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## “We’ll Dance Harder and Love Deeper”: LGBTQIA+ Resilience and Resistance during the COVID-19 Pandemic

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**“We'll Dance Harder and Love Deeper”: LGBTQIA+ Resilience and Resistance During the COVID-19 Pandemic**

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**“We'll Dance Harder and Love Deeper”: LGBTQIA+ Resilience and Resistance During the COVID-19 Pandemic**

**Abstract**

In March 2020, the World Health Organization declared a global pandemic due to the rapid spread of COVID-19. Two years into the pandemic, there have been over one million COVID-19 deaths in the United States alone. While the pandemic has impacted everyone, the most extreme impacts have been experienced by marginalized communities, including those who identify as LGBTQIA+. Although LGBTQIA+ people have faced the negative impacts of the pandemic, the LGBTQIA+ community may be well equipped to navigate the COVID-19 pandemic due to the historic and current societal oppression this community has endured. Using both a resilience and resistance framework, the present study explores the resilience and resistance strategies employed by LGBTQIA+ adults in the Southeast U.S. during the COVID-19 pandemic through the collection and analysis of monthly diary entries and video interviews. Findings show that resilience and resistance build on the knowledge base and histories of LGBTQIA+ people, and resilience and resistance have been re-imagined for this community during the COVID-19 pandemic. As a result of the pandemic, many LGBTQIA+ people are dreaming of and re-imagining a better future, a future that social work educators and practitioners can help co-create.

*Keywords:* resistance, resilience, LGBTQIA+, COVID-19, mutual aid

## **“We’ll Dance Harder and Love Deeper”: LGBTQIA+ Resilience and Resistance During the COVID-19 Pandemic**

In March 2020, COVID-19 began to rapidly spread, resulting in the declaration of a global pandemic (World Health Organization, 2021). As of September 2022, there have been nearly 94 million positive COVID-19 cases and over one million deaths in the U.S. (Centers for Disease Control and Prevention ([CDC], 2022). While the pandemic has impacted the population at large, marginalized communities – including those who identify as lesbian, gay, bisexual, transgender, queer, intersex, or asexual (LGBTQIA+) – have experienced the most extreme impacts (Konnoth, 2020). However, the LGBTQIA+ community may be uniquely equipped and taking action to navigate the COVID-19 pandemic given the historical violence this community has experienced and the need to build resilience and resistance for survival. Through the collection of diary entries and video interviews, the present study explores how LGBTQIA+ individuals living in the Southeast U.S. have navigated and built resilience and resistance during the COVID-19 pandemic. Such knowledge can be of help to social workers who want to advocate for conditions, policies, and practices that support the thriving of LGBTQIA+ people, particularly in a region like the Southeast U.S. where there continue to be many systemic and political barriers to promoting LGBTQIA+ well-being.

### **Literature Review**

#### **Resilience and Resistance Framework**

Resilience is “the quality of being able to survive and thrive in the face of adversity” (Meyer, 2015, p. 210) and recovering quickly from difficulties (Robinson & Schmitz, 2021). Resilience has been conceptualized as a positive outcome and a process for managing challenges and can include individual and contextual factors in the larger socio-ecological environment

(Asakura, 2015; DiFulvio, 2015; Singh et al., 2014). Although resilience is a useful framework that shifts the narrative to focus on strengths, it has been critiqued for inadvertently placing the burden on the individual or community to build resilience and navigate harmful systems. In this way, resilience does not account for “how to change, challenge, and dismantle oppressive structures” (Robinson & Schmitz, 2021, p. 4).

As an alternative, some scholars are shifting to a *resistance* framework to explore how LGBTQIA+ communities resist oppression and dominant narratives. Stemming from a critical consciousness framework, resistance highlights the individual and collective acts to resist oppressive systems, stigma, and violence (Ward, 2007). Shifting to a resistance framework over a resilience framework centers the work required to address and dismantle the systems that create hardships (Robinson & Schmitz, 2021). However, resistance and resilience are often used interchangeably in the literature, and “resistance may be a form of resilience” (Paceley et al., 2021, p. 30). For example, trans and nonbinary youth may build resilience to resist prejudice (Singh et al., 2014). Within this example, resilience and resistance are not mutually exclusive and may potentially influence one another.

For this study, we view resilience and resistance as interconnected and explore resistance strategies used by LGBTQIA+ individuals during the COVID-19 pandemic as a form of resilience. Our study is built on the foundation of past knowledge suggesting that resilience and resistance are fruitful and critical to the survival of LGBTQIA+ people (e.g., Paceley et al., 2021). We begin by reviewing the literature on historical trauma and resilience and resistance within LGBTQIA+ communities. Then, we shift to the impacts of the COVID-19 pandemic generally and for LGBTQIA+ communities specifically.

### **Violence and Trauma Affecting LGBTQIA+ Communities**

Over time, the LGBTQIA+ community has endured oppression and violence due to systemic discrimination and harm based on their identities, visibility, and expression, and demonstrated resilience and resistance as survival mechanisms. LGBTQIA+ community members have experienced historical trauma ranging from, but not limited to, the police raid on an LGBTQIA+ night club that prompted the Stonewall Riots in 1969 (Jenkins, 2019), the HIV epidemic that began in 1981 (DHHS, CDC, 2019) and involved the villainization of the LGBTQIA+ community by public leaders, and laws making it illegal to engage in same-gender sexual activity. Presently, the LGBTQIA+ community continues to face hostile legislation in the U.S. (American Civil Liberties Union, 2021).

As a result of this systemic violence, LGBTQIA+ individuals are at higher risk for poorer mental health (Di Giacomo et al., 2018; James et al., 2016) and poorer general health than their heterosexual counterparts (Downing & Przedworski, 2018). Transgender and nonbinary people have higher rates of depression, anxiety, and psychological distress than cisgender individuals (Bockting et al., 2013) and experience higher rates of discrimination in employment and healthcare (James et al., 2016). The systemic violence LGBTQIA+ communities have faced and still endure results in serious health disparities and inequities.

### **Resilience and Resistance among LGBTQIA+ Communities**

In response to police brutality, the Stonewall Riots, and employment discrimination, transgender women—namely Marsha P. Johnson and Sylvia Rivera—created an organization (STAR) in 1970 to support unhoused LGBTQIA+ youth and sex workers (Jenkins, 2019). A facet of STAR turned into a *house*, where LGBTQIA+ youth could live in a supportive, safe environment (Shepard, 2013). Still today, houses provide a supportive space for LGBTQIA+ youth in major U.S. cities, and there have been additional community efforts to provide housing

(Spade, 2020a). This community support, also known as *mutual aid*, is where people are caring for each other through social networks that are more survivable than those provided through formal supports (Spade, 2020a). Other examples of mutual aid in LGBTQIA+ circles include the development of “families of choice” (Gabrielson & Holston, 2014), the use of websites like Tumblr to connect online and share information within the community (Hawkins & Haimson, 2018), and the creation of peer support networks for healthcare needs (Johnson & Rogers, 2020).

### **COVID-19 Context**

The arrival of a pandemic in the past two years has created additional challenge. The Corona Virus Disease 19 (COVID-19) pandemic began as an outbreak of a novel respiratory virus that was first detected in Wuhan, China in December 2019. The virus quickly spread and was declared a pandemic in March 2020 (Ciotti et al., 2020). The COVID-19 pandemic has had significant global impact. As of September 2022, Johns Hopkins’ COVID-19 dashboard (2022) reports nearly 600 million cases worldwide, including over 94 million cases in the U.S., and more than 6,480,000 global deaths, with over one million in the U.S.

During the pandemic, most people faced significant changes in their daily lives. Common stressors include economic uncertainty, significant changes in daily routines, increased isolation, and changes in sleep patterns and nutrition (Salari et al., 2020). A Pew Research Center survey found that 25% of adults reported that they or someone in their household had lost a job due to the pandemic, and about one-third had experienced a cut in pay (Parker et al., 2020). With the closures of schools and daycare centers during lockdowns and implementation of quarantines, those responsible for children were faced with increased caregiving demands and were often more isolated from social contacts than usual. Recent studies have documented elevated rates of anxiety, depression, and/or stress among adults during the pandemic (Salari et al., 2020; Shevlin

et al., 2020). Others have documented elevated mental health concerns and/or disrupted sleep among caregivers of children or of adults with dementia (Brown et al., 2020; Mazzi et al., 2020). Correlates of poorer mental health and increased stress during the pandemic include being a young adult, having children in one's home, having a loss of income or low income, and having existing health conditions (Nwachukwu et al., 2020; Salari et al., 2020; Shevlin et al., 2020).

### **COVID-19 and LGBTQIA+ Communities**

Generally, the pandemic creates greater risk for infection and mortality among marginalized communities, including LGBTQIA+ people. For example, transgender and nonbinary populations may face both increased risk for COVID-19 mortality due to greater likelihood of having chronic health conditions and increased stress when shelter-in-place policies isolate them with family members who are not supportive of their identities (Zubizarreta et al., 2021). The pandemic has also disrupted LGBTQIA+ people's access to services and community, including cancellations of Pride events and closing of LGBTQIA+ spaces (Riggle et al., 2021). Data from LGBTQ youth ages 13-19 suggest that the pandemic—especially when social distancing orders were the norm—led to youth being isolated at home with unsupportive family members and experiencing a loss of access to LGBTQ safe spaces (Fish et al., 2020). A longitudinal study among transgender and nonbinary individuals in three U.S. cities found that participants reported reduced access to LGBTQ supports and gender-affirming care during COVID-19 compared to earlier timepoints, and those with reduced support and access to gender-affirming care had significantly greater psychological distress (Kidd et al., 2021). Qualitative research has highlighted the intersectional impact of the pandemic across subgroups in the LGBTQIA+ community, with African American/Black and Latinx sexual minority women discussing increased sense of stigmatization, intersections of racism and health equity in relation



to COVID-19, and amplified vulnerability and risk with White supremacist violence (Riggle et al., 2021).

With such challenges in mind, scholars have been documenting the role of resilience for marginalized communities during COVID-19. A study by Goldbach and colleagues (2021) among LGBTQ+ adults indicated that greater resilience lessens the impact of pandemic-related concerns on anxiety. In an online survey, 129 LGBTQ adults in the U.S. detailed themes of resilience such as previous experiences with challenging times (e.g., AIDS crisis), practicing radical acceptance, and providing support to others and building community (Gonzalez et al., 2021). Additionally, Hafford-Letchfield et al., (2022) found that LGBT+ older adults described significant practices of caregiving and explicit demonstration of empathy, reciprocity, and active community outreach during the pandemic.

### **Gaps and Research Question**

While there have been some emerging studies of the impact of COVID-19 on LGBTQIA+ communities as well as resilience during this pandemic, there is a need for research that takes a more in-depth look at patterns not just of resilience but *resistance* in times of great struggle. As the scholar Alexander McClelland has said, “Resistance is what enables us to actualize our very means to our survival as queers...Queer resistance helps us in moving beyond merely existing as queer, to flourishing as queer” (Community-Based Research Centre, 2020, para. 3). Additionally, few studies focus on the unique situations of LGBTQIA+ adults in the Southeast U.S. who often face a particularly hostile community-level climate. This study was designed to address such gaps through the research question: How are LGBTQIA+ adults in the Southeast U.S. demonstrating resilience and resistance during the COVID-19 pandemic?

### **Methods**

This year-long project was initiated through a fellowship with the Public Interest Technology Universities Network, which promotes research collaborations across disciplines to use technology for the public good in the Southeast U.S. As part of this initiative, the co-PIs (Kristie Seelman and Beth Mynatt) planned and initiated an online, multimedia, mixed methods study that would document stories of resilience and coping among LGBTQIA+ adults. The study was designed to collect multimedia data because of the funder's emphasis on technology for the public good: we wanted to document examples of resilience and resistance using technology that could later be shared in public ways that allowed for deeper engagement in multimedia stories of the pandemic. The project's design and data collection were informed by a community advisory board consisting of six LGBTQIA+ individuals, with attention to the involvement of groups that are underrepresented in research to help strengthen the study design and findings in relation to needs of intersectional LGBTQIA+ communities in the South. The community advisory board met virtually with the PIs several times over the course of one year and helped influence components such as what questions participants would be asked, the topics for the monthly diaries, and ways to share participant stories with the general public. The project was approved as exempt by the IRBs of the two universities partnering for this project (Georgia Institute of Technology and Georgia State University).

### **Sampling & Recruitment**

To be eligible to participate in the study, individuals had to: (a) be 18 or older; (b) live in one of 9 states in the Southeast U.S.; and (c) identify as LGBTQIA+. Participants were recruited via LGBTQIA+ community leaders and organizations, social media (including paid advertisements), online groups, and email lists. Interested individuals completed a series of

questions via an online screening instrument, and a member of the research team confirmed eligibility before sending an email invitation and a unique participant code.

The final sample included 30 LGBTQIA+ adults, ages 18 to 73 (mean = 36). Sixty percent ( $n = 18$ ) of the sample were White, 23.3% ( $n = 7$ ) were Black/African American, 13.3% ( $n = 4$ ) were another race or ethnicity, and 3.3% ( $n = 1$ ) preferred not to answer. Forty percent ( $n = 12$ ) of the sample were cisgender men, 30% ( $n = 9$ ) were transgender/nonbinary/gender diverse, 26.7% ( $n = 8$ ) were cisgender women, and 3.3% ( $n = 1$ ) were questioning their gender.

### **Data Collection**

Once an individual was deemed eligible, they received an invitation to complete an online consent form and an online pre-survey that contained questions about demographics, mental health, COVID-19 exposure, social distancing, and other topics. Individuals who completed the pre-survey were invited via email to respond to monthly diary prompts on topics linked to resilience and resistance; the thought was that online diary prompts that participants could access themselves would be an efficient and easy way to gather data at different timepoints to reflect the evolving nature of the pandemic, and would prompt a level of reflection, personal disclosure, and creativity that might not occur as easily through focus groups or individual interviews. Diary topics were accessed via a secure, password-protected website that required participants to enter their unique participant code; administrative access was restricted to the research team and infrastructure administrators. Example diary topics included Hope, Health, Social & Emotional Connections, and Adaptability. An example diary prompt (for the Health topic) was: “Have you faced any significant health challenges or disability/ies during the COVID-19 pandemic? Describe. If you faced challenges, what strategies are you using to cope with these challenges on a daily basis? How do you promote health for yourself?”

Participants indicated whether they wanted each diary entry to be (a) available for public sharing, including possible donation to a library archive, with the name (real or pseudonym) and age they listed; (b) available for public sharing, but kept anonymous (name, age, and identifying information removed, and video/audio transcribed into text); or (c) kept confidential – used for research purposes only, without a name attached. Participants could upload text, audio, video, and/or photograph files as part of their diary entries. Diary entries generally ranged in length from a few short phrases to several paragraphs; audio entries were usually a few minutes in length, and if a participant uploaded photos, they generally uploaded between 1-4 photos in one entry. Most participants tended to upload text-based diaries, sometimes supplemented with a few photos; there was one audio-only diary entry, and two video-only diary submissions. Diary data were securely stored on a website hosted by one of the universities involved with this project.

To help ensure rich multimedia data collection, a subgroup of 8 participants were also invited to video interviews over the course of the study that asked follow-up questions related to the diary topics. These participants were selected to ensure diverse representation in multimedia data collection in terms of age/generation, gender, and race and ethnicity. Interviews were between 10 to 45 minutes in length. In some cases, participants were asked the diary prompts in these interviews if they had not responded to that particular recent diary. These were supplemented with additional interview questions such as: Do you think there are unique ways that your generation might be able to adapt to the pandemic that is not as common among other generations of LGBTQIA+ adults?

At the end of the year, all participants were invited to complete a post-survey that included similar topics as the pre-survey. Participants were offered \$10 for each diary entry and \$20 for each video interview. At least two researchers took detailed notes on video interviews

and audio diary entries, and these notes were used along with text-based diary entries for data analysis.

### **Positionality**

This work brings the praxis of desire-based research (Tuck, 2009) into LGBTQIA+ scholarship that often utilizes a damage-centered lens. While damage-centered research documents a community's pain and suffering, desire-based research strives to understand "complexity, contradiction, and the self-determination of lived lives" (Tuck, 2009, p. 12). Researching for desire accounts for the hope, visions, and wisdom of communities. As Tuck (2009) states, "Desire is about longing, about a present that is enriched by both the past and the future" (p. 417). We (white, queer, lesbian, nonbinary, cisgender, and disabled), as authors, approach this work with the intention of uplifting how LGBTQIA+ community members have built resilience and resistance during one of the grimmest times in U.S. history. Our lived experiences, with most of us identifying as LGBTQIA+, shaped how we approached this work.

### **Data Analysis**

Guided by the research question, we used content analysis to review our data (Bengtsson, 2016). We included both text-based diary entries and detailed notes summarizing audio diary entries and video interviews. Because we were most interested in participants' words for this particular paper, we did not analyze visual data, such as analyzing photographs or the visuals of the video interviews or diaries. Although the larger research project was mixed methods, we only focus on analysis of qualitative data for the present study because the diaries and video interviews were where data about resilience and resistance were captured. Four members of the research team were provided access to the diaries and notes and engaged in reviewing these data and identifying meaning units (*decontextualization*; Bengtsson, 2016). Each team member

applied an open coding process to these meaning units. We met virtually multiple times to discuss our coding process and used the virtual white board tool [Miro](#) to visually display our codes to one another as digital “sticky notes” and finalize a list of codes. We began clustering “like” codes together on Miro and identifying themes and more narrow categories (*categorization*). In this inductive thematic analysis, all authors first worked independently to generate initial codes, generally identifying multiple codes per each diary instance. We then worked collaboratively to harmonize our codes, identify gaps, and resolve differences. We then identified overarching themes through continued collaborative discussions and independent reviews of the remaining diary data. Two members of the team (Kristie and Brendon) then began creating a narrative for the story of our themes (*compilation*), while also reviewing the original meaning units for larger context (*recontextualization*) to help ensure enough of the original data were included to give detail to any exemplar quotes.

### **Findings**

We captured two primary themes related to resilience and resistance among LGBTQIA+ adults: (1) resilience and resistance building on the histories of LGBTQIA+ people, and (2) resilience and resistance re-imagined during the pandemic. For the first theme, data reflect the historical trauma and common experiences for LGBTQIA+ people and build upon the knowledge base with details related to resilience and resistance during the COVID-19 pandemic. Within this theme, we identified three categories: (a) activism and political change, (b) mutual aid, and (c) having a mindset for health promotion and optimism. The second theme highlights what the research team identified as unique and less explored dimensions of resilience and resistance, some of which emerge strongly in the present context. The six categories captured were (a) adapting one’s mindset, (b) drawing on hardiness, (c) using technology to stay

connected and engage in mutual aid, (d) deepening relationships, (e) resisting capitalism's brutality, and (f) envisioning a better world.

### **Resilience and Resistance Building on the Histories of LGBTQIA+ People**

The first theme that emerged, resilience and resistance building on the histories of LGBTQIA+ people, is captured by Charles:

Since the beginning of the pandemic, I've been contemplating the role of crisis and catastrophe in my life and the lives of people who experience significant structural violence, marginalization, and oppression. The moments when the rug is pulled out from under you and you have to cope and survive... For some of us, personal and collective trauma is not new. For some of us, confronting crisis, sickness, and death, is not completely unfamiliar. And the ability to have joy, to find pleasure, to remain connected to one's humanity even in the most horrific moments, is also not new.

*Activism and political change.* LGBTQIA+ adults in the Southeast are engaging in activism and hoping for political change as part of their resilience and resistance to oppression and violence. Participants are actively contributing to and supporting social justice movements, such as the Black Lives Matter Movement. Such efforts build upon histories of engagement among LGBTQIA+ activists and leaders. One participant (Publius) noted in their diary entry that there will always be more activism to do: "We LGBT/Q persons must fight for survival, what this looks like in 2021, with assaults on Oberfell versus Hodges continuing or in 2070 with whatever wars and crises come, LGBT/Q persons must fight in all ways we can." The need for LGBTQIA+ people to fight oppressive systems is a display of resistance, as these formal systems and governments continue to fail and harm LGBTQIA+ people.

*Mutual aid.* LGBTQIA+ people are both giving and receiving support from their community, neighborhoods, and families of origin and chosen families. During COVID-19, relationships with families of choice continue to be tapped into and deepened as sources of social support and meaning. One participant (Leyousef) wrote about how important community support and collective care has been during the pandemic: “Carrying people through this pandemic is much more important than having your needs met on your own - carrying your community leads to your community carrying you.” Another participant (Taylor) echoed similar sentiments: “I think the most important thing to understand about these difficult times is that we rarely go through them alone. There is peace and relief in solidarity, particularly among other LGBTQIA+ folk.” Other participants shared examples of how they are engaging in mutual aid, ranging from providing support on social media to offering financial help. One participant highlighted the importance of having older, more experienced community members to lean on: “My chosen family is made of a lot of older people. They have been through a lot and [that feels like a common thread]. They are able to identify what I need, and I owe a lot to them.” Another participant (Sunny) summed up the importance of mutual support and care:

This pandemic has shown how crucial it is for us to move in solidarity with other people, to care for one another and to demand and create the conditions that allow everyone to thrive. Companies were not motivated to provide work-from-home solutions to employees with disabilities until working-from-home was prioritized for people who do not have disabilities due to the pandemic. That is systemic ableism. So many people and communities and movements have already envisioned pathways towards equity and liberation and community care. We have to trust each other and do those things.



*Having a mindset for health promotion and optimism.* Previous research has documented how health promoting behaviors and an optimistic mindset contribute to resilience, both among LGBTQIA+ people and other populations. Participants shared stories of how they further these trends. Health promotion included participants finding ways to physically move their bodies, being aware of mental health needs, intuitive eating, engaging in self-care, connecting with community, and following scientific guidelines around reducing risk for COVID-19 transmission. One participant (Ike) highlighted how they have been able to cope during the pandemic:

What has helped me cope – I “stay strong,” I read, I take breaks from social media when it is too much, and I was doing smaller exercises instead of biking. Usually I use a stationary bike – good for relaxing, get good bang for your buck. I used to run but that was not good for my knees. I also tend to do cardio dance – used to dance on the weekends out with people, and now really miss connecting on the dance floor. Twitch and Discord are ways I still stay in touch with community now.

Additionally, one participant discussed health promotion in terms of being involved in a queer mentorship program and viewing queer content on TikTok. described how these avenues helped them connect with other queer people: “It is so affirming and comforting and exciting that there are other people being queer out here, existing in the world.”

Optimism was more about how participants found and maintained hope for the future. Once more, Ike shared that the COVID-19 pandemic had been hard for them, but their resilience through the pandemic gave them optimism for the future:

I'm just an optimistic person and the hope that this will get better and things will change 'cause it always does change. Things always do change, and things do always get better or it's a more manageable situation. So, I always have hope.

### **Resilience and Resistance Re-Imagined During the COVID-19 Pandemic**

The second theme identified in the data reflects dimensions of resilience and resistance that tend to be less frequently covered in previous scholarship and that represent a re-imagining of methods for surviving, thriving, and pushing back against systematic oppression. Some of the categories in this theme represent dimensions that are particularly relevant to the COVID-19 pandemic era.

*Adapting one's mindset.* Participants spoke of adjusting their mindset to persist during COVID-19, including focusing on the present, enforcing boundaries (related to safety, social distancing, news consumption), focusing on things other than COVID, and recognizing that pain and suffering are temporary. An example of an adapting mindset was shared in a diary entry (Taner):

It has truly been one of the hardest years of my life with this pandemic piggy-backing on a time of mental health instability where I haven't had unemployment and therefore limited access to healthcare options. And so what gives me hope in the midst of all this?... I've learned that hope can be small and fragile at times, and doesn't always need to be defined in grandiose terms. There's been days hope has meant surviving a day of self-harm and suicidal ideation. Hope has meant my partner staying up with me into the early hours of the morning, both of us trying to find some comfort in Adult Swim cartoons and bearing witness to each other in our darkest moments. Some days hope has simply been the belief that the pain will pass... even when my trauma loops feel like endless

excruciating torture. I've started to see hope in more delicate, ephemeral things, moments, conversations, my friends finding ways to reach out and hold space for each other in whatever ways we can.

Another participant (Charles) similarly voiced that coping is “day by day, moment by moment.”

This participant also shared an example of enforcing new boundaries:

For a while, I was a bit of a mad scientist, tracking charts and graphs and data points [about COVID-19 cases, hospitalizations, and deaths]. This became a part of my daily routine as much as brushing my teeth. But at a certain point I stopped. And it helped. Oh, it helped...And I found other things to do again. I wrote. I went for walks. I went for long drives...I found other things...I even started baking. And before long I looked up and it was late summer. I was about to turn 40, and the world had not come to [an] end. Hope I learned was not something that just happens. It's something you have to commit to. Something you have to will into existence. Hope requires discipline.

*Drawing on hardiness.* Participants spoke to how part of their resilience and resistance was related to having survived rough times before and drawing on this hardiness to get through the pandemic. For example, multiple participants spoke about linkages between the HIV/AIDS epidemic for the LGBTQIA+ community and the experiences of surviving through COVID-19.

Katherine, a Gen X participant, shared in a diary entry:

...for those people affected by HIV and/or those who work in the field, like me, we are well aware that making concessions like using condoms or wearing masks can save lives and is well worth the inconvenience... The comparison is clunky but I believe that these experiences may help some queer people manage their own exposure to the pandemic and [its] mental health impact. For others, however, I worry that it becomes a double

helping of isolation, especially for those in unsupportive living situations, including young people. Those people who are not independent and/or who did not have a queer support network before the pandemic may have had a more difficult time finding one during the last few months.

Katherine's reflections highlight how the preventative health behaviors and experiences going through the HIV/AIDS pandemic may actually help the LGBTQIA+ community be better able to adjust during COVID-19. In contrast, a Baby Boomer participant, Bubba, spoke in an interview about COVID-19's differences from the 1980s HIV/AIDS epidemic based on direct experience:

Living through the AIDS Crisis in the 80's, I was able to be by my friends' side. Was able to serve community by providing comfort, a hand to hold or a meal. COVID has been difficult because you cannot provide comfort through direct contact. This lack of being able to give back has been extremely difficult.

Bubba's experience highlights the difficulty of often not being able to be physically present with loved ones during the early phases of the COVID-19 pandemic.

Another participant shared other reflections that highlight the role of hardiness during COVID-19: "I was born in [a country in the Middle East] during the [Gulf] War and there were constants threats of invasions and other dangerous events. Those events have contributed to [my] resiliency."

*Using technology to stay connected and engage in mutual aid.* At the onset of the COVID-19 pandemic, most youth and adults in the U.S. shifted to the virtual world (e.g., Discord, Zoom, FaceTime), notably to engage in online education or work but also informally as scientists and public health experts encouraged people to stay home unless necessary. These experiences, some involuntary and potentially combined with voluntary experimentation, led

participants to use technology in new ways. Powerful examples for the LGBTQIA+ community include building community on Twitch or Discord and using video chats to engage in more frequent communication with social supports outside of one's "bubble." One participant (Ike) shared their experience of using technology to connect with community:

I started streaming, where people play live video games. Through that I got a community where people talk to me regularly...I also used the application Discord. With Discord, it's a bunch of private chat rooms where people can go, who, for example, love dogs...It was a way to connect with other queer people, which was already hard. Now I've made a lot of friends streaming and through the chat rooms. It's kept me grounded because I was able to connect with new people.

Taner noted the shift to being online for community engagement and how mutual aid efforts are happening: "Drag queens are performing on Twitch streams and creating amazing visuals and videos to entertain, artists are performing and making masks and sharing skills and resources with each other." Other participants highlighted how they started volunteering with nonprofits to help meet community members' needs, how in-person LGBTQIA+ dinners shifted to virtual, and how they built community online to combat isolation.

*Deepening relationships.* Social relationships are frequently a contributing factor to resilience. In this study, participants spoke not just of the value of relationships, but of how the pandemic (with lockdowns and social distancing) prompted them to be both more intentional and more selective about how they connected and deepened relationships. For example, Kayla spoke of purposefully reaching out to friends more often than usual:

The strategy I've [been] using to maintain social and emotional connections during this time is by reaching out to my friends more often than I used to by texting, calling and using FaceTime and Zoom... My relationships have strengthened by this.

Another participant (Sunny) spoke of how relationships have strengthened and become more stable due to having "more self-disclosure...becoming more transparent about my curiosities about other people." A third participant (Taner) expressed:

[It] feels like our bullshit meters have all run out a bit, and our dialogue feels more sincere and open. I find friends leaning into difficult conversations about mental health more instead of just exchanging pleasantries... We can't have get togethers but we can still look out for one another and ourselves, and acknowledge that self-care is damn hard during a crisis like this. Most of all, I think we've started finding out what's really worth fighting for in our lives, and what we're willing to do to hold on to it.

*Resisting capitalism's brutality.* The pandemic often prompted participants to reflect on life purpose, how they use their energy to make a wage, and their place in the capitalist system. Others experienced job insecurity because of the pandemic. As a result of these experiences and reflections, some participants questioned whether they wanted to continue in their current jobs; others made changes in their work, schedules, and when/how they took breaks to reflect a shift in priorities. All of these dimensions connect to the concept of resistance. Taner shared:

As I continue working in therapy and at home on my PTSD symptoms, I've also been having broader conversations with my family and mother specifically. My views on capitalism and its brutality, as well as the disproportionate effects on at-risk groups have come up in talks where before I used to just stick to safe topics.

Taner's words share a sense that the pandemic changed his perspective about the importance of speaking up about the violence inflicted by capitalism. Ike's diary included the entry:

I lost my job. I couldn't see people... I spiraled at the beginning, I think everyone did. And then I had to find my groove because there's only so much someone can spiral. I picked myself up by my boots. I got a break from this fast-paced life, go go go. There was a lot of time open. I was like 'I'm going to learn some stuff; I'm going to push my mind.' I started taking online courses, some stuff for user experience, coding. I started steaming, where people play live video games.

Losing one's job prompted Ike to reflect on the pace of his life and make changes about priorities. A third participant (Sunny) reflected:

About two years ago, a friend told me...'be gentle on yourself.' I commonly say this phrase to myself and others now, and I personally take it to mean: do not expect less from yourself and do not expect more. I am learning to be patient with myself...The pace that I take towards my goals or purpose in life may seem meandering or stagnant at times, but that pace is also what feels most appropriate and fitting for me in that moment. Sometimes, I do not have a lot of energy, and I feel drained, but I just let myself feel that. I try not to let myself down by creating unrealistic standards for myself without caring for what I am feeling. I think this saying has helped me establish boundaries.

*Envisioning a better world.* Participants noted that the pandemic era is a “cultural awakening”—a key moment for seizing possibilities of who we will be in the future. Many expressed that to get through this time, they focused on possibilities, future generations, and a belief that some cultural changes made during this time will be for the better. In a diary entry, Katherine reflected on hopes for future generations:

I hope that the children growing up during this time will see the mistakes that we, their elders, have made and make better choices in their politics and their use of science and public health services.

BT spoke of hoping for recalibration towards what makes people happy, and recognition of connectedness:

One of my hopes is that this moment in our history will result in a significant shift in how many people want to operate in the world. That we will see how connected and important we are all to each other. That all of this time with ourselves will result in some introspection, and that people will seek to find what truly makes them happy... instead of just being consumer cogs in the machine.

### **Discussion**

The present study explored resilience and resistance strategies among LGBTQIA+ individuals living in the Southeast U.S. during the COVID-19 pandemic. The first theme indicated that LGBTQIA+ people are showing some strategies of resilience and resistance that build on LGBTQIA+ knowledge and history: (a) activism and political change, (b) mutual aid, and (c) having a mindset for health promotion and optimism. These are all strategies identified within past research in relation to other contexts of struggle, oppression, and violence for LGBTQIA+ people outside of the pandemic (Baker-Pitts & Martin, 2021; Johnson & Rogers, 2020; Seelman et al., 2017; Singh & McKleroy, 2011). Although participants rarely spoke about activism or politics specifically about the pandemic, they felt a sense of agency in contributing to various movements, and the engagement, energy, community, and hope produced was what mattered most. Mutual aid, in contrast, was frequently discussed as addressing pandemic-specific needs, such as strengthening relationships and addressing financial needs. Social work educators



and practitioners can elevate mutual aid efforts by sharing these efforts with clients, especially with those who hold a marginalized identity, as mutual aid is often relied on most by those who are marginalized (Berne, 2015). During the pandemic, mutual aid practices have included meal sharing, helping with transportation needs, and redistributing wealth to communities who are in need of support (Arani, 2021). For individuals/communities who have been harmed by formal systems of support, mutual aid efforts are an alternative to these harmful systems, making these efforts important for social workers to acknowledge and share with clients.

Findings also shed light on some strategies of resilience and resistance that were re-imagined and unique to this point in time. Adapting one's mindset was a strategy for surviving day-to-day, finding distractions, and also drawing boundaries around social media and news engagement; recent research has highlighted the challenges of news and social media consumption for adult mental health during the pandemic (Liu et al., 2021; Nguyen et al., 2021). The need to adapt daily activities and to forge connections online led participants to use technologies in new ways, both to carve out individual connections and to re-imagine community activities (Haesler et al., 2021). Social work practitioners who work with LGBTQIA+ communities can highlight the community building aspects of online platforms, such as gaming with other LGBTQIA+ people on Discord or finding online social and/or support groups that are specific to LGBTQIA+ communities.

The pandemic, and the halt of usual daily routines and employment, prompted a reflection for many participants about life purpose and the ways capitalism can take advantage of and even destroy human well-being. Larger patterns of such reflection have appeared in news stories about voluntary job resignations across the U.S. and individuals reflecting on what type of day-to-day life they want to maintain (Kanell, 2021). These actions of our participants

demonstrate an active resistance to the oppressive aspects of capitalism during the pandemic. This represents the importance of incorporating macro-level social work content into social work classrooms that explores larger patterns of oppression linked to capitalism, employer policies, and the overlap of ableism with other forms of marginalization in employment. Future social workers, including those in micro/clinical concentrations, should be learning about the U.S. systems people are forced to navigate and how these systems can further oppress marginalized groups.

One word that continuously came up throughout the diary entries was *community*. Whether participants relied on community support, created their own chosen families, or broadly shared about LGBTQIA+ people, there was a strong sense of community present. Many participants either have, need, or desire counterspaces that are specifically for LGBTQIA+ people. Counterspaces are “sites where deficit notions of people of color can be challenged and where a positive climate can be established and maintained” (Solorzano et al., 2000, p. 70). These sites are meant to exhibit radical positivity to ensure that patterns of societal oppression are not reproduced within the setting (hooks, 1990). However, the authors identified only one study that has examined counterspaces in the context of LGBTQIA+ populations, specifically related to school climate for LGBTQIA+ youth (Cerezo & Bergfeld, 2013). Future studies and social work researchers and educators may want to use the framework of counterspaces to understand support and collective care among LGBTQIA+ communities. By doing so, this cultivates a space that centers “radical positivity” (hooks, 1990) rather than solely focusing on the pain and suffering experienced by LGBTQIA+ people.

Lastly, many participants noted that they are envisioning a better future. This could be due to the impacts of the COVID-19 pandemic or it could be due to the historical trauma and the

current harmful legislation and political climate impacting LGBTQIA+ people. Given that systems were not designed with LGBTQIA+ people in mind, it is no surprise that LGBTQIA+ individuals are dreaming of and re-imagining a better future. Future studies—as well as ongoing social work practice—may want to incorporate aspects of radical imagination to offer individuals the opportunity to imagine the world and social institutions not as they are but how they *could* be (Haiven & Khasnabish, 2014) and to incorporate futures thinking (Nissen, 2021). This re-imaginative process is an act of resistance to oppressive systems that have attempted to strip LGBTQIA+ people of their creativity and ability to dream of a better future.

### **Limitations**

There are several limitations with the present study. First, the data were based on diary entries and video interviews driven by certain a priori topics that were first identified by the research team and community advisory board as being central to resilience among LGBTQIA+ people. Some critical topics may not have been discussed by participants simply because they were not identified among these a priori topics. Second, while efforts were made to conduct outreach to recruit participants of diverse backgrounds and positionalities, the sample had a larger proportion of White respondents (60%) than would be expected for adults in the Southeast overall. The majority of participants were of the Millennial and Gen X generations, and it was more difficult to recruit individuals who identified as either Gen Z or Baby Boomers and older generations. More research is needed on resilience and resistance strategies among LGBTQIA+ adults of color and the youngest and oldest adults in the Southeast. Our study sample did, however, have a sizeable portion of transgender and gender diverse participants (30%), which helps shed greater light on the experiences of this understudied subgroup.

Our analysis only examined text-based diary entries and notes from video/audio diaries or interviews. This meant visual data, such as analyzing the arrangement of information in photos, were not included in this analysis. There was one instance in which a participant uploaded a diary entry composed only of photos, and two instances of video diary submissions (all on the Natural World theme), thus excluding the visual aspects of these entries from the present analysis. The photographs and the visuals of video data could possibly be analyzed in future research with these data. Our project is already actively sharing visual diary entries (photographs) and video clips that had participant permission for public sharing on our social media channels as part of distributing findings with the general public. Additionally, we have been planning other ways of making text, audio, photographic, and video data available in public-facing formats and dissemination, such as a library archive about this research project.

Finally, although this study collected data over multiple timepoints across 12 months, not all participants engaged consistently, and much of the data came from a highly engaged subgroup of participants. Additionally, there is value in studying resilience and resistance related to the COVID-19 pandemic over a longer period of time or in retrospect.

### **Conclusion**

This study relied on diary entries and video interviews from 30 LGBTQIA+ individuals to examine resilience and resistance strategies used during the COVID-19 pandemic. The findings show that resilience and resistance are historically embedded in the LGBTQIA+ community due to past systemic trauma, and that resilience and resistance have also been re-imagined in response to the COVID-19 pandemic. This re-imaginative process is allowing LGBTQIA+ people to envision what a better world looks like, individually and collectively. To co-create a better world with LGBTQIA+ individuals, social work educators and researchers can

collaborate with LGBTQIA+ people to create counterspaces in the classroom and in research settings. Social work practitioners can engage with LGBTQIA+ community members to learn what they need to feel safe, supported, and to thrive in their communities.

As we conclude this paper, we want to leave you with a final quote from one of our participants (Taner): *On the other side of this, we'll dance harder and love deeper, and take less of those beautiful moments for granted. That maybe this becomes the point we started waking up a bit more, and seeing each other, and taking time to see ourselves as well.*

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