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EXPLORING THE IMPACT OF LONELINESS AND ISOLATION ON THE MENTAL AND PHYSICAL HEALTH OF BLACK AND LATINO SEXUAL MINORITY MEN DURING AND AFTER THE COVID-19 PANDEMIC

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Exploring the Impact of Loneliness and Isolation on the Mental Health of Black and Latino Sexual Minority Men During and After the COVID-19 Pandemic

by  
Abel Rivas

THESIS  
Submitted in partial satisfaction of the requirements for degree of  
MASTER OF SCIENCE

in

Nursing

in the

GRADUATE DIVISION  
of the  
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

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by

Abel Rivas

## Acknowledgments and Dedications

I recognize this thesis culminates a milestone in my academic career, and I am responsible for considering the ways this knowledge is further disseminated. I have, therefore, tried my best to capture the narratives *in situ* as faithfully as possible with academic rigor and utmost care. My hope is that this thesis sparks empathy and curiosity or raises awareness of the impacts of loneliness and isolation on minoritized populations. I express my immense gratitude and debt to the Black and Latino/e/x men and people who participated in this study. Thank you for the trust and the experiences you all shared with the *Our Lives Matter* study team. This thesis stands on your shoulders.

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Rarely, if ever, are any of us healed in isolation. Healing is an act of communion.

—bell hooks, *All about Love: New Visions*

You once told me that the human eye is god's loneliest creation. How so much of the world passes through the pupil and still it holds nothing. The eye, alone in its socket, doesn't even know there's another one, just like it, an inch away, just as hungry, as empty.

—Ocean Vuong, *On Earth We're Briefly Gorgeous*

**Exploring the impact of loneliness and isolation on the mental and physical health of black and Latino/e/x sexual minority men during and after the COVID-19 pandemic**

**Abel Rivas**

**Abstract**

In 2023, loneliness was declared an epidemic by the United States Surgeon General. The COVID-19 pandemic further exacerbated this threat to public health. A review of the literature identified limited studies that explored the threat of loneliness among Black and Latino/e/x sexual minority men (BLSMM). The purpose of this study is to explore the experience of loneliness and isolation among BLSMM living in California and New York during the COVID-19 pandemic. In this qualitative descriptive study, we utilized in-depth, individual, semi-structured interviews as the primary source for data collection. Data were collected between August 2021 and December 2022 from 41 participants in California and New York. Interviews were recorded, transcribed verbatim, and analyzed using thematic content analysis. Participants ranged in age from 19-65 years. The majority described their gender as male (93%) with the remaining identifying as other. Black participants comprised the majority of the sample (73%), with Latine/o/xs accounted for 25%. The quarantine measures during the pandemic exacerbated loneliness among BLSMM. The impact of loneliness on mental health lingers and it is evident through participants' narratives on social anxiety and depression. Many engaged in virtual social gatherings to foster community; however, it proved difficult considering limited technological resources and the intrinsic need for physical contact and proximity. The desire for social and sexual intimacy was also an aspect that increased "high-risk behaviors," such as engaging in anonymous sex via apps. Participants also withdrew themselves from their social circles during the racial protests as it was a personally and socially painful time for many participants in the

study. In contrast, other participants found the pandemic was a time in which they could reconnect with their loved ones. Lastly, participants also appreciated the freedom of social isolation conditions as they were able to connect with nature or engage in personal reflection and enjoyed their sense of independence/autonomy; however, many still experienced loneliness. These findings suggest that BLSMM experience loneliness due to COVID-19 quarantine measures, which significantly impacted their mental health. Further research is needed to explore these issues and to identify potential interventions to



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## Introduction

Loneliness and isolation (LAI) are threatening to marginalized communities across the globe (Carnegie Endowment for International Peace, 2022; Office of the Surgeon General (OSG), 2023). In September 2024, at Harvard University, the 19<sup>th</sup> and 21<sup>st</sup> US Surgeon General, Dr. Vivek Murthy, in conversation with Sadhguru, underscored that the antidote to loneliness is social connection and a drive for a sense of fulfillment. During his first tenure as the 19<sup>th</sup> Surgeon General, Dr. Murthy argued that multisystemic changes are pivotal considering the detrimental implications of loneliness and isolation on our societal well-being and health (Murthy, 2023). In 2023, the Office of the Surgeon General (SOG) introduced the National Strategy for Social Connection Act and released an advisory on the warnings of LAI. Dr. Murthy, along with various field experts, agrees that COVID-19 pandemic magnified and exacerbated loneliness and isolation (LAI) and raised global awareness as the world experienced the impact of isolation measures and changes in our social infrastructure in an uncertain period.

The context of LAI is alarming, considering the paucity of research on the mental health impact on LGBTQIA+ in the contexts of natural disasters or global health crises (Gaillard et al., 2017; Salerno et al., 2020). However, recent research not only corroborates pre-pandemic research that LAI impacts geriatric populations but disproportionately impacts Black, Brown, Latino/e/x womxn, immigrants, young LGBTQIA+ people across the lifespan, and adolescents. To the best of this author's knowledge, the current literature focuses specifically on examining loneliness within the contexts of aging, social discrimination, and stigmatization of HIV among BLSMMs (Diaz et al., 2001; Greene et al., 2018; Han et al., 2017; Malika et al., 2024; Musich et al., 2015; Peterson et al., 2020; Yang et al., 2018). Building on emerging research in this area

(Bruss et al., 2024; Schumacher et al., 2024), this thesis explores the diverse narratives and the multifaceted dimensions of LAI during the context of the pandemic and its aftermath.

### ***Misconceptions and Nomenclature***

It is critical to start with a discussion on the difference between loneliness and isolation and appreciate that they are distinct phenomena. According to the National Academies of Sciences, Engineering, and Medicine (NASEM), one should avoid conflating these two terms (NASEM 2024; NASEM, 2020). *Loneliness* is the subjective feeling of disconnection, sadness or distress that results from a lack of meaningful relationships or social support. Loneliness is often a result of unmet social connection that leads to feelings of emptiness, sadness, and inadequacy. Loneliness may occur even in the presence of people and may be a result of rejection, stigma, social discrimination, bullying, lack of meaningful relationships, or excessive self-isolation (Office of the Surgeon General (OSG), 2023; Wilkinson, 2022). *Isolation*, on the other hand, is the physical condition of being removed from social interactions, which may be voluntarily or not, and may or may not lead to loneliness. For example, isolation was the result of the COVID-19 pandemic mitigation measures and can extend to relocation, general health and illness, mental health ailments, volatile immigration policies, austerity, war, gentrification, redlining, securitization of people and spaces, ecological destruction and displacement, climate change, and natural disasters (Emejulu & Bassel, 2024; Fuller-Rowell et al., 2024; Office of the Surgeon General (OSG), 2023; Wilkinson, 2022).

Different aspects of social connection, loneliness, and isolation have been studied, which has led to various keywords and understandings on social connection and loneliness across disciplines. Registers include social engagement, social capital, social participation, social relationships, social dislocation, subjective isolation, objective isolation, subjective loneliness,

objective loneliness, emotional loneliness, existential loneliness, positive loneliness, and solitude. Due to the multiplicities of terms and various perspectives, scholars argue that it is important for researchers to come to an agreement on how to define and measure social connection, loneliness, and isolation. As such, the key terms and definitions presented throughout this thesis are as defined under the 21st Surgeon General's 2023 Advisory, Centers for Diseases and Control (CDC; 2024), and the National Academy of Sciences, Engineering, and Medicine (NASEM) (Centers for Disease Control and Prevention, 2024; National Academies of Sciences, Engineering, and Medicine, 2024; National Academies of Sciences, Engineering, and Medicine et al., 2020; Office of the Surgeon General (OSG), 2023). To summarize in a few words, as the author of *Anatomy of Loneliness* writes, “loneliness is feeling alone, isolation is being alone” (Ozawa-de Silva, 2021).

To further demystify and appreciate the difference between loneliness and isolation, we should consider the following. First, extensive evidence corroborates that LAI is not always highly correlated (National Academies of Sciences, Engineering, and Medicine et al., 2020; Office of the Surgeon General (OSG), 2023). There is also evidence that indicates loneliness and isolation require different interventions and a one-size approach does not fit all. Most studies that provided these conclusions focus on cardiovascular disease (Office of the Surgeon General (OSG), 2023). However, researchers also argue that loneliness and isolation may have a synergistic relationship or additive effects on health outcomes (NASEM, 2020). NASEM, therefore, argues that LAI should continue to be examined independently and in tandem to understand the pathways in which they influence social connection and health outcomes (NASEM, 2020).

Before providing the following definitions, it is important to also mention that loneliness has been defined by various disciplines. While there is inconsistency in how loneliness is defined and measured in public health research, the rich perspectives and dialectical frameworks across anthropology, affect studies, psychology, and sociology have provided valuable insight into loneliness and isolation. It is through this engagement, that we may understand the various nuances of LAI. These are the definitions for reference, and this author will further explore these terms and LAI conceptually in the subsequent section and as appropriate in the discussion.

Definitions by the Surgeon General 2023 Advisory and National Social Connectedness Strategy Act:

1. Loneliness: A subjective distressing experience that results from perceived isolation or inadequate meaningful connections, where inadequate refers to the discrepancy or unmet need between an individual's preferred and actual experience.
2. Social Connection: A continuum of the size and diversity of one's social network and roles, the functions these relationships serve, and their positive or negative qualities.
3. Social Isolation: Objectively having few social relationships, social roles, group memberships, and infrequent social interaction.
4. Social Network: The individuals and groups a person is connected to and the interconnections among relationships. These "webs of social connections" provide the structure for various social connection functions to potentially operate.
5. Social Support: The perceived or actual availability of informational, tangible, and emotional resources from others, commonly one's social network

(OSG, 2023)

***Defining and Conceptualizing: Social Connection, Social Networks, Loneliness, and Isolation***

Social connection may broadly be defined as being integrated into a social network or relationship (Lee & Robbins, 1995; Zhao et al., 2022). A broader definition describes social connectedness as a spectrum encompassing the size and variety of an individual's social network and roles, the social function of these relationships, and their positive and negative qualities (OSG, 2023). (OSG, 2023). According to Dr. Julianne Holt-Lunstad, a renowned psychologist that studies social connection and LAI, there are three components to encompass the various

conceptual and measurement approaches in the literature: structural, functional, and quality (2018): (a) Structural aspects, indicate the existence of relationships and their roles; (b) functional aspects, a sense of connections that results from actual or perceived support or inclusion; and (c) qualitative aspects, the sense of connection to others that is based on positive and negative qualities

Additionally, social networks are defined as "individuals or groups that a person is connected to, which provides a structure for various social connection functions to potentially operate" (OSG, 2023). A definition of social networks that proves useful in this thesis is, "a set of relationships in which an individual is embedded, [that] provide critical resources and promote resilience during periods of crisis and uncertainty" (Perry et al., 2024). Furthermore, according to Perry et al., 2024, social networks fulfill human need for safety and security by fostering a sense of belonging, providing support, and promoting unity, all of which play a role in active and healthy coping.

Now, important to emphasize that loneliness is the discrepancy or disparity between an individual's preferred and their actual social relationships. (Peplau & Perlman, 1982). Further defined in the Surgeon General's advisory as "a subjective distressing experience that results from perceived isolation or inadequate meaningful connections, where inadequate refers to the discrepancy or unmet need between an individual's preferred and actual experience" (OSG, 2023). In essence, loneliness may be understood as a distressing internal state or feeling of experience of feeling alone, or 'dysphoria' due to feeling isolated regardless of an absent or robust social network (Cacioppo et al., 2015; Ozawa-de Silva, 2021; Ozawa-de Silva & Parsons, 2020; Weiss & Bowlby, 1980). Loneliness, however, is not just relational to humans, but also to the environment and non-human species. For example, people who have migrated or have



relocated to new places or people who develop strong ties with animals. Our sense of belonging is therefore tied to humans, non-humans, and the environment. Lastly before moving on, I would like to emphasize, Peplau and Perlman definition: loneliness does not manifest or materialize as a distressing emotion; it can also be rooted in one's perception of their social reality.

Isolation, on the other hand, is an objective measurement and maybe the 'external state' or a physical and social reality.' Isolation is, therefore, often the measure of the environment and frequency of contacts (OSG, 2023). Isolation, as defined by the Surgeon General advisory, is objectively having minimal social relationships, social roles, memberships, and infrequent social contacts (OSG, 2023). Scholars have long argued that isolation is harmful and that physical separation from others, for any reason, poses detrimental risks (Rubin et al., 2009; Rubin & Mills, 1988). Structural and environmental factors that influence social isolation include factors such as geographic barriers, socioeconomic status, mobility, and transportation, but also long distances between homes, medical facilities, schools, businesses, access to adequate housing, food deserts, and other community resources (NASEM, 2020).

### ***Loneliness and Isolation among BLSMM***

The 2023 Kaiser Family Foundation's (KFF) Racism, Discrimination, and Health Survey concludes that the prevalence of loneliness disproportionately impacts the physical and mental well-being of racial/ethnic groups (Schumacher et al., 2024). The highest rates in 2022 were among Black women, LGBTQ adults, and household incomes below \$40,000 (Schumacher et al., 2024). In the same study, across all racial/ethnic groups, adults between the ages of 18-29 report higher rates than older adults (Schumacher et al., 2024). One in five adults report feeling 'always' or 'often lonely,' and the rates are higher among Black adults (35%) in comparison to their counterparts, Latino/e/x (24%), Asian (22%), and White (33%) . However, among all

racial/ethnic groups, LGBTIA+ adults experienced loneliness at higher rates: Black (36%), Hispanic (32%), White (33%), however no results are available on Asian LBG TIA+ individuals due to sample size limitations (Schumacher et al., 2024). A separate 2024 study from the CDC indicates the disproportionate impact of loneliness is the following: Asian 32.0%, Black 36.4%, Latino/e/x 37.5%; in comparison to their white counterparts, which was 29% (Bruss et al., 2024).

The impact of loneliness has however long been established; however, a dearth of research is available on ethnic/racial populations. A 2001 study that focused on gay and bisexual Latino/e/x men discovered that loneliness and low self-esteem were strong indications of psychological distress (Diaz et al., 2001). Their findings conclude that homophobia, financial hardships, and racism were directly related to a sense of alienation and low self-esteem. There are fewer studies focusing on the impact of loneliness among Black or African Americans (Malika et al., 2024; Taylor et al., 2019). A 2019 study examined 2001-2003 data from the National Survey of American Life found that social isolation and loneliness are associated with increased psychological distress among African Americans/Black Americans (Taylor et al., 2019). The same study also included Black Caribbean individuals in order to "place [their] findings within the broader context of the Black population in the U.S." The study found that among Black Caribbeans, loneliness, but not isolation, increased psychological distress (2019).

Further research has also demonstrated that individuals living with chronic conditions, ranging from diabetes to HIV, are also vulnerable to isolation and loneliness (Beach et al., 2018; De Jesus et al., 2021; Malika et al., 2024; Taylor et al., 2019). Specifically, chronic health condition inequities are prevalent among communities of color (National Academies of Sciences, Engineering, and Medicine et al., 2017), and arguably, it is therefore not a coincidence that loneliness and isolation rampantly impact racialized LGBTQIA+ and non-LGBTQIA+

individuals as well. Scholars argue public health movements must work toward anti-racist praxis that incorporates critical race theory (CRT) into our understanding of racial and ethnic health disparities (Ford & Airhihenbuwa, 2010), which I discuss further next.

### ***Theory***

The parent study is informed by critical race theory (CRT) and the socioecological model (SEM). Both theories are discussed appropriately in the *Methods* section. However, I discuss it here as it pertains to this thesis. Critical race theory (CRT) examines the sociopolitical systems of unequal power that disadvantages people of color, specifically Black and Brown bodies, systematically and privileges whiteness as the dominant culture (Carbado et al., 2013; Crenshaw, 1991). CRT stems from critical legal studies and is grounded on social justice. Additionally, it thrives to thread and build upon knowledge across the social sciences to understand the social, racial, and political mechanisms at play. Therefore, this thesis builds upon concepts and theories outside the medical and public health sciences, and relies on psychology, nursing, law studies, history and human geography, anthropology, and sociology, racial/ethnic studies, feminism, and queer studies. By utilizing critical race theory, it may be possible to contextualize how systemic racism and structural violence engender feelings of loneliness, social disconnection or exclusion.

Scholars across the social sciences argue that loneliness labeled as an ‘epidemic’ is possibly misleading as it overlooks the historical, social, and institutional mechanisms that inflict loneliness and isolation insidiously upon people of color, women, and gender and sexual minorities in the US (Emejulu & Bassel, 2024; Wilkinson, 2022). Emejulu and Bassel et al., 2024, as such introduce a concept of “structural alienation,” which is upheld by white supremacy, capitalism, xenophobia, patriarchy, classism, queerphobia, and ableism]” (Emejulu & Bassel, 2024; Emejulu & Bassel, 2020). Structural alienation is then arguably reinforced

through social stigma, policing and surveillance, privatization of public spheres, discriminatory immigration policies, long and inadequate working hours, inaccessible health facilities and medical institutionalization, incarceration and exile of public life, digital citizenship barriers and inequities, environmental racism to name a few (Emejulu & Bassel, 2024; Klinenberg, 2019; Wilkinson, 2022). The current loneliness epidemic deserves attention from the narratives and experiences of BLSMM to further inform interventions while understanding that a one-size model or analysis does not encapsulate the microcosm of perspectives and experiences of isolation and loneliness among BLSMM.

Informed by the narratives of the participants of Our Lives Matter and my understanding of critical race theory, and conceptual and theoretical frameworks originating in anthropology and sociology, this writer argues that loneliness is normalized and naturalized in our everyday life the same way we breathe air—such that we un(consciously) internalize and take for granted the social systems, institutions, and structural forces that harm and dis/integrate social connection, collective healing, and quality of life. This is evident in the ways loneliness is lived, understood, and perceived. That ultimately, too, loneliness is a biopsychosocial phenomenon that cannot be reducible to a 'mental' or 'physical' manifestation, symptom, or dis/ease of the body politic. Loneliness and isolation are also byproducts of a world that has the capacity to make people feel seen, belong, loved, fulfilled, accepted, or not.

### **Statement of the Problem**

Pre-pandemic research established that individuals at highest risk are immigrants of color and LGBTQ aging groups (A. Gattamorta et al., 2022; Chang et al., 2021; OSG, 2023; Salerno et al., 2020), however, recent emerging evidence indicates that groups at highest risk are young adults, LGBTQ adolescents, and adults across all racial groups, disproportionately impacting

Black, Brown, and Latine/x populations (Bruss et al., 2024; Schumacher et al., 2024). However, a paucity of research on LAI exists among includes Black and Latino/e/x Sexual Minority Men (BLSMM). Therefore, this thesis is written with this spirit of inquiry. Research that explores narratives and experiences and the health impacts of loneliness and isolation is pivotal to informing public health interventions and providing insight into the social structures that require attention and change. Additionally, further research is needed to investigate the positive and negative effects of social connection, loneliness and isolation among Black, Brown, and Latino/e/x men.

## **Methods**

### ***Research Methodology and Design***

Qualitative research seeks to understand social phenomena and understand the “why” instead of “what.” This methodology is grounded and informed by the experiences of research participants and recognizes them as meaning-making agents in their everyday lives (Lincoln & Guba, 20; Speziale & Carpenter, 2003). A principle of qualitative research is to empower the voices and narratives of marginalized people. Building upon interpretive phenomenology, a qualitative methodology was utilized to understand and analyze BLMSM experiences and perspectives of loneliness and isolation and their impact during COVID-19 SIP. Interpretive phenomenology, a qualitative methodology (Ray, 1994), was adopted to explore and understand BLSMM experiences with COVID-19 loneliness and isolation. Phenomenology aims to understand a lived experience with a sense of “newness” to elicit rich and descriptive data (Carpenter, 2007). Through bracketing, one can set aside one’s beliefs, feelings, and perceptions to be more open to the phenomenon being studied (Colaizzi, 1978; Streubert & Carpenter, 1999). Furthermore, Bronfenbrenner’s socioecological model, in tandem with the Black-rooted

intersectional framework, reinforces our use of interpretive phenomenology to explore these complexities around BLMSM experiences (Bronfenbrenner, 2005; Crenshaw, 1991; Hill Collins, 2000). The SEM proves useful as it recognizes human experiences and behaviors are influenced by individual behaviors and external forces (i.e., interpersonal relationships, community, institution, political). Black feminist Intersectional theory, rooted in Black feminist thought and activism, complements the use of SEM as it critiques how power and privilege operate among different socio-demographic groups and provides a guide through which researchers can critically examine the political systems that have historically oppressed Black communities and communities of color.

### *Participants*

The study included a total of 44 participants between the ages of 19 to 66 ( $M=42$ ). Although all participants were assigned male at birth (AMAB), participants identified as male ( $n=41$ ), female ( $n=1$ ), or nonbinary ( $n=2$ ). Sexual orientation is as follows, gay ( $n = 27$ ), bisexual ( $n = 5$ ), heterosexual ( $n = 1$ ), and queer ( $n = 3$ ). Several participants omitted responses to their sexual orientation or reported 'other' ( $n=8$ ). Individuals were either from California ( $n = 23$ ) or New York ( $n = 21$ ). Participants racially identified themselves as Black or African descent ( $n=32$ ), Latino/e/x ( $n=11$ ), or did not identify a race ( $n=1$ ). Education backgrounds varied across the sample with the majority of samples holding an undergraduate degree ( $n=11$ ) or graduate degree ( $n=17$ ). The employment status varied with half the sample reporting employment and the remaining reported either unemployment or other ( $n=19$ ). Four individuals did not disclose their employment status. Although 44 individuals completed the study demographic and behavior survey via Qualtrics, only 41 individuals participated in individual interviews despite exhaustive efforts to contact three participants.] See **Table 1** for other participant demographics.

### ***Research Team Positionality***

The research team is composed of the following members: five nurse practitioner master's students, one medical student, a public health-trained research coordinator, and three doctoral-prepared researchers. Team members identify as the gay, bisexual, heterosexual, persona of trans experience, cisgender, genderqueer, and nonbinary. The study team also consisted of those who identify as African American, Afro-Caribbean, White, Latina/o/x, and of Middle Eastern descent.

The lead author of this manuscript identifies as Salvadoran and queer and is a UCSF family nurse practitioner candidate. Their personal experiences of loneliness and isolation in the United States, along with their clinical experiences serving marginalized communities in the Bay Area, has informed and fueled their interests and commitment to this thesis. Nonetheless, please note, researchers across the anthropological and social sciences argue that one may still engage objectively in research and center the narratives of those whose shoulders this study stands on (Adams et al., 2024; Beames et al., 2021).

Additionally, other scholars mention that considering the history and politics of positionality statements and power imbalance, the mere execution of '[positionality statements are paradoxical as it centralizes whiteness and a narcissistic gaze]' (Gani & Khan, 2024). I however reclaim my capacity to generate meaningful scholarship as a person of color and affirm my commitment to bettering the lives of those close to me outside the white academic gaze within the institution.

Throughout the span of the study the research team members consistently convened and reflected on [their/our] individual positionality, subjectivities, and other experiences that might influence the collection and interpretation of the data (Creswell et al., 2007). Team members

experiences include (a) awareness and knowledge of issues affecting BLMSM and other sexual and gender minorities, in addition to other contextual and historical events pre-during-and post-pandemic; (b) firsthand experiences as Black or Latino/e/x sexual or gender minority; and (c) collective experiences around the events related to the pandemic, the racial justice movement, and accessing sexual health services. Modeled by reflexivity, our team frequently met to debrief, bracket, and examine biases during data collection and different phases of analysis (Creswell et al., 2007). Furthermore, a significant attribute of the meetings was supporting team members as many come from similar communities impacted by the events presented in this study. Lastly, the leading research investigators of the parent study provided a space for the author of this paper and research members to reflect, communicate, and share their experiences.

### ***Data Sources***

*Demographic questionnaire:* Each participant received a personalized invitation to complete the study demographic and behavior survey, which gathered information on education level, race/ethnicity, income, sexual orientation and gender identity, sexual behaviors, relationship history, and employment status. Administered via *Qualtrics*, the survey took approximately 15-20 minutes to complete.

*Semi-structured interviews:* The semi-structured interview guide is based on existing literature regarding the Black and Latino/e/x MSM experiences on access to HIV prevention and care services, mental health, and social support services. Certain sections of the interview guide were created after consultation with key community stakeholders as the pandemic and protocols evolved. The Our Lives Matter study team designed preliminary questions and tailored the interview guide throughout the study, based on the team's feedback and as the COVID-19 pandemic's events unfolded. The guide was created prior to the interviews to allow for



systematic sequencing of the content, yet interview flexibility allowed for deviations to less sensitive topics (Krueger & Casey, 2015).

*Field notes:* After completion of each individual interview field notes were generated. Moreover, reflexive memos from members of the research team were documented that supported data analysis. The impetus of field notes is to document the observations and impressions of study participants. All notes were audio recorded or written in a personal journal owned by the member of the research team or the qualitative data management software. The notes are restricted to descriptions of social and geographical context.

### ***Procedures***

The institutional review boards of both the University of California - San Francisco in San Francisco, California (IRB #21-34350, Reference #318589) and the University of Rochester in Rochester, New York (Study ID: STUDY00007264) approved all procedures prior to the start of data collection. The study consisted of Black and Latine/o/x men who have sex with men (BLMSM) in California and New York. Advertisements for the study were disseminated in local community organizations in both states. Additionally, via internet-based message platforms (i.e., Facebook, Instagram, and Twitter) of members of the study team. To maximize recruitment and selection of rich information cases relevant to the phenomenon under investigation, purposeful snowball sampling procedures were utilized (Palinkas et al., 2015). Individuals eligible to participate were (a) age 18 or older, (b) assigned male sex at birth, (c) resided in California and New York at the time of the study, and (d) had anal or oral sex with a man within the last year. Potential participants were invited to voluntarily respond to an online demographic and behavior survey that was executed via Qualtrics. Upon completion of the screening process, the research team explained the study to each participant and answered any questions prior to seeking

consent. An electronic informed consent form was available before starting the online survey. After, a team member explained the content of the informed consent form and obtained verbal consent, which was audio recorded. All individuals were interviewed via Zoom, a platform for virtual conferences. All study interviews were audio-recorded and subsequently transcribed verbatim. Interview time varied between 75 to 90 minutes. Participants were compensated with a \$50 electronic gift card after completion of all study components.

### ***Data Collection and Analysis***

The in-depth, individual, semi-structured interviews are the chief source of data collection (Sandelowski, 2000). Participants completed a brief survey via Qualtrics to collect demographic and sexual behavior information. An interview guide was designed and informed based on existing literature and theoretical and intersectional frameworks, in conjunction with consultation from stakeholders of the communities. The guide was designed to provide systematic sequencing of the study topic areas; however members of the research team were flexible and allowed participants to deviate based on the sensitivity of the topic. This yielded a variation of topics within the interviews (Krueger & Casey, 2015). All interviews were conducted in English.

Qualitative data management and analysis were conducted using ATLAS.ti (Version 23.4). All in-depth interviews were audio-recorded and immediately transcribed verbatim by an IRB approved transcriptionist trained in confidentiality and human subjects protection. The de-identified transcripts were then uploaded to and managed using ATLAS.ti (Web and desktop versions). An interpretive phenomenological approach guided this thematic analysis, and a collaborative coding processes was employed to identify themes (Lopez & Willis, 2004). A tenet of interpretive phenomenological research is to evaluate the data to identify a paradigm case (i.e.,

strong instance of a pattern of action that hangs together) or exemplar narratives (i.e., smaller narratives that highlight, extend, add nuance, and variability to patterns observed) that explains the phenomenon under investigation (Pacherie, 2008). The data analysis was conducted systematically by the research team, which included four research assistants, a project manager, a co-investigator, and the principal investigator. Transcribed interviews were reviewed and coded using an open coding technique to capture meaningful text passages, which continued throughout the analysis (Braun & Clarke, 2006). Initial codes ( $n = 143$ ) were reviewed, compared for similarities, and a list of 81 codes was consolidated after elimination of related or duplicate codes. A code library was then generated by reviewing quotations within each code to encapsulate detailed summary statements or “definitions” of each code. Code summaries were then reviewed and evaluated by the larger team for further commonalities, which resulted in the clustering of codes into categories (Patton, 2002). Each category was assessed for similarities that led to further refinement. The analysis continued until saturation was accomplished (Patton, 2002). Finally, the analysis stage involved evaluating categories and identifying themes in relation to specific research questions. After forming the themes based on the categories, thematic statements were produced to reflect the common theme(s) across different categories (see **Figure 1** - “Thematic analysis process visualization”).

### ***Methodological Integrity***

To ensure methodological integrity and trustworthiness, we employed several strategies in the data analysis process. First, we carefully engaged with the data by reviewing each transcript and audio for accuracy. Any discrepancies were reviewed and addressed by the research team members in consensus before further coding of the data. Second, we implemented investigator triangulations (Creswell et al., 2007) to further ensure trustworthiness by having six

members of the researcher team independently code the data and then meet collectively to review our findings. Our weekly group meetings allowed us to address inconsistent findings between team members, with the goal of reaching a consensus among all team members (the first and last author led all debriefing meetings). Other strategies employed to bolster trustworthiness included bracketing assumptions and biases regarding BLMSM experiences during COVID-19 by using field notes, memos, and journaling (Creswell et al., 2007). We examined exemplar cases through an intersectional lens by focusing on those participants whose experiences might diverge or mirror. For example, research team members believed that being undocumented and identifying as a racial/ethnic minority (and the intersection of those identities) would exacerbate the experience of loneliness and isolation among BLMSM. To address this, we purposely evaluate the data during the analysis process to identify these and other differences.

## **Results**

### ***Central Themes***

Four overarching themes emerged based on the analysis of the qualitative data. The four themes include 1) intimacy, desires, and other drivers of loneliness and isolation, 2) the desire for personal independence, 3) the impact of COVID-19, 4) coping mechanisms and other social support strategies. The following sections expand on the significance of these themes. Narrative exemplar quotes have been utilized to illustrate the findings as they relate to the theme and subthemes. When quotes are used, study participant anonymity is maintained with the use of pseudonyms.

### ***Unmet intimacy, desires, and other drivers of loneliness & isolation***

BLSMM's unmet need for intimacy, desires, and other factors were drivers of loneliness and isolation in physical and mental health. Many participants could not engage in various forms

of intimacy within their social networks, which included family, friends, romantic partners, or sexual partners but also extended into public institutions. For some participants, social networks deteriorated because of the pressures of quarantine measures, which fractured or terminated relationships. Furthermore, participants were disconnected from family and friends and were devoid of typical daily social interactions. “So, a lot of alone time, and that alone time twisted into self-isolation, and that self-isolation created a, like you said, longing for human interaction.” In other examples, many participants who would have pursued their university studies away from home mention that the isolation prevented forming connections in school or work, such as meeting classmates in classrooms or daily commuters engaging with their colleagues or the possibility of spontaneous socializing.

It was definitely the isolation. It was definitely not having in-person people to talk to. I really took for granted having classmates and coworkers. I even took it for granted just like being on a bus with other people

The inability to congregate with family and friends during moments of crisis, loss, and grief contributed significantly to feelings of loneliness. Participants yearned for physical proximity while enduring the loss of their loved ones despite access to technology. This is because although people could communicate virtually with each other participants desired to be close in difficult times. This, therefore, impacted the ways participants coped with loss.

Well, once again I’m grieving alone. Even though I’m there virtually, being present virtually doesn’t, it doesn’t take into account being present with others to physically touch them. Like to hug somebody, to have a conversation face to face with another person, that’s not possible virtually. So, there’s an element of human contact that is

subtracted from the process of attending a memorial service virtually. [virtual technology does not have] the immediacy of physical proximity.

Other participants explained that their social environment and past experiences influenced the quality and quantity of their network during the pandemic.

[...] I don't have great experiences with people. I've always said either you love me, or you hate me, and most times, people hate me because they want to love me, especially with guys and stuff. And then, with my [HIV] diagnosis, I've just become a lot more [reclusive]; I was already particular, and I was already conservative with my energy and who I chose to be around and what I chose to talk about, what I chose to do. But since I got diagnosed that's only magnified.

In another example, participants who had disclosed their sexuality at a young age were restricted from forming relationships with other males. This later influenced the relationships they could build in adulthood and including the pandemic,

[...] in our communities where it's like you don't have the organic relationships in your own school, in your own community. You have to meet through Grindr. So you put these kids who are like 16, check yes on some check mark, and say yes, you're 18, just to see if you can get some sort of male validation. Like realistically, I haven't had a healthy male relationship, except for one, but he's very platonic. But that's more than what I've got, and you get me like no brother, no father. Once mom found out I was gay she didn't really allow guys over. So yeah, it was like, it all kind of adds up on its own time. The quarantine was just a good catalyst to speed it up.

In contrast to other participants, those who had a strong familial system felt accepted and could rely on their families during a pandemic. Indeed, there were participants who longed to see their

families from their original homes. Other participants even reported feeling supported as they shared their HIV status with parental figures during the pandemic. In fact, even when a social network was only composed of one single parent (often mothers), participants felt that they could confide in them. “My mom was a great support system [... my] only support system.”

Loneliness was also perpetuated broadly by other systems. Institutions in power, such as the penal and prison systems, are also complicit in discriminating against Black people and deteriorating social connection, intimacy, and support. BLSSM’s recall experiences with the police, such as negligence, physical and sexual assault, and unjust convictions. Therefore, because of the injustices inflicted upon Black people, there is no sense of inclusion, community, trust, or rescue. Indeed, the past experiences of Black people with the police influence how people engage with public spaces and the police today. Indeed, during the protests of the pandemic, many expressed wanting to congregate but also feared physical violence and punitive outcomes from the police. As such, some participants felt disconnected from their communities but also disconnected from an institution that harms Black and Brown people. For example, concerns about coming to unity were centered on police violence and penalization.

Let’s protest, let’s run the streets. But yeah, your systems of caretaking care [sic], so if the police do respond, is that taken care of? Do you have bail money set up? [...] I don’t think that was happening on the mass level as much as the uprisings.

The support of social institutions at large also influences belonging and inclusion among participants, which creates feelings of loneliness. For example, Black participants mention that there is a dearth of Black health providers and find themselves encountering sexual discrimination or lack of sensitivity from their providers (as many are presumed heterosexual or receive inadequate care). Participants mention the positive experiences of connecting with Black

and non-heterosexual health providers, which demonstrates how people may feel lonely, vulnerable, or have a desire to be connected or feel safe when entering the medical system.

There was a website back in the day called FindABlackDoctor.com. And I was like, I'm finding a Black doctor, because there's enough health disparities where it shows that if you don't have a Black doctor, the doctor dismisses your complaints about pain or whatever. I'm like, I'm not going to have that happen to me. So, I was looking for a Black doctor on that website, and I triangulated with the doctors available at Kaiser.

Black participants, therefore, express their preference in seeking medical care from Black providers, considering also the disparities and mistreatment towards Black people.

### *Desire for Personal Independence*

Participants found that isolation measures brought positive prospects as many could reflect on various aspects of their lives or have time "to figure it out." During this time, participants engaged in various aspects of their lives from career and academic development to health and building different forms of awareness. Notably, individuals were able to flourish and prioritize aspects of their health while it had the opposite effect on other participants. Positive benefits ranged from smoking cessation and engagement in increased physical activity.

I was a cigarette smoker prior to COVID. But part of that cigarette smoking was social, and my coworkers did it, I did it before we met each other and then when we met each other. But when I had no one to do that with anymore, it became boring, which I take as a positive and I kind of appreciate that. I was probably at my heaviest right before the pandemic hit, and now I'm at my lowest since I can't remember. So there was a little bit of a tradeoff. [... also working] from home had changed the way I could operate my life. And so I was able to work out. I was walking at that time like seven miles a day. I mean,



there was nothing else to do in rural New York, you know? And so I had to occupy my time somehow, and that was the way I did it.

However, even among individuals who reaped positive benefits, it was also a difficult process to re-socialize, and mention that it eventually led to social anxiety.

I do like people, some of them, but I'm not really an extrovert. I'm very introverted and I really like and require a lot of time to myself. So being isolated, a lot of that was great because I really dove into my music. I'm a pianist and I just did all these things that I like to do, went on my long walks. But I do appreciate connection with people too. It's just I have to, I'm like trying to reintroduce myself to that. So it's a little, it's requiring some intentional effort.

On the other hand, excess time alone during isolation yielded loneliness. For example, for many participants, work was a way to spend time and enhance productivity. Individuals would preoccupy themselves with work, as they could not spend time with their family, friends, co-workers, classmates, or those within their social network, "*I continue to throw myself into the work to feel productive. So, there was something to occupy my time.*" In fact, even among participants who had the privilege to freely 'coast' during the pandemic, some participants describe the emotional and mental distress during periods of unemployment as their social interactions eroded.

I could [...] just kind of coast. So I did that, and that was even more horrible because now I'm just at home. I don't have no work, can't go hang out with my friends and family.

You can only play the video games for so long before it becomes boring, so I was starting to go kind of stir crazy. I think I had planted some flowers. I did all kinds of things to try to just, the flowers died. It was a lot.

Familial and cultural perspectives and values of gender and sexuality also influenced experiences of loneliness during isolation. Among participants who were conditionally or marginally accepted and therefore able to maintain social ties, they still felt excluded. Even participants who removed themselves from their familial backgrounds and had maintained remote social ties also experienced loneliness. In fact, this was true for both Black and Latino/e/x individuals who had relocated from their original communities.

[E]ven like now, like I said, there's no issue or anything like that but sometimes I notice that even in conversation, they feel like they can't even just have a natural, smooth, casual conversation without even bringing up my sexuality. They just like, oh, I know you gay, [...] What's the point? And just with certain things, I'm just not included.

Other participants were forced to navigate the pandemic independently as their familial upbringings clashed and the support system shifted or disintegrated into adulthood. Moreover, for individuals who reported to be 'lone wolves,' hyper-independence was a survival and coping mechanism, as many participants' social support systems fissured while growing up due to homophobia. "So it [the pandemic] did affect me, but not as much as other people, because I've been a loner for most of my life." Another participant also commented on this by stating:

I'm not now the person my parents think I am. I've grown as a person, I've kind of changed how I define myself. They don't know that. They know I'm married to a guy, they were at the wedding, so they know all of that. But a lot of the things that have happened since then, they're not aware of, and I'm kind of in the case where they're likely not going to know.

Loneliness was not solely an individual experience, but one that gay families experienced as well. As mentioned earlier, hyper-independence was a survival tactic that engendered feelings of

loneliness. However, loneliness also manifested within family units collectively. For example, a gay Black/Caribbean/Latine/o family describes moving from New York due to past discrimination and violence to provide a different life for their son. However, while they felt safe in suburban neighborhoods, many mention feeling as the only “Black family” or disconnected in white predominant areas.

Moving to New Jersey, actually, it was also a little different. I didn’t see myself living outside of New York. I got married, I adopted a son, and so my husband and I, we thought it was best for us to move to the suburb to give our son a better life.

In this same family one parent who is a medical practitioner also isolated themselves for six months and describes,

But one of the things how it affected me both emotionally and physically was not being with my family, being that my immediate family, not being able to see my friends. I cried a lot. I kept a journal, and every day, I wrote in that journal to my son about one patient who connected with me, whether that patient made it through my shift or whether that patient passed.

### ***The Impact of Covid-19***

The COVID-19 pandemic exacerbated the experiences of loneliness and isolation among BLSMM, specifically among participants that were ostracized while growing up or those with a limited network. Participants report that their mental health and experiences of loneliness were exacerbated during the isolation and including post-pandemic. Participants report they had limited social interactions and could no longer form social relationships while at work, in academic settings, or in common social avenues, such as bars, due to quarantine measures or fear

of exposure. An example of how the pandemic impacted loneliness during isolation was the influence on behavioral and mental health.

I didn't have the familial comfort I wanted or needed, and it developed negative cycles. It increased my depression and my anxiety, my eating disorder I want to say. I developed a pretty interesting disorder. And yeah, it was a rough time that I was just denying. For the most part I was just like yeah, I'm fine. I'm just laying around all day with WIFI and playing video games when realistically, that's not really what I wanted to do all the time.

At first, there was no effect on my mental health, but again, once we started going into like the second year and the isolation really started setting in, it did amplify my depression a bit because I didn't have the friends and the coworkers and the classmates and all those people anymore.

For some participants, loneliness resurfaced depression and anxiety symptoms, and it perpetuated further self-isolation.

Quarantine gave me, allowed space for self-isolation, and isolation that twisted into like, hm, no. So quarantine allowed space for like the whole stay at home. So a lot of alone time, and that alone time twisted into self-isolation,

The pandemic not only prevented individuals from connecting but also impacted how mourning and processed the deaths of their lost ones. Participants could not grief and heal individually or collectively as they could not talk or cry in front of one another and experience the 'touch element.'

Yeah, I attended them on Zoom, but it's nothing like being there. And that's what we're accustomed to as Black men and women. Our culture, we have to be there. This Zoom

call bullshit, that's crazy for a funeral. Because most of the healing is done at the repast when you're talking to your cousins and the little kids that you see [...]

For my brother-in-law, who was within the inner circle, because he's Muslim, they don't have funerals. However, he's supposed to be buried the next day and everything else, they have to wrap the body and all that stuff. So, they did that, but the tradition was broken because the COVID protocols were all you had to do in two days. And it was like it broke everything else. So I was not there for any of those events, so I then went down to be with my sister [...] Because again, this is a tragic event. You can't bounce back from something like this. You need to talk to someone.

Loneliness was exacerbated by other forms of isolation, specifically through everyday patterns of racial and sexual exclusion and discrimination. For example, while no feelings of direct sadness or distress are implied in the following exemplar quote, it illustrates the ways people are attuned to race.

[...]Then I went and got my first dose at the Moscone Center. And as a Black man, I never liked to lead with racial, and like what are my people doing? But in this sense, I just wanted to see like okay, I wonder how many people of color are going to actually be coming to do this. So when I went to the Moscone Center, and you know it's revamped, I mean it's like super big. It was myself and one other Black lady. And everybody else was either [Asian or Caucasian].

A Black trans-identified person mentions that s/he/they were the only person in their department to have been laid off. While economic insecurity was not a concern, they felt excluded and discriminated against.

I felt like I was the bottom of the bucket. [...] I was the only one in my department that was laid off. Everyone that I worked with still had a job, and even though we were getting \$1,000 a week, I felt like a piece of trash. Because I was the only one that was laid off, which made me feel that my job was nothing. I was not important. So I went through depression.

### *Coping Mechanisms and Social Support Strategies*

BLSMM employed various coping mechanisms and social support strategies to mitigate the negative impacts of loneliness and isolation on mental health. Participants, however, were resilient in finding modes to combat loneliness and isolation (though these unintended coping strategies often resulted in negative consequences). For example, participants engaged in excessive working, eating, alcohol consumption, social media, computers, or video games, which, for many, eventually negatively influenced their physical and mental health.

And then [my mental health was impacted] that first summer of quarantine, where I had nothing else to do. [...] I could literally just roll from one side of the bed to the other to put on my laptop and just be in my bed in class. And it just became a really negative cycle. I wasn't doing anything. Then I started to gain weight because all I would do was I used to stay in bed and like eat, and then I would like a shower. So it was like, I just stayed in there. And then that really affected my mental health because then it's like every once in a while, I'd get up, look in the mirror and I'd be like ooh, we're not looking so hot

Various participants bonded through meaningful exchanges such as mentoring, bible study, or through social support groups catering specifically to Black and queer men, and similarly is true

among Latino/e/x men. For many, this was a time to form community by sharing and processing their traumas together related to social discrimination and personal lived experiences.

[I] had the opportunity to develop and cultivate community. So I was involved with like two different Black or queer focus like social groups. One met monthly and one met weekly, and it was interesting, I think we were kind of in a sense trauma bonded. Because we would meet virtually, it was just like well, what do you know? I know this, what about that? And I remember being involved in conversations like well, what are they trying to have censored? How do you navigate hookup culture and meeting up with this virus? So I think it was really cool to be able to like gather and share resources and knowledge and for sure there were people who were in the health field or health field adjacent and provided like tactics and resources”

And in a sense, it’s like a family, where you like some family members more than others and talk to some more than others. Some you might not even talk to at all, but it’s like that, it’s like sort of a big family, everybody in there. And so when somebody has that issue or think they’re going to have that issue or they went and got the vaccine, they put it in the WhatsApp group because they’re confident that the community is not going to turn their back on them. We’re going to support them regardless, whether they look like a granola bar for a few days or few weeks or whatever, or they took the shot or they don’t want the shot or whatever. You know that we support each other.

Aside from social support groups, participants also formed community through common interests and hobbies. Furthermore, these virtual spaces, such as communities formed through Whatsapp, were designed to be nondiscriminatory and nonjudgmental and promote a sense of belonging and

acceptance. Finding other BLSMM with similar identities and interests allowed them to cultivate a sense of belonging, connection, and support.

So it's like being around people who we value, who we see, who either identify how we identify or some way are connected on some level of communication and bonding. And so while we couldn't do things that we would normally do, go out to eat, have dinner with each other, go to church or go to the movies or anything, we decided to just continue to have different things. I remember we started listening to DJs who would do things online together [...]

Virtual technology, therefore, came with the advantage of being able to find social connections with others of similar identities. Indeed, for some participants, the lack of attention and affection resulted in participants seeking intimacy via social media or same-gender dating/hookup apps (e.g., Grindr).

I sort of self-isolated more than needed even through social, like social media and stuff like that. And hm, because of that isolation and my struggle with emotional permanence, I started to seek out validation through unnecessary means and harmful means. So the best way to say that is like stuff like Grindr, all that stuff. So I was putting myself into a position with men that I wasn't completely familiar with and stuff like that, and that allowed the wrong people into intimate parts of my life that I didn't want them in.

Other coping strategies included engaging in psychotherapy as many felt that their anxiety and depression symptoms had resurfaced secondary to the loneliness in isolation. For example, many felt that being away from their social network resurfaced symptoms such as sadness, anxiety, or staying in bed excessively and further disconnecting from their social network. They also mention the challenges that come along with virtual therapy (such as lack of privacy or intimacy).



[Therapy] was good, because I already had built a relationship with my therapist prior to the pandemic. So having that resource virtually was good. But I cannot imagine people who are trying to start therapy and it was only virtual option, because even for me, who had had in person sessions, it was a little bit challenging because I felt like I wasn't getting everything that I needed out of the session. I'm used [to familiar] surroundings, which is my therapist's office. I know this is my haven. I can speak about anything in this nonjudgmental zone. Having to be doing the therapy in my hotel room, mostly it was in my hotel room, it was not the space that I'm used to discussing these heavy topics. So I felt like for me it was not as effective as if it had been in person.

Other participants share that the presence of a pet allowed them to mitigate their feelings of loneliness.

I'm very thankful that I had my dog because, as much as I didn't realize it, she really was one of the things anchoring me. It was like my only interaction because it was like no matter how much I started to develop this like self-hate through like quarantine, she didn't give one or two licks about it and would still love me unconditionally

### **Discussion**

The participants of the study report unmet needs for intimacy, desires, and identify factors that impacted their experience of loneliness. Participants in this study reported social networks were impacted by the quarantine measures and therefore could not congregated with family and friends or engage with their typical social network. This is consistent with findings that concluded LGBTQIA+ subgroups experienced higher rates of loneliness in comparison to non-LGBTQIA+ adults (Herrmann et al., 2023). Furthermore, in this study, participants also mention the lack of support from their family relatives, as many had now come out during adulthood by

choice, which forced many to endure loneliness and the uncertainties of a pandemic. More specifically, the participants' narratives in this study are in parallel with studies that focused on LGBTQIA+ young adults who experienced loneliness due to queerphobia in their social networks during the COVID-19 pandemic (Salerno & Boekeloo, 2022). Additionally, the shift of social engagement and resources from everyday institutions impacted the ways BLSMM formed their social networks. For instance, in this study participants mentioned that they missed the opportunities to meet classmates or engage with colleagues or have spontaneous conversation, which led to a lack of social interactions, connection, or loneliness. This shift was exceptionally salient in LGBTQIA+ sanctioned spaces within universities (Hill et al., 2021), and separate studies have found that often participants who returned to unsupportive or unsafe homes experienced significant loneliness and isolation during the pandemic, especially among those who were out and experienced family rejection or concealed aspects of their sexuality (A. Gattamorta et al., 2022; Chang et al., 2021; Gonzales et al., 2020; Hunt et al., 2021; Salerno et al., 2020; Scroggs et al., 2021)

I also note that loneliness acts beyond the individual and into the institutional and systemic levels as understood by the SEM and CRT. For example, loneliness manifests in insidious ways within institutions, and how BLSMM forms a sense of social inclusion, connection, or security within public institutions. For instance, participants were apprehensive to participate in protests considering policing and police brutality inflicted upon Black and Brown people. Participants felt they could not come into unity during the protests because of their past experiences and continuous discrimination from the police during the protests despite that health officials echoed their support towards Black and Brown organizing and protesting as modes of resistance against police violence and anti-Black violence (Diamond, 2020; Fisher & Rouse,

2022). Additionally, research has shown that Black childhood police encounters are linked with isolation and loneliness and rapid biological aging (Das, 2022). This deserves further attention considering that police violence and racial trauma inflicted upon Black communities during the protests may have short-term and long-term implications on loneliness (Burch & Jacobs, 2022; Kamp Dush et al., 2022). A different example of how loneliness manifests systematically is in healthcare spaces. For example, BLSMMs are embedded in a white cishetero medical system that has historically dehumanized Black and Brown bodies, therefore creating a lack of trust among medical providers. This was indeed a repeated theme among many participants in this study, and many, therefore, desired to have Black providers that could possibly promote a sense of social acceptance and connection rather than of discrimination or invalidation. This is true among participants in this study that expressed their lack of ability to connect with providers due to a dearth of Black providers, which captures the way loneliness is insidiously reinforced across institutions and into vulnerable and intimate aspects of BLSMM's lives.

The second theme is related to independence. Participants discuss the benefits of being able to stay home for extensive periods. Participants report self-development during this time, which allowed some participants to focus on career skills and health. From a human development and psychological perspective, the findings are congruent with Maslow's Hierarchy of human needs and Winnicott's theory of solitude, in which individuality and privacy are critical aspects of human development and identity formation (Maslow, 1954; Winnicott, 1958). Furthermore, scholars argue that positive solitude indeed may have had significance during the pandemic among many (Ost Mor et al., 2021; Yu et al., 2022). This was evident in our study among participants who focused on their physical health or behavioral health, such as physical engagement and smoking cessation. At the same time, a common reiteration was hyper-

independence or being a “lone wolf.” Various researchers argue that family network was essential for young adult LGBTQIA+ subgroups during the pandemic and was detrimental for those with limited support or forced to navigate the pandemic alone (Garcia et al., 2020; Salerno et al., 2020; Salerno & Boekeloo, 2022). This could explain how, for some participants, they were ‘used to being a loner,’ but nonetheless either felt a subtle or significant impact. Personal independence beyond the level of the individual and into the family structure level also manifested. For example, a Black/Brown gay family reports relocating to the suburbs after adopting their son yet shares sentiments as other participants of living in a ‘utopia’ or ‘bubble,’ as often spaces were distant from where they originally grew up and were predominantly white. According to various scholars, local environments do not only generate feelings of belonging but also promote well-being and impact outcomes at the individual and population levels (Klinenberg, 2019; Latham & Layton, 2019; Reed & Bohr, 2021). Scholars underscore this is true among people living in rural areas or living with impairments or who come from disadvantaged backgrounds (OSG, 2023; Reed & Bohr, 2021; Smith et al., 2023). So, even as families and participants feel safe or live in ‘progressive’ areas, there is still a disconnect between them and the people in their environment. This theme encapsulates the ways independence can both be positive and yet a result of societal conditions.

The third theme explores the impacts of the pandemic SIP on loneliness in daily life and routines, mental health, and physical health. Participants mention that traveling restrictions and general quarantine measures forced them to stay alone for extensive periods without social contact. Participants in this study also discuss that quarantine measures played a role in network support, which is consistent with other findings that found the mean network size and support decreased and contributed to loneliness (OSG, 2023; Salerno & Boekeloo, 2022; Steijvers et al.,

2022). For example, participants also describe that racism was exacerbated during the pandemic. One participant reports they felt excluded and discriminated against after being unemployed from their department yet was the only black and trans person dismissed. Literature has documented that people of color, specifically LGBTQIA+ people of color, endured unequal rates of unemployment during the pandemic as opposed to their white counterparts and were disproportionately working as frontline workers (Center for American Progress, 2020; Haro-Ramos et al., 2023; Human Rights Campaign, 2022; Jason et al., 2024). Discrimination and exclusion towards Black trans people have also been documented extensively in the literature. For example, participants in this study mention removing themselves from face-to-face and virtual interactions during the protests because of emotional labor, fatigue, and social expectations during a critical time for Black and Brown people experiencing grief and pain. This is in parallel with literature in which the individuals involved in social activism experience emotional exhaustion and withdraw themselves from their social circles during the pandemic (Emejulu & Bassel, 2024). Additionally, changes in physical and mental health during the pandemic have been documented, and corroborate depression, anxiety, or psychological distress increased as well as eating disorders (Hart et al., 2022; OSG, 2023; Salerno & Boekeloo, 2022; Steijvers et al., 2022). Participants in this study struggled with anxiety, depression, weight gain, and eating disorders. Hart et al., argues that this was related to minority stressors among LGBTQIA+ adults in their respective study (2022). In conclusion, the third theme exemplifies how the pandemic affected daily life and health.

BLSMM engaged in various coping mechanisms and social support strategies to mitigate the negative impacts of loneliness and isolation on mental health. To combat loneliness, many engaged in excess work, eating, alcohol consumption, computers, or video games, which

eventually impacted their physical and mental health. Research has shown that investing in physical exercise brought positive benefits to people's psychological well-being and physical exercise ameliorated loneliness in older adults pre-pandemic and during the pandemic (Franke et al., 2021; Jin & Bae, 2023). However, a 2024 study found that excessive exercise is significantly associated with high levels of loneliness and isolation (Benedyk et al., 2024). This may be an important finding considering participants engaged in excess exercise in the Our Lives Matter study. Other forms of coping with loneliness were by engaging in dating and hookup apps during the pandemic. In this study, this led to sexual violence or impacts on sexual health. However, as is true in this study, a separate study that included queer non-cis men found that dating apps were crucial to reach out and access fellow queer people (Powell & Powell, 2022). In this study, this was true among participants who used Grindr to meet other men but also engaged through other social apps, such as WhatsApp, to form a community. These community groups flourished as many shared similar identities and lived experiences. Nonetheless, it should be noted that while studies report virtual technology alleviated loneliness, other studies have found that it worsened or was unsatisfied with their social interactions. Our Lives Matter supports that technology is useful for social network yet also aligns with literature that technological issues complicated social connection (Banerjee & Rai, 2020; Rimel et al., 2023; Stuart et al., 2022). Lastly, at the same time, participants in this study spoke on the risks and vulnerabilities that came with sexual hookup/dating applications, such as sexual violence.

### **Limitations**

The limitations of the study are sevenfold. First, participants are primarily from urban areas in the West and East Coasts, and therefore the experiences of BLSMM who reside in southern parts and rural areas may not be fully represented. Second, the overall findings in this

interpretive phenomenological qualitative study are limited to the individuals involved in the study. Third, due to the focus of the study, while there was age diversity among study participants, individuals with diverse gender identities were less represented. Fourth, not all participants who were contacted participated in the study. Additionally, three participants completed the demographic and behavioral survey but decided to not participate in the interviews. Fifth, loneliness and isolation are used interchangeably by the general public; therefore, in contexts in which isolation or loneliness is ambiguous, this thesis frames the context around social connection, or lack thereof, as modeled by the National Academy of Sciences, Engineering, and Medicine. Sixth, as this was a qualitative study, adopting validated tools to measure loneliness and isolation may quantitatively support the findings of this paper. Lastly, the study interviews were conducted post one-year the onset of the pandemic, by which SIP orders were non-uniformly lifted. Consequently, this could have influenced participants' responses to the interview questions. Therefore, with these limitations, we assert that the findings in this study are limited to Black and Latino/e/x MSM living in both California and New York.

### **Implications**

The Our Lives Matter study is informed by the application of the socioecological model and intersectional frameworks, which help improve our understanding of how the COVID-19 pandemic and SIP orders, along with social factors, influenced social network support, connection, loneliness, and isolation. Our findings suggest further investigation into how LAI impacts physical, mental, and sexual health among BLSMM. Additionally, our research urges it to investigate further ethnographic research on loneliness and isolation among BLSMM post-pandemic to further investigate potential interventions of LAI. Next, to encourage national health movements and campaigns using an anti-racist praxis to further raise awareness on the

mechanisms and symptoms of loneliness and isolation impacting BLSMM and other racialized gender sexual minorities.

### **Conclusion**

The Our Lives Matter Study provides insight into the experiences of loneliness and isolation among BLSMM during the pandemic. The narratives capture the experiences of loneliness and isolation due to the quarantine measures and the insidious ways both LAI are layered with experiences of social network support that operate under the social -isms of society (such as homophobia, queerphobia, racism, HIV stigma). This thesis also urges readers to reconsider framing loneliness as an individual experience, but that the social mechanisms act on larger levels: the family, population, community, and society. In other words, loneliness should also not be seen as 'self-focused' but paradoxically as an interconnected social phenomenon that impacts mental and physical health. Considering the disproportionate harm inflicted upon BLSMM, it is critical to continue examining the health impacts of LAI post-pandemic.



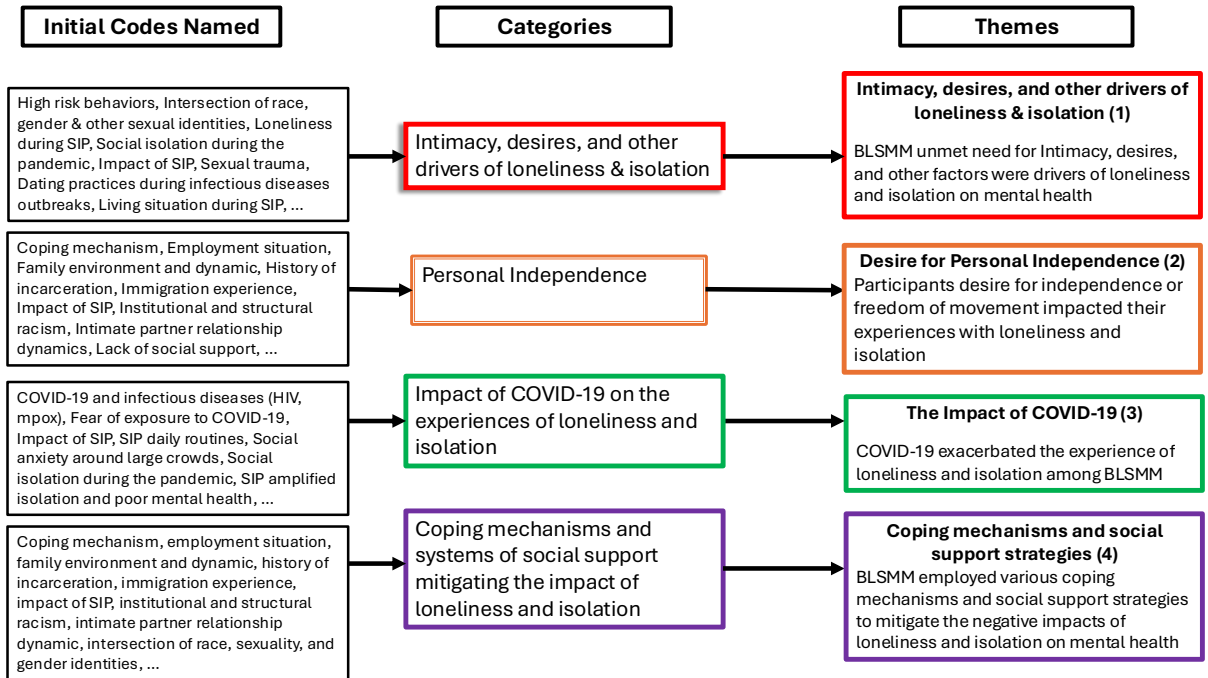


Figure 1. Thematic analysis process visualization.

Table 1. Demographics by age, sex, gender, sexual orientation, race/ethnicity, state, education, source of income

	<i>n</i>	%
<b>Age (mean= 42.43 years)</b>		
19-29 years	9	20.5
31-39 years	12	27.2
40-49 years	11	25.0
51-56 years	6	13.7
60-65 years	6	13.7
<b>Sex Assigned at Birth</b>		
Male	44	100.0
<b>Gender</b>		
Male	41	93.2
Female	1	2.3
Non-binary/third gender	2	4.5
<b>Sexual Orientation</b>		
Gay	27	61.4
Bisexual	5	11.4
Heterosexual or Straight	1	2.3
Queer	3	6.8
Other <sup>1</sup>	4	9.1
Missing	4	9.1
<b>Race/Ethnicity</b>		
Black or African American	32	72.7
Hispanic or Latinx	11	25.0
Missing	1	2.3
<b>Site</b>		
California	23	52.3
New York	21	47.7
<b>Levels of Education Completed</b>		
High School	8	18.2
Junior College or Vocational School	3	6.8
Undergraduate School	11	25.0
Graduate or Professional School	17	38.6
GED	1	2.3
Missing	4	9.1
<b>Source of Income</b>		
Unemployed	9	20.5
Employed	21	47.7
Other <sup>2</sup>	10	22.7
Missing	4	9.1

<sup>1</sup>Note. Other: Pan, Aego-, and Demisexual; Demisexual; Same-Gender Loving

<sup>2</sup>Note. Other: Retirement; SSA; General Relief and Food Stamps; Internship; SSDI; SSI; Student

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