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LGBTQ+ People's Religious and Spiritual Experiences in the COVID-19 Pandemic

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Abstract

Personal religion and spirituality can be sources of strength during a crisis like the COVID-19 pandemic. Drawing from a larger study of LGBTQ+ wellbeing during the COVID-19 pandemic, this article reports on the faith and spirituality of LGBTQ+ adults in the United States. Nearly 700 diverse LGBTQ+ individuals were recruited via Qualtrics Panel. Analysis showed that those who prayed more and who were religious or spiritual prior to the pandemic were more likely to rely on their religion or spirituality to understand and cope with the pandemic. This study has implications for social workers, helping professionals, and faith leaders, including avoiding assumptions, utilizing a person-centered approach, and being familiar with community resources.

Keywords: COVID-19, LGBTQ+, religious coping, prayer, personal faith

LGBTQ+ People's Religious and Spiritual Experiences in the COVID-19 Pandemic

During times of crisis, many people turn to their individual faith and religious beliefs for support. Personal faith, testimonies, and rituals help individuals cope, make meaning, and find their purpose during suffering (Sreman, 2018; van Uden & Zondag, 2016), and spirituality can also be critical to the healing process (Ren, 2012). For example, after Hurricane Katrina, half of respondents participating in a study said their belief in God was vital to coping with their situation (Glandon et al., 2009). Not only is personal faith important for some individuals who are coping with a crisis, but people may also experience a religious or spiritual transformation, including a change in their understanding of God and religious practices (Bowland et al., 2011; Viftrup et al., 2016). In short, for people of faith, religious coping can provide support and refuge during a crisis.

This coping role for faith and religious beliefs seems to be salient during the COVID-19 pandemic. Despite many religious institutions being "closed" at times amid the pandemic—either not holding services/events or moving them online—a quarter of Americans report that their faith or spirituality has strengthened during this time (Gecewicz, 2020). As we consider these concepts, it is important to first define religion and spirituality. Although there are often conflicting definitions in the literature, researchers generally conceptualize spirituality as an emotional connection to something larger than oneself (i.e., higher power, God, nature, or the universe) and religion as a set of beliefs and practices connected to a specific organized group (Johnstone, 2021). Religiosity is sometimes measured by belief in God, importance of religion, frequency of religious service attendance, and frequency of prayer (Pew Research Center, 2015).

Lesbian, gay, bisexual, transgender, queer, non-binary, asexual, intersex, etc. (LGBTQ+) individuals have a tumultuous history with certain homophobic and transphobic religious groups

(Levy, 2014). Even when individuals have had difficulties with faith communities and clergy, however, they may persist in their own spirituality and develop their own ideas about God and faith after a trauma (Bowland, Biswas, Kyriakakis, & Edmond, 2011). Religion and spirituality for LGBTQ+ people who are experiencing a crisis can certainly be complex. This complexity is evident, for example, in the stories of LGBTQ+ refugees who fled the Middle East, North Africa, and Asia, most often because of persecution based on their LGBTQ+ identities. These individuals, despite internalizing religious messages of shame and rejecting organized religion, still found support through their own personal faith (Alessi et al., 2021). In fact, personal religious beliefs can be a protective factor against stressors for LGBTQ+ people of faith (McCann et al., 2020; Schmitz & Woodell, 2018). Religious beliefs can also protect against mental health issues, substance use, and violence in various populations (Gomes et al., 2013; Israelowitz & Reznik, 2015; Israelowitz et al., 2018; Kent, 2019; Revens et al., 2021).

The COVID-19 pandemic caused myriad problems, including increased job or income loss, food insecurity, substance use, mental health issues, and suicidal ideation (Centers for Disease Control and Prevention, 2020; Karpman, 2020; Waxman, 2020). The pandemic has been especially stressful and difficult for LGBTQ+ individuals. This population is more vulnerable to COVID-19 due to high rates of smoking, HIV, and cancer; prevalence of employment in industries impacted by the virus; lack of access to healthcare and stable housing; and potential discrimination from health or support services (Caceres et al., 2017; Human Rights Campaign, 2020; National LGBT Cancer Network, 2020). Further, LGBTQ+ individuals were more likely to have reduced income and job loss during the pandemic (Human Rights Campaign, 2021). LGBTQ+ individuals also face health disparities, less access to healthcare and social supports, marginalization, and discrimination (Eisenberg et al., 2018). Disparities may compound for

LGBTQ+ individuals who are also people of color or those with low income or educational attainment (Mallory & Russell, 2021; Schmitz & Tabler, 2021; Veenstra, 2011; Xiao & Lindsey, 2021).

Given the health disparities faced by the LGBTQ+ population and the complex history between religious groups and LGBTQ+ people (Levy, 2014), it is important to understand their unique experiences during the pandemic. Because the current two national surveys related to COVID-19 from the Census Bureau (2020) and the National Institutes of Health (NIH, 2020) did not include LGBTQ+ demographic questions until well into the second year of the pandemic, this study addresses a critical gap in the literature and is one of the first national studies of LGBTQ+ people's experiences during the pandemic. Taken from a larger study exploring the impact of the COVID-19 pandemic on wellbeing of LGBTQ+ individuals, this article reports specifically on the faith and spirituality of LGBTQ+ individuals during the pandemic.

Methodology

This study was approved by the Institutional Review Board, and surveyed over 700 LGBTQ+ individuals in the United States who are at least age 18. All surveys were completed in late June through mid July 2021. Participants were recruited via Qualtrics Panel, which is a service available through Qualtrics that distributes surveys to a targeted population and provides a minimum number of complete responses from Qualtrics Panelists who receive a small in kind or monetary payment. Upon our request, the Qualtrics team made an effort to obtain a representative sample while also ensuring adequate statistical power by oversampling underrepresented groups (see Limitations below). The anonymous survey included demographic questions, questions about sociability and social networks, items focused on religion and spirituality, and questions about experiences during the COVID-19 pandemic.

Key variables were selected based on other national COVID-19 surveys and our specific interest in religious and spiritual variables. These include demographic information (i.e., age, race / ethnicity, gender, sexual orientation, educational background, income, religion and spirituality) and variables related to experiences during COVID-19 (i.e., health information, variables related to social isolation and loneliness). Our dependent variables measure whether individuals used their faith or spirituality to: 1) assist respondents in understanding the COVID-19 pandemic, and 2) assist them in coping with the COVID-19 pandemic. Questions for both variables asked respondents the extent to which their faith/spirituality was involved in their understanding (coping with) the COVID-19 pandemic. Potential responses were not at all, a little, a moderate amount, a lot, or a great deal. We dichotomized both variables to distinguish individuals for whom faith or spirituality was involved a moderate amount or more from those for whom faith or spirituality was involved little to none. This distinction is relevant for helping professionals and faith leaders as they identify and support individuals for whom faith/spirituality plays an important role during the pandemic or future crises.

Independent variables include individual demographics, social network characteristics, and personal experiences with COVID-19. For individual demographics, the Qualtrics Panel provided a fairly diverse sample in terms of age, race / ethnicity, gender, sexual orientation, educational background, and income. We categorize measures of age, education, and income to allow for potential nonlinear associations. For identity variables like gender, sexual orientation, and race/ethnicity, we allow individuals to select among commonly used categories or enter their own selection. If individuals select multiple race/ethnicity categories, we then ask them their single strongest identification with biracial or multiracial as options. There are associations between our measures of race/ethnicity, income, and education, but none of the variables are so

correlated as to preclude simultaneous inclusion in a statistical model. We measure urbanicity using the U.S. Department of Agriculture's (2010) Rural-Urban Commuting Codes based on the zip code the respondent reports residing in at time of survey.

Loneliness and social isolation have increased during COVID-19 (Ernst, 2022) and are especially important factors for LGBTQ+ individuals, some of whom do not have family support or support from their faith communities (Woody, 2014). We measured individual loneliness using a shortened three item scale (Hughes et al., 2004) that was based on the longer UCLA Loneliness Scale (Russell et al., 1980). Respondents rated whether they hardly ever (1), sometimes (2) or often (3) lacked companionship, were left out, and were isolated from others, which led to scores ranging from 3 to 9. To determine the respondents' levels of social support, we use a social network index (Berkman & Syme, 1979; Kawachi et al., 1996), which includes a composite of: sociability (number of close friends and relatives and contact with these individuals), marital status, membership in religious organizations, and membership in other community organizations. For parsimony, we combine the two highest categories in the Berkman-Syme social network index score and code individuals as having low, moderate, or high levels of social network ties. To measure personal experiences with COVID-19, we also asked about whether or not respondents were diagnosed with COVID-19 by a doctor or health care provided and whether or not they were hospitalized.

We analyze the 697 respondents from our sample (over 99%) that had complete data for all study questions. Analysis included chi-square tests to evaluate group differences in outcomes, as well as multiple regression to estimate conditional associations with the use of religion/spirituality to understand and to cope with the COVID-19 pandemic among the LGBTQ+ population. Conditional associations are not causal effects, but the models may

nevertheless identify salient characteristics for clinical treatment decisions—or indicate factors that may be less useful than commonly thought. Including measures of individual race/ethnicity partially detects differences resulting from racism, some of which will be mediated by income, education, and other factors. We further include race/ethnicity because of the differences in religiosity by racial/ethnic origin in the United States (Pew Research Center, 2015).

We use linear probability models for our regression analyses for ease of coefficient interpretation. The two major concerns with the linear probability model are heteroskedasticity and predictions beyond the 0 to 1 range of plausible probability. We use robust standard error to help address heteroskedasticity. In addition, a small share of observations—about 1 percent or less for the majority of our models—have predicted probabilities outside the 0 to 1 range. Our findings are also consistent with alternative analyses using logistic regression (not shown), which further eases concerns with the linear probability model. All analyses are unweighted.

Limitations

This study had several limitations. Although the Qualtrics Online Panel can be sampled to be nationally representative of all U.S. adults, our diverse national sample of LGBTQ+ adults is not nationally representative of all LGBTQ+ individuals. For example, we set minimum quotas for non-White respondents; respondents with low, middle, and high incomes; and respondents that report being religious/spiritual to ensure adequate statistical power to answer some of our key research questions. We include these variables in our regression models, but estimates should be considered representative of our sample only and not necessarily nationally representative. In addition, although many of the measures used in this study were selected from Census materials or other verified scales/indices, some were devised for this study alone and/or included self-identification and reports from participants, which could impact comparison with

other, similar studies. Finally, omitted variable bias is a potential issue for estimates from any observational study. We attempted to include a number of theoretically relevant covariates we were able to measure, but estimates should be treated as (adjusted) associations only and not interpreted as causal effects.

Results

Table 1 presents summary statistics for the variables in our analysis. Of the 697 respondents, 392 (56%) identified as somewhat, very, or extremely religious; and 546 (78%) as somewhat, very, or extremely spiritual. Because our primary interest is in whether LGBTQ+ adults use their faith or spirituality to understand and cope with the COVID-19 pandemic, we combine these two questions into a single variable measuring the degree of an individual's religiosity or spirituality. This is an ordinal variable taking on the highest rank of religiosity or spirituality an individual reports. For example, an individual reporting being somewhat religious but very spiritual would be coded as very religious or spiritual. In our sample, only 123 respondents (18%) said they were not at all religious or spiritual. By contrast, 307 (44%) report being somewhat, but not very/extremely, religious or spiritual; and 267 (38%) report being very/extremely religious or spiritual.

Across all respondents, roughly one-third report never praying, one-quarter report praying occasionally, and two-fifths report praying weekly or more. Prayer frequency varies significantly by religiosity and spirituality ($p < 0.001$; not shown in table). Among the 574 respondents who identified as at least somewhat spiritual or religious, 275 (48%) reported praying weekly or more, 168 (29%) pray monthly or a few times per year, and 131 (23%) never pray. Meanwhile, among the 123 respondents who report being not at all religious or spiritual, approximately 85 percent report never praying.

Table 1. Summary Statistics for Analytic Sample (n = 697)

	Count	%	Mean	SD
Dependent Variables				
Use R/S to Understand COVID-19:				
Moderate or more	295	42		
Little to none	402	58		
Use R/S to Cope with COVID-19:				
Moderate or more	303	43		
Little to none	394	57		
Religiosity/Spirituality & Prayer				
Religious/Spiritual:				
Not at all (ref.)	123	18		
Somewhat	307	44		
Very	267	38		
Prayer Frequency:				
Never (ref.)	235	34		
Occasionally	179	26		
Weekly or more	283	41		
Demographics				
Age:			32	12
18-24 (ref.)	225	32		
25-34	235	34		
35-49	163	23		
50-76	74	11		
Race/ethnicity:				
White (ref.)	286	41		
Black	144	21		
Hispanic	127	18		
Asian	65	9		
American Indian and Alaskan Native (AIAN)	10	1		
Biracial or multiracial	65	9		
Gender identity:				
Female (ref.)	420	60		
Male	172	25		
Non-binary/other	88	13		
Transgender	17	2		
Sexual orientation:				
Bisexual (ref.)	317	45		
Gay	128	18		
Lesbian	105	15		
Pansexual	57	8		
Asexual	32	5		
Other	58	8		
Urbanicity:				
Urban (ref.)	638	92		
Rural, large	36	5		
Rural, small	23	3		
Education				
< HS diploma	36	5		

HS diploma (ref.)	168	24		
Some college / AA	283	41		
BA+	210	30		
Income:				
< $10,000 (ref.)	109	16		
$10,000-30,000	194	28		
$30,000-75,000	196	28		
> $75,000	198	28		
Social & COVID-19				
Loneliness			6	2
Social network index:				
Low	221	32		
Moderate (ref.)	313	45		
High	163	23		
COVID-19 (self)				
No (ref.)	575	83		
Yes, not hospitalized	90	13		
Yes, hospitalized	32	5		
COVID-19 (family/HH)				
No (ref.)	413	59		
Yes, not hospitalized	81	12		
Yes, hospitalized/died	203	29		

The survey asked adult LGBTQ+ respondents to report how their beliefs changed during the pandemic and whether or not their beliefs were important in understanding and coping with the pandemic. Among adults identifying as at least somewhat religious or spiritual, nearly half reported their faith or spirituality changing during the pandemic–33 percent reporting it became more important and 12 percent reporting it became less important. Among adults that do not identify as religious or as spiritual, essentially all respondents said their faith or spirituality was unchanged (20%), declined in importance (11%), or that the question did not apply to them (67%).

In addition to changes in beliefs during the pandemic, the survey asked about use of personal faith and spirituality to understand the COVID-19 pandemic. A little more than two-fifths of all individuals use their faith or spirituality to help them understand COVID-19. A chi-square test indicates that use of faith or spirituality to understand COVID-19 varied significantly

by individual's religiosity/spirituality ($p < 0.001$). Of those that do not identify as religious or spiritual, just 8.9 percent report using faith or spirituality a moderate amount or more to understand the COVID-19 pandemic. By contrast, 35.8 and 65.2 percent of those that are somewhat and very religious/spiritual report using their faith or spirituality to understand the pandemic, respectively. There was also an association between the frequency of prayer and the use of personal faith or spirituality in understanding the pandemic ($p < 0.001$). Among those who never pray, pray occasionally, and pray weekly or more, 11.1 percent, 40.2 percent, and 69.6 percent of individuals reported using their faith/spirituality to understand the pandemic a moderate amount or more, respectively.

Moving beyond simply *understanding* the pandemic, we also explore use of religion or spirituality to *cope with* the pandemic. Respondents generally have the same value on both dichotomous variables, though they are not duplicative. One in seven respondents has different values for these two dependent variables. As with understanding the pandemic, chi square analyses also reveal significant variation in use of faith or spirituality to cope with (i.e. endure or manage stressors related to) the COVID-19 pandemic by both degree of individual religiosity/spirituality ($p < 0.001$) and prayer frequency ($p < 0.001$). Among individuals that are not at all religious or spiritual, just 6.5 percent relied on religion or spirituality to cope with COVID-19. Somewhat and very religious/spiritual individuals used religion/spirituality to cope with the pandemic at much greater rates (35.5% and 69.7%, respectively). Among LGBTQ+ adults who never pray, pray occasionally, and pray weekly or more, 11.5 percent, 38.5 percent, and 73.1 percent use faith or spirituality to this end, respectively.

In sum, bivariate analyses reveal that those who are religious and/or spiritual and those who pray more often were much more likely to rely on personal faith or spirituality to understand

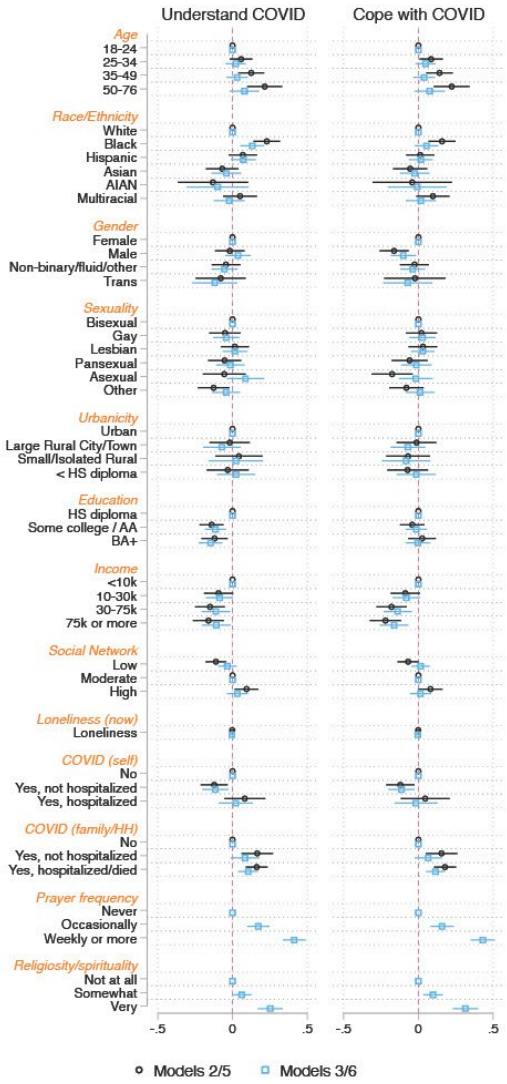
and to cope with the COVID-19 pandemic. Recognizing the complex web of correlations between our variables, however, we now proceed to a regression framework to better understand the key factors explaining how LGBTQ+ individuals used their religion or spirituality during COVID-19.

Appendix Table A1 presents the results of our linear probability models analyzing whether LGBTQ+ individuals used their faith or spirituality to help them understand the COVID-19 pandemic. Model 1 includes only social and economic demographic variables as predictors and can explain roughly 10 percent of the variation in use of faith or spirituality to understand COVID-19. Adjusting for other covariates, older individuals and Black individuals were more likely to use religion/spirituality to understand COVID-19, whereas higher-income individuals and those with at least some college education were less likely to use religion/spirituality for understanding COVID-19. The association between race/ethnicity and using religion/spirituality for understanding COVID-19 is essentially unchanged in models omitting socioeconomic variables or all non-race/ethnicity covariates, suggesting that socioeconomic differences by race/ethnicity do not mediate the relationship.

Model 2 adds variables measuring individuals' social networks, loneliness, and pandemic experiences to Model 1, explaining roughly 16 percent of the total variation in use of religion or spirituality to understand COVID-19. The associations between individual demographics and outcome in Model 1 are essentially unchanged. Thus, for parsimony we omit the regression estimates from Model 1 in Figure 1, which presents the adjusted associations between all independent variables and outcome. Associations can be interpreted as the expected percentage point change in the probability an individual will use their faith/spirituality to understand the COVID-19 pandemic. For example, Model 2 finds that compared to White respondents, Black

respondents were 22.9 percentage points more likely to use their religion/spirituality to understand the pandemic, adjusting for all other covariates. Other salient demographics include age, education, and income.

Figure 1. Regression Coefficients for Linear Probability Models of Using Faith/Spirituality to Understand COVID-19 (Models 2-3) and Cope with COVID-19 (Models 5-6)

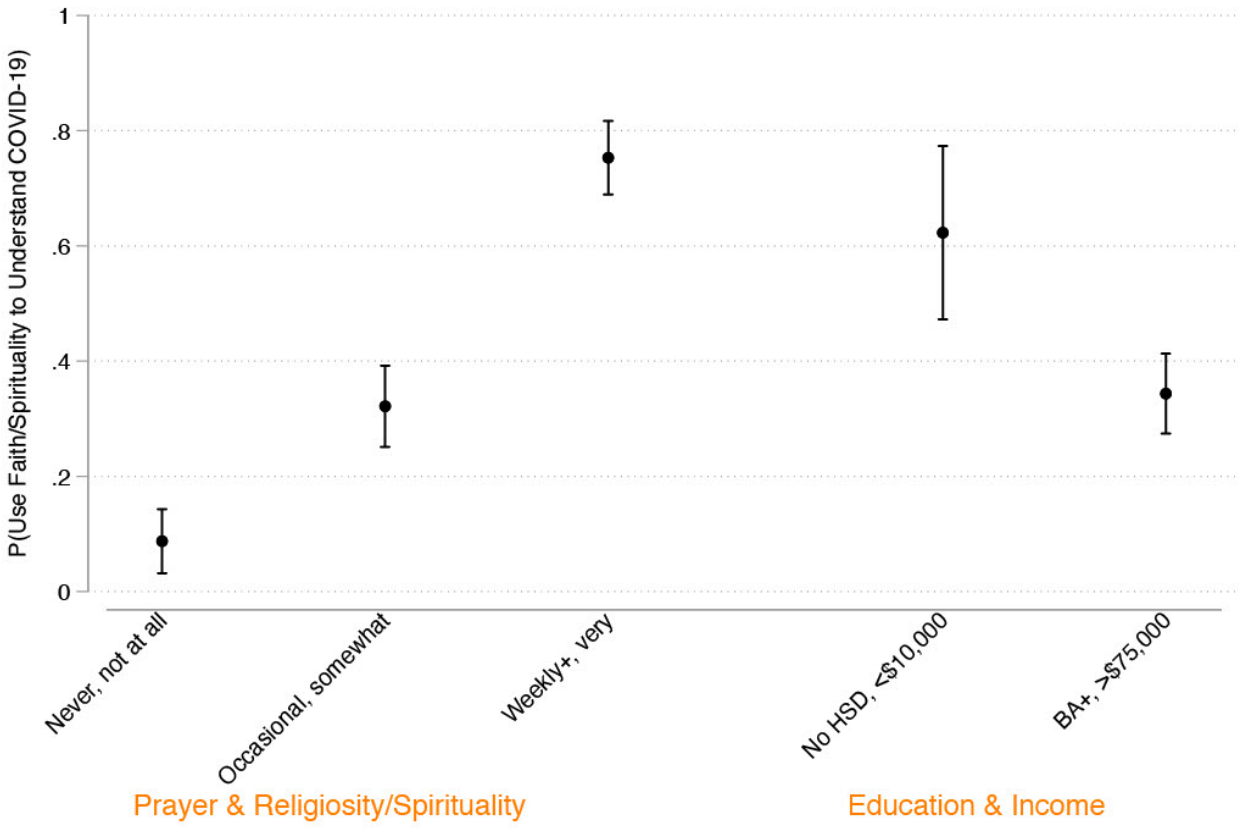


Note: Points represent regression coefficients, and error bars represent their 95 percent confidence intervals. Values for coefficients and errors appear in Appendix Table A1.

Among the social and COVID-19 experience variables added in Model 2, individuals with relatively small social networks were significantly less likely to use religion/spirituality to understand COVID-19. Compared to LGBTQ+ individuals reporting robust social networks, those with small networks were roughly 20 percentage points less likely to use their religion/spirituality for this purpose. In addition, individuals that contracted COVID-19 but were not hospitalized were significantly less likely to use religion/spirituality to understand the pandemic, but individuals whose family or household members contracted the virus–regardless of whether or not they were hospitalized or died–were more likely to use their religion/spirituality to this end.

Model 3 adds variables measuring an individual's prayer frequency and degree of religiosity or spirituality to Model 2. Differences in use of religion/spirituality to understand COVID-19 are quite large based on these two variables, and explanatory power more than doubles from Model 2. Model 3 explains 36 percent of the variation in use of faith or spirituality to understand COVID-19. Compared to LGBTQ+ individuals who never pray, those praying weekly or more are 41.3 percentage points more likely to use their religion/spirituality to help them understand the pandemic (see Figure 1). Compared to individuals who are not at all religious or spiritual, those reporting high levels of religiosity or spirituality are 25.3 percentage points more likely to use their religion/spirituality for this purpose. In addition, several of the statistically significant associations from Models 1-2 are no longer significant in Model 3.

Figure 2. Average Adjusted Predicted Probability of Using Faith/Spirituality to Understand COVID-19, at illustrative values of Salient Covariates



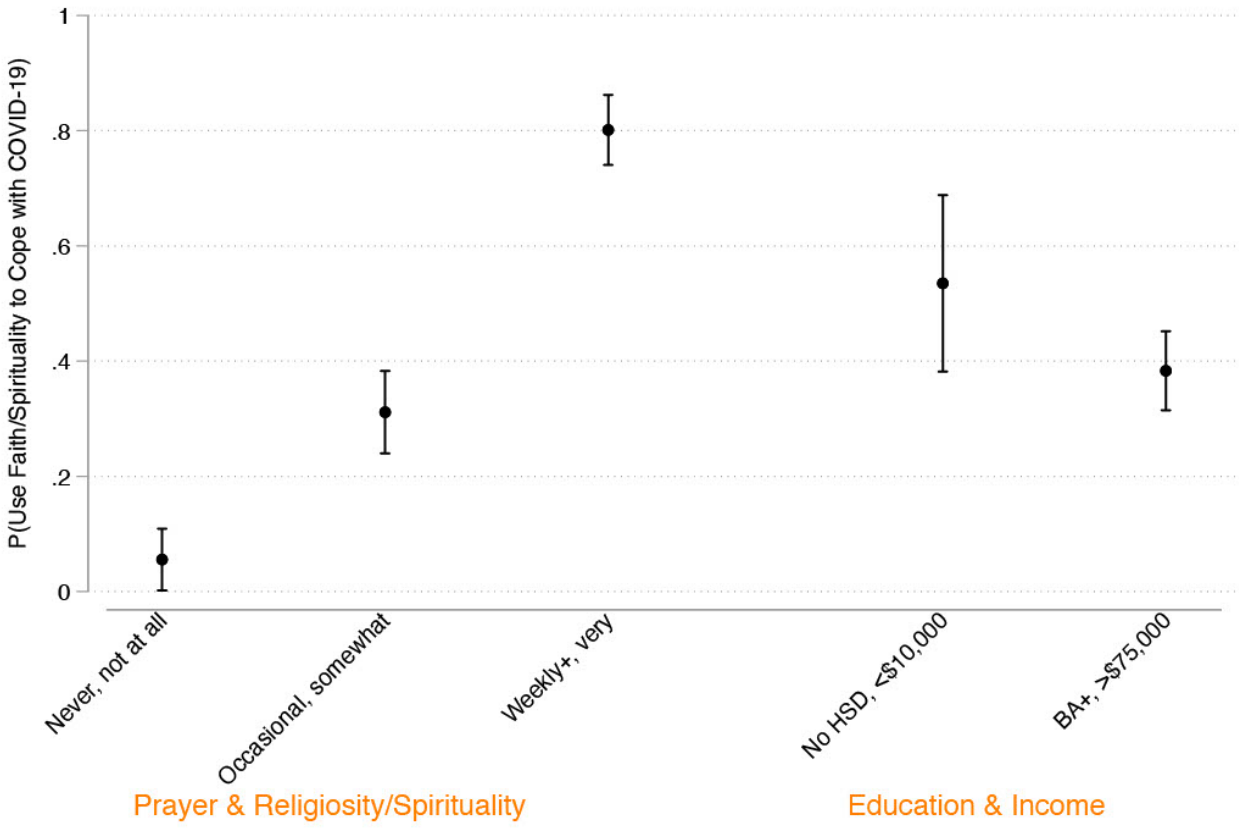
Note: Estimates based on results from regression model 3 (Appendix Table A1).

These results suggest that LGBTQ+ individuals' expressed prayer frequencies, religiosity, and spirituality are much more relevant than their socioeconomic demographics and social experiences for predicting whether or not they will use religion or spirituality to understand the pandemic. Figure 2 plots an individual's adjusted predicted probability of using faith/spirituality to understand COVID-19 at illustrative combinations of the prayer frequency and religiosity/spirituality variables, as well as the income and education variables, based on the estimates from Model 3. Holding all other covariates constant, individuals that never pray and that report being not at all religious/spiritual have just an 8.7 percent probability of using religion/spirituality to understand the pandemic, whereas individuals that pray frequently and are

highly religious/spiritual have a 75.3 percent probability of doing so. By contrast, the predicted probabilities of using religion/spirituality for this purpose for individuals with the lowest levels of education/income and those with the highest levels of education/income are 62.3 percent and 34.3 percent, respectively. The adjusted gap in use of religion/spirituality based on individuals' expressed prayer frequencies, religiosity, and spirituality is more than double that based on individuals' education and income.

Appendix Table A1 and Figure 1 also present the results of our linear probability models analyzing whether LGBTQ+ individuals used their faith or spirituality to help them cope with the COVID-19 pandemic. We observe very little difference in regression coefficients on demographic variables between Model 4, which excludes social and COVID-19 experience variables, and Model 5, which includes those variables. Thus, in Figure 1 we present the coefficients for only Models 5 and 6 for parsimony. The pattern of findings for LGBTQ+ individuals' use of religion or spirituality to cope with COVID-19 is generally similar to those for understanding COVID-19. There are, however, a few differences. Education is not a statistically significant predictor of use of religion/spirituality to cope with the pandemic, and Models 4-5 suggest that men are less likely than women to use religion/spirituality to this end.

Figure 3. Average Adjusted Predicted Probability of Using Faith/Spirituality to Cope with COVID-19, at illustrative values of Salient Covariates



Note: Estimates based on results from regression model 6 (Appendix Table A1).

Once we include individuals' expressed prayer frequencies and degrees of religiosity/spirituality in Model 6, the gender difference—men moderately less likely to use religion or spirituality to cope with COVID-19—becomes only marginally statistically significant. We do not see significant differences by age or race/ethnicity in Model 6. Again, prayer frequency and religiosity/spirituality are the key predictors. Model 6 explains nearly three times the variation in use of religion/spirituality to cope with COVID-19 that is explained by Model 5. Figure 3 plots adjusted predicted probabilities of using faith/spirituality to cope with COVID-19 at illustrative combinations of the prayer frequency and religiosity/spirituality variables, as well as the socioeconomic variables. Adjusting for other covariates, individuals who

never pray and who report being not at all religious/spiritual have just a 5.5 percent probability of using religion/spirituality to cope with the pandemic, whereas individuals who pray frequently and are highly religious/spiritual have a 80.1 percent probability of doing so. This is not surprising, given that prayer frequency is one of the key measures of religiosity used in the literature (Pew Research Center, 2015). This gap of roughly 75 percentage points based on prayer frequency and religiosity/spirituality is nearly five times the adjusted gap between lowest education/income and highest education/income individuals. Other demographic factors, such as sexual orientation and urbanicity, are not statistically significant.

Discussion

This study examined the role of faith and spirituality in how LGBTQ+ people dealt with the COVID-19 pandemic. Although the LGBTQ+ population has historically had mixed experiences with religious organizations, many LGBTQ+ people continue their faith and spirituality on a personal level or with affirming religious organizations (Dakin et al., 2021; Gandy et al., 2021; Levy, 2019).

During the COVID-19 pandemic, many people turned to their personal faith and/or religious communities for support, comfort, and coping. This was true also for LGBTQ+ people. Our findings show that large majorities of our sample who identified as very religious or spiritual or who prayed weekly or more often used their faith or spirituality to understand and cope with the COVID-19 pandemic. Even a sizable minority of individuals identifying as only somewhat religious or praying a few times a year to once a month used their faith or spirituality to understand and cope with the COVID-19 pandemic.

For roughly 28 percent of individuals in our sample of LGBTQ+ adults in the United States, their faith or spirituality also became more important to them during the COVID-19

pandemic. This aligns with research on other populations such as people living in Arab countries whose spirituality significantly increased during the pandemic (Kira et al., 2022) as well as a study of Google searches from approximately 100 countries showing an increase in searches related to prayer during the pandemic (Bentzen, 2021). Further, religious coping has been linked to various mental health outcomes during the COVID-19 pandemic including coping with health anxiety (Mahmood et al., 2021), decreasing the risk of depression and anxiety symptoms (Achour et al., 2021; Counted et al., 2022; Saud et al., 2021; Serfaty et al., 2021; Zarrouq et al., 2021), higher adversarial growth (Yeung et al., 2022; Zhang et al., 2021), and improving the well-being of adults with chronic health conditions or disabilities (Umucu et al., 2020).

Although identification as religious or spiritual and frequency of prayer were by far the most significant factors in LGBTQ+ individuals using religion or spirituality to cope with and understand the pandemic, some other demographic factors were also significant in one or more models: race, age, income, education, social networks, and personal or family diagnosis of COVID-19. Some of these demographic factors have been discussed in the literature, particularly race and age. For example, researchers have reported that racial and ethnic minorities have relied on religious/spiritual coping strategies or found religion to be more important during the COVID-19 pandemic (Davis et al., 2021; Parker et al., 2021). In examining older adults, the literature suggests that they may focus more on their spiritual needs and faith-based practices than younger individuals, and that these supports may assist older adults with coping during the pandemic (Kroll et al., 2021). Further, those with lower levels of religious coping and spiritual well-being have more anxiety about death during the COVID-19 pandemic (Rababa et al., 2021). Regarding education, income, and social networks, it may be that those who have more resources and support based on their education, income, and networks may rely less on spirituality and

religion. Given the isolation and loneliness often faced by LGBTQ+ individuals (Woody, 2014), future research should examine social networks in more depth.

Implications for Practice

The findings of this study have significant implications for social workers and other helping professionals who work with LGBTQ+ individuals. It is important for practitioners to avoid assumptions based on the somewhat tumultuous history that some faith-based institutions have had with LGBTQ+ populations. In fact, despite hearing homophobic and transphobic rhetoric from some religious organizations, the literature shows how many LGBTQ+ individuals find support in their own personal faith (Alessi et al., 2021; McCann et al., 2020; Schmitz & Woodell, 2018).

There are several recommendations for practice based on the results of this study as well as the existing literature. First, using a person-centered approach, helping professionals can assess their clients' religious and spiritual beliefs to determine whether or not their beliefs and/or behaviors such as prayer are more or less likely to help them in understanding and coping with the COVID-19 pandemic. Spiritual and religious assessments such as those outlined by Hodge (2003) may be useful. Although some demographics like age, race/ethnicity, education, and income are associated with use of religion or spirituality to understand and cope with COVID-19, many of these associations decline in magnitude or become statistically insignificant when we account for individuals' stated religiosity, spirituality, and prayer frequency. In short, demographic-based predictions will be much less accurate than predictions based on relevant faith and spirituality traits.

In addition, social workers and others should have a good working knowledge of the spiritual and faith-based resources in their communities, particularly those that are welcoming

and supportive of LGBTQ+ individuals. Practitioners with this knowledge are well positioned to refer clients to preventive and supportive faith-based interventions, such as in-person or online prayer and support groups. Not only will such groups support clients' religious coping, but they will also connect them with a community during a time when many are feeling isolated and lonely (Kroll et al., 2021). However, it is important for practitioners to understand the nuances of self-proclaimed "welcoming" faith communities that might, in practice, be less-than-supportive of the LGBTQ+ people in their communities (Gandy et al., 2021). A practitioner should use caution when selecting faith-based resources in their communities by doing research ahead of time to determine the nature of interactions with and beliefs towards LGBTQ+ people.

It is important to note that even though religion and spirituality can be a source of strength in difficult times, some individuals may also blame or express anger towards their higher power. Research has examined the difference between positive religious coping (seeking support from religion or a higher power) and negative religious coping (feeling abandoned by a higher power) and found that negative religious coping was more often linked with higher rates of depression, anxiety, and COVID-19 related suffering (Cowden et al., 2021; DeRossett et al., 2021; Mahamid & Bdier, 2021). Indeed, there are both upsides and downsides to religious coping as it pertains to mental health and behavioral outcomes during the COVID-19 pandemic (Geppert & Pies, 2020; Kranz et al., 2020). These nuances are important for social workers, counselors, and helping professionals to understand when working with LGBTQ+ populations.

Finally, although prayer frequency and religiosity/spirituality are the key predictors in this study–explaining roughly double the variation in use of religion/spirituality to cope with COVID-19 that is explained by all other variables combined–it is still important for practitioners

to consider the intersectional disparities faced by LGBTQ+ people of color and older adults. For those who are also people of faith, religious coping may be especially important.

Conclusions

This is one of the first national studies focused on the experiences of LGBTQ+ individuals during the COVID-19 pandemic and, to our knowledge, the first to report on religious and spiritual data. Findings indicate that LGBTQ+ respondents who pray frequently and who identify as religious or spiritual are more likely to rely on their religion and spirituality to understand and cope with the COVID-19 pandemic. Religious coping and faith-based interventions may be especially helpful for these individuals. Social workers and faith leaders serving these individuals should take care to avoid making assumptions about their experiences, utilize a person-centered approach, and be familiar with community resources. As the COVID-19 pandemic continues and as LGBTQ+ individuals experience other stressors in their lives, religion and spirituality can be critical protective factors. Future research should continue to examine the impact of religion and spirituality for LGBTQ+ individuals who are experiencing stress, and examine whether or not the findings of this study might generalize to situations beyond the COVID-19 pandemic.

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Appendix Table A1. Linear Probability Models of Using Personal Faith/Spirituality to Understand COVID-19 (Models 1-3) and Cope with COVID-19 (Models 4-6)

Appendix Table A1. Linear Probability Models of Using Personal Faith/Spirituality to Understand COVID-19 (Models 1-3) and Cope with COVID-19 (Models 4-6)

	Understanding COVID-19			Cope with COVID-19		
	Model 1	Model 2	Model 3	Model 4	Model 5	Model 6
Demographics						
Age:						
18-24 (ref.)	--	--	--	--	--	--
	--	--	--	--	--	--
25-34	0.0423	0.0567	0.0218	0.0699	0.0850†	0.0477
	(0.046)	(0.045)	(0.041)	(0.048)	(0.047)	(0.040)
35-49	0.104†	0.125*	0.0305	0.122*	0.141**	0.0388
	(0.054)	(0.052)	(0.043)	(0.055)	(0.054)	(0.044)
50-76	0.158*	0.216**	0.0796	0.171*	0.223**	0.0754
	(0.071)	(0.071)	(0.059)	(0.072)	(0.073)	(0.062)
Race/ethnicity:						
White (ref.)	--	--	--	--	--	--
	--	--	--	--	--	--
Black	0.277***	0.229***	0.132**	0.204***	0.158**	0.0541
	(0.053)	(0.054)	(0.048)	(0.054)	(0.055)	(0.048)
Hispanic	0.0956†	0.0689	0.0721	0.0423	0.0125	0.0165
	(0.057)	(0.057)	(0.051)	(0.057)	(0.058)	(0.048)
Asian	-0.0369	-0.0690	-0.0413	-0.0254	-0.0550	-0.0249
	(0.067)	(0.066)	(0.060)	(0.070)	(0.069)	(0.060)
AIAN	-0.106	-0.131	-0.1000	-0.0175	-0.0410	-0.0080
	(0.167)	(0.142)	(0.126)	(0.171)	(0.161)	(0.119)
Multiracial	0.0650	0.0506	-0.0218	0.113	0.0970	0.0164
	(0.071)	(0.068)	(0.063)	(0.069)	(0.067)	(0.060)
Gender identity:						
Female (ref.)	--	--	--	--	--	--
	--	--	--	--	--	--
Male	-0.0279	-0.0181	0.0366	-0.171**	-0.163**	-0.101†
	(0.061)	(0.059)	(0.052)	(0.059)	(0.059)	(0.052)
Non-binary/other	-0.0289	-0.0439	-0.0539	-0.0124	-0.0261	-0.0384
	(0.059)	(0.058)	(0.053)	(0.061)	(0.058)	(0.050)
Trans	-0.0500	-0.0789	-0.119	-0.000309	-0.0235	-0.0718
	(0.111)	(0.101)	(0.091)	(0.128)	(0.124)	(0.100)
Sexual orientation:						
Bisexual (ref.)	--	--	--	--	--	--
	--	--	--	--	--	--
Gay	-0.0516	-0.0498	-0.0419	0.0177	0.0206	0.0270
	(0.066)	(0.064)	(0.054)	(0.063)	(0.063)	(0.053)
Lesbian	-0.00687	0.0158	0.0157	0.0144	0.0306	0.0294
	(0.057)	(0.056)	(0.050)	(0.058)	(0.058)	(0.047)

Pansexual	-0.0463	-0.0531	-0.0145	-0.0464	-0.0587	-0.0140
	(0.069)	(0.067)	(0.057)	(0.072)	(0.072)	(0.062)
Asexual	-0.0251	-0.0553	0.0868	-0.150†	-0.176*	-0.0170
	(0.091)	(0.087)	(0.075)	(0.086)	(0.083)	(0.068)
Other	-0.112†	-0.126*	-0.0433	-0.0666	-0.0804	0.0112
	(0.066)	(0.064)	(0.057)	(0.071)	(0.069)	(0.058)
Urbanicity:						
Urban (ref.)	--	--	--	--	--	--
	--	--	--	--	--	--
Rural, large	-0.0279	-0.0187	-0.0710	-0.0179	-0.0119	-0.0703
	(0.085)	(0.082)	(0.076)	(0.081)	(0.081)	(0.070)
Rural, small	-0.0217	0.0426	0.0229	-0.121	-0.0691	-0.0818
	(0.095)	(0.096)	(0.110)	(0.092)	(0.089)	(0.098)
Education						
< HS diploma	-0.0711	-0.0323	0.0238	-0.103	-0.0719	-0.0147
	(0.089)	(0.085)	(0.077)	(0.087)	(0.082)	(0.079)
HS diploma (ref.)	--	--	--	--	--	--
	--	--	--	--	--	--
Some college / AA	-0.140**	-0.140**	-0.115**	-0.0422	-0.0413	-0.0139
	(0.050)	(0.048)	(0.042)	(0.050)	(0.049)	(0.043)
BA+	-0.102†	-0.120*	-0.147**	0.0378	0.0249	-0.00382
	(0.055)	(0.053)	(0.048)	(0.056)	(0.056)	(0.050)
Income:						
< $10,000 (ref.)	--	--	--	--	--	--
	--	--	--	--	--	--
$10,000-30,000	-0.0798	-0.0937	-0.0863	-0.0761	-0.0872	-0.0804
	(0.060)	(0.059)	(0.055)	(0.061)	(0.060)	(0.055)
$30,000-75,000	-0.141*	-0.151*	-0.111†	-0.173**	-0.180**	-0.138*
	(0.062)	(0.060)	(0.057)	(0.062)	(0.061)	(0.057)
> $75,000	-0.131*	-0.161*	-0.109†	-0.196**	-0.220***	-0.163**
	(0.064)	(0.062)	(0.058)	(0.064)	(0.064)	(0.058)
Social & COVID-19						
Loneliness		-0.00199	-0.00425		-0.00132	-0.00420
		(0.009)	(0.008)		(0.009)	(0.008)
Social network index:						
Low		-0.111**	-0.0344		-0.0688	0.0140
		(0.042)	(0.038)		(0.042)	(0.037)
Moderate (ref.)		--	--		--	--
		--	--		--	--
High		0.0939†	0.0332		0.0810†	0.0139
		(0.048)	(0.043)		(0.048)	(0.043)
COVID-19 (self)						
No (ref.)		--	--		--	--
		--	--		--	--
Yes, not hospitalized		-0.123*	-0.116*		-0.121*	-0.114*
		(0.054)	(0.053)		(0.058)	(0.053)
Yes, hospitalized		0.0818	0.0218		0.0453	-0.0166
		(0.084)	(0.069)		(0.099)	(0.087)
COVID-19 (family/HH)						
No (ref.)		--	--		--	--
		--	--		--	--

Yes, not hospitalized		0.165**	0.0833		0.155*	0.0657
		(0.063)	(0.059)		(0.064)	(0.056)
Yes, hospitalized/died		0.162***	0.105**		0.178***	0.114**
		(0.044)	(0.040)		(0.044)	(0.038)
Religiosity & Prayer						
Religious/Spiritual:						
Not at all (ref.)			--			--
			--			--
Somewhat			0.0616			0.0982*
			(0.039)			(0.039)
Very			0.253***			0.315***
			(0.051)			(0.051)
Prayer Frequency:						
Never (ref.)			--			--
			--			--
Occasionally			0.173***			0.158***
			(0.045)			(0.047)
Weekly or more			0.413***			0.431***
			(0.046)			(0.048)
Constant	0.521***	0.511***	0.219*	0.503***	0.474***	0.146†
	(0.074)	(0.097)	(0.088)	(0.074)	(0.098)	(0.086)
R^2	0.103	0.159	0.361	0.0921	0.136	0.381

† $p < 0.10$, * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

Robust standard errors in parentheses. N = 697 for all models.