



Getting a Little Help from My Friends: Aversive Internal Experience and Social Support among LGBTQIA+ Individuals During the COVID-19 Pandemic

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INTRODUCTION

Recent studies suggest that individuals in the LGBTQIA+ community are less likely to have access to healthcare than individuals outside of the community [1]. Barriers to accessing care include a lack of financial resources to pay for services, logistical concerns like long wait times or an inability to leave work or school, pre-existing conditions like HIV or other serious medical conditions, gaps in physician training to handle specific LGBTQIA+ issues, and a lack of community support for specific LGBTQIA+ needs [2, 3]. Further, people in this community are likely to struggle with and are at increased risk for chronic diseases as well as various health issues related to mental health (such as suicidal ideation, depression, or anxiety) or socioeconomic status (such as substance use, intimate partner violence, or sexual assault) [3, 4]. Research suggests that these LGBTQIA+ individuals are more likely to experience symptoms of health anxiety, which describes individuals with high levels of concern about their health and bodies, and as a result may be fearful to seek treatment for mental or physical health conditions [5].

Experiences of health-related anxiety and social isolation/loneliness are especially relevant during the COVID-19 pandemic. Higher levels of anxiety and loneliness may place people at increased risk of serious medical/ psychological conditions and illnesses, which increases vulnerability to the COVID-19 virus [5, 6]. Research has found that social support and feelings of connection to others have been shown to mitigate negative effects of isolation and health anxiety [7]. This is especially important for people in the LGBTQIA+ community, within which many already struggle with physical and emotional isolation from others [2]. Thus, the purpose of this study was to examine the role of LGBTQIA+ identity as it relates to symptoms of health anxiety, loneliness, and social support during the COVID-19 pandemic.

METHOD

❖ **Participants:** The study included LGBTQIA+ (n=20) and non-LGBTQIA+ (N= 73) participants recruited for an online survey study when COVID-19 was declared a pandemic and “stay-at-home” orders implemented. Approximately half (50.5%) of participants were between 25-34 years old, with the majority of the sample identifying as White (88.2%) and female (77.4%).

❖ **Study Measures:**

- ❖ Multidimensional Scale of Perceived Social Support [MSPSS; Zimet et al., 1988]
- ❖ Health Anxiety Inventory [HAI; Salkovskis et al., 2002]

Table 1. Mean score comparisons by sexual orientation

	LGBTQIA+ Mean (SD)	Heterosexual Mean (SD)	t Value	p Value
Well-being Total	6.14 (1.61)	6.98 (1.56)	1.57	ns
Loneliness	5.59 (2.49)	3.55 (2.83)	-2.50	.015
Social Support Family	3.91 (1.64)	5.62 (1.28)	4.68	.000
Health Anxiety Total	18.69 (7.29)	13.41 (8.58)	-2.07	.042
Social Support Significant Other	4.87 (2.06)	5.97 (1.33)	2.74	.008

Table 2. Bivariate Correlations of scores in LGBTQIA+ subsample

	Loneliness	Social Support Family	Health Anxiety Total	Social Support Significant Other
Well-being Total	-.722*	.141	-.449	.041
Loneliness		.143	.262	.183
Social Support Family			-.036	.282
Health Anxiety Total Score				.367
Social Support Significant Other				

NOTE: *p < .05

RESULTS

- ❖ When compared to those in our sample who identify as heterosexual, LGBTQIA+ participants scored appreciably higher on Health Anxiety [t(75) = -2.07, p = .042] and Loneliness [t(78) = -2.45, p=.015] scales, and lower were found with Social Support from Family [t(87) = 4.67, p<.001] and Significant Other [t(87) = 2.09, p=.04]. Mean and standard deviations presented in Table 1.
- ❖ Although the subsample size of LGBTQIA+ participants was small there were some intercorrelations worth noting. See Table 2.
 - ❖ Social Support from a Significant Other, from Friends, and from Family were all positively related
 - ❖ Loneliness and Health Anxiety (total score) were each inversely related to Well-being scores

DISCUSSION

Findings suggest that individuals in the LGBTQIA+ community are more likely to experience negative symptoms of health anxiety and loneliness. Loneliness, exacerbated by periods of isolation during the COVID-19 pandemic, may be related to both aversive internal and physical health experiences. Loneliness is also negatively associated to individuals' wellbeing, indicating that this is an issue many LGBTQIA+ individuals struggle with and may serve as a moderator of mental health [8]. Particularly in young individuals and among older adults, feelings of loneliness are associated with chronic health conditions and psychological distress [9]. Results of the current study find that various types of social support (from a significant other, friends, family) are positively associated with each other, which identifies that support in one area may lead to or affect support in others.

Recorded levels of social support by survey respondents indicates a high level of perceived support from others close to individuals in the LGBTQIA+ community. The current study suggests that further assessment of specific effects of social support is necessary to determine the effect that support can provide to members of the LGBTQIA+ community. Findings supporting a need for connections to a significant other, friends, family, and others within communities warrants further investigation and support to improve individual quality of life.

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