

African Americans and Activism: Exploring the Impact on Psychological Well-Being

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ABSTRACT

This study aimed to investigate the relationship between psychological well-being and PTSD symptoms in relation to activism orientations among African Americans. Additionally, the study explored the moderating roles of activist self-identity and length of activism involvement in these relationships. A national sample of 298 African American adults was examined, and the following findings were observed: African Americans with a greater inclination toward conventional activism reported higher levels of psychological well-being. Those who self-identified as activists displayed a nearly fourfold decrease in PTSD symptoms. Moreover, older African Americans showed decreased PTSD symptoms and increased psychological well-being compared to younger adults, while African American females reported higher levels of psychological well-being compared to males. Neither high-risk activist orientation nor activist self-identification significantly contributed to the prediction of PTSD symptoms or psychological well-being. Additionally, African American females and older adults with longer durations of involvement in activist organizations reported higher levels of psychological well-being. These findings emphasize the importance of considering age, sex, and duration of activist involvement as contributing factors in understanding variations in mental health. The clinical and community implications of these findings are further discussed.

Keywords: *Activism, PTSD, Psychological Well-being, African American, Activist Identity*

African Americans and Activism: Exploring Impacts on Psychological Well-Being

Black people are enraged because there are social injustices which provoke rage. But if that rage is not expressed politically or devoted towards achieving constructive goals, then it will be self-defeating and ultimately self-destructive. Let us be enraged about injustice but let us not be destroyed by it. Let us now act with forcefulness but restraint, with militancy but wisdom, in the hope of liberating ourselves from rage and injustice and our white brothers from the fear which now enslaves them. (Rustin, 1969, p. 7).

Social injustices often provoke Black rage, but this emotion must be channeled toward constructive goals rather than self-destruction (Rustin, 1969). Mental health professionals must acknowledge and address the psychological impact of systemic inequalities while supporting African Americans in their efforts to liberate themselves from rage and injustice (Brown, 2008; Bryant-Davis & Ocampo, 2005; Lewis et al., (2017); Neville et al., (2015); Snowden, 2001; Watts & Flanagan, 2007). Research has highlighted the traumatic impact of racism on African Americans mental health and has emphasized the need for culturally responsive approaches to counseling and psychotherapy (Bryant-Davis & Ocampo, 2005; French et al., 2020; Jones & Scott, 2015; Szymanski & Lewis, 2015). Psychotherapy can play a valuable role in addressing race-related stress and promoting psychological well-being among African Americans (Taylor, 2018). However, it is also important to recognize the intersectional nature of African American identity and privilege in shaping their experiences of anger and rage (French et al., 2020; Hope et al., 2019; Lewis et al., 2016; Prosper et al., 2021).

The past decade has been pivotal for African Americans in social justice and protest movements, bringing attention to the historical and ongoing trauma of racism and its impact on the overall mental health of African Americans. Research has demonstrated the adverse effects of racism on mental health, with African Americans experiencing higher levels of stress, anxiety, and trauma (Hope et al., 2019; Lewis et al., 2017; Prosper et al., 2021; U.S. Department of Health and Human Services, Office of Minority Health, 2023). However, African Americans also have demonstrated resilience and resistance in the face of this trauma, drawing on cultural and community resources to promote their healing and well-being (Brown, 2008; Feitzer & Ponterotto, 2015; French et al., 2020; Neville et al., 2015; Prosper et al., 2021).

Prior research has focused on understanding the various forms, antecedents, consequences, and significance of social and political activism among African Americans (Feitzer & Ponterotto, 2015; Ginwright, 2010; Kirshner & Ginwright, 2012; Szymanski & Lewis, 2015, Watts, 2007). However, a much under-researched area of investigation has been the relationship between African Americans' engagement in activism and their psychological well-being. This article first reviews the literature on the association between activism orientation, activist identity, and psychological well-being, focusing on African American activism. The article then presents the quantitative results of a study focused on these variables.

What is Activism?

Activism has been defined as an intentional act of resistance aimed at challenging or dismantling oppressive power structures to engender social change (Bobel, 2007; Corning & Meyers, 2003; Feitzer & Ponterotto, 2015). Within psychology, activism has been referred to as any behavior that relates to advocating some political cause that seeks to resolve an issue identified as being the source of a decrease in quality of life (Corning & Myers, 2003; Klar & Kasser, 2009). Activism may include community organizing, donations to causes or organizations, direct action, and other efforts to increase social justice (Corning & Myers, 2003). Individuals involved in activism may benefit both psychologically and personally, including a sense of belongingness and connection to others, purpose in life, and problem-solving skills (Byrne, 2007; Collins et al., 2020; Ginwright, 2010; Prosper et al., 2021; Watts & Flanagan, 2007). People involved in activism also may form close social networks, increase their educational and occupational opportunities, build social capital, and access needed community support and services (Byrne, 2007; Flanagan & Levine, 2010; Ginwright, 2010; Hope et al., 2019; Prosper et al., 2021).

Research has suggested that self-identifying as an activist can positively and negatively impact post-traumatic stress disorder (PTSD) symptoms and psychological well-being among African American individuals. For example, studies have shown that activism can increase psychological well-being by providing a sense of purpose and empowerment (O'Brien & Major, 2005). Additionally, some studies have found that activism can provide a form of post-traumatic growth by allowing individuals to transform their traumatic experiences into positive action (Tedeschi & Calhoun, 2004). Other research, however, has found that activism also can lead to increased PTSD symptoms, particularly among individuals who engage in high-risk forms of this behavior (Kaniasty & Norris, 2008). This may be due to their exposure to traumatic events, such as police brutality or overt racism, often central to activism efforts (Kaniasty & Norris, 2008). The emotional labor required to engage in activism can lead to burnout and other adverse psychological outcomes as well (O'Brien & Major, 2005).

Activism takes many forms. Still, as we see in this 1969 quote to follow by Bayard Rustin to the American Federation of Labor and Congress of Industrial Organizations (AFL-CIO) when fueled by rage, activism can be channeled into energy for good (i.e., "achieving constructive goals") or can be left to fester (i.e., to "be self-defeating and ultimately self-destructive"). Said differently, engaging in activism can have beneficial and harmful impacts on the well-being of African Americans. Therefore, researchers and practitioners must consider activism's potential benefits and risks to African American people's mental health.

Activist Orientation and Mental Health

Activist orientation has been defined as "an individual's developed, relatively stable, yet changeable orientation to engage in various collective, social-political, problem-solving behaviors...intended to address an injustice or disadvantage which impacts the collective... spanning a range from low-risk, passive, and institutionalized acts to high-risk, active, unconventional behaviors" (Corning & Myers, 2002, pp. 704-707). Two modes of activist orientation have been identified: conventional activism orientation and high-risk activism orientation. Conventional activism includes signing a petition or writing a letter to a politician. It typically does not result in physical harm or legal concerns. It has been associated with higher psychological well-being and flourishing among college students and predominantly white community-level activists (Klar & Kasser, 2009).

High-risk activism involves more confrontational and disruptive actions, such as staging a sit-in or engaging in acts of civil disobedience. Concerning high-risk activism, Bayard Rustin (1969) noted the danger of such acts, stating that they strengthen reactionary forces and are ultimately politically counterproductive. Given the high-risk nature of this type of activism, these acts tend to correspond to increased experiences of physical, emotional, or legal harm for those involved. Specifically related to emotional harm, Klar and Kasser (2009) conducted a seminal study investigating the relationship between engagement in activism and psychological well-being. Their study revealed that individuals who reported engaging in activism had higher self-esteem, positive affect, and life satisfaction levels than those who did not engage in activism. Furthermore, they found that a sense of personal control and social support mediated the interaction of activism on well-being.

However, Klar and Kasser (2009) noted that not all forms of activism have the same benefits. They distinguished between "high-risk" activism, which involves activities that may be dangerous or illegal, and "conventional" activism, which involves more legal and mainstream forms of political participation. Their findings indicated that while high-risk and conventional activism was associated with higher self-esteem and positive affect, high-risk activism was also associated with higher negative affect and anxiety levels. These results suggest that high-risk activism may come with greater risks to psychological well-being than conventional activism.

Understanding the nuances of different forms of activism and their impact on psychological well-being is crucial for informing policy and mental health practice. This article seeks to contribute to this understanding by reviewing the current literature on activism and mental health of African Americans and conducting a study on this topic.

Activist Identity and Mental Health

A common perception of activism is that those who identify as an activist martyr themselves with romanticized and unrealistic ideals of continual struggle with thankless applause from a critical audience (Bobel, 2007). In her study on menstrual activists, Bobel (2007) noted that many people involved in social action viewed the term ‘activism’ as requiring one to give up everything to embody social causes and maintain hypervigilance (e.g., high-risk activism). Grzanka et al. (2020) recently discovered that LGBTQ activists experienced more significant psychological distress than their non-LGBTQ counterparts due to the intersection of multiple forms of oppression. This further leads to the title of ‘activist’ as a label one must earn with potential undesirable but necessary consequences. This combination of activist and martyr may lead some to refuse to adopt the activist moniker for fear of the intensity of the work, therefore resisting the identity as an activist.

African Americans, Activism, and Mental Health

“We have reached a point in the political development of America that can legitimately be called an emergency. Our country is in trouble, severe trouble, and those who are most profoundly threatened by this unhappy situation are African Americans” (Rustin, 1969, p. 7). In his statement, Bayard Rustin highlighted the urgent situation that African Americans have been confronting in the United States. Unfortunately, this emergency for African Americans and the impact of this “unhappy situation” (Rustin, 1969, p. 7) have not dissipated in the 54 years since Rustin’s statement. The resulting emergency has led African Americans to engage in activism, which can positively and negatively impact African Americans’ mental health. Ribas (2022), for example, found that support for the Black Lives Matter Movement was positively associated with depressive symptomology for African Americans. Conversely, Hope (2016) reported that activism can relate to healthy psychological well-being among African Americans.

Previous studies have found that community engagement, racial identity, and awareness of racism are positively associated with predictive activist behaviors among African Americans (Thomas et al., 2008) and that community-oriented sources are often used to address mental health concerns (French et al., 2020; Morris, 2014; Snowden, 2001). Further research has suggested that community engagement and activism may be necessary to develop and maintain healthy psychological well-being (Brown, 2008; Caldwell-Colbert et al., 2009; Hope, 2016). However, the relationship between conventional and high-risk activism and mental health among African Americans remains unclear. Research also has indicated that African Americans engage in their communities in various ways, including activism, artistic expression, and community development, which may contribute to their psychological well-being. However, little is known about how conventional and high-risk activism impacts the mental health of African Americans. Therefore, this study examines the impact of the increased racial oppression on African Americans and their mental health in light of Rustin’s statement about the severe challenges African Americans face in the U.S.

Present Study

This study presents data related to a specific point in time heightened by racial oppression (e.g., post-the establishment of the Movement for Black Lives and #BlackLives Matter social media campaign in 2013 as a reaction to the death of Trayvon Martin in 2012) for us to examine better the impacts of today’s responses to racial oppression (e.g., social movements to seek justice for the deaths of more African American men and women and the #SayHerName social media campaign in reaction to the death of Breonna Taylor in 2020 or the racial massacre of African Americans at a Western New York grocery store in 2022). To address gaps in the literature, this study explored African Americans’ orientation to conventional or high-risk activism, their PTSD symptoms, and their psychological well-being. Additionally, the study examined the potential moderating roles of the participants’ activist self-identity and their length of time involved in African American community organizations.

Hypothesis 1A: Orientation to Conventional Activism Predicts PTSD

African Americans with greater orientation to conventional activism (AOS-C) will be associated with higher levels of PTSD symptoms. This relationship will be moderated by self-identity as an activist and length of involvement in African American organizations. The positive relationship between AOS-C and PTSD will be stronger for those with stronger activist self-identity and shorter involvement in African American organizations. Controlling for age and sex¹ will weaken this relationship, but the moderators will remain significant predictors of PTSD.

Hypothesis 1B: Orientation to Conventional Activism Predicts PWB

African Americans with a stronger self-identity as activists, a longer involvement in African American organizations, and a stronger orientation to AOS-C will have higher levels of psychological well-being (PWB). This relationship will be moderated by age and sex. Specifically, African American females and older adults will demonstrate higher levels of PWB than males and younger adults.

Hypothesis 2A: Orientation to High-Risk Activism Predicts PTSD.

African Americans with a higher orientation to high-risk activism, a stronger self-identity as an activist, and a longer involvement in African American organizations will have higher levels of PTSD, even after controlling for age and sex.

Hypothesis 2B: Orientation to High-Risk Activism Predicts PWB.

African Americans with a higher orientation to high-risk activism (AOS-HR) will have lower levels of PWB, and this relationship will be moderated by self-identity as an activist and length of involvement in African American organizations. Specifically, the negative relationship between AOS-HR and PWB will be stronger among individuals with a stronger self-identity as an activist and longer involvement in African American organizations. Note that age and sex will be controlled for in the analysis designed to test this hypothesis.

Method

Participants

Participants were recruited via advertisements for “The Black Community Engagement Survey” and Qualtrics Panels in 2017. Participants were told the study aimed to explore African Americans’ experiences engaging with their communities. Data was initially collected from 400 participants. Within this sample, 236 participants were recruited via community advertisements to local, community, and national African American community organizations, word-of-mouth recruiting, and snowball sampling; while 164 were recruited via Qualtrics Panels. The additional recruitment via Qualtrics Panels allowed for an increase in generalizability by obtaining a national sample rather than restricting participants to a specific location. Of the 400 participants with whom data was collected initially, 55 were removed for not passing credibility checks, 26 for not meeting inclusion criteria (i.e., age \geq 18), and 21 for attrition (having completed less than 57% of the survey). The final sample included 298 African American adults. Participants ranged in age from 18 - 61 ($M = 36$, $SD = 13.72$). Sex was coded as 0 (*male*) and 1 (*female*). A vast majority of the sample identified as female (70%), heterosexual (71%), employed full-time (50%), and having received a 4-year degree or higher (59%). Additional participant demographic data are presented in Table 1.

1. The demographic data collection in the study focused on assigned sex at birth, specifically categorizing individuals as male, female, or intersex, rather than capturing gender identity as man, woman, or nonbinary. This approach was implemented to maintain a clear distinction between gender identity and sexual orientation, aligning with current professional guidelines (American Psychological Association, 2020).

Procedures

Participants shared demographic information after providing consent on the online survey platform (Qualtrics). They completed the survey measures in the following order: PTSD Checklist-Civilian version (PCL-C), Ryff Scales of Psychological Well-Being (PWB), and the Activism Orientation Scale (AOS). Participants who completed the survey were entered into a raffle to win one of ten \$50 gift cards. The study followed all ethical standards for research and received Institutional Review Board approval from the institution where the author collected the data.

Instruments

Activism Measures

Activist Identity. To capture the construct of activist self-identity, participants responded to the question “Do you identify as an activist?” with “no” coded as zero (*non-activist*) and “yes” coded as one (*activist*). Within the sample, 42% self-identified as an activist, while 58% did not adopt the activist identity label ($M = 1.58$, $SD = .50$). Participants’ length of involvement in activist organizations was captured by this question: “Have long have you been involved in activities or organizations aimed at supporting either your Black community or other Black communities?” Responses were coded as 0 =, 1 = Less than one month of involvement, 2 = one – three months, 3 = three–six months, 4 = six – 12 months, 5 = one to two years, 6 = three to five years, 7 = six–nine years, and 8 = 10+ years of involvement. Within the sample, 47% reported involvement between six months and two years ($M = 3.59$, $SD = 1.96$). Both variables were used as moderators in all the analyses.

Activism Orientation Scale (AOS). Activist orientation was assessed using the *Activism Orientation Scale* (AOS; Corning & Myers, 2002). The AOS is a 35-item scale that measures a person’s predisposition to various behaviors related to general social action. The two AOS subscales differentiate between conventional (28 items) and high-risk (7 items) activism. Typically, AOS-C involves legal and nonviolent action, such as protests, rallies, and letter-writing campaigns. On the other hand, AOS-HR involves significant personal risks, such as physical harm, arrest, or other legal repercussions. An example of item prompts includes: “Wear a t-shirt or button with a political message” (AOS-C) and “Block access to a building or public area with your body” (AOS-HR).

Participants responded to the prompts based on their likelihood to engage in each activism activity in the future. Responses ranged from zero (*extremely unlikely to engage*) to three (*extremely likely to engage*). Total and subscale (conventional or high-risk) scores were computed with higher means indicating a greater intention to engage in that specific type of activism. The AOS has been identified as an adequate measure of activist attitudes that depicts willingness to engage in activist behaviors. Previous use of the AOS with various populations reported adequate internal consistencies for the AOS total scale (.96), AOS-C subscale (.91-.96), and AOS-HR subscale (.87 - .93) (Corning & Myers, 2002; Fietzer & Ponterotto, 2015). The current study yielded Cronbach’s alphas of .97 (full scale), .97 (AOS-C), and .91 (AOS-HR). Briggs and Cheek (1986) recommended reporting mean inter-item correlations for scales or subscales with fewer than ten items. In the current study, the mean inter-item correlation was .58, with values ranging from .41 to .70. Concerning convergent validity, responses to the overall AOS measure were moderately correlated with perceptions of one’s group as more disadvantaged relative to other groups; conventional activism was correlated with aspects of psychological well-being (e.g., positive affect and self-actualization); and high-risk activism was moderately correlated with political control (Corning & Myers, 2002; Fietzer & Ponterotto, 2015; Klar & Kasser, 2009). Concerning discriminant validity, responses to the AOS were not correlated with responses to measures of interpersonal control or efficacy (Corning & Myers, 2002; Fietzer & Ponterotto, 2015). With regards to criterion validity, responses to the AOS-C subscale were correlated with responses to scales related to confronting discrimination, eudaimonic and subjective well-being, as well as spirituality (Corning & Myers, 2002; Fietzer & Ponterotto, 2015; Klar & Kassar, 2009).

Mental Health Measures

All the analyses included psychological well-being and trauma symptoms as outcome variables. These constructs were chosen to accurately evaluate both the positive (i.e., psychological well-being) and negative (i.e., PTSD symptoms) aspects of mental health, allowing for a more nuanced understanding of the widespread impacts of activism for African Americans.

PTSD Checklist – Civilian Version (PCL-C; Lang & Stein, 2005). The short form of the PTSD Checklist–Civilian Version, a six-item assessment derived from the longer 17-item measure PCL-C (Weathers et al., 1993), was used to measure symptoms in relation to stressful experiences. The PCL-C assesses for reexperiencing, avoidance, and hyperarousal, common cluster symptoms of PTSD. Each symptom contains two items, with a total of six items on the shortened PCL-C. An example of symptomology presented in this short-form includes “Feeling very upset when something reminded you of a stressful experience from the past?” and “Repeated disturbing memories, thoughts, or images of a stressful experience from the past?.” Participants responded to items relating to the impact of symptoms of PTSD over the past month using a 5-point Likert scale ranging from 1 (not at all) to 5 (extremely). Scores were computed as the sum of the item scores, with higher scores reflecting more significant distress from PTSD symptoms. The PCL-C has been used with good internal consistency ($\alpha = .93$) in prior research with African Americans (Goldmann et al., 2011). In the current study, the Cronbach alpha coefficient was .90, and the mean inter-item correlation was .60, with values ranging from .46 to .79. As evidence of construct validity, PCL-C scores have been reported to be significantly associated with negative impact summaries, depressive symptoms, less social support, and lower income (Hahn et al., 2014). Moreover, the PCL-C has been found to have good specificity (.97), positive predictive value (.80), and negative predictive value (.72) in a sample of African Americans in an urban setting (Goldmann et al., 2011).

Ryff Scales of Psychological Well-being (PWB; Ryff & Keyes, 1995). Psychological well-being was assessed with a modified 18-item version of Ryff’s Scales of Psychological Well-being (Ryff, 1989). The modified scale includes three items representing six aspects of psychological well-being. Examples of items include: “When I look at the story of my life, I am pleased with how things have turned out” (self-acceptance), “I judge myself by what I think is important, not by the values of what others think is important” (autonomy), “In general, I feel I am in charge of the situation in which I live” (environmental mastery), “Some people wander through life, but I am not one of them” (purpose in life), “People would describe me as a giving person, willing to share my time with others” (positive relations with others), and “For me, life has been a continuous process of learning, changing, and growth” (personal growth). Items were scored using a Likert scale from (1 = disagree strongly to 7 = agree strongly). After reverse coding eight items, a total score was computed using the mean of all the items. Higher scores indicated greater well-being. In previous research, the PWB was found to have good internal consistency with alphas ranging from .83 - .91 (Frazier et al., 2005). In the current study, the internal consistency ($\alpha = .82$) also was good. Along with adequate factorial validity, the PWB has been standardized through comparisons with subjective measures of psychological well-being and cross-culturally validated. The construct validity of the PWB has been evaluated through multiple strategies that have yielded conflicting results. Some researchers, therefore, recommend exercising caution when using the shorter form of the PWB (i.e., 14-, 9-, and 3-item PWB versions), due to concerns with the construct validity of the shortened scales (van Dierendonck, 2004). Conversely, van Dierendonck (2004) also reported consistent distinctions between eudaimonic and hedonic well-being within the PWB subscales, along with loadings on factors related to interpersonal relationships, vitality, happiness, self-esteem, and self-actualization.

Covariates

Age and sex influence African Americans’ mental health and activist orientation (Brown, 2008; Kirshner & Ginwright, 2012; Szymanski & Lewis, 2015). As a result, age and sex were included as covariates in all the data analyses.

Data Analysis Plan

A priori power analysis was conducted using G*Power version 3.1.9.7 (Faul et al., 2007) to determine the minimum sample size required to test the study's hypotheses. The results indicated that a sample size of 207 was required to achieve 80% power in detecting a medium effect size ($f^2 = .15$), using a significance criterion of $\alpha = .05$ for linear multiple regression analyses with five predictors. Thus, the current sample size of $N = 298$ was adequate to test the study's hypotheses. Data preparation and analyses were completed using SPSS 27. When examining for missing data, 75% of the cases were found to have no missing data, and 7.3% had less than seven values missing. Pairwise deletion was used to exclude missing data from all the analyses. Although no multivariate outliers were identified in the dataset, univariate outliers were detected in the PWB measure. Little's Missing Completely at Random (MCAR) test was used to determine missing data patterns. The non-significant result ($p = .850$) indicated MCAR inference (see Tabachnick & Fidell, 2013). Variable inflation factors (VIF) were calculated to assess multicollinearity among variables, and the results suggested negligible multicollinearity ($VIF = 2.13$). As a result of the negligible multicollinearity, the targeted variables were included in the analyses (Hair et al., 2018). The skewness and kurtosis of the continuous variables were calculated to assess normality in the model. Using Kline's (2016) thresholds of skewness ($> 3 = \textit{extremely skewed}$) and kurtosis ($> 10 = \textit{problematic}$), all observed variables were within acceptable limits to assume normality (i.e., skew < 1.1 ; kurtosis < 3.3). A priori alpha levels were set to .05, and eta squared (η^2) effect sizes ranged from small (.20), medium (.50), and large (.80), as interpreted by standard statistical guidelines (Hair et al., 2018).

Results

Descriptive analyses, including means, standard deviations, and bivariate correlations, are shown in Table 2. Age was negatively correlated with responses to the PCL-C, AOS-C, and AOS-HR. Additionally, there was a positive correlation between responses to the PCL-C, AOS-C, and AOS-HR. Moreover, responses to the AOS-C positively correlated with responses to the AOS-HR and sex. These findings provide valuable insights into the relationships between mental health and activism for African Americans.

Relationship Between Conventional Activism Orientation and Mental Health

Moderation effects were analyzed through a two-way moderation analysis with bootstrapping using Model 2 from the PROCESS macro v3.5 for SPSS (Hayes, 2018) to explore the relationships between conventional activism orientation (AOS-C), psychological well-being (PWB), and PTSD symptoms (PCL-C) and the moderating effect of activist self-identification and length of involvement in Black community organizations. Age and sex were entered as control variables in Step 1. In Step 2, activist identity, length of involvement, and AOS-C were entered into the model. In Step 3, interaction terms between AOS-C, activist identity, and length of involvement were entered to examine the relationships between AOS-C, PWB, and PCL-C by varying levels (mean and ± 1 SD) of activist self-identification and length of involvement. PWB and PCL-C were used as separate outcome measures in the analysis.

Moderation of Activist Identity and Involvement Length on AOS-C and PCL-C

The hypothesis of a positive relationship between AOS-C and PCL-C as moderated by activist identity and length of activism involvement was partially supported. The overall moderation model was significant ($F(7, 99) = 2.60, p = .017$), accounting for 16% of the variance in examining the relationship between orientation to conventional activism (AOS-C) and posttraumatic stress disorder symptoms (PCL-C). The main effect of AOS-C on PCL-C was not significant, suggesting no significant relationship between orientation to conventional activism and PTSD symptoms in this sample ($\beta = 0.02, p = .702$). The main effect of activist self-identification and PCL-C was significant, indicating a significant inverse relationship between identifying as an activist and PTSD symptoms ($\beta = -3.56, p = .018$). There was no significant relationship between the length of activism involvement and PCL-C ($\beta = -.237, p = .555$). Activist self-identification was not a significant moderator of the relationship

between AOS-C and PCL-C ($F(1, 99) = .319, p = .573, \Delta R^2 = .003$). Similarly, the length of involvement in Black community organizations did not moderate the relationship between AOS-C and PCL-C ($F(1, 99) = .220, p = .640, \Delta R^2 = .002$). The significant relationship between age and PCL-C suggested that as age increased, PTSD symptoms decreased ($\beta = -0.14, p = .005$). Conversely, there was no significant relationship between the participant's sex and PTSD symptoms ($\beta = -1.76, p = .215$).

Moderation of Activist Identity and Involvement Length on AOS-C and PWB

The hypothesis that predicted a positive relationship between AOS-C and PWB as moderated by activist identity and length of activism involvement was partially supported. The overall moderation model was significant ($F(7, 98) = 5.48, p < .001$), accounting for 28% of the variance in examining the relationship between AOS-C and PCL-C. The main effect of AOS-C on PWB was significant, indicating a positive relationship between conventional activist orientation and psychological well-being ($\beta = 0.19, p = .006$). This result indicated that African American adults with a greater inclination toward conventional activism tended to experience higher levels of psychological well-being symptoms. There were no significant main effects for activist self-identification ($\beta = 3.11, p = .208$) and length of activist involvement ($\beta = 0.99, p = .145$) on psychological well-being, suggesting no significant relationship between these variables. Activist self-identification was not a significant moderator of the relationship between AOS-C and PWB, ($F(1, 98) = 2.40, p = .125, \Delta R^2 = .018$). Similarly, the length of involvement in African American community organizations did not moderate the relationship between AOS-C and PWB ($F(1, 98) = .446, p = .506, \Delta R^2 = .003$). The significant relationship between age and PWB suggested that as age increased, participants reported psychological well-being also increased ($\beta = 0.21; p = .012$). Additionally, African American females displayed higher levels of psychological well-being symptoms ($\beta = 6.20, p = .011$). These findings highlight the importance of considering age and sex as contributing factors in understanding variations in African Americans reported psychological well-being.

Relationship Between High-Risk Activism Orientation and Mental Health

Moderation effects were analyzed through the aforementioned statistical approach to explore the relationships between high-risk activism orientation (AOS-HR), psychological well-being (PWB), and PTSD symptoms (PCL-C), as well as the moderating effect of activist self-identification and length of involvement in African American community organizations.

Moderation effects of activist identity and involvement length on AOS-HR and PCL-C

The hypothesis that predicted a positive relationship between AOS-HR and PCL-C as moderated by activist identity and length of activism involvement was not supported. The overall moderation model was significant ($F(7, 104) = 2.95, p = .007$), accounting for 17% of the variance in examining the relationship between AOS-HR and PCL-C. The main effects of AOS-HR ($\beta = 0.22, p = .108$), activist self-identification ($\beta = 2.46, p = .089$), and length of activist involvement ($\beta = -.264, p = .475$) on PCL-C were not significant. This result indicated that there was no significant relationship between these constructs and PTSD symptoms. Activist self-identification was not a significant moderator of the relationship between AOS-HR and (PCL-C, $F(1, 104) = .018, p = .895, \Delta R^2 = .001$). Similarly, the length of involvement in Black community organizations did not moderate the relationship between AOS-HR and PCL-C ($F(1, 104) = .060, p = .807, \Delta R^2 = .001$). The significant relationship between age and PCL-C suggested that as age increased, participants reported decreases in PTSD symptoms ($\beta = -.121, p = .016$). Conversely, there was no significant relationship between sex and PCL-C ($\beta = -1.50, p = .242$). These findings highlight the importance of considering age as a contributing factor in understanding variations in African American reported PTSD symptoms.

Moderation effects of activist identity and involvement length on AOS-HR and PWB

The hypothesis that predicted a positive relationship between AOS-HR and PWB as moderated by activist identity and length of activism involvement was not supported. The overall moderation model was significant ($F(7, 103) = 3.14, p = .003$), accounting for 18% of the variance in examining the relationship between AOS-HR and

PWB. The main effects of AOS-HR ($\beta = -.274, p = .274$) and activist self-identification ($\beta = -.115, p = .965$) were not significant. This result indicates no significant relationship between these variables. The main effect of the length of activist involvement was significant ($\beta = 1.49, p = .003$). This result indicated a positive relationship between the length of involvement in activist movements and better psychological well-being. Activist self-identification was not a significant moderator of the relationship between AOS-HR and PWB ($F(1, 103) = .217, p = .642, \Delta R^2 = .002$). Similarly, the length of involvement in African American community organizations did not moderate the relationship between AOS-HR and PWB ($F(1, 103) = .878, p = .351, \Delta R^2 = .007$). The significant relationship between sex and PWB suggested that African American females reported greater psychological well-being than males ($\beta = 7.28; p = .003$). Conversely, there was no significant relationship between age and PWB ($\beta = .101, p = .267$).

Discussion

Recall that this study examined the impact of orientation to conventional and high-risk activism on African Americans' psychological well-being and PTSD symptoms. Additionally, the study viewed this group's activist self-identification and length of activist involvement as potential moderators of the relationship between activism orientation and mental health.

Conventional Activism Orientation and Mental Health

In this study, an examination of the relationship between AOS-C and PCL-C yielded non-significant results. However, it was observed that African American with a greater inclination toward conventional activism reported higher levels of psychological well-being. Notably, neither activist identity nor length of involvement in African American community organizations significantly contributed to the prediction of PWB and PCL-C by AOS-C. While the current study found no significant relationship between conventional activism and PTSD symptoms, it is important to note that experiences of racial discrimination (i.e., race-based traumatic stress) are linked to African Americans' greater inclination towards conventional activism (Hope et al, 2019).

Moreover, prior research has identified a specific form of African American community involvement, namely spiritual or religious engagement, as being positively correlated with both psychological well-being (Frazier et al., 2005) and participating in activism (Prosper et al., 2021). However, the present study only evaluated African Americans' community involvement in general, rather than their specific involvement in African spirituality communities. Consequently, the study yielded discrepant outcomes concerning the impact of African American activism.

Furthermore, in this study, African Americans who self-identified as an activist exhibited a nearly fourfold decrease in PTSD symptoms. Additionally, older African American adults demonstrated decreased PTSD symptoms and increased psychological well-being when compared to younger adults, while African American females reported higher levels of psychological well-being compared to males. These favorable outcomes associated with a conventional activism orientation are consistent with the strategies employed by anti-racist activists to resist oppression as identified by Collins et al. (2019). These strategies encompass a comprehensive understanding of self within social, political, and historical contexts, engaging in critical actions for power and liberation, and practicing critical self-reflection.

The striking resemblance between these strategies and components of a conventional activism orientation offers African American females and older adults a means of uncovering positive points around which a political majority can be built. Embracing such a strategy is crucial for African Americans to attain social and economic equality within the contemporary society in the United States (Rustin, 1979). Additionally, grounding activism in wellness and liberation serves as a means to resist racial oppression (Collins et al., 2020; French et al., 2020; Hope et al., 2019; Prosper et al., 2021). These findings underscore the significance of considering age, sex, and activist

identity as contributing factors in comprehending variations in the well-being of African Americans oriented to conventional activism.

High-Risk Activism Orientation and Mental Health

Contrary to the perspective expressed by Rustin (1969) regarding the potential exacerbation of existing problems through the utilization of high-risk activism to address social injustice, the findings of the present study indicated that neither a high-risk activist orientation or an activist self-identification significantly contributed to the prediction of PTSD symptoms or psychological well-being. This contrasts with previous research suggesting that a greater number of traumatic experiences, such as racial discrimination, were associated with a higher inclination towards high-risk activism among African American adolescents and emerging adults (Hope et al., 2019). Notably, African American females and older adults in the current study who had been involved in activist organizations for longer durations reported higher levels of psychological well-being compared to African American males and younger adults. Furthermore, older African Americans exhibited decreased PTSD symptoms in comparison to their younger counterparts who were engaged in high-risk activism.

Although ample research has examined the mental health outcomes of African American youth involved in various forms of activism (Ginwright, 2010; Hope et al., 2019; Kirshner & Ginwright, 2012; Thomas et al., 2008), limited research exists that compares mental health outcomes among older African American activists or that investigated the impact of length of activism involvement. Consequently, the present study provides a rationale for future research in these areas. The findings underscore the significance of considering age, sex, and duration of activist involvement as contributing factors in understanding the reported variations in African Americans mental health.

Importantly, the nonsignificant results pertaining to high-risk activism orientation should not be interpreted as discouragement for African Americans to engage in such activism. Instead, these results highlight the potential benefits of high-risk activism for African Americans (i.e., older adults, females) who have accumulated considerable experience in activist organizations. High-risk activism can be seen as an extreme response to institutional and systemic marginalization, often employed as a last resort in times of severe oppression.

Strengths

The present study contributed to the expanding body of research on the intersection of mental health and social justice by examining African American mental health. A significant strength of this study was its comprehensive assessment of mental health, encompassing both positive and negative dimensions. By employing validated measures of psychological well-being and PTSD symptomatology, the study provided a robust and multifaceted examination of the mental health experiences of African Americans. This rigorous approach facilitated a nuanced understanding of the complex interplay between positive factors, such as well-being, and negative factors, such as trauma, in shaping the mental health outcomes within the context of African American activism. This study adds valuable insight to the existing literature, contributing to a more comprehensive understanding of African American activists' mental health challenges and paving the way for targeted interventions and support strategies.

Limitations

The current study relied on 2017 data to examine the relationships between activism orientation, PTSD symptoms, and psychological well-being for African Americans. Given the increased awareness to daily racial injustices, more research is needed on recent experiences of African American activism, as well as a longitudinal approach to better understand the relationship between activist movements and African American mental health. Additionally, the study measured intentions to engage in activist behaviors rather than actual behaviors, which may not fully capture the complexity of activism involvement. Similarly, using a single item to measure activist identity raises psychometric concerns, as it fails to account for the multidimensionality of the construct or potential changes over time (McDonald et al., 2019). Moreover, order effects related to the administration of the instruments may

have influenced participants' responses and perceptions of the variables, potentially leading to an overestimation or underestimation of their symptomatology. Future studies should explore alternative data collection methods, such as multiple items for measuring activist self-identity and employing a variety of assessment approaches (e.g., Likert scales, open-ended questions, behavioral indicators) to obtain a comprehensive understanding of the construct and to reduce potential response bias.

Implications

This study's findings highlighted the need for mental health professionals to adopt a critical and culturally-sensitive approach to mental health that incorporates aspects of the Black radical tradition and feminist therapy techniques (Ginwright, 2010; Lewis et al., 2016; Neville et al., 2015). These approaches emphasize the importance of collective action, community empowerment, and anti-oppressive practices that consider the social and political contexts in which mental health issues arise. Additionally, mental health professionals who recommend social action when employing social justice-oriented therapeutic modalities may consider conventional forms of activism as a viable option when treating African Americans seeking psychological services related to social oppression. Mental health professionals and community organizers also can utilize this knowledge to inform methods to find a way out of the vicious cycle of injustice and violence, as Rustin (1969) suggested. This may involve incorporating social justice-oriented therapeutic modalities or ensuring certain safeguards for riskier community organizing efforts, such as additional preparation or support, legal services, and aftercare post-organizing. Moreover, mental health professionals may encourage clients to engage in multiple forms of community engagement, provided that conventional activism and/or safety measures for high-risk activism are utilized. By adopting these approaches, mental health professionals can help promote healthy African American mental health and well-being and support their efforts to challenge systemic inequalities and promote social justice (Bryant-Davis & Ocampo, 2005).

Future Research

To better understand the relationships found in this study, it is crucial to investigate the mechanisms underlying the effects of activism on mental health and develop strategies to mitigate negative impacts while enhancing positive effects on African Americans. The collective strength of Black feminist and womanist movements has served as a potent community resource for African Americans. This power has been instrumental in elevating the voices of the most marginalized within the community: African American women, transgender and nonbinary individuals, and others within African American LGBTQIA+ communities. Through the lens of intersectionality, which engenders an intricate comprehension of the distinctive trials faced by numerous marginalized African American identities, a spotlight has been cast on the manner in which the convergence of gender and racism intensifies the repercussions of racism on mental well-being (French et al., 2020; Lewis et al., 2017; Neville et al., 2015; Szymanski & Lewis, 2015). Therefore, further examination of demographic variables, such as gender identity and sexual orientation, in relation to the measured constructs is also necessary (Grzanka et al., 2020).

To expand our understanding of community engagement, future studies should go beyond the present study's definition of activism and incorporate additional forms of community engagement, including religious involvement, youth community support, healthcare-related community support, and engagement in social and familial relationships (Ribas, 2022). This proposed research agenda will enhance our knowledge of the complex interplay between African Americans' activist orientation and mental health, ultimately promoting culturally responsive and effective mental health services.

Conclusion

Rustin (1969) emphasized the importance for African Americans to "...act with forcefulness but restraint, with militancy but wisdom, in the hope of liberating ourselves from rage and injustice..." (p. 7). Accordingly, mental health professionals are uniquely positioned to assist African American activists and community organizers by aiding them through sublimating rage into positive political strategy and offering protective mental health

techniques. Our focus, then, needs not to be on eradicating the use of high-risk activism. Instead, we should focus on ensuring the physical and psychological safety of African American activists who are called to engage in powerful ways to have their community's voice heard by others.

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There are no conflicts of interest to disclose.

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Table 1. Sociodemographic Characteristics of Participants

Column Label	%	Range
Age		18 - 79
<= 24 years	15%	
25-27 years	16%	
28-30 years	16%	
31-34 years	12%	
35-40 years	13%	
41-53 years	14%	
53+ years	14%	
Sex		0-1
Female	72%	
Male	28%	
Sexual Orientation		0-5
Heterosexual	72%	
Lesbian/Gay	9%	
Bisexual	11%	
Queer	5%	
Other/Unknown	3%	
Education		0-8
High School - some college	28%	
2- or 4-year degree	28%	
Technical or vocational	25%	
Doctorate or professional	19%	
Employment		0 - 6
Full-time	50%	
Part-time	12%	
Unemployed	7%	
Retired	6%	
Student	22%	
Disabled	3%	
Income		0 - 10
<\$20K	22%	
\$20K - \$40K	21%	
\$40K - \$60K	23%	
\$60K - \$90K	16%	
\$90K+	19%	
No Answer	4%	
Activist Identity?		0 - 1
Yes	42%	
No	58%	

Table 1. Continued

Column Label	%	Range
Length of Involvement?		1 - 8
< 1 Month	21%	
1 - 3 months	16%	
3 - 6 months	9%	
6 - 12 months	17%	
1 - 2 years	23%	
3 - 5 years	8%	
6 - 9 years	3%	
10+ years	3%	

Table 2. Descriptive Statistics and Correlations for Study Variables

Variable	<i>n</i>	<i>M</i>	<i>SD</i>	1	2	3	4	5	6	7
1. Age	298	36.13	13.76	—						
2. Sex	297	1.71	.453	-.08**	—					
3. Activist Identity	297	1.58	.495	.45**	-.01	—				
4. Activism Length	120	3.59	1.96	.08**	-.07**	.04*	—			
5. AOS-HR	289	13.64	5.12	-.29**	.09**	.01	.09**	—		
6. AOS-C	270	80.38	20.64	-.25**	-.39**	.24**	.08**	.01	—	
7. PCL-C	291	13.22	6.15	.00	-.03	.12*	-.07	-.02	.16**	—
8. PWB	294	86.80	11.45	.00	-.03	.12*	-.07	-.02	.16**	—

AOS-HR = Orientation to high-risk activism; AOS-C = Orientation to conventional activism;

PCL-C = PTSD Checklist-Civilian Version; PWB = Ryff Scale of Psychological Well-being;

Sex coded: Male = 0 & Female = 1.

* $p < .05$, ** $p < .001$