



Queer Politics of a Pandemic: LGBTQ + People’s Conceptions of COVID-19’s Politicization

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Abstract

Introduction Lesbian, gay, bisexual, transgender, and/or queer (LGBTQ+) people have historically been at the center of contentious political debates in the United States. The pandemic’s divisive politicization has created societal stress in both hindering mitigation efforts and exacerbating social marginalization. Research has examined relatively privileged groups’ COVID beliefs; however, explorations are needed into ideological processes among those marginalized by COVID, such as LGBTQ+ people, to provide a holistic framework of queer politics.

Methods Data come from in-depth interviews conducted with 43 LGBTQ+ people collected between October 2020 and January 2021. Purposive sampling was used to recruit participants from a larger survey on pandemic experiences.

Results Through the “underdog” framework,” LGBTQ+ people held strong convictions to science-informed political beliefs, which informed their critiques of inadequate government leadership. Participants also engaged in ideological resistance to harmful individualistic rhetoric through an emphasis on collectivism. The divisive politicization of the pandemic shaped numerous social stressors that LGBTQ+ people adapted to using various strategies to maintain their mental health.

Conclusions Participants viewed American individualism and Christian nationalism as a public health threat that led to resistance to health and safety measures putting other people at risk. Findings support the underdog theory, with LGBTQ+ people elevating evidence-based science and disadvantaged groups’ wellbeing by emphasizing social empathy as a collective good that supports community health.

Policy Implications Findings can inform policies and community programming that promotes equity across all social identities through the depoliticization of public health and centering LGBTQ+ people’s capacity for resistance and resilience.

Keywords LGBTQ · COVID-19 · Pandemic · Politicization · Queer politics

Introduction

The COVID-19 pandemic is an ongoing global health crisis and social issue. To manage the pandemic’s adverse outcomes, the United States (U.S.) adopted several health and safety regulations including social distancing, wearing masks, and sheltering in place. Although pandemic

mitigation procedures can reduce the spread of COVID-19 and its chronic and fatal impacts (Ngonghala et al., 2020), there are many people who do not follow them based on their political and social beliefs. The politicization of the severity of COVID-19 and the scientific evidence behind its vaccine stemmed from authoritative figures (i.e., political leaders), misinformation (i.e., news channels), and individualism (Holm et al., 2020). Primarily, Christian nationalism, defined as “an ideology that idealizes and advocates a fusion of American civic life with a particular type of Christian identity and culture” shaped resistance to mitigation policies, framing them as constraints to freedom (Whitehead & Perry, 2020a, p. 406). Christian nationalist ideologies correlate with wider social prejudices and discrimination against social diversity across race, ethnicity, gender, sexuality, and religion (Whitehead & Perry, 2020b). Therefore, as the U.S. is approaching the 2-year mark of entrenchment in the pandemic, it has had a more harmful effect on socially

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marginalized groups, such as lesbian, gay, bisexual, transgender, and/or queer (LGBTQ+) people, by further weakening public health protections among people already enduring health inequalities (Abreu et al., 2021; Baumel et al., 2021; Fish et al., 2020).

LGBTQ+ people experience a greater proportion of mental health challenges than their cisgender and heterosexual counterparts (Abreu et al., 2021), largely driven by minority stress through societal marginalization that breeds social prejudice and discrimination (Brooks, 1981; Meyer, 1995). Furthermore, LGBTQ+ people's lives have been historically politicized in the U.S. as advocacy efforts seek to secure their basic human rights in spite of anti-queer backlash, such as access to marriage, and equity across social institutions like healthcare, employment, and housing (Mucciaroni, 2011; Stone, 2016). As LGBTQ+ people have higher rates of anxiety and depression, and may experience constrained social support from families, they often establish sources of support in the broader LGBTQ+ community (Abreu et al., 2021; Tabler et al., 2019). While the LGBTQ+ community is not a monolith and struggles with within-group marginalization (Knee, 2019), the LGBTQ+ community as a collective often provides resources of support and protection for marginalized LGBTQ+ people. Manifestations of LGBTQ+ community often adopt a collectivist cultural value where relying on each other and caring about one another is promoted (Abreu et al., 2021). LGBTQ+ people often rely on social and community support and this collectivistic cultural feature has been evident in numerous LGBTQ+ social issues and movements, such as the AIDS epidemic and its associated activism (Abreu et al., 2021; Hagai et al., 2020).

To understand how the highly politicized social group of LGBTQ+ people conceptualize the politics surrounding the COVID-19 pandemic, our study theoretically explores the following question through 43 interviews with LGBTQ+ people: How have LGBTQ+ people navigated the politicization of the COVID-19 pandemic through the lens of their identities? Due to the nature of widespread collectivist dynamics around LGBTQ+ identity and their community-centric culture, contemporary queer people tend to lean politically liberal/progressive and empathize with other marginalized identities (Hagai et al., 2020; Landon, 2018). Therefore, the present study explores queer politics of the pandemic to elucidate how LGBTQ+ people have made sense of COVID-19's extreme politicization surrounding issues like health and safety guidelines.

Background

Theoretical Framework

Worthen's (2020) underdog theory posits that LGBTQ+ people endure oppression and stigmatization

because their identities are perceived as a threat to traditional values; their presence jeopardizes both heteronormativity and the gender binary. LGBTQ+ people's experiences with ostracization and stigma make them the "underdog" and so they might protect others who are also socially framed as the "underdog" (Worthen, 2020) or a member of a marginalized group. The underdog theory is a key framework useful for examining LGBTQ+ community ideals within the context of the COVID-19 pandemic. Social marginalization might encourage LGBTQ+ people to lean politically liberal and engage in social justice that can counteract the effects of social inequalities and stigmatization (Landon, 2018; Worthen, 2020). Furthermore, the widespread use of religious fundamentalism in politically conservative rhetoric also encourages queer people's religious detachment, liberalism, and pro-science beliefs compared to other marginalized groups like non-LGBTQ+ women and people of color who may find solace in religion (Schnabel, 2018, 2021). LGBTQ+ people's experience with marginalization can motivate them to seek out and contribute to activism for progressive social change (Hagai et al., 2020; Landon, 2018).

Based on the underdog theory, the societal marginalization of LGBTQ+ individuals thus encourages empathy toward others who are similarly structurally and interpersonally marginalized (Worthen, 2020). As such, LGBTQ+ people are more likely to endorse contemporary intersectional activism, such as centering the voices of people of color, and by engaging in activism encouraging social change related to social inequities (Abreu et al., 2021; Worthen, 2020). LGBTQ+ social movements and groups have also, however, historically exhibited prejudicial beliefs and discriminatory practices, including racism excluding LGBTQ+ people of color (Balsam et al., 2011), anti-transgender and gender expansive sentiment (Nagoshi & Brzuzu, 2010), and stigma against plurisexual identities (i.e., bisexuality) (Bradford, 2004; Weiss, 2003). Despite this evidence for systems of oppression present in LGBTQ+ communities, queer activism can also undergo "social movement spillover," with recent examples of LGBTQ+ groups engaging in activism around immigrant rights and endorsing racial social justice movements, such as Black Lives Matter (BLM) (Terriquez, 2015; Thompson, 2020). Centering the hardships of multiply marginalized people who face distinctive and layered inequalities is a key aspect of the collectivist ideology characterizing many queer people's conceptions of LGBTQ+ community (Abreu et al., 2021).

This framework of empathy and action couched in viewing others as the "underdog" helps explain the more progressive views of LGBTQ+ people, particularly in their advocacy and support for marginalized groups disproportionately impacted by COVID-19 (Abreu et al., 2021). LGBTQ+ people tend to lean politically left (e.g., socially

liberal), as evidenced in the recent presidential election, with LGBTQ+ voters being more likely to endorse and support progressive candidates (Kiley & Maniam, 2020). Similarly, LGBTQ+ voting patterns from the 2016 election showed significantly higher support for Democratic candidate Hillary Clinton (61%), and a large majority of LGBTQ+ voters (89%) felt unfavorable toward Donald Trump, the Republican candidate. Both the 2012 and 2016 elections placed approximately 82% of queer voters leaning Democrat and only 18% leaning Republican (Kiley & Maniam, 2020).

Pandemic and Politics

Christian nationalism (and its endorsement of “rugged individualism”) posits that COVID-19 protective measures are restrictions on personal freedoms and a primary indicator of Americans’ noncompliance with pandemic mitigation guidelines like social distancing (Perry et al., 2020). It is not simply about religious ideologies, but it is also how the prioritization of individualism in the U.S. is understood as personal freedom and choice, which was spurred on by the Trump presidency (Perry et al., 2020). For example, religious nationalist beliefs among local government officials prompted greater resistance to public health protections during the COVID-19 pandemic (Adler et al., 2021). Christian nationalists prioritized economic and personal freedom during the COVID-19 pandemic at the risk to human life (Perry et al., 2021). Christian nationalism and attitudes associated with it are a major predictor of whether people are anti-vaccine, reject face masks, and resist pandemic-related health guidelines (Perry et al., 2020; Whitehead & Perry, 2020a, 2020b).

Resulting from the ongoing pandemic uncertainty and lack of structural guidance, public approval of government performance significantly diminished during the COVID-19 pandemic (Lazer et al., 2020; Meyer & Choi, 2020). Many social commentators speculated that the COVID-19 pandemic was a social equalizer, which is patently false, as certain groups, such as LGBTQ+ people, people of color, and people in poverty, are more vulnerable to pandemic harms (Fishel et al., 2021). Wearing a mask is also socially divergent, with Democrats and Independents largely complying and Republicans typically resisting (Kemmelmeyer & Jami, 2021) and white men being the least likely social group to wear masks compared to people of color (Hearne & Niño, 2022). Democrats and the political left tend to follow the recommended health and safety guidelines proposed by the Centers for Disease Control and Prevention (CDC), while Republicans and the political right more often reject them (Holm et al., 2020). Furthermore, Democrats were more likely to be anxious or worried about COVID-19 issues and support more drastic health and safety measure, shelter-in-place orders, than Republicans (Holm et al., 2020).

LGBTQ+ People’s Pandemic Experiences

LGBTQ+ culture is closely aligned with tenets of collectivism (Parmenter et al., 2020), which is defined as, “embracing cooperation, communal living, modesty, and group- or family-based accomplishments” (Webster et al., 2021, p. 2). LGBTQ+ people often have to rely on each other in the face of social marginalization and are therefore more collectivistic and socially empathetic (Worthen, 2018). LGBTQ+ people largely value a sense of community and community well-being, more often rejecting the notion of rugged individualism (Abreu et al., 2021). During the pandemic, LGBTQ+ people are noted for calling their local governments to push for action and helping out mutual aid programs (Abreu et al., 2021), which reflects the values of collectivism and solidarity.

Drawing on parallels between the AIDS crisis of the 1980s and 1990s and the contemporary experience of COVID-19, experiencing historical societal stigma can promote advocacy for science-informed public health efforts among LGBTQ+ people, especially in rejecting anti-LGBTQ+ conservative and religious politicization (Schnabel, 2018). For instance, the LGBTQ+ community is already well equipped to navigate pandemic-related health and safety protocols, and widely ascribe to collectivistic ideals and grassroots activism efforts in the absence of government support (Arnold, 2021; Miles et al., 2021; Quinn et al., 2021). Indeed, some LGBTQ+ communities leveraged the pandemic into positive opportunities for growth and development through enhanced virtual social engagement and creative adaptations to maintain community connections grounded in resilience and resistance (Miles et al., 2021). A snapshot of older LGBTQ+ adults in the UK highlighted a mix of perspectives on COVID-19 lockdowns ranging from a sense of increased “social kindness and inclusion” and quality time with loved ones to stress surrounding awareness of social inequalities (Hafford-Letchfield et al., 2021). Endorsement of collectivism versus individualism shapes people’s compliance with health and safety measure, such as when compared with China, considered a collectivist culture, the U.S., an individualistic society, had less people following stay-at-home orders (Chen et al., 2021).

LGBTQ+ people are widely enduring worse mental health outcomes during the pandemic compared to non-LGBTQ+ people, including higher rates of anxiety, depression, and suicidal thoughts (Baumel et al., 2021; Fish et al., 2020). Due to LGBTQ+ people’s social minority status, the pandemic puts them more at risk for fear, prejudice, and discrimination (Banerjee & Nair, 2020). Specifically, sexual minority women tend to view COVID-19 as a more serious health threat compared to heterosexual women, based on greater social network exposure and higher depressive symptoms (Potter et al., 2021). LGBTQ+ people reported

that they were more worried about COVID-19 than non-LGBTQ+ participants, and were thus more likely to socially distance (Baumel et al., 2021; Dawson et al., 2021). LGBTQ+ people's vaccination rates were higher than non-LGBTQ+ people, with 80% of LGBTQ+ participants saying that they have been fully vaccinated compared with only 66% of heterosexual participants (Sparks et al., 2021). Also, 75% of LGBTQ+ people reported that getting the vaccine was "part of everyone's responsibility to protect the health of others" compared to 48% of heterosexual people (Dawson et al., 2021), thus underscoring queer people's alignment with collectivism. Together, these findings reflect that LGBTQ+ people largely view a global pandemic as a public health issue rather than an individual concern.

During the COVID-19 pandemic, LGBTQ+ -identifying people as well as people holding more progressive political and social beliefs have been more likely to comply with the CDC's health and safety guidelines compared to their counterparts (Holm et al., 2020; Sparks et al., 2021). They are the ones who have pushed for community health over individualistic choice. Despite being discriminated against in mainstream society, LGBTQ+ people advocate for everyone's safety and often emulate a collectivistic experience. In this pandemic, American individualism, Christian nationalism, and conservative groupthink are concertedly putting people at risk and posing a danger to the community.

The Current Study

This study details how 43 LGBTQ+ people conceptualize the politics of the ongoing COVID-19 pandemic, particularly as LGBTQ+ lives are societally historically politicized leading to queer individuals' widespread liberal attitudes, political activism, and engagement (Hagai et al., 2020; Perez, 2014; Schnabel, 2018). It is crucial to center and elevate the voices of the marginalized people in the pandemic, such as LGBTQ+ people, to better highlight their perspectives and inform future research and policies. Bridging the gap on pandemic views between the heterosexual, cisgender perspective and the LGBTQ+ perspective is also necessary as the bulk of understanding around pandemic politics has primarily been conducted on non-LGBTQ+, socially dominant populations (Perry et al., 2021). Finally, this study aims to disrupt dominant societal discourse that excludes or further marginalizes LGBTQ+ people (Hammack & Cohler, 2011) by uplifting their narratives as sources of knowledge and experience.

Methods

Data for the present study is based on a larger mixed methods project described in full elsewhere (Tabler et al., 2021). Data collection took place between October 2020 and January

2021. Both purposive and convenience sampling strategies were employed that targeted university employee and student listservs in three states—Oklahoma, Wyoming, and Texas. In addition, to oversample for LGBTQ+ respondents, flyers of the study were posted on local LGBTQ+ social organizations' social media pages. Interested participants were invited to complete a self-administered online survey via secure survey link (Qualtrics), and survey respondents who identified as LGBTQ+ ($n = 129$) were asked to indicate if they were interested in participating in a follow-up interview. A member of the research team contacted all participants who indicated interest via email to schedule the interview. The current study draws only from the qualitative semi-structured interviews conducted with 43 LGBTQ+ -identifying people who were recruited from the larger sample of quantitative survey participants.

Authors RMS and RC conducted all interviews in English. Study participants completed one audio-recorded, in-depth interview lasting approximately 1 h and a short demographic questionnaire. All interviews were conducted remotely via Zoom. Study procedures were explained to participants and verbal informed consent was obtained prior to the interview after participants asked any questions they had. Participants received a \$20 virtual gift card in exchange for their time at the end of the interview. All respondents were asked the same series of 20 open-ended questions surrounding their pandemic experiences and perceptions (full interview guide included in the Appendix). Primary interview questions include the following: How do you feel the COVID-19 pandemic has impacted your life overall? Personally, what are your beliefs regarding the pandemic? How does your LGBTQ+ identity influence your COVID-related beliefs? A constructivist approach guided this study's design and development, including recruitment materials, interview questions, and subsequent coding strategies, to ensure inclusive, person-centered interpretations of LGBTQ+ people's lived pandemic experiences (Saldaña, 2015). Participants were assigned pseudonyms to ensure respondent confidentiality. The university institutional review board (IRB-20-419) approved this study.

All interview audio recordings were transcribed and uploaded into MAXQDA for analysis. Coauthors collaborated to conduct multiple rounds of coding following grounded theory tenets to promote analytics rigor and validity (Charmaz & Belgrave, 2012). We began with open coding to identify general patterns of LGBTQ+ people's pandemic-related experiences and impacts on their well-being, which resulted in a robust emerging codebook. Next, the coders deployed axial coding to establish connections between and among the codes, such as connecting codes for varied COVID-related perceptions (i.e., mixed and changing over time, potential to learn from it) and political understandings (i.e., political divisiveness, fear of social unrest). Finally, the coders engaged in selective coding to delineate

the overarching categories, or domains, which ultimately comprised our final qualitative thematic findings. The primary coders widely agreed on coding decisions, resulting in a 95% intercoder agreement. In the rare instances of coding disagreement during data analysis, we conferred to discuss the disjuncture, and then conducted additional analyses until consensus, such as through code modification or disconfirming evidence identification. Following each stage of coding, we met to discuss validating feedback, which involved iterative memoing of coding decisions and collaborative discussions of theme construction to enhance the study's trustworthiness (Birks et al., 2008).

As a gender-conforming, white woman academic whose sexual identity was unknown to participants, RMS reflexively assessed how her positions of privilege influenced the research process through decentering her biases and critical journaling. As a straight, cisgender woman graduate student, GG reflexively journaled while writing analytic memos to interrogate assumptions that may have influenced her data interpretations. AP, a white non-binary lesbian and undergraduate student, centered LGBTQ+ people's reflections in his writing. JT, a cisgender white woman academic, used iterative coding processes during data analysis to center participant narratives in her findings' interpretation. RC, a cisgender woman academic from South Asia, engaged in self-assessments and reflections to center LGBTQ+ voices.

Findings

The final analytic qualitative subsample included 43 LGBTQ+ -identified people aged 18+, with an average age of 28 years. Table 1 presents detailed sociodemographic details of the qualitative subsample. Interviews with LGBTQ+ people revealed that the pandemic is creating complex challenges for them to navigate related to the politicization of COVID-19 dynamics and their general well-being. Participants emphasized the importance of scientific authority and evidence-based information shaping their responses to the pandemic. Relatedly, LGBTQ+ people placed a high premium on collectivistic beliefs and community connectedness in helping them cope with COVID-related challenges. Finally, participants were highly critical of the limitations and challenges created by inadequate policymaker and government leadership, which further heightened their distress surrounding the pandemic's extreme politicization. Overall, participants desired a return to some sense of "normalcy" while also acknowledging the importance of reshaping structures to be more inclusive and equitable.

Science-Informed Beliefs and Conceptualizations of Structural Failures

While a few participants shared that their attitudes toward COVID-19 and the concomitant public safety guidelines

Table 1 Participant sociodemographics

Sociodemographic variables (qualitative subsample; <i>n</i> = 43)	Sample size/percentage <i>n</i> (%)	Mean/SD
Age (range = 19–59)		27.7/9.2
<i>Sexual identity</i>		
Lesbian	8 (19)	
Gay	7 (16)	
Bisexual	15 (35)	
Queer	3 (7)	
Pansexual	5 (12)	
Asexual	2 (5)	
Expansive sexuality/unlabeled	3 (7)	
<i>Gender identity</i>		
Cisgender women	27 (63)	
Cisgender men	10 (23)	
Nonbinary	3 (7)	
Transgender woman	1 (2)	
Queer	2 (5)	
<i>Race/ethnicity</i>		
White	34 (79)	
Bi- or multiracial	3 (7)	
Latino/a or Hispanic	5 (12)	
Asian American	1 (2)	
<i>Regional identification</i>		
Rural	19 (44)	
Urban	9 (21)	
Suburban	15 (35)	
<i>Social class status</i>		
Working class	19 (44)	
Middle class	19 (44)	
Upper middle class	5 (12)	
<i>Highest education</i>		
Some high school	1 (2)	
Graduated high school	2 (5)	
Some college	11 (26)	
Associate's degree	2 (5)	
Bachelor's degree	14 (33)	
Advanced/professional degree	13 (30)	
<i>Religion/spirituality importance</i>		
Very important	2 (5)	
Somewhat important	10 (23)	
Neutral	3 (7)	
Not very important	15 (35)	
Not at all important	13 (30)	

Data are from primary data collected related to COVID-19 pandemic experiences, collected between October 2020 and January 2021

were mixed and/or changed over time, the majority asserted that they believed the pandemic is a legitimate and serious threat to both personal and public health. Several participants, vehemently and unprompted, rejected what they perceived

as unscientific, conspiratorial narratives. Alex, a white, nonbinary pansexual person, emphasized how the ongoing pandemic is “not fake news. It’s not going to go away after November or January. It’s not something that came from a lab... I really feel that it was something that was introduced outside of our species, not intentionally introduced into the population.” In the same vein, Allison, a white lesbian cisgender woman, asserted that COVID-19 is not “a man-made virus that was released” nor “a plot by the Chinese to get the United States infected; it’s a global pandemic and it just spread globally.” LGBTQ+ participants underscored their scientifically informed beliefs in the legitimacy of COVID-19 by also resisting conspiracy theories that could contribute to social marginalization, such as racism and xenophobia.

Reflecting on how their LGBTQ+ identity shapes their pandemic-related beliefs, several participants suggested that the “collective memory” (Bethany, white bisexual cisgender woman) of the HIV/AIDS health crisis “informed their sensibilities” (Allie, white pansexual cisgender woman), leading them to take the COVID-19 pandemic more seriously as societal “underdogs.” Because participants were familiar with the possible outcomes of a deadly, transmissible virus, they were cognizant of the threat of COVID-19 and more motivated to follow public health guidance accordingly. For example, Ariel, a white queer person, stated:

I think that might also stem from having experienced a very focused epidemic in our community with AIDS back in the eighties. I think the queer community is a lot more likely to care more and try to take preventative measures with large-scale sicknesses.

Historically primed to recognize the social impacts of scientific measures intended to mitigate the spread of disease, participants widely discussed engaging in preventative strategies, such as masking and social distancing. Furthermore, many reported planning to take the vaccine when it became available, such as Doreen, a bisexual Latina cisgender woman: “I trust the doctors. I trust the scientists and I am definitely waiting for that vaccine, whatever they say, like wash your hands. Wear a mask. I follow those.” Similarly, Erika, a white nonbinary bisexual person, detailed specific beliefs surrounding scientific guidance and practices:

I always listen to what scientists are telling people. Wearing masks stops the spread of droplets, so wearing a mask when you can’t be six feet apart, it’s actually very beneficial. Staying 6 feet apart is better than not. And so, I think that that is kind of the political aspect of what I would do. I usually wear a mask every time I leave my house and I don’t take it off until I’m back in my house.

Overall, participants were strong proponents of legitimate, scientifically backed public health guidelines in the

pandemic, and largely framed it as part of both their pandemic-related political beliefs and their “underdog” membership in the wider LGBTQ+ community.

Given their stated beliefs in science, LGBTQ+ people were troubled by perceptions that conservative-leaning political and religious ideologies were crippling the scientific community’s authority. Participants frequently echoed Bailey’s (white cisgender queer woman) belief that, “this is purely a matter of science. This pandemic is not something that people should be debating in any religious or political stance.” In line with the LGBTQ+ community’s widely secular values and liberal attitudes, this appeal to science engendered pandemic-related information-seeking strategies that were rooted in a desire for up-to-date, scientifically based information, which included cross-referencing news media sources with governmental agencies and peer-reviewed scientific publications. Reflecting on her information-seeking strategies, Abby, a white lesbian cisgender woman, stated:

When they were having their daily briefings and stuff, I would try to listen just because I’d rather hear something straight from the horse’s mouth. But, I will look at different news sources. I’m more interested in what the reputable science has to say. Whether it’s the CDC or the World Health Organization. I’m not interested in Facebook quacks.

This consumption of “reputable science” led many participants to share Bethany’s belief that, “it’s not just the flu, and it does require, like, serious government action to deal with it.”

Regarding the type of government action believed to be required, the collectivist-oriented LGBTQ+ participants largely bemoaned the Trump administration’s lack of public health-oriented, constructive leadership, as well as Trumpism’s conservative, individualistic political approach. In fact, several participants explicitly contrasted the perceived ineffectiveness of its decentralized and lackadaisical policies with the perceived success of “other countries’ holistic tactics. For example, Jessie, a white nonbinary lesbian person, took a clear stance on the insufficient nature of government leadership during the pandemic:

I think the government definitely did not do enough for the people. They only gave us like, a thousand bucks maybe, and they dropped us off and just told us to catch the plague. They did not close the U.S. for far long enough. And I think they quite literally tried to ignore this sickness that has been causing thousands of deaths.

Participants also contrasted the pandemic harms emerging in the U.S. due to insufficient government response with other nations’ more positive outcomes, such as Ariel, a white queer person, who stated, “I’ve been kind of embarrassed

by how our country has been handling it compared to other countries like New Zealand or Canada.” While recognizing that other countries still struggled with cases, Ariel noted, “they were able to lock it down and effectively, like, take care of their population.” Most participants’ low approval of pandemic government leadership paralleled Bailey’s, a white queer cisgender woman, summary:

I believe that the pandemic was handled very poorly. I think we would not still be in a pandemic several months later... if the actions of political leaders were considering the safety of everybody... Having a really expanded, like, even *secular view*, looking at different places all around the world and being like, “okay, this works for this country, this country is completely case-free, why are we doing this?”

In these statements, participants can be seen connecting what they perceive as the Trump administration’s “poor handling” of the pandemic with the social destruction wreaked in the U.S. Furthermore, Bailey appears to be lamenting Christian Nationalist influences in the production of structural inequality, suggesting that leaders’ policy enactments were not “secular” and did not consider “the safety of everybody,” which participants valued given their own experiences with marginalization as a societal “underdog.”

Shaped by the LGBTQ+ community’s contemporary valuation of social justice and their own membership in a marginalized social group, participants recognized, and expressed frustration with, the documented disproportionate negative impact the U.S.’s policy (in)action had on marginalized populations. Lindsey, for example, a white lesbian cisgender woman, reflected on how she viewed the pandemic as inordinately harming LGBTQ+ people of color and her empathetic understanding of this issue:

Other people within my community, like Black trans people, or Black queer people, have been affected disproportionately by the health disparities. They live in more low-income communities. They’re at more at-risk jobs. So I think that, in that collective conscious, like, I feel for that part of my community that has been hard to see.

Some participants extended pandemic inequalities to broader structural stratification where a lack of COVID-19 government guidance has led to “here we are in 2020 and it’s shown that an administration can basically get away with mass murder,” according to Logan, a white bisexual cisgender man. He further queried, “What happened? This pandemic has killed over 300,000 people and nothing else can explain it. This is a crime against humanity.” Given the emphasis on equality within the LGBTQ+ community and the sense of empathy for other oppressed people this value often instills, LGBTQ+ participants were cognizant that

pre-existing structural inequalities generated disproportionate negative impacts for marginalized groups. Furthermore, these narratives demonstrate participants’ intersectional approach to equity issues, as Lindsey centers those community members such as Black trans and queer people who have been multiply marginalized during the COVID-19 pandemic. Finally, through the lens of collectivist community ideals and solidarity of being an “underdog”, Logan’s distress regarding the public’s apparent acquiescence to these disparate outcomes represents the dejection LGBTQ+ participants feel when their values are not reflected in state- and federal-level policies and public attitudes.

Ideological Resistance through Collectivistic Critiques of Harmful Rhetoric

In attempting to make sense of their perceptions of the Trump administration’s political inaction, and even harmful action, during the COVID-19 pandemic, participants generally shared Abby’s resentment that “too many leaders think science is an opinion when it’s not.” Frequently, participants expressed frustration that economic and religious concerns were prioritized over public health expert advice, largely viewing the government’s (mis)handling as rooted in the prioritization of conservative ideologies at the expense of public health. Drawing parallels between conservative presidents Ronald Reagan and Donald Trump, Allie, a white pansexual cisgender woman, described her pandemic political views as “Trump wanting to hide a lot of the COVID stuff under the rug, the same way Reagan wanted to hide a lot of AIDS stuff under the rug.” Though Allie is the only participant to make this direct comparison between the two conservative presidents, many participants agreed that Trump’s dismissal and active suppression of scientific information, as well as his complementary dissemination of mis/disinformation about the COVID-19 pandemic, hurt the nation. Laney, a white bisexual cisgender woman, agreed that Trump “has spread misinformation and has downplayed the pandemic and caused quite a bit of confusion among everybody in the U.S.” In addition, Lindsey, a white lesbian cisgender woman, expanded on this belief by connecting Trump’s leadership style to direct pandemic harms: “I don’t believe the president is handling it well at all. He’s spreading a lot of misinformation that has caused more people to become sick and die.”

When discussing their views on Trump’s promulgation of mis/disinformation, participants frequently pointed to his dismissal of the scientific evidence of face mask wearing. Collectively, they lamented the way that Trump framed masks as a symbolic, political boundary marker rather than a public health tool to mitigate virus transmission. As Kris, a white lesbian cisgender woman put it, “Donald Trump has done an absolutely terrible job of

dealing with it... he made it where if you wear a mask, you're a democrat, and if you don't, you're republican." For Carrie, a white bisexual cisgender woman, it made "not wearing masks a political statement, almost like 'You can't take my gun and you can't make me wear a mask.' As if somehow wearing a mask affected your constitutional rights." Participants frequently cited Americans' penchant for individualism and freedom of liberty when attempting to make sense of the politicization of COVID-19 and resistance to public health measures. From Doreen's perspective, a Latina bisexual cisgender woman, the politicization revolved around "the whole collectivism and individualism mentality... here in the United States people just care about what they want." Relatedly, Leslie, a white bisexual cisgender woman, understood the conservative, individualistic rejection of safety measures as "they think that their freedom entitles them to step over other people's freedoms and rights, which I don't think is true." And as Nathaniel, a white pansexual cisgender man, summarized the political divide on safety measures: "it's not a right to endanger someone else's lives." Yet, this rejection is not all-encompassing. While Nathaniel admits that America's prioritization of individual rights is "what makes this country great," he and other participants largely disagreed with individualistic pandemic behaviors. Instead, and in accordance with collectivist, "underdog" values, they prioritized protecting others in addition to oneself. In essence, participants believed that individual liberties and respect for others, particularly in a public health crisis, need not be mutually exclusive.

In addition to the generalized cultural individualism discussed by some participants, others connected this belief to Christian nationalist ideologies. Some participants believed it was the confluence of these ideologies that was harmful by promoting resistance to public health guidelines. For instance, consider Abby's explanation:

I think they [evangelical Christians] have been a barrier, because a lot of Christians have confused nationalism and patriotism with Christianity, and they're not the same. Yes, 'God will protect us', but if you're a decent person, you want to protect other people, too.

Although Abby herself identifies as an evangelical Christian and classifies religion as "very important" in her life, she rejects what she perceives as other evangelical Christians' conflation of nationalism, patriotism, and Christianity. While Abby believes that "God will protect us," she rejects the notion that people's individual religious beliefs absolve them of what she believed to be people's civic duty to adhere to public safety guidelines. Similarly, Margo explained her understanding of Christians' resistance to public health mitigation measures:

They kind of follow their faith and, you know, what the church says or what their favorite pastor says. So the idea of a mask or the pandemic in general is more seen as "God will protect me" versus "I should protect myself and everyone around me with scientifically proven materials."

Like Abby, Margo does not believe that faith in God's protection and adherence to scientific public health guidance ought to be mutually exclusive. Furthermore, she cites the perceived binary logic of "religion" versus "science" as a barrier to compliance with public health strategies that, if enacted, would impede the virus's transmission. Analyzing LGBTQ+ participants' justifications for their beliefs, these repudiations stem from the divergence between traditional American values and the LGBTQ+ community's widespread subcultural values of compassion and empathy in contemporary times.

In contrast to individualistic, Christian nationalist values, LGBTQ+ participants frequently framed their own support for COVID-related public safety measures as intertwined with their views of the LGBTQ+ community's distinctive collectivist, community-centered ideology. For example, Cassandra, a white cisgender bisexual woman, described a focus on community social support: "The LGBTQ community is more community centered and a big part of it is understanding, holistically, how things affect the community. So just a big emphasis on personal responsibility to help other people." While Cassandra appears to support the classic individualistic, neoliberal value of personal responsibility, she explicitly defies this normative value by couching her conceptualization of individual responsibility in the LGBTQ+ community's commitment to the collective whole as opposed to individual self-interest. Furthermore, participants often underscored their sense of personal responsibility to others with their concomitant desire to do what they can to protect others. In support of the underdog theory, wherein marginalized groups empathize with and seek to protect other marginalized groups, the participants frequently framed this desire to protect others as stemming from their own marginalized experiences. The following statement by Allison illustrates this "underdog" sentiment well: "[B]eing a member of the LGBTQ+ community makes you more open to people and makes you think more about what other people experience... it just adds more of a general care about people that you come into contact with." Allison suggests that experiences as a member of the LGBTQ+ community facilitates queer people's ability to perspective take, enabling them to understand and share the feelings of others. Echoing this sentiment, Melissa, a multiracial queer cisgender woman, cites her LGBTQ+ identity when explaining what drives her desire to protect others:

Because of my identity, I have become that kind of a protector. I try to protect our young and the people who are disenfranchised. I guess with the pandemic, I also feel like a protector. I put my mask on, even if I'm in the car and somebody's bringing something to my window, I'm going to put my mask on.

Melissa suggests that, due to her own experiences, as an “underdog,” she is compelled to protect others in the fight against COVID-19.

Given the LGBTQ+ community's shared value of collectivism and community, many participants shared Jane's (white bisexual cisgender woman) wish that, as a collective, the public would “be like, ‘okay, let's all focus on wearing our masks, staying inside, and like, let's handle this as a community kind of thing.’” Conceptualizing U.S. society as a community, then, LGBTQ+ participants framed their advocacy for and compliance with mitigation measures in terms of respect for their fellow community members. For example, Chrissie, a cisgender bisexual woman, believes that adhering to public health guidance:

...boils down to this level of respect that we have for our fellow humans, which is something that I really value. Just being supportive of people in general is a lot of it, just being open and wanting the best for your neighbor and community. Like, “I want to be as safe as possible so that you're as safe as possible.”

In line with values of collectivism and the desire to put the needs of many before the needs of the few, participants such as Nathaniel reported adhering to public safety measures out of a general concern for the lives of other people: “As I view it, not wearing a mask is just saying that you don't care about other people's lives. So, I feel like just the act of not wearing a mask is an act of discrimination and just general bigotry.” Here, Nathaniel is implying that his decision to wear a mask is driven by his “care about other people's lives.” Furthermore, he contrasts this compassionate attitude held by himself and other LGBTQ+ participants with the “discrimination” and “bigotry” he perceives those who refuse to follow public safety guidance to perpetuate. Given this common perception that those who resist public safety measures are discriminatory and bigoted, participants frequently noted social challenges that arose following the politicization of the COVID-19 pandemic.

Social Stressors Shaped by Politicization

In discussing the interpersonal, social effects of COVID-19's politicization, LGBTQ+ participants felt that conservative institutional leaders were largely responsible for influencing laypeople's individualistic attitudes and actions surrounding the COVID-19 pandemic. Specifically, participants

suggested that laypeople's dismissal of the virus's severity and resistance to public health mitigation measures stemmed directly from consuming leaders' rhetoric. One example comes from Max, a white gay cisgender man, who explained:

I think that culture comes from who our leaders are, you know, who you hang around with. The things that like, Trump says, are very misleading. I feel like, if you're within that culture, you kind of have this sense of individual thinking and not believing experts.

Furthermore, Bailey explained that the timing of the pandemic's onset in the U.S. (2020) coinciding with a presidential election heightened social conflict: “The political tension is stronger than ever, making people who blindly follow certain political leaders just delusional in their beliefs... if they don't see their higher power wearing a mask, then they're not going to want to wear a mask.” For Alex, a white pansexual nonbinary person, politicians' divisive rhetoric functioned to widen the “decisive dividedness between the mask-wearers and the nots” that was perceived to exist in the general population even before the pandemic. In Alex's words, “the pandemic has provided yet another layer for each side to reinforce why they think they're different from the other side. Or why the other side is ‘wrong.’ And I think it has pushed people further away.” Participants were highly aware of and concerned with the pandemic's political conflict and the further harm this created in worsening societal dynamics of marginalization.

Although social divisions were apparent to Alex prior to the pandemic, this “additional layer” was viewed by participants as generating social animosity that led to new social challenges, including a loss of faith in community for Cora, a white asexual cisgender woman:

I lost a lot of faith in my community. Especially in my hometown, which is a very small town. Just seeing the amount of people who don't take it seriously. And like, my mother is a nurse, my father works in a hospital. We're all very closely tied to healthcare. It's kind of making me realize like, maybe this place is not as good as I thought.

For these LGBTQ+ participants who value community and empathy, the social animus fostered by the politicization of the COVID-19 pandemic were distressing. For Carrie, the pandemic's politicization was “absurd” and a major source of social stress: “I found it very disturbing as an American. That was probably the biggest stressor for me in COVID—the political undercurrent that made wearing a mask somehow bizarrely political.” In a similar way, Nathaniel described his response as “no coping, lots of anger,” due to people “showing a clear disrespect for other people's lives.” Moreover, consuming politicized social media contributed

to these mental health challenges for participants, as “everybody’s posting craziness” during a “very politically charged season,” which “increased my stress levels,” according to Kathy, a white lesbian cisgender woman. Renee, a white bisexual cisgender woman, also highlighted social media as a major stressor “because people post articles, go on rants, and get really passionate about their opinions... that can be stressful to see people post that bias.” Because the LGBTQ+ participants valued compassion, encountering biased and inflammatory rhetoric online was distressing.

Both online and offline, several participants reported coping with social stress stemming from the pandemic’s politicization by avoiding social interactions. Echoing many participants’ social media avoidance when faced with prejudicial sentiment, Margo, an Asian American bisexual cisgender woman, reported: “I think I just avoid interacting with them or looking at these social media platforms, just so that I won’t create additional stress for myself when I see that, knowing that they won’t take my advice.” While this strategy may successfully result in a short-term reduction of stress, this avoidance can also serve as a barrier to connection and social cohesion. For Cora, keeping social connections at a safe distance came at a cost to her well-being:

I’m still very much in that avoidance phase where it’s like, “okay, because I don’t know how to recognize who feels this way, I’m just holding everybody at arm’s length at the moment. I don’t already know you and I haven’t already judged where you fall on that line, I want nothing to do with you.” So, I wish I could say I had a little healthier way to manage it, but I am still in my bitter phase.

Participants thus engaged in a variety of coping strategies for managing pandemic-induced social stress, while also recognizing that their approaches are not without the flaw of further limiting social interactions during a time of community disconnect.

While avoidance may be a viable strategy when seeking to evade stressful social interactions with strangers during the pandemic, this strategy becomes less feasible in work contexts. Due to the institutionalized nature of workplace relationships, managing stressful interactions shaped by COVID-19’s politicization in these contexts is more difficult. For example, participants with public-facing jobs, such as food service or retail, detailed the stressful interactions they had with customers who were resistant to public health institutional policies. Reflecting on the beginning of the pandemic specifically, Bethany stated “it was a constant battle to get people to put masks on. Just so, so, painful, because it was never really about facts at all.” Expanding on these challenges of policing customers’ mask compliance, Dani, a Hispanic cisgender woman with an unlabeled sexuality, explained:

A lot of people, you can tell they’re not happy with it. So it makes me kind of overwhelmed... It’s stressful because like, you’re going to have to deal with customers that don’t want to follow your rules. You’ll get really hateful things because they’ll cuss you out, or flip you off. But like, “I’m 19 years old. Like, you’re grown, really older than me, and you’re talking to me like that.” Like, it makes me really upset, frustrated. Because I’m like, “I’m trying to do my best, but none of you are cooperating with me.”

For LGBTQ+ participants who already face poor mental health status due to minority stress and structural health inequalities, this work conflict spurred by the politicization of the pandemic is extremely burdensome, even when “the job itself is not stressful.” Lindsey, a white lesbian cisgender woman, described feeling like fodder for the system: “It can feel like, ‘what’s the point of supporting this capitalist monster and we’re risking our own health and the health of our loved ones by doing this?’” These passages underline how the politicization of the pandemic, and the ways it may have encouraged resistance to mitigation strategies, has negatively impacted LGBTQ+ people tasked with enforcing employers’ policies. Importantly, these new work stressors likely compounded the pre-existing minority stress participants face due to anti-LGBTQ+ social stigma.

Personal relationships with family and friends is another domain in which the LGBTQ+ participants experienced social challenges arising from COVID-19’s politicization. Regarding familial struggles, participants reported navigating stressful interactions with family members who have opposing pandemic-related beliefs. For example, Jeremy, a white cisgender gay man who described himself as the “black sheep” of the family, shared that pandemic-related political conflicts with family members shaped his decision to disassociate with them:

I believe I’m the only Democrat in my family. And so honestly, I’ve sort of always been the black sheep, or perhaps the outcast. But as much as I see support for the Republican party, from people that I care about, it certainly frustrates me quite a bit. I’ve made decisions to not associate with certain family members anymore because they’re just so hostile and uninformed. I’ve decided to just stay in my home and not associate with as many people as I was before. I guess the situation has shown everyone our true colors.

Echoing Jeremy’s sentiment, Allison also described the stress of avoiding family visits due to conflicting pandemic-related political beliefs between herself, her partner, and her extended family, who “are not mask-wearers.” Despite a desire to engage in family interactions, especially during holidays and special occasions, many participants took the

route of avoidance or minimizing interactions so as to support their own mental health.

In addition to familial challenges, the politicization of the COVID-19 pandemic generated tension between LGBTQ+ participants and their friends who had different perspectives. To avoid exposing themselves to unnecessary risks, several participants mentioned forming “social bubbles” composed of a small group of people who jointly agreed to limit their face-to-face contact to members of the “bubble.” Allison’s account of conflict with her friends represents the social challenges that have ensued when participants’ friends transgress this agreement, potentially exposing them to risk: “She [friend] went out to the bars and we [participant and her partner] were like, ‘Oh, okay. You’re not in our bubble anymore. We’re done.’” Participants like Allison also described this as a way of assessing social trust and comfort: “I do feel like we’re judging our friends a lot harsher... more like, if you’re not on the same level of concern as I am, then you’re not going to be able to be around me, because I don’t trust you or I don’t feel comfortable with you.” While cutting this tie appears to be empowering for Allison, Mateo’s experience speaks to the pain felt when conflicting pandemic-related political beliefs generate challenges in friendships:

I lost a lot of friends because of my personal stance... I think it’s the politicization of COVID. A lot of my friends are very liberal and they take COVID as if it’s, you know, Bubonic Plague, and I don’t do that. I’m a very moderate person. I might have a conversation where I’m like, “you know, I don’t feel like it’s great to make mandatory quarantines,” and my friends think that I’m this conservative far-right person who doesn’t believe the virus is real. And I’m like, “No, I just don’t agree with how you’re handling it.” For some friends, we were able to have discussions. But for others, I’ve lost friends because they feel as if I’m not taking it seriously, so I’m not a serious friendship to them.

As a self-described moderate, Mateo is frustrated because he has “friends on both sides” and feels that he is “constantly trying to go back and forth” in navigating these dynamics. Ultimately, he “feels ostracized from multiple communities because he doesn’t fully buy into either one.” From this example, it is evident that political beliefs surrounding the pandemic are closely tied to one’s identity, and this helps explain why the LGBTQ+ participants’ pandemic-related beliefs are so homogeneous: they share a salient identity that is largely organized around values of collectivism, equity, belief in evidence-based science, and concern for others. Moreover, these values directly shape pandemic-related political beliefs and in-person interactional strategies.

As underscored by the divergent narratives of Allison and Mateo, participants experienced the relationship filter that

the politicization of the pandemic shaped in disparate ways. While it was a painful experience for some, others viewed it positively. Abby’s pandemic politics functioned as a form of bonding social capital, a positive social resource that allowed her to connect with like-minded others: “I’ve reconnected with a lot of friends on the East coast because their ideas about science and how we should be handling this are more in line with mine and very different from what some of the public in [red state] is saying.” Still others were even more explicit in their positive framings of this phenomenon, suggesting that the relationship filter effect of the pandemic was beneficial for their mental health, such as Jeremy:

I would say it has made my mental health better... I’ve always grown up having to fake a smile around most of my family members who I just simply don’t care for. I don’t agree with them in almost anything they do. Having to fake that honestly was probably one of the biggest mental stressors that I had growing up. And now that I’ve cut those ties, I feel as though I’m crafting my world into one that I want to live in and that’s been excellent.

Some participants also appreciated how the pandemic’s politicization resulted in, according to Logan, “the shades have been drawn and we all know where everybody stands now... there’s no more guessing. When the chips are down, they’ll be happy to, you know, turn over to fascism and let us die.” While this political social transparency can help people see the reality of societal ideologies, it can also be stressful to deal with, as Logan stated, “That’s both a scary thing, but also I think a positive thing.” These examples show that, holistically speaking, terminating relationships is not always experienced negatively for LGBTQ+ participants. While the loss of a relationship may be painful initially, resilience, clarity, and even comfort can result in the long term, particularly when the dissolving relationships are harmful to one’s mental health.

Discussion

The COVID-19 pandemic—and public health measures taken to mitigate its spread—has been politically polarizing in the U.S.; vaccinations, mask-wearing, and adherence to social distancing recommendations can be traced by political lines, with self-identified political conservatives and Christian nationalists expressing greater skepticism and resistance to COVID-19 public health messaging (Perry et al., 2020; Whitehead & Perry, 2020a, 2020b). The present study explores LGBTQ+ adults’ understandings of the COVID-19 pandemic, and their perspectives on COVID-19’s politicization through an “underdog” framework emphasizing collectivism and social empathy among marginalized groups

(Worthen, 2020). First, participants expressed a strong belief in evidence-based, science-informed pandemic views that shaped their perceptions of inadequate government leadership and communication that perpetuated structural inequalities through divisive politicization. Second, our findings support the underdog theory, with LGBTQ+ people expressing concern for disadvantaged groups that are uniquely affected and at-risk during the COVID-19 pandemic, with an emphasis on social empathy as a collective good that supports community health. LGBTQ+ participants viewed American individualism and Christian nationalism as a public health threat that led to resistance to health and safety measures putting other people at risk. While American individualism has been deployed as a cultural frame to position health decisions as personal choice, LGBTQ+ people in this study advocated for intersectional support for marginalized groups through a collectivist mindset. Finally, participants struggled to navigate social stressors prompted by the pandemic's politicization and utilized various strategies to manage impacts on their well-being.

First, LGBTQ+ participants strongly emphasized their pandemic-related beliefs as grounded in what they perceived as validated scientific sources. They explained the importance of seeking out trustworthy sources of news to stay informed, but also noted frustration in what they understood as government mismanagement of the pandemic. Participants' overwhelmingly positive perceptions of scientific authority in the early stages of the pandemic notably contrast with recent research highlighting how conservative-identifying people struggle to trust scientists themselves, even while believing in scientific evidence, if the issue is politically charged (Mann & Schleifer, 2020). The political divisiveness of the pandemic may have prompted participants, whose LGBTQ+ identities have been historically pathologized in the name of "science" (e.g., homosexuality labeled as a mental disorder; government neglect in HIV/AIDS crisis), to support scientific discourse based on its association with liberalism, progressivism, and social justice rather than risk affiliation with conservatism and bigotry. LGBTQ+ people's sociohistorical pattern of enduring numerous sources of institutional and structural marginalization likely shaped participants' views that inadequate political leadership was exacerbating societal inequalities (Stone, 2016). As participants also held strong views about the harmful effects of the pandemic's politicization, this supports historical empirical patterns of LGBTQ+ people's heightened political involvement due to their continued social exclusion (Hagai et al., 2020). Notably, several participants drew parallels between the COVID-19 pandemic and the HIV/AIDS epidemic and how this imbued them with collective historical memory that motivated them to more safely navigate a public health crisis, which echoes prior work (Quinn et al., 2021). Our findings thus point to the importance of collective, shared

memories among marginalized communities, as well as broader society, to better inform contemporary social issues and promote activism efforts (Coes et al., 2018).

In support of the underdog perspective, our findings demonstrate intersectional support stemming from the LGBTQ+ community throughout the COVID-19 pandemic (Worthen, 2018). As contemporary LGBTQ+ community values often prioritize collectivism and community well-being, the ideology of individualism is often diminished among LGBTQ+ people (Abreu et al., 2021). The collective and shared historical memory of the HIV/AIDS epidemic among LGBTQ+ people makes them uniquely prepared to more effectively navigate a pandemic with heightened compassion (Padamsee, 2017; Quinn et al., 2021). The social isolation of the pandemic has been a "queer time" for some LGBTQ+ people that also promoted self-compassion through an opportunity to disengage from social surveillance, reflect on oneself, and promote positive self-image (Quathamer & Joy, 2021). LGBTQ+ people's experiences may also shape them to be both more open and adept at bridging gaps across marginalized communities, empathize with them, and support community health (Hagai et al., 2020). Many participants emphasized how they would prioritize masking protocols or social distancing if there was a chance of interacting in-person with another person. In these ways, LGBTQ+ participants (65% of whom reported religion/spirituality was not important in their lives) ideologically resisted individualistic rhetoric, such as political conservatism or Christian nationalism, that they viewed as harmful to public health. Our findings demonstrate how the continued deployment of harmful rhetorics not only stigmatize queer people and detract from public health (Perry et al., 2020), but also continue to enact wider structural violence (Bjork-James, 2019).

The negative repercussions of the COVID-19 pandemic, both in terms of the actual virus (e.g., adverse health outcomes, hospitalization) and sociocultural contexts (e.g., loss of income, prejudice and discrimination), have not equally burdened diverse social groups. Mental health disparities have been uniquely elevated among LGBTQ+ people (Baumel et al., 2021; Tabler et al., 2021). This study provides additional evidence that the mental health impacts of social distancing may be compounded by the divisive politicization of the pandemic and the associated individualist rhetoric, especially for marginalized groups. Particularly, this confluence results in twice the level of social disruption and connection. While many participants drew from LGBTQ+ community support, some individuals, such as LGBTQ+ youth, found themselves struggling. Within unwelcoming environments, queer youth may feel cut off from social support and struggle with managing the pandemic's politicization (Fish et al., 2020). Furthermore, given that most (79%) of our LGBTQ+ participants are from

conservative-leaning, predominantly rural areas of the U.S., many remarked that it is challenging being surrounded by others who do not follow the CDC's health and safety guidelines, and adhere to Christian nationalist beliefs (Baumel et al., 2021; Dawson et al., 2021). Many study participants viewed attitudes toward vaccine science and compliance with health measures as a social litmus test; the polarization of scientific authority and public health measures may have led to erosion of social trust in neighbors and other community members, and damaged pre-existing and new relationships. This finding contributes to evidence showing how queer people strategically filter their social relationships in a variety of ways, such as perceptions of people's views on queer rights, and how this may simultaneously drive social isolation and build resilience (Schmitz & Tyler, 2019).

In these ways, our study makes significant contributions to understanding how individual and interpersonal micro-level conceptualizations of pandemic politics among LGBTQ+ people can shape social challenges at the meso community and macro societal levels. Structural stigma, including discriminatory social policies, can greatly harm LGBTQ+ well-being (Hatzenbuehler, 2014), and our findings can be used to inform policies and community programming that promotes equity across all social identities through the depoliticization of public health. Policies and programs must also center and foster LGBTQ+ people's capacity for resistance and resilience, as recent research has shown how queer people have built supportive community and drew strength from radical acceptance in the pandemic, even when institutional supports are absent (Gonzalez et al., 2021). Despite increasing LGBTQ+ representation in government leadership positions and its correlation with growing LGBTQ+ -inclusive legislation (Reynolds, 2013), prejudice and discrimination persist in policymaking, and the pandemic's inordinate harms on marginalized groups like LGBTQ+ people is apparent. Therefore, queer participants in this study provide a model of effective collectivism that can promote more equitable and inclusive legislation at all levels of governance, especially in times of a global crisis.

Balancing our study's key contributions to understandings of pandemic politics, it is also indicative of limitations that can catalyze future research. First, our study is constrained by a qualitative sample size of 43 and is not generalizable to broader LGBTQ+ populations. For example, individuals willing to participate in the study may be more motivated than others to express issues or concerns with political responses to the pandemic. Future studies may use surveys and quantitative analyses to explore the macro level impacts of pandemic politicization for marginalized groups. Second, our sample is largely representative of the regions from which it was drawn, and is therefore predominantly rural and white, and specific to the U.S. People of color are being disproportionately harmed by pandemic challenges, and inequalities can exacerbate for

people from multiple marginalized groups (Laster Pirtle & Wright, 2021). People of color have historically been harmed by institutional studies, such as the Tuskegee Syphilis Study's exploitation of Black men, so research should examine how people's racial and ethnic identities impact their views on public health messaging and mitigation strategies (Freimuth et al., 2001). In particular, additional study is warranted to explore how people of diverse marginalized communities experience the pandemic's politicization through the lens of their intersecting identities. For example, our study sample was highly educated and an average of 30 years old, with 63% having a Bachelor's degree. Future work should also examine how more diverse LGBTQ+ subpopulations view the pandemic's politicization, such as across age, educational background, and conservative-leaning beliefs. Finally, interviews were conducted prior to widespread vaccination access within the U.S., so further research on the relationship between politicization and vaccine hesitancy is warranted.

Our findings also disrupt dominant pathologizing conceptions of LGBTQ+ people as deviant sources of social problems often propagated by the religious right (Stone, 2016), when indeed the ideologies of American individualism and Christian nationalism are concrete public health threats according to LGBTQ+ participants. The politicization of COVID-19 health and safety guidelines was heightened by the influential nature of the presidency and Christian nationalism, given that they shifted thoughts of public safety from being a community effort to one about choice (see Perry et al., 2020). American individualism and Christian nationalism argue that the freedom of choice is more important than the health and safety of others (Perry et al., 2020), and this viewpoint may increase public health risks. Many scholars have reported Christian nationalism as a political threat in matters of civil rights (Coley, 2021), and now this socio-political ideology can be conceptualized as a public health threat as well.

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