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Profiles in Critical Consciousness: Latinx SGM Activists and Non-Activists During the  
COVID-19 Pandemic

A dissertation submitted in partial satisfaction of the requirements for the degree Doctor of  
Philosophy in Counseling, Clinical, and School Psychology

by

Adrian Maria Valadez

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Professor Tania Israel, Chair

Professor Alison Cerezo

Professor Karen Nylund-Gibson

Professor Germán A. Cadenas, Lehigh University

September 2023

# CRITICAL CONSCIOUSNESS

The dissertation of Adrian M. Valadez is approved.

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Tania Israel, Committee Chair

April 2023

## CRITICAL CONSCIOUSNESS

### ACKNOWLEDGEMENTS

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Finally, this dissertation was made possible by the sacrifices that no one talks about; the missed birthdays and weddings, long-distance holidays, absences at dinner parties, and the lengthy stretches of time without a text or call back. Thank you to my partner, Andy. You have been my guiding light in my darkest moments and my loudest cheerleader in times of victory. Thank you to my family, both blood and chosen. You have supported me in pursuing this degree with such compassion and grace. You are my whole world.

## CRITICAL CONSCIOUSNESS

### **Adrian Maria Valadez** **Curriculum Vitae**

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- M.S. California State University, Fullerton, May 2018  
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- B.A. California State University, San Bernardino, June 2015, Cum Laude,  
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- Student Equity Award, Santa Barbara County Psychological Association, 2023
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JoAnn Brannock Travel Award, Department of Psychology, California State University, Fullerton, Spring 2017

Elevar Scholar, Office of Graduate Studies, California State University, Fullerton, 2016-2017

President's Volunteer Service Award, Office of Community Engagement, California State University, San Bernardino, Spring 2014 and Spring 2015

Psi Chi: National Honor Society of Psychology, California State University Chapter – inducted into active membership, Spring 2013

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Cerezo, A., Emetu, B., Rivera, D. B., Jones, I. J., Chin, J., **Valadez, A. M.**, & Drabble, L. (2023). Examining pandemic stress and mental health among a community-based sample of sexual minority women in Los Angeles County. *Psychology & Sexuality*. <https://doi.org/10.1080/19419899.2023.2207182>

Ramirez, A., Rivera, D. B., **Valadez, A. M.**, Baca, K. L., Mattis, S., & Cerezo, A. (2023). Examining mental health, academic and economic stressors during the COVID-19 pandemic among community college and four-year university students. [Manuscript submitted for publication to *Community College Review*]. Department of Counseling, Clinical, and School Psychology, University of California- Santa Barbara. DOI: 10.1177/00915521231163929

Flores, I., Sharma, H., Franco, V., **Valadez, A. M.**, & Cerezo, A. (2023). Amidst the chaos: Developing a counseling psychologist identity during ongoing social unrest. *Journal for Social Action in Counseling & Psychology*, 14(2), 96-110. <https://doi.org/10.33043/JSACP.14.2.96-110>

Chin, J., Mattis, S., Acosta, J., Ramirez, A., Rivera, D. B., **Valadez, A. M.**, & Cerezo, A. (2022). "I help my parents by using some of my FAFSA money": A qualitative exploration of pandemic-related stress among community college students. *Community College Journal of Research and Practice*, 1-12. <https://doi.org/10.1080/10668926.2022.2064376>

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Capielo Rosario, C., Carlos Chavez, F. L., García, Y. E., Torres, L., Sanchez, D., Cerezo, A., Cadenas, G. A., Rivera, D., & **Valadez, A. M.** (2021). COVID-19 Needs Assessment on U.S. Latinx Communities. *U.S. Congressional Hispanic Caucus/National Urban League*.

**Valadez, A. M.**, Rohde, J., Tessler, J., & Beals, K. (2020). Perceived stigmatization and disclosure among individuals in consensually non-monogamous relationships. *Analyses of Social Issues and Public Policy*, 20(1), 143-165. <https://doi.org/10.1111/asap.12194>

### ***Manuscripts Submitted for Publication***

**Valadez, A. M.** & Israel, T. (2022). Bisexuals' implicit attitudes about bisexuality: Measurement design and development. [Manuscript submitted for publication to *Psychology of Sexual Orientation and Gender Diversity*]. Department of Counseling, Clinical, and School Psychology, University of California- Santa Barbara.

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Cerezo, A., Ramirez, A., Rivera, D., Jones, I. J., Chin, J., & **Valadez, A. M.** (2022). Pandemic stress and its impact on social media, advocacy, & alcohol use among Black and Latinx SGM. Symposium presented at the annual meeting of the American Psychological Association, Minnesota, MN.

**Valadez, A. M.** & Israel, T. (2021). Implicit internalized binegativity: Measurement design and development. Poster presented at the annual American Psychological Association conference, virtual.

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Smith, N. G., Israel, T., Esopo, K., **Valadez, A. M.**, & Wei, C. (2020). Gains in knowledge after training on bisexual clients: A qualitative study of licensed therapists. Poster presented at the annual American Psychological Association conference, Washington, DC.

Sharma, H., **Valadez, A. M.**, Flores, I., Franco, V., & Cerezo, A. (2019). *Developing a mental health professional identity in the "Time of Trump."* Poster presented at the annual Asian American Psychological Association conference, San Diego, CA.

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Tessler, J., **Valadez, A. M.**, Alfatal, S., Aguinaldo, E., Nguyen, M., & West, A. (2017). *Consensual non-monogamy: Findings from an interview-based study*. Symposium presented at the annual meeting of the Western Psychological Association, Sacramento, CA.

Rohde, J. Spivey, K., **Valadez, A. M.**, TenBrook, S., Pinion, B., & Curiel, G. (2017). *A look at stigmatization and disclosure among individuals in consensual non-monogamous relationships*. Poster presented at the annual meeting of the Western Psychological Association, Sacramento, CA.

**Valadez, A. M.**, Dominguez, A., Maldonado, R., Thompson, J. N., Ayala, E. E., & Chavez, D. V. (2015). *Empowering LGBTQ+ youth through participatory action*. Poster presented at the annual meeting of the Western Psychological Association, Las Vegas, NV.

Dominguez, A., **Valadez, A. M.**, Wollard, M. R., Johnston, S. M., Lepe, J. E., & Chavez, D. V. (2015). *Lessening LGBTQ stigma through the use of educational workshops*. Poster presented at the annual meeting of the Western Psychological Association, Las Vegas, NV.

Ayala, E. E., Wollard, M. R., **Valadez, A. M.**, Lepe, J. E., Dominguez, A., & Chavez, D. V. (2015). *Utilizing Photovoice to develop an LGBTQ+ intervention at a high school*. Poster presented at the annual meeting of the Western Psychological Association, Las Vegas, NV.

**Valadez, A. M.**, Wollard, M., Okafuji, S., Maldonado, R., Phillips, T., Dominguez, A., Archibald, J., Clinkenbeard, J., Ayala, E., & Chavez, D. V. (2014). *Utilizing Photovoice to develop LGBTQ+ sensitivity interventions in high schools*. Poster presented at the annual meeting of the Western Psychological Association, Portland, OR.

Wollard, M. R., **Valadez, A. M.**, Phillips, T. M., Ayala, E. E., & Chavez, D. V. (2014). *Queering LGBT research using Photovoice*. Poster presented at the annual meeting of the Western Psychological Association, Portland, OR.

Ayala, E. E., Maldonado, R., Wollard, M., Okafuji, S. S., Archibald, J. K., **Valadez, A. M.**, Clinkenbeard, J., & Chavez, D. V. (2014). *Empowering LGBTQ youth through QCamp and CBPR*. Poster presented at the annual meeting of the Western Psychological Association, Portland, OR.



## CRITICAL CONSCIOUSNESS

### **Teaching Experience**

University of California, Santa Barbara

*Teaching Associate (Instructor of Record)*

CNCSP 114- Psychology of Gender (Summer 2021)

- Undergraduate course of 60 enrolled students: asynchronous - synchronous hybrid class model
- Prepared and recorded class lectures, supplemental materials, assignments, and exams
- Supported graduate Teaching Assistant in discussion section lesson planning and course grading
- Hosted office hours on a weekly basis to support students academically. Some students were offered additional support with securing housing, finding a therapist, and planning for graduate school

*Teaching Assistantships*

CNCSP 114- Psychology of Gender (Summer 2020, Spring 2022)

- Undergraduate course of 206 enrolled students
- Developed and implemented weekly discussion sections intended to deepen students' understanding on course material
- Recorded and maintained grades for discussion section students
- Hosted office hours on a weekly basis to support students academically
- Provided guest lecture on gender stereotyping (Spring 2022)

FEMST 20- Introduction to Gender and Power (Fall 2019, Winter 2022)

- Undergraduate course of 240 enrolled students
- Developed and implemented weekly discussion sections intended to deepen students' understanding on course material
- Recorded and maintained grades for discussion section students
- Hosted office hours on a weekly basis to support students academically
- Provided guest lecture on stereotype threat (Fall 2019)

CNCSP 197- Special Topics in Applied Psychology: Bisexuality, From Margin to Center (Spring 2021)

- Undergraduate course of 80 enrolled students: asynchronous- synchronous hybrid class model
- Prepared online supplemental materials, assignments, and exams
- Graded coursework and maintained the course gradebook
- Hosted office hours on a weekly basis to support students academically
- Acted as a course reader for the Winter 2022 quarter

CNCSP 115- College Student Peer-Helping and Leadership (Summer 2019)

- Undergraduate course of 120 enrolled students

## CRITICAL CONSCIOUSNESS

- Implemented weekly discussion sections intended to assist students in the application of learned helping skills
- Recorded and maintained grades for discussion section students

### California State University, Fullerton

#### *Graduate Assistant*

##### Research Methods (Fall 2015 - Spring 2018)

- Six semesters total, 16-weeks each appointment, 2 labs per semester each with 20 enrolled undergraduate students (4 labs each in Fall 2017 and Spring 2018)
- Developed and implemented weekly labs to assist students in learning how to run statistical analyses and the dissemination of results in APA-formatted research papers
- Hosted office hours on a weekly basis to support students academically
- Recorded and maintained grades for lab students

#### *Teaching Assistant*

##### Psychology of LGBTQ Experiences (Fall 2017)

- 40 enrolled undergraduate students
- Hosted office hours on a weekly basis to support students academically
- Recorded and maintained grades for students
- Provided review workshops to prepare students for the midterm and final exam

### Fullerton College

#### *Guest Lecturer*

##### Human Sexuality (Fall 2017)

- Two lectures for two separate sections of Human Sexuality (total of 120 community college students)
- Lectured on the social construction of gender and its enmeshment in other social identities and systems

## **Clinical Experience**

### Pre-Doctoral Psychology Intern, Counseling and Wellness Center, University of Florida, August 2022-July 2023

- Year-long, APA-accredited, predoctoral internship
- Receive experiential training in individual and couples counseling, group counseling, campus/community outreach, clinical assessment, crisis intervention, supervision of practicum trainees, and consultation

### Graduate Student Clinician, Mind and Behavioral Assessment Clinic, University of California- Santa Barbara, CA, January 2021– June 2022

## CRITICAL CONSCIOUSNESS

- Administration of psychological assessment batteries (e.g., clinical interviews, personality inventories, cognitive batteries, etc.) to assist with differential diagnosis and/or treatment planning
- Construct and/or co-construct assessment reports with a summary of client background information, assessment scores, psychological interpretations, and recommendations for treatment/ management
- Provide feedback about completed clinical assessments to clients using language that is accessible and strengths-based
- Training includes video-based supervision from a licensed psychologist on a weekly basis (when an assessment client is active on caseload)

Clinician (Doctoral Candidate), Santa Barbara City College- Student Counseling Center, Santa Barbara, CA, August 2019 – June 2021

- Provide psychotherapeutic services (individual and group) to a diverse body of community college students. Students received up to six sessions per semester with the possibility of being added as a long-term client (about two per clinician, per semester)
- Engage in risk assessment and/or crisis intervention for “students of concern”
- Provide referrals for community-based resources (e.g., mental health, housing, food insecurity, etc.) in cases when a student’s need surpassed the support that could be offered at this short-term clinic
- Collaborate with outside campus departments in order to support the campus community and/or underrepresented student populations
- Engage in weekly individual supervision with opportunities for monthly group supervision/consultation with a licensed mental health professional (i.e., LMFT)

Assessment Specialist, CALM (Child Abuse Listening Mediation), Santa Barbara, CA, February 2019 – September 2019

- Score and interpret psychological assessments for clinicians working with diverse, low-income children and families
- Support clinicians in treatment planning via recommendations based on mental health outcome reports

Clinician (Doctoral Student), Hosford Counseling and Psychological Services Clinic, Santa Barbara, CA, September 2018 – June 2019

- Provide psychotherapeutic services for individuals (adults and minors), couples, and families in the local Santa Barbara area
- Conduct intake sessions with integrated assessment batteries to determine client need
- Provide risk assessment and/or crisis intervention when necessary
- Administer and score mental health measures on a weekly basis in order to assess client progress and satisfaction with treatment
- Collaborate with on-staff psychiatrists for assistance with medication support and/or consultation

## CRITICAL CONSCIOUSNESS

Engage in weekly, video-based group supervision with a licensed psychologist

Marriage and Family Therapist Trainee, Co-creator of LGBTQ+ adolescent therapy group, “Sense of Self,” Western Youth Services, North Region, Anaheim, CA, 2016 – 2017

- Provide psychotherapeutic services (individual, family, and group) for diverse, low-income children and their families as a Marriage and Family Therapist Trainee in the Anaheim, California area
- Engage in risk assessment, crisis intervention, and/or child abuse reporting when necessary
- Collaborate with on-staff psychologists and/or psychiatrists for assistance with differential diagnosis, medication support, and/or consultation
- Engage in weekly, video-based individual and group supervision with a licensed mental health professional (i.e., LCSW)
- Participate in additional training related to Trauma-Focused Cognitive Behavioral Therapy and other relevant modalities

Rainbow Pride Youth Alliance, San Bernardino, CA, August 2013 – June 2015

- Provide affirming and developmentally appropriate programming to LGBTQ+ youth ages 13-19 (ex. nonheteronormative sex education, coming out processing, safety and healthy boundary setting, etc.)
- Engage in risk assessment and seek support with supervising licensed psychologist when necessary
- Participate as a camp counselor for 3-day QCamp retreat

Psychology Department Peer Advising Center, California State University, San Bernardino- August 2013 – June 2015

- Provide academic counseling for undergraduate students (peers) approaching graduation and/or preparing for graduate school

### **Service and Leadership Activities**

UCSB Mentorship Program, Counseling, Clinical, and School Psychology Mentor, University of California, Santa Barbara, Fall 2018 – Spring 2020

Associated Students Committee, Self-Care and Wellness committee member, University of California, Santa Barbara, Fall 2018 – Spring 2019

SOARing Graduate Student Association (SGSA), Secretary, California State University, Fullerton, Fall 2017 – Spring 2018

Hispanic Association of Colleges and Universities (HACU), Student Ambassador, Sponsored by California State University, Fullerton’s Office of Graduate Studies, October 2017

## CRITICAL CONSCIOUSNESS

Rotary International, Rotaract, Founder, President, Vice President, District Representative, District 5330, San Bernardino, CA, 2012 – 2015

Rainbow Pride Youth Alliance, QCamp, workshop leader/ counselor, volunteer, San Bernardino, CA, 2013 – 2015

Student Orientation, Advising, and Registration (SOAR) Leader, California State University, San Bernardino, Summer 2013, Summer 2014

ABSTRACT

Profiles in Critical Consciousness: Latinx SGM Activists and Non-Activists During the  
COVID-19 Pandemic

by

Adrian Maria Valadez

The COVID-19 pandemic magnified long-standing disparities among multiply minoritized communities and marked a historic rise in widespread awareness of systemic injustice, especially in the context of the Black Lives Matter social movement. The current dissertation explored the role of this awareness, via critical consciousness, among Latinx Sexual and Gender Minority (SGM) individuals during the COVID-19 pandemic. Data were analyzed using Latent Profile Analysis (LPA) to identify “profiles” or groups of participants with similar endorsement of critical consciousness variables. Further, covariates regarding economic distress during the pandemic and everyday discrimination further specified the nature of each profile. To gain additional insight into the mental health consequences of group membership, profiles were then compared to identify differences in depression, anxiety, alcohol use, and drug use. Results indicated support for a three-profile model, consisting of Blissfully Ignorant, Aware Inactivist, and Engaged Activist. Further, significant differences in mental health outcomes were observed among the profiles. Participants in the Aware Inactivist and Engaged Activist profiles endorsed higher rates of depression and anxiety compared to the Blissfully Ignorant profile. Additionally, the Engaged Activists self-reported significantly higher alcohol and drug use compared to the other two profiles. This

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study differentiated awareness of injustice from participation in activism, highlighting the complexities of critical consciousness and activism for multiply marginalized communities.

Further reflections on main findings and implications for future research are discussed.

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## CHAPTER 1

Marginalized populations in the United States demonstrate considerable health disparities. For example, Latinx individuals are more likely to endorse higher rates of depression, anxiety, and substance abuse compared to White people (American Psychiatric Association, 2017a). Additionally, individuals who are Lesbian, Gay, Bisexual, Transgender, Queer, etc. (LGBTQ+) or a Sexual and Gender Minority (SGM) also experience similar mental and physical health disparities compared to their heterosexual and cis-gender counterparts (American Psychiatric Association, 2017b; Valdiserri et al., 2019).

Several noteworthy frameworks have been developed to further examine the links between minoritized identity status and mental health. Namely, Social Stress Theory (Aneshensel, 1992) and the Minority Stress Model (Meyer, 2003) acknowledged that systemic barriers to equity not only perpetuate the ongoing lack of opportunities for positive social and health-related outcomes of some groups compared to others, but also that the chronic stress that comes with being a racial/ethnic minority or an SGM individual, respectively, in these systems puts vulnerable groups at risk. These risks include exacerbated rates of depression, anxiety, substance use/abuse, suicidality, and other mental and physical health challenges for both Latinx and SGM communities when comparing each group separately to their more advantaged respective counterparts (American Psychiatric Association, 2017a; American Psychiatric Association, 2017b; Meyer, 2003). In short, the mental and physical health disparities exhibited by marginalized communities can largely be explained by systemic oppression, inequity, and experiences with discrimination.

It has been well-documented that marginalized individuals are exposed to greater rates of discrimination (Byrd, 2012; Lee et al., 2016). Minoritized populations commonly

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report barriers to safe and affordable housing, career and educational advancement opportunities, affirming healthcare and other resources as a result of discriminatory systems and policies (Kattari, et al., 2016; Pew Research Center, 2013; Romero et al., 2020). Further, both racial/ethnic minorities and LGBTQ+ individuals are likely to be exposed to a variety of negative messages and stereotypes about their group membership via non-affirming loved ones, unfavorable representation in television and film, and/or non-affirming religious organizations as a result of pervasive negative attitudes about racial/ethnic minorities and SGM identities (Cyrus, 2017; Valdiserri et al., 2019).

Based on intersectionality frameworks, individuals who are multiply minoritized (such as Latinx SGM individuals) are likely to experience greater exposure to discrimination, which has the theoretical potential to further inflate the risk of mental and physical health disparities (Ramirez & Paz Galupo, 2019; Schmitz et al., 2020). However, research has found that SGM People of Color (POC) often have comparable levels of psychological wellbeing that does not reflect the risks associated with their multiply minoritized status (Kulick et al., 2017; Meyer et al., 2008; Vance et al., 2021). In other words, the rates of health disparity (e.g., depression, anxiety, substance abuse, etc.) endorsed by SGM POC does not significantly differ from what is reported by singularly minoritized populations.

There is some evidence to suggest that early experiences with racial/ethnic discrimination prior to coming out as an SGM individual help to buffer the deleterious effects of discrimination later in life- a form of injustice preparation that is likely to contribute to SMG POC resiliency (Meyer, 2010; Moradi et al., 2010). Importantly, the prevalence of discrimination is not the most important component to determine whether or not a multiply minoritized person will experience exacerbated mental health disparities; rather, the forms of

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discrimination and their surrounding context make a difference, particularly for LGBTQ+ POC who may need to navigate seeking out hard-to-find intersectional spaces where all facets of their identity are affirmed (Drazdowski et al., 2016; Felipe et al., 2020; Flanders et al., 2019; Ghabrial, 2017; Kum, 2017; Sutter & Perrin, 2016; Whitfield et al., 2014). One potential contributing factor to Latinx SGM mental health, that has to date been understudied in resiliency research, is the role awareness of social inequities plays.

Indeed, marginalization can be protective for SGM POC as it helps the individual prepare for novel societal stressors (Gonzalez et al., in press). More importantly, the awareness that one's personal experiences can be, largely, explained by systemic oppression help marginalized individuals from internalizing their oppression (Strauss Swanson & Szymanski, 2020), deepen their connection with their personally held identities (Valente et al., 2020), and engage in meaning-making regarding their position in the social hierarchy and the likelihood that their future actions can evoke positive change (Cadenas et al., 2018; Forenza et al., 2017). This awareness that social inequities exist and impact one's daily existence was originally conceptualized by Brazilian educator, Paulo Freire, as "*conscientização*" (1970, 2000). It was developed as a form of pedagogy in which illiterate students could learn to read and write based on curriculum designed to facilitate dialogue about social issues and inequity. Freire proposed that by encouraging students to reflect upon their personal experiences through literacy, learning becomes a powerful tool in helping marginalized individuals resist systemic oppression.

A current conceptualization of Freire's "*conscientização*" is Critical Consciousness. This construct has been conceptualized as having three main components: Critical Reflection, Critical Motivation (occasionally referred to as Political Efficacy), and Critical Action

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(Diemer et al., 2015; Watts et al., 2011). Critical Reflection is the first step to developing Critical Consciousness; for marginalized individuals, it represents an acknowledgement that their daily experiences in the world are impacted by systemic injustice and oppression (Watts et al., 2011). Some individuals may acknowledge their marginalization and consider the ways in which they could resist and combat oppression. This perceived self-efficacy in contributing to positive systemic changes marks the individual's transition into Critical Motivation (Diemer et al., 2015; Watts et al., 2011). Finally, individuals who engage in behavioral actions aimed at reforming inequitable systems and policies are experiencing Critical Action- the final component of Critical Consciousness (Watts et al., 2011). While these sub-concepts are interconnected and facilitate the movement between them, their relationships are not linear; individuals in the process of deepening their awareness of social inequities are likely to move back and forth between concepts as new knowledge and experiences arise (Chronister et al., 2020; Diemer et al., 2021; Freire, 1970; Watts et al., 2011).

For racial/ethnic minority students, Critical Consciousness has the potential to positively influence long-term educational and occupational trajectories (Cadenas et al., 2018; Forenza et al., 2017). Further, Critical Consciousness pedagogy has continued to transcend the field of education; some psychotherapeutic interventions designed to support marginalized communities have found success in incorporating Critical Consciousness curriculum (Chronister et al., 2020; Diemer et al., 2016). Notably, resiliency research has continually identified the protective role of previous experiences with discrimination and the self-awareness that one is likely to be targeted. However, this awareness has rarely been identified as Critical Consciousness meaning that in-depth examinations about how it relates

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to the protection of multiply marginalized individuals (such as Latinx SGM individuals) remains broad and not well understood.

The impact of Critical Consciousness on mental and physical health disparities has become overtly highlighted as a result of a global pandemic. While every individual residing in the U.S. undoubtedly experienced hardship, the COVID-19 pandemic unveiled blatant disparities among marginalized groups that were difficult for the general public to continue to ignore (Perry et al., 2021). Minoritized individuals, compared to more advantaged groups, experienced inflated rates of financial strain and job loss (Couch et al., 2020; Fairlie, 2020; HRC, 2020; Kantamneni, 2020; Macias Gil et al., 2020), increased risk of infection or death from the COVID-19 virus (CDC, 2020; Macias Gil et al., 2020; Tai et al., 2021), and decreased access in identity-affirming mental/physical health care and other much-needed resources (Clark et al., 2020; Garcia et al., 2021; Jarrett et al., 2021). From a mental health standpoint, psychological wellbeing among Latinx and SGM populations exhibited a sharp decline during the pandemic with rates of anxiety and depression, substance use, suicidality, stress or trauma-related symptoms, and parenting stress increasing as a result of the fear of infection and subsequent countermeasures (Brown et al., 2020; Czeisler et al., 2020; Hertz-Palmor et al., 2021; Kujawa et al., 2020; MacCarthy et al., 2020; Mayorga et al., 2021; Salerno et al., 2020; Son et al., 2020; Sönmez et al., 2020).

Notably, the Black Lives Matter (BLM) protests in response to the murder of George Floyd became one of the largest sociopolitical movements in U.S. history despite the increased risk of infection (Buchanan et al., 2020) and the blatant disparities that were present among marginalized groups. It was clear that individuals were engaging in activism at higher rates than what has ever been seen before (Buchanan et al., 2020). But it was

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unclear how the public's increased awareness of systemic oppression and subsequent acts of civic engagement affected overall mental health, especially for multiply minoritized activists during COVID-19.

The mental health effects of activism and civic engagement has the potential for both positive and negative outcomes for individuals. Generally speaking, the type of activism (low- versus high-risk; Santos & VanDaalen, 2018) and the temporal context that surrounds it (Albright & Hurd, 2020; Boehnke & Wong, 2011; Gal & Hanley, 2020; Hope & Spencer, 2017) plays an important role in the development of positive or negative mental health outcomes. Moreover, individuals with a high degree of resources (e.g., finances/income, education, etc.) are more likely to engage and persevere in activism with less risk to their psychological wellbeing (Billard, 2021; Boehnke & Wong, 2011; Hope et al., 2016).

Civic engagement and activism have a proven positive impact on mental health. One benefit that is frequently discussed is the meaning-making that arises as a result of civic engagement (Gal & Hanley, 2020). Individuals participating in activism are likely to be empowered via increased identification with their personally held identities (ex. gender identity; DeAngelo et al., 2016; Foster, 2019; Strauss Swanson & Szymanski, 2020; Valente et al., 2020) and the act of resisting oppressive systems that target said identities (Frost et al., 2019; Hope & Spencer, 2017). Additionally, civic engagement has the potential to be protective via built-in mechanisms for social support and community. By participating in activism, individuals are granted access to a supportive network of like-minded individuals capable of buffering the psychological distress of injustice via interpersonal connection (Clayton, 2018; Foster et al., 2021; Li et al., 2021; MacDonnell et al., 2017; Matacin & Simone, 2019; Strauss Swanson & Szymanski, 2020). Moreover, longitudinal data suggests

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that individuals who engaged in activism as an adolescent or young adult expressed feeling protected from the development and subsequent effects of trauma (Gal & Hanley, 2020) and have reported long-term gains in personal earnings, education, and professional opportunities (Hope & Spencer, 2017; Linder et al., 2019) as a result.

Contrastingly, individuals engaged in activism are equally at risk for experiencing exacerbated negative mental health outcomes. Several studies warn that resisting systemic injustice while also being a member of a stigmatized group that is affected by oppression is highly associated with negative mental health outcomes such as increased rates of anxiety and depression (Albright & Hurd, 2020; Kulick et al., 2017). Further, while activism has the positive potential to increase visibility of various social causes, it risks increased discriminatory targeting of already marginalized activists (Frost et al., 2019; Lerner et al., 2020; Valente et al., 2020). This is made even more distressing with the acknowledgement that individuals engaged in activism are likely to be minoritized and resource-scarce themselves (Linder et al., 2019). Additionally, civic engagement can come from tremendous personal and professional sacrifice. Some research has highlighted that activists who are fighting to resist personally experienced injustices are at heightened risks of re-traumatization as a result of frequent new narratives of oppression (Strauss Swanson & Szymanski, 2020). Further, activists are likely to suffer from burnout and compassion fatigue in response to the frustration associated with delayed gratification in achieving radical social change (Linder et al., 2019; Vaccaro & Mena, 2011). Not only are minoritized activists more likely to overlook their own needs in favor of supporting the communities that they serve, but as college students, they are also likely to sacrifice time that could be spent on academics, social events, and professional activities that could bolster future career aspirations (Linder et



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al., 2019; Ruff, 2016). Regarding long-term effects, the “risky” nature of activism has been found to be associated with risky health behaviors later on in life (e.g., maladaptive coping skills, increased substance use; Ballard et al., 2019; Linder et al., 2019; Vaccaro & Mena, 2011). Additionally, activists who conceptualize civic engagement as the “unfinished business” of the activists before them could inadvertently shoulder the burden of alleviating intergenerational trauma (Gal & Hanley, 2020).

Finally, one study in particular noted that activism has the potential to facilitate the development of Critical Reflection, which in turn was associated with increased psychological distress (Strauss Swanson & Szymanski, 2020). These findings are important for two reasons. First, civic engagement research rarely identifies Critical Consciousness as a contributing factor to activism and mental health. And second, Strauss Swanson and Szymanski’s results demonstrate the cyclical nature of Critical Consciousness in a way that had been initially proposed by Freire (1970); Critical Reflection does have the potential to lead to Critical Action, yes. But Critical Action also has the potential to deepen Critical Reflection.

More importantly, the role of Critical Consciousness has yet to be explored within the context of SGM POC resiliency; it has not yet been determined how much (or how little) of a contributing factor Critical Consciousness plays in the protection of multiply minoritized populations. Further, there has never been an opportunity to study the role of Critical Consciousness while in the midst of adversity at a global level. The COVID-19 pandemic has offered a unique and powerful illustration of oppression where discrimination and injustice is amplified and more difficult for the general public to ignore. While Critical Consciousness, by name, has not been readily discussed in mainstream media, it was made apparent that

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Americans from a wide variety of backgrounds were more interested in reflecting upon injustice and/or the ways they may inadvertently perpetuate it. For example, just weeks after protests against racism and police brutality began to surge, the majority of the top best-selling books on both Amazon and at Barnes & Noble were related to anti-racism, privilege, and racial injustice (Harris, 2020). Put simply, the COVID-19 pandemic has acted as a catalyst for widespread Critical Reflection at a magnitude that has never been seen before. Further, with the awareness of injustice and inequity at the forefront, Americans naturally transitioned into widespread Critical Motivation and Critical Action. More importantly, the marginalized activists (specifically, Latinx SGM folks) have continued to resist systemic oppression via protests and marches despite lower psychological resources, higher risk of infection or death by the Coronavirus, and persistent exposure to discrimination during an already tumultuous time period. Given the nuanced body of literature regarding both Critical Consciousness and activism, it becomes unclear whether or not the increases in the awareness of injustice and civic engagement sparked by BLM and the murder of George Floyd protected or exacerbated the disparities experienced by Latinx SGM individuals in the U.S. Further, this uncertainty begs the question as to which groups and what configurations of Critical Reflection, Motivation, and Action lead to protective versus deleterious outcomes for Latinx SGM people.

## RESEARCH QUESTIONS

The purpose of the current dissertation is to investigate how the components of Critical Consciousness (e.g., Critical Reflection, Critical Motivation, and Critical Action) vary across individuals. More specifically, the current study aims to determine whether or not

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there are different “profiles” existing among Latinx SGM participants that describe varying degrees of all three major components of Critical Consciousness. One possible profile that may manifest, for example, is one that describes a group of individuals with high Critical Reflection, but low Critical Motivation and low Critical Action.

Further, the current dissertation also proposes that these different “activist profiles” may be associated with mental health outcomes. Continuing with the aforementioned example, it may be possible that individuals who endorse this configuration of Critical Consciousness are more likely to experience negative mental health outcomes (e.g., depression, anxiety, drug and alcohol use) as a result of low self-efficacy in evoking positive social change. Critical Consciousness may indeed play a role in the mental health outcomes of Latinx SGM individuals during the COVID-19 pandemic. However, the nature and directionality of this role has yet to be determined.

## SIGNIFICANCE AND IMPACT

The examination of “activist profiles” will help us to better understand the varied nature of activism and the diversity present among activists. The conceptualization of activism is represented by a narrow, singular view often perpetuated by the media. Findings from the proposed dissertation may aid in correcting common misconceptions and complexifying the limited perceptions of all activism entails.

Further, given the polarized view of Critical Consciousness and activism presented in previous literature, it remains unclear for whom Critical Consciousness is beneficial and exacerbating. With more information about the association among varying activist profiles

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and mental health outcomes, the findings from this dissertation may help individuals decide to what extent they wish to become involved in activism.

Disparities for Latinx, SGM, and multiply minoritized individual mental health has always investigated the role of resilience and other protective factors. But research has not yet investigated whether or not the construct of Critical Consciousness could be used to explain what other factors protect communities of color. It is possible that Critical Consciousness, in some forms and configurations, could be an added buffer that facilitates resiliency. More importantly, with a closer examination into what situations lead to positive outcomes for Latinx SGM adults, Critical Consciousness-focused interventions could be developed to support other multiply minoritized communities as a means of coping with injustice and discrimination.

Additionally, this dissertation is an offshoot of a larger study commissioned by the Congressional Hispanic Caucus. As a result, this study has the potential to inform policy makers and intervention scientists with information that is vital in not only responding to the needs of diverse Latinx communities but also in helping to strengthen and empower them.

## CHAPTER 2

### LATINX SEXUAL AND GENDER MINORITY (SGM) MENTAL HEALTH

Broadly speaking, stigma can be conceptualized as the devaluation of an individual or group based on qualities and characteristics that are not held by dominant advantaged populations. More specifically, this “othering” phenomena that is experienced by marginalized groups is a function of pervasive negative stereotypes perpetuated by majority groups and the association of differences being conceptualized as less worthy of resources (Link & Phelan, 2001). Despite holding a considerable proportion of the U.S. population, both Latinx (18% of the U.S. population; Noe-Bustamante et al., 2020) and SGM groups (5.6% of the U.S. population; Jones, 2021) are considered to be minoritized communities. As a result, Latinx and SGM individuals are stigmatized and subjected to discrimination- unjust treatment at individual and systemic levels based primarily on group membership (Link & Phelan, 2001).

Research largely supports the assertion that individuals who hold minoritized statuses are more likely to experience higher rates of stigma and discrimination with less resources available to cope (Cyrus, 2017). More concerningly, there appears to be a strong association between exposure to discrimination and mental and physical health disparities. Multiply minoritized individuals who report experiencing more than one form of discrimination (i.e., racial/ethnic *and* SGM-based discrimination) are more likely to meet criteria for a mental health disorder (Bostwick et al., 2014). Further, while longitudinal reports of discrimination decreased for SGM individuals, those who were LGBTQ+ and held an additional minority status, such as low socioeconomic status (SES) did not endorse decreased rates of stigmatization (Pachankis et al., 2018). In regard to long-term effects of multiple forms of

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discrimination, rates of depression remained consistent over time while social anxiety continued to increase (Pachankis et al., 2018). Broadly, it has become increasingly important to consider the ways in which mental health is impacted by external systemic oppression as opposed to perpetuating limited, individually-oriented conceptualizations of mental health disparities among multiply minoritized groups (Valdiserri et al., 2019). Both racial/ethnic and LGBTQ-related discrimination has been found to be associated with a variety of deleterious mental and physical health outcomes. More specifically, racial/ethnic and SGM-related discrimination have been shown to be associated with depression, Posttraumatic Stress symptoms, risky substance use, heavy alcohol use, suicidality, increased challenges with emotion regulation, decreased access/use of mental health services, and overall decreased psychological wellbeing (Cerezo, 2016; Cochran et al., 2007; Drazdowski et al., 2016; English et al., 2018; Lipson et al., 2018; Mustanski et al., 2010).

Previous frameworks, namely the Minority Stress Model, have remained influential in explaining the causal effects of oppression on mental and physical health (Meyer, 2003). It has been theorized that individuals who hold any minoritized status are more likely to be exposed to acts of discrimination thereby indirectly affecting the potential for deleterious mental health outcomes via the prominent link between discrimination and mental health. Meyer's theory has largely asserted that individuals who are multiply minoritized, such as LGBTQ+ POC, are more disadvantaged and are more likely to experience further exacerbated outcomes with reduced access to the psychological resources necessary to cope (Cyrus, 2017; Meyer, 2003, 2010). Meyer (2010) identified this assertion as the "risk hypothesis" or "double jeopardy" hypothesis. This phenomenon has also been explained by the Psychological Mediation Framework (Hatzenbuehler, 2009).

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However, previous studies have been inconsistent in determinations regarding multiply minoritized populations and mental health outcomes as research that examines the true intersections of racial/ethnic and SGM identities remains limited. Some evidence exists regarding the applicability of the Minority Stress Theory onto diverse SGM samples, thus, demonstrating the link between proximal and distal stressors and increased rates of depression and anxiety for LGB POC (Ramirez & Paz Galupo, 2019). Additionally, research with a sample of Latinx LGBTQ+ youth pointed towards the need to incorporate Meyer's (2003) Minority Stress Model with Crenshaw's (1991) Intersectionality framework in order to best explain the nuances associated with navigating structurally stigmatizing experiences as a multiply minoritized youth (Schmitz et al., 2020). While incorporating an intersectionality framework helps to further explain the risk hypothesis proposed by Meyer (2010), it also explicitly names the numerous, simultaneous sources of stigma that multiple minoritized individuals have to cope with. Moreover, the consideration of these intersections addresses the social complexities and psychological disparities present among these groups in a way that does not minimize the impact holding more than one marginalized status has in the U.S.

Conversely, some previous research with Queer POC failed to determine that these communities experienced exacerbated mental and physical health disparities that was above and beyond what was expected from their Queer White counterparts (Meyer et al., 2008). Black and Latinx Transgender youth were found to have higher rates of mental health disparities compared to Black and Latinx cis-gender students, but did not experience outcomes that were more exacerbated compared to White Transgender youth (Vance et al., 2021). Not only have these studies cast doubt in the application of the Minority Stress Model

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to Queer and Transgender communities of color, but it also pointed towards the presence of some protective factor that was capable of buffering the deleterious effects of experiencing stigma and discrimination on the basis of multiple minoritized identities.

Meyer (2010) has acknowledged that the Minority Stress Theory, alone, was an inadequate framework to explain mental and physical health outcomes of Queer POC and instead discussed the resilience hypothesis- a theoretical framework that suggests that early experiences with racial/ethnic discrimination prior to coming out as Queer acts as a sort of preparation for experiencing heterosexism and homophobia later on. Previous research has also pointed towards the legitimacy of this hypothesis. Moradi et al. (2010) conducted a study examining the experiences of queer POC with White queer individuals and largely found evidence that supports the legitimacy of the resilience hypothesis. A qualitative analysis exploring the experiences of LGBTQ POC revealed theme of “positive intersectionality” that helps to support the resilience hypothesis (Ghabrial, 2017). Contrary to data regarding youth participants, Latinx SGM young adults demonstrated evidence of “resilience-building experiences” in which inequitable systems were actively challenged via self-education about health disparities and intentional efforts to reduce the impacts of cultural negativity (Schmitz et al., 2019). Participant narratives pointed towards the use of a positive marginality narrative in which the embracing of one minoritized identity can facilitate the acceptance of other stigmatizing status thereby preserving overall wellbeing. Further, White and POC SGM college students were found to report similar levels of depression despite the fact that LGBTQ POC reported higher instances of distress and discrimination in some contexts (Kulick et al., 2017).



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Indeed, the experiences of multiply minoritized communities are much more nuanced than what has been previously hypothesized. Many researchers have turned away from conceptualizing minority stress as a function of the quantity of stressors and resources to explore the role of identity-specific discrimination more deeply. A study using Structural Equation Modeling (SEM) to examine the effects of racism, LGBTQ discrimination, and internalized oppression on illicit drug use among LGBTQ POC found that the interaction between racism and LGBTQ discrimination did not contribute to the indirect effects on illicit drug use (LGBTQ discrimination, but not racism, did contribute) (Drazdowski et al., 2016). The authors speculate that LGBTQ discrimination plays a larger role in illicit drug use among Queer POC because of the likelihood of this form of stigmatization being present within, otherwise protective, POC spaces. Other researchers have found that Queer POC may report varying levels of discrimination given that the prevalence of anti-LGBTQ+ rhetoric is not a static statistic across racial/ethnic groups (Whitfield et al., 2014).

Contrastingly, the disproportionate representation of White LGBTQ individuals and the potential to experience racism in mainstream queer spaces has the potential to alienate multiracial POC and dampen their sense of belonging with the LGBTQ+ community (Felipe et al., 2020). Several studies with diverse samples of Queer, Transgender, and Nonbinary adults of various ages further emphasized feelings of isolation from both LGBTQ and racial/ethnic spaces and the frequent need to code-switch and conceal an SGM identity in order to maintain any semblance of safety or belonging (Ghabrial, 2017; Kum, 2017; Le Forestier et al., 2021). Another study examining rates of suicidal ideation in LGBTQ+ POC supported these findings; participants were found to have increased rates of psychological distress as a result of exposure to both racial/ethnic and SGM-related discrimination but

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increased rates of suicidal ideation were found to be associated with only LGBTQ-related discrimination, not racism (Sutter & Perrin, 2016). Researchers posit that discriminatory experiences of LGBTQ+ POC are complicated and that the challenges associated with feelings of disconnection from both POC and LGBTQ+ spaces may hinder one's ability to cope with societal stressors as a Queer POC. Indeed, data from a sample of young bisexual POC support the assertion that the prevalence of binegative experiences and the perpetuation of racist ideology at the hands of the broader LGBTQ community makes it challenging for young queer POC to seek solace from oppression using "safe" spaces (Flanders et al., 2019). However, there is some evidence to suggest that SGM POC who seek out LGBTQ-POC communities, in particular, reported receiving consistent support in a non-stigmatizing environment which enhanced overall wellbeing (Ghabrial, 2017).

In regard to Latinx SGM populations specifically, limited research has made evident the fact that Latinx SGM individuals experience unique disparities in a wide variety of domains. For example, undocumented Latinx SGM individuals are more likely to experience deleterious mental health outcomes related to restricted access to resources and maltreatment at the hands of U.S. Immigration and Customs Enforcement (ICE), are disproportionately affected by homelessness, are more likely to be the victim of LGBTQ-related hate crimes, are more likely to attempt suicide in youth, and are more likely to grow up to be adults who struggle with substance abuse (Martínez & Rhodes, 2020). Despite these blatant disparities, Latinx SGM communities are considered to be among those who are the least likely to seek out or have access to mental health services. Qualitative interviews conducted among young adult Black and Latinx SGM individuals revealed that seeking mental health services required intentional efforts towards identity negotiation (Moore et al., 2020). Participants

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reported having the need to strategically conceal or modify the salience of their various identities in order to navigate the additional stigma and risks of seeking mental health services. Further, federal or state assistance, of any kind, is difficult to navigate for Latinx SGM individuals as those who are undocumented risk discrimination or jeopardizing future naturalization (Clark et al., 2020). It is clear that not only do Latinx SGM people experience heightened exposure and risk of discrimination, but that the seeking of the identity-affirming mental health services necessary to circumvent these risks is a process that presents many nuanced barriers.

Meyer (2010) concludes with a call for research that more deeply specifies the role of resilience in moderating stress and mental health. Several studies have pointed towards the presence of some unknown protective variable (hypothesized to be some variation of resilience) that prevents the exacerbated mental health distress that would be expected of individuals who are intersectionally disadvantaged. Despite extensive research on various frameworks dedicated to explaining the deleterious effects of living as an LGBTQ+ POC, there remains a gap in the literature regarding what exactly protects multiply minoritized groups (Cyrus, 2017).

## HISTORICAL CONTEXT OF COVID-19 AND RACIAL INJUSTICE

On December 31<sup>st</sup>, 2019, doctors in Wuhan, China began monitoring an unknown virus that had infected dozens of Chinese citizens. Several weeks later, the virus was reported to have spread to other countries, including the United States (U.S.). On January 30<sup>th</sup>, 2020, the World Health Organization (W.H.O.) declared the transmission of the virus as “a public health emergency of international concern” (Taylor, 2021). The virus, identified as a novel

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“Coronavirus” (aka COVID-19), continued to spread across the U.S. at rapid pace which facilitated state-wide “stay-at-home” order mandates as early as March 19<sup>th</sup>, 2020 (Mervosh, Lu, & Swales, 2020). While these restrictions were an attempt to slow the spread of transmission, they could not prevent all of the many deleterious repercussions of a global pandemic. Americans across the country experienced a tumultuous upheaval of their daily living; businesses were forced to close as a result of stay-at-home orders, inconsistent mask mandates and restrictions across states created tense division among citizens, and an ill-equipped medical system could not respond to overwhelming infection and loss of life (Allen, 2021).

The COVID-19 pandemic and subsequent countermeasures against it not only disrupted the daily functioning of countless Americans but also sparked deleterious consequences in a wide breadth of interconnected domains. Many individuals have faced (and continue to experience) severe financial strain (Macias Gil et al., 2020) that has drastically impacted mental health. Research has pointed towards the presence of a direct association between pandemic-induced sudden job loss and increased rates of anxiety and depression (Hertz-Palmor et al., 2021). More notably, these mental health outcomes were found to worsen over time if financial concerns and strain failed to be resolved (Hertz-Palmor et al., 2021).

In regard to small business owners, social-distancing restrictions were associated with large reductions in activity and revenue with African-American, minority-, and immigrant-owned businesses being negatively impacted at disproportionate rates (Fairlie, 2020). Additionally, Latinx communities were disproportionately affected by unemployment and job loss compared to other racial ethnic groups. This community, in particular, were especially

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vulnerable to the immediate job loss that resulted from initial countermeasures with the least amount of opportunity to continue working remotely from home. This is especially problematic considering that minoritized individuals (particularly Latinx) are less likely to have financial reserves and/or qualify for the federal supports needed to withstand sudden loss of income (Couch et al., 2020).

The COVID-19 pandemic highlighted both income related inequities and disparities in access to “decent” work in which individuals have the privilege to work from home and/or earn a livable wage in safe working conditions (Kantamneni, 2020). Most of these inequities fall on the shoulders of minoritized communities in which overwhelming disparities already exist outside of vocation. More specifically, research has illustrated several factors that influence the disproportionate impact of the COVID-19 pandemic on immigrant communities. In Texas, for example, 32% live below the poverty line and more than half of all undocumented immigrants are limited in their ability to access healthcare due to a lack of insurance (Clark et al., 2020). Not only has this limited their ability to take preventative measures against the Coronavirus, it also puts this community at risk for severe infection given that immigrants are more likely to have comorbid underlying health conditions that have the potential to worsen COVID-19 symptoms and decrease rates of mortality (Kantamneni, 2020).

Indeed, racial/ethnic minorities have been disproportionately affected by the COVID-19 pandemic based on structural inequities that put communities of color at increased risk of infection (Macias Gil et al., 2020; Tai et al., 2021). People of Color (POC) are more likely to live in densely populated housing in areas where access to quality medical care is limited. Moreover, POC, particularly Latinx individuals, are also more likely to be in living

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and/vocational situations that place them at a higher risk of infection (Macias Gil et al., 2020) and have chronic underlying illnesses that pose increased risk of death in the event of contraction (Tai et al., 2021).

Many immigrants also experience disproportionate rates of trauma, poverty, lack of social support, trauma/stress-related symptoms, depression, and anxiety- ailments that have been shown to further exacerbate disparities already present in minoritized populations. Immigrants and other marginalized communities are more likely to work essential jobs or hospitality professions that do not have the option to work from home (Clark et al., 2020; Kantamneni, 2020; Sönmez et al., 2020) and are more likely to use public transportation to get to and from work. These limited options put immigrants and their families at disproportionate rates of infection with alternative solutions risking job loss, financial strain, and/or loss of health insurance. This chronic stress perpetuated by work strain and the inequities of social and economic living conditions so often endorsed by undocumented populations further jeopardizes quality of life (Sönmez et al., 2020). Moreover, immigrant communities get little to no federal assistance and any resources utilized put future naturalization at risk via the recently passed “Public Charge” rule (Clark et al., 2020). This further perpetuates economic disparities for Latinx and other minoritized or undocumented individuals in the U.S. which has been shown to be associated with negative mental health outcomes and distress (MacCarthy et al., 2020).

Research suggests that there are several considerations as to why and how Black and Latinx older adults in the U.S. have experienced disproportional rates of detrimental physical health disparities. In addition to increased risks of infection and comorbid chronic illness, the enmeshment of pervasive structural racism alongside disparities brought on by the COVID-

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19 pandemic limit these communities' access to equitable, quality health care (Garcia et al., 2021).

In addition to the many fears associated with COVID-19 infection and mortality, there is additional evidence to suggest that the psychological effects of this distress was particularly potent among Latinx individuals (Mayorga et al., 2021). This hypervigilance towards arousal-related symptoms was found to be a major contributor to deleterious mental health outcomes such as increased rates of anxiety and depression.

College students in the U.S. also experienced distress regarding fears surrounding the health and safety of themselves and/or loved one as a result of the COVID-19 pandemic (Son et al., 2020). Students endorsed difficulty concentrating, increased (non-academic) stress, disruptions to sleeping or eating habits, increased depressive symptoms and suicidal thoughts, and increased isolation and loneliness as a result of the COVID-19 countermeasures. In addition to attending school from home, many Americans with young children were forced to endure increased parental strain. Parents who were caring for children at home reported increased levels of depression and anxiety, parental stress, and child shifts in mood and stress. These instances were demonstrated to be exacerbated for Latinx parents who reported the highest instances of COVID-19 related stressors compared to all other sampled racial/ethnic groups (Brown et al., 2020).

Additionally, the life disruption caused by U.S. stay-at-home orders were shown to negatively impact a sample of emerging adults who reported higher levels of internalizing symptoms such as depression and anxiety (Kujawa et al., 2020). Moreover, Black emerging adults, in particular, reported a higher level of stress and increased severity of symptoms compared to any other racial/ethnic group in the sample (Kujawa et al., 2020) demonstrating

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the disproportionate rates in which communities of color were psychologically impacted. Compared to previous years (2018 and 2019), a sample of U.S. adults reported anxiety rates that were three times higher and endorsed symptoms of depression that were four times higher than what has been previously recorded (Czeisler et al., 2020). Additionally, 25% of participants reported experiencing symptoms of a stress or trauma related disorder as a result of the pandemic. One in ten participants reported starting or increasing their use of substances and twice as many adults reported serious consideration of suicide in the past 30 days (compared to results from 2018; (Czeisler et al., 2020). These mental health challenges have been shown to disproportionately affect minoritized populations (including but not limited to Latinx individuals).

The inequities revealed by the COVID-19 pandemic have not been limited to racially/ethnically minoritized individuals. In a study assessing COVID-19 impacts on Transgender/Nonbinary adults, about half of the sample reported having their gender-affirming resources sharply reduced (Jarrett et al., 2021). Of the participants who experienced a decrease in access to gender-affirming care, increases in depression, anxiety, and suicidal ideation were demonstrated at rates higher than participants who did not endorse restricted access to resources. Moreover, about 40% of participants endorsed increased challenges with living according to their gender as a result of the COVID-19 pandemic.

Perry et al. (2021) supports the notion that communities who have been historically disadvantaged due to pervasive systemic inequities have been disproportionately affected by the COVID-19 pandemic. Not only are these communities demonstrating trends of social and economic disparities during the pandemic, but previous literature on disasters and crises suggest that these communities are likely to rebound less quickly after the conclusion of the



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COVID-19 pandemic. This further exemplifies the fact that preexisting disparities among marginalized groups have been rooted in systemic injustice which are now being reinforced and perpetuated by the COVID-19 pandemic.

Researchers have suggested that individuals who are multiply minoritized (e.g., Latinx and queer) face increased risk for long-term socio-economic and health disparities given extant challenges prior to COVID-19. For example, Latinxs have been disproportionately impacted by the COVID-19 pandemic across the U.S. and in California specifically, with high incidence of infection, hospitalization, and death (CDC, 2020; Macias Gil et al., 2020). During COVID-19, Latinx Sexual and Gender Minority (SGM) individuals have been more likely to lose their jobs, have work hours or pay reduced, and adjust household budgets in order to make ends meet than their White and heterosexual counterparts (HRC, 2020). Latinx SGM individuals have also experienced exacerbated mental health disparities (e.g., anxiety, depression, suicidality, etc.) due to collective pandemic trauma and heightened awareness of structural and social inequities (Salerno et al., 2020). Latinx SGM men and Transgender women, specifically, reported higher rates of anxiety regarding COVID-19 infection, increased alcohol use and other mental/physical challenges, decreased PrEP persistence, and restricted access to gender-affirming care (MacCarthy et al., 2020).

However, research about resiliency in minoritized populations have consistently pointed towards its importance in buffering deleterious outcomes. LGBTQ+ individuals qualitatively reported feeling adequately prepared for COVID-19 countermeasures, such as social distancing, because of previous experiences with isolation as a marginalized person. Participants endorsed feelings of resiliency as a result of living through other crises, namely

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the AIDS epidemic, and noted how past trauma helped LGBTQ+ people cope (Gonzalez et al., in press). Highly resilient LGBTQ+ individuals were likely to experienced reduced distress and decreased negative mental health outcomes thereby demonstrating the importance of resiliency when examining the effects of the COVID-19 pandemic on mental health (Goldbach et al., 2021).

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Coined by Brazilian educator, Paulo Freire (1970, 2000), *Critical Consciousness* or “*conscientização*” has been defined as the recognition of systemic oppression at social, political, and economic levels. This fundamental concept, originally used to empower illiterate Brazilians to learn how to read and write through dynamic political dialogue, has become a powerful motivator for students and educators alike. Freire found that by encouraging marginalized students to both learn specified curricula and critically evaluate their reality, learning became more applicable to students’ daily functioning, and it facilitated interest in actively resisting oppressive regimes.

Critical Consciousness has been found to be more relevant for marginalized/oppressed groups as opposed to those of more privileged backgrounds. This is because personal experiences with injustice, discrimination, and oppression act as a major catalyst for raising consciousness (Freire, 2000). Research has shown that even among marginalized youth, critical consciousness and motivation were most impacted by parental upbringing and installation of social-justice oriented values, personal experiences with oppression, and peer-support (Diemer & Li, 2011). Moreover, previous research also support

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that higher levels of Critical Consciousness are more likely to predict future civic engagement in politics and activism (Ajaps & Obiagu, 2021; Diemer & Li, 2011).

That is not to say that “privileged” groups are unable to develop Critical Consciousness at all. Rather, one may develop awareness of injustice as an ally to minoritized groups or may develop Critical Consciousness that is specific to a marginalized status that they themselves hold (e.g., a White woman becoming aware of gender inequity but not racial injustice; Diemer et al., 2015). However, this process of this development differs from the theoretical framework of Critical Consciousness and it does not correlate as meaningfully to education and occupational outcomes compared to minoritized students exposed to learning Critical Consciousness (Diemer et al., 2010).

Since the release of Freire’s seminal works, researchers have expanded the field’s conceptualization of Critical Consciousness to encompass three distinct elements. Freire acknowledged that Critical Consciousness could not possibly develop without the acknowledgement that one experiences disparities compared to more privileged others. The process of developing this increased awareness has been termed *Critical Reflection*. This phase of Critical Consciousness emphasizes not just individualized realization that one experiences marginalization, but rather, it recognizes that the source of inequity at all levels (e.g., social, economic, racial/ethnic, etc.) is perpetuated systemically (Watts et al., 2011). The second element of Critical Consciousness has been termed *Political Efficacy* (Watts et al., 2011) but is often referred to as *Critical Motivation* in contemporary literature (Diemer et al., 2015). This component of Critical Consciousness refers to an individual’s perceived self-efficacy to address and combat systemic injustice (Diemer et al., 2015; Watts et al., 2011). The final component of Critical Consciousness is known as *Critical Action*- the action taken,

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at either an individual or collective level, to reform unjust policies and systems (Watts et al., 2011).

Much to the dismay of future researchers, Freire's conceptualization of Critical Consciousness remained broad which required speculation as to what the construct fully entailed. As a result, Critical Consciousness demonstrates an overwhelming amount of overlap with other social justice-oriented frameworks. In particular, the Psychological Empowerment Model encompasses components that are significantly similar to Critical Awareness, Critical Motivation, and Critical Action (Christens et al., 2016; Gutierrez, 1995). Watts et al. (2011) notes that the main distinction lies in what each theoretical framework emphasizes more heavily. Psychological Empowerment frameworks prioritize the actions and behaviors that evoke change without the need to consider the systemic oppression in place that perpetuates such inequalities. In comparison, Critical Reflection is considered to be the main component of Critical Consciousness and is overwhelmingly favored as a necessary precursor to Critical Action (Freire, 1970; Watts et al., 2011).

Freire (1970) acknowledged the causal relationship between a student's true understanding of their reality and the enactment of a corresponding action but noted that the relationship between these phases could not be viewed as unidimensional and linear. Rather, he posited that Critical Reflection had the potential to lead to Critical Action but that this outcome could not be guaranteed. In the event that Critical Action did not lead to systemic change, budding activists may be provided with an opportunity to engage in deeper critical reflection thereby expanding one's working knowledge of injustice, oppression, and activism (Chronister et al., 2020; Diemer et al., 2021) or could increase growing feelings of frustration and cynicism (Watts et al., 2011). As a result of the complicated, cyclical nature of this

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construct, Critical Consciousness has the potential to act as a catalyst for either positive or negative mental health outcomes.

Initial ideas about the development of critical consciousness consisted of small groups of students who were encouraged to examine and reflect upon common scenarios and objects. Freire deepened otherwise arbitrary content by providing space for individuals to reflect on how their presented curricula paralleled the sociopolitical climate and/or their personal experiences with injustice (Freire, 1973). Contemporary approaches have continued to acknowledge the importance of dialogue in the development of critical consciousness while also incorporating the use of structured pedagogies. Diemer et al. (2016) recommended expanding Freire's small discussion groups by including participatory action so that community members can be included in the process of facilitating positive social change. Findings from Chronister et al. (2020) revealed that the use of group therapy settings to facilitate the development of critical consciousness among marginalized individuals were effective. Moreover, group facilitators acknowledged that the trajectory towards critical action was not an end point, but rather, an added opportunity to deepen critical reflection. In other words, it is clear that the development of critical consciousness is not linear; individuals may engage in critical action as a result of critical reflection *or* may cycle back into reflection in response to critical action.

More importantly, some literature suggests that critical reflection does not only involve the awareness that injustice exist. Rather, it is an acknowledgement from the individual that their personal experiences may be a result of the inequities formed by injustice. Undocumented students reported that the awareness of the barriers they personally experienced while trying to pursue higher education helped them to recognize the

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disadvantageous standing they resided in societally (Forenza et al., 2017). And while these students expressed a desire to change the minds of those who asserted that undocumented people hold weak political power, some research has shown that Hispanic DACA recipients were only likely to engage in conventional (lower-risk) civic engagement if they had strong self-efficacy and beliefs that positive change was possible (Cadenas et al., 2018).

## MENTAL HEALTH AND ACTIVISM

At the peak of COVID-19, civic unrest regarding the unjust murders of Breonna Taylor and George Floyd (among countless others) took center stage in U.S. media outlets with racism being declared a public health issue. Many activists stated that racism in the U.S. was more detrimental to their health than COVID-19 (Godoy, 2020), fostering nationwide consideration that the disparities present in minoritized populations were not only a result of the many life disruptions brought on by COVID-19, but also by the embedded and pervasive systemic structures designed to perpetuate injustice and inequality.

The sociohistorical context of COVID-19 is unique in that the systemic oppression that has plagued minoritized communities for decades was magnified in a way that was difficult for the general population to ignore. In fact, Buchanan et al. (2020) speculate that the Black Lives Matter (BLM) protests in response to the death of George Floyd may be the largest social movement in U.S. history with a record breaking 15 to 26 million people participating in demonstrations over the span of several weeks. Moreover, it is important to note that these protests not only skyrocketed the widespread awareness of systemic oppression of marginalized communities but also facilitated increased engagement in political action at the risk of infection.

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The link between activism and mental health is one that is not well understood. This association presents complicated dualities with both the benefits and negative effects of activism being well-documented in the current body of literature. Participant narratives from a sample of adult Jewish Argentinian immigrants in Israel recounted experiences with political activism during the military dictatorship in Argentina in years 1976 through 1983 (Gal & Hanley, 2020). The qualitative data revealed that activism acted as both a risk and protective factor. For some participants, political activism assisted them with meaning-making and provided them with a sense of empowerment and control during a tumultuous time period. Some individuals reported that their childhood activism experiences helped facilitate the development of the resiliency that would inevitably protect them from the deleterious effects of trauma. Contrastingly, other participants highlighted the fact that activism acted as “corrective experiences” in which they could amend their parents’ past failures or complete their “unfinished failed political missions” (p. 986). This fixation regarding previous trauma has the potential to put former activists’ wellbeing at risk.

However, these deleterious effects have the potential to be mitigated. Individuals who possess more psychological (i.e., psychological health, coping skills) and social resources (i.e., education, SES) are able to rely more heavily on the protective factors that can reduce the threats to well-being that activism within a tumultuous sociopolitical context can present (Boehnke & Wong, 2011). These resources are not only protective for individuals engaged in activism; they also act as predictors of civic engagement. Transgender individuals who were older, had more education, and higher incomes were more likely to be engaged in activism (Billard, 2021).

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Recent research has demonstrated that engagement in political movements can serve a protective role in that it provides an outlet for minoritized communities to resist and advocate against unjust policies and practices (Hope & Spencer, 2017). Particularly, when the issues of concern are related to activists' personal social identities. Among a sample of LGBTQ+ and Gender Non-Conforming (GNC) youth, engagement in activism used as a form of resistance against injustice and threats to social identity was found to be a positive contributor to well-being. This was found to be especially true for LGBTQ+ and GNC youths of color (Frost et al., 2019). Qualitative reports from DREAMers attending a Californian research institution highlighted the importance of activism in constructing their identities as empowered undocumented college students (DeAngelo et al., 2016). Further, civic engagement allowed DREAMers to gain connection with larger social issues while outwardly reflecting upon how their intersectional identities fit into the complicated power dynamics of an oppressive sociopolitical context.

The awareness of personally held vulnerable social identities has shown to facilitate transformative experiences for some activists. For survivors of sexual violence, civic engagement provided means for feelings of liberation and self-efficacy in lieu of feelings of shame (Strauss Swanson & Szymanski, 2020). Further, anti-sexual violence activists acknowledged that connecting with other survivors facilitated personal and interpersonal growth via social support and community. This emphasis on social support among other activists appears to be a built-in protective mechanism that is prevalent across many types of civic engagement. Clayton (2018) suggests that activists connecting with others who have shared goals helps to build a sense of community that can be effective in buffering the



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psychological distress that comes with frequent exposure to stressors among climate change activists.

Anti-sexual violence activists also noted that activism was a catalyst to develop and deepen critical consciousness (Strauss Swanson & Szymanski, 2020). By developing language that could describe the systemic inequities that perpetuate violence against women and other minoritized communities, survivors were better able to protect themselves from internalizing their oppression. Transgender and Non-binary activists have also acknowledged the importance of social literacy in facilitating a deeper understanding of their identities within the context of systemic inequities (Valente et al., 2020). However, increased understanding about systemic oppression has also been shown to be associated with increased psychological distress and risk for further discriminatory targeting (Valente et al., 2020). Indeed, this highlights the complex link between activism and critical consciousness on psychological wellbeing. Contrastingly, activists also acknowledged the challenges associated with civic engagement and the heightened risks of burnout as a result of being triggered by new narratives of injustice (Strauss Swanson & Szymanski, 2020)

While ties to social identity can be empowering for some activists, it can also present additional burdens for others. In response to the election of former President Donald Trump, greater numbers of underrepresented college students became involved in activism and civic engagement as a form of resistance against the blatantly oppressive administration. Research indicates that this increased civic engagement exacerbated the negative mental health outcomes of minoritized students (Albright & Hurd, 2020). These findings also supported previous theoretical frameworks that suggest that civic engagement coupled with

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sociopolitical distress has the potential to negatively impact mental health (Albright & Hurd, 2020; Boehnke & Wong, 2011).

LGBTQ+ college students of color who were engaged in LGBTQ-specific activism experienced exacerbated rates of depression; evidence that activism has the moderating potential to exacerbate the already deleterious relationship between heterosexist discrimination and depression (Kulick et al., 2017). Additionally, by engaging in high levels of activism, marginalized individuals not only increase the visibility of themselves and their communities, but also open themselves up to increased targeting of discrimination (Frost et al., 2019; Lerner et al., 2020; Valente et al., 2020). When within a high-conflict context, participation in activism risks draining the psychological and social resources of minoritized individuals who already suffer from a scarcity of buffers.

This is further implicated by the fact that minoritized individuals engage in activism at disproportional rates compared to more privileged individuals (Linder et al., 2019). Minoritized college students have reported that their engagement in activism, while necessary for their survival, comes with tremendous personal and professional sacrifice. Minoritized activists are shown to likely experience burnout and compassion fatigue as a result of the prolonged frustration associated with the failure to achieve immediate, radical movements towards justice (Linder et al., 2019; Vaccaro & Mena, 2011). Further, the engagement in activism as a college student takes time away from engaging in experiences that may lead to more prosperous career trajectories (e.g., internships, work experiences, etc.) which limits future career options and outcomes (Linder et al., 2019; Ruff, 2016). Despite these risks, multiply minoritized activists report that the emotional responsibility to support others often overrides the need to engage in protective self-care strategies which further exacerbates

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feelings of burnout and distress, limits the capacity to perform academically, and hinders the ability to endure the stress of activism (Vaccaro & Mena, 2011).

In addition, civic engagement has appeared to be a protective factor in fostering and maintaining resilience during unprecedented times (Hope & Spencer, 2017)- a long-term consequence and an important consideration within the context of a global pandemic. Opportunities to engage in activism during the transition from adolescence to young adulthood were also found to have long-term effects for SES. More specifically, activism has been shown to be directly associated with personal SES (defined as education level and personal earnings).

However, activism (defined as involvement in a march/rally) was also associated with increased risky health behaviors later in adulthood (Ballard et al., 2019). Civic engagement may act as a formative experience in which educational and/or vocational trajectories may be altered (Linder et al., 2019) but the frustration associated with the delayed gratification of activism and social change may facilitate the long-term development of maladaptive coping skills and behaviors, such as increased substance use (Ballard et al., 2019; Linder et al., 2019; Vaccaro & Mena, 2011).

Research has indicated that the most accurate predictors of engagement in activism for Black and Latino youth are demographic background, prior experiences with political activism, and psychosocial resources (Hope et al., 2016). Participants who reported engagement with BLM and/or DACA-related activism were more likely to endorse broader civic engagement in general. Further, engagement in activism for Latino youth, specifically, was found to be heavily predicted by previous experiences with microaggressions and racial/ethnic discrimination (Hope et al., 2016). This link between experiences with identity-

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based discrimination and engagement in activism has also been supported in research regarding Transgender advocacy (Valente et al., 2020). Further, political activism, for Latinx students specifically, was found to buffer the deleterious mental health outcomes from experiencing racial/ethnic microaggressions as a freshman college student at a Predominantly White Institution (PWI; Hope et al., 2018).

Indeed, minoritized and multiply minoritized individuals occupy a complicated existence as marginalized activists. As a result, it is important to recognize that differing forms of civic engagement also come with differing risks. Santos and VanDaalen (2018) examined the differences between high-risk activism (i.e., engagement in resistance than risks bodily harm and/or police encounters) and low-risk activism. Among LGB POC activists, results indicated that low-risk activism largely demonstrates positive mental health benefits for those who participate in it while high-risk activism has the potential to exacerbate anxiety symptoms.

It is also important to acknowledge that activism exists in many different forms. With the rise of technology and social media, burgeoning activists have more opportunities to become involved in social justice. Online activism has been found to strengthen individuals' sense of belonging to their gender identity (Foster, 2019). Indirectly, this not only improves psychological wellbeing, but also increases the likelihood that an individual will engage in tangible collective action (Foster et al., 2021). Further, these associations are intensified when validation from peers was anticipated (Foster et al., 2021) given that the user has increased access to people who will support and empower them while engaging in social action (Li et al., 2021). This points towards the legitimacy of civic engagement using online mediums and demonstrates that individuals who use this format as a means of active protest

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can develop enhanced psychological resources via increasing well-being and sense of community. Further, this also demonstrates the importance of social identity and the ways in which activism can indirectly and positively impact mental health via identity/ community affirmation (MacDonnell et al., 2017; Matacin & Simone, 2019).

## CHAPTER 3

This dissertation study was intended to explore the role of Critical Consciousness among Latinx SGM individuals during the COVID-19 pandemic. More specifically, the current dissertation aimed to identify “activist profiles” capable of differentiating groups of participants with varying degrees of each component of Critical Consciousness. Data were collected in February 2021 as part of a larger multiracial/ethnic research study that was supported by The W. K. Kellogg Foundation, JPB Foundation, Ford Foundation, The California Endowment, Weingart Foundation, and The California Wellness Foundation in partnership with the National Urban League.

### **Participants**

The collected data were comprised of a nationally representative probability sample of 2300 Latinx households in the U.S. Approximately 22% of the sample also identified as an SGM individual ( $N = 502$ ). This subset of Latinx SGM participants comprised was used in data analysis.

### **Measures**

Several measures were implemented to gather information about participants’ potential disparate outcomes related to health, mental health, substance use, financial resources/hardships, employment, and food security. Other measures, more relevant to the current study, included an examination of participant critical consciousness and level of activity in civic engagement and activism.

#### ***Everyday Discrimination Scale***

In order to measure experiences of discrimination broadly, a revised version of the Everyday Discrimination Scale (EDS) was used. The EDS was originally developed by

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Williams et al. (1997) and then revised by Stucky et al. (2011) to improve the scale's psychometric properties and to reduce redundancy. The final measure used in the current project had five-items encouraging participants to respond to general experiences of discrimination. Items included statements such as, "*People act like you are not as smart*" and "*You are treated with less respect than others*" and range from 0 ("*Never*") to 5 ("*Almost every day*"). Regarding scoring, Stucky et al. (2011) recommended the use of a summed score to scale score conversion in order to more effectively compare scores across samples. The revised EDS has been psychometrically tested using a variety of samples. Overall, the revised EDS shows adequate reliability with alpha coefficients ranging from .82 to .84 ( $\alpha = .82 - .84$ ).

### ***Epidemic-Pandemic Impacts Inventory (EPII)***

To explore the tangible impacts of the COVID-19 pandemic across a variety of domains, the Epidemic-Pandemic Impacts Inventory (EPII) was administered to participants (Grasso et al., 2020). This newly developed measure facilitated the collection of descriptive information regarding changes that have occurred for participants and/or individuals living in participants' homes. The EPII tracked changes in domains such as, but not limited to work and employment, education and training, emotional health and well-being, and physical health. For the purposes of the current study, the subsection related to economic distress brought on by COVID-19 was examined.

### ***Patient Health Questionnaire (PHQ-4)***

Endorsement of depression and anxiety symptoms was measured using a brief, four-item screening measure known as the Patient Health Questionnaire (PHQ-4; Kroenke et al., 2009). This measure had been previously validated and deemed to be reliable when used with

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participants from the general population (Löwe et al., 2010). Sample items included, “*Feeling nervous, anxious, or on edge*” and “*Little interest or pleasure in doing things.*” Items were set using a four-point Likert scale ranging from 0 (“*Not at all*”) to 3 (“*Nearly every day*”). Responses were then summed together as a composite score ranging from 0-12 with higher scores being indicative of greater severity of symptoms. For individual scores of depression and anxiety, respective two-item sets were summed with scores greater than or equal to 3 (out of 6) being indicative of the presence of symptoms. The PHQ-4 has been shown to be a psychometrically sound measure among samples of Hispanic Americans both as a whole measure ( $\alpha = .86$ ) and if used as subscale scores ( $\alpha = .80$ ; Mills et al., 2015).

### ***Alcohol Use Disorders Identification Test (AUDIT-10)***

Participants responded to items about alcohol use via the self-report version of the Alcohol Use Disorders Identification Test (AUDIT-10; Saunders et al., 1993). The AUDIT-10 is a ten-item questionnaire designed to assess several symptoms of alcohol dependence/abuse including alcohol consumption, drinking behaviors, and alcohol-related problems. Some items included, “*How often do you have a drink containing alcohol,*” “*How often during the last year have you had a feeling of guilt or remorse after drinking,*” and “*Have you or someone else been injured because of your drinking.*” Items utilized a five-point Likert scale from 0 (“*Never*”) to 4 (“*4 or more times a week*”). Item scores were then summed to create a composite score of overall alcohol use. Total scores above 8 (out of a total of 40) were considered to be representative of potentially problematic alcohol use. The AUDIT-10 has been psychometrically tested using Hispanic samples and has been found to be a measure with adequate internal consistency among these populations ( $\alpha = .85$ ; Katerndahl et al., 2002).



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### *Drug Abuse Screening Test (DAST-10)*

Participants were assessed on non-alcoholic substance use via the Drug Abuse Screening Test (DAST-10; Skinner, 1982). This ten-item measure was designed to evaluate the use of drugs and substances using a yes/no response format. Participants were asked to respond to items such as, “*Have you used drugs other than those required for medical reasons*” and “*Have you experienced withdrawal symptoms (felt sick) when you stopped taking drugs.*” Endorsed items, receiving a score of one, were then summed for a total score of overall drug use. Based on the DAST-10 measure structure, higher scores indicated greater involvement in substance use within the past twelve months. The DAST-10 demonstrates adequate internal consistency across a variety of participant populations with alpha levels ranging from .86 to .94 ( $\alpha = .86 - .94$ ; Yudko et al., 2007).

### *Critical Consciousness Scale (CCS)*

Participants were also administered the Critical Reflection: Perceived Inequality subscale of the Critical Consciousness Scale (CCS; Diemer et al., 2017) in order to provide insight into the full range of Critical Consciousness. This subscale consisted of eight items designed to evaluate a participant’s awareness of racial/ethnic minority and gendered injustice. Sample items included, “*Certain racial or ethnic groups have fewer chances to get a good high school education*” and “*Poor people have fewer chances to get ahead.*” Participants provided responses using a six-point Likert scale with higher scores indicating a greater awareness of inequity among minoritized populations. For the purposes of the current study and given the prominence of undocumented participants in the sample, the item “*Immigrants have fewer chances to get ahead*” was added. Item responses were then averaged to create a singular score of Critical Reflection.

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Recent literature has expanded the use of the CCS to be used among ethnically/racially diverse college students (Aydin & Vera, 2020; Monjaras-Gaytan et al., 2021). This previous research helps to support the decision to use the CCS Critical Reflection subscale with a sample of adults for the purposes of the current study. The initial psychometric testing of the CCS pointed towards good internal reliability of the Critical Reflection subscale ( $\alpha = .89$ ; Diemer et al., 2017).

### ***Measure of Adolescent Critical Consciousness- Modified (MACC-M)***

In order to assess levels of Critical Agency and Critical Behavior (two of the three components of Critical Consciousness), the Measure of Adolescent Critical Consciousness (MACC; McWhirter & McWhirter, 2016) was administered to participants. This 10-item measure utilized a four-point Likert-scale ranging from *Strongly Agree* to *Strongly Disagree*. Seven of the ten items were designed to evaluate levels of Critical Agency (e.g., “*There are ways that I can contribute to my community,*” and “*More effort is needed to end racism and discrimination*”) while the remaining three items assessed Critical Behavior (e.g., “*I have participated in demonstrations or signed petitions about justice issues*”). Items responses were then reversed scored to indicate higher levels of Critical Consciousness. Subscale items were averaged to create composite scores to be used in data analysis.

Several modifications to this measure were made to increase the relevancy and saliency to the current population and sociohistorical context in which these data were collected. First, the MACC was originally intended to reflect components of Critical Consciousness related to racial inequality among Latinx adolescents (McWhirter & McWhirter, 2016). Recent literature has expanded uses for the MACC and demonstrated other utilities for the measure. Some examples include, an examination of the roles of Critical

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Agency and Critical Behavior in vocational self-efficacy and outcome expectations among adult community college students (Cadenas et al. (2020), an analysis of Critical Agency as a coping mechanism for undocumented immigrant college students experiencing sociopolitical hostility (Cadenas et al., 2021), and the use of Critical Consciousness curriculum in a program designed to support underrepresented community adult college students in entrepreneurial and Science, Technology, Engineering, and Math (STEM) fields of study (Cadenas, Cantú, et al., 2020). Given that this previous research has demonstrated the ability to use the MACC in adult samples, the current study opted to follow suit.

Second, there were several item modifications made to the Critical Agency subscale. The MACC, in its original form, emphasizes Critical Agency regarding racial/ethnic injustice but fails to consider injustice related to immigration and the inequity experienced by those who are undocumented. Based on the high number of Latinx immigrants that were recruited for participation, it was deemed to be appropriate to add an item (*There are ways that I can contribute to the fight for immigrant rights*) dedicated to filling this gap.

Last, the Critical Behavior subscale also included the addition of a new item designed to assess engagement in action-oriented behavior promoting immigrant rights (*I am involved in activities or groups that promote immigrant rights during the pandemic*). Additionally, all existing items of the Critical Behavior subscale include the phrase, *“...during the pandemic”* at the end of each original statement in an effort to recognize the relevant sociopolitical climate present during the COVID-19 pandemic.

The MACC was originally psychometrically validated using a sample of Latino high school students. In the initial study, the Critical Agency subscale demonstrated good internal consistency ( $\alpha = .89$ ) while the Critical Behavior subscale exhibited an internal consistency

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coefficient that fell just under the acceptable range ( $\alpha = .69$ ). When utilized with a sample of adult Latinx community college students, the internal consistency of the Critical Agency subscale remained stable ( $\alpha = .89$ ) while the Critical Behavior subscale showed improvement ( $\alpha = .82$ ).

### **Procedures**

Participants were recruited using AmeriSpeaks, a third-party site that is utilized by Qualtrics and allows for the recruitment of participants using a variety of methods such as U.S. mail, telephone, and in-person field interviews. Online panel data, such as what can be collected using AmeriSpeaks, has overwhelmingly been found to be a reliable source of data that does not significantly differ to “conventionally” collected data (Walter et al., 2019). While the interaction rates of online survey data can be as low as 3%-5%, the data that are collected from eligible participants does not suffer from missingness as much as traditionally collected data (Miller et al., 2020).

In order to be deemed eligible, participants must have self-identified as Latina/o/x or Hispanic (e.g., Cuban, Mexican, Puerto Rican, etc.), been at least 18 years of age at the time of data collection, been able to read English at a 6<sup>th</sup> grade level. While an error in data collection prevented individuals who were not U.S. citizens from participating, immigration status and other relevant information was collected. After consenting to the study, participants were administered a demographic survey and the packet of measure questionnaires via Qualtrics. Once the survey was completed, participants received \$1.50 worth of market research points that could be redeemed for Visa or other types of gift cards and reward options provided by Qualtrics. This compensation was found to be a comparable incentive when compared to other surveys found on Qualtrics Panel.

## CHAPTER 4

To differentiate participants into “activist profiles,” latent profile analysis (LPA) was employed. This person-centered empirical approach focuses on categorizing participants into latent subpopulations based on responses to observed variables. As a result, these “profiles” help to describe groups of participants who share similarities in “personal and/or environmental attributes” (Spurk et al., 2020, p. 2).

The profiles were generated using indicator variables related to Critical Consciousness and Latinx SGM mental health. More specifically, the observed indicators were Critical Reflection: Perceived Inequality, Critical Motivation (aka Critical Agency), and Critical Action (aka Critical Behavior) as measured by the CCS and the MACC (Diemer et al., 2017; McWhirter & McWhirter, 2016).

An examination of the fit statistics revealed support for a three-profile model (see Table 1). While the Bayesian information criterion (BIC) is typically the most appropriate fit statistic to examine across a wide range of conditions (Nylund et al., 2007; Nylund-Gibson & Choi, 2018), it fails to trough in the model comparisons. The approximate weight of evidence criterion (AWE), a less preferred fit index, also demonstrates this same pattern making both indices non-informative for model selection in the current study. The bootstrapped likelihood ratio test p-value (BLRT) did not point to a best-fitting model as it supported solutions for the two, three, four, five, and six-profile model. However, the Vuong-Lo-Mendell-Rubin adjusted likelihood ratio test p-value (VLMR) did indicate that the three-profile solution was best as there was no statistically significant difference between it and the four-profile model. Finally, the 3-profile solution was also supported by the scree plot, a visual examination of the other profile plots, and the principle of parsimony. This model, compared to the others

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that were examined, highlights profiles that have the highest substantial meaning when contextualized with critical consciousness literature. In summary, the three-profile solution was deemed to be the most appropriate fitting model.

Figure 1 outlines the plot of critical consciousness composite variable means for the three-profile model. This plot helped to illustrate the generated profiles and aided in the naming and interpretation of latent groups. In order of the smallest to largest proportion of the sample, the first profile represents about 19% of the sample ( $n = 92$ ) and was named “Blissfully Ignorant.” Participants in this profile endorsed items in a way that suggests low critical reflection, meaning that they are unlikely to perceive or recognize the impacts of systemic oppression in their daily functioning. Additionally, members of the Blissfully Ignorant endorsed low levels of both critical agency and critical behavior indicating that they are minimally (if at all) engaging in activism, and they may not believe that they can make a difference in facilitating societal change.

The second emergent profile, named “Aware Inactivist” represents approximately 32% of the sample ( $n = 157$ ). Participants in this profile endorsed levels of critical reflection that were higher than the other two generated profiles. However, this profile also indicated the lowest levels of critical agency and a measure of critical behavior that is comparable to the Blissfully Ignorant group. This suggests that individuals in this profile are very much aware of the ways inequity impacts their lives. However, low critical agency and behavior among participants in this profile suggest that they may not feel capable of and do not engage in actions related to changing their oppressive circumstances.

Finally, the largest emergent profile consisted of nearly half of the sample ( $n = 245$ ). The “Engaged Activists” group was comprised of participants who endorsed moderate scores

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across all three composites of critical consciousness. It is likely that these individuals recognize the impacts of systemic injustice, moderately believe they can foster positive change for their communities, and regularly engage in activism.

Relevant covariates were also added to the model to better understand the participants in each of the groups. Given that awareness of and frequent exposure to discrimination has been found to be highly associated with both Critical Consciousness (Freire, 2000) and mental health (Valdiserri et al., 2019), a composite score of the Everyday Discrimination Scale (Stucky et al., 2011; Williams et al., 1997) was utilized. Further, descriptive information about economic distress (collected using the EPII) was also added to the model as a covariate. This is intended to acknowledge the financial disparities experienced by both Latinx and SGM U.S. households as a result of COVID-19 (Couch et al., 2020; Fairlie, 2020; HRC, 2020) and the implications these inequities have on Critical Consciousness and mental health (MacCarthy et al., 2020; Sönmez et al., 2020).

Covariates, in the context of LPA, help to further differentiate emergent profiles and provide additional information about the participants in each group. Both covariates in the current model (everyday discrimination and economic distress) were compared among all three profiles. Logits for each comparison were calculated illustrating both the direction and likelihood that a given covariate will predict profile membership. Participants who reported lower levels of everyday discrimination were more likely to be in the Blissfully Ignorant compared to the Engaged Activists profile ( $OR = .90, p = .001$ ). Participants who reported lower levels of economic distress were more likely to be in the Blissfully Ignorant compared to the Engaged Activists profile ( $OR = .45, p < .001$ ). Further, participants who reported lower levels of economic distress were also more likely to be in the Aware Inactivist group

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compared to the Engaged Activists ( $OR = .57, p < .001$ ). Last, participants who endorsed higher levels of everyday discrimination were more likely to be in the Aware Inactivist than the Blissfully Ignorant profile ( $OR = 1.08, p = .005$ ).

The profiles created based on varying degrees and configurations of all three components of critical consciousness were also compared among relevant mental health outcomes (e.g., depression, anxiety, alcohol use, and drug use). Each of these distal variables were continuous composite scores that were the product of participant responses to the PHQ-4, AUDIT-10, and the DAST-10 (Kroenke et al., 2009; Saunders et al., 1993; Skinner, 1982) and can be considered to be the consequence of group membership.

Omnibus Wald tests for each distal outcome were calculated to assess for statistically significant differences between profiles. Wald tests for depression ( $\chi^2(2) = 47.58, p < .001$ ), anxiety ( $\chi^2(2) = 239.3158, p < .001$ ), alcohol use ( $\chi^2(2) = 264.46, p < .001$ ), and drug use ( $\chi^2(2) = 368.08, p < .001$ ) were significant indicating a need to examine pairwise mean differences across profiles. Figure 2 highlights differences among the profiles regarding depression and anxiety. The Blissfully Ignorant profile endorsed the lowest levels of both depression ( $M = 1.06$ ) and anxiety ( $M = 0.78$ ). Contrastingly, the other two profiles endorsed levels of depression and anxiety that indicate the presence of symptoms. The Aware Inactivists reported the highest levels of depression ( $M = 3.81$ ) and anxiety ( $M = 4.10$ ) out of all three profiles while the Engaged Activists endorsed similarly high depression ( $M = 3.43$ ) and anxiety ( $M = 3.22$ ) symptoms. Pairwise tests of distal means found statistically significant differences between the Blissfully Ignorant and the other two profiles. Differences in depression and anxiety between the Aware Inactivists and the Engaged Activists were not statistically significant.



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Differences among all three profiles regarding alcohol and drug use can be reviewed in Figure 3. Both the Blissfully Ignorant ( $M_{alc} = 1.83$ ,  $M_{drg} = 0.28$ ) and the Aware Inactivists ( $M_{alc} = 2.19$ ,  $M_{drg} = 0.34$ ) endorsed similarly low substance use. However, the Engaged Activists reported the highest rates of alcohol ( $M = 14.94$ ) and drug use ( $M = 4.74$ ) across all three profiles – rates that are high enough to indicate potentially problematic substance use. Pairwise tests of distal means indicated statistically significant differences between the Engaged Activists compared to the other two profiles. There was not a statistically significant difference in alcohol or drug use between the Blissfully Ignorant or Aware Inactivist profiles.

## CHAPTER 5

The current study explored the role of critical consciousness within the context of a global pandemic among Latinx SGM people. Our hypotheses were supported that distinct latent profiles could be generated based on aspects of critical consciousness, each with unique mental health implications associated with group membership. More importantly, our results highlighted important nuances related to critical consciousness, mental/physical health, and the experiences of Latinx SGM people during the COVID-19 pandemic that are worthy of exploration.

### MAIN FINDINGS

The results offered empirical support for theorized aspects of critical consciousness; each profile generated (“Blissfully Ignorant,” “Aware Inactivist,” and “Engaged Activist”) offered different perspectives on critical consciousness as a dynamic, ever-changing process (Chronister et al., 2020; Diemer et al., 2021; Freire, 1970; Watts et al., 2011). The “Blissfully Ignorant” and “Engaged Activist” profiles exhibited a relative level of consistency among the sub-constructs of critical consciousness; Critical Reflection, Critical Motivation, and Critical Behavior were all low for the “Blissfully Ignorant, and they were all high for the “Engaged Activists.” The “Aware Inactivist” profile, however, demonstrated a major discrepancy; individuals in this profile were aware of the ways that systemic oppression impacted their lives (high Critical Reflection), but they were not engaged in activism (low Critical Behavior), nor did they endorse self-efficacy in facilitating positive change (low Critical Motivation).

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There are several possibilities that may help to explain the generation of the Aware Inactivist profile. One possibility is that critical awareness for individuals in the Aware Inactivist profile is new. The general U.S. population, regardless of background, experienced a widespread flux of critical consciousness during the pandemic. Data were collected less than a year from the start of stay-at-home orders and nine months after George Floyd was murdered by a Minneapolis police officer. As time went on, it became increasingly more difficult for the general population to ignore the intersections of race and poverty as it related to infection and death rates (CDC, 2020; Godoy, 2020; Macias Gil et al., 2020). It would be reasonable to assume that new revelations about the realities of systemic disparities might require time and introspection to process. Participants in the Aware Inactivist profile may be newly aware of injustice and have not yet determined what to do (or not do) with this information. This possibility has also been reflected in examinations of sociopolitical development among individuals who recognize disparities within marginalized populations but who question whether the oppressive systems that maintain “asymmetry” can be changed (Watts et al., 1999; 2003). More specifically, examinations of intersectional sociopolitical development have recognized the “Emerging” development of critical consciousness in which there is an awareness of oppression but a lack of understanding about the ways collective action can mitigate such inequity (Garcia et al., 2022).

Alternatively, the generation of the Aware Inactivist profile may disentangle the association between awareness and action. Activist Orientation represents an individual’s propensity to engage in social action ranging between passive support of a social movement to high-risk participation (Corning & Myers, 2002). The Aware Inactivist profile may be comprised of individuals who are aware of injustice but may not endorse an individual

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orientation that is likely to facilitate the engagement in social action. Much like critical consciousness, activism is a construct that encompasses a wide gradient of presentations. Some individuals may, inherently, have a higher propensity to engage in high-risk and/or high-visibility activism while others may be more likely to support social movements using more passive means (Corning & Myers, 2002). The Aware Inactivist profile highlights the fact that high critical awareness does not necessarily coincide with engagement in activism. In fact, these results may challenge perceptions about critical consciousness that often overlook multiply minoritized individuals who do not engage in social movements. Indeed, critical reflection is a necessary precursor to developing critical behavior (Freire, 1970; Watts et al., 2011), but the relationship between these constructs is not causal.

Similarly, the Aware Inactivist profile may not necessarily be comprised of participants who are aware of injustice and hold indifference about activism. Rather, these participants may be supporting social movements in such a way that cannot be captured using the critical action measure that we chose for the current study. Activism encompasses a wide range of supportive behaviors that are not necessarily reliant on visible participation - a misconception that has likely driven the wide perception gap that we hold societally about social justice. Given that our measure focused on identifying critical action that emphasized participation in organized efforts to combat injustice, those who may engage by using social media, donating or making purchases that support organizations financially, voting or signing petitions, and/or other means of social engagement, may not be adequately represented by our measure of critical action.

Finally, it is equally possible that the Aware Inactivist profile represents a moment in which critical consciousness is out of alignment due to previous attempts at facilitating

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change (Chronister et al., 2020; Diemer et al., 2021; Freire, 1970; Watts et al., 2011). The development and maintenance of critical consciousness is not a stable process. It is a possibility that individuals in the Aware Inactivist profile have long been aware of the presence of systemic injustice and may even have taken steps to combat it. If an individual repeatedly engages in critical action with little success or progress made, it is difficult for that individual to feel like an effective changemaker, which may contribute to burnout. At this point in critical consciousness development, critical motivation and/or behavior may decline as a response to less-than-ideal outcomes in activism.

In addition to the variations of activist behavior found among the profiles, the differences regarding critical reflection also warrant further exploration. The Aware Inactivist and Engaged Activists profiles both exhibited high scores for critical reflection compared to the Blissfully Ignorant profile. Higher scores on this subscale indicate a greater awareness of the ways systemic injustice impacts one's day-to-day experiences as a marginalized individual. The everyday discrimination covariate that was added to the model further corroborated the lower level of awareness seemingly held by the Blissfully Ignorant group. However, the nature of the relationships among the awareness of inequities, experiences of discrimination, and psychological distress remain unclear.

The nod towards the commonly uttered "Ignorance is Bliss" phrase for the Blissfully Ignorant profile is intentional. One reasonable explanation about the nature of this profile may suggest the presence of a direct correlation between the awareness of inequities and psychological distress. However, research regarding the relationship between critical awareness and psychological well-being has been mixed (Simpson, 2021) and this single theory would neglect several additional possibilities; participants in the Blissfully Ignorant

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profile may not be experiencing discrimination *or* they are not categorizing relevant experiences as discriminatory.

The everyday discrimination covariate relied heavily on participant insight. Previous research regarding perceived discrimination has highlighted the association between experience and recognition; marginalized individuals who report more personal experiences of discrimination are more likely to correctly identify microaggressions (Conover et al., 2021). Latinx SGM individuals who have advantaged identities that are more readily apparent to others or those who are within situational contexts in which their marginalized identities are not discriminated against by a dominant majority may not detect discrimination in their environment. For example, items related to race and ethnicity were separated which allowed more accurate depictions of a diverse *Latinidad* (e.g., Afro-Latinx, etc.). Regarding racial identity and colorism, White Latinx individuals, for example, may be able to avoid discriminatory experiences by others who may not be able to detect their Latinx heritage. These individuals may also be able to evade negative associated stereotypes related to immigration status, poverty, and education. As a result, some individuals within the Blissfully Ignorant profile may be accurately perceiving a low rate of discriminatory experiences thereby influencing low critical reflection and/or low everyday discrimination scores.

Alternatively, Latinx SGM individuals who regularly experience discrimination but do not yet have the language necessary to categorize their experiences in that way, may endorse low reflection via low recognition. The broad self-report structure of the everyday discrimination measure was intended to offer an inclusive view of the numerous ways intersectional Latinx SGM people may experience discrimination. However, it relies heavily

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on participant insight and may fail to capture nuances that may be endorsed if items were more targeted and specific to one aspect of identity. While the “ignorance is bliss” idiom may stand, the nature of what ignorance truly is remains uncertain.

The “bliss” aspect of our “Blissfully Ignorant” profile is more straightforward given the profile’s low endorsement of potentially problematic mental health and substance use challenges. Again, one possible explanation reiterates the previously mentioned theory that low critical awareness (either via low experience or low recognition) may facilitate lower rates of depression, anxiety, and substance use. However, it is equally likely that increased exposure to discriminatory experiences may contribute to higher levels of critical awareness *and* psychological distress. The link between discriminatory experiences and negative mental health outcomes has been well-documented and continually highlights the negative impact that systemic oppression has on the mental health of minoritized populations (Bostwick et al., 2014; Cerezo, 2016; Cochran et al., 2007; Drazdowski et al., 2016; English et al., 2018; Lipson et al., 2018; Mustanski et al., 2010). In the current study, however, a similar relationship between critical reflection and psychological distress cannot be confirmed.

Both the Aware Inactivists and the Engaged Activists endorsed proportionately higher levels of critical reflection compared to the Blissfully Ignorant profile; a convincing argument in favor of linking critical reflection and psychological distress. More importantly, this suggests that those with high critical awareness may benefit from additional support to address potential negative psychological outcomes. However, the Aware Inactivist and Engaged Activist profiles demonstrated stark differences in critical action. The absence of activist behaviors among the Aware Inactivists may suggest that activist orientation and/or

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critical motivation, compared to critical reflection, may be a more impactful predictors of engagement in critical behavior.

The role of critical motivation may be best highlighted among individuals raised in disadvantaged circumstances. Under-resourced individuals may have had to take opportunities to engage in self-advocacy to survive. For example, the economic distress (during the COVID-19 pandemic) covariate highlighted important differences among the three profiles that may help to explain the lower critical action scores of the Blissfully Ignorant and Aware Inactivist groups. These two profiles, when compared to the Engaged Activists, reported lower economic distress. Minoritized individuals who experience economic instability have likely developed self-advocacy skills via experiences navigating state/federal supports, financial aid for higher education, food/housing insecurity, etc. Given the key contribution of successful performance accomplishments to self-efficacy (Bandura, 1982), such advocacy experiences may enhance self-efficacy, thus demonstrated elevated critical action scores among under-resourced individuals. Our results support previous assertions that critical awareness and psychological distress are linked (Strauss Swanson & Szymanski, 2020) via the generation of both the Aware Inactivist and Engaged Activist profiles. However, the notable differences of critical motivation and activism behavior that is observed between these two profiles cannot be explained by this correlation alone.

The results of our latent profile analysis offered practical implications for group membership related to depression, anxiety, alcohol use, and drug use as well. Due to the nature of LPA, causal inferences about group membership and mental health implications cannot be made. In other words, we cannot conclude that critical consciousness and/or activism contributes to psychological distress. We can infer, however, that multiply



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minoritized people (specifically, Latinx SGM individuals) who are engaged in activism need more psychological support. the presence of compounding factors that may uniquely impact Latinx SGM activists in a way that requires additional exploration.

Notably, the highest endorsement of potentially problematic alcohol and substance use was found within the Engaged Activist profile. One possible contributor to this result relates to the role of coping. While their use may not be sustainable in the long run, alcohol and other substances have been regarded as a “quick” solution for managing stress and anxiety (Gerrard et al., 2012). The Engaged Activists’ high substance use may be a coping mechanism to combat the stress of activism. While activism presents with a duality of benefits and challenges, it is important to recognize how demanding social justice can be. Activists often risk bodily safety, burnout, and psychological distress (Albright & Hurd, 2020; Boehnke & Wong, 2011; Strauss Swanson & Szymanski, 2020; Valente et al., 2020) all while navigating tumultuous sociopolitical contexts. More specifically, the stress of persistent delayed gratification for much needed social change risks increased substance use among activists (Ballard et al., 2019; Linder et al., 2019; Vaccaro & Mena, 2011) – a trend that may be demonstrated by our Engaged Activists profile.

Alternatively, these results may suggest that those who are engaging in activism are often those who suffer from the most need. As a result, it becomes necessary to cope with discrimination and the stress of limited physical and psychological resources. Substance use becomes an effective coping mechanism for such burdens (Gerrard et al., 2012). Research regarding the groups who are most likely to engage in critical behavior and activism is often paradoxical. While social activism is often oversaturated with individuals holding minoritized identities (Linder et al., 2019; Vaccaro & Mena, 2011), activists who are most

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likely to persevere in community engagement are those with more social and psychological resources (Billard, 2021; Boehnke & Wong, 2011; Hope et al., 2016). This paradox can be observed in our results as well; the Blissfully Ignorant profile includes participants who are proportionally more advantaged compared to the other two groups regarding economic distress and psychological resources. However, this profile may also be the least likely to engage in critical action because of the perceived lack of reasons to fight against an oppression that is not readily being experienced. It is a reasonable theory that participants in our Engaged Activists profile are partaking in increased substance use to cope with stress of activism, lack of resources, or a combination of the two.

Indeed, substance use is a coping strategy that may be necessary for minoritized individuals to withstand systemic inequity and/or the stress of activism. However, substance use is also a tool that can be used socially as a mechanism for connection. One major psychological benefit to engaging in activism acknowledges the impact of building community with others who have shared goals (Clayton, 2018; Strauss Swanson & Szymanski, 2020). Activism often facilitates interpersonal development in a way that might be described similarly to “social drinking.” Those who are actively participating in community engagement may experience increased substance use via social connection.

Another possible contributor to the Engaged Activists’ increased substance use may consider propensity for risk-taking behavior. Types of activism can be broadly categorized as “low-risk” (e.g., voting) and “high-risk” (e.g., police encounters, risk to bodily harm, etc.) engagements (Santos & VanDaalen, 2018). Individuals who engage in activism may be more likely to engage in other high-risk activities like substance use (Ballard et al., 2019; Linder et al., 2019; Vaccaro & Mena, 2011). Critical behavior among minoritized populations may

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encourage the development and use of maladaptive coping skills via the frustration of delayed gratification (Ballard et al., 2019; Linder et al., 2019; Vaccaro & Mena, 2011). The Engaged Activists' high substance use is likely a reflection of long-term maladaptive coping developed as a necessary resource for them to persevere as changemakers.

One final consideration regarding the high endorsement of alcohol and substance use among the Engaged Activists explores participants' parental history of economic distress and substance use. The COVID-19 pandemic highlighted disparities in SES among minoritized communities that have long been systemically upheld (Clark et al., 2020; Couch et al., 2020; Kantamneni, 2020; Macias Gil et al., 2020). While the change in economic resources for these communities was noteworthy, it is important to acknowledge that POC and other minoritized groups already started disadvantaged (Clark et al., 2020; Martínez & Rhodes, 2020). Additionally, theoretical frameworks designed to understand the relationship between discrimination and mental/physical outcomes (Meyer, 2003, 2010; Moradi et al., 2010) have highlighted increased risk of substance use among minoritized populations long before the start of the pandemic. As a result, the participants in the Engaged Activists profile may experience higher rates of substance use and economic distress because of patterns of oppression that have been passed down generationally and maintained systemically.

## LIMITATIONS AND IMPLICATIONS FOR RESEARCH

This study had several limitations that are important to acknowledge. Given that the data were collected during one point-in-time of the COVID-19 pandemic, we could not capture information that may point towards the developmental nature of critical consciousness. Further, it would be helpful to explore whether our profiles can be replicated

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in future research studies during a time in which there is not an active pandemic.

Additionally, we may be able to assume fluctuations in critical consciousness development based on profile comparisons, but we were not able to draw any conclusions about what premeditates these changes. Future studies may consider implementing longitudinal research designs to capture this nuance more effectively. Additionally, we were unable to further explore the differences between the Aware Inactivists and the Engaged Activists regarding psychological outcomes. While the differences in depression and anxiety between these profiles were non-significant, future researchers should seek to confirm this discrepancy using a larger sample size. One proposed research endeavor could be examining the role of self-efficacy in psychological distress and/or the initiation of community engagement. Additionally, it is difficult to fully understand the high substance use of the Engaged Activists without data on other confounding variables. Future researchers may consider examining variables such as risk-taking behavior, social engagement, parental substance use, and history of distress to address the limitations present in our study. Finally, our results were an examination of one specific population during the COVID-19 pandemic. It would be worthwhile to explore whether similar trends in profile generation can be found while working with other populations (e.g., Black/African American, Indigenous, low-income, undocumented, etc.) and/or within other specific social movements (e.g., #metoo, climate justice, reproductive health, etc.).

The exploration of the complexities of critical consciousness among multiply minoritized communities is rife with possibilities for future research. For example, the Aware Inactivist profile and the phase of critical consciousness development it represents remains unclear. Future research dedicated to examining this subgroup more deeply may be able to

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gain insight as to whether individuals in this profile are moving towards activism, are distancing themselves because of burnout, or if they do not hold the propensity for social engagement to begin with. Other research endeavors may further our understanding of “ignorance” in the context of social justice and determine whether there are downsides to being “Blissfully Ignorant.” Further, while the COVID-19 pandemic is currently a less salient stressor compared to its onset, social movements geared towards protecting trans-affirming health care are on the rise. Future research may investigate whether the profiles generated in the current study manifest within other social movements and/or among other minoritized communities. These proposed research endeavors offer a granular understanding critical consciousness and activism. More importantly, as our understanding of critical consciousness among multiply minoritized people improves, so too does our ability to recognize that social engagement is as diverse as the people who maintain it.

## CONCLUSION

The COVID-19 pandemic offered a magnified view of disparities among multiply minoritized populations and the impact that large social movements can have. This dissertation acts as a reminder of the humanity that social movements house; each protest, civil demonstration, and act of resistance is comprised of countless individuals who each have unique motivations and needs. As people, we may hold a skewed perception about the rates at which marginalized individuals are engaging in activism. The reality is that critical consciousness is a complex, nuanced construct that may not manifest uniformly across communities or social movements. The profiles generated in the current study highlight the diversity of critical consciousness and validate the existence of multiply minoritized non-

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activists – a less visible subpopulation. Awareness of injustice does not necessarily lead one to act against it, and those who are acting need support.

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**Table 1***Fit statistics: Latinx SGM critical consciousness latent profile analysis models*

<i>K</i>	<i>LL</i>	<i>Par</i>	<i>BIC</i>	<i>aBIC</i>	<i>CAIC</i>	<i>AWE</i>	<i>BLRT</i>	<i>VLMR</i>	<i>BF</i>	<i>cmPk</i>
1	-2223.85	6.00	4485.01	4465.96	4491.01	4540.32	-	-	0.0	<.001
2	-2160.68	10.00	4383.55	4351.81	4393.55	4475.73	<.001	<.001	0.0	<.001
3	-2108.39	14.00	4303.85	4259.41	4317.84	4432.90	<.001	<.001	0.0	<.001
4	-2046.17	18.00	4204.27	4147.14	4222.27	4370.21	<.001	0.09	0.0	<.001
5	-2012.69	22.00	4162.19	4092.36	4184.19	4365.00	<.001	0.01	0.0	<.001
6	-1978.44	26.00	4118.56	4036.04	4144.56	4358.25	<.001	0.37	-	1.00

*Note.* *K* = number of profiles; *LL* = model log likelihood; *Par* = parameters; *BIC* = Bayesian information criterion; *aBIC* = sample size adjusted BIC; *CAIC* = consistent Akaike information criterion; *AWE* = approximate weight of evidence criterion; *BLRT* = bootstrapped likelihood ratio test p-value; *VLMR* = Vuong-Lo-Mendell-Rubin adjusted likelihood ratio test p-value; *BF* = Bayes factor; *cmPk* = approximate correct model probability.

CRITICAL CONSCIOUSNESS

**Table 2**

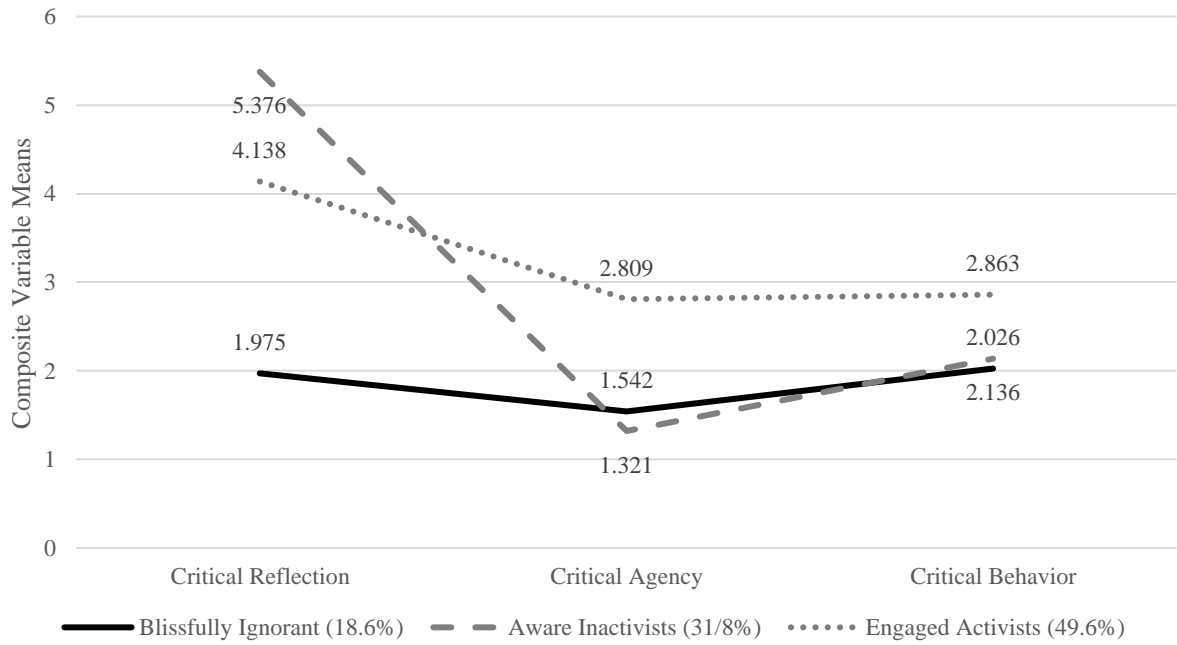
*Covariate logits and odds ratios: critical consciousness three-profile model*

Profile	Covariate	Blissfully Ignorant		Aware Inactivist		Engaged Activist	
		Logit	OR	Logit	OR	Logit	OR
Blissfully Ignorant	Everyday Discrimination	-	-	-.081*	.922*	-.111*	.895*
	Economic Distress	-	-	-.247	.781	-.802*	.448*
Aware Inactivist	Everyday Discrimination	.081*	1.084*	-	-	-.030	.970
	Economic Distress	.247	1.281	-	-	-.555*	.574*
Engaged Activist	Everyday Discrimination	.111*	1.118*	.030	1.031	-	-
	Economic Distress	.802*	2.230*	.555*	1.741*	-	-

*Note.* The value of the logit represents the directionality and likelihood that a covariate will predict profile membership. \* indicates  $p < .01$

**Figure 1**

*Critical Consciousness: Three-profile Model*



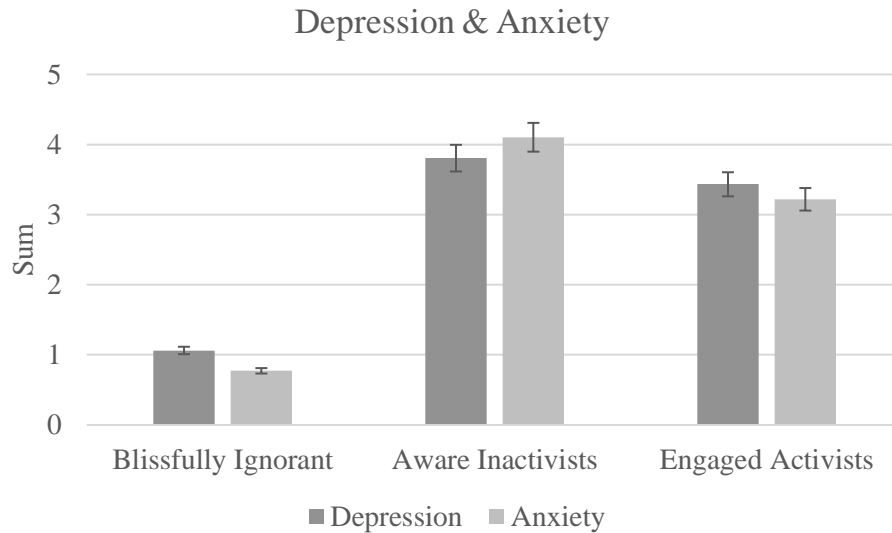
*Note.* Plot of composite variable means. Percentages indicate profile proportions based on the three-profile latent profile analysis model.



## CRITICAL CONSCIOUSNESS

**Figure 2**

*Distal outcomes for depression and anxiety mean differences*

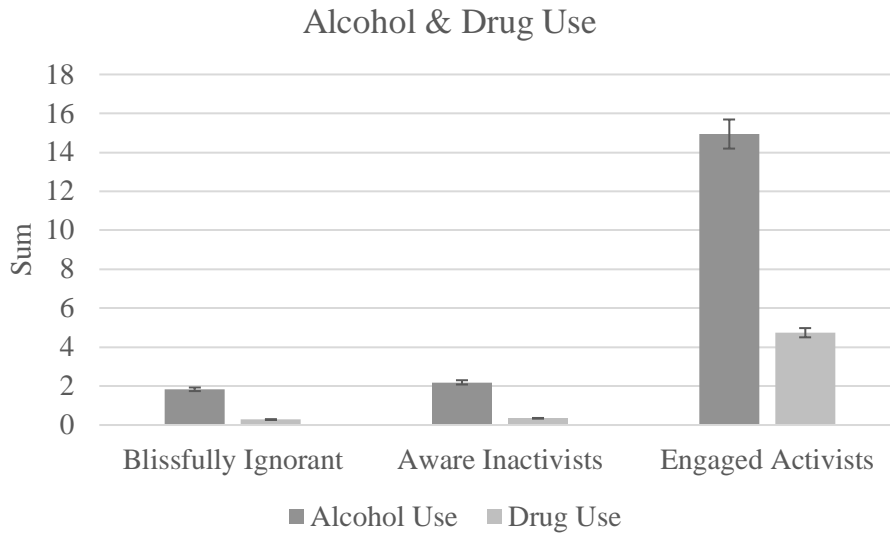


*Note.* There was a statistically significant difference between the Blissfully Ignorant and Aware Inactivist profiles for both depression ( $p < .001$ ) and anxiety ( $p < .001$ ). There was also a statistically significant difference between the Blissfully Ignorant and Engaged Activist profiles for depression ( $p < .001$ ) and anxiety ( $p < .001$ ). There was not statistically significant difference between the Aware Inactivist and Engaged Activist profiles for depression ( $p = .295$ ) and anxiety ( $p = .064$ ).

## CRITICAL CONSCIOUSNESS

**Figure 3**

*Distal outcomes for alcohol and drug use mean differences*



*Note.* There was a statistically significant difference between the Blissfully Ignorant and Engaged Activist profiles for both alcohol use ( $p < .001$ ) and drug use ( $p < .001$ ). There was also a statistically significant difference between the Aware Inactivist and Engaged Activist profiles for alcohol use ( $p < .001$ ) and drug use ( $p < .001$ ). There was not statistically significant difference between the Blissfully Ignorant and Aware Inactivist profiles for alcohol use ( $p = .829$ ) and drug use ( $p = .859$ ).