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“Previous Resilience Has Taught Me That I Can Survive Anything:” LGBTQ Resilience During the COVID-19 Pandemic

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Coronavirus disease 2019 (COVID-19) has disproportionately negatively affected the lesbian, gay, bisexual, transgender, and queer (LGBTQ) community, a group who faces identity-based marginalization in society. LGBTQ resilience narratives are important in buffering against the negative impact of minority stress, but little is known about how LGBTQ people have been resilient during the COVID-19 pandemic. The current research addresses this gap in the literature. Participants included 129 LGBTQ individuals who shared how they have been resilient during the COVID-19 pandemic. Qualitative thematic analysis revealed three COVID-19-specific resilience themes, including: (1) Previous preparation fostered resilience, (2) Radical acceptance as resilience, and (3) Resilience through providing support and building community. Discussion explores how psychologists can work with LGBTQ people to identify and cultivate resilience narratives focused on self-love, self-acceptance, radical acceptance, and community resilience.

Public Significance Statement

Resilience narratives are important for all people but are particularly important for LGBTQ (lesbian, gay, bisexual, transgender, and queer) people who face identity-based harassment, rejection, and societal stigmatization. LGBTQ participants shared their resilience narratives and identified how previous preparation fostered resilience during the coronavirus disease 2019 (COVID-19) pandemic, radical acceptance was a source of resilience, and resilience was seen through providing support and building community with other LGBTQ individuals during the COVID-19 pandemic.

Keywords: resilience, COVID-19, sexual orientation, gender diversity, thematic analysis

The coronavirus disease 2019 (COVID-19) pandemic brought about unique challenges for all people, including social isolation, economic hardship, as well as increased depression, anxiety, and suicidality (Killgore et al., 2020a). One subset of the population who experience significant mental health disparities (see Plöderl & Tremblay, 2015; Price-Feeney et al., 2020; Russell & Fish, 2016) but whose needs are deserving of more attention during the COVID-19 pandemic are lesbian, gay, bisexual, transgender, and queer (LGBTQ) people (Salerno et al., 2020). Recent scholarship suggests that LGBTQ people experienced heightened anxiety, depression, and distress (see Gonzales et al., 2020), higher rates of medical issues, and barriers to health care access during the

COVID-19 pandemic (Banerjee & Nair, 2020). Despite experiencing negative mental and physical health issues as a result of identity-based marginalization, LGBTQ people demonstrate great resilience and perseverance in the face of discrimination, rejection, and harassment (Meyer, 2015; Riggle et al., 2008; Szymanski & Gonzalez, 2020). Given the negative impact of the COVID-19 pandemic, understanding how one is resilient during global events is important (Killgore et al., 2020b). It is particularly important to know how the COVID-19 pandemic impacts LGBTQ people, given their documented increased risk for negative mental and physical health outcomes as a result of identity-based stigmatization. The aim of the current study was to explore how LGBTQ individuals have been resilient specifically during the COVID-19 pandemic.

LGBTQ Minority Stress and Resilience

LGBTQ people experience more stress as a result of stigma associated with their sexual and gender minority identities, and this stress is associated with negative mental and physical health outcomes (Brooks, 1981; Frost et al., 2015; Meyer, 1995; 2003; Meyer & Frost, 2013). LGBTQ people experience two types of

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stressors, including *distal*, or external stressors (e.g., sexual orientation or gender identity-based harassment, rejection, prejudice or violence), and *proximal*, or internal stressors (e.g., internalized heterosexism/biphobia/transphobia, identity concealment, fears of rejection, or discrimination; Meyer, 1995; 2003). These stressors are linked to heightened distress and negatively impact the overall health and wellness of LGBTQ individuals.

LGBTQ Resilience

Resilience is defined as, “the quality of being able to survive and thrive in the face of adversity” (Meyer, 2015, p. 210) and helps to protect against the negative impact of identity-based distal and proximal minority stressors (Meyer, 2015). Szymanski and Gonzalez (2020) provide a comprehensive review of the LGBTQ resilience research where they articulate that resilience of LGBTQ people is seen at the individual, interpersonal/family, community, and contextual/structural levels. Meyer (2015) defines individual resilience as personal qualities people possess that help or impede their ability to cope with stress. Community resilience is defined as, “how communities further the capacities of individuals to develop and sustain well-being” (Hall & Zautra, 2010, p. 352). At the individual level, resilience includes personal attitudes and characteristics that permit LGBTQ individuals to overcome minority stressors, including cognitive flexibility (Brewster et al., 2013), a sense of purpose (Szymanski & Mikorski, 2016), and hope (Kwon & Hugelshofer, 2010). At the interpersonal/family level, connection and support from other key people and the quality of those relationships are factors that help an individual persist in the face of adversity (de Lira & de Morais, 2018; Szymanski & Gonzalez, 2020). Community-level resilience includes LGBTQ norms, values, and access to resources and supports for LGBTQ people (de Lira & de Morais, 2018; Meyer, 2015). LGBTQ community resilience includes resources that support the LGBTQ community such as LGBTQ centers, affirmative policies, support groups, role models (Meyer, 2015), and a sense of connection to the broader LGBTQ community (Szymanski & Gonzalez, 2020). The contextual/structural level centers around LGBTQ practices, laws, and policies that help cultivate an affirming environment for LGBTQ people (Meyer, 2015; Szymanski & Gonzalez, 2020). Meyer (2015) highlights the importance of moving beyond the individual level because solely focusing on individual resilience emphasizes that individuals should be resilient and does not address the role and responsibility of structures or systems in addressing systemic oppression. Focusing on individual level resilience centers one’s response to stress as opposed to how one might change the source of the stressor (Meyer, 2015). Thus, Meyer (2015) also emphasizes the importance of community resilience. Understanding individual-level and community-level resilience are important, especially as LGBTQ individuals and communities navigate hostile and oppressive climates.

LGBTQ Resilience Research

LGBTQ resilience research often focuses on paths to resilience and the development of a positive identity (see Szymanski & Gonzalez, 2020). Resilience research includes scholarship on LGBTQ coping and cultivating resistance skills that facilitate development of growth fostering attitudes and behaviors and enhanced well-being and functioning with LGBTQ individuals (Riggle et al.,

2008; Szymanski et al., 2017). LGBTQ resilience scholarship also explores intervention work that aims to reduce the negative impact of minority stress while increasing coping, cultivating a positive view of self, and increasing resilience with LGBTQ individuals (Chadoir et al., 2017; Matsuno & Israel, 2018; Szymanski & Gonzalez, 2020). Some emerging research focuses on how LGBTQ people are resilient during anti-LGBTQ sociopolitical contexts, including the presidential administration of Donald Trump. Despite enacting policies and legislation designed to threaten the health, well-being, and safety of LGBTQ people each year Trump was in office (see Simonoff et al., 2020), scholarship has explored how LGBTQ people were resilient during Trump’s election and presidency (e.g., Gonzalez et al., in press; Brown & Keller, 2018; Riggle et al., 2018, 2020). Just as anti-LGBTQ political administrations negatively impact LGBTQ people, global pandemics, including the COVID-19 pandemic, have the potential to significantly impact LGBTQ people. Specifically, both anti-LGBTQ political administrations and the COVID-19 pandemic are forms of distal stress that have significant negative impacts on the health and wellness of LGBTQ people.

The COVID-19 Pandemic and LGBTQ People

The COVID-19 global pandemic has created an environment of ambiguity and continuous chaos for LGBTQ people. To date, a few published studies have explored the impact of the COVID-19 pandemic on LGBTQ individuals. Scholarship has explored the impact of COVID-19 on LGBT people in Chile (Barrientos et al., 2021) and Nigeria (Oginni et al., 2021), how LGBT youth and emerging adults found support during the COVID-19 pandemic (Fish et al., 2020; Woznicki et al., 2020), LGBTQ palliative care during the COVID-19 pandemic (Rosa et al., 2020), mental health needs and psychological distress of LGBT youth and college students (Gonzales et al., 2020; Gilbert et al., 2020; Hawke et al., 2021; Hunt et al., 2021), the role of internalized stigma in predicting protective health behaviors (Solomon et al., 2021), the perceived threat of COVID-19 with sexual minority women (Potter et al., 2020), and sleep disturbances of sexual minority men during the COVID-19 pandemic (Millar et al., 2020).

COVID-19 and LGBTQ Resilience

Some emerging conceptual research suggests the importance of exploring the role of resilience in coping with distress related to the COVID-19 pandemic for all people (Chen & Bonanno, 2020). Specific to the LGBTQ community, focusing on resilience during the COVID-19 pandemic is important to foster hope and cultivate meaningful societal change (Jen et al., 2020) by countering the deficit-focused narratives often seen in LGBTQ research (see Colpitts & Gahagan, 2016; Gahagan & Colpitts, 2017). A dearth of empirical research exists about LGBTQ resilience during the COVID-19 pandemic. We found one study to date that explored the role of resilience in the relationship between COVID-19 stressors and anxiety (Goldbach et al., 2020). Goldbach and colleagues (Goldbach et al., 2020) found that higher levels of resilience weakened the relationship between COVID-19 concerns and anxiety. However, they did not specifically explore how LGBTQ people were resilient during the COVID-19 pandemic. Thus, more qualitative research is needed to understand how LGBTQ people are

resilient during the COVID-19 pandemic. The current study addresses this gap in the literature by exclusively focusing on narratives of LGBTQ resilience during the COVID-19 pandemic.

Current Study

Recent scholarship suggests that LGBTQ people are negatively impacted by the COVID-19 pandemic. Resilience is seen as a protective factor in buffering against the negative impact of COVID-19 on anxiety and distress with LGBTQ people (Goldbach et al., 2020). More research is needed to better understand the resilience stories of LGBTQ people and how other ways of resilience have been important with this population during the COVID-19 pandemic. The current study addresses this gap in the literature by engaging a community sample of LGBTQ people living in the United States to explore their resilience during the COVID-19 pandemic. The following research question guided the current study: 1) How have LGBTQ people been resilient during the COVID-19 pandemic?

Method

The current study was part of a larger online qualitative survey exploring how LGBTQ people experienced social isolation, resilience, community, and cultural values in their everyday lives before and during the COVID-19 pandemic. The current study used an online survey to specifically explore experiences of resilience during the COVID-19 pandemic with a sample of LGBTQ people. As an accepted venue for conducting qualitative research (see Kazmer & Xie, 2008; Meho, 2006), online surveys were used to protect the identities of the LGBTQ participants (see Riggle et al., 2005) and to recruit a diverse sample of LGBTQ people across the United States. Given the dearth of literature on LGBTQ resilience during the COVID-19 pandemic, a qualitative approach was used to explore the resilience narratives of LGBTQ people. Thematic analysis (Braun & Clarke, 2006, 2013) was used because the authors were interested in exploring patterns across participant responses to understand how participants made meaning of their resilience during the COVID-19 pandemic (Braun & Clarke, 2006).

Participants

Participants in the larger study ($N = 262$) were members of the LGBTQ community. Three participants were removed for the current study because they did not meet study inclusion criteria, and 15 participants were removed for leaving all of the responses to the survey questions blank. Additionally, 115 participants were removed from the current study because they answered some of the other survey questions but did not respond to either of the resilience questions that were analyzed for the current study. Thus, responses from a subset of the original sample ($n = 129$) were analyzed for the current study.

To participate in this study, individuals had to be over the age of 18, currently reside in the United States, and identify as LGBTQ. Participants ranged in age from 19 to 75 ($M = 34.53$, $SD = 13.18$). The sample represented 30 states, Washington D.C., and Puerto Rico, and had limited racial and ethnic diversity with 79.1% of the sample identifying as White. The sample was also highly educated with 76% of participants having completed a bachelor's degree, other graduate work, or graduate degrees. Additionally, 37.9% of the

sample identified as middle class. Although all participants identified within the LGBTQ community, they endorsed a range of sexual orientation and gender identities (see Table 1).

Procedure

After obtaining IRB approval, recruitment announcements were posted to social media sites and included a link to the survey. In the recruitment announcements and study flyer, interested participants were encouraged to participate in a research study about LGBTQ experiences of stress and resilience in relation to the COVID-19 pandemic. Participants heard about the study

Table 1
Participant Demographics

	Total $N = 129\%$ (n)
Sexual orientation	
Bisexual	25.5 (33)
Lesbian	24.0 (31)
Queer	20.9 (27)
Gay	17.9 (23)
Pansexual	9.3 (12)
Heterosexual	1.6 (2)
Other	0.8 (1)
Gender identity	
Cisgender women	51.1 (66)
Cisgender men	17.8 (23)
Nonbinary person	10.0 (13)
Transgender men	6.2 (8)
Transgender women	3.8 (5)
Gender nonconforming	1.6 (2)
Agender	1.6 (2)
Nonbinary genderqueer woman	0.8 (1)
Enby with she/her pronouns	0.8 (1)
Genderfluid/female	0.8 (1)
Agenderflux	0.8 (1)
AFAB nonbinary	0.8 (1)
Transmasculine nonbinary	0.8 (1)
Genderqueer	0.8 (1)
Other	2.3 (3)
Identify as trans/trans history	
No	76.0 (98)
Yes	24.0 (31)
Race/ethnicity	
White	79.1 (102)
Biracial/multiracial	6.2 (8)
Hispanic/Latinx	6.2 (8)
Asian/Asian-American	3.8 (5)
Black/African-American	3.1 (4)
Other	1.6 (2)
Educational background	
High school degree/ GED	2.3 (3)
Associate's degree	6.9 (9)
Some college	14.8 (19)
College degree (BA/BS/BFA)	16.3 (21)
Some graduate school	12.4 (16)
Graduate degree (Master's or Doctoral degree)	47.3 (61)
Socioeconomic status	
Working class	13.2 (17)
Lower-middle class	20.9 (27)
Middle class	37.9 (49)
Upper-middle class	17.9 (23)
Upper class	1.6 (2)
Don't know	6.9 (9)
Other	1.6 (2)

through Twitter (54.2%), Facebook (24.8%), a friend (15.5%), e-mail ($n = 3.1\%$), Instagram ($n = .8\%$), a research lab website ($n = .8\%$), or through a family member ($n = .8\%$). Participants completed the online survey where they first responded to an informed consent statement where they agreed to participate in the research study, answered demographic questions, and responded to nine open-ended questions about their experiences as LGBTQ people during the COVID-19 pandemic. Specifically, participants were asked to reflect on their experiences with social isolation in their life and during the COVID-19 pandemic, their experiences with being resilient in their life and during the COVID-19 pandemic, their community and cultural values that have been sources of strength in their life and during the COVID-19 pandemic, and how they perceive the societal response to COVID-19 as similar or different from the response to the AIDS crisis. For the current study, researchers were specifically interested in understanding LGBTQ resilience during the COVID-19 pandemic. No incentives were offered for participating in the research study.

After participants completed the survey, study researchers analyzed two opened ended prompts from the larger survey. These prompts were: *“As members of the LGBTQ community, we have had unique experiences with resilience. In what ways have you had to be resilient in your life? Please provide as many details as you would like.”* And *“In what ways has your resilience as a person with a marginalized identity informed your reaction to COVID-19? Please provide as many details as you would like.”* As the recruitment announcement and flyer informed participants that the study was focused on LGBTQ experiences with stress and resilience during the COVID-19 pandemic, participants were primed to think about COVID-19 in their responses to the survey questions. Many participants discussed COVID-19 in their responses to the first resilience question about how they have had to be resilient in their life. Thus, even though the researchers were interested in understanding how LGBTQ participants were resilient specifically during the COVID-19 pandemic, responses to both resilience questions were analyzed to best understand how LGBTQ participants were resilient during the COVID-19 pandemic. Participants' responses ranged in length from two words to 487 words with the average response of 54.9 words. Overall, 93.8% of the sample acknowledged some form of resilience while 6.2% ($n = 8$) of participants included “N/A” as their response to both resilience questions.

Researchers' Positionality and Self-Reflection

The diverse team of researchers came to the coding discussions with various perspectives based on their collective experiences across gender identity, gender presentation, sexual orientation, race, and ethnicity. The research team included an assistant professor of psychology who self-identifies as a Latinx heterosexual cisgender woman (Kirsten A. Gonzalez), an assistant professor of psychology who identifies as a first-generation Latinx gay, queer, cisgender man (Roberto L. Abreu), a counseling psychology doctoral student who identifies as a queer South Asian cisgender woman (Saumya Arora), a counseling psychology doctoral student who identifies as an African American, queer, trans man (Gabriel M. Lockett), and a counseling psychology doctoral student who identifies as a Latinx (Puerto Rican descent), pansexual, and

genderfluid person (Jules Sostre). All members of the research team have expertise in qualitative research and most authors have multiple peer-reviewed published qualitative research papers.

As qualitative researchers, it is important to manage possible biases and assumptions during data analysis to ensure a rigorous peer examination process and maximize the likelihood of accurately capturing the participants' resilience experiences. Saumya Arora and Gabriel M. Lockett who served as primary coders for the study both identify as queer, one as trans, and both as BIPOC community members. Also, both authors have had unique experiences with resilience in their lives as BIPOC queer and trans people. Arora and Lockett used journals during the coding process to explore their thoughts, feelings, and reactions (Gilbert, 2001) to challenge their own assumptions and reduce bias as they engaged in analysis of the data. Kirsten A. Gonzalez and Roberto L. Abreu served as the auditors for the study and dialogued with the other authors during the data analysis process to minimize bias and facilitate peer examination during the coding process (see LeCompte & Goetz, 1982). Gonzalez and Abreu dialogued with Arora and Lockett about their word choices for codes and themes to explore how the coders' biases and assumptions may have impacted the framing of the results. Jules Sostre sat in on coding discussions and provided coding feedback to Arora and Lockett. All authors engaged in discussion about how to center resilience narratives in the results without diminishing or discounting structural oppression and the ways in which LGBTQ people must be resilient in the context of an oppressive system. As such, we (the authors) believe it is important to disclose our own assumptions and biases underlying this research study as part of our positionality statement. Given that all members of the research team are marginalized across race, ethnicity, gender identity, and/or sexual orientation, we recognize that the COVID-19 pandemic has been extremely challenging for members of our collective communities. Thus, we believe in the importance of highlighting and centering narratives of resilience to reflect the lived realities of LGBTQ people while honoring stories of strengths and perseverance. We recognize that not all LGBTQ people will be resilient or have stories of their resilience to share. We also recognize that resilience is a complicated construct that does not always promote meaningful social change (see Derickson, 2016; Gill & Orgad, 2018). However, we still believe that LGBTQ resilience narratives are important given the role of resilience in promoting LGBTQ wellness. Thus, this article serves to amplify the voices of LGBTQ people who shared stories of their resilience during the COVID-19 pandemic.

Data Analysis

Thematic analysis (Braun & Clarke, 2006, 2013) was used to examine participants' resilience during the COVID-19 pandemic. The authors followed Braun and Clarke's (2006) six phases of data analysis when analyzing the data. In the first phase, data analysis began with all authors independently familiarizing themselves with the data by reading through the participants' responses and taking notes of patterns across responses. Then, all authors met to discuss their working assumptions entering the data analysis process. In the second phase, Saumya Arora and Gabriel M. Lockett independently read through participants' responses and coded the data by grouping similar meaning units or ideas together in different categories (see Giorgi, 1985) to form preliminary themes. During

the third phase, Arora and Lockett met to discuss and solidify the list of preliminary themes. All authors met to discuss the preliminary themes and Kirsten A. Gonzalez and Roberto L. Abreu, as auditors, provided feedback to Arora and Lockett about the themes. During the fourth phase, Arora and Lockett met to revise the list of preliminary themes and solidify themes for the data. In the fifth phase, Arora and Lockett named and defined the themes, reviewed the participants' responses, and coded the participants quotes based on the solidified themes. During the data analysis process, all authors met to discuss coding discrepancies, revise themes, add new themes, or remove themes until a finalized thematic structure was identified. During the last phase, Gonzalez, Arora, and Lockett selected participant quotes that best exemplified the themes to put into the narrative summary of the results.

Results

We asked questions about LGBTQ participants' broad experiences with resilience in their life and during the COVID-19 pandemic. We found that five broad resilience themes captured participants' resilience in their life, including: (1) Resilience through past and present experiences of overcoming (endorsed by 65.89% of the sample), (2) Resilience through coping mechanisms (34.88%), (3) Self-advocacy as resilience (18.60%), (4) Resilience in the face of hardships and lack of resources (11.63%), and (5) Resilience as a result of other oppressive experiences (6.20%).

Given that scholarship on LGBTQ resilience is already well documented (see Szymanski & Gonzalez, 2020) and findings from the current study regarding general LGBTQ resilience contribute little new information to the literature, we focus our results on participant narratives of their resilience during the COVID-19 pandemic. Additionally, because of the timeliness of the topic, and because the negative effects of COVID-19 are likely to be an ongoing problem, it is vitally important to know how LGBTQ people are specifically resilient during the COVID-19 pandemic. Three COVID-19-specific resilience themes were identified across participant narratives, including: (1) Previous preparation fostered resilience, (2) Radical acceptance as resilience, and (3) Resilience through providing support and building community. Table 2 includes the overall thematic structure and percentage of individuals acknowledging each theme and subtheme.

Previous Preparation Fostered Resilience

The first theme that was seen through participants' responses included their experience with overcoming hurdles in the past that helped them to be resilient during the COVID-19 pandemic. This theme was endorsed by 39.53% ($n = 51$) of the sample. Participants referenced three subthemes related to previous preparation that helped to foster resilience during the COVID-19 pandemic, including: (1) Experience with isolation, (2) the AIDS crisis, and (3) Relying on past experiences of marginalization.

Experience With Isolation

Participants in the study (13.18%, $n = 17$) talked about how past experiences with isolation because of their LGBTQ identity helped them to be resilient and manage the isolation that accompanied the COVID-19 pandemic. One participant exemplified this subtheme when she said, "*In some ways, being used to*

Table 2

Thematic Structure and Percentage of Individuals Acknowledging Each Theme

Theme/subtheme	% of sample
Previous preparation fostered resilience	39.53% ($n = 51$)
Experience with isolation	13.18% ($n = 17$)
The AIDS crisis	6.98% ($n = 9$)
Relying on past experiences of marginalization	27.13% ($n = 35$)
Radical acceptance as resilience	32.56% ($n = 42$)
Self-acceptance	7.75% ($n = 10$)
Acceptance of reality	19.38% ($n = 25$)
Acceptance and awareness of privilege	3.88% ($n = 5$)
Acceptance of one's individual responsibility	14.73% ($n = 19$)
Resilience through providing support and building community	24.81% ($n = 32$)

isolation and self-sufficiency has made the adjustment easier for me. I am also used to maintaining supportive relationships over long-distances with a wide circle of friends" (38-year-old Biracial/Multiracial bisexual genderqueer woman). A second participant echoed this finding when they said, "*As much as I dislike it, I'm very used to being alone and I think that to some degree it did prepare me to be socially isolated because it's something that I used to live through every day"* (20-year-old Caribbean queer genderfluid female). Another participant echoed this subtheme when she said:

As a gay person, I've been socially isolated before big time. Honestly, when we went into quarantine, yeah it felt weird, but it didn't feel entirely foreign and scary either. "Hello darkness, my old friend," is literally the most applicable saying right now, just replace darkness with isolation. Yeah, it sucks not seeing people in person definitely, but I still keep going every day. I've been isolated in some shape, form, or fashion throughout my entire life so far - it honestly doesn't feel this foreign to me. I think that helps create resilience, because I just continue to go about my business as usual (22-year-old White lesbian cisgender woman).

AIDS Crisis

Participants (6.98%, $n = 9$) also talked about how previous experiences during the AIDS crisis helped them to be more resilient during the COVID-19 pandemic. One participant exemplified this subtheme when he said:

As someone who grew up during the AIDS epidemic, I have had a life-long fear of contracting HIV. I think the social distancing and masks that people are complaining about are minimal compared to what gay people went through in the past. I think most gay people my age are well equipped to handle this crisis because of our experience with HIV (55-year-old White gay cisgender man).

Another participant said:

My uncle died due to AIDS in the 90s. Growing up being queer and knowing that the government won't do anything to help those it views as deviant has made me more resilient to the non-actions of the U.S. government in the face of this pandemic. We've been here before and the same thing happened (20-year-old White queer cisgender woman).

Relying on Past Experiences of Marginalization

Participants (27.13%, $n = 35$) shared how their previous experiences of marginalization and hardships given their oppressed identities helped them to be resilient during the COVID-19 pandemic. One participant exemplified this subtheme when they said, “*Previous resilience has taught me that I can survive anything*” (24-year-old Black/African American queer nonbinary person). Another participant echoed the importance of previous resilience in coping during the COVID-19 pandemic when they said, “*I feel like the pandemic has not affected me as much as I’ve seen with others because of the resilience I have built throughout my life*” (21-year-old multiethnic Puerto Rican and Dutch biracial fluidflux gender fluid pansexual person).

Other participants talked about how previous hardships have helped them to be resilient during the pandemic. One participant said, “*I think I’m coping as well as I am because I was well prepared for hardship from all the hardships and struggles in my life. A lot of those happened in part because of my identities*” (31-year-old White demi-pansexual demi-queerromantic asexual agenderflux person). Another participant echoed this subtheme when they said, “*I’m used to surviving, making do in all matters regarding food and shelter because of previous experiences with poverty*” (57-year-old White gay cisgender man).

Radical Acceptance as Resilience

The second theme seen through participants’ responses was radical acceptance as resilience during the COVID-19 pandemic. This theme was endorsed by 32.56% ($n = 42$) of the sample. Radical acceptance as resilience during the COVID-19 pandemic manifested through four subthemes, including: (1) Self-acceptance, (2) Acceptance of reality, (3) Acceptance and awareness of privilege, and (4) Acceptance of one’s individual responsibility.

Self-Acceptance

Participants in the sample (7.75%, $n = 10$) talked about the importance of accepting themselves as part of their resilience during the COVID-19 pandemic. One participant exemplified this subtheme when she said, “*Our sexuality still isn’t something that is widely accepted. Every day, we make the choice to be true to ourselves. I think that form of resilience has helped to power through this uncertain time regarding the pandemic*” (25-year-old White bisexual cisgender woman).

Another participant echoed this finding when they said:

It’s helped me learn how to rely on myself and be comfortable with myself, in my body, on my own, and still find contentment and satisfaction in life . . . I feel like I’ve been well prepared to cope and respond in healthy ways to COVID stress (23-year-old White queer nonbinary person).

Acceptance of Reality

Participants (19.38%, $n = 25$) also talked about how accepting the reality of the COVID-19 pandemic was a source of their resilience. One participant exemplified this subtheme when they said, “*I can’t fight a quarantine, so I’ve just accepted it as a new reality*”

(26-year-old White lesbian nonbinary person). Another participant talked about accepting the reality of the pandemic when he said:

I haven’t been sitting around looking for things to freak about. I haven’t been focused on my isolation. I’ve figured out what is the best I can do in and with my own life, put my blinders on, and have been doing it. I have people I interact with every day on social media, I have been reading and learning a lot. I’ve contextualized this situation as temporary (whether it lasts months or a couple years) and am doing my darnedest to make the best of it. You have to roll with the punches. That’s life for everyone (37-year-old Hispanic/Latinx bisexual cisgender man).

Acceptance and Awareness of Privilege

Some LGBTQ participants in the sample (3.88%, $n = 5$) discussed how their privileged identities (e.g., White, educated, middle and upper-middle class) helped them to be more resilient during the COVID-19 pandemic. One participant exemplified this subtheme when she said, “*I just continue to remind myself that this will eventually pass. Also, I focus on the fact that I am privileged compared to others I know. I also know that even when times are hard, I can survive it*” (31-year-old White bisexual cisgender woman). Similarly, another participant referenced his many privileges when he said:

I am “resilient” in that I have access to resources that can help me get through this pandemic. I have health insurance through my employer, I live in a liberal bubble inside a conservative state, I have savings, I have not lost my job, I live with my partner and a pet, I have reliable internet and phone service to keep in touch with other people who are important to me. These resources are a direct result of the privilege I have as a White person who grew up in a rich family and completed college (29-year-old White bisexual transman).

Other participants shared how their educational privilege helped them cope during the pandemic. For example, one participant said:

While I am a member of several marginalized populations (LGBTQ+, a female identifying individual, and from a lower socioeconomic background), I recognize I am still very privileged. Specifically, with this pandemic, since I have advanced degrees in biology and microbiology, I know I can trust the data and scientist’s and CDC’s recommendations (26-year-old White biromantic asexual cisgender woman).

Acceptance of Individual Responsibility

Participants in the study (14.73%, $n = 19$) talked about accepting responsibility for their individual role in combating the negative effects of the COVID-19 pandemic. One participant illustrated this subtheme when they said:

I know that we have to do what we have to do in order to get through this crisis; stay at home, take proper PPE measures, listen to our doctors and try to keep our households safe. It sucks but it’s not going to be forever. Hardship can last a long time, but it never lasts forever (20-year-old Biracial/Multiracial pansexual nonbinary person).

Another participant talked about how accepting responsibility for their role in taking care of themselves during the COVID-19

pandemic was a product of their care for others in their lives. One participant said:

I suppose my answer would be that I had a community of people who were there for me when I needed it, so it's a duty of mine to do what I need to do to keep them safe and be there for them when they need it, which means not going out when I want to (23-year-old White lesbian cisgender woman).

Resilience Through Providing Support and Building Community

The final theme seen through participants' narratives was resilience through providing support and building community during the COVID-19 pandemic. This theme was endorsed by 24.81% ($n = 32$) of the sample. Participants detailed the importance of checking in with community members and taking care of others during the COVID-19 pandemic. For the participants in the sample, providing support and building community was an act of resilience. One participant exemplified this theme when they said:

Being resilient, I understand that we have to help the people in our communities because the systems in the government that are supposed to protect us won't, like the health care system or federal aid. So, donating to go-fund me, cooking for my friends, grocery shopping for my friends, sharing flyers to raise money ... (23-year-old Biracial/Multiracial queer nonbinary person).

Another participant shared, "*I've had to be creative with reaching out to friends, but more importantly, have prioritized reaching out to those in my community, trying to support them however I can (i.e., financially, emotionally, etc.)*" (26-year-old White queer cisgender woman).

Some participants reported how being a part of the community allowed them to tap in to supporting other LGBTQ people. One participant said:

I got connected to community and activist organizations here before in part as a way to heal from heterosexism/be resilient, and because I'm plugged into those places I'm a lot of more aware of how our community is supporting one another which makes me hopeful and I feel okay because there are things I can and am doing to help (26-year-old White queer cisgender woman).

Discussion

Given that LGBTQ individuals have disproportionately been affected by health epidemics and the corresponding governmental policies in the past, namely during the AIDS crisis (Stone, 2016), it is important to understand how the current COVID-19 pandemic has impacted LGBTQ individuals. Resilience is often studied in LGBTQ populations, primarily to discuss positive LGBTQ identity and LGBTQ well-being (Colpitts & Gahagan, 2016). Our findings highlight the various ways in which resilience has served LGBTQ people during the COVID-19 pandemic. Our participants specifically named how overcoming difficult experiences, radical acceptance, self-reliance, and community support helped them

build resilience and use their resilience to better navigate the COVID-19 pandemic. Although current research has explored how LGBTQ people are being resilient during the COVID-19 pandemic in the face of mental health concerns (e.g., anxiety; Goldbach et al., 2020), our study provides a nuanced and wholistic presentation of resilience for this community during the COVID-19 pandemic. To our knowledge this is the first study to document the ways in which LGBTQ people have coped and been resilient during the COVID-19 pandemic.

Recent research has focused on the impact of isolation on loneliness during the COVID-19 pandemic (Matias et al., 2020; Saltzman et al., 2020) and highlighted the increased need for mental health support (Carvalho Aguiar Melo & de Sousa Soares, 2020). Our findings suggest that LGBTQ individuals have been able to rely on their resilience as a way to buffer some of the negative effects of social distancing. Specifically, LGBTQ participants in the study might not have been as negatively affected by the social isolation that came with the pandemic because they have experienced social isolation before due to their experiences as LGBTQ people. Many participants in the study reported being able to turn inward, enjoy being by themselves, and engage in activities by themselves during the COVID-19 pandemic because this independence was often required of them as LGBTQ people who are marginalized.

Many participants reported doing well as a result of previous preparation, specifically in terms of having lived through or referencing the AIDS crisis and relying on past experiences with marginalization. This has important implications for how LGBTQ people use previous experiences to help them be resilient during future obstacles and experiences of marginalization. Of significance, LGBTQ people reported that they took what they learned from previous experiences and relied on those skills to create and inspire resilience during the COVID-19 pandemic. LGBTQ participants in the study discussed the ways that past trauma, marginalization, and discrimination actually helped to facilitate their resilience during the COVID-19 pandemic.

Our findings also have important implications regarding the treatment of LGBTQ individuals by the government. Specifically, although the LGBTQ community has developed resilience due to their previous hardship experiences, our findings suggests that they do not feel as though the government would provide them support during global events that impact their life and well-being. This is consistent with previous research on the impact of the AIDS crisis on LGBTQ individuals (Stone, 2016). Although research has previously highlighted the negative impact of governmental policies on LGBTQ people (Everly & Schwarz, 2015; Johnson et al., 2008), our participants' responses suggest that the narrative has not changed despite the relative progress of LGBTQ rights. Participant narratives about the AIDS crisis suggest that LGBTQ history helps put the current COVID-19 pandemic into a historical context where LGBTQ people have always had to and continue to have to take care of themselves.

Our findings also suggest that stories of radical acceptance were important narratives in the resilience stories of the LGBTQ participants in the study. LGBTQ people often relied on their own self-acceptance as a source of resilience during the COVID-19 pandemic. Many participants named the importance of radically accepting their current circumstances, even if they were less than ideal during the COVID-19 pandemic. Participants often framed

their radical acceptance as the belief that they would get through this pandemic, even if it did not always feel like it, or they experienced obstacles that got in the way of their own well-being.

Participants also expressed the importance of accepting responsibility for their own role in doing their part to follow safety guidelines and not endanger others by going out during the COVID-19 pandemic. Specifically, many participants discussed how doing their part and staying at home was not only protecting themselves, but by extension, protecting other LGBTQ people and the wider community. In some ways, participants' discussion of their own responsibility reflected a community resilience value (Meyer, 2015) in that participants expressed how taking care of themselves also served to protect the broader LGBTQ community. Finally, a few participants recognized how their own privilege and access to resources, stable housing, a well-paying job, and online technology facilitated their resilience during the COVID-19 pandemic. Participants named how other marginalized LGBTQ people might not have access to the same resources and might not be as resilient during the COVID-19 pandemic.

Regarding community level resilience, participants in the current study shared how they were resilient during the COVID-19 pandemic through seeking out and providing support to other LGBTQ people and cultivating community with others through online mechanisms. LGBTQ people have often found community in online forums because online platforms are often safer alternatives to in-person spaces, particularly for people who might not be publicly out as LGBTQ people (see Gonzalez et al., in press). Given that in person events were largely cancelled and social distancing was encouraged during the COVID-19 pandemic, LGBTQ people turned to other platforms for connection. LGBTQ participants in the sample explained that part of their resilience was the ability to help provide support to other LGBTQ people in need, and that cultivating community with LGBTQ people continued to be important to their overall health and wellness.

Our findings have important implications for LGBTQ research, especially in terms of the way resilience has served as a reliable tool for LGBTQ individuals to foster acceptance of the situation and their role during the COVID-19 pandemic. This understanding can be utilized to better support the mental health of LGBTQ individuals through practice and advocacy.

Implications for Practice and Advocacy

Practice

Through our participants' narratives, it became clear that previous hardships facilitated LGBTQ resilience during the COVID-19 pandemic. Clinicians can draw from these experiences to focus on the positive aspects of being LGBTQ (see Riggle et al., 2008, 2011; Rostosky et al., 2010) and provide LGBTQ affirming care (Call et al., 2021; Hinrichs & Donaldson, 2017; Wagner et al., 2019). Furthermore, positive thinking also facilitated resilience for our participants. This is consistent with previous research that optimism and resilience both play a role in mental wellbeing for the LGBTQ community (Morrison, 2012). The use of resilience as a framework within positive psychology can be useful in therapy when working with LGBTQ clients (Heck, 2015; Hinrichs & Donaldson, 2017). Specifically, clinicians can work with LGBTQ clients to cultivate self-acceptance, self-love, and radical

acceptance of the current situation, even though the COVID-19 pandemic has led to significant distress and isolation. Clinicians can also work with LGBTQ clients to uncover their resilience narratives and the ways they have had to be resilient in the past. Clinicians can help link past resilience narratives to current resilience narratives to help clients uncover the ways in which oppressive encounters through their lives have helped prepare them to successfully navigate the COVID-19 pandemic. LGBTQ participants in the study expressed how the social isolation the pandemic required forced them to turn to activities they could do by themselves at their home. Clinicians can work with LGBTQ clients to identify individual self-care activities that will help sustain them during the COVID-19 pandemic.

Our findings also suggest that LGBTQ people found resilience through supporting other LGBTQ community members. Clinicians can work with LGBTQ clients to help them identify ways they can support their broader community, particularly through online places and spaces. Participants seemed to feel resilient in response to helping other LGBTQ people, suggesting that helping others was both intrinsically and extrinsically rewarding. Just as our participants found that LGBTQ people could not rely on the government for support and instead turned to members of the LGBTQ community, clinicians can work with LGBTQ clients to identify ways to provide direct support to the LGBTQ community. Facilitating community resilience for LGBTQ clients may very well operate to cultivate one's own personal resilience during the COVID-19 pandemic.

Using a strengths-based approach is effective in validating the experiences of LGBTQ individuals and understanding the impact of sociopolitical adversities (Domínguez et al., 2015), including during the ongoing COVID-19 pandemic. Clinicians should be particularly attentive to these experiences, not only in terms of the impact of the current pandemic, but also in terms of the lingering feelings of distrust in the government. Clinicians can facilitate the critical consciousness of LGBTQ clients so that they can better understand how systemic oppression has worked to oppress members of the LGBTQ community in the past and currently. Helping clients to understand how oppressive systems function to oppress LGBTQ people could very well lead to new avenues for cultivating resilience for LGBTQ clients, including engaging in activism through various platforms and outlets (e.g., social media, and connecting with LGBTQ-affirming political campaigns).

It is important that clinicians identify and acknowledge the potential harm of only focusing on resilience in their clinical work with LGBTQ clients (see Derickson, 2016; Gill & Orgad, 2018). Specifically, Gill and Orgad (2018) assert that discussions of resilience are problematic because they encourage reframing of negative experiences into positive ones and encourage people to always be positive and adaptable. This framing can inadvertently reinforce the status quo while being at odds with meaningful social change efforts (Derickson, 2016). This approach can be harmful when working with LGBTQ clients who face identity-based marginalization in society because it might encourage LGBTQ clients to "fix" themselves in response to the oppressive climate as opposed to calling for greater efforts to change the oppressive culture. As a result, clinicians should help clients explore their resilience in the context of experiences of marginalization stemming from systemic oppression. Building resilience can be a

collaborative process by which the clinician helps LGBTQ clients name their strengths in the face of systemic oppression.

Advocacy

Our findings have important implications for advocacy efforts that can be made to better support LGBTQ individuals. It is important to begin by identifying governmental policies that continue to be detrimental to the mental wellbeing of LGBTQ individuals, as these policies might be more detrimental to this community during the current COVID-19 pandemic. In fact, we posit that current COVID-19 policies and efforts need to be revisited and specifically tailored to the needs of LGBTQ people who, as our participants shared, have been uniquely affected by COVID-19 and other health crises such as the AIDS epidemic. Participants reflected that their privilege as White educated LGBTQ people afforded them resources that were not offered to LGBTQ BIPOC and disabled people. Given that the LGBTQ community is at higher risk for poverty (Badgett, 2018; Carpenter et al., 2020), policies and support systems must be put in place that attend to the unique needs and disparities of LGBTQ BIPOC and disabled community members, including during the COVID-19 pandemic. Public policy initiatives and social programs should be designed specifically for LGBTQ people who are marginalized across race, ethnicity, gender identity, ability, and age. Particularly during a time where LGBTQ people may be struggling to find consistent work and have a steady source of income to afford basic needs (e.g., housing, food), public policy initiatives should target LGBTQ needs. This can be done by connecting LGBTQ individuals living in poverty to agencies that are specifically focused on providing resources to LGBTQ individuals, including job opportunities and access to meals.

Beyond governmental support, there is also a need to advocate for better access to mental health support services for LGBTQ individuals during the pandemic. LGBTQ individuals are at a higher risk for mental health concerns due to social distancing and being cut off from sources of community support (Salerno et al., 2020). Thus, it is crucial to determine ways to continue facilitating access to community and other mental health support resources. Participants in the current study talked about experiencing social isolation during the COVID-19 pandemic and shared the importance of connecting with friends, family, and loved ones even across distance. Given the challenges of COVID-19 and the need to practice social distancing measures, the number of virtual support spaces exclusively for LGBTQ individuals, especially for those living with family who are unaccepting of their LGBTQ identity, must be increased.

Finally, given some of the critiques of resilience, particularly the assertion that focusing on resilience only reinforces the status quo (Derickson, 2016), scholars and activists should work to dismantle interlocking oppressive systems so that LGBTQ people are not forced to be resilient or forced to have to be resilient in the face of anti-LGBTQ sociopolitical climates. Advocates must work to eliminate policies and legislations designed to deny LGBTQ people access to resources, especially during COVID-19 when resources are already scarce for this community. Ultimately, dismantling oppressive systems may render it unnecessary to focus on LGBTQ resilience. Thus, advocates and activists should work

to address structural stigma so that LGBTQ wellness is optimized, even during global pandemics like the COVID-19 pandemic.

Strengths and Limitations

At the time of this writing, this study is one of the first to examine how resilience plays a role in the LGBTQ community's response to the COVID-19 pandemic. Given that we are still in a pandemic, this study's findings highlight the unique ways that LGBTQ individuals have been able to depend on their resilience in times of global hardship. Furthermore, our findings provide insight into how previous experiences with resilience have helped LGBTQ people to be resilient during the current COVID-19 pandemic. Additionally, our sample represented individuals identifying all across the sexuality spectrum, including bisexual and pansexual individuals, and older LGBTQ individuals who are commonly excluded in narratives of LGBTQ research. This is important because most research with LGBTQ people tends to primarily focus on the experiences of gay and lesbian people (see a review in Abreu et al., in press).

There are limitations that are important to address. Given the nature of the open-ended questions asked of participants, their narratives primarily focused on individual levels of resilience. Some participants naturally reflected on community level resilience in their responses. Even so, the authors were unable to comment on other levels of resilience including the contextual/structural levels (see Szymanski & Gonzales, 2020). Attention to resilience at all levels is important for meaningful social change (Meyer, 2015). Thus, more research is needed to understand how LGBTQ resilience manifests at these multiple levels. The sample was predominantly White and educated. It is possible that LGBTQ people who are less educated may not have been fully able to connect with the survey questions, and we did not include a comprehension check to ensure participants understood what was being asked in the survey. However, we did allow participants to provide feedback about the survey and no participant expressed any difficulty with comprehending the survey questions. Additionally, even though the sample was predominately White, the authors intentionally selected quotes from BIPOC participants so as not to perpetuate the erasure of BIPOC individuals in LGBTQ research (see Gonzalez et al., in press). Our sample was also mostly cisgender, with a relatively small sample of transgender and nonbinary participants in the study. This is an important limitation especially considering the research that suggests that trans and nonbinary people face additional hardships during the COVID-19 pandemic (e.g., delays in access to medical transition needs; van der Miesen et al., 2020). More research is needed to understand the unique resilience narratives of trans and nonbinary people during COVID-19. Finally, because our survey was web-based, we did not capture the experiences of LGBTQ individuals without access to the Internet. Modes of data collection need to be more varied and inclusive to fully speak to the experiences of those without access to the same technology.

Directions for Future Research

Future research should continue exploring how the COVID-19 pandemic has impacted minority stress within this group as a result of social distancing, considering the general stress reported

by our participants. This can be done through qualitative studies exploring how stressors related to one's LGBTQ identity have specifically been affected by COVID-19. Future quantitative research should build on findings by Goldbach et al. (2020), and longitudinally test the long-term role of resilience in buffering the negative impact of the COVID-19 pandemic on the wellbeing of LGBTQ people. In addition, future studies should assess the extent to which LGBTQ individuals feel supported by governmental policies, and how this is directly tied to their resilience and positive views of self within society. By grasping a better understanding of the LGBTQ community's perceptions of governmental policies, researchers, clinicians, and advocates can better identify initiatives that would optimize LGBTQ wellness.

Conclusion

Our findings suggest that the resilience of LGBTQ individuals has, in many ways, helped them be better prepared for and able to cope with the difficult conditions that accompanied the COVID-19 pandemic. Members of the LGBTQ community have used a combination of self-reliance strategies and community support to build their resilience in the face of adversity. Our provided recommendations for practice are to facilitate positive mental health and well-being for this group despite hardship. By drawing from their experiences of resilience, providers and advocates will be better able to support LGBTQ individuals during this pandemic moving forward.

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