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The Relationship Between Parental Political Intensity and Gay Individuals' Mental Health, and the Moderation of Parental Age

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Walden University

College of Education and Human Sciences

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Aaron Whipple

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Walden University
2024

Abstract

The Relationship Between Parental Political Intensity and Gay Individuals' Mental

Health, and the Moderation of Parental Age

by

Aaron Whipple

MA, Walden University, 2022

BS, Southern New Hampshire University, 2020

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Developmental Psychology

Walden University

November 2024

Abstract

During periods of heightened political intensity, gay individuals experience increases in discrimination and prejudice, impacting their mental health, making the need for advocacy and support, particularly from parents and guardians, vital. Recent research shows that parent–child relationships can be heavily influenced by politics and the intensity of their political beliefs. Historically, conservative views have been associated with anti-gay sentiment, which can exacerbate gay individuals’ mental health, leading to familial discord, depression, self-harm, and suicide, whereas liberal views have been associated with supporting gay rights and decreasing mental health disparities. However, prior research has not explored the specific role of parental political intensity in influencing mental health outcomes among gay individuals. It is also not clear whether parental age will moderate the interaction between the two variables. The purpose of this study was to examine the relationship between parental political intensity and gay individuals’ mental health, and the moderation of parental age. Intersectionality theory and Bronfenbrenner’s ecological systems theory grounded this study. One hundred thirty-three participants were recruited from social media pages and agreed to complete an online survey. Using regression analysis, this study found that there was no relationship between parental political intensity and gay individuals’ mental health, and parental age did not moderate this relationship. This study promotes positive social change by bringing awareness to policymakers, mental health professionals, and educators about the importance of facilitating discussions that promote inclusive and supportive environments for gay individuals.

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Dedication

This dissertation is dedicated to my husband, Joe Whipple, who has supported me through this journey. Who supports me in all my wild and ambitious aspirations and insists that I am a lifelong student. To my 1st grade Teacher, Mrs. Paula Wade, who has always believed in me since the first day of school in 1990 and continues to be major influence in my life. To my very first collegiate mentor, Gayle Jackson Julian, who has taught me that it's okay to fail, it's all in how you bounce back and who continues to be a great mentor. I'd like to thank Aleesha for being my shoulder during our doctoral journey and all our venting sessions. Lastly, to my family and friends for being an added support and resource during this process. I love you all!

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Chapter 1: Introduction to the Study

Introduction

For decades, gay individuals have faced inequalities in civil rights, discrimination, social stigmas, biases, and familial disconnects and are a growing population. Compared to non-gay adults (45%), two thirds of gay adults have reported experiencing some discrimination at least several times a year (Montero et al., 2024). Additionally, these same individuals report their mental health as “fair” or “poor” (Montero et al., 2024). These disparities are attributed to many factors, specifically politics and parental influences. Political ideologies, affiliations, and attitudes are unique for many individuals and often migrate from parental figures to their children (Bougher, 2018; Feinberg et al., 2020; Wegmer & Vandell, 2020). Although politics and parental influences can have positive impacts on gay individuals, they are also root causes of the inequalities and disparities these individuals experience (Bouris et al., 2010; Cochran et al., 2003; Flores, 2020).

One of the most controversial discussions in political ideologies is those on conservatism and liberalism. When analyzing political ideologies, these two affiliations are on opposite sides of the spectrum when discussing gay rights, with conservatives having more traditional anti-gay beliefs/values and liberals being more progressive and accepting of gay rights. Transcribe these traits into parental ideologies, and the maturation of their children’s political ideologies begins to be constructed. According to Bougher (2018), political development depends on the mother’s or father’s political affiliation and independent parenting style. Furthermore, the moral compass contributes

to a parent's political ideologies, and their generational beliefs play a critical role in a child's political development. Feinberg et al. (2020) found that moral traits and control are determinants of an individual's political attitude. However, the level of parental political intensity that impacts a child's mental health is uncertain. Early political and moral development sets the foundation for an individual's mental health, especially for gay individuals. Mental health disparities are often attributed to ideologies constructed from ethical and political beliefs/views. These constructs for gay individuals have been associated with heightened mental health disparities, including increases in depression, anxiety, stress, and self-harm. The goal of this study is to explore the impacts of parental political intensity on gay individuals' mental health and examine parental age as a moderator of this relationship. By examining the dynamics of parental political intensity and its repercussions on gay individuals' mental health, the research offers insights into enhancing familial dynamics in intense political environments.

In this chapter, background information on the impact politics has on parental political ideologies and beliefs and the mental health of gay individuals will be provided. Furthermore, the problem, purpose, and research questions that guided this study will be outlined. Lastly, in subsequent sections, the theoretical framework used in this study, including the nature of the study, key definitions, scope and delimitations, assumptions, limitations, and the significance of the study, will be explained.

Background

Homosexuality has been documented as an ongoing controversy since 600 B.C. and continues to be at the forefront of political campaigns and topics. In recent years,

political views and political intensity have been heightened, more specifically for gay individuals (Riddell, 2024). Political beliefs have played a crucial role in societal views on the acceptance of homosexuality and significantly impact the mental health of gay individuals (Chan et al., 2022; Cochran et al., 2003; Flores, 2020; Smith, 2008). Within this context, parental political intensity emerges as a focal point, representing a complex interplay of values, beliefs, and attitudes that significantly influence the psychological experiences of gay individuals (Wegemer & Vandell, 2020). Additionally, political ideologies not only encompass explicit beliefs but also encompass the associated behaviors, communication styles, and familial dynamics that may shape the social and emotional environment in which gay individuals develop (Kuper et al., 2022). As political ideologies continue to polarize societies, they intensify within the family unit, impacting the mental health trajectories of gay individuals (Wuttke, 2020; Theodoridis et al., 2022).

Self-expression and confidence in who they are, are vital factors that allow individuals to “come out” as gay. Predominantly influenced by family acceptance, this experience can be positive and negative. Parent/guardian approval is often sought at a young age; however, for many gay youths, this approval is associated with living in fear and is often longed for (Ryan, 2009; Ryan et al., 2009). Disparities, such as inadequate support, isolation and stigma, and challenges in intergenerational communication, are social problems related to parental generations and their impact on gay individuals’ mental health and coming out (Ghosh, 2020; Shapiro, 2004). Those from older generations lived in times when homosexuality was not accepted, nor was it discussed,

causing these generations to comply with their traditional views and struggle with understanding and accepting gay individuals (McCormick & Baldrige, 2019). Therefore, the influence of the historical context of generational beliefs is evident.

Understanding the implications of parental age within the context of parental political intensity on a gay individual's mental health is a crucial step in addressing the challenges posed by political intensity. Historically, conservative perspectives on sexual orientation have been associated with older generations in more traditional eras. Gaining parental acceptance from older generations can be challenging, which increases mental health disparities among gay individuals, including feelings of shame, secrecy, depression, isolation, and hostile familial environments (Mallon et al., 2022). Additionally, wavering styles of behaviors, such as communication and emotions, across generations highlight the potential struggles parents might endure when engaging in constructive, empathetic conversations related to gay rights (McCormick & Baldrige, 2019). These struggles significantly impact parental relationships with gay individuals and their ability to connect.

This dissertation aims to explore the complex dynamics between parental political intensity, gay individuals' mental health, and parental age. With the culmination of existing literature and conducting empirical research, the study underscores the underlying impact of parental political intensity on gay individuals' mental health and provide evidenced-based strategies for mitigating mental health disparities among gay individuals in politically intense familial environments.

Problem Statement

An individual's journey towards self-acceptance and their authentic self-expression signifies a major milestone in one's life, specifically when coming out as a gay individual (Gosh, 2020). This milestone is often associated with the complexity of positive and negative emotions that intertwine with levels of familial acceptance and support (Gosh, 2020; McCormick & Baldrige, 2019). Heightened fears and anxieties are often coupled with parental approval and pave the unique path gay youth navigate. Parental political ideologies and affiliations are often disjointed, specifically their culminating intensities and age, influencing acceptance, rejection, disapproval, and consequential repercussions for the child's mental health (Mallon et al., 2022; Pollitt et al., 2020). Although much is known about the relationship between political affiliations, such as conservative and liberal, and gay individuals' mental health, evolving research suggests that the level of parental political intensity can impact a parent's ability to understand and accept their child's sexual orientation (Gosh, 2020). Arguably a vital component, parental acceptance is an essential component of a child's experiences and mental health during their coming out journey. However, little research has been conducted on how political intensity affects a parent's acceptance and gay individuals' mental health. Therefore, the problem that this study serves to address is the lack of understanding regarding the relationship between parental political intensity and gay individuals' mental health using parental age as a moderator.

Purpose of the Study

In this quantitative study, I investigated the relationship between parental political intensity and gay individuals' mental health and considers the moderating effect of parental age. Parental political intensity is the independent variable, and gay individuals' mental health is the dependent variable. Parental age serves as a moderator.

Research Questions and Hypotheses

RQ1: How does the level of parental political intensity relate to gay individuals' mental health?

H₀1: There will not be a relationship between intense conservative political attitudes and gay individuals' mental health.

H₁1: There will be a negative relationship between parental conservative political attitudes and gay individuals' mental health.

RQ2: How does age moderate the relationship between the level of parental political intensity and gay individuals' mental health?

H₀2: Age will not moderate the relationship between parental political intensity and gay individuals' mental health.

H₁2: Age will moderate the relationship between parental political intensity and gay individuals' mental health such that the relationship between parental political intensity and gay individuals' mental health is stronger when parents are relatively younger in age.

Theoretical Framework of the Study

Intersectionality Theory

Developed by Kimberlé Crenshaw (1989), intersectionality, as a theoretical lens, acknowledges that gay individuals possess intersecting identities beyond their sexual orientation, such as race, gender, and socioeconomic status (Chan & Howard, 2020). This theoretical perspective allows for a distinct exploration of how parental political identity impacts the mental health of gay individuals. By considering the cumulative impact of various social identities, this theory aims to uncover the complex interplay between parental political identity and mental health outcomes, understanding that broader sociopolitical contexts and intersecting forms of privilege and oppression influence these dynamics. In the context of this study, intersectionality suggests that a gay individual's mental health can be influenced not only by their sexual orientation but also by the political intensity of their parents, which is a unique dimension of their social identity (Chan & Howard, 2020).

Bronfenbrenner's Ecological Systems Theory

Bronfenbrenner's ecological systems theory (1977, 1994) posits that individuals are influenced by multiple environmental systems, including the microsystem (family and immediate relationships), mesosystem (connections between microsystems), exosystem (external environments indirectly impacting individuals), macrosystem (cultural and societal values), and chronosystem (historical changes; Saracho & Evans, 2021). In the context of this study, the microsystem is particularly relevant as it explores the direct impact of parental political identity on the mental health of gay individuals. The

mesosystem comes into play when considering how the relationships and interactions between parents and their surrounding communities might affect mental health (Darling, 2007). The exosystem considers broader societal influences, including political climates, that can impact parental political identity. The macrosystem encompasses cultural and societal values, which may influence both parental political identity and societal attitudes toward gay individuals (Darling, 2007; Saracho & Evans, 2021). Additionally, the chronosystem examines the historical changes gay rights and societal views have experienced over time. Overall, Bronfenbrenner's ecological systems theory offers a comprehensive lens to explore how the interplay of these systems, particularly within the family context, moderates the relationship between parental political identity and the mental health of gay individuals.

Nature of the Study

Quantitative research was selected for this study due to its versatility. Additionally, this methodology provides the ability to test a hypothesis with comparison and control, objectivity and replicability, and measurement and precision. Through the correlational design, this study aims to explore the correlation between parental political intensity and gay individuals' mental health. Using regression, I will test age as a potential moderator to this relationship. According to Seeram (2019), the correlational design is best used in quantitative research due to its ability to investigate the relationship between variables without manipulation and control by the researcher. This study requires a survey to capture the specific data needed, as current data is nonexistent. A minimum of 114 participants was required to answer questions such as age, gender,

ethnicity, sexual orientation, age of parent(s), and state currently residing in along with the following instruments: Depression, Anxiety, Stress Scale-21 (DASS-21; Lovibond & Lovibond, 1995), Moral Foundations Questionnaire-30 (MFQ-30; Graham et al., 2008), and Liberal–Conservative Self-Report Scale (Lambert & Raichle, 2000). Parental political intensity is the independent variable, gay individuals’ mental health is the dependent variable, and parental age is the moderator.

Definition of Key Terms

Gay individual: An individual who is attracted to individuals of the same sex and engages in same-sex behaviors (Savin-Williams, 2006).

Mental health: An individual’s emotional well-being, good behavioral adjustment, relative freedom from anxiety and disabling symptoms, which characterizes one’s state of mind (VandenBos, 2007).

Mental health disparities: Poor mental health outcomes that stem from underlying factors, such as biological factors, environmental experiences, and social, economic, and cultural backgrounds (VadenBos, 2007).

Political intensity: How strong an individual’s political beliefs and attitudes are, ranging from “not at all” to “extreme” (Hill, 2022).

Political climate: A political society’s state of mood and opinion at a specific time (Bonaparte et al., 2017).

Conservative: An individual who believes that, through the articulation of the bible, cultural norms, and the power of the state, traditional morality should be preserved (Feinberg et al., 2020).

Liberal: An individual who believes that societal issues should be addressed through progressive social change, equality, and government intervention (Feinberg et al., 2020).

Parent: A biological, step, adopted parent and/or legal guardian of a child (Bolen et al., 2002).

Assumptions

Conducting research has its intricacies, which includes the underlying central beliefs or principles of the methodology and approach of the study, known as assumptions (Griga & Griga, 2017). For this study, I assumed that the data would provide an understanding of how parental political intensity impacts the mental health of gay individuals. There are several assumptions that will result from this study: 1) Each sexual minority will have similar experiences with their parents. 2) People share similar experiences. 3) Parental political attitudes are transposed to children. 4) Intense political ideologies influence familial dynamics. Through the data collection process, it was also assumed that the data would accurately represent a large population of gay individuals. Lastly, it was assumed that questions would be answered honestly by survey participants to ensure data is analyzed and interpreted correctly. These assumptions are relevant to the research as it was the only way to conduct the study feasibly.

Scope and Delimitations

In quantitative research, delimitations are the limitations and boundaries that the researcher chooses to place on the study, impacting the variables, population, and geographical area being studied (Theofanidis & Fountouki, 2019). This study's variables

are the relationship between parental political intensity and gay individuals' mental health. To maintain homogeneity, only gay individuals were recruited, making it easier to identify patterns and draw conclusions. Recruiting diverse sexual orientations and gender identities could have introduced other variables that might obscure the analysis.

Participation was also limited to those 18 years of age and older. By rejecting those not within the age range, the full developmental spectrum of the experiences being studied can be captured, as adolescents are at a different developmental stage compared to adults. More so than political affiliation, political intensity often drives behaviors and attitudes, providing valuable insight into how actions and interactions within the family are deduced by political beliefs.

Limitations

Studying the relationship between parental political intensity and gay individuals' mental health can have the potential to oversimplify the multilayered and complex phenomena, which is a crucial limitation of quantitative studies (Gray et al., 2007). While measuring and analyzing numerical data is strong in quantitative research, the intricate personal relationships and subjective interpretations of parents and gay individuals may not be fully captured through this methodology. Additionally, cultural, socioeconomic, and familial dynamics that impact political intensity and how it manifests and affects mental health may be disregarded with the chosen approach. Due to social desirability or the fear of recall biases, participants might underreport or overreport their parents' or guardians' political intensity or their mental health status, resulting from the use of self-reporting measures and their imposed biases. Similarly, through quantitative data

collection and its fixed nature, the progressing nature of political beliefs and mental health over time may not be accounted for; therefore, the study may not provide a comprehensive, longitudinal perspective (Gray et al., 2007). Lastly, by limiting to only gay individuals, the study examines only one population of the Lesbian, Gay, Bisexual, Transgender, Queer plus (LGBTQ+) community, potentially underscoring only a small portion of the mental health disparities correlated to political intensity. To address such limitations, the study had a reasonable sample size and used convenience sampling.

Significance

The political intensity in the United States is at its highest, and civil rights are in jeopardy, particularly gay rights. In 2023, gay individuals experienced more than 500 anti-gay bills being released across the country. Such policies had serious effects on the mental health of gay individuals. According to the Trevor Project (2024), 39% of gay youth had severe suicidal ideations and considered attempting suicide, resulting from the release of the anti-gay bills (Burga, 2024; Nath et al., 2024). However, with the increase in mental health concerns, there has been a significant decrease in mental health clinics offering LGBTQ+ services, from 24.1% in 2014 to 18.2% in 2018 (Chen et al., 2021), and it continues to decline. Current research has primarily focused on parental political ideology, rather than the intensity of these beliefs (Wuttke, 2020), nor have they considered age of parents, making this study essential. Due to the lack of research in this area, this study has the potential to highlight the familial factors that are attributed to the alarming number of gay individuals' considering suicide (Nath et al., 2024). The results of this study can be used to educate parents on how their political attitudes impact their

gay youth and hopefully mitigate the increase in mental health declines. The findings of this study can provide valuable insights to facilitate discussions among policymakers, mental health professionals, and educators. These discussions could promote inclusive and supportive environments to support increasing the number of mental health clinics that offer services to gay individuals. The results can also be used to build advocacy within families and communities during intense political climates.

Summary and Conclusions

This chapter discussed how politics, specifically parental political intensity, has impacted the mental health of gay individuals using the intersectionality theory (1989) and Bronfenbrenner's ecological systems theory (1977, 1994). It also explained the various ways political ideologies influence gay individuals' mental health, including its ability to support gay rights, such as gay marriage and the abolishment of Don't Ask, Don't Tell. It examined political affiliations, such as conservative and liberal, and their potential for anti-gay beliefs and advocacy, emphasizing political attitude and belief concerns. This chapter introduced parental political ideology and its relationship to gay individuals' mental health. In conclusion, this chapter sets the foundation for further evaluation in succeeding chapters, by outlining the study's goal of analyzing the impact of parental political intensity and gay individuals' mental health. The literature review of gay individuals' mental health, parental acceptance, parental rejection, political intensity, parental political intensity, politics and homosexuality, parental age, intersectionality theory, and Bronfenbrenner's ecological systems theory and how they all correlate and influence one another is introduced in Chapter 2. Chapter 3 will introduce the

methodology used in this study. Chapter 3 also discusses the research design, rationale, sampling, participation, data collection, instrumentation, operationalization, data analysis, threats to validity, and ethical considerations. Chapter 4 will cover the results of this study, and Chapter 5 will provide an interpretation of the results.

Chapter 2: Literature Review

Introduction

Over the past few decades, there has been a remarkable shift in social views regarding gay individuals, reflecting a broader evolution in societal attitudes towards LGBTQ+ rights and acceptance (Starks et al., 2023). Historically, many societies held stigmatizing beliefs that have encompassed discriminatory practices against individuals based on their sexual orientation (Theodoridis et al., 2023). However, the latter half of the 20th century witnessed the emergence of a global movement advocating for LGBTQ+ rights and their recognition. This movement, coupled with increased visibility through media representation and personal narratives, has significantly transformed societal perspectives. Legal advancements, such as the decriminalization of homosexuality and the legalization of same-sex marriage in numerous countries, have further reinforced the idea that love and identity are not constrained by gender (Dergić et al., 2023; Theodoridis et al., 2023). However, there are barriers to both societal and parental political views.

Politics wields a profound influence on shaping society's views on gay individuals, with ideologies and policies reflecting and sometimes driving prevailing attitudes. Political leaders, parties, and platforms often articulate stances on LGBTQ+ rights, framing the discourse around issues such as marriage equality, anti-discrimination laws, and access to healthcare (Dergić et al., 2023). Political decisions, whether supportive of or opposed to LGBTQ+ rights, reverberate through society, influencing public opinion and shaping cultural norms. Progressive policies championing inclusivity and equal rights can contribute to a more accepting societal environment, fostering

understanding and empathy. Conversely, conservative, or discriminatory policies may perpetuate stereotypes and contribute to societal prejudice. Additionally, political rhetoric and discourse set the tone for public discussions, impacting the level of acceptance and validation that gay individuals experience. The intersection of politics and societal views on gay individuals highlights the dynamic nature of this relationship, emphasizing the need for ongoing dialogue and advocacy to foster positive change and create a more equitable and inclusive society (Dergić et al., 2023; Hammack et al., 2013).

Parental influence, encompassing both emotional support and ideological perspectives, plays a pivotal role in shaping the experiences of gay individuals. The impact of parental political views on these individuals is particularly profound, as it contributes to complex family dynamics. Parents, often acting as primary caregivers and role models, significantly influence their children's socialization process. When parental political views align with more progressive and inclusive ideologies, gay individuals may feel a greater sense of acceptance and support, fostering positive mental health outcomes (Kuper et al., 2022). Equally, if parents hold conservative or discriminatory political views, it can lead to strained relationships, internal conflict, and heightened vulnerability for their gay offspring. The intersection of parental influence and political views creates a dynamic where familial acceptance or rejection is intricately tied to broader sociopolitical ideologies (Kuper et al., 2022; Wegemer & Vandell, 2020). Understanding and addressing this interplay is crucial for creating supportive environments that allow gay individuals to navigate their identities with resilience and well-being, regardless of their parents' political perspectives (Bougher, 2018).

This study aims to bridge this gap by conducting a meticulous examination of the intricate connections between parental political intensity, moderated by parental age, and the mental health outcomes of gay individuals, contributing distinct insights to inform interventions, support structures, and policies aimed at fostering the mental health of this vulnerable population. By thoroughly investigating the complex interplay between parental political intensity, parental age, and the mental health of gay individuals, the gap in the current literature will be addressed. Incorporating parental age as a moderator in this research, I sought to offer a more nuanced understanding of how the relationship between parental political intensity and the mental health of gay individuals may vary across different generational contexts. The findings were anticipated to make valuable contributions to societal perceptions of diverse family structures, stressing the importance of inclusivity and support. By shedding light on the potential influence of political intensity within families, especially moderated by parental age, the study aims to encourage empathy and constructive dialogues concerning the creation of affirming environments for the well-being of LGBTQ+ individuals. This heightened awareness has the potential to foster a more inclusive and accepting society, actively mitigating stigma and positively influencing the overall mental health outcomes for gay individuals within the familial context.

Despite existing research on political affiliation, the research delves into the factors perceived by gay individuals that influence their mental health, centering on parental political intensity and age as key variables. Chapter 2 begins with an exploration of the literature search strategy and theoretical foundations. The chapter then progresses

to a detailed examination of relevant subjects central to the study. These subjects encompass gay individuals, mental health considerations, parental political intensity, and parental age. Each section incorporates a comprehensive review of the literature, thereby delivering succinct background on the topics and presenting key research findings.

Literature Search Strategy

The Walden University Online Library was used to complete the literature search. I searched for articles using Academic Search Complete, Thoreau, APA PsychInfo, LGBTQ+ Source, Political Science Complete, Business Source, MEDLINE/PubMed, CINAHL, SocIndex, ScienceDirect, Social Sciences Citation Index, Education Source, ERIC, IEEE Xplore, Emerald Insight, Directory of Open Access Journals, and Communication & Mass Media Complete. Google Scholar was also used. An advanced search was defined, within these databases, to retrieve online peer-reviewed articles published no earlier than 2019, starting with the most recent literature first. Keywords included: *parent, caregiver, sexual minority, mother, father, guardian, children, families, politics, LGBTQ+, mental health, age, parental age, government, family relationships, political affiliations, political intensity, family dynamics, sexual identity, political attitude, and parental acceptance*. Given the scarcity of research on parental political intensity, this literature review is significantly informed by research on parental political affiliation. I will note how findings on political affiliation may be related to parental political intensity or not, throughout.

Gap in Research

In recent years, there has been increasing attention regarding mental health among gay individuals, guided by the recognition of unique challenges and disparities faced by this population. A substantial amount of literature has emerged exploring various determinants of mental health outcomes among gay individuals, including discrimination, social stigma, family dynamics, and identity-related stressors (Chan & Howard, 2020). However, even with the extensiveness of research in this area, a notable gap persists in the literature concerning the specific role of parental political intensity and its interaction with parental age in influencing mental health outcomes among gay individuals. Despite the acknowledged importance of familial acceptance and support as protective factors for the mental health of sexual minority individuals, there has been a lack of emphasis on exploring how parental political beliefs may interconnect with family dynamics to influence well-being. Political ideology within families can be a powerful determinant of attitudes and behaviors, yet its influence on the mental health of gay individuals remains largely unexplored (Theodoridis et al., 2023).

Moreover, the interaction between parental political intensity and parental age represents a critical, yet understudied, aspect of family dynamics about the mental health of gay individuals. As societal attitudes and norms regarding LGBTQ+ issues continue to evolve, generational differences in acceptance and support play a crucial role in shaping familial relationships and, consequently, mental health outcomes (Flores, 2020). However, few studies have examined how such factors interact and potentially moderate each other's effects on the well-being of gay individuals. This gap in the literature

signifies a substantial opportunity missed to enhance our comprehension of the mechanisms driving mental health disparities within the LGBTQ+ community. Failure to consider the influence of parental political intensity and its interplay with parental age result in existing research offering an insufficient understanding of the factors shaping mental health outcomes among gay individuals (Bougher, 2018). Consequently, this omission could inhibit the creation of tailored interventions and support systems aimed at meeting the distinct needs of sexual minority individuals within the framework of family dynamics and sociopolitical contexts (Wegemer & Vandell, 2020).

Previous studies have recognized the significance of familial attitudes and behaviors. Still, fewer have explored how broader sociopolitical factors, such as parental political ideology and generational differences, can influence these characteristics. The intersectionality of sexual orientation, familial dynamics, and sociopolitical contexts remains relatively unexplored, indicating a critical gap in our understanding of the multifaceted determinants of mental health within the LGBTQ+ community. Parental political beliefs establish a significant aspect of the family environment, capable of shaping attitudes, values, and behaviors regarding sexual orientation acceptance or rejection (Feinberg et al., 2020). Yet, research has often overlooked the influence of parental political ideology on familial attitudes toward LGBTQ+ individuals and its effects for their mental health outcomes. Similarly, although researchers recognize parental age as an important factor in family dynamics and support for sexual minority individuals, they have given limited empirical scrutiny to its interaction with parental political intensity. To address these gaps, an in-depth examination of the intersecting

influences of family acceptance or rejection, parental political ideology, and generational dynamics on the mental health outcomes of sexual minority individuals is required. This approach will advance the theoretical understanding and inform the development of targeted interventions and support strategies.

Researchers have recognized the influence of parental age on family dynamics and support for sexual minority individuals as significant. However, the interplay between parental age and political beliefs holds significant implications for understanding the complexities of familial support and acceptance among sexual minority individuals (Flores, 2020). Older parents often bring distinct life experiences, generational attitudes, and cultural norms to their interactions with their gay children, which include traditional or conservative political beliefs (Kuper et al., 2022; Theodoridis et al., 2023; Wegemer & Vandell, 2020). Generational differences in attitudes toward LGBTQ+ issues, coupled with variations in political ideologies across age cohorts, contribute to complex family dynamics that impact the mental health outcomes of gay individuals. Additionally, these differences and interactions can significantly impact familial dynamics and the distinct levels of support or rejection towards their gay children compared to younger parents with more progressive ideologies (Flores & Morrison, 2021; Kuper et al., 2022). Yet, empirical research exploring these interactions remains limited. Despite this recognition, the intersection of parental age with parental political beliefs and its effect on attitudes and behaviors towards gay individuals within the family unit remains an underexplored area in the literature.

Neglecting to examine the interaction between parental age and political intensity has led to an incomplete understanding of the factors influencing family dynamics and support for sexual minority individuals (Hammack et al., 2013; Wegemer & Vandell, 2020). A comprehensive examination of how age-related factors intersect with parental political beliefs to shape familial attitudes and behaviors toward gay individuals is required to address this gap. Such research will provide valuable insights into the complexities of familial relationships within the LGBTQ+ community, informing the development of tailored interventions and support strategies that account for these intersecting influences.

Theoretical Foundation

This study was guided by two theoretical foundations. The first was Crenshaw's (1989) theory of intersectionality. Intersectionality, as a theoretical lens, acknowledges that gay individuals possess intersecting identities beyond their sexual orientation, such as race, gender, and socioeconomic status (Chan & Howard, 2020). This theoretical perspective allows for a distinct exploration of how parental political identity impacts the mental health of gay individuals. The second was Bronfenbrenner's (1977, 1994) ecological systems theory, which posits that individuals are influenced by multiple environmental systems, including the microsystem (family and immediate relationships), mesosystem (connections between microsystems), exosystem (external environments indirectly impacting individuals), macrosystem (cultural and societal values), and chronosystem (historical changes; Saracho & Evans, 2021). This theory, therefore, offers a comprehensive lens to explore how the interplay of these systems, particularly within

the family context, moderates the relationship between parental political identity and the mental health of gay individuals.

Intersectionality Theory

Intersectionality, a groundbreaking concept introduced by Crenshaw, explores the interconnected nature of social identities and how they intersect to shape unique experiences of oppression or privilege. Crenshaw's theory challenges simplistic approaches to understanding discrimination by highlighting the compounding effects of multiple marginalized identities, such as race, gender, sexuality, and class. In this framework, individuals are not solely defined by a single category but rather by the intricate interplay of various social dimensions. Intersectionality recognizes that experiences of oppression are multifaceted, acknowledging that the convergence of different identities can lead to unique and often overlooked forms of discrimination. This theory has become instrumental in addressing the limitations of traditional analyses, fostering a more nuanced understanding of power dynamics and social inequalities.

Crenshaw's intersectionality theory emphasizes the importance of recognizing and dismantling systems of privilege and oppression. It prompts a reevaluation of social justice movements and advocacy efforts to ensure inclusivity and effectiveness. By acknowledging the complexity of identity and oppression, intersectionality encourages a more comprehensive approach to dismantling societal inequalities. Crenshaw's work has had a profound impact on various fields, from feminism to critical race theory, urging scholars, activists, and policymakers to consider the interconnectedness of social categories and strive for more inclusive and equitable solutions.

Intersectionality emphasizes the interconnected nature of social categories and identities (Garcia, 2021). In this study, examining the mental health outcomes of gay individuals requires considering not only their sexual orientation but also other aspects of their identities, such as gender identity, race, socioeconomic status, and parental relationships. Gay individuals do not experience their sexual orientation in isolation; often, their experiences derive from their other identities (Galupo et al., 2014). For instance, a gay person of color may face different challenges compared to a white gay person due to the intersection of race and sexuality (McConnell et al., 2021). Therefore, studying the impact of parental political intensity on mental health must consider these intersecting identities.

Political beliefs and attitudes within families can significantly impact individuals' experiences. Parents' political intensity may affect their acceptance or rejection of their child's sexual orientation, which can, in turn, influence the mental health of gay individuals (Purdy, 2021). High levels of political intensity may lead to increased stress, conflict, or rejection within the family, negatively impacting mental health outcomes. Parental age can also intersect with other factors to influence family dynamics and attitudes towards homosexuality. Older parents may hold more traditional or conservative beliefs about sexuality, which could exacerbate conflicts with their gay children. Conversely, younger parents may be more accepting and open-minded, potentially mitigating the adverse effects of parental political intensity on mental health (Purdy, 2021).

Intersectionality highlights the complexity of these relationships, emphasizing that the impact of parental political intensity on gay individuals' mental health is not uniform across all individuals or families (Garcia, 2021). Factors such as the specific political beliefs held by parents, the degree of familial support, socioeconomic status, and cultural context all shape outcomes. Understanding how intersectionality influences the relationship between parental political intensity, parental age, and gay individuals' mental health can inform targeted interventions and policies aimed at supporting LGBTQ+ individuals and their families (Bougher, 2018). Applying intersectionality theory to examine the relationship between parental political intensity, gay individuals' mental health, and the moderation of parental age allows for a nuanced understanding of the multiple factors at play. It underscores the importance of considering intersecting identities and social structures in research, policy, and practice to promote the well-being of LGBTQ+ individuals and their families (Chan & Howard, 2020).

Ecological Systems Theory

Bronfenbrenner's (1977, 1994) ecological systems theory provides a comprehensive framework for understanding human development in various environmental systems. The theory posits that individuals can be influenced by multiple nested systems, ranging from the immediate microsystem (e.g., family, peers) to the larger macrosystem (e.g., cultural norms, political climate; Darling, 2007). Examining the relationship between parental political intensity, gay individuals' mental health, and the moderation of parental age through the lens of ecological systems theory offers valuable insights into the dynamic interplay between individual development and broader

socioenvironmental contexts. Additionally, this theory offers a multilevel framework for understanding the relationship between parental political intensity, parental age, and gay individuals' mental health. By considering the dynamic interplay between individual development and various environmental systems, including the microsystem, mesosystem, exosystem, macrosystem, and chronosystem, researchers and practitioners can gain a more nuanced understanding of the complex factors contributing to mental health outcomes in this population (Darling, 2007; Saracho & Evans, 2021). This holistic perspective underscores the importance of addressing not only individual-level factors but also broader socioenvironmental contexts in interventions and policies to promote the well-being of LGBTQ+ individuals and their families.

The goal of Bronfenbrenner's (1977, 1994) ecological systems theory in the context of this study is to provide a comprehensive framework for understanding how various environmental factors interact to influence individual development and well-being and emphasizes the importance of considering multiple levels of influence, from individual characteristics to broader socioenvironmental contexts (Darling, 2007). By examining the microsystem (family), mesosystem (interactions between family and other social settings), exosystem (indirect influences), macrosystem (cultural and societal contexts), and chronosystem (historical changes), the goal is to capture the complexity of factors shaping the relationship between parental political intensity, parental age, and gay individuals' mental health.

The theory emphasizes the dynamic interactions and intersections between different environmental systems. It acknowledges that parental political intensity and age

intersect with various socioenvironmental factors, including societal norms, cultural values, and historical contexts, to shape the experiences and mental health outcomes of gay individuals. Examining these intersections aims to uncover how multiple factors combine to influence mental health outcomes in this population. In addition, the ecological systems theory aims to inform targeted interventions and policies to promote the well-being of individuals and families. By understanding the complex interplay between parental political intensity, parental age, and gay individuals' mental health within the broader socioenvironmental context, researchers and practitioners can develop more effective strategies to support LGBTQ+ individuals and their families (Saracho & Evans, 2021), which involves interventions at multiple levels, including individual counseling, family therapy, community support programs, and advocacy for policy changes to create more inclusive and supportive environments (Wegemer & Vandell, 2020).

The goal of applying ecological systems theory is to promote a holistic understanding of the factors influencing mental health outcomes in the context of parental political intensity and age. Rather than focusing solely on individual-level factors or isolated aspects of the environment, the theory encourages researchers and practitioners to consider the interconnectedness of various systems and their cumulative impact on individuals' well-being (Starks et al., 2023). This holistic perspective is essential for developing comprehensive approaches to supporting the mental health and overall flourishing of LGBTQ+ individuals and their families.

Bronfenbrenner's (1977, 1994) ecological systems theory proposes several interconnected systems that influence individual development. These systems include the microsystem, mesosystem, exosystem, macrosystem, and chronosystem. Examining the relationship between parental political intensity and gay individuals' mental health, moderated by parental age, these systems interact in bidirectional ways, shaping and being shaped by one another (Saracho & Evans, 2021).

Microsystem

The microsystem refers to the immediate environments in which individuals directly interact, such as family, peers, school, and community (Becker & Todd, 2018). In this context, parental political intensity directly influences family dynamics, including communication patterns, values, and attitudes toward homosexuality. These family dynamics, in turn, impact the mental health of gay individuals. For example, suppose a parent's political beliefs lead to rejection or conflict within the family. In that case, it can contribute to increased stress and poorer mental health outcomes for the gay individual.

Mesosystem

The mesosystem encompasses the connections and interactions between different microsystems in an individual's life. The mesosystem involves the interface between the family system and other social contexts, such as peer groups, schools, and religious institutions. The influence of parental political intensity extends beyond the family to these external contexts, potentially reinforcing or challenging familial attitudes towards homosexuality. For instance, if a gay individual faces rejection or discrimination within

their family due to political beliefs, they may also encounter similar challenges in other social settings, leading to cumulative adverse effects on mental health.

Exosystem

The exosystem includes settings that indirectly influence individuals' development, such as societal institutions and structures. In this context, the exosystem involves broader societal norms and political climates, which intersect with parental political intensity and age. For example, in environments characterized by conservative political ideologies and anti-LGBTQ+ sentiments, parental political intensity may be heightened, contributing to adverse mental health outcomes for gay individuals (Lasio et al., 2020). Conversely, in more progressive or accepting societal contexts, parental political intensity may have a less pronounced impact on mental health due to increased social support and acceptance.

Macrosystem

The macrosystem encompasses the broader cultural, societal, and political contexts that shape individuals' lives (Becker & Todd, 2018). In this context, the macrosystem includes cultural attitudes towards homosexuality and generational differences in these attitudes moderated by parental age. Elderly parents may adhere to conventional or conservative views regarding sexuality, potentially intensifying tensions with their homosexual offspring. Having been influenced by more progressive cultural changes and social activism, younger parents might demonstrate greater acceptance and encouragement, thus alleviating the adverse impact of parental political fervor on mental well-being (Purdy, 2021).

Chronosystem

The chronosystem refers to the temporal development dimension, including historical changes and transitions over time. In this context, the chronosystem involves shifts in societal attitudes towards LGBTQ+ individuals and changes in political climates. For example, increasing visibility and advocacy for LGBTQ+ rights may lead to shifts in parental attitudes and behaviors across generations, influencing the mental health outcomes of gay individuals (Grabs, 2018). Similarly, changes in political leadership or policy decisions may impact the social and legal environment for LGBTQ+ individuals, affecting their mental health and well-being (Waldner-Haugrud & Magruder, 1996).

Application of the Ecological Systems Theory

The application of Bronfenbrenner's ecological systems theory will help navigate the multifaceted and correlated environmental contexts in the understanding of immediate interactions with cultural norms regarding parental political intensity and its relationship to gay individuals' mental health (Starks et al., 2023). Each of the five systems of the ecological theory contributes to shaping and operation of parental political intensity on familial and societal attitudes and behaviors that influence the mental health of gay individuals (Starks et al., 2023; Wegemer & Vandell, 2020). For example, media and community can permeate traditional political beliefs through the exosystem. Parental attitudes may be reinforced in the microsystem, foster a rejecting environment that is interconnected in the mesosystem, and create an understanding of how historical movements and events impact political beliefs, gay rights, and mental health through the chronosystem; thereby, gay individuals experience worsened stress and psychological

distress (Darling, 2007; Starks et al., 2023; Wegemer & Vandell, 2020). Equally, political climates that are supportive at the macrosystem level can have positive impacts on mental health and promote acceptance through similar channels (Darling, 2007).

The direct, intimate relationships between parents and children can be analyzed through the lens of the microsystem (Becker & Todd, 2018). Emotional and psychological aspects of the home environment are created through daily communications, verbal and non-verbal, and expression of beliefs and can be exacerbated by parental political intensity. Political attitudes that are supportive or accepting boost the self-esteem and mental health of gay individuals and foster a nurturing environment (Starks et al., 2023). On the other hand, hostile and rejecting home environments can be created when there are intense political beliefs toward gay individuals, which often result in heightened stress, anxiety, and internalized homophobia (Starks et al., 2023). These direct, influential everyday interactions are underscored by the microsystem and how their role is pivotal in shaping emotional climates and the mental health outcomes of gay individuals (Darling, 2007). Manipulating feelings of safety, acceptance, and psychological well-being, parental political intensity can be a decisive factor in mental health, and by applying the microsystem, the direct interactions within the family can be examined and revealed (Becker & Todd, 2018).

Similarly, the mesosystem embodies the interactions between the multifaceted microsystems and highlights the interconnectedness of these environments and how they cohesively influence an individual's development (Darling, 2007). The relationships and connections among diverse environments such as family, school, peer groups, and

community organizations are emphasized in this system of the ecological model, and the political intensity of a parent can influence or be influenced by these interconnected microsystems (Darling, 2007; Saracho & Evans, 2021). For example, the types of interactions with their child's school, their position on gay issues in the community, and the interactions they want their child to have with their peers, whether encouraged or discouraged, may be affected by the politically charged beliefs of that parent. The network of influences can be favorable or hostile, contingent on the types of these interconnections (Theodoridis et al., 2023). At home, should a gay individual experience rejection due to their parent's political beliefs but experience support and acceptance within their peer group, their stress and anxiety levels can heighten due to this inconsistency (Feinberg et al., 2020). Equally, positive mental health outcomes can be reinforced when there is an alignment between familial support and accepting school and community settings. The application of the mesosystem will provide an understanding of the impact the coherence and discord have on shaping the mental health of gay individuals and how critical these cross-contextual interactions are in these interconnected social environments (Darling, 2007).

Workplaces, community policies, mass media, and social networks are elements of the exosystem and while not directly involving the individual, can significantly impact parental political intensity (Lasio et al., 2020). Workplaces and community groups that are politically charged can shape and reinforce parental political intensity, resulting in supportive or rejecting home environments and parental attitudes. For instance, environments and social media platforms that expose parents to conservative political

rhetoric may potentially lead to internalized and projection of these beliefs, possibly imposing hostile environments within the family for gay individuals. However, acceptance and advocacy can be experienced by gay individuals if their parents are exposed to inclusive and supportive environments. Frequently changing parental attitudes and behaviors indirectly impact gay individuals' mental health, which collectively underwrites the emotional and psychological climate experienced through the exosystem influences on gay individuals (Lasio et al., 2020). Highlighted by the understanding of the exosystem and through complex, indirect pathways, the external social systems and structures that shape parental political intensity and affect gay individuals' mental health can be studied (Lasio et al., 2020).

Political climates are often shaped by the culminating influences of societal norms, values, ideologies, and laws, but they can also shape these more significant cultural and ideological contexts (Purdy, 2021). Through the application of the macrosystem, an associated understanding of how these fundamental contexts penetrate parental political intensity, which provides responsibility as to what is acceptable and deviant behavior, is generated (Becker & Todd, 2018). Damaging to the mental health of gay individuals, parental political intensity that aligns with rejection or hostility often prevails in societies that support conservative values and anti-gay stances. On the other hand, parental political attitudes that are more accepting are frequently aligned with diverse and inclusive societies. The macrosystem lens demonstrates how pivotal culture and political ideologies are on family dynamics and how they pervasively influence

parental beliefs and behaviors shaped by societal attitudes (Becker & Todd, 2018; Purdy, 2021).

The changes consistently influence individual experiences in sociohistorical events, life transitions, and developmental paths. Within the chronosystem, familial environments are seen as dynamic strengths across different periods due to the power and nature of parental political beliefs and attitudes (Waldner-Haugrud & Magruder, 1996). These beliefs, when introduced with sociohistorical changes, such as governmental reforms and shifts in political climates, are highly influential to the mental health of gay individuals. When gay individuals come out or experience other significant life transitions, their mental health is amplified due to the impact of parental political intensity and critical stages within the chronosystem (Waldner-Haugrud & Magruder, 1996). The relationship between historical and background variability is emphasized when applying the chronosystem. It creates a profound understanding of the intersection between the evolving sociopolitical landscapes and familial dynamics, which can, over time, severely impact the mental health outcomes of gay individuals (Grabs, 2018).

Literature Review

The lives and rights of the LGBTQ+ population have experienced remarkable progress in breaking stigmas and developing understanding (Fish, 2020). However, most of the research conducted regarding the lives and rights of gay individuals has examined mental health disparities, with little to no focus on parental political intensity and the moderation of parental age. For this study, the focus will be the gay population. This population refers to those individuals that are romantically or sexually attracted to people

of the same sex. According to the 2021 Household Pulse Survey, 3.3% of American adults aged 18 and over thought of themselves as gay when answering “which of the following best represents how you think of yourself?” regarding sexual orientation and gender identity (Martell & Roncolato, 2023). Sorting through the literature, the first topic that will be discussed is gay individuals’ mental health, political intensity, parental political intensity, politics and homosexuality, parental acceptance, and finally, parental age.

Gay Individuals’ Mental Health

Homosexuality, in the early 20th century, was widely characterized as psychologically abnormal and deemed a mental disorder by medical professionals. This historical context of mental health among gay individuals is deeply intertwined with the broader sociocultural attitudes and medical perspectives that have evolved. Published in 1952, in its first *Diagnostic and Statistical Manual of Mental Health Disorders* (DSM), the American Psychiatric Association (APA) classified homosexuality as a sociopathic personality disturbance (Drescher, 2015; Hectors, 2023; Margolin, 2023). Prevailing societal norms, this classification reflected the view of homosexuality as deviant and immoral, further stigmatizing gay individuals and subjecting them to various forms of discrimination and psychiatric treatment aimed at “curing” their sexual orientation (Margolin, 2023). Marked by a lack of understanding and acceptance, this period led to widespread social exclusion and legal persecution, which significantly impacted the mental health of gay individuals by cultivating an environment of fear, secrecy, and internalized homophobia.

Significant shifts in the understanding and acceptance of homosexuality were seen in the latter half of the 20th century, heavily driven by the flourishing LGBTQ+ rights movement and psychological research advancements (Hartmann, 2022). In 1973, there was a landmark decision by the APA to declassify homosexuality as a mental disorder, which marked a pivotal turning point. Influenced by growing empirical evidence and advocacy from within the psychiatric community, this decision emphasized the lack of scientific basis for the classification and damaging effects of demoralizing sexual orientation (Drescher, 2015; Hartmann, 2022). Succeeding revisions of the DSM reflected these changes, concluding in the removal of all references to homosexuality as a disorder. Though these milestones were progressive, gay individuals continued to face significant mental health challenges, often intensified by ongoing societal stigma, discrimination, and the struggle for legal social recognition (Margolin, 2023). Existing research has increasingly focused on understanding the unique stressors experienced by gay individuals, such as minority stress, and the importance of social support and acceptance in mitigating these stressors to improve mental health outcomes (Hectors, 2023).

Many internal and external stressors cultivate an abundance of unique mental health concerns among gay individuals. Of the issues, depression is the most widespread mental health issue in this population (Barber, 2009). Higher rates of depression among gay individuals compared to their heterosexual counterparts is consistently being shown in research. Factors such as internalized homophobia, social rejection, discrimination, and the stress of concealing one's sexual orientation can be attributed to this disparity. Being

part of a highly stigmatized minority group considerably contributes to the development and provocation of depressive symptoms per the minority stress model (Diamond & Alley, 2022; Plöderl et al., 2014). Lived experiences of rejection from family, friends, and society at large can lead to the manifestation of isolation, hopelessness, and reduced sense of self-worth, all of which are potential depression risk factors (Barber, 2009).

Manifested in various forms, such as generalized anxiety disorder, social anxiety disorder, and panic disorder, anxiety is another dominant mental health concern among gay individuals (Cochran et al., 2003). Heightened levels of anxiety are products of the persistent anticipation of discrimination, the fear of coming out, and the potential for social rejection. Living in a perpetual state of hypervigilance and worry is a continuous need of a gay individual living in the heteronormative world, where expressions of same-sex affection may be met with hostility or violence (Cochran et al., 2003; Mustanski et al., 2010). Likewise, the need to conform to heterosexual norms due to societal and familial pressures can intensify anxiety levels, making it difficult for gay individuals to engage in daily activities without significant psychological distress (Mustanski et al., 2010).

Disproportionately high rates of substance use disorder also appear among gay individuals. To manage the stress and emotional pain often associated with stigma and discrimination, substances such as alcohol, tobacco, and illicit drugs are frequently used as coping mechanisms (Weber, 2008). Historically, social settings such as bars and clubs have served as safe spaces for the gay community, however, studies indicate that gay individuals are more likely to engage in binge drinking and use drugs like

methamphetamine and ecstasy in these environments (Chow et al., 2013). Therefore, resulting in the worsening of existing mental health issues, this pattern of substance use can lead to addiction and the deterioration of mental health.

In addition to depression, anxiety, and substance use, gay individuals are at significant risk for suicidality, encompassing suicidal thoughts, plans, and attempts. The risk of suicidal behaviors among gay individuals is significantly raised due to the culmination of rejection, discrimination, internalized stigma, and mental health disorders (Moagi et al., 2021). According to Mustanski et al. (2010), studies have shown that gay adolescents and young adults, in particular, are more likely to attempt suicide compared to their heterosexual peers, often as a result of bullying, family rejection, and the struggle to accept their sexual identity in a hostile environment. The need for interventions and support systems aimed to address and mitigate these risks emphasizes the Trevor Project's research, emphasizing the importance of tailoring social acceptance and mental health resources to meet the needs of gay individuals.

Associated with those who have been victims of hate crimes, sexual violence, or severe bullying, posttraumatic stress disorder (PTSD) is another mental health diagnosis that is not uncommon among gay individuals. Lasting psychological scars manifested as flashbacks, nightmares, severe anxiety, and hyperarousal are products of these traumatic lived experiences (Stenersen et al., 2019). These effects are compounded by the intersectionality of various forms of discrimination, such as racism and homophobia, predominately for gay individuals of color (Stenersen et al., 2019). Understanding the

abundant layers of trauma and the creation of culturally competent therapeutic interventions is required in addressing PTSD.

Suicide among gay individuals is both alarming and indicative of the severe mental health challenges faced by this population. Compared to their heterosexual peers, previous studies found that gay individuals are at a significantly higher risk of suicidal ideation. Santoyo-Báez et al. (2021), reported that the National Center for Biotechnology Information (NCBI) indicates that gay adolescents are almost five times more likely to attempt suicide than their heterosexual counterparts (p. 13). The Trevor Project's 2022 National Survey on LGBTQ+ Youth Mental Health reports that 42% of LGBTQ+ youth seriously considered attempting suicide in the past year, with 21% reporting a suicide attempt (Kurup & Paul, 2023). Reflecting the combined stressors of societal discrimination and internalized stigma, among those surveyed, gay males reported exceptionally high rates of suicidal behaviors.

Statistical data reveals self-harm is another critical area of concern for gay individuals. Self-harming behaviors, such as cutting and burning, are significantly more prevalent in gay populations. According to research published in the *Journal of Adolescent Health*, approximately 20% of gay adolescents report engaging in self-harm, compared to about 6% of their heterosexual peers (Liu & Mustanski, 2012). Serving as a coping mechanism, this behavior manages the intense emotional pain and psychological distress stemming from discrimination, rejection, and internalized homophobia.

Driven by fear of rejection and discrimination, not disclosing one's sexual orientation or remaining closeted is a common phenomenon among gay individuals.

Predominately in environments viewed as hostile or unaccepting, research reveals that a significant portion of gay individuals choose to remain closeted. According to the Williams Institute, approximately 46% of LGBTQ+ adults remain closeted in their workplaces (Howell, 2018). The 2023 LGBTQ+ Youth Report conducted by the Human Rights Campaign (HRC; 2023), found that 43.6% of LGBTQ+ teens hear their families make negative comments about LGBTQ+ people, contributing to teenagers' decision to hide their sexual orientation. Increased feelings of isolation, depression, and anxiety, including chronic stress and a decrease in one's sense of well-being, are profound mental health implications resulting from remaining closeted and the pressure to conceal one's identity (Howell, 2018).

From adolescence to adulthood, the mental health trajectory of gay individuals is manipulated by the merging of developmental, social, and environmental factors. Identity formation during adolescence is critical for gay individuals, who must also navigate the additional challenges of understanding and accepting their sexual orientation in a heteronormative society (Grossman et al., 2014). Contributed to the pervasive stigma, discrimination, and potential rejection, this stage is often marked by heightened vulnerability to mental health issues. Equated to their heterosexual peers, research suggests that gay adolescents experience significantly higher rates of depression, anxiety, and suicidal ideations (Santoyo-Báez et al., 2021). According to Haas et al. (2011), gay adolescents are more than twice as likely to experience symptoms of major depression and are four times more likely to attempt suicide than their heterosexual counterparts.

Transitioning into young adulthood, gay individuals continue to process and grasp the psychological aftermath of their adolescent experiences. For gay individuals, the emerging transition involves significant life changes, including pursuing higher education, entering the workforce, and forming intimate relationships (Floyd & Stein, 2002). It is often deemed impossible due to ongoing struggles with internalized homophobia, social isolation, and discrimination. Barber (2009) suggested that the mental health disparities observed in adolescence usually persist into young adulthood, with gay individuals exhibiting higher rates of mood disorders, substance abuse, and self-harm behaviors.

The ability to form long-term romantic relationships, including the possibility of raising families, can present unique mental health challenges for gay adults (Epstein & Fershtman, 2023). Though improved in many states, disparities and discrimination persist in the legal and social recognition of same-sex relationships. As indicated by current studies, relationship quality, and social support are determinants of mental health outcomes. For instance, a gay individual with a supportive partner and inclusive social circle will be less negatively impacted by external stressors. However, the potential stressors of societal prejudices and legal inequities can impact relationship stability and overall mental well-being. Epstein and Fershtman (2023) found that gay couples who perceive higher levels of societal stigma are more likely to experience relationship strain and mental health challenges.

Parental Acceptance

Parental acceptance is fundamental in the mental health outcomes of gay individuals. Research consistently validates that environments with supportive families have a significant impact on the mental health of gay individuals. For example, the 2023 LGBTQ+ Youth Report, conducted by the HRC, found that 67% of LGBTQ+ youth reported that their mental health was negatively impacted by family rejection, while 54% of those with supportive families reported better mental health outcomes (HRC Foundation, 2023). The experience of positive mental health outcomes, such as increased levels of self-esteem, lower levels of depression, and reduced anxiety, is often a result of parents accepting and affirming their gay children (Ryan, 2009). Pivotal mental health components include a sense of belonging and security fostered by this acceptance. However, gay individuals who experience rejection or lack of acceptance often have adverse effects on their mental health, including feelings of isolation, internalized homophobia, and increased psychological distress (Ryan et al., 2009). Current studies illustrate that the risky behaviors gay individuals engage in, such as increased rates of substance abuse and suicidal ideation, are likely correlated to parental rejection (Ryan et al., 2009). Therefore, validating the pivotal role parental acceptance plays in promoting gay individuals' mental health.

Gay individuals experience mental health impacts that go beyond immediate interactions associated with parental acceptance. In broader social contexts, external discrimination and stigma are often safeguarded when parents accept and become advocates and allies (Ghosh, 2020). Mitigating the negative effects of societal prejudice,

this advocacy strengthens the sense of self-worth and belonging of gay individuals. The ability to manage stress and adversity is formulated from the accessibility of mental health resources and support networks facilitated by parental acceptance (Katz-Wise et al., 2016). Thus, highlighting how overpowering and far-reaching parental acceptance is in shaping of mental health outcomes among gay individuals.

Robustly documented, parental acceptance has many long-term benefits on the mental health of gay individuals. Experiencing positive parental relationships during critical developmental years (adolescence and young adulthood), gay individuals often have more stable and fulfilling adult lives (Ghosh, 2020). Building healthier relationships, furthering education, and achieving desired career outcomes are culminating factors resulting from stability and parental acceptance. Collectively, these factors influence the increase in quality of life and improved mental health over the lifespan of gay individuals (Ghosh, 2020; Katz-Wise et al., 2016). However, impeding personal and professional development, gay individuals who face parental rejection often experience long-term struggles with their mental health (Ryan et al., 2009). Therefore, giving justification that parental acceptance is equally essential for long-term well-being and success as it is for immediate mental health outcomes.

Parental Rejection

Research consistently shows that family rejection is a powerful predictor of adverse mental health outcomes. Familial discord is a widespread issue among gay individuals, significantly impacting mental health and overall quality of life. A study conducted by the Family Acceptance Project (2009) found that gay adolescents who

experienced high levels of family rejection were 8.4 times more likely to attempt suicide, 5.9 times more likely to experience depression, and 3.4 times more likely to use illegal drugs compared to those who reported low levels of family rejection. Additionally, Katz-Wise et al. (2016) concluded that LGBTQ+ youth who are highly rejected by their families are three times more likely to have unprotected sex (pp. 1011–1025). Evidenced by these statistics, family acceptance plays a critical role in the mental health and well-being of gay individuals and signifies the need for family-based interventions aimed at fostering acceptance and support.

The detrimental impact that this rejection has on the mental health of gay individuals can manifest from parental disparities such as emotional and physical withdrawal, unexplained hostility, and disapproval (Puckett et al., 2015). By rejecting their gay children, parents are contributing to profound feelings of guilt, unworthiness, and shame, which can ultimately result in these emotions hindering sense of self, formulating into low self-esteem and self-hatred. For example, Newcomb et al. (2019) found that significant higher levels of depression and anxiety were exhibited in gay youth who perceived their parents as highly rejecting than those who perceived their parents as more accepting. The ability to cultivate resiliency against adversities, both societal and personal, become deprived when gay individuals experience a lack of parental support and the essential emotional resources (Puckett et al., 2015).

The effects of parental rejection, and the psychological ramifications, on long-term mental health outcomes extend beyond immediate emotional distress. Chronic stress and trauma are commonly associated with rejection from parents, often negatively

impacting numerous aspects of life and navigating into adulthood (Mustanski et al., 2010). Furthermore, mental health disorders, such as PTSD and chronic depression, can result from the trauma associated with parental rejection. Thus, reinforcing that the compounding effects that parental rejection has on the psychological well-being and overall life trajectory of gay individuals is severely underscored.

An individual's social support is often initialized with their parent(s) and experiencing such rejection could result in heightened episodes of social isolation and their sense of belonging being diminished (D'Amico & Julien, 2012). Engaging in such isolation immobilizes gay individuals from pursuing and welcoming support from other social networks, furthering their inability to combat feelings of loneliness and abandonment. The development of damaging societal views regarding their sexual orientation are additional repercussions shadowed by the internalized homophobia gay individuals stigmatize due to the rejection of their own parent(s) (Puckett et al., 2015). Detrimental and undermining to the mental health of gay individuals, these internalized conflicts compromise the ability to mitigate continuous feelings of inadequacy and self-loathing.

The lived experiences of acceptance or rejection, social support, and the ability to establish a positive sexual identity are culminating factors in the development of a gay individual's mental health in adulthood (Horowitz & Newcomb, 2001). Better mental health outcomes are exhibited by those who have developed strong support networks and have experienced acceptance from family and peers. However, chronic stress and related mental health issues are experienced by adults who have fallen victim to persistent

discrimination and rejection or who remain closeted (Horowitz & Newcomb, 2001).

Further complicating their mental health trajectory, the intersection of minority stress and life stressors unique to adulthood are common barriers. Moagi et al. (2021) highlighted that gay adults are at a heightened risk for chronic conditions such as depression and anxiety, primarily due to sustained minority stress throughout their lives.

Furthermore, environments that circumnavigate both parental rejection and societal discrimination are deemed challenging for gay individuals. Societal prejudices and negative societal attitudes are often wide-spread reflections of gay individuals being rejected by their parents (Chan et al., 2022). This intersection of parental rejection and societal discrimination contributes to the increased levels of stress and anxiety associated with these factors. Maintaining mental health stability is often challenging for gay individuals and exhausts emotional and psychological resources when constant navigation is needed for these hostile environments (Moagi et al., 2021). Current research states that, when experienced collectively, the risk of heightened levels of depression and incidence of suicidal behavior is severely greater among gay individuals (Chan et al., 2022). For example, the Family Acceptance Project found that gay youth from highly rejecting parents are 8.4 times more likely to have attempted suicide as young adults compared to those with highly accepting parents (Family Project, 2009).

Political Intensity

The dedication and opposition that exists in political discourse and action is referred to an individual's political intensity. When political intensity is heightened, gay individuals experience intense and multifaceted effects. Dependent on the prevailing

political climate, the instability of legal protections and rights can have a significant impact (Hammack et al., 2013). When conservative groups gain influence, a period of high political intensity, legal protections for gay individuals, such as the push back of anti-discrimination laws or barriers to marriage equality, are in jeopardy of regression (Feinberg et al., 2020; Wuttke, 2020). Equally, social inclusivity can be reflected during progressive political waves, as the periods often include advancements in gay rights and protections (Smith, 2008). Impacting mental health and societal participation, these periods of oscillations create environmental uncertainty and instability for gay individuals.

Similarly to legal implications, the social setting in which gay individuals live is often shaped by political intensity. Heightened scrutiny and hostility, in conjunction with this increased visibility, is often a result of high political polarization and tends to intensify public debates and media coverage on gay issues (Smith, 2008). While it can promote significant awareness and support, this visibility can be a paradoxical situation, as it can also expose gay individuals to increased stigma, discrimination, and violence. For example, gay individuals may experience an increase in hate crimes and discriminatory acts in times of intense political debates regarding gay rights and as societal tensions escalate. Such hostile environments often create stress and fear, which have significant impacts on this population's mental health and physical well-being (Smith 2008).

Likewise, the activism and organization within the gay community is also influenced by political intensity. Often, in response to political threats or opportunities,

an exponential increase in public organizing, advocacy, and coalition-building is observed among gay individuals and allies (Smith, 2008). Outcomes such as significant social and political changes, reinforcing community bonds and fostering resilience are culminating factors from these collaborative actions. When faced with persistent political intensity and opposition activists and advocates risk burnout (Feinberg et al., 2020). For example, the momentum for long-term social change can be weakened due to fatigue and disappointment often resulted from the emotional and psychological toll of incessant activism in a highly charged political climate.

The lived experiences of gay individuals are often complicated by the intersectionality of political intensity and other identities. Effects of political intensity are heightened and when gay individuals are also part of other ostracized groups, such as racial minorities or immigrants (Theodoridis et al., 2023). These affiliations often cause this population's vulnerability in politically volatile environments to be exacerbated and increases their chances of experiencing layered forms of discrimination and exclusion. Having an understanding, that includes these intersecting identities and the broader sociopolitical context, requires an all-encompassing approach that highlights the nuanced impacts of political intensity (Kuper et al., 2022).

Mediating the mental health effects of political intensity is vital and social support networks play a crucial role. Emotional support and affirmation are heavily relied on by chosen families and LGBTQ+ communities for gay individuals (Bougher, 2018; Wegemer & Vandell, 2020). However, due to the extreme demands of activism and the collective anxiety, social support networks can experience burnout and reduced capability

to provide support. Furthermore, families and communities are often fractured in response to the polarization of political environments, resulting in social isolation and overwhelming feelings of alienation and depression (Wegemer & Vandell, 2020).

The propagation of political intensity is often contributed to the media and cannot be overlooked. Embellished coverage and polarized viewpoints of LGBTQ+ issues portrayed in media tend to emulate the intensity of political discourse (Ayoub & Garretson, 2017). Continuous psychological stress is a potential byproduct of consuming such media, as gay individuals are confronted, repeatedly, with controversial and often hostile representations of their identities (Ayoub & Garretson, 2017). Therefore, pre-existing mental health issues can be compounded by such media-induced stress, creating a continuous loop of anxiety and distress.

Parental Political Intensity

The mental health of gay individuals is highly influenced by the intensity and extremity of political beliefs and activities of parents, also known as parental political intensity. In 2022, the Pew Research Center found that 16% of U.S. parents believed it was essential that their children have the same political views (Cooperman, 2023). Family environments in which parents hold strong political opinions can often become a source of stress and conflict when they are supposed to be spaces where children and young adults seek acceptance and support, particularly those parents opposed to gay rights and hold strong political opinions (Wegemer & Vandell, 2020). For example, a survey conducted by the Gallup Group in 2023 reported that 51% of Republicans (conservatives) think same-sex marriage should not be recognized by the law (Gallup,

2024). Gay individuals tend to experience extreme disapproval or indirect forms of discrimination in households where parents hold intense conservative views, resulting in internalized homophobia and reduced self-worth (Ryan et al., 2009). This raises concern as 36% of Americans view their household as conservative.

Furthermore, it is critical to note that the influence of parental political intensity goes beyond the direct interactions to the broader social environment shaped within the household. Combined feelings of fear and insecurity are common feelings associated with isolation and alienation, which result from gay individuals residing in homes where parents are politically active and vocal about anti-gay stances (Ryan et al., 2009). Hostile home environments are challenging for gay individuals to navigate and often cause stress, intensifying symptoms of anxiety and depression (Ryan, 2009).

However, the mental health of gay individuals can be impacted by protective effects when parental political intensity aligns with progressive and supportive views of gay rights. Home environments tend to be more inclusive and affirming when parents are politically active in support of gay rights (Ryan, 2009). The foundation for resilience is formed when the negative impact of external societal discrimination is buffered with this parental support. For instance, according to Bouris et al (2010), gay youth who received family support displayed better mental health outcomes, including lower rates of depression, anxiety, and suicidal ideation.

Politics and Homosexuality

Powerfully interlinked, the historical context of societal attitudes, legal frameworks, and public policies is deeply rooted in the multifaceted relationship between

politics and the mental health of gay individuals (Hammack et al., 2013). Having a critical role in determining the mental health outcomes of gay individuals, politics can shape societal norms and influence the legal recognition of rights. Legal protections, social acceptance, and access to healthcare are just a few of the observed lenses that the impact of political decisions have on the lives of gay individuals (Wuttke, 2020).

While the early 20th century brought much adversity to gay individuals, such as pervasive criminalization and pathologization, the latter half of the 20th century gave gay individuals a glimmer of hope as the political landscape began to shift, marked by the emergence of the gay rights movement (Flores, 2020). Often referred to as a fundamental moment in this movement, the 1969 Stonewall Riots generated an upsurge of activism that opposed the existing social and legal discrimination gay individuals were experiencing (Pitman, 2019). This significant political and social change was highly reflective of this activism and pre-established groundwork, which influenced the APA's decision to declassify homosexuality as a mental disorder in 1973 (Hartmann, 2022; Pitman, 2019). Representing a vital step in reducing the associated stigmas with being gay, this landmark decision underscored the role of political action in shaping mental health outcomes. It was motivated by both scientific research and activism. The social acceptance of gay individuals gradually improved because of the declassification, enhancing mental health outcomes, evidenced by the reduction in the stigma and discrimination they faced (Hartmann, 2022).

However, the mental health of gay individuals, despite these progressions, continued to experience ongoing political struggles in the latter part of the 20th century

and early 21st century. Renewing the stigmatization and judgment against the gay community in the 1980s and 1990s, initially labeled a “gay plague,” the HIV/AIDS epidemic was at the forefront of the political struggles. The gay community received a lack of government response and societal backlash, which led to exacerbated mental health issues (Russell & Richards, 2003). The continuous intersection of politics and mental health in the gay community was illustrated by activist organizations, such as ACT UP, by highlighting the crucial need for medical research and more compassionate public health policies (Gates & Dentato, 2020).

Shaping the landscape for gay individuals’ mental health, political milestones were monumental in the 21st century. The legalization of same-sex marriage in 2015 was a groundbreaking decision by the U.S. Supreme Court in *Obergefell v. Hodges* that was influential in the improvement of mental health outcomes among gay individuals (Kazyak & Stange, 2018). Research has shown that the reduced feelings of societal rejection and ostracism are in response to the legal recognition of same-sex marriages and are correlated to lower rates of mental health issues (Russell & Richards, 2003). However, the efforts to roll back gay rights and the occurrence of anti-gay speech in political discourse and ongoing political battles temper these gains and continue to pose threats to the mental health of gay individuals. Paramount in the mitigation of stressors linked with discrimination and stigma, legal recognition, and protection of gay individuals’ rights are vital. Research consistently shows that the noticeable improvements in mental health outcomes are directly correlated in jurisdictions that afford gay individuals legal protections, such as anti-discrimination laws and marriage

equality (Russell & Richards, 2003). For example, married gay individuals in the United States saw a significant reduction in rates of depression and anxiety, which is associated with the Supreme Court's decision in *Obergefell v. Hodges*, leading to the legalization of same-sex marriage. Not only did this decision reduce the minority stress frequently experienced by this population, but it also endorsed their relationships in the eyes of the law (Russell & Richards, 2003).

Furthermore, deeply associated with the mental health of gay individuals, the banning of conversion therapy, transgender rights, and protections against discrimination in employment and housing are contemporary political issues that remain. Affirmations from political actions regarding the rights and self-worth of gay individuals have been shown to affect mental health positively. In contrast, those pursuing to limit these rights tend to aid in the formation of hostile environments that increase mental health struggles (Howell, 2018). For instance, lower rates of mental health issues are seen in states that have endorsed comprehensive anti-discrimination laws protecting gay individuals compared to those that do not. Equally, the mental health of gay individuals can be severely affected by nonexistent legal protections or the enactment of discriminatory laws. Leading to environments of fear and ostracism, laws that criminalize same-sex relationships or fail to protect against hate crimes and workplace discrimination are common factors in such responses (Flores, 2020). Studies have shown that heightened levels of mental health concerns are reported by gay individuals residing in regions lacking legal protections. For example, Casey et al. (2019) found that gay individuals in states without anti-discrimination laws were more likely to experience adverse mental

health outcomes compared to those in states with such protections. This emphasizes how persuasive the role of legal frameworks is in either the mitigation or intensification of the mental health challenges experienced by gay individuals.

The mental health of gay individuals is also shaped by the continuous political climate and public discourse encompassing gay issues (Bialer & McIntosh, 2017). Acceptance and decreases in stigma are fostered in social environments with inclusive and supportive policies endorsed by politicians and public figures. On the other hand, negative stereotypes and the validation of prejudice, reinforced by anti-gay speech and policies, contribute to gay individuals experiencing heightened forms of discrimination and internalized homophobia (Casey et al., 2019). For example, when Proposition 8 in California was passed in 2008, temporarily banning same-sex marriage, reports indicated that gay individuals experienced increases in stress and anxiety (DeGagne, 2018). This phenomenon signified how influential intense periods of political debate surrounding gay rights are on the mental health of gay individuals.

Effects from healthcare access and policies also impact the mental health of gay individuals. The specific needs of gay individuals relevant to healthcare services are heavily reliant on political decisions that ensure inclusivity and are non-discriminatory (Casey et al., 2019). Provisions prohibiting discrimination based on sexual orientation were incorporated by the Affordable Care Act (ACA), which gave many gay individuals increased access to healthcare. Vital to individuals seeking and receiving appropriate care, this access provides inclusive environments for addressing physical and mental health needs (Henry et al., 2020; Nguyen et al., 2018). However, gay individuals can

experience significant mental health disparities in response to policies that restrict healthcare access or negate the ability to address their unique needs. The healthcare experiences and mental health outcomes of gay individuals are continuously impacted by political decisions resulting from the ongoing debates and legislative efforts to either safeguard or demolish such provisions (Nguyen et al., 2018). To improve the overall well-being of gay individuals, it is crucial to have a comprehensive understanding of the intersection of healthcare policies and mental health outcomes.

Parental Age

Through the lens of generational attitudes, specifically towards gay issues, parental age heavily influences the mental health outcomes of gay individuals (Bogaert & Cairney, 2004). Societal norms and values established throughout their years may cause older parents to have more conservative views regarding sexuality. Therefore, it potentially impacts the acceptance and support that gay individuals receive within their family environments. Research has found that gay individuals experience increased mental health challenges when experiencing higher levels of family rejection. Closely correlated, these challenges are influenced by older parents having more traditional views and being less accepting of non-traditional views regarding sexual identities (Lapinski & McKirman, 2013). The 2024 U.S. National Survey on Mental Health of LGBTQ+ Young People, conducted by The Trevor Project, found that gay youth with older parents reported higher levels of perceived stigma and family conflict, which correlated with increased symptoms of depression and anxiety (Nath et al., 2024).

On the contrary, acceptance and support often come from younger parents, those whose generation is more adaptable to progressive and inclusive ideologies (Rothenberg et al., 2022). Gay individuals with younger parents can exude more significant mental health outcomes, which is reflected in the greater acceptance of this generational shift (Bogaert & Cairney, 2004). Embracing diverse sexual orientations and providing supportive environments tend to be displayed by these parents, which are integral to the mental health of their gay children. According to The Trevor Project (2024), decreased levels of mental health issues, such as depression, anxiety, and suicidal ideation, are often experienced by gay individuals with younger, more accepting parents (Nath et al., 2024). Therefore, highlighting the cruciality of alleviating the controversial outcomes of societal discrimination on mental health with parental support.

The navigation of parental roles and expectations also influences the nuanced relationship between parental age and the mental health of gay individuals. Traditional views related to family structure and roles are often associated with older parents. Those parents adhering to these views tend to cause gay individuals who do not conform to these expectations to experience additional pressure and conflict (Bogaert & Cairney, 2004). Intensifying mental health issues, the added stress from managing these familial expectations can contribute to internalized homophobia and a decrease in self-esteem. Conversely, tending to be more flexible and open-minded, younger parents often foster healthier psychological environments for their gay children by offering a more adaptable and understanding approach (Bouris et al., 2010).

Furthermore, often associated with older parents, socioeconomic stability can influence both positive and negative implications for gay individuals' mental health (LaSala, 2007). However, more significant financial resources and life experiences often accompany older parents, which allows them to provide a stable and supportive home environment. On the other hand, if linked with conservative beliefs and a lack of acceptance, the potential benefits from these resources may be surpassed by the psychological distress caused by family rejection (Lapinski & McKirnan, 2013). Recent studies have shown that the negative mental health impacts of a non-accepting family environment are not compensated by financial support.

Research also suggests that the effects of parental age on the mental health of gay individuals are heavily mediated by intergenerational communication (Bouris et al., 2010). Effective communication can be critical in bridging the generational gap, allowing for greater understanding and acceptance. Helping to reduce stigma and promote mental health in families with older parents, programs aimed at improving family communication and education about gay issues have been particularly beneficial (Bouris et al., 2010). Among older parents, the mental health outcomes for gay individuals can be significantly improved by using interventions that increase awareness and foster open dialogue.

Summary and Conclusion

The goal of this dissertation is to better understand the relationship between parental political intensity and gay individuals' mental health and the moderation of parental age. For decades, gay individuals have experienced many forms of

discrimination and stigma, including family and societal perceptions, that have severely influenced the disparities in this population's mental health (Starks et al., 2023; Theodoridis et al., 2023). By incorporating parental age as a moderator, this dissertation aims to understand the nuances of how the relationship between parental political intensity and the mental health of gay individuals varies across different generational contexts. Mental health disparities include social isolation, internalized homophobia, PTSD, depression, stress, anxiety, thoughts of self-harm and suicidal ideations, and lack of self-worth (Barber, 2009; Cochran et al., 2003; Dergić et al., 2023; Drescher, 2015; Hartman, 2022; Hectors, 2023; Ryan et al., 2009).

Despite the monumental political milestones throughout the 21st century, gay individuals continue to experience political battles in heightened political climates (Kazyak & Stange, 2018). These heightened political times create environments of fear and ostracism for the gay community and often result in increased mental health struggles (Russell & Richards, 2003). Furthermore, these political climates can foster hostile family environments when parents hold strong political views, are politically active, and sometimes vocalize their anti-gay stances (Howell, 2018). However, there is no research identifying the levels of parental political intensity and their impacts on gay individuals' mental health, including generational influences.

The theoretical frameworks used for this study are the intersectionality theory by Crenshaw and the ecological systems theory by Bronfenbrenner. Crenshaw's (1989) theory is based on the idea that through multiple intersecting forms of social categorization and discrimination, an individual's experiences and outcomes are formed.

This theory recognizes the importance of reevaluating and dismantling societal inequalities through social justice movements and advocacy. Bronfenbrenner's (1977, 1994) theory is based on the idea that human development evolves through multiple environmental systems. These systems consist of the following: microsystem, mesosystem, exosystem, macrosystem, and chronosystem (Darling, 2007). This ecological system influences human development through multiple socioenvironmental factors and individual characteristics.

Through literature, different topics were explored, including gay individuals' mental health, parental acceptance, parental rejection, political intensity, parental political intensity, politics and homosexuality, and parental age. Throughout the years, there have been many influential factors in the mental health of gay individuals, from self-loathing to social discrimination and stigma (Barber, 2009; Cochran et al., 2003; Drescher, 2015; Hartman, 2022; Hectors, 2023). Since the 21st century, gay individuals have experienced monumental shifts in civil rights, which have led to significant decreases in mental health disparities (Kazyak & Stange, 2018; Russell & Richards, 2003). However, despite the influential movements by political decisions, the gay community continues to experience adverse effects from politics, such as social discrimination, social isolation, and social stigma (Russell & Richards, 2003). In heightened political times, these factors tend to result in increased mental health disparities among gay individuals (Flores, 2020; Howell, 2018), which include depression, stress, anxiety, PTSD, and suicidal ideations and attempts (Barber, 2009; Cochran et al., 2003; Dergić et al., 2023; Drescher, 2015; Hartman, 2022; Hectors, 2023; Ryan et al., 2009). Family environments can also impact

the mental health of gay individuals when parents are politically active and can foster either welcoming or hostile spaces. Parents with political views that are progressive and supportive of gay rights tend to provide more inclusive and affirming environments. At the same time, parents with political views that do not align with progressive and supportive views of gay rights are found to be less inclusive and affirming. Often, these multifaceted views can be the determinates of parental acceptance or rejection, which severely impacts the mental health of gay individuals (Ghosh, 2020; Kuper et al., 2022; Mustanski et al., 2010; Puckett et al., 2015; Wegemer & Vandell, 2020). Younger parents are often associated with having more progressive views on homosexuality and tend to become allies for the gay community (Ryan, 2009). However, the more nonprogressive views towards gay individuals are often associated with older parents and can lead to parental rejection (Ryan et al., 2009). The development of a gay individual's mental health is strongly reliant on their lived experiences of acceptance or rejection, social and emotional support, and the ability to ascertain a positive sexual identity (Horowitz & Newcomb, 2001).

The present study addresses some of the limitations identified. Parental political beliefs have affected many gay individuals' mental health in various ways, and the level of political intensity may affect the parent's political beliefs. It is also possible that generational factors, such as parental age, affect the mental health of gay individuals. Through a quantitative survey, gay individuals can identify parental factors that have influenced their mental health. Chapter 3 will discuss how the goal of the study will be achieved through the study's methodology.

Chapter 3: Research Method

Introduction

This study was intended to describe the relationship between parental political intensity and gay individuals' mental health while testing parental age as a moderator. In this chapter, I will outline the quantitative approach in the following sections: research design and rationale, methodology, sampling and sampling procedures, participation and data collection, instrumentation and operationalization of constructs, data analysis, threats to validity, and ethical considerations. This chapter will end with a summary and a preview of the next chapter.

Research Design and Rationale

For the current study, I used a quantitative research methodology to analyze the impact of parental political intensity (independent variable) on gay individuals' mental health (dependent variable). This approach was best suited for this study as it has the aptitude to methodically measure and analyze variables across large populations (Gray et al., 2007). Unlike in qualitative methods, the identification of patterns and correlations is possible through statistical techniques used in quantitative research (Gray et al., 2007). Such techniques include objective testing of hypotheses, and the enhancement of the reliability and validity of the research findings. Furthermore, to ensure that inessential factors do not influence the observed relationships, control for perplexing variables can be achieved by doing a quantitative study (Salkind, 2010; Schenker & Rumrill, 2004). Through the quantitative lens, replication and comparison of historical data can be facilitated using standardized instruments and surveys.

Due to the complex, multifaceted nature of this study, a qualitative methodology would not have worked for this research. In this study, I sought to quantify and analyze specific variables instantaneously, and qualitative studies focus on nonnumerical data obtained from interviews, observations, and documented analysis (Mahoney, 2010). Qualitative research is also designed to gain in-depth, rich perspectives of their participants, due to the smaller sample sizes, and can lead to biases (Gray et al., 2007; Mahoney, 2010). For this study, biases are limited due to larger sample sizes, which increases validity in the empirical findings.

This study had a correlational design. Such a design can mitigate manipulation by examining naturally occurring variables, thus, making it practical (Curtis et al., 2016). A correlational design allowed the study to identify and quantify the strength and direction of relationships between the variables and provides understanding to their associations without assuming connections (Curtis et al., 2016; Seeram, 2019). This design allowed the use of the Pearson's correlation coefficient and linear regression, where large datasets can be analyzed, detecting patterns and trends related to the relationship of parental political intensity (independent variable) and gay individuals' mental health (dependent variable), and parental age (moderator; see Seeram, 2019). Gender was included as a potential covariate. Additionally, in correlational designs, the validity of the data is enhanced through the ability to control for confounding variables. According to Ponto (2015), to obtain information relatively quickly from a large population-base, and gather information describing their characteristics, survey research is predominantly used. For

this study, the survey method was appropriate. Using a survey allows the researcher to depict and examine variables and constructs of interests (Ponto, 2015).

Methodology

Population

The aim of this research study was to investigate how parental political intensity impacts gay individuals' mental health among adults in the United States. Participants for this study had to be at least 18 years of age and identify as gay (i.e., attracted to the same gender). Due to legal and ethical considerations, selecting participants who are 18 years and older is essential when conducting research on adults. Individuals within the age parameters can provide informed consent, as the law deems them capable, which ensures that the nature of the study and their rights as participants are fully understood. The autonomy and confidentiality of the participants is protected as this age requirement decreases potential ethical concerns related to parental consent should there be involvement of minors.

Additionally, vital for accurately assessing the impact of parental political intensity and gay individuals' mental health, a developed and established sense of identity and a strong understanding of their mental health status is more likely with individuals aged 18 and older. Methodical thinking of past influences and experiences are better reflected from older participants, which produces dependable data concerning their mental health and parental influences. Furthermore, these lived experiences are more likely to include a range of social, education, and professional environments, which can produce context that is rich for analyzing the relationship between parental political

intensity and mental health outcomes. By focusing on this population, the validity and the depth of the study's findings are enhanced.

Sampling and Sampling Procedures

Due to its practicality and efficiency, convenience sampling was used for this study, which aligns with having a specific target in mind and time restraints. In quantitative research, researchers commonly use convenience sampling for its nonprobability technique, where participants are selected based on ease of access and their availability (Etikan et al., 2016). I recruited participants through various social media platforms, such as Facebook, LinkedIn, and Instagram. To gain more participants, I joined target Facebook groups, such as the Human Rights Campaign (HRC), LGBTQI Denver, Gay Men's Brotherhood, and LGBT Progressive Politics, and shared information about the study, including a survey link for those interested in participating. Additionally, on all platforms, including personal social media networks, specific hashtags were used on the initial post, including #gaymentalhealth, #gaymentalhealthandpolitics, and #gaypolitics, which will direct potential participants to the survey when those keywords are searched on social media platforms. Inclusion criteria, provided in the initial social media post, are detailed in the next section of this chapter. Participation was only for those volunteers who met the inclusion criteria and answered all survey questions. For this study, the inclusion criteria consisted of being aged 18 and older and identifying as gay (attracted to the same sex). The study excluded those younger than 18 and those who identify other than gay, as the focus of the study is on gay adults.

To determine the appropriate number of participants for the study, I performed a G*Power analysis (see Appendix A). To ensure that significant findings were not by chance, the analysis used an effect size of 0.15 and a power level of 0.90 to detect significant effects in the linear multiple regression test. A minimum sample size of 99 was indicated by the results of the analysis. To account for potential attrition and participant dropout, the sample size was increased by 20%, producing a total sample size of 114. Additionally, oversampling of participants was done in hopes of getting a balanced sample according to gender, meaning approximately 50–70 men and 50–70 women. A stratified random sampling approach was not taken, as this study does not have any gender-specific hypotheses. SPSS was used to upload all completed survey responses, where a sample was generated for statistical analysis.

Procedures for Recruitment, Participation and Data Collection

To collect data for this study, I created a web-based survey (see Appendix B). Social media platforms, including Facebook, LinkedIn, and Instagram, were used to share the survey link as previously mentioned. Specific social media groups were used to share information about the study with potential participants. All social media posts included the following statement:

Hello, I am conducting a research study as part of the Walden University Developmental Psychology Program. We seek volunteers to participate in a brief online survey focused on understanding the relationship of parent political intensity and gay individuals' mental health. To participate in this study, you must be at least 18 years of age and identify as gay. For this study, identifying as gay

means attracted to the same sex. Participation in the survey is voluntary and will take about 20 minutes. The survey does not collect any personal information to ensure confidentiality. To start the survey, please click the Start Survey Link below. Once the survey data is collected, analyzed, and approved, the dissertation will be available in the Walden University Library. If you would like a copy of the final study, please email the researcher at [email address redacted]. Thank you in advance; I greatly appreciate your time and input.

Every participant, once clicking on the link, was prompted on the next steps throughout the survey. The informed consent form provided participants with a clear understanding of the study and how to participate on the first page of the link.

Participants had to agree to the informed consent, in order to proceed, by indicating that they agreed to participate with a written “YES” before they could continue to the next stage of the survey.

After the final survey question, a thank-you message would appear, thanking the participants for their participation and providing the researcher’s email address should they have questions following the survey, once the survey questions have been completed. This signified the end of the survey, and participants could close the browser. Debriefing or follow-up procedures were not required for this study. Upon request, participants could be provided with the results at the completion of the study. Participant recruitment through social media hit a stall, resulting in using Prolific to assist with data collection. The online survey was hosted by the online survey platform SurveyMonkey (<https://www.surveymonkey.com>).

Instrumentation and Operationalization of Constructs

To begin the study, participants answered demographic questions, including age, gender, ethnicity, sexual orientation, parental age, and location of residency in the first section of the survey. Next, participants were prompted to answer a set of questions that were used in the data collection process from the following instruments: the DASS-21 (Lovibond & Lovibond, 1995), MFQ-30 (Graham et al., 2011), and the Liberal–Conservative Self-Report Scale (Lambert & Raichle, 2000). For educational purposes, permission has been received by each of the instrument developers (see Appendix C).

Depression, Anxiety, and Stress Scale

Developed by Lovibond and Lovibond (1995), the DASS-21 is a revised shortened version of the DASS-42 and is a self-reporting instrument comprising of 21 items, divided into three subscales (i.e., Depression, Anxiety, and Stress) containing seven questions each, that measure the negative emotional states of depression, anxiety, and stress over the past week. The DASS-21 uses a 5-point Likert scale, ranging from 0 = *did not apply to me at all* to 4 = *applied to me very much or most of the time*. The DASS-21 was developed to identify and differentiate the core symptoms of depression, anxiety, and stress. Some example questions from the DASS-21 include “I couldn’t seem to experience any positive feeling at all” from the depression subscale, “I was intolerant of anything that kept me from getting on with what I was doing” from the stress subscale, and “I felt scared without any good reason” from the anxiety subscale (Lovibond & Lovibond, 2015). A study conducted by Antony et al. (1998) reported acceptable reliability (Cronbach’s $\alpha = .94$ for Depression, .87 for Anxiety, and .91 for Stress) in their

analysis of the psychometric properties of the 42-item and 21-item versions of the DASS. The DASS-21 is widely used in both clinical and nonclinical settings in the assessing of negative emotional states across diverse populations (Lovibond & Lovibond, 1995). For this instrument, the sum of all items is calculated and multiplied by 2 to calculate the final score range of normal, mild, moderate, severe, or extremely severe (Lovibond & Lovibond, 1995).

Moral Foundations Questionnaire-30

In 2008, Graham et al. (2008) developed the MFQ-30 to understand and explain human moral reasoning and behavior variations. The MFQ-30 comprises two parts, with 15 questions each, measured on a 6-point Likert scale, ranging from 0 = *not at all relevant* to 5 = *extremely relevant* for Part 1 and ranging from 0 = *strongly disagree* to 5 = *strongly agree* for Part 2. The MFQ-30 aims to use the five moral foundations (harm/care, fairness/reciprocity, in-group/loyalty, authority/respect, and purity/sanctity) to endorse the binding moral systems (first 18 questions of the MFQ-30) and the individualizing moral systems (last 12 questions of the MFQ-30), which underlie people's ideological preferences (i.e., conservative vs. liberal; Graham et al., 2011). Part 1 asks participants, "When you decide whether something is right or wrong, to what extent are the following considerations relevant to your thinking?" An example consideration is "whether or not someone was denied his or her rights" (Graham, 2011). Part 2 asks participants to indicate their agreement or disagreement with each sentence, with an example sentence being "When the government makes laws, the number one principle should be ensuring that everyone is treated fairly" (Graham et al., 2011). Silver

and Silver (2017) conducted a study using the MFQ-30 to analyze the level of punitive intensity between conservatives and liberals through their binding and individualizing moral systems. Their analysis reported acceptable reliability (Cronbach's $\alpha = .81$ for binding moral systems and Cronbach's $\alpha = .72$ for individualizing moral systems) in the psychometric properties of the 30-item questionnaire (Silver & Silver, 2017). The MFQ-30 is widely used to examine the moral reasoning of individuals with conservative or liberal beliefs and the intensity of those beliefs (Silver & Silver, 2017; Tamul et al., 2020). Data were calculated for each of the five moral foundations by adding the six numbers in each of the five columns. The sum of each column represents the individuals' psychological foundations for morality. According to the Moral Foundation (2008), liberals tend to score higher in harm/care (20.2) and fairness/reciprocity (20.5), whereas conservatives score the opposite in those two subscales. Therefore, this study dichotomized these variables into more liberal and more conservative, based on their responses. Importantly, all questions were reformatted to reflect the belief of the participants' parent(s), rather than the participant.

Liberal–Conservative Self-Report Scale

To capture political attitudes on a continuous scale, the Liberal–Conservative Self-Report scale (2000) was used. This scale was developed by Lambert and Raichle (2000) to help participants identify how conservative or liberal they consider themselves to be. The liberal–conservative self-report scale consists of two questions that measure the level conservatism and liberalism of each participants' parents. The liberal–conservative self-report scale uses an 11-point Likert scale for each question, ranging

from 0 = *not at all conservative/not all liberal* to 10 = *extremely conservative/extremely liberal* (Lambert & Raichle, 2000). The liberal–conservative scale functions as a tool to examine the relationship between conservative ideology and the extent to which people place blame on traumatic events, such as blame on rape victims (Lambert & Raichle, 2000). The two questions are “How conservative do you consider yourself to be?” and “How liberal do you consider yourself to be?” For this study, to examine the political intensity of the participants’ parents, the questions were reformatted to “How conservative do you consider your parent(s) to be?” and “How liberal do you consider your parent(s) to be?” Due to the limited number of questions on this scale the internal reliability cannot be determined; however, Lambert and Raichle (2000) used this scale in conjunction with another instrument and together internal reliability was found (Cronbach’s $\alpha = .81$). Similar to other studies (MacEacheron, 2024), scores of liberalism and conservatism served as independent measures, meaning that both liberalism and conservatism served as independent predictors for analysis in this study. For this section of the survey, the higher the score, the higher the political intensity.

Data Analysis Plan

After successfully obtaining the survey data, and ensuring that participants met the requirements for participation, I used SPSS to analyze the exported raw data. Data cleaning was involved in the initial step to ensure quality and reliability by rejecting outliers and participants with missing data. Participants who failed to answer all survey questions were omitted from the study. The next step was to ensure coding of the variables, as continuous and on a ratio scale, is done correctly. Before further analysis,

each scale was scored to create a baseline for each measure. The data were resaved under a different name so that the raw data and a copy of the edited data could be retained. Personally identifiable information will not be included in the dataset to guarantee participant confidentiality. To examine the directional relationship between parental political intensity (independent variable) and gay individuals' mental health (dependent variable), and how parental age moderates this relationship the prepared data then underwent linear regression analysis. The parents' political ideology variables (independent variables) were entered in the first step, mental health variables (dependent variables) were entered in the second step, age (moderator) was entered in the third step, and the interaction between both political ideologies scales with age was entered in the fourth step. Should the moderator variable influence the connection between the predictor and criterion variables, there would be a significantly noticeable change in R^2 due to the interaction term. Prior to analyses, all data were mean-centered.

In this quantitative, correlational study I attempted to provide an analysis of the following research questions and hypotheses in null (0) forms:

RQ1: How does the level of parental political intensity relate to gay individuals' mental health?

H_01 : There will not be a relationship between parental political attitudes and gay individuals' mental health.

H_11 : There will be a negative relationship between parental conservative political attitudes and gay individuals' mental health.

RQ2: How does age moderate the relationship between the level of parental political intensity and gay individuals' mental health?

H₀₂: Age will not moderate the relationship between parental political intensity and gay individuals' mental health.

H₁₂: Age will moderate the relationship between parental political intensity and gay individuals' mental health such that the relationship between parental political intensity and gay individuals' mental health is stronger when parents are relatively younger in age.

Threats to Validity

To safeguard the accuracy, credibility, and generalizability of the findings in research, it is vital to consider internal and external threats to validity. Rather than being accredited to other confounding factors, internal validity refers to the degree to which the results of a study can be accredited to the interventions or variables being tested (Giannatasio, 1999). Establishing a cross-sectional relationship within the study is essential and is accomplished by addressing internal threats such as selection bias, maturation, and instrumentation. On the other hand, the magnitude to which research findings can be generalized to other populations, setting, and times relates to external validity (Giannatasio, 1999). According to Giannatasio (1999), the ability to enrich the pertinence and significance of the results beyond the specific study context is conceivable by considering external threats such population, characteristics, ecological validity, and historical factors. It is crucial that researchers ensure both types of validity, as it reinforces the overall integrity and impact of the study.

According to Dunbar-Jacob (2012), the use of self-report of behavior or symptom experience can pose issues with stability of the measure. Most participants who have little to no mental health disparities or have positive, healthy relationships with their parent(s) will answer surveys accurately, but there's a possibility that those participants with mental health disparities and/or have negative, unhealthy relationships with their parent(s) will not provide accurate answers. This also includes answering "1" for all the DASS-21 variables, resulting in this data being dropped from the study. Participants may also respond in a particular way if they are not out or have not accepted their sexual orientation, which may present themselves as how they want to be viewed. Given that the survey questions may impose trauma responses, it was crucial to have resources available for participants and to empathize the confidentiality of their participation. Furthermore, it was important to remind participants to answer questions to the best of their ability, regardless of the historical context of their parental and mental health experiences. Meaning that if the participant is older, it may be difficult for them to recall experiences or if the participant is seeking mental health treatment their mental health disparities may not be as heightened as they once were. These historical events can be problematic when they occur differentially between the participants (Dunbar-Jacob, 2012). Additionally, it was emphasized to the participants that there are no right or wrong answers.

Ethical Procedures

Before entering any data into the survey, participants had to complete a consent form to ensure ethical procedures were in place. As indicated on the consent form, available therapeutic resources were provided to participants. Without penalty,

participants were informed they were allowed to skip any questions or if they felt stressed could withdraw from the study. Additionally, prior to participant recruitment and data collection, Walden University's Institutional Review Board (IRB) approved the study and provided each participant in the study an explanation of their rights. Participants were informed of the purpose of the study, once consent to participating in the study is received, along with how impactful their contribution will be to social change and how the findings of the study can be obtained. Consent from participants was obtained in the first section of the survey, by them reading the informed consent form and then selecting "I agree to participate in this study."

Participants' confidentiality was ensured, as the survey did not collect any individually identifiable information. Moreover, the data collected are housed in a password-protected file on the computer with all the information. Raw data access is limited to me and committee chair if needed. Data will be destroyed after 3 years, by permanently deleting all digital files.

Summary

The purpose of this study was to examine the relationship between parental political intensity and gay individuals' mental health, and if the relationship is moderated by parental age. This chapter provided an in-depth explanation of the methodology used in this study, quantitative and correlational. Outlined in this chapter were the research design, rationale, methodology, sampling, participation, data collection, instrumentation, operationalization, data analysis, threats to validity, and ethical considerations. In Chapter 4, I will discuss the results of the data analysis in detail.

Chapter 4: Results

Introduction

The impact that a parent's political intensity has on a gay individual's mental health is unknown. The age of the parent, both current and at the time they gave birth, and how these variables work with their political attitudes to predict mental health is also unknown. Studies have shown that gay individuals are exposed to higher levels of mental health disparities than their heterosexual counterparts largely due to the stigmatization of homosexuality formulated from political beliefs and attitudes (Mays & Cochran, 2021). Among gay individuals, mental health issues remain extremely dominant (Bialer & McIntosh, 2017). This issue has also not been adequately addressed during intense political climates, such as now in the United States. The purpose of this study was to understand the relationship between parental political intensity and gay individuals' mental health, with the moderation of parental age. My hypotheses were that (a) there will be a negative relationship between parental conservative political attitudes and gay individuals' mental health and (b) age will moderate the relationship between parental political intensity and gay individuals' mental health such that the relationship between parental political intensity and gay individuals' mental health is stronger when parents are relatively younger in age. In the subsequent chapter, the findings of this study will be discussed by analyzing the data and describing the study participants, data collection and preliminary analyses.

Data Collection

Recruiting participants began after receiving approval from the IRB (Approval No. 08-05-24-1051748) and was initially through Facebook, Instagram, LinkedIn, and X (formerly known as Twitter). A recruitment post was created indicating that I was conducting a research study as part of my doctoral dissertation. I made sure that the inclusion criteria were provided: participants had to be over the age of 18 and identify as gay. The initial recruitment post was posted in several different groups on Facebook including LGBTQ Denver, LGBT Friends Community, Gay Las Vegas, LGBTQ Seattle, LGBTQ+ for Harris, and 30s and up Lesbians, Bi, Gay, & Trans. After the initial recruitment post, and several reposts, participant engagement stalled. Therefore, I received additional approval from the IRB to use a recruitment flyer and Prolific. A recruitment flyer was sent to organizations such as the Human Rights Campaign, The Trevor Project, and the Center on Colfax in Denver. A response was only received from the Center on Colfax where they agreed to post the flyer on their community bulletin board. Additionally, I used Prolific to recruit participants in an expedient amount of time. This latter approach was where the majority of participants were recruited. It took from August 5 to August 18 to acquire 133 participants, which surpassed the required sample size.

Sample Characteristics

Within 2 weeks, data were collected via SurveyMonkey. In total, 133 participants provided responses to the online survey. Of the 133 participants, only 126 completed the entirety of the survey, meeting both requirements: being over the age of 18 and

identifying as gay. Six participants' responses were removed from the study because they provided incomplete or missing data, and one respondent was removed as they selected "I do not consent". In Chapter 3, the estimated sample size was 114 for the study to have statistical power. Thus, to complete the analyses, the study had the required number of participants. Participant demographics showed that 56.3% of respondents were male, 36.5% female, 5.6% nonbinary, and 1.6% preferred to self-describe. The average age of participants was 36.37 years with a standard deviation of 12.00, indicating that most respondents' ages fell between 24 to 48 and produced a heterogeneous age distribution. Table 1 shows the demographic characteristics of study participants.

Table 1

Demographic Characteristics of Study Participants (N = 126)

Variable	<i>n</i>	Valid percent
Gender		
Female/Woman	46	36.5
Male/Man	71	56.3
Nonbinary	7	5.6
Prefer to self-describe	2	1.6
Sexual Orientation		
Gay/Lesbian	119	95.2
Bisexual	2	1.6
Pansexual	2	1.6
Queer	2	1.6
Prefer to self-describe	1	0.8

Preliminary Analysis

Once data were collected, they were transposed into SPSS. The first step was to download the collected data from SurveyMonkey and export it to an Excel spreadsheet. Data cleaning was conducted next. Participants who did not provide consent and

responses that were incomplete were removed. In total, seven participants were removed, and out of those seven participants, six failed to answer a high number of questions that aid in predicting their psychological distress, which provided unreliable data, resulting in a total sample size of 126 participants. I then analyzed the data for outliers to determine if the raw scores were within +3 or -3 to the mean. After determining the mean and standard deviations of the variables, no outliers were found. Once data cleaning was completed, the data were transposed into SPSS where I manually coded the variables and changed the variables from string to numeric. For example, each variable of measure was renamed, which included the DASS-21 and MFQ scales, to each response by naming them DASS1, or MFQ1 in accordance with the number of questions for each measure. To ensure that the scales used for this study were reliable, I conducted an analysis that tested their internal reliability. Cronbach alphas for both scales in this study were acceptable (i.e., greater than .70; see Table 2).

Table 2

Reliability Statistics for the Scales Used

Instrument	Cronbach's α	No. of items
Depression, Anxiety, Stress Scale (DASS-21)	.947	21
Moral Foundations Questionnaire (MFQ-30)	.835	32

Since the scales were reliable and no reverse-coding of the variables was needed, I then totaled and took the mean of all the items of each scale per instrument instructions (Graham et al., 2011; Lovibond & Lovibond, 1995). The means of each of the variables are as follows: DASS-21 ($M = 22.0$, $SD = 14.7$) and MFQ ($M = 91.2$, $SD = 18.8$).

To ensure accurate scoring of the MFQ-30, the score of each of the five psychological foundations of morality needed to be averaged: harm/care, fairness, loyalty, respect, and purity. Each foundation included six specific questions (e.g., Questions 1, 7, 12, 17, 23, and 28 were associated with moral foundation: harm/care). Two questions (6 and 22) were questions that tested for participation attention, which were not calculated in the psychological foundations. To determine each of the five psychological foundations, I had to calculate the mean score of each. The mean score of the six questions were computed in SPSS to determine the target variables' value. For example, to compute moral foundation: harm/care the numeric expression was "Mean(MFQ1, MFQ7, MFQ12, MFQ17, MFQ23, MFQ28)". This step was completed for all targeted subscales and variables for analyses. Next, the level of conservatism and liberalism needed to be calculated from the MFQ scores. According to Graham et al. (2011), those that score relatively higher in harm/care (>20.2) and Fairness (>20.5), but significantly lower in the other foundations are more liberal. Those that are more conservative show the opposite patterns. Next, I went through each participant's mean moral foundation score and determined if they were liberal (1), moderate (2), or conservative (3), dependent on where their scores fell between the five foundations. From this determination, I was able to formulate the parental level of conservatism or liberalism.

Next, I calculated the Pearson correlations by selecting bivariate correlations in SPSS, which provided the statistical data to determine the strength and direction of the

relationship between the variables in this study (Asuero et al., 2007). The dependent and independent variables were selected. The correlations are presented in Table 3.

Table 3

Pearson Correlations of Variables

Variable	1	2	3	4	5	6	7	8	9	10	11
Psychological Distress	---	.01	-.04	.134	-.03	.06	.02	.15	.23**	-.10	.00
Level of Conservatism		---	-.66**	.40**	-.24**	-.25**	.35**	.45**	.41**	.28**	.20*
Level of Liberalism			---	-.42**	.40**	.39**	-.22*	-.42**	-.19**	-.19*	-.07
Level of Moral Foundation				---	-.58**	-.53**	.51**	.62**	.46**	.16	.16
Moral Foundation: HarmCare					---	.75**	.01	-.07	-.02	-.04	-.05
Moral Foundation: Fairness						---	.06	-.11	-.09	-.17	-.13
Moral Foundation: Loyalty							---	.70**	.48**	.17	.15
Moral Foundation: Respect								---	.72**	.15	.12
Moral Foundation: Purity									---	.16	.05
Parent Current Age										---	.09
Parental Age at Giving Birth											---

* = Correlation is significant at the 0.05 level (2-tailed); ** = Correlation is significant at the 0.01 level (2-tailed).

Tests of Assumptions for Linear Regression

For this study, a correlation design was used and involved conducting linear regression to confirm the assumptions. The predictor variables in this study are gay individuals' mental health, current parental age, and parental age at birth, and the dependent variable is parental political intensity. To determine the aggregate value of gay individuals' mental health and parental political intensity the DASS-21, a 4-point Likert scale, and the MFQ-30, a 6-point Likert scale, were used and both measured nominally. Through linear regression the effect size was acquired using R^2 . By examining the R^2 the relationship strength between the model and dependent variable was explained (Kasuya,

2019). The assumption that was being tested, was identifying the effect of parental political intensity on gay individuals' mental health. This study's assumption is that parental political attitudes (independent variable) will have a significant impact on gay individuals' mental health (dependent variable). Additionally, there is the assumption that parental age (moderator) will impact the distinct relationship.

Results

To have the most control of the study's data, six different linear regressions were run. The dependent variable for all regression models was the DASS-21 for psychological distress. The six regressions were to analyze (a) level of conservatism at current age of parents, (b) level of liberalism at current age of parents, (c) level of moral foundation at current age of parents, (d) level of conservatism of parent at age of giving birth, (e) level of liberalism of parent at age of giving birth, and (f) level of moral foundation of parent at age of giving birth. Each regression was run by clicking on analyze, regression, and linear and used the DASS-21 aggregate scores as dependent variables. The independent variables were current parental age (current and at time of giving birth), level of political intensity (conservatism or liberalism), and MFQ-30 score.

The first regression analysis predicted gay individuals' psychological distress with parents' current age and their level of conservatism as predictors for Step 1. Step 2 included the interaction between the mean score of current parental age and level of conservatism as an additional predictor. The results showed that both steps were weak (see Table 4). The results for the direct and indirect effects are presented in Table 5. There was no statistical significance between the dependent variable and parents' level of

conservatism ($B = .03, p = .64$) and parents' current age ($B = -.08, p = .22$) for Step 1. For Step 2, there was also no statistical significance between the dependent variable and parents' level of conservatism ($B = .26, p = .69$), parents' current age ($B = -.07, p = .30$), and the interaction between current parental age and level of conservatism ($B = .08, p = .27$). The R^2 of both models display a relatively small effect size, where Step 1 explains 1% and Step 2 explains 2% of the variance in psychological distress among gay individuals as it relates to parental levels of conservatism. The effect size shows that only 1%–2% of the variance is explained by this model. Thus, the null hypotheses for RQ1 and RQ2 are supported.

Table 4

Model Summary of Psychological Distress From Parent Current Age and Conservatism

Step	R	R^2	Adjusted R^2	SE of the estimate
1	.11	.01	-.004	.69
2	.15	.02	-.002	.69

Note. Step 1. Predictors (Intercept): Parents' Current Age, Level of Conservatism; Step 2.

Predictors (Intercept): Parents' Current Age, Level of Conservatism, Interaction Between Parents' Current Age and Level of Conservatism.

Table 5

Regression Coefficients Predicting Psychological Distress From Parent Current Age and Conservatism

Step	Variable	Unstandardized coefficients	SE	Standardized coefficients	<i>t</i>	Sig.
1	(Intercept)	1.02	.06		16.55	<.001
	Level of Conservatism	.03	.07	.04	.47	.64
	Parent Current Age	-.08	.06	-.12	-1.24	.22
2	(Intercept)	1.00	.07		15.45	<.001
	Level of Conservatism	.03	.07	.04	.41	.69
	Parent Current Age	-.07	.07	-.10	-1.05	.30
	Interaction Between Parents' Current Age and Level of Conservatism	.08	.07	.10	1.11	.27

Note. Dependent Variable: Psychological Distress.

Next were the analysis of variance (ANOVA) results, which showed no significant relationships between the predictors and psychological distress. In Step 1, which included two predictors (parents' current age and level of conservatism), the regression model explained insignificant variance in psychological distress, as evidenced by an insignificant F-value of .78 ($p < .001$). This means that the combination of parents' current age and level of conservatism did not explain a significant amount of variation in gay individuals' psychological distress. Similarly, in Step 2, which included an additional predictor (the interaction term), the regression model remained insignificant with an F-value of .93 ($p < .001$).

The second regression analysis predicted gay individuals' psychological distress with parents' current age and their level of liberalism as predictors for Step 1. Step 2 included the interaction between the mean score of current parental age and level of liberalism as an additional predictor. The results showed that both steps were weak (see

Table 6). The results for the direct and indirect effects are presented in Table 7. There was no statistical significance between the dependent variable and parents' level of liberalism ($B = -.04, p = .52$) and parents' current age ($B = -.08, p = .20$) for step 1. For Step 2, there was also no statistical significance between the dependent variable and parents' level of liberalism ($B = -.04, p = .54$), parents' current age ($B = -.08, p = .23$), and the interaction between current parental age and level of conservatism ($B = -.01, p = .92$). The R^2 of both models display a relatively small effect size, where Step 1 explains 2% and Step 2 explains 2% of the variance in psychological distress among gay individuals as it relates to parental levels of conservatism. The effect size shows that only 2% of the variance is explained by this model. Thus, the null hypotheses for RQ1 and RQ2 are supported.

Table 6

Model Summary of Psychological Distress From Parent Current Age and Level of Liberalism

Step	R	R^2	Adjusted R^2	SE of the estimate
1	.12	.02	-.001	.69
2	.12	.02	-.009	.70

Note. Step 1. Predictors (Intercept): Parents' Current Age, Level of Liberalism; Step 2. Predictors (Intercept): Parents' Current Age, Level of Liberalism, Interaction Between Parents' Current Age and Level of Liberalism.

Table 7

Regression Coefficients Predicting Psychological Distress From Parent Current Age and Liberalism

Step	Variable	Unstandardized coefficients	SE	Standardized coefficients	<i>t</i>	Sig.
1	(Intercept)	1.03	.06		16.54	<.001
	Level of Liberalism	-.04	.07	-.06	-.65	.52
	Parent Current Age	-.08	.06	-.12	-1.31	.19
2	(Intercept)	1.02	.07		16.05	<.001
	Level of Liberalism	-.04	.07	-.06	-.62	.54
	Parent Current Age	-.08	.07	-.12	-1.21	.23
	Interaction Between Parents' Current Age and Level of Liberalism	-.01	.07	-.01	-.10	.92

Note. Dependent Variable: Psychological Distress.

Next were the ANOVA results. The results of the ANOVA showed no significant relationships between the predictors and psychological distress. In Step 1, which included two predictors (parents' current age and level of liberalism), the regression model explained insignificant variance in psychological distress, as evidenced by an insignificant F-value of .94 ($p < .001$). This means that the combination of parents' current age and level of liberalism did not explain a significant amount of variation in gay individuals' psychological distress. Similarly, in Step 2, which included an additional predictor (the interaction term), the regression model remained insignificant with an F-value of .63 ($p < .001$).

The third regression analysis predicted gay individuals' psychological distress with parents' current age and their level of moral foundation as predictors for Step 1. Step 2 included the interaction between the mean score of current parental age and level of moral foundation as an additional predictor. The results showed that both steps were

weak (see Table 8). The results for the direct and indirect effects are presented in Table 9. There was no statistical significance between the dependent variable and parents' level of moral foundation ($B = .12, p = .09$) and parents' current age ($B = -.09, p = .16$) for Step 1. For Step 2, there was also no statistical significance between the dependent variable and parents' level of moral foundation ($B = .12, p = .09$), parents' current age ($B = -.08, p = .23$), and the interaction between current parental age and level of moral foundation ($B = .07, p = .40$). The R^2 of both models display a relatively small effect size, where Step 1 explains 3% and Step 2 explains 4% of the variance in psychological distress among gay individuals as it relates to parental levels of moral foundation. The effect size shows that only 3%–4% of the variance is explained by this model. Thus, the null hypotheses for RQ1 and RQ2 are supported.

Table 8

Model Summary of Psychological Distress From Parent Current Age and Level of Moral Foundation

Step	R	R^2	Adjusted R^2	SE of the estimate
1	.18	.03	.02	.68
2	.20	.04	.02	.69

Note. Step 1. Predictors (Intercept): Parents' Current Age, Level of Moral Foundation;

Step 2. Predictors (Intercept): Parents' Current Age, Level of Moral Foundation,

Interaction Between Parents' Current Age and Level of Moral Foundation.

Table 9

Regression Coefficients Predicting Psychological Distress From Parent Current Age and Moral Foundation

Step	Variable	Unstandardized coefficients	SE	Standardized coefficients	t	Sig.
1	(Intercept)	1.03	.06		16.88	<.001
	Level of Moral Foundation	.11	.06	.15	1.72	.09
	Parent Current Age	-.09	.06	-.13	-1.40	.16
2	(Intercept)	1.04	.06		16.67	<.001
	Level of Moral Foundation	.12	.06	.16	1.72	.09
	Parent Current Age	-.08	.06	-.11	-1.21	.23
	Interaction Between Parents' Current Age and Level of Moral Foundation	-.07	.08	-.08	-.84	.40

Note. Dependent Variable: Psychological Distress.

Next were the ANOVA results, which showed no significant relationships between the predictors and psychological distress. In Step 1, which included two predictors (parents' current age and level of moral foundation), the regression model explained insignificant variance in psychological distress, as evidenced by an insignificant F-value of 1.72 ($p < .001$). This means that the combination of parents' current age and level of moral foundation did not explain a significant amount of variation in gay individuals' psychological distress. Similarly, in Step 2, which included an additional predictor (the interaction term), the regression model remained insignificant with an F-value of 1.66 ($p < .001$).

Post Hoc Analysis

Post hoc analyses were conducted following the primary regression analyses (see Appendix D, Tables D1–D9), where the predictor, current parental age, was replaced

with parental age at giving birth. Three regression analyses were conducted to predict gay individuals' psychology distress with parental age at giving birth, conservatism, liberalism, and level of moral foundation. The results showed that step 1 and step 2 in each regression were weak. There was no statistical significance between the dependent variable and the predictors for Steps 1 and 2. The R^2 of both models in each regression displayed relatively small effect sizes, where Steps 1 and 2 explained the variance in psychological distress among gay individuals as it related to the predictors. The null hypotheses for RQ1 and RQ2 are supported by the three regressions.

Next were the ANOVA results. The results of the ANOVA for each regression showed no significant relationships between the predictors and psychological distress. Step 1, which included two predictors (parental age at giving birth and level of conservatism or level of liberalism or level of moral foundation), explained insignificant variance in psychological distress in the three regression models, as evidenced by an insignificant F-value ($p < .001$). This means that the combination of parental age at giving birth, and the predictors did not explain a significant amount of variation in gay individuals' psychological distress. Similarly, in Step 2, which included an additional predictor (the interaction term), the regression models remained insignificant with an insignificant F-value ($p < .001$).

Summary

The research questions and hypotheses were assessed in this chapter, which aimed to determine the relationship between parental political intensity and gay individuals' mental health, with parental age moderating the relationship. SurveyMonkey was utilized

to collect this study's data, with 133 participants contributing to the survey. I found that 126 participants completed the survey after the data was cleaned. Due to missing data six participants were removed from the survey and one participant was removed due to selecting "I do not consent". With linear regression, my findings did not support the study's hypotheses. The findings showed that parental political intensity and gay individuals' mental health, with the moderation of current age of parent and parental age at giving birth, were not correlated, nor did they predict participants' mental well-being. Chapter 5 will present the findings and limitations of this study.

Chapter 5: Discussion, Conclusions, Recommendations

Introduction

The understanding of how parental political intensity and gay individuals' mental health are related is unknown. Researchers have analyzed the relationship between political attitudes and beliefs and how they impact gay individuals' mental health and discovered that having intense, conservative affiliations is negatively related to gay individuals' mental health. This research study was prompted because, in the current literature, parental political intensity has not been exclusively examined for gay individuals' mental health, nor has age been considered. Additionally, the current political climate in the United States is at its highest intensity (Wintemute et al., 2024). The purpose of this quantitative study was to understand the relationship between parental political intensity and gay individuals' mental health, with the moderation of parental age.

The findings of this quantitative study supported my null hypotheses for RQ1 and RQ2. Results revealed no relationships between parental political attitudes and gay individuals' mental health and that age did not moderate this relationship. The findings from this study provided no support to previous research in the negative correlation of parental conservative political attitudes and gay individuals' mental health. In the subsequent chapter, the findings, limitations, recommendations for future studies, and implications of the study results will be discussed.

Interpretation of the Findings

The current study had two main findings: (a) there was no relationship between parental political intensity and gay individuals' mental health, and (b) parental age did not moderate the relationship between parental political intensity and gay individuals' mental health. The findings of this study have implications for intersectionality theory and ecological systems theory and are inconsistent with past research (see Darling, 2007; Garcia, 2021; Purdy, 2021; Saracho & Evans, 2021). For example, mental health of gay individuals was not impacted by parental relationships based on the study's findings, which is an intricate ideal of intersectionality. Similarly, the dynamic interplay between development and environmental systems, particularly Bronfenbrenner's microsystem and macrosystem, was nonexistent, meaning there was no relationship between the multifaceted contexts of parental relationships, gay individuals' mental health, and parental age. Therefore, in conclusion, the study's results do not support the two theories the research was grounded in.

Parental Political Intensity and Gay Individuals' Mental Health

Historically, influenced by the intensity and extremity of parental political beliefs, gay individuals' mental health was impacted in some form. For example, Wuttke (2020) and Theodoridis et al. (2023) found that in heightened political climates, ideologies polarize societies and intensify within the family unit, impacting the mental health of gay individuals. Additionally, Kuper et al. (2022), found that gay individuals tend to feel a greater sense of acceptance and support, when parental political views align with more progressive and inclusive ideologies, fostering positive mental health outcomes.

However, the results of the current study do not align with previous research. Previous studies imply that strong political views, often more conservative, of parents lead to mental health disparities and tend to transpose to their children (Cooperman, 2023; Wegemer & Vandell, 2020). There was a significant number of participants who identified their parent(s) as conservative and reported low psychological distress, which is the opposite of what is thought to be true. There are a several explanations for why these two variables did not relate.

What is not known from the study is what level of parental acceptance the participants experienced. Current research consistently validates the idea that parental acceptance of sexual identity is fundamental in the mental health outcomes of gay individuals (HRC Foundation, 2023; Ryan, 2009; Ryan et al., 2009). However, this variable—acceptance of sexual identity—was not studied; participants could have integrated this experience in their psychological distress responses. In other words, the experience of acceptance may have assuaged any psychological distress. As discussed in Chapter 2, the lack of parental acceptance should be a factor in the mental health of gay individuals as its role is pivotal in the promotion of gay individuals' mental health (Ryan et al., 2009). Thus, future studies should also focus on parental acceptance experiences.

Similarly, seeking professional help would help individuals in developing emotional independence. Over time individuals could have reasoned with their experiences and sought out professional help, assuming the experience was difficult. If individuals have reasoned with parental political incongruence over time, then few adults may have experienced issues with their psychological health. Through effective treatment

plans, mental health professionals will guide patients in formulating their own worldviews and building their own sense of identity (Cochran et al., 2003). For example, as gay individuals create strong self-identities, they become more self-reliant (Grossman et al., 2014), allowing them to focus on being less emotionally dependent on approval from their parents and their opinions. This is especially true for those individuals that no longer live at home with their parents or have limited contact with their parents.

Additionally, some family dynamics may have the ability to separate family relationships and political ideals. The ability to prioritize family relationships allows families to negate negative familial dynamics (Feinberg et al., 2020; Ryan, 2009). Prioritizing family relationships does not mean that parental political ideologies don't exist or are not strong, parents understand the importance of accepting their child(ren) for who they are and treating them with respect and love (Ghosh, 2020). For example, the parent-child relationship is positively maintained when parental political views are not directly applied to the relationship, thereby mitigating the negative mental health impacts.

Furthermore, in the context of family dynamics, cultural beliefs could be a reason for the study's findings. Despite the parents' political attitudes, their cultural beliefs could be those that are more progressive or shifting to become more accepting of homosexuality (Katz-Wise et al., 2016; Newcomb et al., 2019). Similarly, in familial environments where media is a major influencer, cultural representation and role models in gay movements could impact parental beliefs, despite political ideologies (Ayoub et al., 2017; Bouris et al., 2010), thus empowering children to embrace and feel more secure in their sexual identity, enhancing their mental health.

Parental Age

The results of this study show that parental age did not moderate the relationship between parental political intensity and gay individuals' mental health. Previous studies have examined how generational attitudes influence the mental health of gay individuals (Bogert & Cairney, 2004; Lapinski & McKirnan, 2013; Nath et al., 2024); yet parental age at giving birth and current parental age did not moderate the relationship in this study. There are several explanations as to why parental age was not a moderator in this study.

First, the mean participant age was 36.37, forming the assumption that the participants no longer live at home with their parents. After moving out of their parents' homes, individuals no longer experience the direct influences of their parents' political ideologies, thus mitigating the day-to-day impacts these ideologies have on mental health. When children move out on their own, the effects of parental views and behaviors are safeguarded by physical and emotional distance (Seiffe-Krenke, 2006). Additionally, the nature of parental relationships is often reshaped by the independence gained from no longer living at home with parents (Seiffe-Krenke, 2006).

Next, there is maturity, both in parents and their adult children. Greater emotional resilience often develops as individuals mature into adulthood. Individuals learn effective coping strategies and emotional tools to help navigate political or ideological differences techniques during this maturation process (Ryff et al., 1998). Over time, this resilience causes the adult child to care less about what their parents' political attitudes are and become less affected by the influencing factors of parental political ideologies on their

mental health (Ryff et al., 1998; Seiffe-Krenke, 2006). Similarly, parents mature as well, which can be impactful on the intensity of political disagreements and their emotional support. For example, as parents get older, they may become less absorbed in their political views and attitudes, or their acceptance of their child's sexual orientation and identities increases (Ryff et al., 1998). Also, the level of influence that older parents have on their adult children's beliefs and identities tends to lessen.

Furthermore, avoidance of conflict could be another factor in the study's results. Discussions charged by politics or conflictual topics often create environments of hostility, thus increasing mental health disparities (Guerrero & Afifi, 2013). However, some adult children and parents may have created emotional distance, such that they have an agreement to avoid such discussions and topics, which drive down exchanges that are stressful. By minimizing conversations that are emotionally draining or hurtful, individuals can establish and maintain impartial or balanced relationships (Guerrero & Afifi, 2013). Therefore, ideological differences are unable to fully manifest when engaged in avoidance, as it acts as an emotional shield and is less impactful on mental health.

Additionally, parents older in age tend to have more traditional or conservative views, which often result in being less accepting of diverse sexual identities (Lapinski & McKirnan, 2013). Conversely, those more accepting of gay individuals are younger in age and align with more liberal views (Rothenber et al., 2022). These two variables have been focal points in past and current research; therefore, it was assumed that parental age would result in moderating the relationship between parental political intensity and

gay individuals' mental health. With the mean participant age being 36.37, an assumption that could contribute to this null finding is that responses are reflective of those parents whose current age is older and have more socioeconomic stability. Stable and supportive home environments have typically resulted from older parents and aligns with a study conducted by LaSala (2007) as discussed in Chapter 2, which could explain why the relationship between parental political intensity and gay individuals' mental health was not moderated by parental age.

Implications

Theoretical

Intersectionality theory, created Crenshaw in 1989, focuses on the intersecting identities beyond an individuals' sexual orientation, such as race, gender, and socioeconomic status (Chan & Howard, 2020). Additionally, intersectionality explores how social identities can be influenced by intersecting forms of privilege and oppression. This study's findings were inconsistent with this theory. The findings suggest that while intersectionality theory (Crenshaw, 1989) is relevant, it might only apply to systemic oppression and discrimination. It also suggests that political identity does not function as an identity factor. To align better with this study, a few adjustments to intersectionality theory are needed. First, to not be primarily focused on oppression that is identity-based, its framework should be modified to reflect ideological and generational intersections. Another adjustment would be to aim the theory to focus on family-based and intergenerational intersections. Lastly, as part of intersectionality, generational identities and political history should be recognized.

Another theoretical foundation of this study was the ecological systems theory by Urie Bronfenbrenner (1977, 1994), which explored human development in various intricate environmental systems. Bronfenbrenner proposed that through multiple nested systems individual's development can be influenced by environmental factors, known as the microsystem (family), mesosystem (interactions between family and other social settings), exosystem (indirect influences), macrosystem (cultural and societal contexts), and chronosystem (historical context) (Darling, 2007). However, the findings of this study do not align with this theory. While the ecological systems theory (1977, 1994) is relevant, the findings show that political beliefs and ideological conflicts are too specific in the framework of social and cultural contexts.

Furthermore, the results suggest that the environmental factors that have shaped a gay individuals' development are too complex and specific to be captured in the environmental factors of this theory. For this theory to better align with this study, several modifications should be made. First, specifically the microsystem, identifying that an additional key element of family relationships is political ideology, which through familial interactions, the mental health of gay individuals can be directly influenced by political intensity. The next alteration would be to reframe the mesosystem to emphasize how the ideological tensions between the microsystems interact within this system, thus forming mental health disparities such as psychological distress. Finally, cultural forces within the macrosystem could be redefined to include political polarization and political climate, which influence family dynamics and mental health.

Positive Social Change

Gay individuals experience an abundance of discrimination throughout their life journey. During what is supposed to be an exciting life adventure, it is paramount that these individuals feel supported and accepted, starting with parental acceptance. However, this is not the experience for all gay individuals. Future studies should incorporate questions regarding the level of acceptance experience from parents. The research brings awareness to parents and guardians that their ideals and level of acceptance have the potential to impact their child's mental health. Previous and current research (Ghosh, 2020; HRC Foundation, 2023; Ryan, 2009; Ryan et al., 2009) show that gay individuals who have parental acceptance are more likely to have minimal psychological distress. Consequently, those who lack parental acceptance tend to experience more psychological distress. While this study did not show the correlation between parental acceptance and the mental health of gay individuals, it highlights how vital the parental role is. Additionally, this further supports the importance of parental education and familial dynamics of inclusion and encouraging attitudes.

The research from this study aimed to facilitate discussions among policymakers, mental health professionals, and educators promoting inclusive and supportive environments for gay individuals. With the release of more than 500 anti-gay bills across the United States in 2023, the number of suicidal ideations and attempts among gay individuals was at an all-time high, 39% (Trevor Project, 2024). With the average of participants being 36.37, the results of this study help to show that as gay individuals age, they appear to have managed and processed childhood mental health disparities

experienced in their home environment. Before anti-gay bills are brought to the House floor, policymakers can use this study to advocate against discriminatory agendas, thus mitigating suicidal behaviors earlier among gay individuals. Mental health professionals can create or implement therapeutic tools that help process trauma related experiences associated with political and parental discrimination, guiding the future of mediations and therapies. Educators can bring awareness to schools that may be seeing an increase in mental illness symptoms among gay individuals and can help increase trauma-informed behavior.

Medical doctors and mental health professionals could benefit from this study as they can see that the political attitudes of parents should not be overemphasized for adult gay individuals' mental health, as many seem to be doing fine regardless of their parents' political identity. Medical and mental health professionals can examine other variables that may influence gay individuals' mental health related to politics. The positive social change with this finding is that medical and mental health professionals can create more efficient and targeted treatment plans when working with gay patients who are facing or have faced mental health disparities. Additionally, this further implies that when gay individuals report politically influenced psychological distress, this does not automatically correlate with parental political attitudes, especially if the patient is older. Based on the results of this study, the message for society is significant as it shows people that the political ideologies of parents do not always influence or correlate to their gay child's mental health, despite how conservative or liberal they may be.

Limitations of the Study

With the current political climate at its highest intensity, this study was able to increase the awareness of the implications that politics have on the mental health of gay individuals. Furthermore, this study highlighted how momentous parental ideologies can be to their children, which can heavily impact mental health. With the data being collected on social media, this was the first limitation. Finding targeted groups on Facebook did not pose an issue; however, after I gained administrator approval to join, they were reluctant to approve my recruitment posts. Many groups had strict rules that prohibited the posting of politics and self-promoting, which caused barriers, even after contacting the admins directly explaining the purpose of the post. This barrier limited the study because some of the target groups, such as LGBT Friends Community and Gay, Lesbian, Bisexual & Transgender Veterans of America, have over 1.5k members to disseminate the survey to. If these target groups could have been penetrated, the participant pool would have been even larger, increasing the validity, and the need for the use of Prolific might have been mitigated.

This study focused more so on the broader population of gay individuals as an aggregate versus examining diverse sexual orientations as single variables. Individuals experience mental health disparities differently, which holds true for those who identify as bisexual, transgender, queer, etc. By limiting the study's focus to gay individuals, mental health disparities were generalized, and the spectrum was limited, as the experiences of participants could vary based on sexual orientation, and this study was

generalized across all sexual minority groups. It also limited the contribution to positive social change, where the knowledge gained from this study is merely for gay individuals.

Another limitation of the study was using the mean age of parents' current age and age at giving birth. The survey asked, "What is the current age of your parent(s)?" and "At what age did your parent(s) give birth?", which leaves the question to be answered based on the participants' interpretation of what is being asked of them and to which parent should they list or questioning whether they should list both parents' ages should they have two parents. This created additional limitations: What if a parent was deceased? What if parents were divorced? What if the participant was a child of a parent who has always been a single parent? This study provided the assumption that participants were children of two parents, which, then again, created another limitation: Which parent should they report on the moral foundation questions? Therefore, the study's results do not apply to nontraditional parental households.

This research was a cross-sectional study, which was another limitation. This cross-sectional study utilized the DASS-21, MFQ32, and Liberal–Conservative Self-Report Scale because these questionnaires pointed to current psychological distress, current moral foundation of parents, and reporting on the parents' liberal and conservative intensity. The inability to establish cause-and-effect relationship between the variables or to analyze behaviors over time is the limitation. To get an understanding of participants' psychological distress before they reached adulthood and if parents' political attitudes were different during their childhood, future studies should include a qualitative study. Furthermore, future studies should include questions about the level of

parental acceptance they felt after disclosing their sexual orientation to their parents, such as whether they felt accepted or rejected as a gay individual.

Participants in this study were at least 18 years of age or older and were not living with their parents. The average of participants in this study was 36.37 which highly suggests that they are not living alone. The limitation is that it is difficult to determine true psychological distress when individuals are older in age and not living at home with their parents. Future studies should include participants younger in age and currently living at home with their parents. Additionally, future studies should include questions about specific mental health interventions that the participants can report they are currently engaged in or have previously engaged in that have helped them to manage their psychological distress, such as whether they are in therapy or on medication or both.

Recommendations

This study sought to understand the relationship between parental political intensity and gay individuals' mental health, with parental age as a moderator. It was discovered in this study that parental political intensity did not impact a gay individuals' mental health as it relates to depression, anxiety, and stress. Psychological distress was measured with the DASS-21 as past and current research states that this scale is the most reliable and frequently used by researchers to analyze mental health (Lovibond & Lovibond, 1995). According to Moya et al. (2022), the DASS-21 is an esteemed scale for measuring common and moderate or mild mental disorders. Many gay individuals' experience severe mental disorders correlated to political discrimination, often resulting in extreme disparities such as suicidal ideation and attempts (Casey et al., 2019;

DeGagne, 2018; Howell, 2018;). Future research should include using a scale to measure suicidal behaviors, such as the Suicidal Behaviors Questionnaire, Linehan (SBQ). This scale could be used in conjunction with the DASS-21 or as a standalone scale for severe psychological distress.

Secondly, another recommendation is to set the age parameter to 18-21 years of age. By setting these participants are likely to be starting their lives outside of their parents' home and developing into their authentic selves. During this time these individuals will be faced with figuring out their path in life, which includes analyzing the ideologies of their parents. This includes how they will or will not fit in with their scheme of life, and how to deal with psychological distress they may have experienced in their home environment. The ideals of their parents and the distress they experienced will be raw versus those that have lived outside of the home longer, who have had time to process and manage their experiences.

Lastly, as stated in the previous section, parental age was an aggregate mean score and included both mother and father, if both ages were provided. Future researchers should have two separate variables for parental age, age of parent #1 and age of parent #2, if they have two parents, and ask if parent is deceased. Having two separate age variables will enhance the understanding of how parental political intensity impacts a gay individuals' mental health by individually controlling for each parents' political ideals. Furthermore, by controlling each parent separately the researcher can analyze individual political ideals, which could be significantly different for each parent.

Conclusion

The relationship between parental political intensity and gay individuals' mental health, with the moderation of parental age, was examined in this study. I used a sample that is frequently forgotten to address the gaps in the existing research literature. It was assumed: 1) There will be a negative relationship between intense conservative political attitudes and gay individuals' mental health. 2) Parental political intensity will negatively correlate with gay individuals' mental health. 3) Age does not moderate the relationship of parental political intensity and gay individuals' mental health. 4) Age is expected to moderate the relationship between parental political intensity and gay individuals' mental health such that the relationship between parental political intensity and gay individuals' mental health is stronger when parents are relatively lower in age. Additionally, I deduced that the intersectionality theory and ecological systems theory to be most impactful for this research pre-study; however, the results proved otherwise. This was limited because the study included variables that were narrowed down and too specific in the context of each theory.

Furthermore, using social media, primarily Facebook, contributed to sample size restrictions due to the inability to penetrate targeted private groups, which led to the use of Prolific. Lastly, the participants had the risk of revisiting traumatic experiences and needing to fully answer all questions, which could have affected the validity of my findings. The results of this study provided the framework for future research. This study contributes to positive social change because it brings awareness that there are other contributing factors leading to gay individuals' mental health disparities of gay

individuals related to political attitudes. Therefore, the political attitudes of parents shouldn't be overemphasized for adults' mental health.

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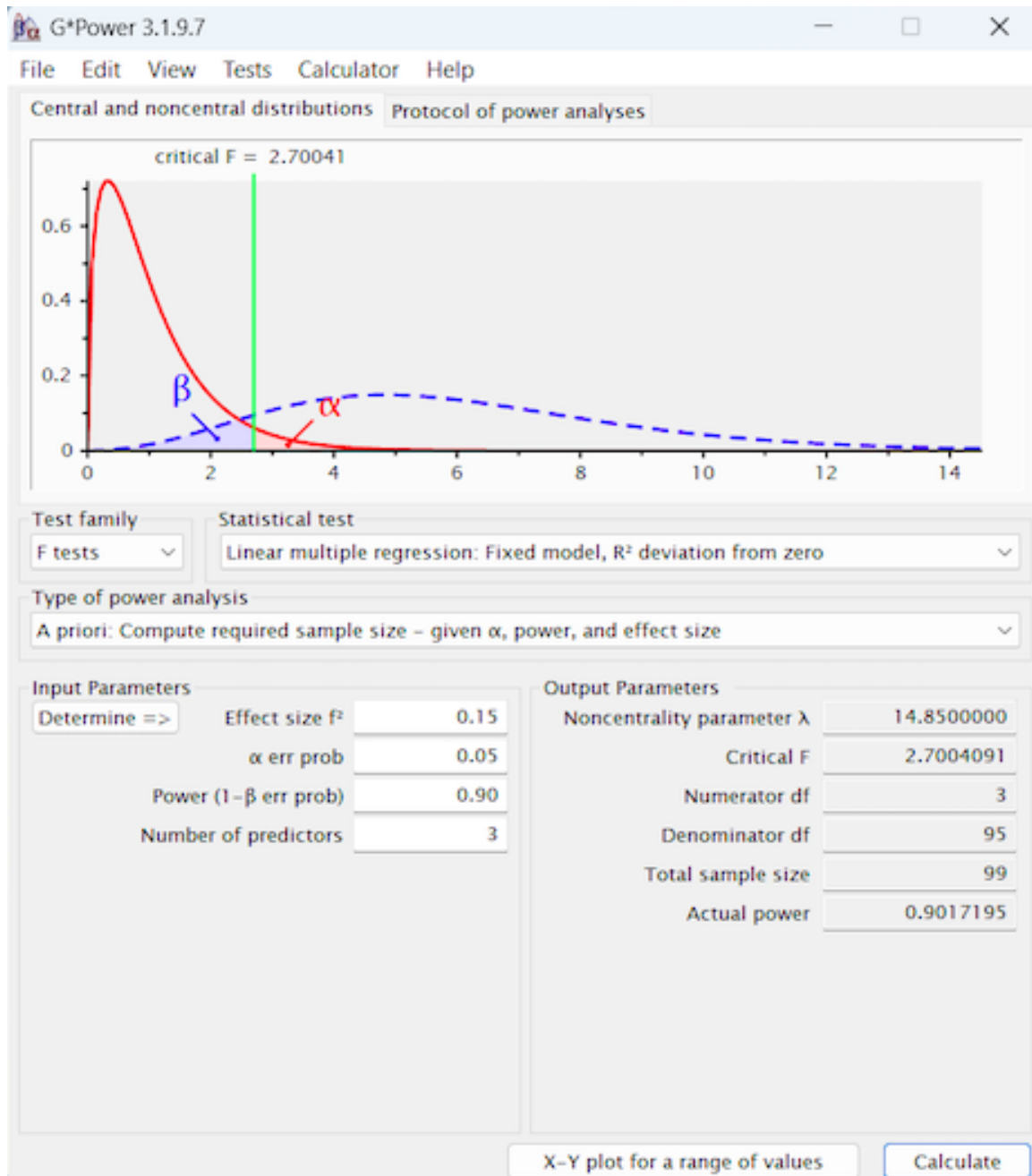
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Appendix A: G*Power Analysis



Appendix B: Copy of Survey

1. What is your age?
2. What is your gender?
3. What is your ethnicity?
4. What is your sexual orientation?
5. What is the age of your parent(s)
6. What state do you currently reside in?

7. Depression, Anxiety, Stress Scale-21 (DASS-21)

For the next 21 questions, please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement.

The rating scale is as follows: 0 = Did not apply to me at all, 1 = Applied to me to some degree or some of the time, 2 = Applied to me to a considerable degree or a good part of time, 3 = Applied to me very much or most of the time

- 1 (s) I found it hard to wind down
- 2 (a) I was aware of dryness of my mouth
- 3 (d) I couldn't seem to experience any positive feeling at all
- 4 (a) I experienced breathing difficulty (e.g. excessively rapid breathing, breathlessness in the absence of physical exertion)
- 5 (d) I found it difficult to work up the initiative to do things
- 6 (s) I tended to over-react to situations

- 7 (a) I experienced trembling (e.g. in the hands)
- 8 (s) I felt that I was using a lot of nervous energy
- 9 (a) I was worried about situations in which I might panic and make a fool of myself
- 10 (d) I felt that I had nothing to look forward to
- 11 (s) I found myself getting agitated
- 12 (s) I found it difficult to relax
- 13 (d) I felt down-hearted and blue
- 14 (s) I was intolerant of anything that kept me from getting on with what I was doing
- 15 (a) I felt I was close to panic
- 16 (d) I was unable to become enthusiastic about anything
- 17 (d) I felt I wasn't worth much as a person
- 18 (s) I felt that I was rather touchy
- 19 (a) I was aware of the action of my heart in the absence of physical exertion
(e.g. sense of heart rate increase, heart missing a beat)
- 20 (a) I felt scared without any good reason
- 21 (d) I felt that life was meaningless

8. Moral Foundations Questionnaire-30

Part 1: For this section, use the following question to answer the next 16 statements:

When your parent(s) decide whether something is right or wrong, to what extent do you think the following considerations are relevant to their thinking?

Please rate each statement using the following scale: 0 = not at all relevant (I believe this consideration has nothing to do with my parent's judgements of right and wrong), 1 = not very relevant, 2 = slightly relevant, 3 = somewhat relevant, 4 = very relevant, 5 = extremely relevant (I believe this is one of the most important factors my parent(s) use to judge right and wrong).

1. Whether or not someone suffered emotionally
2. Whether or not some people were treated differently than others
3. Whether or not someone's action showed love for his or her country
4. Whether or not someone showed a lack of respect for authority
5. Whether or not someone violated standards of purity and decency
6. Whether or not someone was good at math
7. Whether or not someone cared for someone weak or vulnerable
8. Whether or not someone acted unfairly
9. Whether or not someone did something to betray his or her group
10. Whether or not someone conformed to the traditions of society
11. Whether or not someone did something disgusting
12. Whether or not someone was cruel
13. Whether or not someone was denied his or her rights
14. Whether or not someone showed a lack of loyalty
15. Whether or not an action caused chaos or disorder
16. Whether or not someone acted in a way that God would approve of

Part 2: For this section, read the following sentences and indicate your parent's agreement or disagreement, using the following scale: 0 = strongly disagree, 1 = moderately disagree, 2 = slightly disagree, 3 = slightly agree, 4 = moderately agree, 5 = strongly agree.

17. Compassion for those who are suffering is the most crucial virtue.
18. When the government makes laws, the number one principle should be ensuring that everyone is treated fairly.
19. I am proud of my country's history.
20. Respect for authority is something all children need to learn.
21. People should not do things that are disgusting, even if no one is harmed.
22. It is better to do good than to do bad.
23. One of the worst things a person could do is hurt a defenseless animal.
24. Justice is the most important requirement for society.
25. People should be loyal to their family members, even when they have something wrong.
26. Men and women each have different roles to play in society.
27. I would call some acts wrong on the grounds that they are unnatural.
28. It can never be right to kill a human being.
29. I think it's morally wrong that rich children inherit a lot of money while poor children inherit nothing.
30. It is more important to be a team player than to express oneself.

31. If I were a soldier and disagreed with my commanding officer's order, I would obey anyway, because that is my duty.

32. Chastity is an important and valuable virtue.

9. Liberal–Conservative Self-Report Scale

For the following two questions, select an answer from 0 to 10, with 0 being not at all conservative/liberal and 10 being extremely conservative/liberal.

1. How conservative do you consider your parent(s) to be?

2. How liberal do you consider your parent(s) to be?

Appendix C: Permissions to Use Scales

<https://doi.org/10.1037/t01004-000>

**Depression Anxiety Stress Scales**

Note: Test name created by PsycTESTS

PsycTESTS Citation:

Lovibond, S. H., & Lovibond, P. F. (1995). Depression Anxiety Stress Scales [Database record]. Retrieved from PsycTESTS. doi: <https://dx.doi.org/10.1037/t01004-000>

Instrument Type:

Screening

Test Format:

The DASS uses a 4-point Likert scale of frequency or severity of the participants' experiences over the last week. The rating scale is as follows: 0 = Did not apply to me at all; 1= Applied to me to some degree, or some of the time; 2= Applied to me to a considerable degree, or a good part of time; 3 = Applied to me very much, or most of the time.

Source:

Antony, Martin M., Bieling, Peter J., Cox, Brian J., Enns, Murray W., & Swinson, Richard P. (1998). Psychometric properties of the 42-item and 21-item versions of the Depression Anxiety Stress Scales in clinical groups and a community sample. *Psychological Assessment*, Vol 10(2), 176-181. doi: <https://dx.doi.org/10.1037/1040-3590.10.2.176>

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<https://dx.doi.org/10.1037/t34607-000>



Political Attitudes Questionnaire

PsycTESTS Citation:

Koleva, S., Graham, J., Iyer, R., Ditto, P. H., & Haidt, J. (2012). Political Attitudes Questionnaire [Database record]. Retrieved from PsycTESTS. doi: <https://dx.doi.org/10.1037/t34607-000>

Instrument Type:

Inventory/Questionnaire

Test Format:

All 11 items on the Political Attitudes Questionnaire are in multiple choice formats. Six of the 11 items have 3 or more answer options that progress from a more liberal to a more conservative stand and are therefore treated as continuous variables with higher numbers indicating greater conservatism. The remaining 5 items have only 2 answer options and are analyzed with a logistic regression (0 = liberal position, 1 = conservative position).

Source:

Koleva, Spassena P., Graham, Jesse, Iyer, Ravi, Ditto, Peter H., & Haidt, Jonathan. (2012). Tracing the threads: How five moral concerns (especially Purity) help explain culture war attitudes. *Journal of Research in Personality*, Vol 46(2), 184-194. doi: <https://dx.doi.org/10.1016/j.jrp.2012.01.006>, © 2012 by Elsevier. Reproduced by Permission of Elsevier.

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<https://doi.org/10.1037/t01004-000>



Liberal-Conservative Self-Report Scale

Note: Test name created by PsycTESTS

PsycTESTS Citation:

Lambert, A. J., & Raichle, K. (2000). Liberal-Conservative Self-Report Scale [Database record]. Retrieved from PsycTESTS. doi: <https://dx.doi.org/10.1037/t15993-000>

Instrument Type:

Rating Scale

Test Format:

Subjects rate how conservative they consider themselves to be along a scale ranging from 0 (not at all conservative) to 10 (extremely conservative). They also rate themselves with respect to liberalism along a scale ranging from 0 (not at all liberal) to 10 (extremely liberal). Analyses are based on an average of participants' rating of conservatism and their ratings of liberalism (after reverse-coding their response to the latter scale), with higher numbers indicating higher conservatism and lower liberalism.

Source:

Lambert, Alan J., & Raichle, Katherine. (2000). The role of political ideology in mediating judgments of blame in rape victims and their assailants: A test of the just world, personal responsibility, and legitimization hypotheses. *Personality and Social Psychology Bulletin*, Vol 26(7), 853-863. doi: <https://dx.doi.org/10.1177/0146167200269010>, © 2000 by Society for Personality and Social Psychology, Inc. Reproduced by Permission of Society for Personality and Social Psychology, Inc.

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Appendix D: Post Hoc Analyses' Tables

Regression 4: Psychological Distress from Parental Age at Giving Birth and Level of Conservatism

Table D1

Model Summary of Psychological Distress From Parental Age at Giving Birth and Level of Conservatism

Step	R	R ²	Adjusted R ²	SE of the estimate
1	.01	.000	-.02	.70
2	.03	.001	-.02	.70

Note. Step 1. Predictors (Intercept): Parental Age at Giving Birth, Level of Conservatism;

Step 2. Predictors (Intercept): Parental Age at Giving Birth, Level of Conservatism,

Interaction Between Parental Age at Giving Birth and Level of Conservatism.

Table D2

ANOVA Results Predicting Psychological Distress From Parental Age at Giving Birth and Level of Conservatism

Step		SS	df	MS	F	Sig.
1	Regression	.01	2	.004	.01	.99
	Residual	58.90	121	.49		
	Total	58.91	123			
2	Regression	.04	3	.01	.03	.99
	Residual	58.87	120	.49		
	Total	58.91	123			

Note. Dependent Variable: Psychological Distress; Step 1. Predictors (Intercept): Parental

Age at Giving Birth, Level of Conservatism; Step 2. Predictors (Intercept): Parental Age

at Giving Birth, Level of Conservatism, Interaction Between Parental Age at Giving Birth

and Level of Conservatism.

Table D3

Regression Coefficients Predicting Psychological Distress From Parental Age at Giving Birth and Level of Conservatism

Step	Variable	Unstandardized coefficients	SE	Standardized coefficients	<i>t</i>	Sig.
1	(Intercept)	1.02	.06		16.31	<.001
	Level of Conservatism	.01	.06	.01	.12	.91
	Parental Age at Giving Birth	.002	.06	.002	.03	.98
2	(Intercept)	1.02	.06		15.90	<.001
	Level of Conservatism	.01	.07	.01	.14	.89
	Parental Age at Giving Birth	-.001	.07	-.002	-.02	.98
	Interaction Between Parental Age at Giving Birth and Level of Conservatism	.02	.06	.02	.26	.79

Note. Dependent Variable: Psychological Distress.

Regression 5: Psychological Distress from Parental Age at Giving Birth and Level of Liberalism

Table D4

Model Summary of Psychological Distress From Parental Age at Giving Birth and Level of Liberalism

Step	<i>R</i>	<i>R</i> ²	Adjusted <i>R</i> ²	SE of the estimate
1	.04	.001	-.02	.70
2	.08	.01	-.02	.70

Note. Step 1. Predictors (Intercept): Parental Age at Giving Birth, Level of Liberalism;

Step 2. Predictors (Intercept): Parental Age at Giving Birth, Level of Liberalism,

Interaction Between Parental Age at Giving Birth and Level of Liberalism.

Table D5

ANOVA Results Predicting Psychological Distress From Parental Age at Giving Birth and Level of Liberalism

Step		<i>SS</i>	<i>df</i>	<i>MS</i>	<i>F</i>	<i>Sig.</i>
1	Regression	.08	2	.04	.08	.92
	Residual	59.36	121	.49		
	Total	59.44	123			
2	Regression	.41	3	.14	.28	.84
	Residual	59.03	120	.49		
	Total	59.44	123			

Note. Dependent Variable: Psychological Distress; Step 1. Predictors (Intercept): Parental Age at Giving Birth, Level of Liberalism; Step 2. Predictors (Intercept): Parental Age at Giving Birth, Level of Liberalism, Interaction Between Parental Age at Giving Birth and Level of Liberalism.

Table D6

Regression Coefficients Predicting Psychological Distress From Parental Age at Giving Birth and Level of Liberalism

Step	Variable	Unstandardized coefficients	<i>SE</i>	Standardized coefficients	<i>t</i>	<i>Sig.</i>
1	(Intercept)	1.03	.06		16.30	<.001
	Level of Liberalism	-.03	.06	-.04	-.41	.69
	Parental Age at Giving Birth	-.004	.06	-.01	-.07	.95
2	(Intercept)	1.03	.06		16.30	<.001
	Level of Liberalism	-.02	.06	-.03	-.35	.73
	Parental Age at Giving Birth	-.001	.06	-.002	-.02	.99
	Interaction Between Parental Age at Giving Birth and Level of Liberalism	.05	.06	.08	.82	.41

Note. Dependent Variable: Psychological Distress.

Regression 6: Psychological Distress from Parental Age at Giving Birth and Level of Moral Foundation

Table D7

Model Summary of Psychological Distress From Parental Age at Giving Birth and Level of Moral Foundation.

Step	R	R ²	Adjusted R ²	SE of the estimate
1	.14	.02	.002	.69
2	.16	.03	.002	.69

Note. Step 1. Predictors (Intercept): Parental Age at Giving Birth, Level of Moral

Foundation; Step 2. Predictors (Intercept): Parental Age at Giving Birth, Level of Moral

Foundation, Interaction Between Parental Age at Giving Birth and Level of Moral

Foundation.

Table D8

ANOVA Results Predicting Psychological Distress From Parental Age at Giving Birth and Level of Moral Foundation

Step		SS	df	MS	F	Sig.
1	Regression	1.10	2	.55	1.14	.32
	Residual	58.51	122	.48		
	Total	59.60	124			
2	Regression	1.54	3	.51	1.07	.36
	Residual	58.06	121	.48		
	Total	59.60	124			

Note. Dependent Variable: Psychological Distress; Step 1. Predictors (Intercept): Parental

Age at Giving Birth, Level of Moral Foundation; Step 2. Predictors (Intercept): Parental

Age at Giving Birth, Level of Moral Foundation, Interaction Between Parental Age at

Giving Birth and Level of Moral Foundation.

Table D9

Regression Coefficients Predicting Psychological Distress From Parental Age at Giving Birth and Level of Moral Foundation

Step	Variable	Unstandardized coefficients	SE	Standardized coefficients	<i>t</i>	Sig.
1	(Intercept)	1.03	.06		16.61	<.001
	Level of Moral Foundation	.10	.06	.14	1.51	.13
	Parental Age at Giving Birth	-.01	.06	-.02	-.22	.83
2	(Intercept)	1.04	.06		16.56	<.001
	Level of Moral Foundation	.09	.06	.13	1.37	.17
	Parental Age at Giving Birth	-.01	.06	-.02	-.22	.83
	Interaction Between Parental Age at Giving Birth and Level of Moral Foundation	-.06	.06	-.09	-.96	.34

Note. Dependent Variable: Psychological Distress.