Subjective social status, symbolic capital, and psychopathology in adolescence.

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Abstract

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Adolescents' ratings of subjective social status within their peer community may represent a useful index of socioeconomic status (SES) which is strongly associated with adolescent psychopathology. However, adolescent subjective social status does not correlate to traditional indicators of SES such as family income. Instead, subjective social status may reflect access to other forms of resources more salient to adolescents such as symbolic capital (behaviors and consumer goods symbolic of social position). I conducted a cultural consensus analysis based on interviews and questionnaire data from 66 students in two high schools in the Pacific Northwest to produce a consensually agreed upon set of symbolic capital markers in those schools. In a separately recruited sample of 80 adolescents, I tested associations between subjective social status, symbolic capital ownership, and psychopathology. Contrary to my hypotheses, subjective social status and symbolic capital were not correlated, although both were associated with parent

rated social competence. Subjective social status was associated with psychopathology, but symbolic capital was not. My findings suggest that symbolic capital and subjective social status may convey different information about adolescents' social competence, and that performing a high-status identity may be less important to socio-emotional functioning than perceiving oneself as well-liked and respected.

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Subjective social status, symbolic capital, and psychopathology in adolescence.

Among many different measures of SES, subjective measures of SES have emerged as particularly powerful correlates of psychopathology in adolescence. SES can be defined as an individual's level of access to different forms of resources, or capital (e.g., economic resources such as money, or human resources such as education). An individual's subjective social status is an appraisal of their status in society or in their community relative to others (Bradley & Corwyn, 2002; Coleman, 1988; Diemer et al., 2013). Subjective social status is associated with psychopathology in adolescents, and this association remains strong after controlling for objective measures of SES including family income and educational attainment (McLaughlin et al., 2012; Quon & McGrath, 2014). However, little is known about what subjective measures tell us about adolescents' lives and why they show such robust associations with psychopathology.

In particular, when considering subjective social status as a measure of SES in adolescence, it is important to consider what adolescents' subjective social status tells us about their level of access to resources. In adults, subjective social status is strongly related to objective SES indicators such as income, education, and occupational prestige (Andersson, 2015, 2018; Singh-Manoux et al., 2005; Wolff et al., 2010), suggesting that subjective social status may represent, at least in part, an adult's accurate assessment of their own access to resources relative to other adults. However, the factors that predict subjective social status in adolescence, and the extent to which youths' ratings are affected by their access to resources, are largely unknown (E. Goodman et al., 2001; McLaughlin et al., 2012; Sweeting et al., 2011; Sweeting & Hunt, 2014). Consumption and display of symbolic capital (i.e., behaviors and consumer goods symbolic of social position, such as fashionable clothing or electronics), can be important to adolescents' popularity and social status, and as such may constitute a particularly meaningful resource in

adolescence (Eder, 1985; Meisinger et al., 2007; Michell, 1997; Sweet, 2010). Symbolic capital may therefore be an important piece of information considered by youth when assessing their own subjective social status. However, the relationship between subjective social status and symbolic capital has not previously been examined. If demonstrated, an association between subjective social status and symbolic capital would show that subjective social status is indeed associated with access to resources in adolescence, and could potentially help explain why subjective social status is a meaningful correlate of adolescent psychopathology. This would provide a valuable example of how subjective aspects of SES can influence health independently of access to healthcare, food, and other basic needs, and would also provide information about how subjective social status develops in adolescence. In this dissertation, I examined the associations between symbolic capital consumption, family SES, subjective social status, and psychopathology in a sample of high school students in order to explore the predictors of subjective social status and its effects on child psychopathology.

Socio-Economic Status and Child Psychopathology

Although many studies have found that children from low SES families have higher levels of psychopathology than their wealthier peers, the strength of this association and which aspects of socioeconomic disadvantage are most influential vary across studies (Bradley & Corwyn, 2002; Duncan & Brooks-Gunn, 1999; Reiss, 2013; Yoshikawa et al., 2012). SES can be measured in many different ways, aligned with different forms of family resources (or capital) (Diemer et al., 2013; Duncan & Magnuson, 2002). The most commonly used measures focus on either material resources such as family income, or human resources such as parent education (Diemer et al., 2013). Neither of these approaches have demonstrated a stronger or more consistent association with psychopathology in childhood, with many studies reporting that

childhood psychopathology is more strongly associated with one SES measure vs. the other (Call & Nonnemaker, 1999a; Davis et al., 2010; Duncan & Brooks-Gunn, 1999; S. H. Goodman et al., 1998; Loeber, 1998; McLaughlin et al., 2012; McLeod & Shanahan, 1993; Sweeting & Hunt, 2014). Moreover, even within these categories, there is little consensus as to the strength of SES's effect on child psychopathology.

For example, family income is probably the most utilized index of SES, but researchers have reported a variety of relationships between family income and childhood psychopathology. Family income is often negatively associated with psychopathology outcomes, such that higher income is associated with lower levels of psychopathology, (Duncan & Brooks-Gunn, 1999; Yoshikawa et al., 2012), but this association is not consistent in observational and population-based studies (Call & Nonnemaker, 1999b; McLaughlin et al., 2012; Sweeting & Hunt, 2014). Better evidence comes from experimental and quasi-experimental studies—several of which have found reduced levels of child psychopathology, particularly externalizing psychopathology, after families began to receive an income supplement. In one case, children's outcomes shifted in response to random assignment to a welfare pilot program (Gennetian & Miller, 2002). In another, Native American families participating in a larger study received an income supplement when a casino was opened in the area (Costello et al., 2003, 2010). However, the logistic and ethical challenges involved in randomizing families to receive additional income means that few such studies have been conducted. A final concern is that family income may have different effects on specific families. For example, low income may have different effects on children's psychopathology when it is persistent vs. transitory (McLeod & Shanahan, 1993). Alternately, effects of income on psychopathology may represent epiphenomena of a family's financial hardships, which may relate to income in complex ways. For example – a given income may be

more sustainable for a family with fewer housing costs, or less debt (Gershoff, 2003; Gershoff et al., 2007).

An alternate measurement for family SES is parental education, typically either maternal education or the highest level of education completed by either parent – this provides a measure of a non-material resource in the family that tends to be more stable over time than income (Diemer et al., 2013; Duncan & Magnuson, 2002). However, as with income, the strength of the association between parent education and childhood psychopathology is not consistent across studies. Parent education was the only objective indicator of SES whose association with child psychopathology persisted after controlling for covariates (including other indices of objective SES), in two studies of adolescents in large, nationally representative samples (Call & Nonnemaker, 1999b; McLaughlin et al., 2012). There is also evidence of an association between parental education and child psychopathology in younger children (Davis et al., 2010). However, other studies report no association, or that parent education is less strongly associated with children's psychopathology than household income (Duncan & Brooks-Gunn, 1999; S. H. Goodman et al., 1998; Macintyre & West, 1991). Education is often treated as dichotomous, and substantial associations may be masked by poor choice of threshold. Many studies, for example, report on 'low parental education,' often defined as the parent not having completed HS. However, some epidemiological studies have suggested that the largest difference in children's psychopathology between parent education groupings may be between children whose parents completed college and those whose parents did not (McLaughlin et al., 2012; Merikangas et al., 2010).

Composite measures of SES (which attempt to combine or summarize more traditional measures) have not produced more consistent findings on the association of SES with childhood

psychopathology. Composite SES measures are typically coded either using a standardized approach (e.g. Hollingshead, 1975) or by mathematically combining other measures. This approach assumes that component measures represent error prone measurements of the same latent construct – SES. However, it is not safe to assume that, for example, income and education represent interchangeable resources, such that the child of an unemployed individual with a graduate degree (lowest income, highest education) should be coded as having the same family SES as the child of a billionaire who did not finish high school (lowest education, highest income) (Bradley & Corwyn, 2002; Duncan & Magnuson, 2002). SES is instead a multidimensional construct – separate consideration of multiple measures are necessary to fully describe a family's SES. Therefore, composite measures of SES may obscure important effects rather than eliminate noise in measurement. Indeed, several studies have shown no relationship between commonly used SES composite measures and child psychopathology (Twenge & Nolen-Hoeksema, 2002), and composite measures sometimes masked substantial associations between component SES measures and child mental health outcomes (Call & Nonnemaker, 1999a). Relatedly, we cannot assume that different forms of family resources have the same association with outcomes (Duncan & Magnuson, 2002). For example, family income could be more important to children's development than parent education, or vice versa. In practice, however, no measure of family SES has demonstrated a consistently stronger association with childhood psychopathology than any other (Call & Nonnemaker, 1999a; Davis et al., 2010; Duncan & Brooks-Gunn, 1999; S. H. Goodman et al., 1998; Loeber, 1998; McLaughlin et al., 2012; McLeod & Shanahan, 1993; Sweeting & Hunt, 2014).

Subjective Social Status and Child Psychopathology

Subjective social status measures attempt to address difficulties in accurately summarizing an individual's SES by soliciting a subjective appraisal of one's status relative to other people. In the most widely used measure of (adult) subjective social status, the MacArthur Scale of Subjective Social Status (N. E. Adler et al., 2000), respondents report their relative social standing on two 10 point Likert scales illustrated by ladders, where the top rung represents people with the highest standing, and the bottom rung the lowest. The two ladders represent the participant's standing first in their society (e.g. the USA) and then in their community, which is left up to the participant to define (N. E. Adler et al., 2000). Increased subjective social status is associated with better mental and physical health outcomes across the entire range of subjective social status (N. E. Adler et al., 2008; Singh-Manoux et al., 2003). This relationship persists even when objective SES is statistically controlled for, indicating that subjective social status may better describe aspects of SES related to health outcome than more traditional measures (Singh-Manoux et al., 2005).

This pattern has also been found in children. In contrast to other measures of SES, subjective social status has consistently been associated with child psychopathology, although fewer studies have examined subjective social status relative to family income and education. In the child version of the ladder measure, the child places their family within society, and places him or herself on a ladder representing their school or peer community (see Figure 1; E. Goodman et al., 2001). Both scales have shown association with children's mental and physical health outcomes such that children with higher scores show better outcomes after control for other SES measures (E. Goodman et al., 2001, 2007). In a nationally representative sample of adolescents, after control for other SES variables, youth who rated themselves as 1 rung higher

on the school ladder had 14% lower odds of meeting criteria for any mental disorder, and were 21% less likely to meet criteria for a disruptive behavior disorder (McLaughlin et al., 2012). A meta-analysis by Quon & McGrath (2014) suggests an average correlation of approximately .19, and that the association of subjective social status with child mental health, even after controlling for other measures of SES, is consistent across a variety of subjective social status measures and psychopathology related outcome variables.

It is important to rule out the possibility that associations between subjective social status and psychopathology could be explained by effects of mental health on subjective social status reports (in other words, that people with mental health problems may rate themselves lower in subjective social status because of an impact of mental health on social functioning, or because of a negative response bias related to their mental health). Convergent evidence suggests this is not the case. One hypothesis is that respondents with more negative affect will be more likely to rate themselves lower on the scale, producing lower ratings that stem causally from psychopathology rather than the opposite. In fact, subjective social status predicts future levels of negative affect in longitudinal studies, but affect does not predict future subjective social status (Operario et al., 2004; Singh-Manoux et al., 2005), which is not consistent with this hypothesis. The association of subjective social status with health is also preserved after controlling for other measures subject to the same response biases. For example, Goodman, Huang, Schafer-Kalkhoff, and Adler (2007) found that children's society subjective social status ratings affect their self-rated health at follow-up even after control for concurrent self-rated health. Sweeting & Hunt (2014) found that a scale of peer subjective social status was predictive of health outcomes even after control for other scales using exactly the same 'ladder' format, which would theoretically be subject to the same response biases. Taken together, these findings suggest that associations

between subjective social status and health outcomes are unlikely to be solely driven by response biases, and instead reflect meaningful differences in respondents' social contexts. However, what information is conveyed by subjective social status and, in particular, what information is conveyed beyond what can be inferred from objective SES indicators, is still unclear.

Predictors of Subjective Social Status

Subjective social status in adults shows a small to moderate correlation with objective SES measures. Subjective social status in adults is clearly related to SES, but conveys more information than a simple composite of SES variables. One possible explanation for this association is that subjective social status in adults represents a 'cognitive averaging' of factors comprising an individual's SES – in others words, adults may make accurate assessments of their own relative standing in society, considering the relative importance of various objective aspects of SES to their own situation (N. E. Adler et al., 2008; Andersson, 2015, 2018; Nielsen et al., 2015; Singh-Manoux et al., 2005). For example, a parent who has lost a high paying job could consider their savings and earning potential when rating subjective social status, where a measure of family income would produce a low score.

In adolescents the relationship between SES and subjective social status may be more complex. Initial research of adolescent subjective social status has shown that youth's rankings of their family's status in society are moderately correlated to their parent's ratings, and that this association becomes stronger as adolescents get older. Since adult subjective social status is consistently associated with family SES (represented by income, education, etc.), this suggests that adolescents' ratings of their family's subjective social status represent a somewhat realistic assessment of their family's standing which becomes more accurate as adolescents mature and learn more about their family's social context (E. Goodman et al., 2001, 2015). However, the

extent to which adolescents' subjective social status within their school (i.e. their community subjective social status) reflects underlying differences in family SES is unclear. Adolescents' school ladder rankings correlate weakly both to parent community subjective social status and to parent SES, suggesting that adolescents' community subjective social status is not substantially related to those objective SES criteria which inform their parents' community subjective social status ratings (E. Goodman et al., 2001; McLaughlin et al., 2012). However, it does not necessarily follow that access to material resources is irrelevant to adolescents' community subjective social status, as different forms of resources may be salient in adolescent communities than in adult communities.

In particular, there is strong evidence that children's access to material resources in the form of symbolic capital (behaviors and consumer goods symbolic of social position) may be important to their standing in school communities. Research on social status in children frequently focuses on individuals who have 'consensual popularity' – those individuals who are broadly seen as popular or higher in status by other children and who have greater influence, power, and prestige (De Bruyn & Cillessen, 2006; de Bruyn & Weisfeld, 2017). Among other differences, there is broad consensus in the literature that consensually popular children tend to have greater spending power, more personal possessions, and are more fashionable (i.e. have more symbolic capital) than other children (P. A. Adler et al., 1992; De Bruyn & Cillessen, 2006; Eder, 1985; Meisinger et al., 2007; Michell, 1997; Sweet, 2010). This remains true when fashionability is assessed separately from physical attractiveness, and has been demonstrated in boys and girls of a variety of ages and in multiple cultural contexts (see de Bruyn & Weisfeld, 2017 for review). These findings suggest that symbolic capital may be an avenue through which access to material resources is salient to children's social status. Although it should be stressed

that children are not perfect reporters of their own popularity (Mayeux & Cillessen, 2008; McElhaney et al., 2008), this literature nevertheless provides evidence of a link between symbolic capital and popularity, which may in turn affect children's subjective social status.

Research on subjective social status measures also suggest that adolescents consider their own symbolic capital when making appraisals of their own subjective social status. Sweeting, West, Young, and Kelly (2011) examined the meaning of the school ladder by giving participants multiple ladders with which to rate their status at school with respect to several domains: school performance, popularity, level of respect, power, athletic ability, attractiveness/stylishness, and rebelliousness. By attaching specific words from the broader wording of the ladder measure discussed earlier (see Figure 1; E. Goodman et al., 2001) to multiple distinct ladders, this procedure sought to decompose the measure in to its components (along with some novel dimensions). Factor analysis revealed that attractiveness/stylishness, along with popularity, power, and level of respect, loaded on to a 'peer' status score. Although this analysis did not separate attractiveness from stylishness (which would have allowed a more direct assessment of the importance of access to resources to peer status), this finding is consistent with research on consensual popularity and provides more direct evidence that symbolic capital is a component of subjective social status. This interpretation is further supported by a significant association between the peer scale and the amount of money adolescents reported they had available for personal expenses. This relationship was stronger in the peer scale than in other self-ratings (scholastic and sports status) and was stronger than the relationship of parent SES variables to the peer scale, again suggesting that adolescents' individual access to resources could be an important component of their subjective social status despite a relatively weak association with parent SES. In a follow-up study, Sweeting and Hunt (2014) found that it was this peer scale

(more-so than other forms of self-rated status) that had the strongest association with adolescents' level of psychopathology. Taken together, these studies suggest that access to material resources in the form of symbolic capital may be an important correlate of children's subjective social status, and could help explain the strength of association between subjective social status and children's psychopathology. However, little research has examined this possibility directly.

Symbolic Capital and Psychopathology

Symbolic capital may be an important part of how individuals think about their own success in life and communicate that success to others (Dressler, 1988; Sweet, 2010; Weber, 1978). Normative values surrounding symbolic capital have been examined using cultural consensus analysis – a technique in which a quantitative model is constructed of a community's consensus beliefs about a particular value or question. For example, Dressler and Bindon (2000) conducted a cultural consensus analysis concerned with which factors were commonly considered to be important to defining a person as a "success in life" within a community of adults in the American South: most of the 27 items emerging from this analysis were material possessions (eg. owning a home, owning a car, TV, etc.). Material possessions were also considered important aspects of having a good lifestyle in similar studies conducted in urban Brazil (Dressler et al., 2005). Although different forms of symbolic capital are likely important to adolescents, preliminary research has shown that adolescent communities may also hold consensus attitudes that certain possessions signify social status. For example, in one study of a high school community in a suburb of Chicago, there was a cultural consensus that owning high-status objects, such as a particular brand of shoes, modern electronics or a particular cell-phone, were important markers of students' social status (Sweet, 2010).

The degree to which individuals are consonant to cultural models of a successful lifestyle (i.e., the degree to which they possess symbolic capital or participate in activities commonly believed to be important to success in their cultural context) has important implications for their physical and mental health. Consonance to cultural ideals of lifestyle has demonstrated cross-sectional and prospective association with both blood pressure and symptoms of depression in adults, such that individuals showing higher consonance show better health outcomes (Balieiro et al., 2011; Dressler et al., 2005, 2007; Dressler & Bindon, 2000). In adolescents this relationship is under-studied, but preliminary evidence suggests a more complex relationship. Sweet (2010) found that adolescent blood pressure was predicted by an interaction of their symbolic capital with family income, such that adolescents whose symbolic capital matched their family income had better cardiac health indicators (i.e., owning 'high-status' items was associated with higher blood pressure if parental SES was low, but lower blood pressure if parental SES was high). This pattern could result from a process wherein incongruities between different status markers (in this case symbolic capital and family SES) may be a significant source of psychosocial stress (Dressler, 1988, 1991; McDade, 2001).

Importantly, no research has been conducted on the relationship between symbolic capital and psychopathology in adolescents. As previously discussed, symbolic capital may represent an important aspect of adolescent social status (P. A. Adler et al., 1992; De Bruyn & Cillessen, 2006; Eder, 1985; Meisinger et al., 2007; Sweet, 2010). If symbolic capital indeed has real consequences for adolescents' social status, I would predict that symbolic capital would be correlated to adolescents' community subjective social status. Given robust associations between subjective social status and psychopathology in adolescence (McLaughlin et al., 2012), symbolic capital may also be associated with psychopathology such that individuals with increased

symbolic capital show reduced psychopathology. Alternately, as seen in research on physical health symptoms and adolescents' symbolic capital, adolescent's family SES may interact with symbolic capital to predict psychopathology, such that individuals whose family SES matches their level of symbolic capital experience better outcomes. Research has yet to explore these hypotheses.

The Current Study

In the current study, I evaluated associations between symbolic capital, subjective social status, and psychopathology in a diverse sample recruited from a relatively constrained number of urban high schools in the Pacific Northwest. My first hypothesis was that symbolic capital would be positively associated with subjective social status, such that greater material markers of status would be associated with higher subjective social status. Second, I predicted that subjective social status would be negatively associated with psychopathology, such that higher subjective social status would associated with lower levels of depression, anxiety, and externalizing symptoms, as has been demonstrated previously (McLaughlin et al., 2012; Quon & McGrath, 2014). Third, I hypothesized that symbolic capital would be associated with psychopathology, such that adolescents with a greater number of material status markers would have less psychopathology than adolescents with fewer such markers. Fourth, I hypothesized that subjective social status would mediate the relationship between symbolic capital and psychopathology – in other words, that symbolic capital would have an effect on psychopathology because it is a component of children's social status, which is assessed by the subjective social status measure, and children's social status is associated with psychopathology. Finally, to explore an alternate hypothesis, I conducted an exploratory analysis to test whether family income moderated the relationship between symbolic capital and psychopathology, such

that individuals coming from higher income families with higher symbolic capital will have lower psychopathology, but that higher symbolic capital would be associated with more psychopathology in adolescents from lower income families. These hypotheses, together with my methods and analysis plan, were pre-registered prior to data-analysis but following data collection (https://osf.io/eupyn). Any deviations from my pre-registered plan are noted in the methods.

Methods

Sample

All participants were recruited from two high schools in the Pacific Northwest. The high schools were selected to allow for recruitment of adolescents representing a wide range of SES and due to their size. Consistent with prior work assessing cultural consonance (Sweet, 2010), 16 participants were recruited for phase 1 (elicitation) and 50 participants were recruited for phase 2 (consensus). Based on an analysis designed to ensure adequate power (see below), 80 participants will be recruited for phase 3 (consonance). Each sample was divided approximately in half by gender.

Measures

SES. Family SES (including income) was assessed by parent report using the MacArthur demographic questionnaire (N. E. Adler & Stewart, 2007). Total combined family income was coded as < $5000, $5,000 through $11,999, $12,000 through $15,999, $16,000 through $24,999, $25,000 through $34,999, $35,000 through $49,999, $50,000 through $74,999, $75,000 through $99,999, $100,000 through $199,000, and $200,000 and greater. These values were re-coded in to a continuous variable according to the midpoint of each bin, with 25% above the maximum bin ($250,000) coded as the highest possible value. To give a better estimate of the resources

available to each participant, Income-to-needs ratio (INR) was calculated by dividing this approximate continuous income by the 2018 federally mandated poverty line for a family of the reported size, such that a value less than one indicating that a family was living below the poverty line (e.g., $25,465 for a two parent, two child household). INR was used as the index of family SES in all relevant models.

Subjective Social Status. Adolescent participants completed an adapted version of the MacArthur subjective social status measure (E. Goodman et al., 2001), where they were asked to place themselves on a ladder relative to people in their school with the most/least respect, grades, and standing (see Figure 1). This measure, along with its adult equivalents, has demonstrated excellent test-retest reliability in multiple studies (Giatti et al., 2012; E. Goodman et al., 2001; Operario et al., 2004). It has additionally shown robust associations with psychopathology (McLaughlin et al., 2012; Quon & McGrath, 2014).

Psychopathology. Anxiety symptoms were assessed using the parent and child report form from the Screen for Anxiety Related Emotional Disorders (SCARED; Birmaher et al., 1999). The SCARED is a widely used measure designed to assess extent of anxiety related psychopathology in youth. It has demonstrated excellent psychometric properties including excellent reliability, convergent validity between parent and child report, and discriminant validity with other mental health disorders (Birmaher et al., 1999). The SCARED was coded as the higher of the parent or participant reported SCARED total score in order to capture unique information provided by parents and adolescents (Cantwell et al., 1997).

Depression symptoms were assessed using the Child Depression Inventory, version 2 (Kovacs, 1992). The CDI is a widely used self-report measure of depression related symptoms in children aged 7-17. The CDI has demonstrated excellent test-retest validity and convergent

validity with gold-standard interview measures (Kovacs, 1992; Masip et al., 2010; Timbremont et al., 2004). The total t-score from the CDI was used in all analyses of depression symptoms.

Externalizing psychopathology were measured using the Youth Self Report (YSR) and parent-reported Child Behavior Checklist (CBCL) from the Achenbach System of Empirically Based Assessment (ASEBA; Achenbach, 1991). The ASEBA generates age-standardized estimates of symptom severity and has demonstrated excellent test-retest and convergent validity with similar clinical measures (Achenbach et al., 2002; Achenbach & Rescorla, 2001). The higher externalizing problems t-score from the YSR and CBCL was used to represent externalizing problems in order to capture unique information provided by parents and adolescents (Cantwell et al., 1997).

Covariates. Participants self-reported gender and race. Due to sample size and demographic constraints at the study site, I anticipated that the study would not be sufficiently diverse to allow detailed analysis of gender and racial minority effects. Therefore, gender was coded categorically as binary female / binary male / other and race was coded as person of color / non-hispanic white.

Social Functioning was measured via the social competence scale of the CBCL[1]. The social competence scale is scored from parent reports of the number and quality of friendships and their assessment of how well adolescents get along with peers. Academic performance was measured via the Academic Competence scale of the CBCL. Similarly, this scale is scored from

[1] In my pre-registered analysis plan, I originally planned to use the social problems scale of the CBCL to measure social functioning. However, it was determined during data cleaning that there was not enough variability in that scale for it to serve as a useful control and the social competence scale was substituted.

parents' assessment of their child's academic performance. Both scales are age-normed to nationally-representative samples and produce a t-score.

Self-esteem was assessed using the Rosenberg self-esteem measure (Rosenberg, 1965). The Rosenberg scale seeks to assess 'favorable or unfavorable attitude toward oneself.' It was originally developed for use with adolescents, is widely used, and shows strong test-retest reliability and convergent validity with similar measures (Bagley & Mallick, 2001; Blascovich & Tomaka, 2013).

Procedure

Elicitation. The goal of the elicitation phase was to generate a list of potentially salient forms of symbolic capital as well as possessions owned by typical high schoolers. To do so, 16 adolescents were asked to complete a semi-structured interview, based on questions used by Sweet (2010), designed to examine culturally specific norms and terminology about social status in adolescents' schools. Participants were asked how they define 'high social status,' who the term made them think of, and what labels they use for that group. To avoid presuming the importance of a 'high status' identification, they were additionally asked about other ways that children in their school can 'get ahead' or distinguish themselves. For each label identified, they were asked how they recognize children who matched that label, how they behaved, and what sorts of objects they owned. Adolescents were also asked about their attitudes and feelings about each group. Finally, they were asked what sort of objects the average student at their school owns. These open-ended responses were used to generate a qualitative description of status identification at the target schools. Analysis of qualitative data had two goals, first to identify the relevance of the term 'high status' to participants (and the existence of an analogous term if it is not in use) and secondly to ascertain what other status groups, if any, existed in the school

culturally. Second, I generated a list of items (e.g., a specific type of phone) that were identified as typical of 'high status' (or analogous term) individuals in the target schools and the equivalent normative (or 'average') items. Interviews were transcribed and objects mentioned as being typical of 'high status' or which were identified as being typical of an average student by at least one participant were entered in to a list of potential status markers to be submitted to consensus analysis. I also collected basic demographic information (age, year in school, gender, and race) to allow for identification of demographically separated sub-cultures (for example, to identify items mentioned only or mostly by young women) and subjective social status to allow for comparison with the final sample.

Consensus. The goal of the consensus phase was to estimate the importance of the various status markers elicited in phase 1 in the culture of the high schools being studied. To do so, I used a cultural consonance approach that has been widely used in anthropology research (Dressler et al., 2007; Handwerker, 2002; Sweet, 2010) to identify a common set of indicators that respondents agreed reflected high status.

Potential status markers (both high and average status) were pooled from the elicitation interviews in phase 1. Pictorial representations of the items described that did not include pictures of any people were downloaded from the internet (e.g., pictures of a particular cell phone or brand of sneaker endorsed as being reflective of high status). A total of 50 Adolescents (split evenly in to four cells by sex and school affiliation) were asked to answer the question 'how likely is it that someone with this item would have high social status at your school' on a 5 point likert scale where 1 is 'Very Unlikely', 3 is 'Neutral' and 5 is 'Very Likely'. Participant's responses for each item was recoded as 'likely to have high status' (4-5) or not (1-3)

Informal cultural consensus analysis (Handwerker, 2002; Weller, 2007) was used to determine whether participant's answers cluster together, suggesting a culturally normative set of answers, and whether other factors (e.g., participant gender or school attended) affected their responses. To conduct this analysis, exploratory factor analysis was applied to the transposed matrix of participant responses (such that each row in the matrix represented one participants' pattern of responses) using maximum likelihood modeling without rotation in the R package 'psych' (Revelle, 2018). Resulting factors in this analysis represented variables associated with agreement between participant responses. The presence of a cultural consensus between all participants is then indicated by the presence of a single dominant factor (representing participant's knowledge of the cultural consensus). To identify this consensus, a scree plot was generated and examined for the expected single factor structure, and any other significant factors were analyzed for correlation with other participant variables. This step allowed me to ascertain, for example, whether participants' responses resembled those of other participants' who went to their same school more than those of participants who attended the other (this would emerge as a second factor in the model, with factor loadings correlating strongly to school attendance).

Consonance. The goal of the consonance phase was to collect information on participants' symbolic capital ownership (i.e. how many high-status items they own) together with descriptions of their subjective social status, family SES, and level of psychopathology. To do so, 80 participants were recruited to come in to the lab with a parent or guardian. Following informed consent, participants filled out study measures on a computer using the REDCap electronic data capture tools hosted at the University of Washington (Harris et al., 2009). Parents completed their measures on a computer in a separate room. In addition to measures previously described, youth reported their ownership of items previously determined to be salient indicators

of social status in their school. Youth's level of symbolic capital (ie. the consonance of their self-reported owned items with the cultural model of status) was calculated by summation of their answers on the ownership list, weighted by those items' score from the consensus analysis (Sweet, 2010).

Analytic Plan

Statistical analyses was completed in R (R Core Team, 2018). All analyses were performed in the r package 'lavaan' (Rosseel, 2012). Full-information maximum likelihood (FIML) estimation was used to address missing data. Analysis was conducted separately for each of the three psychopathology variables.

First, a final list of covariates was constructed by testing association of social functioning, academic functioning, and self-esteem with subjective social status and psychopathology outcomes using bivariate linear regression models. Covariates with significant relations to both constructs were retained in future models. As sex and race were likely to independently affect social status and psychopathology, they were additionally entered as covariates in all models.

Association of symbolic capital with subjective status, subjective status with psychopathology, and symbolic capital with psychopathology (hypotheses 1-3) were tested using linear regression models. To test hypothesis 4-5, two structural models were specified in lavaan: a fully specified moderated mediation model, and an identical model in which the moderation coefficients were artificially constrained to zero. Moderation (H5) was tested by a Likelihood ratio test between these two models. Mediation (H4) was estimated by the SEM model. See figure 2 for model illustration.

Power Analysis

Prior to data analysis, a provisional sample size (n=80) was selected for part 3 of the study (consonance) and a power analysis was conducted to ensure adequate ability to detect an indirect effect given path effects of reasonable size given effects previously reported in the literature. 10,000 values were selected from a normal distribution of mean 0 and standard deviation 1 to represent population values of symbolic capital and family income. Values for subjective social status and psychopathology were then generated using a system of equations based on the hypothesized model, with coefficients estimated from pilot data and prior work (Sweet, 2010):

$$SSS = a \cdot symb + e$$

$$\varphi = b \cdot SSS + c'^{2} \cdot SSS \cdot Income + e$$

Size of a and b were set to .4 and -.4 respectively and c'^{2} was set to .2. Error terms were estimated by sampling a normal distribution of mean 0 and standard deviation .5. A moderated mediation model was specified in R using lavaan and run sequentially against 500 samples with n=80 drawn from the above population using the package 'simsem' (Pornprasertmanit et al., 2015). The specified indirect effect of symbolic capital on psychopathology was detected in 94% of samples.

Results

Elicitation

16 Participants were recruited for the elicitation phase (a sample of 20 was originally planned, but recruitment was stopped following several interviews did not elicit novel status markers). Participants were evenly split by school. 9 Participants described themselves as female and 7 male. Participants were approximately counterbalanced by gender and school attendance. Average subjective social status of the elicitation sample was 6.44 (*sd*=1.55). 88% Of

participants were able to articulate a definition of 'high social status' involving some combination of resource access, social prestige, or popularity. A minority of those participants (36%) distinguished having 'high social-status' from being popular or having a lot of friends. Frequently described traits of 'high-status' adolescents are listed in Table 1. Many participants expressed ambivalent feelings about this group of adolescents: 71% of participants described themselves as disliking or not looking up to 'high-status' adolescents, and 57% described them as generally not liked or looked up to by their school community. 62 Potential status markers (possessions associated with either high-status individuals or with average adolescents) were extracted from elicitation interviews and used in the consensus analysis.

Consensus

Based on the responses of each participant in the consensus phase, an exploratory factor analysis was conducted to identify participant factors affecting item level responses. A scree plot was generated of the eigenvalues of the principal factors, as well as eigenvalues of the principal factors of a random field of data for comparison (see Figure 1). Examination of the scree plot suggested that three factors had eigenvalues above those present in a simulated field of data. Of these three factors, the first explained 27% of variance present in the data, with factors 2 and 3 explaining a much smaller portion (7% and 4%, respectively). Factor 1 was not substantially correlated to school (r=.08) or participant sex (r=-.05). Factor 2 showed a trivial correlation to school attendance (r=.01) and a small correlation to participant sex (r=-.18). Factor 3 showed small correlations to both of school attendance (r=.27) and participant sex (r=.35). In cultural consensus analysis, the presence of single predominant factor uncorrelated to statistical control (as I observed here) suggests the presence of a cultural consensus (Weller, 2007) on which items were likely to correspond to 'high-status.' The loadings of the first factor were therefore

interpreted as reflecting the cultural knowledge of each participant (cultural competence). The average status score of each item, weighted by cultural competence, were calculated and are reported in Table 1 (these scores correlated to the raw average item score at r=.97).

Consonance

The final sample consisted of 80 individuals. 38 participants endorsed female gender, 36 male, and 6 endorsed another gender identity (transgender, non-binary, other, or prefer not to answer). 58 participants described themselves as white. 54 participants attended school 1, and 26 attended school 2 (every effort was made to recruit equally by school; however, midway through recruitment it was judged, based on response rates, that all interested students from school 2 had been recruited). Descriptive statistics for study variables are reported in Table 1, correlations between study variables are reported in Table 2.

Covariate Analysis. Self-esteem and social competence, but not academic competence, was related to subjective social status. Self-esteem was additionally related to all three psychopathology variables (see Table 2). Self-esteem was retained in future models as a covariate.

Path A: Subjective Social Status and Symbolic Capital. In a model where symbolic capital and covariates were regressed against subjective social status, the association of subjective social status with symbolic capital was not significantly ($\beta(75)=.192$, $p=.123$). Of the covariates entered to this model, only self-esteem showed a statistically significant association with subjective social status. Specifically, a one unit increase on the Rosenberg Self-Esteem measure was associated with a .08 increase in subjective social status when controlling for other factors ($\beta(75)=.38$, $p=.001$; see Table 1 for model parameter estimates).

Path B: Subjective Social Status and Psychopathology. Subjective social status was related to depression symptoms such that participants rating themselves one rung higher on the ladder measure scored about 1.31 lower on the CDI ($\beta(75)=-.15$, $p=.02$). Association of subjective social status with anxiety symptoms and externalizing problems were sensitive to statistical control. In fully controlled models, neither showed significant associations with subjective social status (all p>.17; see Table 2 for model parameter estimates). However, both showed significant bivariate correlations to subjective social status, and subjective social status was related to both anxiety symptoms ($\beta(75)=-.28$, $p=.002$) and externalizing problems ($\beta(75)=-.224$, $p=.04$) in models that controlled for gender and race but not self-esteem.

Path C: Symbolic Capital and Psychopathology. There were no statistically significant associations of symbolic capital with anxiety, depression, or externalizing problems (all $p<.21$; see Table 3 for model parameter estimates).

SEM Models. For every outcome tested, the moderated mediation model showed worse fit characteristics (e.g. Akaike's Information Criterion; Akaike, 1974) than the more parsimonious mediation model and a log likelihood test that was not statistically significant (p>.29). Models where an effect of symbolic capital on psychopathology was moderated by SES were therefore rejected. However, the retained mediation models also showed very poor fit indices (Root Mean Square of Approximation > .45 in every case). As this parameter is generally expected to be below .1 in models with acceptable fit (MacCallum et al., 1996), the results of the SEM models were not interpreted.

Exploratory Analyses

I explored a number of possible interactions in the relationship between symbolic capital and subjective social status post-hoc. In three models, subjective social status was not affected by

the interaction of symbolic capital with gender, school, or session date (all p>.46). Interestingly, in a model where symbolic capital, school attended, and their interaction was regressed against subjective social status, symbolic capital showed a statistically significant effect on subjective social status (β=.258, p=.048). However, this model was discarded as the interaction term was not significant and modeling school attendance in this way did not improve model fit relative to the planned path A model discussed above.

Discussion

I explored adolescents' conceptualization of social status in three phases. First, through 16 qualitative interviews, I found that high schoolers were commonly able to identify a 'high-status' group of peers in their school environment who were distinguished, among other factors, by their possessions and access to material resources. In a cultural consensus analysis, I verified a set of possessions that were consensually agreed upon as markers of membership in this high social-status group (or 'symbolic capital'). Contrary to my predictions, in a follow-up sample of 80 participants I found no evidence that symbolic capital was related either to participants' ratings of subjective social status in their school environment or any of three forms of psychopathology. Subjective social status was related to self-esteem in a planned covariate analysis, and was additionally related to adolescents' depression, anxiety, and externalizing symptoms (although relation to anxiety and externalizing were sensitive to statistical control for self-esteem).

Cultural Models of High-Status Groups and Symbolic Capital.

During elicitation, participants' descriptions of high social-status adolescents' (often labelled by participants as 'popular') in their schools were highly consistent with prior sociometric research on popularity. This past work has distinguished between two different types

of popularity: pro-social popularity (individuals who are peer nominated as likeable and well connected) and consensual popularity (describing individuals who are peer nominated as popular but are not necessarily well-liked; De Bruyn & Cillessen, 2006; De Bruyn & Van Den Boom, 2005). In prior studies a central feature of the consensually popular group was fashionable dress: De Bruyn & Van Den Boom (2005) described a correlation between peer nominations of 'dressed hip' and consensual popularity of .81. In addition, consensually popular adolescents have been described as relationally aggressive, show-offs, athletic, academically disengaged, and having rich parents (De Bruyn & Cillessen, 2006). Consistent with this literature, almost all elicitation participants identified a high-status or 'popular' group of peers in their school environment who were well known and had high levels of social prestige. This group was described similarly to consensually popular adolescents in prior studies: they were frequently identified as owning fashionable clothing and accessories, being athletic, having money, making an impact on social media, and partying. Participants usually did not endorse liking or looking up to this group, although a minority of participants identified a second group of students who they described as 'cool' or well-liked (similar to prior descriptions of pro-social popularity).

In a second wave of data collection, I identified a consensually agreed-upon set of symbolic capital markers in the target school communities which were described as communicating high social status. These items were generally characterized by price and brand-recognition. For example, 'Gucci slides,' were a type of sandal from designer Gucci. At the time of data collection, they retailed at >$200 and were featured in a number of popular songs. Other top scoring 'high-status' items were also priced more than similarly functional items and were also from highly recognizable brands. The familiarity and price of these items suggests their

ownership and display would be consistent with descriptions of consensually popular youth as having money, being fashionable, and showing off (De Bruyn & Cillessen, 2006).

Symbolic Capital and Subjective Social Status

Critically, in a final wave of data collection, I found little evidence that adolescents' ratings of their own social-status was related to their level of symbolic capital. This null result held regardless of statistical control. In a series of exploratory analysis, I ruled out the possibility that this null effect was specific to a particular gender identification or school (as might be the case if the markers were more relevant to one group than another), or that it was contingent on session date (as might be the case if the markers became less relevant in later sessions as fashions changed). Similarly to previous studies, adolescents' ratings of their subjective social status in school also showed no statistically significant relation to household SES indicators such as income-to-needs ratio (E. Goodman et al., 2001). Together, there was little evidence that resource access, including access to symbolic capital, was a driving factor in adolescent participants' ratings of their subjective social status, again raising the question of what factors drove participants' perceptions of their own social status.

One possibility is that participants' subjective social status ratings were driven by biases and were inaccurate estimates of their own popularity. Prior studies have demonstrated that adolescents can be poor reporters of their own popularity. For example, in a sample of 2,141 high schoolers Mayeux and Cillessen (2008) noted that adolescents' ratings of their perceived popularity showed only small to moderate correlations with peer-nominated popularity (r ranged from .12- .31 depending on participant grade and gender). Inaccuracies in adolescents' self-reported status could be driven by response bias or a generally positive self-concept, as subjective social status was correlated to self-esteem – a relation also noted by Goodman et. al.

(2001). However, this interpretation does not account for the substantial correlation I observed between subjective social status and social competence, a parent report measure based primarily on the number and quality of adolescents' social connections and which is unlikely to be confounded by adolescents' response biases. As previously noted, the idea that subjective social status ratings are driven primarily by self-esteem or affect bias is also inconsistent with longitudinal studies in adults showing that subjective social status drives affect rather than the reverse (Operario et al., 2004; Singh-Manoux et al., 2005) and by studies in adolescents which used other measures to statistically control for affect-driven response biases (E. Goodman et al., 2007; Sweeting & Hunt, 2014).

As both symbolic capital and subjective social status correlated to parent-reported social competence score, a more plausible alternative is that symbolic capital was related to a different aspect or type of social connectedness than subjective social status. As noted above, sociometric studies of social status have distinguished between adolescents who are peer nominated as popular (who are 'consensually popular') vs. adolescents who are well-liked ('pro-social popular'). Symbolic capital markers were identified by participants as belonging to a popular or high-status group whose description aligned well with theoretical accounts of consensual popularity (when participants distinguished between high-status individuals and individuals who were 'cool' or 'well-liked,' only markers which related to the high-status identity were extracted). Symbolic capital as measured here is therefore more likely to convey the appearance of consensual popularity rather than pro-social popularity. If subjective social status does not convey information about consensual popularity (as would be suggested by its lack of association to symbolic capital) but does measure social status (as would be suggested by the wording of the questionnaire and its correlation to social competence), it may be more related to

another commonly sociometrically identified type of popularity: pro-social popularity, or the quality of being well liked. However, this interpretation is speculative and further research is needed to test this hypothesis.

Subjective Social Status and Psychopathology

Subjective social status was associated with symptoms of depression and anxiety as well as externalizing problems such that participants who reported higher social status demonstrated lower levels of psychopathology. Importantly, the lack of association of subjective social status with symbolic capital or household SES in my results suggests that observed associations between psychopathology and subjective social status (as measured by the school ladder question) were not likely to have been driven by adolescents' differential access to resources. These results are similar to associations between subjective social status and psychopathology previously reported in a large and nationally representative sample, which were robust to control for objective SES measures (McLaughlin et al., 2012). Sweeting & Hunt (2014) demonstrated an association between perceived (school) social status and psychological well-being which was robust not only to control for objective SES but also to control by adolescents' subjective ratings of family SES. The relation of subjective social status to psychopathology, but not to symbolic capital (a potential marker of consensual popularity) or resource access, suggests that subjective social status may be related to adolescents' social functioning independently socioeconomically-driven hierarchy. Indeed, in a prior investigation, McElhaney et al. (2008) found that subjective social status was associated with psychological well-being even following control for consensual popularity (assessed sociometrically). Instead, subjective social status may confer other information about adolescents' level of social functioning including social desirability and the number and quality of their friendships. Because of the increased salience of peer relationships in

adolescence (Brown & Larson, 2009), these factors are very plausible mediators of the observed relation between subjective social status and adolescent psychopathology. Social rejection during adolescence is known to be a significant risk factor for psychopathology, and social support is strongly protective (Myklestad et al., 2012).

The relation of subjective social status to anxiety and externalizing, but not depression, was sensitive to statistical control by self-esteem. This raises the possibility the association between subjective social status and some forms of psychopathology was a statistical artifact resulting from covariance with respondents' reported judgments about themselves. Although the cross-sectional nature of this study limits my ability to test this model, it has been repeatedly rejected by past researchers (E. Goodman et al., 2007; Operario et al., 2004; Singh-Manoux et al., 2005; Sweeting & Hunt, 2014), as was discussed in the section above.

Symbolic Capital and Psychopathology

There was no association between symbolic capital and any psychopathology outcome. I did not hypothesize a direct relation of symbolic capital with psychopathology, so this null finding is expected given the lack of relation between symbolic capital and subjective social status (my hypothesized mediator). This result diverges from the predictions of theories suggesting that adolescents' health might be affected by stress resulting from social comparison of material possessions (Karvonen & Rahkonen, 2011) or from incongruity between adolescents' symbolic capital and other aspects of their social status (Sweet, 2010).

Limitations and Future Directions

My study had a number of limitations which should be considered during interpretation. First, the sample was restricted to only two schools, one of which was over-sampled. This limits the generalizability of my findings. Of specific concern was that my sample was quite wealthy

relative to national norms, even considering high living expenses in the study area. These results could differ from more normative samples or from past work in low-SES neighborhoods (Sweet, 2010) because of restrictions in the observed range of SES. This might be the case, for example, if the relative affordability of symbolic capital in the budgets of wealthy families made them less relevant status markers for adolescents. Also, my sample was primarily non-Hispanic white, which limited my ability to test for interactions with adolescents' racial or ethnic identity which have been demonstrated in some prior studies of SES and childhood psychopathology (e.g. McLaughlin et al., 2012).

My study was also limited by my use of a convenience sample which was not necessarily representative of the school at large. The maximum possible score on the symbolic capital questionnaire was 32, and the maximum score in this sample was 15.69. Although this score represents an unusual degree of symbolic capital within this sample (z=2.24), there could be a group of high symbolic capital adolescents not represented who placed more value on symbolic capital and thus might have shown stronger associations between symbolic capital and subjective social status than I observed here. Although our sample was sufficiently sized to test our hypotheses, our power to make inferences from null effects was limited. A larger sample size would provide better evidence that the null effects we observed indeed reflected the absence of an effect.

Future research on subjective social status and symbolic capital would benefit from additional measurements of related constructs. I used the social competence scale from the CBCL as a covariate. This measure has strong face validity and is not self-reported, but limited information is available as to its convergent validity with other metrics of social competence and connection. Future research on this topic would benefit greatly from inclusion of gold standard

sociometric measures of consensual popularity and social desirability. The interview I used to elicit symbolic capital markers was specifically designed to elicit possessions, and I did not enter other forms of symbolic capital mentioned by participants in to the cultural consensus model. Future research should collect information on other potential status markers in order to more correctly model the salience of possessions vs. activities and behaviors.

Finally, the study was cross-sectional in nature and did not allow for causal inferences. This especially affects interpretability of covariate effects. For example, subjective social status was correlated to anxiety symptoms, but this association was confounded by self-esteem. Future studies should use longitudinal designs to rule out the possibility that self-esteem led to later increases in anxiety and decreased subjective social status.

Conclusion

In a three-wave study, I combined qualitative and quantitative methods to examine how adolescents described both their own social status and the social status of others in their peer environment in order to explore associations between subjective social status, resource access, and psychopathology. Adolescents from my sample were able to identify and define a group of their peers who they considered to be 'high-status.' Descriptions of this group were consistent with past research on 'consensual-popular' individuals, including that they were often described as disliked. I identified a set of markers likely to be owned by this group of individuals which were typically strongly branded and expensive. Contrary to my expectations, I did not find evidence that ownership of these items was related to subjective social status. Subjective social status, but not symbolic capital, was associated with psychopathology.

My results suggest that adolescents' ratings of their own social status in school may not convey accurate information about their level of resource access or their consensual popularity.

Instead, subjective social status may reflect other aspects of social functioning such as likeability and social connectedness, and these aspects of social functioning may ultimately have greater relevance to psychopathology outcomes than access to resources. These results are encouraging, as they suggest that (at least in wealthier samples) social comparison processes related to consumer spending, which are relatively intractable to intervention, may not be a significant source of mental health risk. On the other hand, they also suggest that the 'school-ladder' measure of community subjective social status should be used with caution in research projects exploring the impact of SES on children. Although the measure may contain important information about adolescents' peer functioning, it appears to show little relation to their level of access to resources.

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Tables

Table 1
Traits associated with 'high social-status' during elicitation interviews.

Trait	**% Endorsed**
Involved in Athletics (e.g. football, soccer, cheerleading)	100
Owning fashionable or prestigious things	93
Having money or financial resources	93
Having a social media presence/following	93
Partying or substance use	79
Being attractive	71
Involved in student groups/clubs (e.g. student government, dance club, fashion club)	57

Table 2
Symbolic Capital Markers.

Item Description	Weighted Score
iPhone 8	.99
Beats Headphones	.96
Macbook	.94
Convertible BMW	.94
Range Rover	.93
Yeezy Shoes	.92
Gucci Slides	.91
Supreme T-Shirt	.90
Gucci Purse	.90
Apple Airpods	.90
Nike Sweatpants	.88
Apple Watch	.87
Nike Jacket	.83
Apple Earbuds	.81
Sephora Makeup	.79
Nike Jordans Basketball Shoe	.78
Gold Chain	.78
Stussy T-Shirt	.75
Black Ripped Skinny Jeans	.74
New Honda Sedan	.72
Rolex Watch	.70
Hoverboard	.69
Nike Backpack	.69
Adidas Stan Smith Shoes	.68
Hoop Earings	.65
iPhone 4	.62
Nike Keychain	.59
Adidas Hoodie	.59
Portable Phone Charger	.59
Fake Eyelashes	.54
Lululemon Shopping Bag	.53
Nike Workout Shorts	.53
Fitted Black Crop Top	.52
Puff Keychain	.50

Note: A score of one indicates a perfect consensus that someone owning that item would be 'likely to have high social status,' and a score of 0 indicates a consensus that the item is not indicative of high social-status. Only items with scores > .5 are reported.

Table 3

Consonance Sample Characteristics

	M	*sd*	*Missing*
Age	15.94	1.03	0
Total Family Income	175,724	71,045	2
INR	7.15	2.92	2
Self Esteem	28.95	6.55	0
Social Competence	49.17	8.84	3
Academic Competence	50.44	6.88	2
Subjective Social Status	6.86	1.47	1
Symbolic Capital	7.68	3.57	0
Depression Symptoms	55.75	12.525	0
Anxiety Symptoms	15.37	10.37	0
Externalizing Problems	52.03	7.13	1

Table 4

Correlation Table

	1	2	3	4	5	6	7	8	9	10	11	12	13
1. Gender: Male													
2. Gender: Other	-.26 *												
3. Age	-.06	.04											
4. School	.07	.11	-.03										
5. Income-to-Needs	.35 **	.01	.09	.14									
6. Race	-.11	.04	-.17	-.01	-.23 *								
7. Self-Esteem	.31 **	-.23 *	-.14	.20	.12	.08							
8. Social Competence	-.24 *	-.07	.14	-.02	.08	.13	-.03						
9. School Competence	-.25 *	-.03	.12	-.03	.07	.02	.01	.27 *					
10. Subjective Status	-.02	-.14	.01	.18	.07	.10	.37 ***	.23 *	.10				
11. Symbolic Capital	-.44 ***	-.20	.09	-.22	-.21	.05	-.01	.30 **	.11	.21			
12. CDI	-.31 **	.30 **	.14	-.18	-.16	-.03	-.83 ***	-.01	-.03	-.43 ***	-.02		
13. SCARED	-.38 ***	.44 ***	.03	-.12	-.17	-.12	-.57 ***	-.07	.14	-.33 **	-.06	.57 ***	
14. Externalizing	.13	.01	.18	-.05	.05	.05	-.33 **	-.14	-.39 ***	-.22 *	-.13	.34 **	.11

*: p<.05
**: p<.01
***: p<.001

Table 5

Path A Model: Subjective Social Status

	b		***se (b)***	***β***	***p***	**95% CI (*b*)**		
Symbolic Capital	.08		.05	.19	.123	-.02	–	.18
Gender: Male	-.17		.36	-.06	.65	-.91	–	.56
Gender: Other	-.16		.62	-.03	.79	-1.38	–	1.06
Self-Esteem	.08	**	.02	.38	.001	.04	–	.13
Person of Color	.21		.34	.06	.54	1.18	–	2.25

*: p<.05
**: p<.01
***: p<.001

Table 6

Path B: Psychopathology and Subjective Social Status

Outcome		*b*		*se(b)*	*β*	*p*	95% CI (*b*)		
Anxiety:	**Subjective Status**	-1.06		.63	-.15	.092	-2.29	–	.17
	Gender: Male	-4.30	*	1.84	-.21	.020	-7.91	–	-.69
	Gender: Other	10.92	**	3.34	.28	.001	4.38	–	17.46
	Self-Esteem	-.59	***	.15	-.37	<.001	-.88	–	-.30
	Person of Color	-2.44		1.90	-.11	.198	-6.16	–	1.28
Depression:	**Subjective Status**	-1.30	*	-.15	.56	.020	-2.41	–	-.20
	Gender: Male	-1.52		-.06	1.64	.354	-4.73	–	1.69
	Gender: Other	4.14		.09	2.97	.164	-1.68	–	9.95
	Self-Esteem	-1.41	***	-.73	.13	<.001	-1.66	–	-1.15
	Person of Color	1.09		.04	1.69	.521	-2.23	–	4.40
Externalizing:	**Subjective Status**	-.42		.54	-.09	.439	-1.48	–	.64
	Gender: Male	3.60	*	1.58	.25	.022	.51	–	6.69
	Gender: Other	-.49		3.08	-.02	.873	-6.54	–	5.55
	Self-Esteem	-.42	***	.13	-.39	.001	-.67	–	-.17
	Person of Color	1.90		1.66	.12	.253	-1.35	–	5.14

*: p<.05
**: p<.01
***: p<.001

Table 7

Path C: Psychopathology and Symbolic Capital

Outcome		*b*		*se(b)*	*β*	*p*	95% CI (*b*)		
Anxiety:	**Symbolic Capital**	-.36		.29	-.12	.213	-.91	–	.20
	Gender: Male	-5.20	*	2.15	-.25	.016	-9.42	–	-.98
	Gender: Other	9.90	**	3.57	.25	.006	2.89	–	16.90
	Self Esteem	-.67	***	.14	-.42	<.001	-.94	–	-.39
	Person of Color	-2.66		1.91	-.12	.163	-6.40	–	1.08
Depression:	**Symbolic Capital**	-.10		-.03	.26	.703	-.61	–	.41
	Gender: Male	-1.28		-.05	1.96	.512	-5.12	–	2.56
	Gender: Other	4.36		.09	3.26	.180	-2.02	–	10.74
	Self Esteem	-1.52	***	-.79	.13	<.001	-1.76	–	-1.27
	Person of Color	.82		.03	1.74	.638	-2.59	–	4.23
Externalizing:	**Symbolic Capital**	-.08		.24	-.04	.739	-.56	–	.40
	Gender: Male	3.47		1.84	.24	.058	-.12	–	7.07
	Gender: Other	-.76		3.27	-.03	.817	-7.18	–	5.66
	Self Esteem	-.46	***	.12	-.42	<.001	-.69	–	-.22
	Person of Color	1.78		1.66	.11	.281	-1.46	–	5.03

*: p<.05
**: p<.01
***: p<.001

Figures

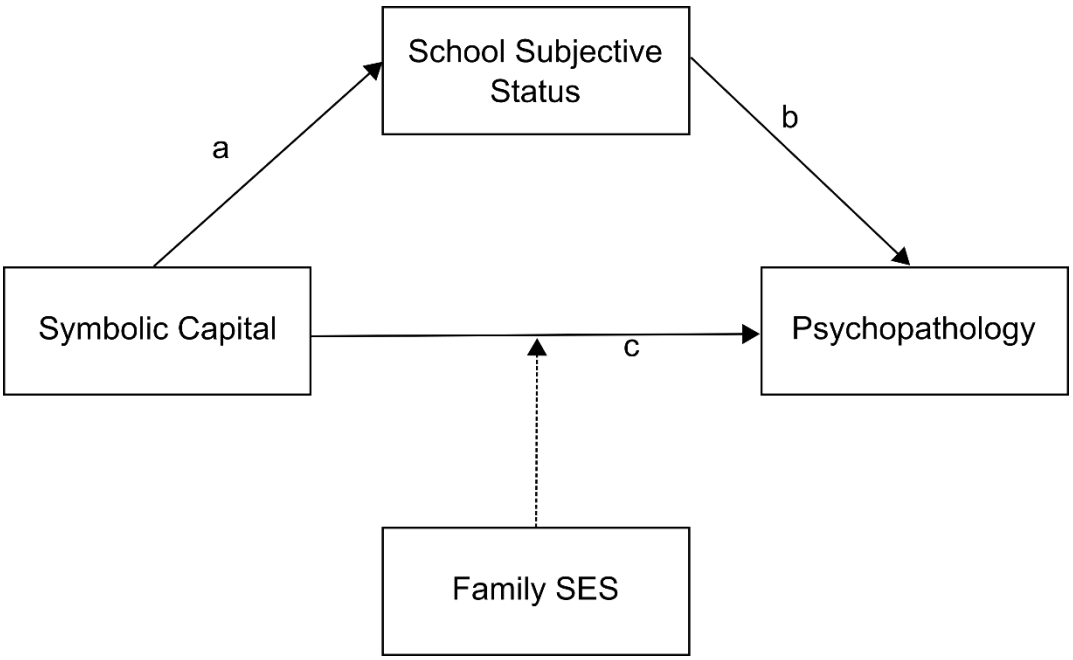

Figure 1. Conceptual Model Diagram.

Now assume that the ladder is away of picturing your school.

- At the top of the ladder are the people in your school with the most respect, the highest grades, and the highest standing.
-At the bottom are the people who no one respects, no one wants to hang around with, and have the worst grades.

Where would you place yourself on this ladder? Select the circle that best represents where you would be on this ladder.

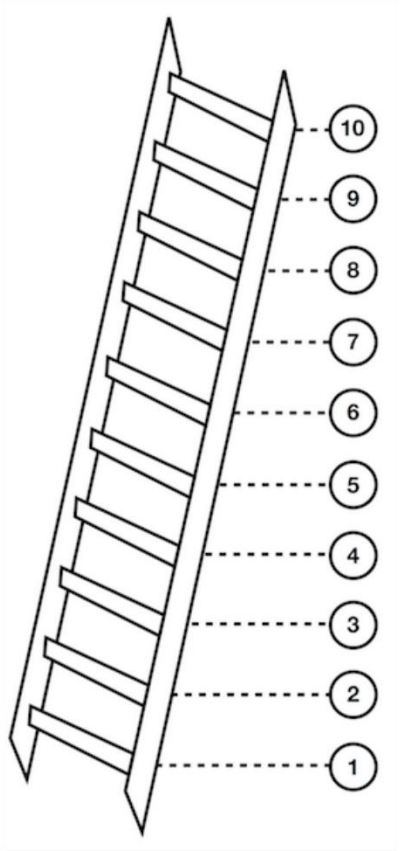

Figure 2. Subjective Social Status measure. Adapted from Goodman, et. al. (2001).

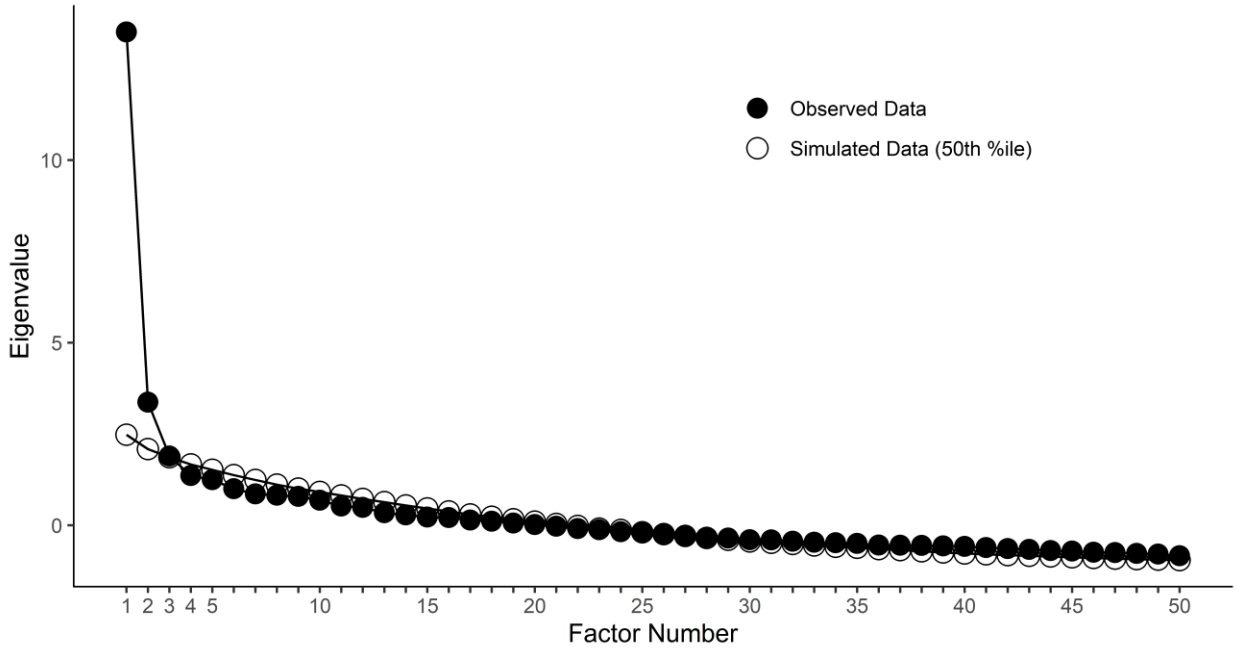

Figure 3: Scree plot of consensus analysis. Factor analysis was run on a matrix of participants such that each factor represents a statistical loading which explains participants' patterns of responses. The presence of one dominant factor indicates a consensus on the 'correct' pattern of responses. Factor eigenvalues are compared to those from a simulated datafield.