

A Pilot Study of the Intersection of COVID 19 and Activist Mental Health

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Abstract

Recent tensions in society have led to protests and demonstrations to raise awareness and consciousness. These efforts can be draining. Domestic increases in youth activism have illustrated transformative community action and highlighted the need to explore youth activist sustainability and mental health. Therefore, a phenomenological study was conducted to explore Millennial and Generation Z activists' mental health perceptions and engagement during times of protest and the COVID-19 pandemic. The voices of seven youth activists regarding their experience with concurrent activism and mental health maintenance were explored. Through interviewing, themes of activists' mental health behaviors emerged, including: (a) wellness maintenance, (b) mindset, and (c) technology. Intentions of youth activists to participate in integrated care were discussed. Implications and suggestions for counselors and helping professionals are provided.

Keywords: young adults, activists, COVID-19, mental health, qualitative

The Intersection of COVID 19 and Activist Mental Health: Supporting Activists in a COVID World

The term activist is commonly defined as “individuals who engage in various forms of collective action, such as protests, demonstrations, building occupation, etc.” (Kutlaca et al., 2020, p. 2). Social movement takes many forms. From meetings, community organizing, peaceful street demonstrations, and rallies, activists desire to promote change, find answers, and draw attention to injustice. During the spring of 2020, an estimated 15 to 26 million individuals in the United States protested the deaths of Breonna Taylor, George Floyd, and Ahmaud Abury, police brutality, and anti-Black racism in the United States (Buchanan et al., 2020). Millennial and Generation Z activists (individuals born between 1996 and 2012) dominated street protests and were visible on social media, transforming calls for action into a global movement (Cobbina et al., 2021). Although media coverage described Millennial activists as passionate advocates (Flegenheimer, 2020), little is known about the mental well-being of young activists.

Further complicating social unrest was the COVID-19 pandemic. From lockdowns, mask requirements, and social distancing, all aspects of life were affected. The pandemic caused the pace of travel and movement to slow (Center for Disease Control, 2020), but activism continued. As the pandemic developed, young adult activists took the risk of gathering in large groups and defying quarantine mandates, to continue their advocacy efforts. Overall, the pandemic has had pervasive impacts on numerous individuals’ psychological health and sustainability (Abel & McQueen, 2020; World Health Organization [WHO], 2020). Prior calls have been made to understand activists’ individual coping strategies, the predictors of well-being, and institutional barriers to care (Chen & Gorski, 2015; Gorski, 2019; Vaccaro & Mena, 2011). Recent social unrest has heightened the need to address activists’ social and emotional well-being. The purpose of this qualitative investigation, therefore, was to explore young adult activists’ perspectives regarding their behaviors towards seeking mental health interventions. The significance of this exploratory study may inform counselors’ efforts to address the unique mental health and wellness needs of young activists.

Activist Mental Health and Wellness

Mental health is “a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively, and is able to make a contribution to his or her community” (WHO, 2018; para. 2). Counselors and helping professionals are particularly interested in how mental health contributes to individuals’ personal and social functioning (Crowe et al., 2018). Conversely, mental wellness refers to “... a means of living which is oriented toward optimal health and well-being; involves the integration of mind, body, and spirit; requires conscious choices to engage in healthful behaviors; and has a goal of helping you live your life more fully in all areas” (Myers & Sweeney, 2006, p. 3). Though mental health and wellness may be considered important by Millennial individuals, only a small percentage of young adults seek care for mental health concerns (Eisenberg et al., 2012; Joyce et al, 2009). Engaging in mental healthcare is further compounded by the complex factors of the mental healthcare industry in the United States, such as: (a) access, (b) stigma, (c) high costs, (d) funding, and (e) transportation (Kauer et al, 2014).

Exploring the role of mental health in the lives of young activists is important given the developmental pressures that these activists may be experiencing and the influence of activism on their development and well-being (Christens & Peterson, 2012; Hope & Spencer, 2017). Specifically, these activists represent a cohort that has been impacted by employment concerns from unemployment to career-building (Conner, & Rosen, 2016). However, youth activism can be an avenue for successful self-regulation and improved physical health over time (Ballard et al., 2019). Positive associations between wellness and activism include: (a) improved peer adult relationships (Ballard & Ozer, 2016), (b) optimistic social identity (Malin et al., 2015), (c) elevated efficacy, (d) civic engagement (i.e., volunteering, voting; Han et al., 2017), (e) greater stress management (Ballard & Ozer, 2016), and (f) increased social capital (Christens & Peterson, 2012).

In contrast, youth activists experience negative consequences. Participation in activism for late adolescents and young adults has been associated with threats to their well-being. For instance, Santos and Vandaalen (2018) found that political activism of youth via demonstrations increased the likelihood of experiencing high-risk situations (e.g., counter-protest and police interaction). In addition, younger activists can experience social rejection based on societal views (Oosterhoff et al., 2020), and over time, they have an increased likelihood to experience depressive symptoms (Wray-Lake et al., 2017). Little is known, however, about the benefits or consequences of youth activism during the heightened climate of activism in the course of the COVID-19 pandemic and recent national social unrest. To better understand Millennial and Generation Z activists' mental health and well-being during this time, their perceptions and lived experiences warrant investigation.

Activist Burnout

Burnout is a known condition of activism (Chen & Gorski, 2015; Driscoll, 2020; Pines, 1994; Vaccaro & Mena, 2011). Burnout in activism refers to the phenomenon of losing zeal, passion, and energy for the activism cause. Just like a fire in a fireplace fades away without renewable fuel, so too can an activist face similar burnout. Burnout related to activism involves an individual accumulating elevated levels of activist-related stress resulting in disengagement, attrition, in-group tension within activist organizations (Rettig, 2006), and mental and physical exhaustion (Driscoll, 2020; Pines, 1994; Vaccaro & Mena, 2011). Activists' narratives have indicated that burnout often results from a lack of resources and inadequate time to process concerns in a timely format (Chen & Gorski, 2015). One possible explanation for activist related burnout may be the greater sense of responsibility to overwork in the face of injustice and organizational demand.

Researchers investigating activist burnout have identified overextension, failure to impact policy change, and unsupportive work environments as observed causes of activist burnout (Chen & Gorski, 2015; Pines, 1994). Further, Gorski (2019) delineated the internal and external factors that contribute to activist burnout, potentially leading to interpersonal conflict within movements as well as professional vulnerabilities. There are troubling disparities in activist burnout. Ethnic minoritized activists experience greater intensities of activist burnout than persons in the dominant culture (Gorski & Erakat, 2019). For example, when studying self-identified queer college student activists in the United States, Vaccaro and Mena (2011) reported that a combination of limited social support, heightened emotional labor for others, and lack of adequate coping resources fueled activist burnout symptoms. Chronic activist burnout impacts activists' daily functioning and can lead to their declining motivation and their involuntary discharge from activist organizations. In turn, this attrition and activist disengagement can stall collective human rights work (Gorski, 2019; Rettig, 2006). Researchers have grappled with exploring potential aides to reducing burnout in activist communities. Although emergent, researchers have noted nurturing one's physical health, cultivating joyful activities, ally development, learning to set boundaries, and identifying work limits as potential solvents (Maslach & Gomes, 2006; Nepstad, 2004). Such strategies encourage students, activist communities, and the general public to raise awareness about the importance of activists' well-being.

Technology and Wellness

Technology has been utilized as a strategic approach to wellness management for activists. The intersection between technology and wellness for young adults takes a variety of forms, including engaging in tele-therapy (Schuh, 2021), participating in social media activism (Ballard et al., 2020), and watching media through platforms, such as Netflix, Facebook, and TikTok, (Lee, 2014). The expansion of technology in recent decades has elevated social media activism and offered a creative conduit to build and maintain activist communities. Positive examples of the use of technology in activism include: (a) emotional support, (b) tangible assistance (Cole et al., 2017), and (c) reduction of loneliness and anxiety levels (Saltzman et al., 2020). Technology provided support and affirmation during the recent periods of social movements, such as #MeToo and #BlackLivesMatter. However, one area that has not been explored is the effects of technology and digital networks on young adult activists. Further, while research has demonstrated that social media can foster community building, connective action, and public

conscious raising for activists (Cole et al., 2017; Cronin et al., 2022; Tufekci, 2017), it is also a potential vector for activist burnout, poor mental health outcomes, and malicious identity exposure through doxing (Dhir et al., 2018; Vannucci et al., 2017). Therefore, it is increasingly pertinent to explore the phenomenon of young adult activists' use of technology-mediated supports, such as tele-therapy and social media, and their roles in promoting adaptive coping and activist engagement and sustainability.

Integrated Care and Wellness of Activist

Generation Z and Millennial activists have an elevated likelihood of experiencing psychological distress and threats of physical harm. Compounding this situation is the reality that there are major behavioral and somatic health treatment gaps for young adults because they often do not seek care (Ballard & Ozer, 2016). For instance, Ballard (2014) found that youth activists are often drawn to activism and civic engagement due to experiences of marginalization and discrimination, which can negatively influence their psychological well-being and development (Ballard & Ozer, 2016). For this reason, integrated care may be an approach to provide needed support for young activists. Integrated care for activists can promote positive mental health and wellness and include the utilization of technology, counseling, healthcare services, and preventive care.

Integrated care is a working model of healthcare delivery, grounded in interdependency and convenience, and characterized as a unique form of collaboration between primary care (physiological orientation) and behavioral health (psychological orientation) professions (Thielke et al., 2007). These interlocking healthcare-related networks aim to reduce barriers, such as transportation to treatment providers, and increase medical and mental health literacy (Curtis & Christian, 2012; WHO, 2007). Given the counseling profession's orientation to prevention and wellness (Kaplan, 2014), counselors can leverage their mental health expertise and facilitation skills to improve treatment adherence (Curtis & Christian, 2012; Thielke et al., 2007). Researchers have demonstrated that integrated care has been associated with a variety of positive outcomes, such as increased quality of life, cost-effectiveness, and patient satisfaction (Crowe et al., 2018; Norfleet et al., 2016).

Theory of Planned Behavior

To explore the intersection of activists' stress and health behaviors, Ajzen's (1991) theory of planned behavior (TPB) framed the interviews conducted with young adult activists in the current study. The TPB explains the antecedents (i.e., attitudes and perceptions of ability) related to the intention of performing a behavior (Ajzen, 1985; 1991). One's beliefs about an action can predict their intentions and attitudes to complete an action. Factors that contribute to planned behavior include: (a) attitude towards the behavior, (b) subjective norms, and (c) perceived behavioral control. Motivation to complete a behavior and to sustain that behavior is predicted by the TPB (Ajzen, 1991). The TPB has been utilized in activist research to: (a) explore the intent of activists to participate in different forms of activism (i.e., behavior intent), (b) identify predictors of activist identity (i.e., attitudes and perceived behavioral control), and (c) develop models inclusive of additional constructs (i.e., human rights awareness). For example, Jew and Tran (2020) studied the intentions of low-risk and high-risk activists when activist identity was a mediator. The researchers concluded that attitudes and perceived behavioral control accounted for 32% of the variance between low-risk and high-risk activist identities. Further, Lee et al.'s (2019) study on environmental activism utilized the TPB with an added construct of human rights awareness and found that the behavioral intent of activists explained 52.1 to 58.3% of the variance. The use of TPB, however, has not been investigated in relation to the behaviors of activists to address their intentions towards seeking mental health services and overall wellness. Therefore, using the TPB as a theoretical framework, this study explored factors contributing to activist mental health behaviors.

Purpose of Study

Activists have long provided a voice in society that challenges the status quo. However, they can be at greater risk for challenges to their mental health and well-being (Oosterhoff et al., 2020; Wray-Lake et al., 2017). Due to the involvement of so many young adults in activism during the COVID-19 pandemic and social unrest related to racism, as well as the call from researchers for studies clarifying help-seeking behaviors during the pandemic (Wright et al., 2021), the purpose of this qualitative study included investigating the factors contributing to activists' mental health and wellness during this time period. Given the integral role of young adult activists and their vulnerability to burnout and physical threats (Oosterhoff et al., 2020; Wray-Lake et al., 2017), a great urgency exists to examine activists' wellness behaviors during their activism and COVID-19.

Even though there is research about coping with burnout (Chen & Gorski, 2015), there is limited research about youth activists' psychological behaviors and interactions with systems of care. To better understand this phenomenon, the present study further explored the perceptions of young activists' mental health behaviors and intentions of seeking and utilizing integrated care for physical and psychological issues (e.g., depression, anxiety, and relationship difficulties). The study sought to answer the following research questions (RQ):

RQ1. What are the mental health and wellness behaviors of young activists?

RQ2. What are young activists' intentions to engage in mental health interventions?

Methodology

Participants

Individuals were selected to participate in this study based on the following inclusion criteria obtained from the qualifying survey: (a) over the age of 18, (b) experience with an activist organization of at least 3 months, (c) participated in community service, outreach, and advocacy efforts, (d) English-speaking, (e) willingness to participate in an audio-recorded interview of 45-60 minutes about personal wellness, and (f) access and ability to use an online virtual meeting tool and email communications. Table 1 provides the demographics about the participants. To protect confidentiality, the names of the participants were replaced with pseudonyms. The participants' activism was quite diverse including: (a) human/indigenous rights work, (b) LGBTQIA+ justice

Table 1: Participant Demographics

Pseudonym	Activism Area	Age	Gender-Identity	Race/Ethnicity	Geographic Region	Education Level	Prior Counseling
Lisa	Human/ Indigenous Rights	24	She/Her	Multi-Racial	FL	Bachelor's Degree	Yes
Sofia	LGBTQIA+/ Racial Justice	19	She/Her	White	PA	Attending University	Yes
Jordan	Racial Justice	24	He/Him	Black	FL	Associate degree	Yes
Tanya	Racial Justice/ Environmentalism	18	She/Her	Asian	PA	In University	Yes
Sam	LGBTQIA+/ Racial Justice	19	They/ Them	White	PA	In University	Yes
Arielle	Racial Justice	29	She/Her	Multiracial	FL	Bachelor's Degree	Yes
Leighton	Racial Justice	27	She/Her	Black	FL	Bachelor's Degree	Yes

activism, (c) environmental activism, and (d) racial justice activism. The activists in the study were engaged in physical activism through the means of street marching and hanging posters, as well as digital activism, such as re-posting social justice campaigns and spearheading local initiatives.

Positionality

The research team represented three doctoral-level counselor education students and a faculty advisor, specializing in educational psychology, from a large, southeastern university. Each of the researchers identified as a woman. Researchers' professional history as counselors enabled their unique knowledge of group facilitation dynamics, in addition to maintaining confidentiality stemming from the Health Insurance Portability and Accountability Act (HIPPA) regulations and patient health information (PHI) protocol and training. All the researchers underwent qualitative research training as part of their doctoral program, including seminars and workshops on phenomenology, covering aspects such as ethical considerations, data collection, coding, and analysis. Additionally, the authors have conducted and published other qualitative research studies together. Prior to data collection, the researchers discussed their life histories related to activism to serve as bracketing to de-center biases. Researchers were aware of the national protests of #BlackLivesMatter and March for Our Lives, which were occurring simultaneously with data collection, as well as the human rights abuses affecting the African American community. The research team worked together to develop the interview protocol utilized and to complete the coding, transcription, and data analysis processes.

Trustworthiness and Bracketing

To ensure credibility, researchers engaged in peer debriefing (Hays et al., 2016), which offered insight into the coding processes. Secondly, trustworthiness was further established through reflexivity (e.g., reflexive journals, conversations about assumptions of activism; Hays et al., 2016). Member checking with activists was not conducted due to the logistics of a diverse multi-state sample and heightened COVID measures at the time of the analyses. To promote adherence to interpretations strictly "grounded" in data (Creswell & Poth, 2018), the data was double coded to clarify the meaning of the data through consensus meetings examining consistency in coding and analysis (Schreier, 2012). Likewise, the multiple investigators of this study, who represented a diversity of backgrounds, engaged in assumption checking during the interpretation and analysis of the interview transcripts to support objectivity in the analysis.

Procedures

To conduct this qualitative phenomenological study, institutional research permission was sought and granted. Recruitment occurred through email correspondence sent to relevant organizations (i.e., student unions, YMCAs, spoken word organizations, advocacy listservs, and racial justice organizations, youth activist collectives, adult activist networks, human rights organizations, and nonprofits), and by word of mouth. The study's flyer was posted on Facebook and Instagram by some of these organizations. All participants were informed about the purpose (exploring activists' well-being), risks (no known), and benefits of the study (informing the field). To increase scope and trustworthiness, an effort was made to recruit participants from multiple settings and platforms. Interested participants were emailed an invitation to participate in a qualifying survey to determine their eligibility.

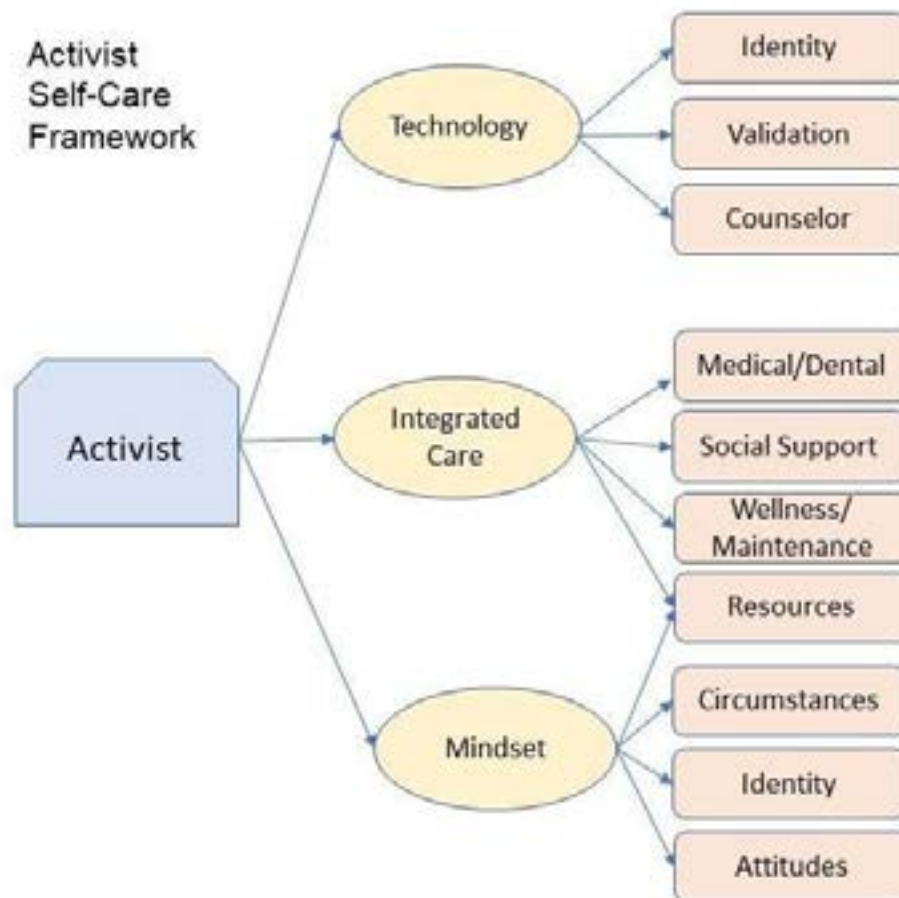
Each interviewee completed both a qualifying survey to confirm inclusion criteria and the electronic informed consent form. Next, an invitation was extended to qualified persons to participate in a one-on-one recorded interview regarding their activism experiences. Incentives were not promised or provided to the participants. Interviews were conducted through electronic platforms due to the potential health risks of meeting in person and COVID-19 social distancing mandates. The interviews were 45-60 minutes each and conducted virtually via Zoom using a semi-structured interviewing format. Steps to ensure confidentiality were taken, including use of a password-protected link to access the Zoom meetings for the interviews. Identity verification

was confirmed through the waiting room prior to the interview. Participants were informed of their rights related to research, and consent was obtained. The first author conducted the interviews.

Data Source and Interview Questions

The data yielded as a result of this study included transcriptions of the semi-structured interviews, which are compatible with phenomenological inquiry (Marshall & Rossman, 2010; Padilla-Díaz, 2015). The interview protocol designed by the researchers included in-depth questions derived from prior literature to ascertain activists' personal experiences and perceptions of utilizing integrated care services.

Figure 1. Conceptual Model of Activist Mental Health



Sample interview questions for the semi-structured interview included:

- (1) Tell me a little about your current position as an activist?
- (2) After the quarantine lockdown and racial justice protests, what does wellness maintenance look like for you?
- (3) How does your activist organization or cause view well-being and wellness?
- (4) What are your thoughts on mental health counseling?
- (5) Tell me about the process of seeking help services as an activist? (Examples of help seeking services are counseling, primary care, dentistry)

Data Analysis

Phenomenology is a durable choice for exploring questions pertinent to counseling (Hays & Singh, 2012) and activist research (Chen, & Gorski, 2015; Gorski, 2019; Strauss Swanson, & Szymanski, 2020). Usher and Jackson (2014) argued that phenomenology is especially beneficial for disciplines that prioritize action, and advocacy, and a patient-centered experience. In the current phenomenological study two different frameworks were applied to analyze the research questions. First, after consulting the existing activist literature, *The Activist Self-Care Framework*, created by the authors, was considered relevant to conduct the analysis of the behaviors of youth activists to answer RQ1 (see Figure 1). And second, the TPB was employed as the framework to answer RQ2 (Ajzen, 1985).

All data was transcribed first using Otter.ai (<https://otter.ai>). Next, all transcripts were read by each of the researchers for accuracy, and the transcripts were updated to reflect a word-for-word record of the interview. In preparation for coding the interviews, the researchers were split into two teams, with Team 1 analyzing questions associated with RQ1 and Team 2 reviewing RQ2. To train for consistency in coding, the researchers first read the transcripts together. The following week, the teams shared their interpretations. Initial codes were then double coded by the opposite team, with Team 1 reviewing RQ2 and Team 2 analyzing RQ1. Lastly, to ensure trustworthiness, the teams reviewed the transcripts and noted significant themes related to TPB, during their weekly consensus group meetings. When differences or uncertainties occurred, the researchers discussed their interpretations, consulted evidenced-based literature, and discussed their interpretations until agreement was reached (Kvale & Brinkmann, 2009).

Procedurally, the first author independently coded the data of three participants for initial meaning codes and then worked collaboratively with the research team to derive meaning units and identify non-repetitive statements to develop primary categories (Hays & Singh, 2012; Moustakas, 1995). A codebook was developed for each research question, specifically with (a) RQ1 informed by participant thematic analysis (see: Activist Self Care framework), and (b) RQ2 informed by TPB. The researchers worked in pairs of two to code transcripts and compare and critique coding schemas. The collective research team met every week to discuss thematic coding and data analysis. Specifically, the team came together to compare findings, identify patterns, and highlight critical participant quotes. To showcase the voices of participants, textural descriptions were identified (Hays & Singh, 2012; Lincoln & Guba, 1986). The following participatory procedures were considered by the research team: (a) collaborative interview protocol setting, (b) summary sheet and bracketing (McLeod, 2011), and (c) frequent discussion of codes to maintain the integrity of the activist participants. Lastly, to mitigate bias, collaborative weekly meetings were held to critique and enhance qualitative coding, phenomenon thematic development, and the logistical dynamics of the investigation.

Results

This phenomenological study explored young adult activists' sustainability and mental health during the COVID-19 pandemic. Results are presented in the order of the research questions. For RQ1, mental health and wellness behaviors of young activists encompassed actions such as solo recreation (i.e., watching videos or playing video games) or meditations/mantras, and the overall results revealed three themes. Participants shared how their engagement with healthcare, specifically mental health services, evolved around (a) wellness maintenance, (b) mindset, and (c) technology. In relation to RQ2, the intentions of young adult activists to engage in mental health services revealed that activists expressed an openness to engage in counseling services but were impeded by stigma and mental health models associating counseling with less competency as an activist. Such findings were analyzed according to the TPB factors (a) attitude toward behavior, (b) perceived behavioral control, and (c) subjective norms. The use of semi-structured interviewing for data collection enabled activists to center their experiences and elaborate in their chosen dialogues (Creswell & Poth, 2018).

Experiences that Inform Integrated Care Behavior of Activist (RQ1)

Technology

Participants valued technology and detailed how the use of technology influenced their mental health behaviors. Specific coping and wellness strategies linked to technology included: (a) watching YouTube, (b) listening to podcasts, (c) reading online articles, and (d) viewing and using social media to share activists' related work and developments. Moreover, many of the respondents reported the utilization of social media technologies as a social support. For example, one participant, Leighton, mentioned the following, "YouTube has been a support for me and has changed the way I look at life."

However, despite the use of technology as a communal tool, participants verbalized intentional distancing from technology during COVID-19. Contrarily, Sam reported, "[frequently, I] see videos, you know, of, um, like, people being murdered on my timeline. And without trigger warnings or anything like that...it was kind of damaging for me because I felt like I couldn't escape what was going on. Turning everything off was needed." While technology was discussed as a tool for community building and maintaining a positive outlook, some individuals claimed engaging in an intentional technological break was an active form of coping with information overload. These respondents described a desire to reduce technology to increase their sense of mindfulness and awareness of the present. Tanya described the downside of social media use and shared, "disconnecting from social media is definitely the most important thing because [the use of social media] can be quite exhausting." Lisa, expanded upon this sentiment, highlighting, "it is so easy to get into an argument, confrontation, or heated debate on Facebook especially with the election that just passed with, um, that huge change." In addition, Jordan mentioned, "[it was important to] take a breather, not focus on the conflict, COVID deaths, and the massive amounts of racial injustices that were increasing day by day for everyone."

Wellness Maintenance

There were areas of wellness that were incorporated into the participants' lifestyle routines that demonstrated positive coping behaviors. Activists' activities included various types of exercise, journaling or writing, meditation or yoga, and activities in nature. There appeared to be variation in wellness behaviors determined by several factors, including preference and personality, and respondents' personal beliefs of what aided in minimizing stress and anxiety related to their activism roles. Tanya explained her wellness maintenance as, "just finding time to recollect my thoughts and feelings towards everything that's been going on." Wellness maintenance appeared to be a way for participants to process various political and racial events that took place and their own activism involvement.

There were negative perspectives regarding wellness that made it more difficult for some individuals to engage in integrated care services, such as mental health counseling. Two people appeared to perceive wellness as a benefit for people that have money. When asked about their engagement in wellness maintenance, Leighton responded, "What they don't tell you is that it's [mental health counseling] not free," as an explanation for why she had not sought counseling. Similarly, Arielle shared, "So anything [health services] essentially that [I] can hop on that was for free, I definitely took advantage of during COVID."

Mindset

When reviewing mindset, there were several subthemes that were observed among participants, including: (a) circumstances, (b) resources, (c) identity, and (d) attitudes toward wellness. Respondents perceived the mindset of their personal circumstances and environment as connected to how they responded to various events. Arielle revealed their concerns of events relating to the Black Lives Matter movement, stating: "I had to just think, okay, you know, there's things going on that I may not understand, but I want to understand, um, especially with my husband being Black, you know, I was scared for him to go out there in a car late at night."

The subtheme of mindset about resources included participants' perceived levels of direct and indirect aid or assistance related to mental health and other areas of support. When discussing virtual mental health counseling, Tanya reported, "I think that's caused a bit of like a, um, barrier between the resources available and actually,

you know, utilizing mental health resources with counseling and therapy.” Participants shared their perceptions regarding their own identity and how this contributed to their actions and behaviors, as well as their perceptions of strength. Sofia expressed, “the rhetoric around being an activist is all about, you know, pushing things forward and helping other people...you’re obviously supposed to be like somebody else’s rock and somebody else’s support system.” An additional theme that was common among respondents regarding wellness was the challenge in transitioning from being a helper to receiving help from others. Related to the help-seeking transition, Sofia recognized the difficulties and shared, “It’s oftentimes easy to forget that you also need to receive help.”

Help-Seeking Behavior Engagement Experiences of Activist (Research Question #2)

Participants’ intentions to engage in counseling were viewed through the TPB framework. Some participants had counseling in the past or were currently in therapy, while others had no prior counseling experience. Respondents were asked to share their thoughts about going to counseling, their process of engaging in help-seeking behaviors, and their intentions to engage in counseling. Subjective norms reported by participants in reaction to seeking mental health services appeared to be largely negative as activists in this study reported a stigma or feeling discouraged to seek therapy. Four participants mentioned that seeking mental health interventions can be stigmatizing. For instance, Lisa stated:

I feel like the younger generation like Gen Z, they’re like more apt to wanting to be able to go to therapy wanting to take care of their mental state because they realize okay, you know, there’s certain things that went on in my development or, you know, childhood that need to be taken care of...

Jordan reported that race and culture can play a factor in stigma, claiming, “Because there’s, like this myth in the black community, we just never really spoke about the topic, like a taboo thing.” These statements represent the subjective norms from the participants’ culture, community, and environment. Some individuals felt pressured to be “strong” and believed that seeking help would contradict their activist position. Similarly, Arielle noted that her subjective norms did not support counseling. She reported that she did not initiate the behavior to attend counseling because her husband did not want to participate in couples counseling, even though her attitude towards counseling was positive. She stated, “It’s absolutely essential, like, essential, especially during this time.”

Leighton mentioned, “And as an activist, I think it’s even harder, because sometimes you don’t want to tell people that you’re looking for that [counseling]. Sometimes you kind of feel like it adds a chip on your shoulder, or you’re not the strong person that you want to be?” Other participants’ attitudes towards engaging in mental health counseling were positive such as Tanya’s statement, “I think that counseling is really, really important.” Although one participant believed seeking counseling to be necessary, they cautioned against it. Leighton shared:

I believe that it is not easy to go through mental health counseling. And I believe that when you choose that sector of healing, you should be warned or be ready for it to bring up a lot of trauma.

The difficulty or ease it takes to engage in mental health counseling was discussed by the participants. For instance, Tanya expressed:

But, um, I find that there is more of a reluctance to actually engage in these resources. Um, because when it comes to online, like a virtual format for therapy sessions, at least in my experience, and the experience of my close friends, I feel like one of the things is being able to connect with someone who isn’t physically present in the room and develop, like a trusting relationship between like a patient and a therapist.

The respondents were able to acknowledge the need for mental health interventions related to feelings of stress and feeling overwhelmed. Sam mentioned the ease in forgetting to lean on mental health supports, explaining:

Sometimes it's [health services] not always the easiest to actually implement into my life. And I know that to be true for my other friends who are involved with activism, um, that we tend to neglect our own well-being for the sake of others... Only one person, however, reported they currently access and engage in mental health services.

In consideration of the access challenges to receive mental healthcare, some participants identified the healing role of social media. Participants noted positive aspects of social media, including positive views from others, being able to easily connect with support, and cost-effectiveness compared to therapy with a professional counselor. Leighton reported, "But sometimes that social media aspect is just an easier way of asking for help, rather than going to or looking for professionals. And like I said, especially if you feel like you can't afford it, you know? Or ... if you feel like you're not ready..."

Discussion

The purpose of this study was to explore Millennial and Generation Z activists' mental health behaviors and interactions, highlighting the voices of activist members in the United States during a time of unprecedented protests and the COVID pandemic. The study aggregated data from the phenomenological interviews to guide the study's understanding of wellness behaviors within the context of COVID-19. While participants offered varied and personalized narratives, they demonstrated a shared experience of navigating and engaging in wellness behaviors during COVID-19. Such depictions can be helpful to activist communities, educators, and future investigators. The analysis that was conducted was grounded, in part, in the TPB framework to develop a deeper understanding of how the constructs of attitudes, subjective norms (SN), and perceived behavioral control (PBC) impacted participants' counseling seeking intentions. Further, the analysis was guided by the author-created *Activist Self-Care Framework*.

Regarding the first research question (RQ1), technology, specifically social media, presented both opportunity and burden to youth activists. Many participants reported that social media provided an avenue for maintaining social bonds. Paradoxically, social media caused some activists to dedicate time to unplug from technology (Campbell & Valera, 2020). The results support findings by Galovski et al. (2016) that despite being deemed technologically competent, young adults are affected by the socio-cultural increases in screen time, often at the cost of their psychological well-being.

Technology yielded some positive results as young activists requested more mental health resources available through social media. However, other participants recommended a cessation of social media use to cope with the stress of being inundated with information. Nevertheless, an important contribution of this phenomenological study is the evidence suggesting that our Millennial and Generation Z activists represented a cohort that may find visibility, affirmation, and voice in online spaces (Lenhart et al., 2010). Therefore, counselors could invest in branding and marketing to improve their visibility in the sphere of social media. To account for the impact of technology on well-being, mental health and integrated care professionals should speak with their youth clients individually before recommending starting or stopping social media use. Because the participants in this study represented a diversity of demographics and intersections (see Table 1), counselors, who are mandated to implement culturally responsive care, may use these findings to improve their work with diverse young activists (Ratts et al., 2016).

Similarly, findings revealed how respondents' decision to reduce social media helped counter their stress regarding COVID-19 and human rights violations that motivated their activism. Helping professionals armored with such information might consider examining technology use in their clinical assessments, especially given the findings about the stress derived from frequent replaying of human rights atrocities online. While youth might be familiar with technology, more work is needed to improve mental health navigation and literacy in online spaces.

Though participants were able to share personal experiences of wellness maintenance, few included group-based activities. This result is consistent with prior studies involving activists (Gorski, 2015; Nah, 2020). Additionally, despite participating in wellness activities, multiple respondents shared their thoughts surrounding the difficulty focusing on their personal wellness due to their perceived duties as activists. Prior literature confirms that personal coping is a low priority for activists (Chen & Gorski, 2015; Eisenberg et al., 2012). For instance, although two individuals in this study noted positive attitudes towards mental health services, they further reported personal under-utilization of integrated care.

Regarding the second research question (RQ2), the TPB provided a conceptual framework for exploring the experiences of diverse youth activists and their help-seeking behavior (Jew & Tran, 2020; Lee et al., 2019). Specifically, the study's themes supported the influence of TPB components, such as mental health stigma, on the help-seeking intentions of youth activists. Results showed an association between subjective norms and the help-seeking intentions of youth activists. Moreover, socio-cultural stigma, which was viewed as a subjective norm within the TPB, may have served as a barrier for youth activist help-seeking. Respondents' race and culture also may have influenced their resistance to and acceptance of mental health counseling services (Cheng et al., 2018; Mizock & Page, 2016). Reluctance for services is often due to individuals' concerns about the lack of diversity among therapists, inter-generational resistance, and mistrust of the medical community (Sue & Sue, 2012).

While there were positive attitudes towards mental health counseling services expressed by some participants, others reported negative attitudes related to counseling because of the stigma of seeking services (Corrigan, 2004). Stigma has been cited as one of the most common causes for low treatment-seeking behaviors among young adults, and it has been shown to be positively correlated with psychological distress (Eisenberg et al., 2009). Higher levels of stigmatizing beliefs related to counseling have been found to be negatively correlated with help-seeking behavior (Vogel et al., 2007) even among college students (Cohen et al., 2020). Psychological barriers are one reason for reluctance to seek counseling. One participant expressed a contrary viewpoint, as they valued online counseling and saw it as a benefit due to its perceived ease of use. Hadler et al. (2021) noted personal preferences for online counseling were dependent on factors, such as the type of treatment, ethnicity, gender, and severity of symptoms. Moreover, Lungu and Sun (2016) confirmed ethnic differences in tele-counseling, reporting that there was a greater preference for online mental health support, among Asian students in comparison to Caucasian students. With online mental health services usage increasing amongst young adults (Lungu & Sun, 2016), technology presents a high potential to be helpful for youth activist populations.

Implications for Practice

Participants described transformative suggestions that are relevant for counselors in terms of potentially recruiting and retaining young adult activists in healthcare systems. Most respondents expressed a need for free online mental health resources and virtual counseling. In addition, they suggested that therapists have a social media presence to discuss tips on living with different mental health issues, such as anxiety and depression. Respondents further encouraged counselors to be mindful of the social climate and to be aware of the issues present in their communities. Beyond awareness, one person asked counselors to understand how several identities are targeted in society and to support activist clients without judgment or bias. Finally, participants highlighted the urgency of addressing elements related to activist burnout, mental health access, and quality of care.

In light of the expressed needs of participants in this study, facilitators of counseling conferences and counselor education programs could provide professional development for counselors to better inform them about working with activists. Further, from an applied perspective, *the Activist Self Care Framework* may have important implications for human rights organizations and counseling practitioners. For instance, the framework may guide psycho-educational content and practice to support activists' well-being. Lastly, based on the themes identified, it is suggested that counselor educators, human rights organizations, and counseling practitioners working with young adult activists consider: (a) being sensitive to the paradox of youth activists possibly having

positive attitudes toward counseling and a low utilization of services, and (b) incorporating the use of technology and social media for communication and prevention education purposes in their work.

Future Research

With only one activist currently receiving counseling services included in this study, exploring predictors of help-seeking behaviors among counselors in the context of activism is warranted. Future research could focus on the evaluation of the programmatic support of universities, community counseling clinics, and local nonprofits for youth activists during the COVID-19 pandemic and times of social unrest. Second, future research may examine the development of interventions to improve the rates of seeking treatment for Millennials and Generation Z. Third, researchers could offer focused interventions for activists impacted by maladaptive coping and poor mental health outcomes to reduce activist related stress. The current study centered on the broad constructs of mental health and wellness and did not explore comparisons by age, race, or gender. Therefore, researchers may want to conduct a quantitative study to examine the experiences of mental health service utilization, engagement, and retention for Millennial and Generation Z activists as a function of their gender, race, and/or ethnicity. While the findings suggested that many of the activists reported stigmatizing attitudes towards counseling, it is important to note that as COVID has ushered in increasing tele-health services, future research should explore young activists' actual wellness behaviors as opposed to their intentions to engage in positive behaviors such as counseling. More research is needed on the preferred modalities (i.e., face-to-face, tele-health), racial/ethnic minority activists' preferences for such modalities, and the differences based on activists' varying levels of education.

Limitations of the Study

This research was conducted during the winter of 2021; thus, the context of this study was confounded by COVID-related factors, such as health anxiety, social distancing, economic stressors, and the ongoing social unrest (Wright et al., 2021). Therefore, if this study was conducted at another time, the results might have been different. Second, methodological constraints may exist concerning the subjectivity of thematic choices. Researchers in the study sought to reduce bias, however, Levitt and colleagues (2021) acknowledged it may be difficult for researchers to completely remove themselves from the results. Transferability is a key component of qualitative research (Hays et al., 2016), and it would be possible to replicate the current study with young adult activists involved in advocating in human rights organizations, mission-driven entities, and civic engagement groups. Replication is encouraged as this sample may not represent the experiences of non-traditional aged activists, LGBTQIA+ activists, or activists of color in digital activism settings. Utilizing social media for recruitment purposes may have impacted participation in the study, as those without social media accounts may not have had the same access. Finally, terminology such as tele-health counseling may have been interpreted as synchronous online counseling or consulting asynchronous online resources (Bathje et al., 2014).

Conclusion

Activist groups, particularly Millennial activists, are at greater risk of social, financial, and existential pandemic threats in the United States (Wray-Lake et al., 2017). This exploratory study contributes to mental health literature surrounding activist well-being and provides a better context concerning the mental health status of young adult activists during times of crisis, such as the COVID-19 pandemic and national social unrest. Further, since the study included a non-homogenous sample outside of university contexts, the current knowledge base of activist literature is extended (Chen, & Gorski, 2015; Gorski, 2019; Strauss et al., 2020). In closing, results of this exploratory phenomenological investigation documented the experiences of Millennials and Generation Z activists in the context of COVID-19 and social unrest. The results shed light on potential barriers to help-seeking behaviors among young adult activists and emphasize the need to address systemic mental health inaccessibility, to raise awareness among counselors, and to integrate technology and social media to optimize support for young activists.

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We have no conflicts of interest to disclose.

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