became a single variable during analysis and does not elucidate any other potential differences based on race. Moreover, intersectionality – particularly amongst LGBTQ samples – should consider other relevant identities. Based on earlier discussion on intersectionality, an LGBTQ+ and religious affiliation can create social conflict producing a range of mental health outcomes (e.g. Meanley, Pingel, & Bauermeister, 2016). Other pieces of resistant capital such as socialization or regard/pride should also be taken into account.

Other studies looking at differences between ethnic-racial psychological outcomes based on activism demonstrate differential effects of participation (Hope et al., 2018). Amongst African American undergraduate students, greater political activism was associated with decreased stress by the end of their first year of studies whereas their LatinX counterparts reported greater depressive symptoms with greater participation (Hope et al., 2018). Activism was also observed to moderate the relationship between racial-ethnic microaggressions and mental health indicators differently based on race; in Black students who were the most politically active, microaggressions were associated with greater stress and anxiety whereas more microaggressions experienced by high participating LatinX students were related to less stress and less depressive symptoms (Hope et al., 2018). It is noted that microaggressions overall contribute to a small proportion of the overall variance in mental health in this study and that observed differences between Black and LatinX students can be in part attributed to differences in histories of exposure and reactivity; a potential target of interventions for undergraduate students of color may be to provide more opportunities for activism that may help shape future responses to microaggressions and other forms of subordination and oppression (Hope et al., 2018). Thus, the findings and discussion of this study suggest that how youth are socialized both

to prepare for potentially discriminatory and racially-charged situations and cope with them can influence these outcomes. These outcomes highlight the necessity of also considering the variety of reasons "why" youth might engage in activism beyond racial-ethnic discrimination and racism.

Finally, in a qualitative study of Amnesty International United Kingdom youth group participants, four major themes (with several subthemes) were found amongst participants related to "what their youth group meant to them" (Montague & Eiroa-Orosa, 2018). The first major theme was "having a place to go" that was defined as a place where participants could express themselves and develop awareness and interest in human rights issues with subthemes including "opening eyes", developing an activist identity, and having fun while being an activist; the second theme identified was "power in numbers" with additional subthemes including the belief that a difference could be made and the belief that actions had made a difference; the third theme was "skilling-up" or learning life-skills, the subthemes of which included learning to express oneself, building resilience, and working collaboratively; the final theme identified was strengthening social connections with developing social bonds, creating a sense of belonging, and sense of support as subthemes (Hope et al., 2018). Thus, there are important socialization and developmental processes that take place as a result of engaging in activism. What makes adolescents more or less likely to engage in these behaviors brings this literature review full circle and affirms some of the general purposes already laid out. While this data is informative, it lacks some of the generalizability that quantitative methodology provides. These qualitative themes do highlight specific aspects of resistant capital that are aligned with specific subconstructs of resistant capital that are highlighted in this study.

The extant literature focusing on social justice and activism and its relationship to mental health in adolescents implicates the moderating roles of several different aspects of resistant capital including, but not limited to socialization, identity centrality, pride, and community building. As previously stated, due to limitations within the literature base, the role these components of resistant capital play would benefit from additional exploration in defining their role in promoting social justice behaviors and activism. Furthermore, elucidating how these progressive behaviors contribute to mental health in adolescents particularly those in minority, marginalized, and at-risk groups will be beneficial to continuing work on promoting protective factors.

Add Health Longitudinal Study and Well-Being

There are a variety of single studies looking into the correlates of well-being as well as domains of research (e.g., non-cognitive constructs or positive psychology) devoted to examining the conceptualization of well-being. The National Longitudinal Study of Adolescent to Adult Health Study, or Add Health however (Harris & Udry, 2015), is one of the largest, single empirical undertakings examining an expansive range of psychosocial factors that contribute to individual health. The study sampled cohorts over the course of five waves (Wave I from 1994-95; Wave II in 1996; Wave III from 2001-02; Wave IV from 2008-09; Wave V from 2016-18).

Secondary analyses of the Add-Health datasets have examined a variety of different factors in adolescent life in relationship to mental health and well-being; there are at least 322 publications related to well-being listed on the Add-health bibliography (UNC CPC, 2021). These contain contributions to the understanding of well-being including inquiry into niche identities/groups such as adolescent virginity status and psychological well-being (Sabia & Rees,

2008), examination of broader constructs such as sexual orientation and their connection to well-being (e.g. Jager & Davis-Kean, 2011; Wilkinson & Pearson, 2009), and intersectional analyses of multiple factors such as family, race, gender, and well-being in multiracial adolescents (e.g. Schlabach, 2013).

In spite of the large dataset of Add-Health and breadth of published studies, there still continue to be areas left to explore in understanding adolescent mental health. While there is no explicit mention of "resistant capital" within Add-Health (as the study predates the conceptualization of CCW), the data set does (Harris & Udry, 2015) contain a range of variables across several domains such as education, friends, family, and community that provides a solid foundation for examining how resistant capital – and the other forms of capital – relates to mental health and well-being.

In consideration of the other prospective benefits highlighted within the gaps of the extant literature, the Add-Health data presents a unique opportunity to examine previously studied correlates of mental health and well-being within the context of a novel framework. As such, this prospective study is guided by two overarching questions: 1) do measures of resistant capital predict mental health and well-being outcomes; 2) are the significant differences between groups (i.e. biological sex, race/ethnicity, and immigrant status) on measures of mental health and well-being adolescents. Two secondary questions elaborate question two: a) are there significant differences between groups in self-reported psychiatric symptoms and; b) are there significant differences between groups in self-reported well-being?

CHAPTER 3: METHODS

Drawing on the current breadth of literature on resistant capital and its relationship with mental health and well-being, there are several overarching aims that are guiding this study. First and foremost is the need to study resistant capital as a relatively understudied construct in adolescence compared to other forms of capital. Utilizing the Add-health data set, one of the primary goals is to examine links of resistant capital with inter and intrapersonal constructs of mental health and well-being. This goal is important particularly for clarifying how the elimination of social inequality and achieving social justice through activism can mitigate, if not remedy, the ill-effects of oppression and subordination that impact minority, marginalized, at-risk populations. A second aim of this study is to identify the predictors of activism and whether resistant capital predicts mental health and well-being in adolescents. Activism in the original operationalization of Community Cultural Wealth (CCW) is more implicitly rather than explicitly defined and would benefit from additional inquiry, A third overarching aim of this study is to identify potential differences between groups in terms of observed activism and differences in mental health and well-being outcomes; gender, race/ethnicity, and non-U.S. citizens were identified as usable samples from Add-health Wave I sample. Providing insight into these differences can help guide future inquiry into how resistant capital is manifested in adolescence as well as the underlying processes and assets that differ between groups.

In order to effectively fulfill the aims of this study, the relationships among resistant capital, group membership, and mental health and well-being is explored through the use of two

overarching methodological questions that guide this study: 1) Do measures of resistant capital predict mental health and well-being outcomes in adolescents?; 2) Are there significant differences between groups (i.e. gender, race/ethnicity, and immigrants) in mental health and psychological outcomes? Specifically, 2a) Are there significant differences in self-reported psychiatric symptoms?; 2b) Are there significant differences in self-reported well-being?

Study Design

Based on the expressed purposes of this study and associated research questions, a quantitative study was proposed for this project. It is argued that this type of methodology is beneficial to the continued examination of resistant capital due to the limited evidence base in adolescents; no studies have sought to explore resistant capital in any broad sense nor does the literature base provide any quantitative data that is useful in the generalization and progression of the CCW theoretical framework. While other methodological frameworks were considered such as an explanatory-sequential, mixed methods design, such methodology was deemed to be unwieldy given the relatively direct nature of the questions being asked. Moreover, a quantitative analysis of the construct of resistant capital in a broad way would allow for more targeted and complex methods in future research within the adolescent population. Based on the extant literature, there are several overarching questions related to resistant capital's association with mental health and well-being in adolescents – particularly those who are at-risk and marginalized. This study seeks to specifically clarify the potential differences in this form of capital among adolescents based on group membership and what may help predict these outcomes.

Sample and Dataset

Due to the pervasive impact of the COVID-19 pandemic and systemic challenges with recruiting, sampling, and compiling data from a cohort of adolescents, the pre-existing dataset in the Add Health Wave I was identified as an applicable data source to address the questions proposed within this study. In addition, the presence of particular variables within the dataset and how particular constructs were organized could help elucidate the differences in how well-being is conceptualized and what components contribute to mental health and well-being. The Add Health Wave I dataset (Harris & Udry, 2015), originally collected from 1994 – 95, is utilized to analyze contextualized data of adolescents in grades seven through twelve. The Wave I assessment sampled over 20,000 students and includes a number of different variables that impact well-being such as parent-child relationships, peer relationships, and school climate. The Wave I sample was selected not only because it is nationally representative, but procedures in the original study included an oversampling of minority populations. In addition, the sample is large enough to meet the requirements for statistical analysis. Utilizing a pre-existing dataset will allow for a timely exploration into the factors that contributed to psychological well-being among adolescents from the novel perspective of resistant capital.

Procedure

While the original intent of the Add Health study was to assess the health status of adolescents longitudinally and explore the factors related to well-being and poor health outcomes, the study variables were not conceptualized utilizing the CCW framework. Included in the Add Health's design are inclusive topics that divide the key markers for exploration into well-being; these include crime/delinquency and victimization, education, family, friends and social network, medication and substance use/abuse, physical health, reproductive health, risk behaviors, romantic relationships, and socio-economic status (Harris & Udry, 2015).

Upon review of the dataset (Harris & Udry, 2015) and its corresponding codebook, six variables were constructed that correspond to four forms of cultural capital (aspirational, familial, resistant, and social) as well as two "psychological" variables including symptoms of psychopathology and subjective overall well-being. The items were selected in a way that no concept is shared between variables and unrelated variables within the Add-Health dataset that were irrelevant to the construction of a cultural capital or mental health variable were ignored. As such, cultural capital variables within the study were identified utilizing a variety of psychosocial variables within Wave I such as school characteristics (in education), parental support and relationships (family section), social support (social section), and social support and mentoring (social section). Psychological variables of interest within the Wave 1 dataset include depression, self-esteem, stress/anxiety, suicidality as well as items found in the "personality and family" section.

To retain accuracy and authenticity to the original conceptualization of CCW (Yosso, 2005), items that comprise each cultural capital variable were selected primarily by the original, explicit definition of each form of capital. To further categorize items into appropriate capital variables, items of interest were then subjected to scrutiny based on explicit differences in the implicit definitions of each respective form capital. An operationalization of each variable is included below including example items that comprise it:

- Aspirational Capital (AC): Aspirational capital as defined by Yosso (2005) includes the hopes and dreams of individuals, families, and communities despite perceived and/or real barriers and creating a better life for oneself and their family. Aspirational capital as a variable in this study contains almost exclusively perceptions related to the motivation to attend college, perceived parental disappointment related to not graduating high school,

perceived parental disappointment related to not graduating college, as well as self-reported perceptions of working hard to obtain personal wants.

- Familial Capital (FC): Familial capital in CCW (Yosso, 2005) includes collective knowledge nurtured amongst "kin" that is responsible for the transmission of cultural wealth. Items from the Add-Health study include perceptions of closeness to parents, engagement in family activities (e.g. "how much fun do you and your family have together?"), and parental decisions affecting development and socialization (e.g. "who do you hang out with?", "what types of tv programs do you watch?", or "do you parents let you make decisions on what you wear?").
- Social Capital (SC): Social capital within CCW (Yosso, 2005) closely mirrors traditional and colloquial definitions of social support that include the networks of individuals, groups, and organizations the provide instrumental and emotional support. A key difference between these being that social capital also includes support used within the context to navigate institutions that were not constructed with COC's in mind. Social capital includes perceived closeness to individuals (e.g. peers, teachers, and adults), sense of belonging (i.e. school and neighborhood), and happiness related to being in current school and neighborhood.
- Resistant Capital (RC): Resistant capital (Yosso, 2005) is defined as the knowledge and skills fostered through oppositional behaviors that challenge inequality and promote unique, individual identities. The items that comprise resistant capital consist of observed psychological phenomena include being proud of oneself, perceptions of peers being prejudiced, and perceptions of being treated fairly.

- Mental Health (MH): The Mental Health variable refers specifically to the symptomatology associated with psychiatric diagnoses that contains items similar to other empirically validated instruments that query participants about various symptoms including, but not limited to disrupted appetite, lethargy, difficulty sleeping, hopelessness, feeling sad, anxiety, and suicidal ideation and suicide attempts.
- Well-being (WB): The Well-Being variable is primarily informed by the PERMA model from Positive Psychological theory proposed by Seligman (e.g. Phan & Ngu, 2017; Seligman, 2012; Seligman, 2018) that highlights five distinct, but interrelated domains that form the foundation of "flourishing"; these include positive emotions, engagement, relationships, meaning, and achievement. The concept of well-being is qualitatively different from the suffering that manifests from psychopathology. Additionally, the tools used to alleviate suffering and promoting self-actualization can be different. As such, the variables within WB reflect optimal functioning and self-evaluation of an individual's life in developmentally appropriate contexts. Items in this section include self-perceived ability to successfully navigate challenges, feeling social accepted and loved, opportunities to learn, obtaining goals, and self-perceptions of mastery of skills.

Analytic Strategy

The Wave I dataset (Harris & Udry, 2015) is made publicly available online. All files were primarily made available utilizing SAS formatted files. As such, all analysis was conducted on SAS Version 9.4.

Given the research questions of this study, the analytic approach was carried out in three main components.

The first component presents a simple generation of descriptive statistics and an intercorrelation matrix between the different variables of interest. As there are a number of different elements within this study, establishing common links between constructs is important when moving into the next phase of the analytic strategy.

The second component concerns itself with research questions pertaining to the role of resistant capital predicting behavioral and psychological outcomes in high school students. Question one asks whether or not resistant capital predicts mental health and well-being outcomes in adolescents. Of particular interest is also assessing the associative relationship of resistant capital with mental health and well-being within the context of group membership; the dataset will be group along biological sex, race/ethnicity, and immigrant status and resistant capital will be entered in as a covariate. As such, this study methodology allows for the use of simple and multiple regression analysis that span the four primary reasons to use regression: 1) quantify how one factor casually affects another; 2) forecasting or predicting an outcome; 3) determine the predictors of some factor; 4) adjust an outcome for various factors (Arkes, 2019). There are four main models that make up the regression analysis component: 1) RC predicting MH; 2) RC predicting WB; 3) IV's + RC predicting MH; 4) IV's + RC predicting WB.

The third component addresses the second set of questions ("are there significant differences between groups (defined by self-endorsed affirmation) in psychological outcomes?") involving potential differences in outcomes that may exist between groups. Questions 2a and 2b specifically focus on these differences and are restated here for clarity: 2a) Are there significant differences in self-reported psychiatric symptoms?; 2b) Are there significant differences in self-reported well-being? Thus, a third primary analytical tool used in this study is the incorporation of independent t-tests between groups of interest. These include comparisons between males and

females (gender), Caucasians and ethnic-racial minorities (race/ethnicity), and immigration status; as the extant literature has previously demonstrated the increased risk of poor psychosocial outcomes amongst minority populations, the final component of the analytical strategy is important in establishing key differences between in groups along resistant capital in conjunction with outcomes along mental health and well-being.

CHAPTER 4: RESULTS

The total sample size for the Wave 1, in-home data set was 6,504. The adolescent sample had a mean age of 15.32 years and with 51.5% identifying as female. Sixty-six percent of the sample identified as Caucasian, with the second largest racial/ethnic group identifying as African American/Black at 24.8%, followed by Hispanic/Latino youth at 11.4%, Asian or Pacific Islander at 4.1%, and American Indian or Native American at 3.6%. The dataset also contains an "other" category identifying 6.5% of the sample. In relation to race/ethnicity, the original interview did allow respondents to choose more than one race resulting in the cumulative percentages surpassing 100%. Due to the limitations and practicality of analyzing the dataset, the sample was calculated with respondents' affirmations in each of the singular race/ethnicity related items without taking into account the additional variable that asks respondents to pick one race/ethnicity if they selected more than one group in the prior items. This challenge mirrors observed methodological difficulties with recruiting and sampling participants from diverse populations particularly those individuals who identify with more than one group (e.g. Kaneshiro et al., 2011; Okazaki & Sue, 1995). Finally, in the sample, 93.7% of the sample reported that they were either born in the United States or have lived at their current address since birth (i.e. they were born U.S. citizens and not immigrants). Of the remaining respondents, 399 adolescents (approximately 6.1%) identified being born outside of the United States (immigrant status) and represent the final group that was used in analysis.

The first set of analyses in component one involved tests of correlation between the independent variables of interest (i.e. sex, race/ethnicity, and immigrant status) with resistant capital (and the other three constructed cultural capital variables) and mental health and well-being as presented in Table 1. Table 2 includes the descriptive statistics for the scores of each form of resistant capital, the outcomes cores for mental health symptoms, and the outcome scores for well-being outcomes.

Pearson Correlation Coefficients, N = 6485 Prob > |r| under H0: Rho=0									
	BIO_SEX	H1GI6A	H1GI11	AC	FC	RC	SC	MH	WB
BIO_SEX	1.00000	-0.00752 0.5447	0.00118 0.9242	0.07400 <.0001	0.00010 0.9936	0.10250 <.0001	0.01243 0.3170	0.10633 <.0001	0.08665 <.0001
H1GI6A	-0.00752 0.5447	1.00000	0.05194 <.0001	-0.13761 <.0001	-0.00947 0.4459	-0.05492 <.0001	-0.02092 0.0921	-0.02190 0.0778	0.05855 <.0001
H1GI11	0.00118 0.9242	0.05194 <.0001	1.00000	-0.04702 0.0002	-0.02134 0.0857	-0.02066 0.0961	-0.02441 0.0493	-0.00910 0.4635	-0.02228 0.0728
AC	0.07400 <.0001	-0.13761 <.0001	-0.04702 0.0002	1.00000	0.26979 <.0001	0.02602 0.0361	0.12424 <.0001	0.12080 <.0001	0.11320 <.0001
FC	0.00010 0.9936	-0.00947 0.4459	-0.02134 0.0857	0.26979 <.0001	1.00000	0.23137 <.0001	0.74116 <.0001	0.40410 <.0001	0.32816 <.0001
RC	0.10250 <.0001	-0.05492 <.0001	-0.02066 0.0961	0.02602 0.0361	0.23137 <.0001	1.00000	0.41467 <.0001	0.31733 <.0001	0.48800 <.0001
SC	0.01243 0.3170	-0.02092 0.0921	-0.02441 0.0493	0.12424 <.0001	0.74116 <.0001	0.41467 <.0001	1.00000	0.47038 <.0001	0.40054 <.0001
MH	0.10633 <.0001	-0.02190 0.0778	-0.00910 0.4635	0.12080 <.0001	0.40410 <.0001	0.31733 <.0001	0.47038 <.0001	1.00000	0.43575 <.0001
WB	0.08665 <.0001	0.05855 <.0001	-0.02228 0.0728	0.11320 <.0001	0.32816 <.0001	0.48800 <.0001	0.40054 <.0001	0.43575 <.0001	1.00000

Table 1: Intercorrelation matrix of independent and dependent variables. BIO_SEX is the two-item variable in the dataset identifying participants as male or female; H1GI6A is the variable identifying participants as white or not; H1GI11 is the variable identifying if participants were born in the United States (i.e. immigrant status). AC = Aspirational Capital; FC = Familial Capital; RC = Resistant Capital; SC = Social Capital; MH = Mental Health; WB = Well-Being

Examination of the correlation matrix reveals a variety of significant results. Of particular interest are significant relationships of biological sex, race/ethnicity, and immigrant status with resistant capital as well as their relationship to mental health and well-being. Biological sex has a small, but significant relationship with resistant capital (0.102; <.0001), mental health (0.106; <.0001), and well-being (0.086 <.0001). Race/ethnicity possessed a small, but significant negative correlation with resistant capital (-0.055; <.0001) and a small, but positive correlation with well-being (0.059; <.0001). Finally, immigrant status was not significantly associated with any of the variables.

Variable	N	Mean	Std. Dev	Minimum	Maximum
AC	6504	30.1394526	4.9764093	8	56
FC	6504	53.7326261	39.3423447	21	676
SC	6504	31.4867774	15.8308997	12	292
RC	6504	11.0725707	3.0277243	5	40
MH	6504	34.0242927	10.656796	7	230
WB	6504	40.1508303	7.9024795	15	144

Table 2: Descriptive statistics of independent variables

Resistant capital itself was significantly correlated with mental health (0.32; <.0001) and well-being (0.489; <.0001). It also shared significant correlations with familial capital (0.23; <.0001) and social capital (0.41; <.0001). While resistant capital was also significantly correlated with aspirational capital at the <.05 level, the value was quite small (0.027).

Parameter	Estimate	Standard Error	t Value	Pr > |t|
RC	1.2461813	0.04082280	30.53	<.0001
RC	1.3266707	0.02787526	47.59	<.0001

Table 3: Top: Model 1 GLM of Resistant Capital's association with Mental Health; Bottom: Model 2 GLM of Resistant Capital's association with Well-Being (bottom)

The next phase of analysis focused on whether or not resistant capital significantly predicts mental health and well-being (research question one). In conjunction, it is also asked whether or not resistant capital significantly predicts adolescent mental health and sense of well-being over and above the three main independent variables (i.e. sex, race/ethnicity, and immigrant status). The General Linear Model (GLM) was used to identify significant association. This method was utilized because of GLM's extension of the standard linear regression model to encompass non-normal response distributions and possible nonlinear functions of the mean (Agresti, 2015). From analysis, resistant capital is significantly associated with mental health and well-being (see Table 2).

When resistant capital is added as a covariate in GLM with sex, race/ethnicity, and immigrant status, the associations between the independent variable with RC on mental health and well-being are mostly significant. Table 4 shows the GLM analysis with MH as the dependent variable. After analysis, only biological sex was a significant predictor of mental health with RC as a covariate (see Table 4). The resulting t value is quite large; even greater than models testing the association of RC alone on MH and WB (30.53 and 47.59 respectively).

Parameter	Estimate	Standard Error	t Value	Pr > |t|
Sex	32.84	0.185	177.19	<.0001
Race/Ethnicity	-0.459	0.26	-1.76	0.0778
Immigrant	-0.958	0.5	-1.91	0.0556

Table 4: Model 3 GLM of IV's (sex, race/ethnicity, and immigrant status) with RC entered as a covariate and association with MH.

The same analysis was conducted to determine if there was a relationship between the IV's with RC and well-being (WB). In this model, all three variables were observed to have significant associations with well-being (see Table 5). Again, the model of sex with RC on WB yielded a large t statistic, which was even larger than the t value for the association between sex

and MH (177.19). Both race/ethnicity and immigrant status were significantly associated with WB.

Parameter	Estimate	Standard Error	t Value	Pr > |t|
Sex	39.421	0.145	271.8	<.0001
Race/Ethnicity	0.942	0.199	4.72	<.0001
Immigrant	-1.026	0.392	-2.62	0.0089

Table 5: Model 4 GLM of IV's (sex, race/ethnicity, and immigrant status) with RC entered as a covariate and association with WB.

As a product of the GLM procedure, fit statistics were also produced for models one through four. Their results are presented in order of model number. Table 6 presents the fit statistics of resistant capital predicting mental health and well-being independently. Of particular importance are the R-squared values of 0.125 (r^2 for RC on MH) and 0.258 (r^2 for RC on WB) indicating the proportion of the variance in MH and WB scores accounted for by RC. While not measured for significant differences, the r^2 statistic for model 2 (RC predicting WB) is larger than that of model one (RC predicting MH).

Parameter	R-square	Coefficient	Root MSE	MH Mean
MH	0.125	29.295	9.967	34.024
WB	0.258	16.951	6.806	40.151

Table 5: Fit Statistics for RC predicting MH (top) and WB (bottom) as the sole independent variable

Table 6 includes the fit statistics for Model 3, which modeled the association of the independent variables and resistant capital as a covariate with mental health. The GLM procedure allowed for the calculation of an r-square value for Model 3 including each of the three independent variables only as well as the complete model of the independent variable including resistant capital. The results from analysis show that the main IV's of sex, race/ethnicity, and immigrant status do not account for a significant amount of the observed variance in MH outcomes independently. When RC is entered as a covariate, the value of r-

square increases from (near) zero to a low of 0.091 (immigrant status + RC) to a high of 0.137 (sex + RC). The analysis did not include a test of significant differences between means of IV alone and IV + RC.

Parameter	R-square	Coefficient	Root MSE	MH Mean
Sex	0	31.66	10.39	32.841
Race/Ethnicity	0.00048	29.24	9.92	33.94
Immigrant Status	0.000704	28.27	9.606	33.98
Sex + RC	0.137	29.405	9.66	32.84
Race/Ethnicity + RC	0.102	27.72	9.41	33.94
Immigrant Status + RC	0.091	26.97	9.16	33.98

Table 6: Fit statistics of Model 3 (IV + RC predicting MH) including IV alone and IV + RC

Table 7 includes the fit statistics for Model 4 of the regression analysis containing the results for IV's independently and IV's with RC predicting WB outcomes. Similar to the fit statistics of Model 3 the three demographic IV's alone in Model 4 account for little to no observed variance in well-being outcomes. The full model containing RC as a covariate of sex, race/ethnicity, and immigrant status does however, provide a significant amount of observed variance in well-being outcomes; results range from a low r-square of 0.224 (Immigrant status + RC) and a high of 0.272 (Sex + RC).

Variable	R-square	Coefficient	Root MSE	WB Mean
Sex	0	31.66	10.39	32.841
Race/Ethnicity	0.00048	29.24	9.92	33.94
Immigrant Status	0.000704	28.27	9.606	33.98

Sex + RC	0.272	17.61	6.94	39.421
Race/Ethnicity + RC	0.246	16.47	6.6	40.091
Immigrant Status + RC	0.224	16.53	6.64	40.18

Table 7: Fit statistics of Model 4 (IV + RC predicting WB) including IV alone and IV + RC

The final part of this analysis also examined whether or not there were significant differences as a function of different group identities (i.e. male versus female, white versus non-white, and immigrant versus non-immigrant). These analyses were separated by MH (Table 8) and WB (Table 9).

Variable	Estimate	Standard Error	t value	Pr > |t|
Sex	1.29662216	0.05786705	22.41	<.0001
Race/Ethnicity	-0.2769296	0.08312012	-3.33	0.0009
Immigrant Status	-0.5978048	0.1462531	-4.09	<.0001

Table 8: Estimates of differences between groups and significance in IV categories of sex (male versus female), race/ethnicity (white versus non-white), and immigrant status (non-immigrant versus immigrant) along the MH variable with RC as a covariate.

The GLM procedure within SAS combines a number of interrelated statistical tests while also testing for significant differences between groups. With a positive estimate for sex (1.296; <.0001), males are suggested to have higher scores than females on the MH variable with RC as a covariate. In examining race/ethnicity, a negative estimate (-0.277; 0.009) suggests that non-white participants had greater scores on the MH variable with RC as a covariate. Similarly, a negative estimate for immigrant status IV (-0.597; <.0001) suggests that immigrants have higher scores than non-immigrants on the MH variable.

Variable	Estimate	Standard Error	t value	Pr > |t|
Sex	1.42699132	0.04159763	34.3	<.0001
Race/Ethnicity	-0.191	0.0583	-3.27	0.0011
Immigrant Status	-0.5416494	0.1059952	-5.11	<.0001

Table 9: Estimates of differences between groups and significance in IV categories of sex (male versus female), race/ethnicity (white versus non-white), and immigrant status (non-immigrant versus immigrant) along the WB variable with RC as a covariate.

Similar to the results related to MH, all the results of analyses follow the same patterns of significance with WB as the dependent variable. A positive estimate (1.426; <.0001) suggests that males have higher scores than females. Negative estimates of race/ethnicity (-0.191; <0.0011) and immigrant status (-0.541; <.0001) also suggest that non-white and immigrant participants have higher well-being scores than their white and non-immigrant peers (respectively).

CHAPTER 5: DISCUSSION

The purpose of this study was to examine the relationship and association of resistant capital to mental health and well-being in adolescents. Utilizing the pre-existing items and responses from the Wave I dataset of the National Longitudinal Study of Adolescent to Adult Health (Add-health) (Harris & Udry, 2015), the variable of resistant capital was constructed and analyzed in relationship to mental health and well-being both as an independent variable and a covariate with biological sex, race/ethnicity, and immigrant status. Being that resistant capital as a construct is understudied, it was unclear at the outset of the study how, if at all, resistant capital would relate to and associate with mental health and well-being outcomes quantitatively. These preliminary findings suggest that resistant capital and its subconstructs that comprise it have a significant relationship that can help piece together the complex puzzle of well-being. The results of analysis contained several significant findings that bear implications for conceptualizing and addressing mental health and well-being.

One of the more basic, but nonetheless promising findings is resistant capital's significant relationship with the other independent variables (i.e. sex, race/ethnicity, and immigrant status) as well as the dependent variables of mental health and well-being. Resistant capital had the strongest correlation with sex ($r = 0.102$, $<.0001$), but also had small, but significant correlations with race/ethnicity ($r = -0.055$; $<.0001$) and immigrant status ($r = 0.059$; $<.0001$). Resistant capital also demonstrated moderate correlation with mental health ($r = 0.32$; $<.0001$) and well-being ($r = 0.489$; $<.0001$). The presence of a relationship is insightful also considering that the

other cultural capital variables were significantly correlated with resistant capital (in the exception of aspirational capital) as well as with mental health and well-being. The novel operationalization of cultural capital in this study demonstrates that it is possible to reconceptualize the way stakeholders view protective factors while still retaining a statistically significant relationship with key psychosocial outcomes.

Another promising set of results from statistical analysis relate to whether or not resistant capital predicts mental health and well-being. Utilizing linear regression (see Table 2), resistant capital as the sole independent variable significantly predicted mental health ($t = 30.53$, $p < .0001$) and well-being ($t = 47.59$, $p < .0001$). While not definitive, this result is encouraging by establishing a predictive link between an understudied construct and overall mental health and well-being.

One of the initial explanations for these significant findings is related to how resistant capital is conceptualized in theory and how resistant capital was constructed as a variable utilizing the items from the Add-health dataset. The items that comprised resistant capital from the data set included, (a) "you have a lot of good qualities", (b) "you have a lot to be proud of", (c) "you like yourself just the way you are", (d) belief that students were prejudiced, and (e) perceptions of being treated fairly. The first three items closely resemble lay conceptualizations of pride and self-esteem that have been historically linked to mental health and well-being in youth (e.g. Rivas-Drake et al., 2014; Smith & Silva, 2011). Self-reported perceptions of prejudice and fair treatment (the remaining two items) are also implicated in mental health and well-being in youth across developmental contexts such as the school setting or peer relationships (e.g. Marraccini et al., 2021; Schmitt et al., 2014). As such, the complex variable of resistant capital is comprised of psychological components despite the fact that the original

conceptualization of this form of capital by Yosso (2005) includes other factors including, but not limited to socialization and activist behaviors. Thus, the components of resistant capital identified here are directly associated with overall mental health and well-being regardless of which sociodemographic group they belong to resulting in the observed significant findings.

Resistant capital was also inserted into linear regression models as a covariate with sex, race/ethnicity, and immigrant status. As a covariate, resistant capital had more variation in significance of association to mental health and well-being. With mental health, resistant capital was only significant as a covariate of biological sex and not race/ethnicity or immigrant status. Resistant capital as a covariate was significantly associated with well-being across all three independent variables. An interesting observation from these results comes particularly from analysis of well-being. Even though each model (i.e. sex-RC; race/ethnicity-RC; immigrant status-RC) yielded significant results, the estimate and t-statistic for biological sex was much larger than race/ethnicity and immigrant status (39.421, $t = 271.8$, $p < .0001$; 0.942, $t = 4.72$, $p < .0001$; -1.026, $t = -2.62$, $p = 0.0089$ respectively). Biological sex with resistant capital had a similarly large estimate and t-statistic in association with mental health (32.84, $t = 177.19$, $p < .0001$). While the model of resistant capital independently yielded significant associations with both mental health and well-being, the models in which resistant capital is a covariate with sex resulted in much larger estimates and t-statistics.

The extant literature on mental health and well-being of adolescents, provides some initial explanation for these observations while also presenting some challenges in interpretation. Consider first that identity and its subcomponents (e.g. centrality and regard or pride, the latter of which makes up a bulk of the resistant capital variable in this study) are commonly analyzed at the intersection of sex/gender and race/ethnicity (e.g. Hernandez et a., 2017; Rivas-Drake et

al.,2014; Smith & Silva, 2011) that has resulted in the identification of different identity profiles (e.g. Hernandez et al., 2017). Smith and Silva (2011) suggested that an individual's racial-ethnic identity (REI) contributes to a small portion of the observed variance in mental health and well-being while a range of literature has suggested that gender is a significant mediator of the relationship between race/ethnicity and well-being in Latino/a's (e.g. Hernandez et al. 2017), American Indian/Native Americans (e.g. Hoffman, Kurtz-Costes, & Shaheed, 2020) and Black youth (e.g. Rogers et al., 2015; Skinner et al., 2018). It thus becomes clearer why resistant capital independently has a weaker relationship than when combined with race/ethnicity. For example, colloquially, it makes sense that youth would be proud of certain elements of their identity, which begs the question: which ones would they say they are proud of? These observations also seem to suggest that group identification might serve primarily as a mediator of mental health and well-being, while RC (and perhaps other forms of cultural capital) serve as moderators of this relationship.

Similar patterns are also found within the extant literature on immigrant status. While, there are some nuances within the literature such as the reasons why youth may be migrating (e.g. immigration for work versus asylum seekers from conflict zones), outcomes are suggested to be mediated by sex when data is disaggregated or purposefully analyzed too include gender differences (e.g. d'Abreu, Castro-Olivio, & Ura, 2019; Kouider, Koglin, & Petermann, 2015; Scharpf et al., 2020). Interestingly, the model of resistant capital and immigrant status was insignificant in predicting mental health outcomes, but significant in predicting well-being. In this case, the relationship may be less related to whether or not an individual actually self-identifies as an immigrant, but the potential conflict that arises at the intersection of adolescent development, acculturation, and intergenerational conflict. For example, acculturation may

contribute to intergenerational conflict as youth pick up and learn more about the beliefs and values about their host country that may directly conflict with their ethnic and household culture including parenting practices and parent-child dynamics that might contain rigid gender roles (d'Abreu, Castro-Silva, & Ura, 2019; Lui, 2015).

The inclusion of fit statistics from Model 3 (IV + RC on MH) and Model 4 (IV + RC on WB) also generally support these initial interpretations and makes a case for RC being a critical component in well-being. On their own, the independent variables of sex, race/ethnicity, and immigrant status contribute very little to the observed variance in outcomes – if at all – in both MH and WB. Furthermore, the full models from Model 4 (i.e. IV + RC) account for almost twice the observed variance in WB compared to the MH outcomes in Model 3. There are several facets of RC and WB that help explain this observation and highlight a potentially illuminating way to conceptualize RC. The first consideration is how RC and WB were constructed. RC consisted of psychological variables that could be argued lie diametrically opposed to the symptomatology of a psychiatric illness. For example, an individual can either suffer from low self-esteem or have high pride and value for oneself. The second consideration is the operationalization of the construct of well-being. According to Seligman (e.g. 2012; 2018), well-being lies on a spectrum (from poor mental health on one end to well-being and flourishing on the other) and consists of positive emotions, engagement, relationships, meaning, and achievement; the PERMA model. When an individual is experiencing growth and success in all areas, this is referred to as flourishing. It is possible that the elements of RC align in varying degrees with the elements of PERMA, thus accounting for more than one-fifth of the observed variance in well-being outcomes, but only around one-tenth of the variance of mental health. RC and WB also correlated at a near .500 as well indicating a stronger relationship, which leads to the last

consideration here. It was previously discussed and also well documented that culture plays a significant role in the experience of mental health symptoms and processes that negatively impact mental health (e.g. Goldston et al., 2008; Marraccini et al., 2020). The extant literature base including the previously cited literature in this study provides insight into how culture can be wielded in positive ways including the mitigation of risk. Africultural coping (e.g. Lewis-Coles & Constantine, 2006; Utsey, Adams, & Bolden, 2000), the use of faith and spirituality in LGBTQIA+ individuals (e.g. Meanley, Pingel, & Bauermeister, 2016), and the internalization of "concealed stigmatized identities" (Quinn & Chaudoir, 2009) are examples of how distinct, minority sociodemographic groups interact with dominant culture while continuing to build strong identities and experience well-being. Culture however, is also implicated in other positive, well-being related aspects of life such as racial/ethnic pride (e.g. Hernandez et al., 2017). It could be that perhaps culture is a better predictor of individual well-being than risk of psychopathology.

Thus, while the results from this study show some of the preliminary ways in which resistant capital is associated with mental health and well-being, the explanations for the observed results are somewhat speculative. The limitations to analysis will be discussed in greater detail later.

One of the other ways in which the results from this study show promise is in relation to the second question pertaining to significant differences in outcomes (i.e. are there any significant differences between biological sex, race/ethnicity, and immigrant status in mental health and well-being outcomes). Contrary to the extant literature that suggests that in general, belonging to / identifying with a sociodemographic majority group confers better outcomes, non-white and immigrant samples had higher scores on mental health and well-being when resistant

capital is factored in. Some of the previously cited literature provides an initial explanation for these observations particularly in regards to REI, ethnic-racial socialization (ERS), and child development. It was previously noted that there are observed gender differences in REI (e.g. Hoffman, Kurtz-Costes, & Shaheed, 2020; Rogers et al., 2015; Skinner et al., 2018). It was also discussed how ERS begins at a young age and prepares youth for the myriad of challenges that may present themselves due to belonging to a minority group; African American youth are taught to expect racism/discrimination while also encouraged to be strong and independent (Berkel et al., 2009; Priest et al., 2014). It was further discussed how strong internalizations and pride contribute to more positive mental health and well-being outcomes (e.g. Forsyth & Carter, 2012; Rivas-Drake et al., 2014). It could be then that youth in minority groups form positive identities well before (pre) adolescence. Consider too that some evidence suggests that implicit bias and prejudice towards outgroups (particularly communities of color) manifests during childhood; bias is suggested to change from explicit to implicit as a product of environmental and developmental processes that include a child's socialization, parenting practices, and development of cognitive abilities (e.g. controlling outward prejudiced responses) (Raabe & Beelman, 2011). The implication here being that children possessing a minority or marginalized identity develop strong identities sooner than their peers out of necessity.

Literature on LGBTQIA+ identities also follows similar patterns to REI and overall mental health and well-being. The LGBTQIA+ population has consistently reported their experience of poorer mental health and well-being outcomes across developmental contexts including social relationships (e.g. Busby et al., 2020; Frost et al., 2019; Hall, 2018; Jager & Davis-Kean, 2011), the community (e.g. Frost et al., 2019; Hall, 2018), and within the educational setting (e.g. Busby et al., 2020; Marraccini & Brier, 2017). Jager and Davis-Kean

(2011) suggest that the disparities in well-being between sexual-minority and non-sexual minority youth and their heteronormative and cisgender peers manifest by early adolescence. In addition, it is noted that while early and consistent reporting of same-sex attraction results in larger initial deficits in well-being, there is a quicker "recovery time" observed and these differences become negligible (Jager & Davis-Kean, 2011). Similar to REI, a comparable implication about sexual orientation and/or gender identity can be drawn in that as youth are provided a space to develop and internalize their identity, it is more likely that they would have higher pride and higher overall well-being.

If the above conclusions have validity, it would help explain why during adolescence – the period of development under inquiry in the Add-health study – certain minority samples would have significantly different (i.e. better) outcomes when resistant capital is a covariate in measuring well-being than their peers in a majority group.

Limitations

The preliminary findings of this study data hold promise for further research on the relevance of cultural capital in adolescent mental health, but several limitations relevant to this study need to be recognized.

A primary concern relates to conceptual and methodological aspects of resistant capital. In the review of the theory and extant literature, Yosso's (2005) original definition of resistant capital was framed very broadly. While other literature has helped add specificity to its conceptualization including how resistant capital may manifest in specific communities of color (e.g. Papa, 2019; Revelo & Baber, 2018), individuals with disabilities (e.g. Listman, Rogers, & Hauser, 2011), and the LGBTQIA+ community (Pennell, 2016), the design, items, and variables within the Add-health dataset (Harris & Udry, 2015) precluded the construction of a *complete*

resistant capital variable for analysis in this study. Being that the Add-health study predates Yosso's original publication (2005) by almost ten years, it makes sense that not every item or component of cultural capital would be accounted for. Some of the "missing" components include measures of identity centrality and more specific measures of regard and pride in relation to important identities, specific cultural elements of ethnic-racial socialization, and perceived support for challenging inequality. Moreover, while the Add-health dataset does include activism and social justice behaviors, these are only sampled beginning in Wave III of the study when participants are already adults (Harris & Udry, 2015). As such, a major component of interest within this study (i.e. activism) had to be left out and no inferences in regards to its impact on mental health and well-being could be made. While a longitudinal assessment of any potential affects these behaviors may have on mental health and well-being would be helpful, a more thorough assessment of how these activities may contribute to psychosocial functioning in childhood and adolescents first is warranted. A more "thorough" assessment is also dependent on a clearer operationalization of resistant capital necessitating a review of subconstructs and items that are included in any instrument/survey.

While there are gaps in assessing cultural capital in its various forms comprehensively, there are a variety of tools available to stakeholders that address these concerns. Works such as the Cultural Capital Scales (Sablan, 2019) that attempt to specifically elicit thoughts about resources within the context of an individual's culture and heritage are good examples of directly assessing cultural capital. Other instruments such as the Multidimensional Inventory of Black Identity (MIBI) (Sellers et al., 1997) or the Perceived Support for Challenging Racism, Sexism, and Social Injustice Questionnaire (Diemer et al., 2006) are examples of empirically validated

tools that can quantitatively assess specific elements of resistant capital that were not included in the Wave I survey.

Another limitation of this study stems from the theoretical and methodological constraints and implications of using the Add-health dataset as it relates to sampling. It was previously mentioned that one of the challenges that presents itself relates to the difficulty of sampling diverse populations. This challenge was specifically related to respondents who may belong to more than one group within the same item such as race/ethnicity where respondents who identified with more than one racial/ethnic group were later asked to pick a group with which they most readily identify. In certain cases, drawing an acceptable sample in size and representation can be challenging in itself. Aggregation can increase sample size, but detract from analysis and make meaningful interpretations from data difficult (Kaneshiro et al., 2011). The Wave I dataset (Harris & Udry, 2015) allowed respondents of Hispanic/Latino and Asian/Pacific Islander origin to further identify their background by allowing them to specify their family's ethnic heritage, but not for Black/African American or American Indian/Native American individuals. Interestingly, for those of Asian American/Pacific Islander descent, this resulted in respondents choosing a country, whereas Hispanic/Latino participants were restricted more so to geographic regions. While the inclusion of these items is welcomed, disaggregation would result in smaller than ideal sample sizes for statistical analysis. Having more practical and accurate sampling would have allowed for a more thorough comparative analysis between groups; refining these methods could allow for more quantitative ethnographic research.

A further limitation presented in sampling is the conspicuous absence of any data related to sexual orientation or gender identity. The LGBTQIA+ community is a rich and diverse population that would benefit from inclusion in studies examining cultural capital and in

particular resistant capital as this community has been historically at greater risk for exposure to prejudice, discrimination, and violence (e.g. Ancheta, Bruzzese, & Hughes, 2021; Busby et al., 2020; Hall, 2018; Myers et al., 2020). Inconvenience to the purposes of this study aside, it is rather interesting that any LGBTQIA+ identifying questions were included considering Wave I samples participants on romantic relationships and behaviors as well as risky health behaviors such as the use of contraception (Harris & Udry, 2015). The entirety of these questions skews towards heteronormative behaviors despite the fact that sexual minority and gender non-conforming individuals have poorer health and mental health outcomes compared to their heterosexual/heteronormative peers (e.g. Coulter et al., 2019; Schneeberger et al., 2014). When taking into consideration how more recent scholarship actively accounts for intersectionality, the inclusion of sexual orientation and gender identity as another sociodemographic groups to include amongst the independent variables would have increased greater depth of analysis and interpretation.

While the LGBTQIA+ community was not sampled in Wave I (Harris & Udry, 2015), the Add-health study sample religious and spiritual affiliation/practices, which was not taken advantage of in this study. Religious and spiritual affiliation and practices present another element of identity that may contribute to a greater understanding of cultural capital and well-being.

The limitations in sampling may also reflect some broader implications of continuing to use a dataset that was originally completed in the mid 1990's. Age of a study may certainly be of importance here particularly when the subject of this study is related to the challenging of social norms. As society progresses, it is not unreasonable to expect changes in sociocultural norms and values that may also have an effect on mental health and well-being. In this current sociocultural

climate, there have been calls for social inclusion, the demand for social equality, and dismantling oppressive systemic structures. In combination with the previous discussion on how identities develop, it could be that mental health and well-being amongst minority, at-risk, and marginalized adolescent groups is significantly different (i.e. better) than well-being outcomes of adolescents sampled in Wave I data.

One of the final areas of limitation within this study is related to analysis. While linear regression is certainly helpful in assessing for any potential relationship between resistant capital and mental health and well-being, there are several different limitations to utilizing it to make complex inferences. One of the first drawbacks with any predictions made from the data is that resistant capital as a variable is incomplete. Again, while it is known that certain psychological constructs are associated with mental health and well-being, there is a substantial number of unknown factors. When taking into account the fit statistics of Model 3 and Model 4, both models ultimately still leave a considerable proportion of the observed variance in outcomes unexplained. It is difficult to say precisely that the difference of $1 - r^2_{xy}$ includes the missing elements of resistant capital or even the other forms of capital. An alternative analytic strategy that may have produced more definitive results could be to analyze models utilizing multiple regression or factor analysis that take advantage of integrating multiple variables into analysis at once. It could be argued however, that these analyses would still be impacted by the first limitation of this study and how the items and methodology within the Add-health dataset may not be sensitive to more specific cultural phenomena.

One other limitation – particularly – when it comes to the use of regression is in the use of r^2 to make inferences regarding a population. Typically, the r^2 statistic and adjusted r^2 are meant to explain the proportion of variance in outcomes from a model *in the sample* although it

is sometimes mistakenly applied to *the population* (Darlington & Hayes, 2017). It could be argued by this token that utilizing a dataset from the mid-90's that isn't as culturally sensitive as other measures or datasets has limited utility in providing interpretive value to adolescents today. In addition, it may also have limited interpretive value in explaining phenomena in specific geographic regions or subcultures of America.

Thus, with some of the inadequacies presented by the methodology of the study (i.e. use of the Add-health dataset) combined with statistical limitations of regression, there are a limited number of inferences that can be made with the results of this study.

Implications for Practice

Cultural responsiveness and sensitivity has become an increasing focus in psychological sciences. Understanding the mediators and moderators of mental health and well-being constitute a significant proportion of literature available to providers and stakeholders. What may be beneficial at this point in time is a framework for stakeholders to utilize and take advantage of the benefits culture provides in order to improve psychosocial outcomes for children in the United States. While, CCW itself has been used primarily in educational research, all of the forms of capital and subconstructs contain building blocks of mental health and well-being. The findings from this study suggest that cultural capital can be wielded in a way that positively impact mental health and well-being. The results also show that cultural capital cuts across key sociodemographic categories typically associated with poorer mental health outcomes and actually works in such a way that some minority groups fare better contrary to what odds and risk may indicate.

Since culture as a construct and phenomena permeates through society, educators, health professionals, community leaders, organizations, and families play a significant role in

promoting the understanding of cultural capital and its benefits that can ultimately help youth grow and realize the best versions of themselves.

Future Directions

These preliminary findings provide some context for future directions of inquiry. Based on the findings of this study and its limitations, there are three areas in which research can further elucidate the topic of resistant capital. These areas include how participants are assessed, the sampling of potential participants, and analysis of data.

First and foremost is the design and implementation of follow-up studies utilizing more robust assessment. Similar to the original intent and design of the Add-health study (Harris & Udry, 2015), oversampling of particular minority groups would be beneficial for analysis. In addition, while the variables utilized from the Add-health data cover some important interrelated constructs of resistant capital and indeed cultural capital, the variables constructed were incomplete from how they were originally conceptualized by Yosso (2005). Therefore, future replications would stand to benefit from the inclusion/expansion of items that comprise resistant capital as well as the expansion of other forms of capital to more closely resemble their original conceptualization by Yosso (2005). Updating assessment would also help longitudinal studies that would more accurately reflect living in contemporary society and culture.

In addition, while the methods of assessing participants would yield more insightful data, future studies would also benefit from greater purposeful sampling of minority, at-risk, and marginalized communities. This would allow for greater depth in analysis not only between majority-minority communities, but between minority communities as well. As the overarching premise of Community Cultural Wealth (Yosso, 2005) is to help identify the resources and strengths that communities (of color) possess, examining differences utilizing more robust data

and more discrete groups would allow stakeholders to draw more meaningful conclusions on how to best support youth as they develop.

In conjunction, one potential direction that would take advantage of these insights would be a mixed methods design. Designs such as explanatory-sequential models that utilize qualitative strands to explain the initial results of quantitative inquiry (Creswell & Clark, 2017) can provide much needed context and clarity in this area of research. The explanatory-sequential design provides the benefit of allowing investigators to integrate both quantitative and qualitative strands of the study to draw meta-inferences that can provide greater insight into group characteristics (Creswell & Clark, 2017).

Another potential direction for future study also includes the inclusion of different forms of statistical analysis. While regression is one such method that can still be used particularly with a more robust dataset, knowing that resistant capital and other interrelated constructs exist within a network, advanced methods such as path analysis and structural equation modeling (SEM) are potential directions future inquiry can take. SEM in particular has the benefits of allowing future inquiry to test hypotheses about relationships between constructs while also creating a parsimonious summary of relationships between variables (Weston & Gore, 2006). In effect, SEM presents an opportunity to combine the goals of factor analysis and path analysis in a procedure designed for latent variables (Weston & Gore, 2006), which make up a considerable proportion of variables within Community Cultural Wealth.

Conclusion

In summary, the results from this study provide several useful outcomes and observations. First, the results show that protective factors can be reconceptualized in a novel

way to include cultural capital and resources that retain statistically significant relationships to mental health and well-being as well as statistically significant relationships with each other.

In addition, preliminary analyses – primarily through regression – have shown a positive association between resistant capital and mental health and well-being both as an independent variable and as a covariate with other relevant (sociodemographic) independent variables including sex, race/ethnicity, and immigrant status. Although limitations from study design to analysis preclude more complex interpretations from being drawn, there are however, a number of future directions that can push the boundaries of our collective understanding on the topic of resistant and cultural capital as well as mental health, well-being, and adolescent development.

As resistant capital is an understudied construct, further elucidating how it relates to well-being is an important step in understanding adolescent mental health and development. Considering what this form of capital contains, understanding its complex nature and relationships with other important constructs will allow stakeholders – including youth – the ability to understand themselves better and to provide clarity on another dimension that can be fostered to promote better outcomes for youth in the United States.

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