

Article

Racism and Mental Health: The Moderating Role of Critical Consciousness for Black Adolescents

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Abstract: This study examined experiences of individual, institutional, and cultural racism, along with critical consciousness (i.e., critical reflection, critical agency, critical action), and how they are associated with mental health outcomes for Black adolescents ($N = 604$; $M_{\text{age}} = 15.4$; 47.4% female). Consistent with previous research, we found that more experiences of racism were associated with more mental health distress for Black adolescents. We also found that the relationship between racism and mental health varied by critical reflection and critical action, in a three-way interaction effect. The positive association between racism and mental health distress was weaker for the Black adolescents in our sample who reported higher than average critical reflection and lower than average critical action. This evidence suggests that the reflection and action components of critical consciousness, together, can serve as an adaptive coping strategy to guard against the harm racism can cause to mental health. Black adolescents experience less mental health distress when they have a deep understanding of oppression, but do not engage heavily in actions to dismantle those unjust systems. These findings have implications for how youth researchers and practitioners can support critical consciousness development in ways that do not compromise adolescent mental health.

Keywords: critical consciousness; mental health; Black adolescents; sociopolitical development; activism



Citation: Hope, E.C.; Golden, A.R.; Anyiwo, N. Racism and Mental Health: The Moderating Role of Critical Consciousness for Black Adolescents. *Youth* **2024**, *4*, 647–660. <https://doi.org/10.3390/youth4020044>

Academic Editor: Diego Gomez-Baya

Received: 16 January 2024

Revised: 27 April 2024

Accepted: 7 May 2024

Published: 10 May 2024



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1. Introduction

Racism is a public health threat in the United States [1]). Researchers have found that Black adolescents report an average of five different experiences of racism and racial discrimination per day [2]. Over a two-week period, 75% of Black adolescents report experiencing racial discrimination [3]. For Black adolescents, this unrelenting environment of racism challenges development and well-being, in what Dr. Shawn C. T. Jones and colleagues describe as “a pernicious and unique stressor, with the potential to thwart the physical, physiological, and psychological health of Black Americans” [4] (p. 268). The mental health implications of these experiences of racism are bleak for Black adolescents, with racism being related to symptoms of depression, anxiety, traumatic stress, and suicidal ideation in adolescence and into adulthood [5–7]. Despite the vulnerability created by a society committed to anti-Black racism, sociopolitical development frameworks and empirical investigations point to the potential of critical consciousness—critical reflection, agency, and critical action for social justice—as an adaptive coping strategy to buffer against the negative effects of racism on mental health [8–10]. In essence, to improve their lives and developmental trajectories, Black youth may seek to understand and change the systems of oppression, such as racism, that threaten their health and well-being. In the current study, we test this contention and examine whether dimensions of critical consciousness (critical reflection, agency, and critical action) attenuate the negative association between experiences of racism and mental health for Black adolescents.

2. Racism and Mental Health for Black Adolescents

Racism is a social system based on the ideology that a dominant racial group defines and ranks other racial groups based upon beliefs of inferiority and subsequently uses their power to “disempower and differentially allocate resources” to individuals across those groups that are deemed inferior [11] (p. 106). According to Jones, racism manifests and is upheld through individuals, institutions, and culture [12]. Racism at the individual level is often referred to as racial discrimination or microaggressions and refers to interpersonal discriminatory or bigoted racial interactions. Institutional racism includes laws, policies, and practices that uphold inequitable resource distribution and life course outcomes between racial groups. Cultural racism is the broader norms and beliefs that position and reify a dominant group as superior to other groups; these belief systems are transmitted through generations to undergird the proliferation of individual and institutional racism. During adolescence, Black youth develop cognitive skills and experience dynamic changes in their social environments that support their ability to understand what it means to be Black in a racially stratified society [13–15]. As they matriculate through adolescence, Black youth increasingly report experiences of racism through their interpersonal interactions, online, in their schools, and in their communities [3,5,7], with reports of experiencing racism peaking in mid-adolescence [16,17].

Racism is ubiquitous for Black adolescents in the U.S, and the detrimental short- and long-term health effects of racism are well documented [6,11,16,18,19]. Racism is associated with negative mental health for Black adolescents, including symptoms of depression, anxiety, and suicidal ideation [19–22]. In their longitudinal study of Black adolescents from grades 7 to 10, English et al. found that experiences of racial discrimination were predictive of depressive symptoms one year later [20]. Similarly, Hope and colleagues found that individual, institutional, and cultural experiences of racism were related to anticipatory race-related stress, including perseverative cognition, and psychological and physiological stress responses [5]. In a study of 525 Black adolescents’ experiences of racism online, Tynes and colleagues found that online racial discrimination was associated with suicidal ideation through post-traumatic stress disorder [7]. There is also evidence that experiences of racism in adolescence affect mental health into adulthood. Lee and colleagues found that Black people who experienced high and moderate levels of racism in adolescence reported more symptoms of anxiety and depression than Black individuals who experienced low levels of racism in adolescence [6]. Given the perilous effects of racism on Black adolescent mental health, psychologists and youth mental health practitioners have examined various coping strategies to prepare adolescents to combat the deleterious effects of racism and protect their mental health [4]. Critical consciousness as a coping strategy is a growing consideration [9,10,23].

3. Critical Consciousness and Mental Health

Critical consciousness is the process by which youth become aware of and move toward resisting oppressive systems, typically through communal education and praxis [24,25]. Critical consciousness is multidimensional and includes critical reflection, critical agency, and critical action [25]. Critical reflection is how young people become aware of oppression and how it operates in their environment. Critical agency is young people’s belief in their ability to make change in their communities. Critical action is the behavioral engagement in social and political spaces to eradicate oppression. Scholars have proposed that critical consciousness can support Black adolescents in coping with and healing from racial trauma as they develop within the context of anti-Black racism and other forms of systemic oppression [9,26–28]. Grounded in the Phenomenological Variant of Ecological Systems theory, Hope and Spencer contend that critical civic engagement, or critical action, can serve as an adaptive coping strategy for adolescents [9]. Adolescents who understand the systemic and structural nature of racism (critical reflection), feel they can be a part of eradicating racism (critical agency), and engage in social change behaviors (critical action), may experience fewer negative effects of racism on their mental health as a result of understanding the

external and widespread causes of oppression and being a part of changing those systems. Furthermore, critical action can promote liberation and remove the oppressive structural conditions that compromise Black adolescent mental health in the first place. While critical consciousness can be an adaptive coping strategy that empowers young Black people to change their own circumstances, resistance against a long-standing and powerful system of oppression, such as racism, is challenging and can come with psychological costs [29–31].

Empirical research examining critical consciousness and mental health is burgeoning, and the findings are mixed. Few studies have examined the direct associations between critical reflection or critical agency and mental health. Ni found that high levels of critical reflection were associated with more depressive symptoms among Asian-origin adolescents [32]. Christens and Peterson found that critical agency was positively associated with self-esteem, which was subsequently negatively associated with adverse psychological symptoms [33]. Using a profile approach to examine critical reflection and critical agency together, Godfrey et al. found that higher levels of critical reflection and lower levels of critical agency were associated with more depressive symptoms, compared to profiles of lower critical reflection and higher critical agency, which predicted fewer depressive symptoms [34]. Taken together, there is evidence that a greater understanding of oppression alone is not a protective factor for adolescent mental health. At the same time, belief in one's skills and ability to be a part of social justice change promotes better adolescent mental health outcomes. Critical reflection alone may be associated with negative mental health functioning, whereas feeling empowered to create change is related to better mental health functioning.

More studies have considered the relationships between various types of critical action and mental health and well-being for adolescents [35]. These findings are mixed; understanding the impacts of critical action on youth mental health is complex and may require more attention to the nuances of critical action behaviors. For example, engaging in low-risk behaviors such as voting and volunteering in adolescence has been associated with fewer depressive symptoms in young adulthood [36]. However, interpersonal critical action, such as challenging someone engaging in oppressive behaviors, has been associated with more depressive symptoms [37]. Activism has been characterized as a high-risk critical action behavior but has had more disparate associations with mental health for youth. For instance, while some participants in Conner and colleagues' qualitative study indicated that activism was associated with stress, burnout, and exhaustion, others reported that activism allowed them to channel their negative emotions into something positive [29]. Ballard et al. found no associations between activism and depressive symptoms [36]. Studies also indicate that critical action in communal settings, including activism, may be more beneficial to youth when compared to individual critical action [29], yet Heberle et al. found no significant associations between communal action and depressive symptoms or psychological well-being [37].

4. Critical Consciousness for Coping with Racism

In a systematic review of 26 studies that examined critical action and racism among youth of color, Hope and colleagues found that, in general, there are positive associations between critical action and racism [8]. Youth of color who experience more racism also tend to be involved in more civic and community engagement for social change. Given the role of racism in the mental health and well-being of Black youth, it follows that critical consciousness would be explored as a possible coping strategy. While critical consciousness has been proposed as a protective factor for youth who have experienced racism [9,28,38], few studies have examined the moderating role of critical consciousness on the relationship between racism and mental health. In one study, Hope and colleagues found that while political activism reduces the negative association between individual racism and anxiety and depression for Latinx college students, there was no buffering effect for Black college students [23]. In a related study on Black adolescents and their academic outcomes, Gale and colleagues found that critical reflection and critical action reduce the negative

associations between racial discrimination and academic attitudes [39]. In a sample of low-income Asian American adults, Lee found no moderating effect of critical consciousness on the relationship between racism and psychological distress or well-being [40]. While these findings demonstrate the potentially protective nature of critical consciousness for youth who experience racial discrimination, questions remain regarding how individual and combined components of critical consciousness moderate the relationship between racism and youth mental health outcomes. The association between racism and mental health may be attenuated for youth who engage in more critical action, in combination with greater feelings of critical agency or more critical reflection of oppression. Understanding structural oppression and feeling empowered to seek social change may give adolescents a deeper sense of purpose as they engage in critical action that supports their mental health and well-being, even throughout the long process of social justice change work [41]. When youth who have deeper critical reflection experience racism, they may attribute the racism to systems and structures and may not internalize racism as a reflection of their individual or racial group's worth [28]. Similarly, youth who are agentic feel they have the knowledge, skills, and competence to change systems and may view experiences of racism as evidence of the need for change, rather than a factor that pushes them away from social change work. Thus, as young people experience racism and engage in critical action for social change, critical reflection and critical agency might help reduce the negative association between racism and mental health. The current study will elucidate the relationships between racial discrimination, mental health, and critical consciousness.

5. Current Study

While critical consciousness is generally seen as adaptive in adolescence [10,35,42,43], questions remain regarding the role of critical consciousness in the association between racism and mental health for Black adolescents. Critical reflection, critical agency, and critical action can be adaptive coping strategies that help to reduce the negative effects of racism on mental health [9]. On the other hand, unveiling the structural depths of oppression and actively engaging in social justice efforts can be challenging and psychologically complex [29,31]. In this study, we examine the association between racism and mental health for Black adolescents. We expect that more experiences of racism will be associated with more symptoms of stress, anxiety, and depression. We also examine whether critical reflection, critical agency, and critical action moderate the relationship between racism and mental health for Black adolescents. We predict that, in line with previous empirical research, critical action may strengthen the relationship between racism and mental health; more experiences of racism will be related to more symptoms of stress, anxiety, and depression for Black youth, and the strength of that relationship will vary depending on the amount of previous critical action. In line with research highlighting the protective potential of critical consciousness, we expect that more critical reflection and more critical agency will attenuate the association between racism and mental health. The negative association between racism and mental health symptoms will vary for Black youth based on their critical reflection and critical agency. In an exploratory aim, we also test whether there is a combined moderation effect of all components of critical consciousness: critical reflection, critical agency, and critical action.

6. Method

6.1. Participants

Participants were 604 self-identified Black adolescents living in the United States, ages 13 to 18 ($M = 15.4$; $SD = 1.24$). In terms of gender, participants identified as female (47.4%) and male (52.4%), and one participant did not indicate a gender (0.2%). Participants identified as Black/African American (91.8%) and biracial (8.2%). Most participants were from the South (56.2%), while 20.8% were from the Midwest, 15% from the Northeast, and 8% from the West. Most participants reported being students, with 19% in middle school (6–8th grade) and 80.6% in high school (9–12th grade). Three participants (0.5%) reported

that they were not currently enrolled in school. Regarding sexuality, 4.6% identified as LGBTQ. Participants also reported being from primarily middle-class and highly educated families. Regarding household income, 34.2% lived in a household with a total annual income under \$35,000; 23.3% of participants came from households that made between \$35,000–\$54,999; 28.5% came from households that made between \$55,000–\$99,999 annually, and 13.7% of participants came from households that made over \$100,000 annually. Regarding parent education, 18.7% of parents had a high school diploma or GED, 22.4% had some college education, and 39.6% had a bachelor's degree or higher.

6.2. Procedure

Participants for this study came from a dyadic survey of Black adolescents and their primary caregiver. Caregiver–adolescent dyads were recruited using Qualtrics Panels (an online survey delivery service [44]), as a part of a cross-sectional study to understand socialization and communication practices in Black families. Caregivers responded to an email invitation to participate in the research study and consented to their adolescent child's participation. Adolescent participants qualified if they self-identified as Black and were between 13 and 18 years old. The caregiver completed a survey, and then the adolescent child completed a separate survey. This study used adolescent report data, except for household income, which the caregiver reported. Respondents received an incentive from Qualtrics Panels for their participation. Study protocols were approved by the IRB at the host university.

6.3. Measures

6.3.1. Racism

Experiences of racism were measured using the Index of Race-Related Stress [45], modified for African American adolescents [46]. Participants reported whether they had experienced a race-related event and the extent to which the experience was bothersome or upsetting, using a 5-point scale (0, this event never happened to me; 1, this event happened, but did not bother me; 2, this event happened, and I was slightly upset; 3, this event happened, and I was upset; 4, this event happened, and I was extremely upset). In this study, we focused on the number of racist events a person had experienced. We computed a composite score from 31 items that reflected individual (e.g., "Whites/non-Blacks have stared at you as if you didn't belong in the same place with them, whether it was in a store, restaurant, or other type of business"), institutional (e.g., "You have been questioned about being in a White neighborhood for no reason"), and cultural racism (e.g., "You seldom hear or read anything positive about Black people on radio, TV, in newspapers, or history books"). Each item was recoded, such that no experience with that type of racism was "0", and any experience with that type of racism was "1". The number of instances was then counted, and the count score ranged from zero experiences of racism to all 31 experiences. The Index of Race-Related Stress was validated in a sample of African American adolescents ages 13–18 [46]. In this sample, we also found evidence of internal consistency for the full scale, $\alpha = 0.97$.

6.3.2. Critical Reflection

Critical reflection was measured using the Critical Reflection—Perceived Inequality subscale from the Critical Consciousness Scale [47]. This subscale uses eight items that assess youth's beliefs about socioeconomic, racial, and gendered opportunity constraints in education and jobs (e.g., "Certain racial or ethnic groups have fewer chances to get good jobs"). Each item was assessed using a 5-point scale from 1 (strongly disagree) to 5 (strongly agree). All items were coded such that higher responses indicated greater critical reflection. Internal reliability was adequate for critical reflection ($\alpha = 0.94$).

6.3.3. Critical Agency

Critical agency was measured using seven items from the Measure of Adolescent Critical Consciousness Scale's critical agency subscale [48]. The critical agency subscale measures personal efficacy and motivation to participate in actions to seek racial justice and improve their communities (e.g., "I am motivated to end racism and discrimination"). Items were measured on a 5-point scale from 1 (strongly disagree) to 5 (strongly agree). These items had high internal reliability ($\alpha = 0.91$).

6.3.4. Critical Action

Critical action was assessed using nine items from the Critical Consciousness Scale's Critical Action: Sociopolitical Participation subscale [47], and two items from the Measure of Adolescent Critical Consciousness critical behavior subscale [48]. Youth reported critical action by indicating whether they had participated in each of the 11 actions within the last 12 months. Examples included "Joined a protest march, political demonstration, or political meeting" and "I was involved in activities or groups that promote equality and justice." The answer yes was coded as "1", and no as "0". We created a critical action count score by counting the total number of activities endorsed by the participant out of the 11 possible activities.

6.3.5. Mental Health Distress

Symptoms of mental health distress were measured using the Depression, Anxiety, Stress Scale [49]. Participants reported how often they experienced symptoms of depression (e.g., "I felt that life was meaningless"), anxiety (e.g., "I felt close to a panic"), and stress (e.g., "I found it difficult to relax") over the past two weeks. Respondents indicated frequency of occurrence on a scale from 0 ("Did not apply to me at all") to 3 ("Applied to me most of the time"). The items were averaged, and a lower score indicated fewer symptoms of mental health distress. The scale demonstrated strong internal consistency ($\alpha = 0.97$). The scale has also been used in previous research with adolescents [50] and with Black populations [51].

6.3.6. Demographic Covariates

Age, gender, and income were included as covariates. Gender was coded such that participants who identified as female were "1," and participants who identified as male were "0". Income was indicated on a 9-point scale in \$10,000 increments from under \$25,000 (1) to \$75,000–\$84,999 (7), a \$15,000 increment of \$85,000–\$99,999 (8), and over \$100,000 (9).

6.4. Analysis Plan

We conducted descriptive analyses to investigate bivariate relationships among the study variables. Next, we conducted multiple regression analyses predicting symptoms of mental health distress. Our analytic sample was 603; we dropped one participant observation for a participant who did not report gender, given the inclusion of gender in the regression models. In Step 1, we regressed the demographic control variables, racism, critical reflection, critical agency, and critical action, onto symptoms of mental health distress. In Step 2, we tested whether the relationship between racism and mental health distress was moderated by critical reflection, critical agency, and critical action. We examined the two-way interactions between racism and critical reflection, racism and critical agency, and racism and critical action. In Step 3, we examined the three-way interaction between racism, critical reflection, critical agency, and critical action. Significant interaction effects were probed using simple slope analyses outlined by Aiken and West [52]. All analyses were conducted with Stata16.

7. Results

7.1. Preliminary Findings

Preliminary analyses were conducted to evaluate means, standard deviations, and bivariate correlations for all study variables (see Table 1). On average, Black adolescents

reported few symptoms of mental health distress ($M = 0.34, SD = 0.60, \text{range} = 0\text{--}3$). Participants reported moderately high critical reflection ($M = 3.46, SD = 1.05, \text{range} = 1\text{--}5$) and critical agency ($M = 3.96, SD = 0.80, \text{range} = 1\text{--}5$). The adolescents in our sample participated in an average of one to two forms of critical action within the year prior to the study ($M = 1.61, SD = 2.48, \text{range} = 0\text{--}11$). Over half of the participants did not participate in any form of critical action (53.5%). The most common types of critical action were participating in a discussion about a social or political issue (31.3%), participating in activities or groups that promote equality or justice (21.2%), and joining a protest, march, political demonstration, or political meeting (20.9%). Concerning racism, participants reported experiencing between 11 and 12 types of racism, on average ($M = 11.64, SD = 10.22, \text{range} = 0\text{--}31$). Of the total sample, 16% reported that they did not experience any racism, and 6% of participants reported experiencing all 31 different types of racism. The most commonly reported experiences of racism were cultural and included noticing that crimes by white people were seen as not as bad as the same crimes carried out by a Black person (59.4%); noticing that when Black people are killed by the police, the media informs the public of the person’s criminal record and other bad information (59.6%); observing that white kids who commit violent acts are dismissed as “boys will be boys,” while Black kids who commit similar acts are seen as wild animals (54.8%), and noticing that the media plays up stories that cast Black people negatively, and these stories are accompanied by pictures where the Black person looks angry or disturbed (54.8%).

Table 1. Bivariate correlations of the study variables (N = 604).

Variable	1	2	3	4	5	6	7	8
1. Age	--							
2. Gender (Female = 1)	−0.03	--						
3. Income	0.02	0.05	--					
4. Racism	0.04	−0.02	0.00	--				
5. Critical Reflection	0.00	0.03	0.08	0.20 ***	--			
6. Critical Agency	−0.04	0.09 *	0.11 **	0.10 *	0.19 ***	--		
7. Critical Action	0.02	0.10 *	0.08	0.22 ***	0.16 ***	0.23 ***	--	
8. Mental Health Distress	−0.01	0.06	−0.08	0.32 ***	0.01	−0.03	0.17 ***	--
Mean (or %)	15.44	47.5%	4.39	11.64	3.46	3.96	1.61	0.34
SD	1.24	--	2.75	10.22	1.05	0.80	2.48	0.60
Range	13–18	--	1–9	0–31	1–5	1–5	0–11	0–3

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$.

7.2. Predicting Symptoms of Mental Health Distress

In Step 1, we entered each control variable, critical reflection, critical agency, critical action, and racism, into the regression model ($F(7, 595) = 12.98, p < 0.001, R^2 = 0.13, \eta^2 = 0.13$). Step 1 accounted for 13% of the variance in symptoms of mental health distress (see Table 2). After controlling for the other variables in Step 1, each of the following associations is the result: Income was negatively associated with mental health distress ($b = -0.02, p = 0.042, \beta = -0.08, \eta^2 = 0.01$); critical agency ($b = -0.06, p = 0.039, \beta = -0.08, \eta^2 = 0.01$) was negatively associated, and critical action ($b = 0.03, p = 0.002, \beta = 0.13, \eta^2 = 0.02$) was positively associated with mental health distress. Critical reflection was not associated with mental health distress ($b = -0.03, p = 0.161, \beta = -0.06, \eta^2 = 0.00$). Racism was positively associated with mental health distress ($b = 0.02, p < 0.001, \beta = 0.31, \eta^2 = 0.09$).

In Step 2, we tested the interactions between racism and critical reflection, racism and critical agency, and racism and critical action, ($F(10, 592) = 11.14, p < 0.001, R^2 = 0.16, \eta^2 = 0.16$). The model accounted for 16% of the variance in mental health distress. Controlling for the other variables in the model, the interaction between racism and critical reflection was significant ($b = -0.01, p = 0.01, \beta = -0.41, \eta^2 = 0.01$). Simple slope analyses were conducted to probe the interaction. The relationship between racism and mental health distress was significant at one standard deviation above the mean ($B = 0.01, p < 0.001$) and at one standard deviation below the mean of critical reflection ($B = 0.03, p < 0.001$). The

relationship between racism and mental health distress was stronger for Black adolescents who reported lower levels of critical reflection and weaker for Black adolescents who reported higher levels of critical reflection. The two-way interaction between racism and critical action was also significant ($b = 0.00, p < 0.001, \beta = 0.26, \eta^2 = 0.02$). A probe of the simple slopes revealed that the relationship between racism and mental health distress was significant at one standard deviation above the mean ($B = 0.03, p < 0.001$) and at one standard deviation below the mean of critical action ($B = 0.01, p = 0.001$). The relationship between racism and mental health was more adverse for participants who were engaged in more critical action.

Table 2. Multiple regression analyses predicting mental health distress ($N = 604$).

	Step 1		Step 2		Step 3	
	<i>B</i> (SE)	β	<i>B</i> (SE)	β	<i>B</i> (SE)	β
R ²	0.13		0.16		0.18	
ΔR^2			0.03		0.02	
Age	−0.01 (0.02)	−0.03	−0.01 (0.02)	−0.03	−0.01 (0.02)	−0.03
Gender	0.08 (0.05)	0.07	0.09 (0.05)	0.07	0.09 (0.05)	0.07
Income	−0.02 (0.01)	−0.08 *	−0.02 (0.01)	−0.08 *	−0.02 (0.01)	−0.08 *
Critical Reflection	−0.03 (0.02)	−0.06	0.03 (0.03)	0.05	0.33 (0.15)	0.58 *
Critical Agency	−0.06 (0.03)	−0.08 *	−0.04 (0.04)	−0.05	0.18 (0.12)	0.24
Critical Action	0.03 (0.01)	0.13 **	−0.03 (0.00)	−0.07	0.02 (0.09)	0.10
Racism	0.02 (0.00)	0.31 ***	0.04 (0.01)	0.65 ***	0.07 (0.04)	1.17
Racism x Critical Reflection			−0.01 (0.00)	−0.41 *	−0.02 (0.01)	−1.19
Racism x Critical Agency			0.00 (0.00)	−0.07	−0.01 (0.01)	−0.37
Racism x Critical Action			0.00 (0.00)	0.26 ***	0.00 (0.00)	−0.04
Racism x Critical Reflection x Critical Agency					0.00 (0.00)	0.57
Racism x Critical Reflection x Critical Action					0.00 (0.00)	0.81 **
Racism x Critical Agency x Critical Action					0.00 (0.00)	−0.48

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$.

In Step 3, we examined three-way interactions between racism, critical reflection, critical agency, and critical action ($F(16, 586) = 11.14, p < 0.001, R^2 = 0.18, \eta^2 = 0.18$). The model accounted for 18% of the variance in mental health distress. Controlling for the other variables in the model, the three-way interaction between racism, critical reflection, and critical action was significant ($b = 0.00, p = 0.008, \beta = 0.81, \eta^2 = 0.01$; see Figure 1). A probe of the simple slopes revealed that the relationship between racism and mental health distress was significant at one standard deviation above the mean of critical reflection and critical action ($B = 0.02, p < 0.001$), at one standard deviation below the mean of critical reflection and critical action ($B = 0.03, p < 0.001$), and at one standard deviation below the mean of critical reflection and one standard deviation above the mean of critical action ($B = 0.02, p < 0.001$). The relationship between racism and mental health distress was not significant at one standard deviation above the mean of critical reflection and one standard deviation below the mean of critical action ($B = 0.00, p = 0.97$). The relationship between racism and mental health was adverse for participants who had low levels of critical reflection of inequality and engaged in low and high levels of critical action and for participants with high critical reflection of inequality who engaged in high levels of critical action. However, there was no relationship between racism and mental health distress for participants who had high levels of critical reflection but engaged in low levels of critical action.



Figure 1. Critical reflection and critical action as moderators of the association between experiences of racism and mental health distress.

8. Discussion

In line with a large and growing body of research [4–7,19], we found that more experiences of racism are related to more mental health distress for Black adolescents. Black youths' critical consciousness, inclusive of critical reflection, critical agency, and critical action, has been theoretically proposed as a promotive factor that can support adaptive developmental outcomes for historically marginalized youth amid pervasive individual, institutional, and cultural racism [9,26,28]. In the current study, we examined the moderating roles of dimensions of critical consciousness on the association between racism and mental health distress in a sample of 603 Black adolescents from across the United States. We found evidence of a three-way moderating effect, where both critical reflection and critical action together moderate the association between racism and mental health. In alignment with our hypothesis, critical reflection and critical action work together to attenuate the relationship between racism and mental health for Black adolescents. Contrary to our hypotheses, the mental health benefits of critical consciousness are most pronounced for Black adolescents who reported higher than average critical reflection and lower than average critical action. That is, racism was not associated with mental health distress for Black adolescents who understood the structural roots of racism, classism, and sexism but had minimal engagement in critical civic or political actions to seek justice and liberation.

9. Critical Action Alone Is Not Enough

In the base model with no interaction terms, Black youths' critical reflection about inequality was not related to mental health distress, and Black youths' engagement in critical action (e.g., joining a protest or a social justice activity) was positively associated with mental health distress, indicating that youth who participated in more types of action experience more symptoms of depression, anxiety, and stress. This finding aligns with research that found that some types of critical action are associated with worse mental

health outcomes for adolescents [37], and deviates from other studies that have found null results [36,37]. A three-way interaction qualified these associations. For the association between racism and mental health, the best combination for Black adolescent mental health is a high level of critical reflection and a low level of action. Among participants in this study, there seems to be some benefit to knowing the roots of structural oppression but not necessarily engaging in many different actions to impact social and political change. This may be partly because of the unique burdens associated with engaging in critical action, such as emotional strain, burnout, and risk of harm [29,30]. For racial justice activism in particular, young people may feel responsible for eradicating racism, experience isolation in pursuing racial justice, and even face backlash in professional spaces for their racial justice pursuits [30]. Youth may also experience systemic barriers to critical action, such as limited opportunities, resources, and power to effect change [53]. Thus, for Black youth with high levels of consciousness vis-à-vis their critical reflection, critical action may be more strenuous as they negotiate barriers to access alongside the burdens of action. Some Black adolescents may be able to regulate their mental health better when they have a deep understanding of the reality of racism and other forms of oppression, even if they are not yet deeply involved in social justice work.

It is also important to note that experiences of racism were related to more mental health distress for Black youth when they had low levels of critical reflection, in combination with lower and higher levels of action, and when they had high levels of critical reflection and action. Across the board, for Black adolescents with lower levels of critical reflection, experiences of racism were related to more mental health distress, regardless of the level of critical action. This finding highlights the importance of teaching Black adolescents about the realities of racism and other forms of oppression. Awareness of inequality, a key component of critical reflection, increases throughout adolescence [54]. As awareness of equality is increasing during adolescence, psychologists suggest that educating adolescents about racism and preparing young people for the realities of oppression is an important part of racial socialization and adaptive development [4,55–57].

Our findings also highlight the importance of scaffolded and supported critical action for Black adolescents. Scholars have found that civic and activist organizations support Black adolescents by facilitating opportunities to be a part of activism in community with other Black people, providing encouragement and a historical lens to social change work, and highlighting the impact of the actions that young people engage in [58]. Participating in critical action through organizations can help young people become established in community organizing spaces, learn through engaging in different types of social change, develop skills as activists and leaders, and contribute to the pipeline of youth organizers [59]. Organizations with these features may support adolescents as they navigate the complex nature of social change work.

Engagement in critical action may also require a balance between actively resisting oppressive systems and stepping away to care for oneself amid the struggle. Our findings suggest that more information is needed about the types of critical action that youth participate in and the communities they engage with through their changemaking to determine if and when critical action can support the mental health of Black adolescents. For example, qualitative work with Black youth organizers suggests that communal forms of critical action can function as collective self-care, which can support the healing of Black youth from intergenerational racial trauma and support them in mobilizing towards a “healed Black future” [60,61]. Understanding the nuances of how Black youth engage in critical action (e.g., in community vs. in isolation, low-risk actions vs. high-risk action) can provide insights into how to support critical consciousness development, while prioritizing the health and well-being of Black youth.

10. Limitations and Future Directions

This study provides important insights into how critical consciousness operates in relation to Black adolescents’ mental health as they live and grow within an anti-Black

world. However, there are important limitations to this study that should be addressed. This is a cross-sectional study of Black youth; therefore, we cannot identify the temporal directions of our findings. Future research is needed to disentangle the micro- and macro-longitudinal associations between critical action and mental health for Black adolescents. Another consideration for the current study is the use of general versus domain-specific critical consciousness. Scholars have argued that the domain of critical action that young people are participating in and the types of oppression they are becoming critically reflective of can be distinct and may yield varying developmental outcomes [8,62]. In their review of contemporary work on critical action among youth of color, Anyiwo and colleagues highlighted the dearth of culturally relevant measurements that identify the targets of, and intention behind, youth critical action [38]. To deeply understand how critical consciousness may support or detract from Black adolescent mental health outcomes, future work should leverage measures that specifically identify how Black youth understand and respond to the complex nature of racism, along with their racialized experience in activism and organizing spaces. It is possible that associations between critical consciousness and mental health vary depending on the type of oppression Black adolescents are seeking to understand and challenge.

The motivation behind youth critical action may also play an important role in the utility of critical consciousness as an adaptive coping strategy. As French and colleagues indicated, radical healing from oppression is characterized by a balance between resistance and moving toward freedom, which allows for the recognition of the realities of the current condition while moving toward liberatory visions for the future [27]. Future work should examine the catalysts behind youths' critical actions and the implications of the intentions of their actions on their mental health. Finally, while our study recruited adolescents from across the United States, we could not speak to localized sociopolitical conditions. Future research should consider qualitative investigations and ecological momentary sampling to understand how critical reflection, critical agency, and critical action unfold for Black adolescents in response to the local and national conditions they seek to change. This insight can inform how Black adolescents shift in both their activism and mental health in response to pressing sociopolitical issues that threaten their communities.

11. Implications and Conclusions

As Black youth contend with the perils of racism, they are challenged with how to survive and thrive while challenging the systems that oppress them. Scholars and educators have highlighted youth's critical consciousness as a remedy for racial oppression that may provide youth with a form of armor to protect them from the harmful effects of racism on their mental health [9,26,28]. The goal of this study was to consider how the components of critical consciousness operate, both individually and in tandem, as a protective factor against the adverse effect of racism on mental health. This study's findings demonstrate that the role of critical consciousness as a protective factor for Black youth may be more complex than previously conceptualized. Black adolescents who have a limited understanding of inequality and structural oppression run the risk of experiencing heightened mental health distress when they experience racism. However, engagement in critical action may also come with risks, even for Black youth who understand the nature and implications of oppression and inequality.

As Black youth continue to organize massive social movements and facilitate transformative racial justice that benefits the world [63], we should be conscious that activism and organizing come at a cost, particularly for Black youth. This does not suggest that we should discourage Black youth from participating in sociopolitical change efforts. The realities of racialized oppression continue to be a relentless force that has devastating effects on the life trajectory of Black adolescents [6,7]; therefore, not engaging in social change has long-term implications for the survival of Black communities. These findings do, however, bring forth the work and responsibility of those who work with, care for, and support Black youth. Youth engagement in critical action seems to exacerbate the impact of racism on

their mental health. We, therefore, cannot be flippant in our promotion of youth critical consciousness, and we must consider the very real mental health and developmental implications for Black youth. As we learn more about the nuances of the costs and benefits, risks and rewards, of critical consciousness, our youth organization and education spaces must reflect that reality. In this way, we must center radical healing as an integral, if not mandatory, component of critical consciousness development and take the young Black lives that are on the line for social change seriously. Critical consciousness is proposed as an active coping response to sociopolitical conditions that create stress and vulnerability, and as a mechanism for adolescents to change these negative, oppressive conditions and reduce future stress and subsequent risks. Our findings suggest that the promising possibility of critical consciousness as an adaptive coping response may be more complex.

Author Contributions: Conceptualization, E.C.H., A.R.G. and N.A.; Methodology, E.C.H.; Formal analysis, E.C.H.; Writing—original draft, E.C.H., A.R.G. and N.A.; Writing—review & editing, E.C.H., A.R.G. and N.A.; Visualization, E.C.H.; Funding acquisition, E.C.H. All authors have read and agreed to the published version of the manuscript.

Funding: This research was funded by the North Carolina State University Non-Laboratory Scholarship/Research Support Program.

Institutional Review Board Statement: The study was conducted in accordance with the Declaration of Helsinki, and approved by the Institutional Review Board of North Carolina State University (#12622, 9 February 2018).

Informed Consent Statement: Informed consent was obtained from all adult participants and parents or caregivers of minor participants involved in the study. Assent was obtained from all adolescent minors involved in the study.

Data Availability Statement: The raw data supporting the conclusions of this article will be made available by the authors upon request.

Conflicts of Interest: Author Elan C. Hope was employed by the company Policy Research Associates. The remaining authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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