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The Role of Critical Consciousness and Parental Acceptance in LGBTQ+ Youth Mental Health

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Abstract: Research shows that parental acceptance can serve as a protective factor against negative mental health outcomes among LGBTQ+ youth. Although a few studies have examined the role of critical consciousness in mental health outcomes among LGBTQ+ youth, findings are often inconsistent and do not provide a clear picture. Thus, the present study aims to fill this knowledge gap. Using a sample of LGBTQ+ youth aged 18–25 (N = 460), the present study explores the relationship between critical consciousness, mental health outcomes (depression, anxiety, and flourishing), and the buffering role of parental support using bivariate correlations and moderated regression analyses. Findings show that (1) higher critical consciousness was associated with lower flourishing, (2) higher parental acceptance was associated with lower depressive and anxiety symptoms and greater flourishing, and (3) parental acceptance did not moderate the relationships between critical consciousness and mental health outcomes. The results of this study illustrate that while parental acceptance is a positive factor for mental health outcomes among LGBTQ+ youth, different dimensions of critical consciousness may have varying effects on mental health well-being for this population. Implications for research, clinical practice, and advocacy, such as examining peer support and community healing, are discussed in relation to these findings.

Keywords: LGBTQ+; acceptance; critical consciousness; mental health

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1. Introduction

LGBTQ+ youth are targeted by multiple forms of oppression, such as heterosexism and cis-sexism. Due to these interlocking systems of oppression, LGBTQ+ youth are at greater risk for bullying and harassment (Abreu et al. 2024), which leads to higher levels of negative mental health outcomes, such as elevated rates of suicidal ideation and attempts, increased depression and anxiety, and decreased self-esteem (e.g., Abreu et al. 2024; Fulginiti et al. 2021; Horwitz et al. 2021; Shrader et al. 2024). As a result, research shows that LGBTQ+ youth are more likely to use substances (e.g., alcohol, tobacco) as a means of coping with elevated anxiety and depression (Gamarel et al. 2020).

Research shows that parental acceptance and support can serve as a protective factor for LGBTQ+ youth against negative psychosocial outcomes, such as low self-esteem, anxiety, and depression (Abreu et al. 2024; Brown et al. 2020; McConnell et al. 2016; Meanley et al. 2021). Despite how systems of oppression impact LGBTQ+ individuals, only a few studies have examined LGBTQ+ individuals' awareness of the sociopolitical contexts and the impact of navigating these contexts on their mental health. For example, one research study found that higher critical consciousness was indirectly associated with higher well-being

and lower emotional distress for LGBTQ+ individuals in Hong Kong (Chan 2024). To our knowledge, no research has been conducted to explore the relationship between the critical consciousness and mental health outcomes among LGBTQ+ youth in the United States. Furthermore, while research shows that parental acceptance serves as a protective factor between oppressive experiences and negative mental health outcomes among LGBTQ+ youth, to our knowledge, no research has explored whether parental acceptance serves as a protective factor in the relationship between critical consciousness and mental health outcomes. Hence, the present study aims to elucidate the role of parental acceptance in the relationship between critical consciousness and mental health outcomes in a sample of LGBTQ+ youth.

1.1. Theoretical Underpinnings

The current study is grounded on two theoretical frameworks: Minority Stress Theory (Brooks 1981; Hendricks and Testa 2012; Meyer 1995, 2003) and Critical Consciousness (Comas-Díaz and Rivera 2020; Freire 2000). Minority Stress Theory posits that LGBTQ+ individuals experience unique stressors, such as discrimination and internalized stigma, that contribute to negative mental health outcomes (Fulginiti et al. 2021; Meyer 2003). Critical Consciousness emphasizes the process of recognizing and challenging systemic injustices through critical reflection, motivation, and action (Martín-Baró 1994). By integrating these frameworks, the present study explores how LGBTQ+ youth's awareness of oppression may impact their mental health, as well as the role of parental acceptance as a protective factor.

1.2. Minority Stress

The present study draws on the Minority Stress Theory (Brooks 1981; Hendricks and Testa 2012; Meyer 1995, 2003) to better understand how reflection on and understanding of systems of oppression (i.e., critical consciousness) impact mental health outcomes among LGBTQ+ people. Minority Stress Theory emphasizes the role of external or distal stressors (e.g., discrimination-related occurrences due to LGBTQ+ identity, parental rejection of LGBTQ+ identity) and internalized or proximal stressors (e.g., internalized homophobia, internalized transphobia) (Hendricks and Testa 2012; Meyer 1995, 2003). As a result of these stressors, LGBTQ+ people experience negative mental health outcomes, including depression, internalized stigma, psychological distress, and suicidal ideation and attempts (Fulginiti et al. 2021; Shrader et al. 2024; Hendricks and Testa 2012), to name a few. The present study draws on this framework to examine how critical consciousness, which can be viewed as an understanding of externalized or distal stressors, interacts with the mental health of LGBTQ+ youth.

1.3. Critical Consciousness

Freire, a founder of critical pedagogy, defines critical consciousness as an individual's process of learning and increasing awareness of the sociopolitical context (e.g., systemic inequity/oppression) and taking action to challenge oppression (Comas-Díaz and Rivera 2020; Freire 2000). Martín-Baró, a founder of liberation psychology, breaks down critical consciousness into three key components: individual change through engaging in dialogue, awareness of symptoms of oppression, and the possibility of making change and understanding their ability to actively shape their identity and their role in the social context (Martín-Baró 1994). These steps are foundational to how researchers understand the three dimensions of critical consciousness: critical reflection, critical motivation, and critical action.

Critical reflection involves becoming aware of societal structures and ideologies that perpetuate oppression, while critical motivation entails the willingness and commitment

to combat oppression (Chan 2024; Heitz 2022). Critical action encompasses engaging in individual or collective efforts to challenge oppression and promote social change (Chan 2024; Heitz 2022). Critical consciousness can develop as early as childhood and adolescence, as individuals' worldviews are shaped through familial and peer socialization and school climate (Heberle et al. 2020). Varying levels of critical consciousness can have differing effects on youth mental health. For instance, one study found that youth with higher levels of critical consciousness experienced more depressive symptoms, lower academic competence, lower academic engagement, and worse grades than youth with lower levels of critical consciousness (Godfrey et al. 2019b). However, critical consciousness has been positively linked with adolescents' occupational, community, political, and academic engagement outcomes (Diemer et al. 2015). In one study of adolescents in the United States, critical reflection predicted higher psychological distress and lower flourishing (Wegemer et al. 2024). Hence, research has shown both positive and negative impacts of increased levels of critical consciousness, as some research posits that critically reflecting upon inequality motivates individuals to develop the agency to produce change (Diemer et al. 2015), while other research shows that critically reflecting on systems of oppression can be detrimental to one's well-being (Wegemer et al. 2024). The present study assesses the critical reflection aspect of critical consciousness, focusing on participants' awareness of systems of oppression; however, the term 'critical consciousness' will be used when referencing this awareness.

1.4. Minority Stress and Mental Health Outcomes Among LGBTQ+ Youth

Research has shown that LGBTQ+ youth are more likely to report higher rates of negative mental health outcomes, such as depression, anxiety, substance use, suicidal ideation, and suicide attempts as a result of minority stress (Fulginiti et al. 2021; Lothwell et al. 2020; Russell and Fish 2016; Shrader et al. 2024). For example, one study reported that LGBTQ+ children and adolescents specifically have a higher risk for depression, suicide attempts, and increased rates of substance use relative to their heterosexual and cisgender counterparts (Lothwell et al. 2020). LGBTQ+ youth are also more likely to experience decreased self-esteem (e.g., Abreu et al. 2024). These negative psychosocial outcomes of LGBTQ+ youth can be explained by the various forms of discrimination LGBTQ+ people face, such as homophobia (Bostwick et al. 2014). For instance, sexual minority status, rejection by family, and homophobic victimization have been shown to be risk factors for suicidal ideation and attempts among LGBTQ+ (Lothwell et al. 2020). As Shrader et al. (2024) illustrate, minority stress theory posits that externalized (e.g., experiences of discrimination due to LGBTQ+ identity) and internalized (e.g., personal negative feelings related to LGBTQ+ identity) minority stressors play a significant role in the mental health of LGBTQ+ individuals. As such, LGBTQ+ individuals who experience moderate and high minority stress are more likely to experience moderate and severe psychological distress (Shrader et al. 2024). Moreover, LGBTQ+ minority stress has also been shown to be associated with depressive and PTSD symptoms, which were, in turn, linked with suicidal ideation and attempts (Fulginiti et al. 2021).

1.5. Critical Consciousness and Minoritized Youth

Researchers have found that individuals from marginalized racial and ethnic groups have higher levels of critical reflection (Mathews et al. 2020). One systematic review revealed that critical consciousness is associated with both positive and negative socioemotional outcomes for marginalized youth (Heberle et al. 2020). Three studies in this review (i.e., Clonan-Roy et al. 2016; Delia and Krasny 2018; Luginbuhl et al. 2016) found links between critical consciousness and positive social–emotional functioning, including

leadership skills, a positive sense of self, and a feeling that one's basic psychological needs are met (Heberle et al. 2020). On the other hand, another study (i.e., Godfrey et al. 2019a) found that depressive symptoms and low academic engagement were associated with higher levels of critical reflection (Heberle et al. 2020).

Another systematic review conducted by Maker Castro et al. (2022) found a positive relationship between critical consciousness and well-being among youth of color. Studies in this review suggested that, when operationalized as critical reflection or motivation, critical consciousness was associated with better mental and socioemotional health, positive youth development, and fewer risk behaviors (Maker Castro et al. 2022). For example, one study found that for Black adolescents, the positive association between racism and mental health distress was weaker for those who reported higher critical reflection (Hope et al. 2024). Thus, some research suggests that critical reflection can help marginalized youth reduce internalized negative feelings related to oppression and shift focus to systemic factors responsible for these differences (Maker Castro et al. 2022), while other studies have shown that higher levels of critical consciousness can lead to depressive symptoms and negative psychological outcomes for marginalized youth who experience oppression (Heberle et al. 2020).

1.6. Critical Consciousness of LGBTQ+ Youth

Similarly to the literature on the relationship between critical consciousness and mental health in racial and ethnic minority individuals, research has indicated that critical consciousness may serve as a positive factor for LGBTQ+ young people. One study of sexual minority people in Hong Kong found that critical consciousness was associated with reduced internalized oppression, which was, in turn, associated with higher intentions of engaging in collective action (Chan and Mak 2020). These findings showed that for LGBT individuals, developing critical reflection (i.e., acknowledgment of external systems of oppression) can be a means of resisting the internalization of negative attitudes and motivating one to engage in action against oppression (Chan and Mak 2020). Another study utilized a longitudinal design (over one year) to examine the relationship between the critical consciousness and mental health of sexual minority individuals in Hong Kong (Chan 2024). This study found that critical consciousness was indirectly linked to lower levels of emotional distress through the mediation of internalized oppression (Chan 2024). This indirect association elucidates that sexual minority individuals, while faced with societal discrimination, may not internalize the devaluation of their identity due to understanding systems of oppression (e.g., having higher levels of critical consciousness). Additionally, critical consciousness was indirectly associated with higher levels of well-being through the mediation of community connectedness (Chan 2024). This indirect association demonstrates that sexual minority individuals who have higher levels of critical consciousness may engage in critical action and connect to their LGBTQ+ community, fostering a sense of belonging and attachment and, thus, improving well-being. However, this longitudinal study also found critical consciousness to be linked with negative outcomes. Specifically, there was a positive association between critical consciousness and emotional distress after controlling for internalized oppression and community connectedness (Chan 2024). This finding elucidates how critical consciousness exposes individuals to oppressive structures that confine their lives, which can be emotionally distressing (Chan 2024).

1.7. The Role of Parent Support in LGBTQ+ Youth Mental Health

Parental acceptance and support have been a positive predictor of well-being (Abreu et al. 2024; Brown et al. 2020; Green et al. 2021; Simons et al. 2013) and a protective factor (Abreu et al. 2024; Mintz et al. 2021; Wright and Wachs 2022) against negative mental health outcomes among LGBTQ+ youth. For instance, research shows that decreased

levels of family support are correlated with increased levels of distress (D'amico et al. 2015; McConnell et al. 2016) and depression (Mereish et al. 2021). In addition, parental support serves as a buffer against discrimination and violence, such as the effects of cyberbullying on suicidal thoughts and self-harm (Wright and Wachs 2022) and the effects of sexual harassment, sexual assault, and violence on self-esteem (Abreu et al. 2024). For example, a study of the role of parental support in mental health outcomes for LGBTQ+ youth by DelFerro et al. (2024) found that parental support was protective against increased risk of depressive symptoms, higher odds of suicidal ideation, and prior suicide attempts. Specific to transgender youth, research shows that parental support and acceptance are related to higher life satisfaction, lower perceived burden of being transgender, decreased depressive symptoms, and fewer suicide attempts in the past year (Brown et al. 2020; Green et al. 2021; Simons et al. 2013). While parental support is an important predictor of well-being and a protective factor against negative psychological outcomes among LGBTQ+ youth, to our knowledge, no research has explored the role of parental support in the relationship between critical consciousness and mental health outcomes.

1.8. Current Study

Due to interlocking systems of oppression, LGBTQ+ youth face worse mental health outcomes (e.g., depression, anxiety symptoms, suicidal ideation) compared to their cisgender and heterosexual counterparts (Lothwell et al. 2020; Shrader et al. 2024). Critical consciousness has been shown to be a predictive factor of both positive and negative mental health for minoritized individuals such as LGBTQ+ youth (Chan 2024; Hope et al. 2024). Also, research has established the importance of parental acceptance as a buffer in the mental health of LGBTQ+ youth (Abreu et al. 2024; Wright and Wachs 2022). However, there have been few efforts to understand the relationship between critical consciousness and mental health outcomes among LGBTQ+ youth in the United States, nor the role of parental acceptance as a buffer in this relationship. The present study aims to examine the relationship between critical consciousness and mental health among LGBTQ+ youth (aged 18–25) living in the United States and how parental acceptance may buffer this relationship. Specifically, the guiding questions of this study are as follows:

RQ1. What is the relationship between critical consciousness and levels of mental health (i.e., depression, anxiety, and flourishing) among LGBTQ+ youth?

H1. *While research on critical consciousness has been mixed, we hypothesize that higher levels of critical consciousness will be associated with better mental health outcomes (i.e., lower depression, lower anxiety, and higher flourishing), as prior research suggests that critical reflection can reduce internalized oppression and promote resilience* (Chan 2024; Maker Castro et al. 2022).

RQ2. What is the relationship between parental acceptance and levels of mental health (i.e., depression, anxiety, and flourishing) among LGBTQ+ youth?

H2. *We hypothesize that LGBTQ+ youth who experience higher levels of parental acceptance will experience lower levels of anxiety and depression and higher levels of flourishing.*

RQ3. Does parental acceptance buffer the influence of critical consciousness on depression, anxiety, and flourishing among LGBTQ+ youth?

H3. *As research has shown that parental acceptance is a strong protective factor for LGBTQ+ youth's mental health outcomes, we hypothesize that parental acceptance will serve as a buffer against negative mental health outcomes.*

2. Materials and Methods

2.1. Participants

The sample comprises a total of 460 youth residing in the United States and its territories who identified as LGBTQ+, with ages ranging from 18 to 25 (M = 21.6, SD = 2.35). Questions regarding sociodemographic characteristics were asked using a checkbox method, meaning participants were able to select multiple options to describe how they defined their sexual, gender, racial, and ethnic identities. Therefore, the total frequency of individuals belonging to each identity group is higher than the total sample size. Participants self-identified as a wide range of gender identities. The majority of participants identified as cisgender women (43.9%), nonbinary (23%), and transgender men (10%). Regarding sexual identities, most participants identified as bisexual (61.5%), lesbian (15%), and pansexual (13.9%). Racial and ethnic identities were coupled and asked in one question. Hence, regarding racial and ethnic identity, most participants identified as White (45.2%), Hispanic, Latinx, or Spanish (31.5%), and Black or African American (5.7%). Following being asked about racial and ethnic identity, participants were also asked whether they identify as a person of color. The sample was primarily people of color (n = 239; 55.2%). These sociodemographic characteristics are presented in Table 1.

Table 1. Participants' Sociodemographic Characteristics (N = 460).

Sociodemographic Characteristics	Sample	
	n	**%**
Gender identity		
Cisgender woman	202	43.9
Cisgender man	31	6.7
Transgender man	46	10
Transgender woman	21	4.6
Nonbinary	106	23
Gender nonconforming	34	7.4
Genderqueer	19	4.1
Other	42	9.1
Sexual identity		
Bisexual	283	61.5
Lesbian	69	15
Pansexual	64	13.9
Gay	38	8.3
Queer	38	8.3
Fluid	17	3.7
Heterosexual	8	1.7
Other	21	4.6
Racial/Ethnic identity		
White	215	46.7
Hispanic, Latinx, or Spanish	208	45.2
Black or African American	145	31.5
American Indian or Alaska Native	26	5.7
Asian	23	5
Middle Eastern or North African	8	1.7
Native Hawaiian and other Pacific Islander	7	1.5
Other	4	0.9
Did not answer	27	5.9

Note. The percentage sums for the categories of each social identity are greater than 100%, as participants were given the opportunity to select multiple identities within each sociodemographic characteristic.

2.2. Recruitment and Data Collection

The Institutional Review Board (IRB) at the MASKED FOR REVIEW approved recruitment, data collection, and compensation protocols before data collection. The inclusion criteria for the present study were as follows: (a) individuals aged between 18 and 25, (b) who identify as a sexual minority (e.g., lesbian, queer, gay), gender minority (e.g., trans, non-binary, genderqueer), or both, and (c) who reside within the United States and its territories. Data were collected between June and July 2024 as part of a larger study examining beliefs, experiences, and health outcomes of LGBTQ+ youth in the United States and its territories. Participants were recruited using Qualtrics Panels. Qualtrics Panels recruited participants based on the aforementioned inclusion criteria. Participants were financially compensated after completion of the entire survey. Survey completion took approximately 24 min (M = 24.46; SD = 32.09). Participants first provided demographic information and then completed subsequent blocks with topically grouped questions related to mental health outcomes and experiences as an LGBTQ+ person. All data were anonymous, confidential, and stored in a MASKED FOR REVIEW data-secure platform. The data were quality-checked for duplicate responses, completeness, and accuracy before analysis. Pozzar et al. (2020) documented specific indicators of bad actors to data quality and fraudulent data, including evidence of inattention (e.g., consistently providing the same response to closed-ended items) and inconsistent responses to verifiable items such as self-reported location versus geolocation recorded by Qualtrics. Hence, the research team carefully verified each participant's survey response for indications of inattention, inconsistent responses, and fraudulent responses.

2.3. Measures

2.3.1. Demographic Questions

Participants self-reported numerous demographic characteristics, such as age, sexual identity, gender identity, gender expression, race/ethnicity, state or territory of residence, and whether the individual identified as a person of color. Sexual identity, gender identity, and race/ethnicity were measured using a checkbox approach where participants could select all options that applied to them.

2.3.2. Contemporary Critical Consciousness Measure (CCCM)

Critical consciousness was assessed using the Contemporary Critical Consciousness Measure (CCCM; Shin et al. 2016). This questionnaire measures an individual's attitudes related to systemic oppression and how it impacts society within the United States. CCCM is an integrative measure that captures critical consciousness as it relates to three forms of systemic oppression: racism, classism, and heterosexism. The present study used the overall scale of critical consciousness to represent participants' understanding of systemic oppression, as is consistent with prior literature. Participants were asked to report their level of agreement with 19 items using a 7-point Likert scale ranging from 1 = Strongly disagree to 7 = Strongly agree. Items included statements such as, "All Whites contribute to racism in the United States whether they intend to or not", and "I support including sexual orientation in nondiscrimination legislation". A few items were reverse-coded to accurately capture beliefs related to oppression, such as racism (e.g., "Reverse racism against Whites is just as harmful as traditional racism"). A mean score was calculated to capture an integrative measure of critical consciousness, with higher scores indicating greater levels of critical consciousness. The original study revealed strong internal consistency ($\alpha = 0.90$) (Shin et al. 2016). For this study, the overall scale showed very good internal consistency ($\alpha = 0.86$).

2.3.3. Patient Health Questionnaire (PHQ-9)

Depressive symptoms were assessed using the Patient Health Questionnaire (PHQ-9; Kroenke et al. 2001). Participants were asked to report the frequency of depressive symptoms they had experienced over the past two weeks using a 9-item Likert scale ranging from 0 = Not at all to 3 = Nearly every day. Items include questions such as "little interest or pleasure in doing things" and "feeling tired or having little energy". This scale has been used among LGBTQ+ populations to measure depressive symptoms (e.g., Abreu et al. 2024; DelFerro et al. 2024). A sum score was calculated to indicate an individual's experiences of depression, with higher scores indicating greater depressive symptoms. This scale has demonstrated good internal consistency ($\alpha = 0.89$). For this study, the scale showed very good internal consistency ($\alpha = 0.87$).

2.3.4. General Anxiety Disorder-7 (GAD-7)

Anxiety symptoms were assessed using the Generalized Anxiety Disorder-7 Scale (GAD-7; Spitzer et al. 2006). The scale contains seven items and instructs participants to report the frequency at which they experienced various symptoms of anxiety in the previous two weeks using a 4-point Likert scale ranging from 0 = Not at all to 3 = Nearly every day. Items include questions such as "feeling nervous, anxious, or on edge" and "feeling afraid, as if something awful might happen". This scale has been widely used among LGBTQ+ youth and adults to measure anxiety symptoms (Abreu et al. 2024; Chan 2024). A sum score indicates levels of anxiety, with higher scores indicating greater levels of anxiety symptoms. The GAD-7 has demonstrated excellent internal consistency ($\alpha = 0.92$) (Spitzer et al. 2006). For this study, the scale showed excellent internal consistency ($\alpha = 0.91$).

2.3.5. Flourishing

We used the Flourishing Scale (FS; Diener et al. 2010), an instrument that includes constructs of relationships, self-esteem, purpose, and optimism to assess psychological well-being as measured by flourishing. Participants were asked to indicate their level of agreement with eight items using a 7-point Likert scale ranging from 1 = Strongly disagree to 7 = Strongly agree. Items include both cognitions and behaviors related to flourishing, such as "I lead a purposeful and meaningful life" and "I actively contribute to the happiness and well-being of others". This measure has been used in studies with LGBTQ+ people to measure flourishing (Bragg et al. 2022; Lee et al. 2023; Whitman and Nadal 2015). To score the measure, a sum of the responses to each item is calculated, with higher scores indicating higher levels of psychosocial flourishing. For this study, the scale showed very good internal consistency ($\alpha = 0.89$).

2.3.6. Parental Acceptance

Parental acceptance of one's sexual and gender identity was measured using eight modified items from the Family Acceptance Project (Pollitt et al. 2023). Participants were asked to indicate the frequency they experience parental acceptance and rejection using a 5-point Likert scale ranging from 0 = Doesn't apply to me to 4 = Often. The first four items on the measure capture experiences of parental rejection with statements such as asking participants whether their parent or caregiver "Make you feel like you are bad because you are an LGBTQ person". The remaining four items on the measure capture experiences of parental acceptance (i.e., asking participants whether their parent or caregiver ever "Like you as you are in regard to being an LGBTQ person"). To obtain an overall score, a mean score is calculated using all eight items, with the first four items (representing parental rejection) reverse-scored. This scale has been used in multiple studies with large samples of LGBTQ youth and has been shown to have high internal consistency ($\alpha = 0.93$) and

high reliability (Abreu et al. 2024; Gamarel et al. 2020). In the present study, this scale demonstrated very good internal consistency (α = 0.81).

2.4. Data Analysis

Data were analyzed using SPSS version 29. First, descriptive statistics (e.g., frequencies, means, standard deviations) were computed for the following demographic variables: age, sexual identity, gender identity, and race/ethnicity. Descriptive statistics were also conducted for each predicting, moderating, and outcome variable (i.e., critical consciousness, parental acceptance, and mental health measures). Next, Pearson correlations were conducted to explore the associations among critical consciousness, parental acceptance, flourishing, and depression. Given that the assumption of normality for parametric tests was not met for the symptoms of anxiety, Spearman correlations were conducted instead to measure the associations with these variables. Correlation coefficients < ±0.20 were considered weak, those ≥ ±0.20 and <±0.50 were considered moderate, and those ≥ ±0.50 were considered strong (Ferguson 2009). Then, moderated regression analyses were conducted using the PROCESS macro (Model 1) in SPSS to examine the moderating effect of parental acceptance in the association between critical consciousness and mental health, namely, depressive symptoms, anxiety symptoms, and flourishing (Hayes 2013). There were no missing cases for critical consciousness or flourishing. On the other hand, there was some missing data for symptoms of anxiety (0.2%), symptoms of depression (0.2%), and family acceptance (38.3%). Little MCAR's test revealed that the data were missing completely at random, $\chi^2(11) = 16.22$, $p = 0.133$, so listwise deletion was used to handle missing data. Given that the MCAR assumption was met, it is not likely that this method introduced any significant bias. To obtain bias-corrected and accelerated confidence intervals (Field 2017) using 5000 bootstrap samples, simple slopes from significant interactions were probed at one standard deviation below and above the mean of parental acceptance (Preacher et al. 2006). Per the cut-off points for severity of depressive symptoms described by Kroenke et al. (2001) in their original study, PHQ-9 scores in the 0–4 range will be indicative of minimal depression, those between 5 and 9 of mild depression, those between 10 and 14 of moderate depression, those between 15 and 19 of moderately severe depression, and those between 20 and 27 of severe depression. Per the cut-off points for the severity of symptoms of anxiety described by Spitzer et al. (2006) in their original study, GAD-7 scores in the 0–4 range will be indicative of minimal anxiety, those between 5 and 9 of mild anxiety, those between 10 and 14 of moderate anxiety, and those between 15 and 21 of severe anxiety. The level of statistical significance used for all analyses was $p < 0.05$.

3. Results

3.1. Descriptives and Correlations

The bivariate correlations, means, and standard deviations of all study variables are presented in Table 2. The sample reported moderate to high levels of critical consciousness, as indicated by a mean score of 97.3, with possible scores ranging from 34 to 170. On average, participants reported that they were "rarely" or "sometimes" (MParental Acceptance = 2.54, SD = 0.71) accepted by their parental figures. A total of 53 participants reported minimal levels of depression (PHQ-9 scores between 0 and 4) (11.5%), 119 reported mild depression (PHQ-9 scores between 5 and 9) (25.9%), 112 reported moderate depression (PHQ-9 scores between 10 and 14) (24.4%), 96 reported moderately severe depression (PHQ-9 scores between 15 and 19) (20.9%), and 79 reported severe depression (PHQ-9 scores between 20 and 27) (17.2%). Moreover, 82 participants showed minimal levels of anxiety (GAD-7 scores between 0 and 4) (17.9%), 120 showed mild anxiety (GAD-7 scores between 5 and 9) (26.1%), 125 showed moderate anxiety (GAD-7 scores between 10 and 14) (27.2%), and 132 showed

severe anxiety (GAD-7 scores between 15 and 21) (28.8%). Lastly, the sample reported moderate levels of flourishing as indicated by a mean score of 38.0, with the possible range of scores on the flourishing scale ranging from 0 to 56.

Table 2. Descriptive Statistics and Zero-Order Correlations between Critical Consciousness, Parental Acceptance, Depressive Symptoms, Symptoms of Anxiety, and Flourishing, and Scale Cronbach's Alphas.

Variable	1.	2.	3.	4.	5.
1. Overall Critical Consciousness	–				
2. Parental Acceptance	−0.15 *	–			
3. Depressive symptoms	0.07	−0.25 **	–		
4. Symptoms of anxiety	0.08	−0.17 **	0.75 **	–	
5. Flourishing	−0.11 *	0.24 **	−0.57 **	−0.52 **	–
M	97.32	2.54	12.51	10.79	38.01
SD	17.35	0.71	6.51	6.07	10.04
Cronbach's α	0.86	0.81	0.87	0.91	0.89

Note. $N = 460$. * $p < 0.05$. ** $p < 0.01$.

Critical consciousness was negatively and weakly associated with parental acceptance (r = −0.15, $p < 0.05$). Critical consciousness also showed a weak negative relationship with flourishing (r = −0.11, $p < 0.05$). Parental acceptance was negatively and weakly associated with depressive symptoms (r = −0.25, $p < 0.01$) and anxiety symptoms (r = −0.17, $p < 0.01$). Additionally, parental acceptance was positively and moderately associated with flourishing (r = 0.24, $p < 0.01$). Depressive symptoms and anxiety symptoms had a strong positive correlation (r = 0.75, $p < 0.01$). Lastly, depressive symptoms and anxiety symptoms were both strongly and negatively associated with flourishing (r = −0.57, $p < 0.01$; r = −0.52, $p < 0.01$, respectively).

3.2. Moderation Analyses

A series of multiple moderated regressions was conducted using the PROCESS macro for SPSS (Hayes 2013) with 5000 bootstrap samples to examine whether parental acceptance moderates the association between critical consciousness and mental health outcomes (depressive symptoms, symptoms of anxiety, and flourishing). In all moderation analyses, preliminary assumptions were met, including linearity, normality of residuals, non-multicollinearity, homogeneity of variances, and independence of errors. Given that critical consciousness significantly correlated with parental acceptance, the interaction terms were computed after mean-centering the independent and moderating variables (Aiken and West 1991). The results of moderation analyses are presented in Table 3.

All the regression models were significant, $F(3, 279) = 6.33$, $p < 0.001$ for depression symptoms, $F(3, 280) = 4.42$, $p = 0.005$ for anxiety symptoms, and $F(3, 280) = 8.20$, $p < 0.001$ for flourishing. Parental acceptance was negatively associated with depressive symptoms (B = −2.20, $p < 0.001$), indicating that higher parental acceptance was associated with lower levels of depressive symptoms. Similarly, parental acceptance was negatively associated with anxiety symptoms (B = −1.32, $p = 0.010$), suggesting that greater parental acceptance was linked to lower levels of anxiety symptoms. Parental acceptance also had a significant positive association with flourishing (B = 3.04, $p < 0.001$), indicating that higher parental acceptance was associated with greater flourishing. Critical consciousness was negatively associated with flourishing (B = −0.07, $p = 0.030$), suggesting that greater critical consciousness was linked to lower flourishing.

No significant interaction effects were found between critical consciousness and parental acceptance in predicting depressive symptoms, anxiety symptoms, or flourishing. These findings suggest that while parental acceptance serves as a protective factor against

negative mental health outcomes and promotes flourishing, it does not moderate or buffer the relationships between critical consciousness and mental health outcomes.

Table 3. Moderated Regressions of Depression, Anxiety, and Flourishing on Critical Consciousness and Parental Acceptance.

Regression Models	*B*	95% CI		*t*	*p*	*F*	*p*	R^2
		LL	*UL*					
DV: Depression						6.33	<0.001	0.064
Critical consciousness (CC)	0.01	−0.04	0.05	0.33	0.740			
Parental Acceptance	−2.20	−3.24	−1.15	−4.14	<0.001			
CC × Parental Acceptance	−0.02	−0.08	0.04	−0.64	0.525			
ΔR^2 = 0.001								
DV: Anxiety						4.42	0.005	0.045
Critical consciousness (CC)	0.04	−0.004	0.08	1.79	0.074			
Parental Acceptance	−1.32	−2.33	−0.32	−2.59	0.010			
CC × Parental Acceptance	−0.03	−0.09	0.03	−1.05	0.295			
ΔR^2 = 0.004								
DV: Flourishing						8.20	<0.001	0.081
Critical consciousness (CC)	−0.07	−0.14	−0.01	−2.18	0.030			
Parental Acceptance	3.04	1.45	4.63	3.76	<0.001			
CC × Parental Acceptance	0.06	−0.03	0.15	1.31	0.193			
ΔR^2 = 0.006								

Note. DV = Dependent variable; CI = confidence interval; *LL* = lower limit; *UL* = upper limit.

4. Discussion

Previous studies have established that parental acceptance is a significant protective factor against negative mental health outcomes for LGBTQ+ youth, including buffering against experiences of depression, anxiety, and suicidal ideation (e.g., Abreu et al. 2024; Brown et al. 2020; McConnell et al. 2016). Additionally, studies have shown that critical consciousness is associated with both positive and negative mental health outcomes among marginalized populations (Chan 2024; Heberle et al. 2020; Maker Castro et al. 2022). For instance, some research has found more critical reflection (and less critical motivation/sociopolitical control) to be associated with worse socioemotional well-being (e.g., BIPOC youth) (Godfrey et al. 2019a), while other studies have found that higher levels of critical consciousness served as a protective factor against negative mental health distress among Black adolescents (Hope et al. 2024). In the present study, we examined the moderating role of parental acceptance on the relationship between critical consciousness and mental health outcomes (depressive symptoms, anxiety, and flourishing) among LGBTQ+ youth. As aforementioned, we specifically examined the role of critical reflection (the awareness of systemic oppression) within the broader framework of critical consciousness. We found that critical consciousness was negatively associated with flourishing. Additionally, parental acceptance was associated with lower depressive and anxiety symptoms and greater flourishing but did not moderate the relationship between critical consciousness and mental health outcomes.

Contrary to our initial hypothesis, critical consciousness was negatively associated with flourishing, meaning that those who endorsed greater consciousness also endorsed less flourishing or positive constructs of well-being. This supports previous research that posits that for those who directly experience oppression, critically reflecting on systems of oppression can be detrimental to their well-being (Wegemer et al. 2024). However, critical consciousness was not associated with depression or anxiety, which is supported by previous findings among LGBTQ+ samples that being critically aware of systemic oppression

is not directly associated with emotional distress (Chan 2024). A possible explanation for this difference is that flourishing, which encompasses constructs like self-esteem and purpose, may be more directly influenced by the awareness of oppressive systems targeting LGBTQ+ individuals. On the other hand, symptoms of anxiety and depression may be more influenced by a broader range of factors, such as coping mechanisms or social support. Overall, these findings underscore the complexity of critical reflection as a potential source of negative mental health outcomes for LGBTQ+ youth. While recognizing systemic oppression can be empowering in some contexts, it may also contribute to increased negative mental health outcomes if individuals lack the resources or sociopolitical efficacy to address these injustices (Heberle et al. 2020; Maker Castro et al. 2022).

Consistent with our initial hypothesis, we found that greater parental acceptance was associated with lower levels of depressive and anxiety symptoms. This is in line with prior research highlighting the role of parental support in protecting against negative mental health outcomes among LGBTQ+ youth (Abreu et al. 2024; Brown et al. 2020; Green et al. 2021). Furthermore, also consistent with our initial hypothesis, results indicated a significant positive relationship between parental acceptance and flourishing, meaning those individuals who experienced greater parental acceptance were also more likely to endorse experiencing positive constructs of mental health (i.e., self-esteem, sense of purpose). To our knowledge, no study has examined the relationship between LGBTQ+-specific parental acceptance and flourishing; thus, this finding uniquely contributes to the literature on the impacts of parent–child relationships on the mental health of LGBTQ+ youth.

Contrary to our hypothesis, parental acceptance did not moderate the relationship between critical consciousness and mental health outcomes. Although not statistically significant, this finding is quite important. While previous studies have shown that parental acceptance buffers the impact of negative mental health outcomes among LGBTQ+ youth (e.g., Abreu et al. 2024; DelFerro et al. 2024), it may be the case that the effects of systemic oppression, and the awareness of it, might be too pervasive and detrimental to be buffered by parental acceptance. This may also suggest that other protective factors, such as community connectedness, activism, or peer support, may play a more significant role in shaping the psychological effects of critical consciousness on LGBTQ+ youth (Chan 2024; Hope et al. 2024).

4.1. Strengths, Limitations, and Recommendations for Future Research

The results of the present study should be interpreted considering some limitations. First, we utilized a cross-sectional design, which does not allow for the exploration of the directionality of effects. Future studies should employ longitudinal designs to examine the directional and causal relationships between critical consciousness and mental health outcomes. Second, non-probability sampling was used for participant recruitment, which may hinder the generalizability of the findings to the larger LGBT+ population. However, the sample included relatively equal proportions of individuals with diverse gender, sexual, and racial identities. We did not collect information regarding socioeconomic class, which is a limitation, considering one of the constructs in our critical consciousness scale was classism. Future studies should consider including this demographic variable to assess whether it has an impact on one's awareness of systems of oppression, namely, classism. Lastly, we did not measure critical motivation as a component of critical consciousness, as our study focused on critical reflection (an individual's awareness of and attitudes toward systemic oppression; Shin et al. 2016). Critical motivation, which captures a person's perceived agency to challenge oppression, may play an important role in the relationship between critical consciousness and mental health (Heitz 2022). Future studies should incorporate critical motivation to assess, for example, whether it impacts the relationship between critical consciousness and mental health outcomes, or whether it interacts with parental

acceptance. Additionally, future research should expand upon this study by examining the moderating role of other supportive factors, such as community connectedness or peer support, in the relationship between critical consciousness and mental health among LGBTQ+ youth. As our sample was aged 18–25 and could be considered as emerging adults, the impact of other avenues of support, like the support from friends or the greater LGBTQ+ community, may play a greater buffering role than parental acceptance. Further, our critical consciousness scale did not assess other forms of systemic oppression that may have a significant impact on the LGBTQ community, such as cissexism and transphobia. Hence, future research should explore these constructs of critical consciousness and their impact on the mental health and well-being of LGBTQ+ samples.

Regardless of its limitations, the current study has considerable strengths to note as well. To our knowledge, this is the first study to examine the relationship between critical consciousness and mental health among LGBTQ+ youth in the United States, filling a critical gap in the literature. Additionally, our unique findings regarding the direct associations between parental acceptance and flourishing, as well as the lack of a moderating effect of parental acceptance on the relationship between critical consciousness and mental health, provide important insights into the role of parental support within the current sociopolitical context.

4.2. Implications for Research and Practice

The findings of this study have significant implications for theoretical models and clinical practice, particularly regarding mental health and well-being among LGBTQ+ youth who are aware of systems of oppression. The present study significantly contributes to the existing academic literature by clarifying the role of critical consciousness in the mental health and well-being of LGBTQ+ youth in the United States. Our mixed findings regarding whether critical consciousness was associated with different mental health constructs underscore the complexity of awareness of systems of oppression in shaping psychological well-being, which should be considered in research with LGBTQ+ individuals, given the current sociopolitical context in the United States. Moreover, the protective role of parental acceptance was reinforced, as it was associated with lower depressive and anxiety symptoms and greater flourishing. However, the lack of a moderating effect suggests that while parental support plays a crucial role in LGBTQ+ youth's mental health, it may not suffice in protecting against the negative impacts of awareness of systems of oppression. While parental support is undeniably important, understanding LGBTQ+ mental health requires a broader framework that incorporates multiple sources of resilience, such as community belonging, peer networks, and access to affirming environments. Future research should conceptualize LGBTQ+ mental health as shaped by both experiences and awareness of systems of oppression, and the availability of social support that helps individuals navigate these systems.

From a theoretical perspective, these findings contribute to minority stress and critical consciousness frameworks by illustrating the nuanced relationship between awareness of systems of oppression and the well-being of LGBTQ+ youth. As minority stress theory posits that externalized and internalized stressors play a significant role in the mental health of LGBTQ+ individuals (Hendricks and Testa 2012; Meyer 1995, 2003; Shrader et al. 2024), the present study extends this framework by showing that awareness of the root of these unique minority stressors can function as a risk factor in LGBTQ+ mental health. The link between critical consciousness and lower flourishing suggests that heightened awareness of discrimination may contribute to worsened mental health, amplifying minority stress.

From a clinical and intervention perspective, these findings emphasize the importance of fostering both parental acceptance and coping mechanisms that help LGBTQ+ youth

navigate systems of oppression. Mental health professionals working with LGBTQ+ youth should consider integrating interventions that promote resistance, agency, and community engagement to help mitigate the distress that may arise from a heightened awareness of oppression (Parmenter et al. 2024). For instance, clinicians should incorporate radical healing, a psychotherapy approach rooted in liberation psychology, to foster self-awareness, radical hope, collective empowerment, and resilience as a means of healing from the negative impacts of systemic oppression (Adames et al. 2023). Additionally, mental health practitioners should consider family-based interventions that are aimed at fostering parental acceptance, as it remains a strong predictor of positive mental health outcomes. Beyond the family context, programs that connect LGBTQ+ youth with supportive peers and mentors may also help counteract the negative psychological effects associated with awareness of oppression.

Finally, policymakers and community leaders must recognize the critical need to establish anti-discrimination protections for LGBTQ+ individuals, especially in the context of cisheteronormative systems of oppression faced by LGBTQ+ people. Furthermore, as Flynn et al. (2021) explain, psychologists themselves have an ethical responsibility to challenge unjust laws and systemic barriers that harm LGBTQ+ individuals. Civil disobedience can be a means of enacting psychology's ethical principles, supporting marginalized communities, and promoting social justice (Flynn et al. 2021). Considering the present study's findings on the psychological impact of systemic oppression, psychologists must engage in advocacy at multiple levels: through policy work, clinical practice, and, when necessary, civil disobedience, to uphold the well-being and rights of LGBTQ+ individuals.

5. Conclusions

The current study aimed to examine the moderating effect of parental acceptance in the association between critical consciousness (specifically, critical reflection) and mental health outcomes (depression, anxiety, and flourishing) among a sample of LGBTQ+ youth. Critical consciousness was negatively associated with flourishing but not associated with anxiety or depression. Parental acceptance was strongly associated with lower depressive and anxiety symptoms and greater flourishing, but it did not moderate the relationship between critical consciousness and mental health. These findings underscore the importance of parental acceptance for LGBTQ+ youth while also recognizing that awareness of oppression can have distressing effects. The absence of a moderation effect indicates that future research should explore other avenues of resilience, such as peer support, that may buffer the psychological impact of critical consciousness on mental health among LGBTQ+ youth. Overall, these findings underscore the need to explore how LGBTQ+ youth can develop critical consciousness in ways that support positive mental health, particularly by identifying protective factors beyond parental support that can promote flourishing.

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