Some Surviving, Others Thriving: Inequality in Loss and Coping During the Pandemic

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*We investigate the contrasting realities of the pandemic on psychosocial experiences and ways of coping among American Voices Project respondent surveys (*N = 720*) and interviews (*N = 172*). Despite similar levels of distress early in the pandemic, by late 2020 clear differences across education, race and ethnicity, and gender emerged, both quantitatively and qualitatively. Those with structural advantages reported greater gains from the pandemic, including self-improvement opportunities like therapy and time outdoors. In contrast, respondents without college degrees, Black and Hispanic individuals, and women reported experiencing greater psychosocial shocks into the later months of 2020 and feeling disproportionately undervalued, socially disconnected, and stressed, respectively. The former two groups also systematically differed in their coping strategies, which included hard work, emotion suppression, and faith.*

Keywords: inequality, pandemic, education, race, gender

> But only the strong survive, so there's no time to be depressed. . . . you have to be focused. . . . You just have to be strong and never give up. That's my motto. Be strong, man . . . no matter what the situation is.
>
> —Black man, high school degree, low income

> From a family perspective, it was the best. . . . It's made my husband and my marriage stronger because we just have got time together and talk and take walks in the neighborhood etcetera and do things that we couldn't do before when I was traveling or he was traveling.
>
> —White woman, college degree, high income

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The pandemic disrupted people's lives across the United States. Yet how it unfolded and what it meant for lived experiences and well-being are tightly bound up with social and economic status. To investigate the contrasting realities of the pandemic, and their impacts on well-being and ways of coping, we conducted a mixed-methods analysis of data from the American Voices Project (AVP), including both in-depth interviews and quantitative survey items.

Our findings highlight significant inequalities in experiences of loss—of well-being, dignity, and social support—and coping strategies during the early phases of the pandemic. After the initial health and economic shocks, individuals facing structural disadvantages, including those without college degrees, Black and Hispanic individuals, and, on some measures, women, were primarily just managing to survive.[1] Conversely, individuals with structural advantages were at times thriving during the pandemic. These types of inequalities and their consequences have been a focus of studies in both sociology and psychology (Calarco 2018; Calarco et al. 2020; Grusky, Hall, and Markus 2019; Markus and Stephens 2017; Ryff, Keyes, and Hughes 2003; Stephens, Emery, and Townsend, forthcoming).

In this study, we build on previous research using a novel mix of conversational interviews and quantitative surveys to specifically examine how the pandemic's disruption of everyday life affected individuals differently based on their education level, race, ethnicity, and gender. Our aim was to uncover patterns and themes in the psychological experiences and coping strategies of these diverse groups. We found that many respondents living with structural disadvantages during the pandemic described the major life chaos accompanying sickness, death, and financial insecurity. By contrast, White respondents, and especially those with college degrees, reported less severe inconveniences of cramped workspaces and children at home all day. Some even noted the pleasure in finally finding time for introspection, therapy, exercise routines, and cooking. The coping behaviors of the advantaged and the disadvantaged closely tracked the inequality in resources available to contend with their different lived realities.

At the end of 2020, the United States entered the third peak of COVID-19. During this period, Black and Hispanic individuals were disproportionately likely to experience firsthand illness or death in the family and growing fear of contracting COVID-19, impacts that reflected existing structural inequalities (Chetty et al. 2020; Egede and Walker 2020). Further, because pandemic-related job losses were concentrated among individuals without college degrees and among Black and Hispanic individuals and women (Koeze 2021), the end of expanded unemployment insurance and relief benefits and a fresh round of layoffs that occurred toward the end of 2020 meant more financial setbacks for these groups (Handwerker et al. 2020). Likely related to these differential impacts, the mental health of Black, Hispanic, and Asian individuals in the United States worsened to a greater extent than that of White individuals and these groups were also less likely to receive mental health care during the pandemic, according to nationally representative studies (Thomeer, Moody, and Yahirun 2023).

How stressed, depressed, or disrespected people felt corresponded to their decreased levels of employment, difficult financial situations, and exposure to the devastating consequences of the pandemic. These different life circumstances reflected the significant socioeconomic and sociocultural contexts and categories that structure people's lives, including educational attainment, race and ethnicity, gender, and their intersections (Grusky and Weisshaar 2018; Lamont, Beljan, and Clair 2014; Markus and Moya 2010; McDermott and Samson 2005; Ridgeway 2011, 2019).

For instance, respondents without college degrees, relative to those with college degrees, reported greater decreases in their well-being and sense of dignity, according to quantitative trends, and qualitatively reported feeling disregarded, undervalued, and overlooked by their society and government. Black and Hispanic respondents reported a greater lack of social

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1. We use the designation Hispanic to refer to respondents who answered yes to the question "Are you of Hispanic, Latinx, or Spanish origin?"

support, according to quantitative data, and qualitatively Black respondents reported feeling more isolated from their community and support systems. Women reported feeling greater stress than men, according to quantitative data, and qualitatively reported feeling overwhelmed and overworked given domestic duties, even though many lamented losing their formal jobs.

In short, respondents from structurally disadvantaged groups were at times just surviving, barely. They experienced both more severe shocks to their daily lives and fewer resources to effectively cope with these shocks. Their forms of coping reflected the pandemic's compounding of historical hardship, and often involved staying strong, increased hard work, suppression of negative emotion, and reliance on faith—strategies often used in circumstances of adversity (Chen and Miller 2012; Troy et al. 2017).

By contrast, White respondents with college degrees reported stress primarily due to disruptions in plans and routines during shelter-in-place orders, yet they also expressed gratitude for additional time at home. Some even saw clear benefits from the pandemic, such as opportunities to invest in family and relationships, pursue new passions, and focus on self-improvement. Activities ranged from enjoying nature and taking classes to improving their homes. Additionally, some respondents became more introspective, with others seeking therapy to navigate these times. Despite these differences, respondents across our sample demonstrated resilience by employing an impressive array of coping strategies. Notably, an optimism and determination to find the silver linings and maintain a positive outlook in the face of adversity were evident across all race and ethnicities, genders, and socioeconomic statuses (Keller 2015; Piacenza 2020).

Through our interdisciplinary, multimethod analyses, we make several contributions to the social science literature. Unlike studies that have smaller convenience samples or a focus on a single sociodemographic group, our approach allows for a comparative analysis of the psycho-

social experiences across diverse groups—including those defined by social class, gender, race, and ethnicity—within a national probability sample. Our quantitative analysis highlights the psychosocial variables with the most significant disparities across sociodemographic groups during the pandemic, pinpointing how these disparities are linked to losses in some groups and gains in others. Furthermore, we shed light on how these groups' unique coping responses to their varied lived experiences may compound existing inequalities.

In addition, we illustrate the ways in which qualitative and quantitative data from a large-scale, mixed-methods, national probability sample may be productively combined to generate representative, rich, and contextualized insights into social trends. Here, we tie sociological phenomena (such as limited access to social services) to personal psychological consequences (such as diminished sense of dignity) and a diversity of coping strategies (such as shifting attention to regulate emotion). With this initial set of analyses, we also hope to showcase how the AVP data will be valuable for future empirical investigations by social scientists who seek to further understand how the constraints and affordances of social contexts can shape psychological tendencies.

DATA AND ANALYSIS STRATEGY

We conduct a mixed-methods analysis of the AVP data integrating qualitative data from 172 interviews collected in the fall of 2020 with quantitative data from 720 surveys collected from the spring to the fall of 2020. We leverage the quantitative data to examine differential trends across educational level, race and ethnicity, and gender on self-report questions that were asked consistently across respondents. Although we are not yet able to infer directly to the U.S. population as a whole, we provide within-sample confidence intervals around the group trend lines to highlight when well-being, dignity, stress, and social support appear to have diverged the most by education level, gender, and race and ethnicity.[2] We independently analyzed the qualitative data on an exploratory

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2. Inference to the U.S. population is possible with American Voices Project sample weights. These weights were not yet available at the time of this analysis.

basis and illustrate how the diverging trends are expressed in individuals' everyday realities.

Quantitative Methods

We used R, version 4.1.0 (R Core Team 2021), to analyze the quantitative trends from 720 AVP interviews conducted from the beginning of the pandemic on April 1, 2020, up to November 20, 2020. The AVP protocol also included demographic and economic questions on employment, earnings, and expenses, as well as a social psychological survey of fifty close-ended items that respondents answered at the end of the interview session. This survey included validated and original items that measured psychological well-being, dignity, and social support, among other constructs. Among these measures, we focus on well-being, dignity, social support, and stress as indicators of psychosocial challenges for this analysis.

We created an omnibus index of overall well-being that consisted of fifteen items regarding individuals' assessments of happiness, life satisfaction, hopefulness, sadness, and loneliness.[3] Our measure of stress consisted of two items ("In the last month, how often have you felt nervous and stressed?"). Social support consisted of six items on perceived sources of instrumental, emotional, and financial support ("When I run into financial difficulties, I can rely on others in my community to support me"). Our measure of dignity included eight items ("I feel I have something valuable that I can contribute to my community," "People respect me"). All survey constructs and items are reported in table A.1. With these constructs, we then assessed disparities across indicators of relative advantage or disadvantage, namely respondents' education level, race and ethnicity, and gender. We present graphs and exploratory analyses of these data.[4]

Qualitative Methods

We used NVivo to code all 172 AVP respondent interview transcripts conducted in the fall of 2020 when the United States entered the third and most severe peak of the pandemic to date. All but twenty-three of these respondents also completed quantitative survey measures. Extensive two- to three-hour in-depth interviews, conducted from September 24 to November 11, 2020, followed a protocol that asked participants open-ended questions about their life histories, daily routines, experiences with the pandemic, mental health, stressors, ways of coping, and relationships, among many other topics (for detail on the full AVP protocol, see Edin et al. 2024, this issue). We identified patterns and themes that emerged from the coding process and interpreted these themes, with a focus primarily on respondents' experiences with the pandemic. A team of six research assistants coded the 172 interviews, with one coder assigned to each transcript. Our primary coding categories included mental health challenges, such as stress and worry; psychosocial losses, such as losses of normalcy and of aspirations, as well as gains; and coping responses, including mental and emotional strategies, activities, and consumption behaviors. Coders tagged the relevant sentences or paragraphs in transcripts for each code. The authors refined these tags into more specific coding categories when necessary.

To explore the over- and underrepresentation of each coded category by key demographic characteristics (education, race and ethnicity, gender, and income), for each coded category we compared the proportion of respondents represented by each demographic characteristic to the proportion of our qualitative sample. To help illustrate this methodological approach, we provide two examples in ta-

3. Well-being items include life satisfaction from the World Values Survey (Bjørnskov 2010), the single-item general self-rated health question (DeSalvo et al. 2006), the Perceived Stress Scale (Cohen, Kamarck, and Mermelstein 1983), CESD-R-10 depression screener (Van Dam and Earleywine 2011), and the three-item UCLA Loneliness Scale (Hughes et al. 2004).

4. With this quantitative data, we show exploratory trends by educational level (as indicated by having or not having a college degree), race and ethnicity, and gender. In this article, for race and ethnicity, we predominantly concentrate on Black-, Hispanic, and White-identifying respondents given low numbers in other racial-ethnic categories in the qualitative sample, though differential patterns by both race and ethnicity are explored to the extent possible in the qualitative findings.

Table 1. Example of Over- and Underrepresentation of Categories by Demographic Groups

Category	No Bachelor's Degree		Bachelor's Degree	
	% Category	% Sample	% Category	% Sample
Loss of dignity	80	56	20	44
Psychological gains	14	56	86	44

Source: Authors' calculations.

ble 1. Within the category of respondents coded as experiencing a loss of dignity, for instance, 80 percent did not have a bachelor's degree. Comparatively, 56 percent of our total sample did not. This indicates an overrepresentation of individuals without a bachelor's degree among those expressing a loss of dignity. In contrast, within the category of respondents coded as experiencing psychological gains during the pandemic, 86 percent had a bachelor's degree. Comparatively, 44 percent of the total sample did, indicating an overrepresentation of those with bachelor's degrees among those experiencing psychological gains during the pandemic. In our analyses, we focused only on differences in these proportions that exceeded 10 percentage points.

Methodological Notes

Three caveats warrant attention. First, we rely on relatively small samples to conduct intergroup and intersectional comparisons. Although we use 95 percent confidence intervals as an exploratory indicator to guide our quantitative analyses—to distinguish possible signal differences in group trends from statistical noise—our objective was not formal hypothesis testing. Rather, we sought to identify potential group differences in the quantitative data. Second, because our analytic sample is not yet weighted, we do not seek to generalize to the U.S. population. Additionally, though we used the same sampling methodology over time, our comparisons over time may be affected by changes in sample composition. Although we cannot rule out this possibility, we found the demographic variables to be balanced over time as well as across the quantitative and qualitative samples, as shown in table 2. This suggests the sample compositions were consistent over the eight months we studied.

DIVERGING EXPERIENCES OF THE PANDEMIC IN LATE 2020

Economic experiences caused by events such as the pandemic are often reflected in what economists call a K-shaped recovery, in which some portions of the economy rebound quickly while others experience ongoing challenges or downward trends (Dalton et al. 2021). By fall 2020, higher-wage workers and people with college degrees had begun to experience a rebound, whereas low-wage workers and those without a college degree experienced weaker recovery, largely due to greater rates of unemployment and underemployment (Halpin, Agne, and Jain 2021). Our data reflect similar trends on a psychological level, revealing K-shaped patterns in terms of well-being, dignity, and stress, among other attributes, in the last quarter of 2020.

Figure 1 plots measures of psychological and social well-being of respondents across educational level, race, and gender from the spring to the fall of 2020. These data show that, as the pandemic hit hard in the first few months, respondents were reporting similar psychological and social experiences. As shown in the plots, the four-month period between April and July of 2020 was one in which most if not all respondents appear to have experienced similar levels of stress and well-being.

Yet after the initial disruptive shocks caused by the pandemic, we observed divergences in our data on indicators of psychological and social well-being, particularly across education, race, and gender. Mirroring trends in economic recovery, these divergences are seen in the later months of 2020, growing between August to November, with the largest group differences indicated by areas where the gray confidence bands in figure 1 do not overlap. As shown in the left of figure 1, panel A, after experiencing declines in reported well-being during the first

Table 2. Distribution of Sociodemographic Characteristics

Variable	Qualitative Subsample		Quantitative Subsample	
	Counts	Percent	Counts	Percent
Gender				
Woman	105	61.0	421	58.5
Man	63	36.6	290	40.3
Race-ethnicity				
Non-Hispanic White	87	50.6	400	55.6
Non-Hispanic Black	43	25.0	138	19.2
Hispanic (of any race)	27	15.7	141	19.6
Household income				
Low (<$30,000)	92	53.5	338	46.9
Middle ($30,000–$85,000)	34	19.8	178	24.7
High (>$85,000)	21	12.2	102	14.2
Education				
Less than high school degree	15	8.7	61	8.5
High school	80	46.5	367	51.0
Four-year college degree	75	43.6	287	39.9
Age				
20–39	58	33.7	267	37.1
40–64	61	35.5	254	35.3
65 or older	49	28.5	143	19.9

Source: Authors' calculations.

Note: Not all respondents answered all survey questions and sociodemographic items. Missing cases are omitted from table rows for simplicity but included in the percentage calculations. Categories with counts of ten or fewer are excluded or combined with other categories for confidentiality purposes. No statistically significant differences between the two samples were found across the reported demographics.

few months of the pandemic, respondents with college degrees showed trends of rebounding psychologically by the fall of 2020.[5] Among respondents without college degrees, on the other hand, psychological and social well-being stayed lower, exhibiting a prolonged malaise, and diverging from the rebound trend seen for the college educated.[6]

As seen in the right of figure 1, panel A, respondents without a college degree also saw downturns in dignity, or their sense of being valued and respected in society, in the final months of 2020, relative to respondents with a college degree. As seen in figure 1, panel B, Black and Hispanic respondents in our sample saw marginal declines in perceived social sup-

5. Given small sample sizes within each social category, we are not able to statistically examine intersectionalities across the categories of race, ethnicity, gender, and educational level, but future work on a full account of the pandemic should be able to speak to these.

6. The Census Bureau's nationally representative Household Pulse Survey also found that those with less education, as well as women, racial and ethnic minorities, and lower-income individuals, showed, for instance, higher rates of depression and anxiety but found these disparities present at both initial and later phases of the pandemic (Cai et al. 2021).

Figure 1. Trends in Well-Being, Dignity, Social Support, and Stress by Education, Race and Ethnicity, and Gender in the Second Half of 2020

A. Education Level

B. Race-ethnicity   C. Gender
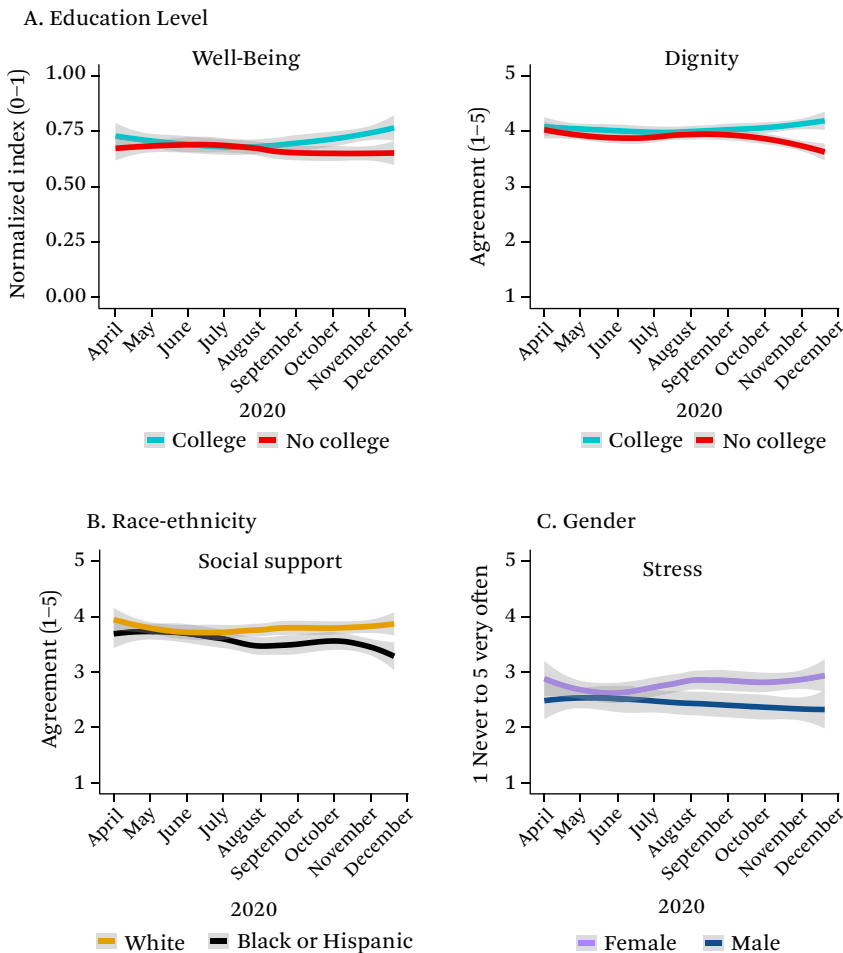
Source: Authors' calculations.
Note: Gray bands around the lines represent 95 percent confidence intervals. See methodological notes. For education level, college refers to having a college degree and no college refers to not having a college degree, even though the respondent may have taken some college coursework

port (feeling they can rely on others), whereas White respondents saw no change. As seen in figure 1, panel C, women showed greater increases in stress over time compared to men. In contrast, White respondents with college degrees largely maintained their psychosocial well-being throughout this early phase of the pandemic (see intersectional figure A.1). Research suggests that feelings about self, relationships, and status in society have powerful influences on health, well-being, and economic outcomes (Adler 2009; Adler et al. 2000; Heck-

man, Stixrud, and Urzua 2006). Consequently, these divergences also have implications for social policy and programs, as we discuss.

INEQUALITIES IN PSYCHOLOGICAL AND SOCIAL LOSSES VERSUS GAINS DURING THE PANDEMIC

What were the impacts of these diverging trends on those without college degrees, on Black and Hispanic individuals, and on women? To better elucidate the psychological effects of the pandemic's compounding of his-

torical hardship, we independently turned to the smaller sample of qualitative data and illustrate the converging trends expressed in respondents' lived realities. Although our sample size does not allow us to generalize to the wider population, we find that groups facing structural disadvantage experienced several types of loss during the pandemic. In contrast, those interviewed from privileged groups tended to experience more routine disruptions and some even reported benefits of their circumstances.

In the in-depth interviews, we find evidence that respondents in groups facing structural disadvantage—particularly those without college degrees, Black individuals, and women—tended to express distress and disappointment related to feeling overlooked and unprotected by their government, feeling socially isolated, and losing ground in their financial conditions or careers, respectively.

THOSE WITHOUT COLLEGE DEGREES: FEELING DISREGARDED, OVERLOOKED AND UNDERVALUED

Respondents without college degrees tended to express feeling vulnerable in terms of their health and their financial stability and generally unsupported and disregarded by their government and by society in a time of need. The pandemic tore away sources of support for dealing with underlying financial insecurity, such as reliable access to benefits and childcare. Mirroring the quantitative trends discussed, feeling overlooked and unsupported in this way was often associated with an expressed loss of dignity—some feeling undervalued and underrespected by society in their time of need, and others feeling incapacitated in their ability to contribute to society.

For instance, an older woman without a college degree reported feeling that the government and larger society were indifferent to her health and well-being. She saw the government failing to put in place measures to sufficiently protect her against COVID-19, and she thought other people were failing to perform the necessary precautions to prevent community spread. "I've been so angry that we're not being protected at all. Our state . . . [is] not protecting us. . . . Try [to] be an old person when they don't care about you. . . . It's disbelief, it's incredu-

lous, it's horrible. . . . It's just so weird thinking that, because you're old you're disposable. It's bizarre. It's just bizarre to think that they don't care if you live or die" [White woman, high school degree, low income].

Some respondents expressed feeling unsupported by their government because programs to provide them with security or financial support were difficult to access when service offices closed and resources were available only through online portals. Applying for these critical programs in a time of need was more challenging for individuals facing economic hardship often due to certain hurdles such as unreliable internet access. Relatedly, Alex Lu and his colleagues (2022) document the ways in which working-class job seekers expressed a sense of greater distress and isolation from being ill equipped to access jobs when searches shifted to online platforms relative to upper-middle-class job seekers.

Other AVP respondents discussed gaps in the safety net that they encountered when contending with novel circumstances brought on by the pandemic. For example, one respondent talked about a lack of childcare when the schools closed: "So, I lost my job. . . . There wasn't like kids going back to school, which meant I had to stay home with my kids. . . . I lost my job because of it. But when I checked, when I tried to fill out unemployment, they said that wasn't a reason. . . . So as at right now I still can't get an appointment through [the state]" [Black man, less than high school degree, low income]. Another discussed an inability to collect unemployment insurance: "Because I hadn't been at my current position long enough, I was unable to collect unemployment. The state of [redacted] came out with a secondary program, which was like the COVID relief, unemployment version. Then I was unable to receive that as well, due to an issue with paperwork. Then they never followed up" [White woman, high school degree, low income].

Black Respondents: Socially Disconnected and Unsupported

The pandemic conditions cut off many individuals from their social networks and caused stress in their relationships. Although many studies have documented experiences of isola-

tion during the pandemic (Klinenberg and Leigh 2023), this sense of isolation was more acutely felt and more frequently remarked on by Black respondents (regardless of education level) in our sample and those without college degrees, the latter being consistent with findings of Lu and colleagues (2022). Greater losses of social support were quantitatively reported by Black respondents in late 2020 (see figure 1, panel C), and this pattern was reflected in the qualitative data as well. For example, one Black woman lamented how pandemic precautions upended her relational routines by removing the possibility of small, everyday interactions with her community and left her deprived of social connection: "I used to sit on the porch and people would stop by and talk to me, and we would sit and talk. Maybe they were just coming home from work or going to work. And I would talk for half an hour or longer, but I don't do that anymore. I've lost the conversation with people that I used to talk to because I don't sit outside and talk like I used to" [Black woman, high school degree, low income].

The loss of in-person connection also led to feelings of loneliness and disconnection. An older Black man expressed a deep sense of isolation because he could see his family and friends only through a computer or telephone screen and could no longer hug them. For some, the challenges of the pandemic meant they could not contribute or relate to their communities in ways that they were used to and that were meaningful to them. For example, a Black woman from the Midwest with a high school degree noted how she was "angry" at herself because, "I'm not participating. . . . I don't volunteer anymore."

Women: Underemployed yet Overworked

In the face of financial challenges, layoffs, and childcare duties from school closures, women were more likely than men to describe being burdened by new domestic duties and obligations. Some women in our sample also lamented losing progress in their professional and home lives that they had worked hard to achieve. Well-documented disparities in household labor between men and women (Bianchi et al. 2000) indeed became exacerbated during the pandemic. Representative studies have found that women who were mothers disproportionately adopted childcare duties during the pandemic, whether or not they were still employed, and these new childcare duties were associated with some reduced labor-force participation, particularly among women without college degrees (Goldin, 2022; Zamarro and Prados 2021). This gender gap in drop out has been linked to 2020 school closures (Collins et al. 2021), yet was detectable even in the earliest phases of the pandemic (Landivar et al. 2020).

Combining the impacts of job losses and increased domestic responsibilities, female respondents in the AVP sample indicated a transition to underemployment while experiencing an increase in workload. This dynamic could have contributed to the heightened stress levels observed among women in late 2020 reflected in our quantitative analysis (figure 1, panel B). Several studies corroborate this finding documenting women's, particularly mothers', disproportionate domestic burdens and the negative consequences on their emotional well-being and anxiety (Racine et al. 2022). These trends have been found among women from both lower and higher socioeconomic backgrounds (Calarco et al. 2020, 2021; Heilman and Calarco 2023; Lyttelton, Zang, and Musick 2021; Ruppanner et al. 2021).

> When I heard this report the other week about the number of women that have exited the workplace since March, it was just very sad to see. I mean, I understand it. It's been rough. So, just stress from that, feeling like I'm not getting enough work done. You know that you need to do more, but you just physically can't do any more than what you're doing. . . . So, that has significantly taken my level of stress to the next level. And it's frustrating because even husbands who are nice guys like my husband, they don't get it. . . . We are past the breaking point. [Black woman, college degree, high-income]

Many women in particular had to take on full-time domestic responsibilities without reprieve, labor that is often invisible, unpaid, and disproportionately performed by women (Dugarova 2020). These full-time responsibilities meant they lost control over their own

time: "This school thing is what more affects me because of the fact that they're home every day now. They all eat all the time" [Hispanic woman, high school degree, low income].

A loss of employment for some and a lack of support in meeting overwhelming domestic obligations also meant more than immediate hardship and stress. Losing jobs meant losing dreams. "I just got hired on at [redacted]. . . . That was my dream job. It was the one that I wanted. I hoped to get that job. I wanted that job. So, we trained from home, but I couldn't grasp it. And then they shut down. They actually shut down and I got laid off" [Black woman, high school degree].[7]

These financial challenges seemed to affect unemployed women's sense of personal adequacy. Having a lack of support to contend with the challenges of the pandemic meant that they could not provide for their families. "But even with food we struggled, to put on our table. It's the worst feeling, especially as a mother and as a provider, that you can't have—not being able to give your kids a plate of food" [Hispanic woman, college degree, low income].

Such financial and physical vulnerability also clouded the future. Some respondents expressed a constricted sense of possibility, in their words feeling stuck, at a standstill, that the world was slowing down or coming to a stop. For some, this led to feelings that their progress was not only set back but had been permanently derailed.

White Respondents with College Degrees: Gains in Self-Improvement Opportunities Despite Disrupted Routines

Although White individuals with college degrees also experienced losses, these losses were, in many cases, qualitatively different from those described earlier. Moreover, White respondents with college degrees, including

men and women, even reported experiencing benefits arising from the pandemic.[8] Research indeed finds that individuals with college degrees, and particularly those from higher-income households, were more likely to be able to work remotely and thus to maintain work, buffering them from negative financial and health impacts of the pandemic (Angelucci et al. 2020). Moreover, in terms of their time use during the pandemic, individuals with college degrees were able to spend less time in transit and to have more free time as well as time with their children (Cowan 2023).

Relatedly, one of the main challenges described by White respondents with college degrees related to remote work. Relative to Black and Hispanic respondents, they described disruptions related to work-life balance. When asked about his work routines, for example, one White respondent stated, "Everything feels really hectic. . . . the concept of the week doesn't even really make sense anymore" [White man, college degree, low income].

Another expressed difficulty and frustration in her attempts to achieve work-life balance at home and find physical workspaces for everyone: "It's been tough. In the beginning, it was quite an adjustment. I used to go to the office at work every day, so is my fiancée. My daughter was going to school everybody had their schedule and a routine that they were used to for a long time. So, well we had to shift to the new normal, I had to find space for everyone to have like a working station" [White woman, college degree].[9]

In addition to their work-life routines being disrupted, individuals also lamented losing their usual opportunities for travel and leisure. "We were going to take a tour along the Seine to Normandy and that was something I wanted to do for a long time, had to cancel that. . . . So, I think traveling is a big thing that's got inter-

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7. This respondent did not provide their income. We included income for all quotes when respondents provided it.

8. We observed that, although female respondents reported experiencing losses and stressors related to COVID-19, they simultaneously reported gains. Moreover, women tended to discuss any type of loss or gain overall more often than men, suggesting women were either more likely to have both of these experiences or were more willing to discuss them than men.

9. This respondent did not provide their income.

rupted with the pandemic" [White woman, college degree, middle income].

At the same time, White respondents with college degrees also expressed meaningful gains in other domains, such as experiencing more control over their time and opportunities for self-improvement. These benefits were often afforded by being able to retain their economic resources. Indeed, some White individuals with college degrees, including both men and women, acknowledged the relatively limited consequences of the pandemic on their lives given their relative privilege.[10] "I am surprised I am still doing good. . . . I just hope that things can at least maintain for us the way they have been, because we are fortunate to live the lives that we do" [White man, high school degree, high-income].

Although White individuals with college degrees lost control over some aspects of their lives, particularly in the public sphere, they were simultaneously able to gain control over other aspects of their lives, especially in the home. Many were able to spend more time with their families and thus deepen relationships. The pandemic pace of life also gave them time to work on themselves, to meditate, to reflect, to read, and to ask the big existential questions of who am I? and what do I want? "So as an individual, it really gave me time to be quiet and really connect with my own self and say, 'You know, what do I want?' . . . We actually had an incredible summer. . . . I could get out almost every day. So, truthfully, COVID enhanced my life. It's, it didn't make my life bad at all" [White woman, college degree, high-income].

Others mentioned gaining time to rest and to connect with themselves, which brought psychological and emotional benefits. A White retiree with a college degree noted that, after the first few months of shelter-in-place conditions, she began to find her time at home to be restful, giving her the chance to water her flowers, for instance, and enjoy the slower pace of life. Summarizing her experience during the pandemic, she stated, "The whole year has been a

transformation of my mental and physical and kind of emotional life for me. I like it, it has been an improvement, it has not been negative at all. . . . But I'm thankful personally for me, that it made me have an awareness of where I was headed in my life, what was important in my life, what I should be doing for the rest of my life, how I should be spending my time" [White woman, college degree, middle-income].

These major differences in how the pandemic rearranged respondents' lives were mirrored in how they coped with their unequal situations, which we turn to next.

INEQUALITY IN COPING

As people in the United States were hit by the pandemic, they coped, drawing on a diverse repertoire of activities and strategies to persist through disruption, hardship, pain, and loss. When we asked respondents about how they coped, they told us about certain mental and emotional strategies, as well as activities such as listening to music, watching television and movies, spending time online, taking time outside, and decluttering their homes, in addition to consuming more alcohol, cannabis, and food.

Researchers have developed a variety of systems to categorize and investigate how people psychologically cope with difficult situations on an individual level (Carver, Scheier, and Weintraub 1989; Gross 1998). For example, in meeting the challenges of uncertainty, hardship, or loss, people may try to directly address the problem, or they may reappraise the situation by trying to think or feel about it differently. They can also attend to the negative emotions arising from the situation and try to reduce them or in some way regulate these feelings. Many people seem to do some combination of these. It is important to note that scholars have critically examined this emphasis on individual-focused coping, highlighting the significance of collective coping strategies (Gutierrez 1988; Singh and Pandey 1985). They underscore the role of social forces, such as rac-

10. Although women tended to experience more stressors, they also expressed more gains. This finding calls for further research with larger qualitative samples to explore the intersectionalities with gender across other sociodemographic categories (race and ethnicity, education, occupation, and so on).

ism and sexism, along with access to power and resources as pivotal factors influencing the coping process (Banyard and Graham-Bermann 1993).

During the pandemic virtually everyone everywhere had to cope with some uncertainty, fear, and changed life circumstances. This allowed us to examine group differences in coping mechanisms, differences that research has shown to be associated with different mental and physical health costs. Suppressing negative emotion, for example, tends to predict lower well-being as well as higher risks of cancer and premature death (Chapman et al. 2013; Gross and John 2003). In contrast, cognitive strategies such as reappraisal ("seeing things in a positive light") have been associated with lower rates of depression and anxiety, especially for those without college degrees (Troy et al. 2017).

Recent qualitative studies have identified resilience factors in diverse populations. Support from family and friends was salient among working-class job seekers (Lu et al. 2022), whereas communal networking emerged as a collective coping strategy among social and health-care workers (Itzhaki-Braun 2022; Johannessen et al. 2022). Complementing these findings, survey research revealed that positive reframing, acceptance, and humor were associated with better mental health than self-distraction and behavioral disengagement among a predominantly well-educated White Australian cohort (Gurvich et al. 2021).

A mixed-methods study during the pandemic conducted by Kyle Chankasingh and colleagues (2022) additionally found that individuals with lower incomes, as well as women, encountered greater coping challenges during the pandemic among a primarily college-educated White sample of women residing in urban Canadian settings. This research delineated several coping mechanisms, such as exercising and maintaining communication with friends and family, but did not assess how these strategies differed by education and race. Building on this literature, our study captures a diverse representation of participants and probes deeper into variations in coping strategies across key demographic characteristics.

American Optimism

AVP conversations reveal a number of clear patterns in how people coped, which we saw across education, race and ethnicity, and gender. First, our respondents broadly exhibited an effort to see things in a positive light, even as the pandemic toll mounted. From Alexis de Tocqueville's nineteenth-century observations about the United States' "lively faith in the perfectibility of man" to recent psychological research, individuals in the United States are known to exhibit greater optimism about their lives and to prefer focusing on positive feelings over negative ones relative to people from other high-income countries (Alesina, Stantcheva, and Teso 2017; Sims et al. 2015; de Tocqueville 2002). This strategy may pay off. Positively reappraising stressors and maintaining optimism in the face of adversity have been associated with positive health outcomes such as lower cardiovascular disease, particularly among individuals living in poverty (Chen and Miller 2012). Consistent with existing qualitative research during the pandemic that "most people hoped for the best" (Kar, Kar, and Kar 2021, 3), respondents in our sample from all demographic groups conveyed the sentiment that things are tough, and tomorrow will be a better day. One woman's description of navigating unemployment during the pandemic highlights this optimism:

> I was really stressed out like, I need a job. I need to make money. I need to go to school. I need to get an education and like, I applied to a nursing program and I got turned down and that like sucked, like, jeez, can't anyone want me? But so that was really stressful and for some reason, I don't know why, I just felt like this peace, like you know what? Like the time's going to come and the right thing is going to come. [White woman, high school degree, low income]

To stay positive, many respondents reappraised their negative situations by either finding silver linings or finding other ways to reframe the situations in a positive light. Illustrating this type of reappraisal, for example, another respondent described the process of how she managed to shift her view of the

stay-at-home restrictions: "I also play with my mind to say, well, this is only for your health, that you do this it's only for your health, so you don't go out there. . . . So, I always try to keep making play with my head to make it positive enough to see this for a good instead of negative" [Black woman, less than high school degree, low income].

Although staying positive was a common sentiment, other coping mechanisms appear patterned by race and socioeconomic status. Go-to coping strategies for structurally disadvantaged individuals tended to focus on persistence and preventing negative feelings. In contrast, individuals with more resources had both the time and money to alleviate their fears in other ways that research suggests may be less detrimental to well-being over the long run.

Coping for Those Hardest Hit by the Pandemic

Individuals from groups facing structural disadvantages described coping behaviors that reflected these disparities and the greater hardship, stress, and loss they faced from the pandemic. To cope with their more challenging situations, they reported working hard to try to change their situations and themselves, restraining their emotions, and shifting their attention. In the face of unpredictable stressors, they also described turning to faith.

Hard Work

Many respondents without a college degree, and Black respondents across all levels of education, talked about the need to work hard to change their situations to get through the hardships of the pandemic. This type of persistent coping reflects a commitment to hard work, both mentally and physically, and a determination to achieve one's goals. Facing unemployment and the difficulty of a job search, one respondent revealed his sole coping strategy: to take action. His sentiment mirrors Robert Frost's famous phrase, "The only way out is through." He explained: "It was hard at first, trying to find work and stuff. I really don't have a coping mechanism for that. My coping mechanism was to just get up and try to find something, try to make something happen" [Black man, less than high school degree, low income].

Suppression of Negative Emotion

In addition to being persistent and working hard, individuals without a college degree and Black respondents across education levels also tended to report trying to stay strong and engaging in emotional restraint because they couldn't afford to be depressed. As the Black man with a high school degree highlighted in this article's opening quote stated, "Only the strong survive, so there's no time to be depressed." Similarly, a White woman with a high school degree described how controlling her emotions was paramount for her progress: "I've been working on myself and I still make progress every single day. Because I refuse to let anything else control my emotions but me and I can do it, you know what I mean? I can control my emotions" [White woman, high school degree, low income].

Another respondent described how they couldn't let their emotions get to them because of their social isolation. Depression did not feel like an option: "I don't allow things to get to me, I can't afford it. . . . I try not to let anything get me down, because I don't have that family to support me. I don't have those close friends that are going to come over and talk me through this or talk me through that, so I have to take care of myself. So I don't get depressed no matter what" [Black man, college degree, middle-income].

Research indicates that this tendency to suppress negative emotions and persist through tough challenges is associated with diminished cardiovascular functioning and other adverse health effects, especially among African Americans (Cole and Omari 2003; Krieger and Sidney, 1996; Kwate and Meyer, 2010).

Avoidance

Respondents also described efforts to keep their minds occupied by other things to avoid facing the emotional pain of their circumstances. One respondent, for example, used the metaphor of blinders to describe her strategy of not acknowledging the negatives in her life: "Sometimes we, you know, you keep your shades on. . . . you just don't even want to ac-

knowledge the bad. . . . I just kept my blinders on to keep moving forward" [Black woman, high school degree].[11] Another respondent actively chose to sidestep her thoughts: "I just try to not think . . . and If I think then I start getting upset, and then I just try not to think anymore" [White woman, high school degree, low income].

Limited research exists on the effects of this strategy for long-term well-being. A study conducted online during the pandemic found that deliberately avoiding thoughts about the pandemic was linked to increased anxiety and depression (Kar, Kar, and Kar 2021), yet that study's participants were primarily well-educated middle-class individuals.

Faith and Trust in God

Black respondents in particular reported turning to faith. In the face of greater hardship and loss during the pandemic, many found solace in putting their trust in God. This increased reliance on faith mirrored trends in the quantitative data that showed a diverging rise in religiosity particularly among Black and Hispanic respondents (see figure A.2). This relationship with God and community reflected a specific form of collective coping (Jacob et al. 2023; Singh and Pandey 1985). One Black woman, for example, talked about how gospel music helped remind her that "God is good all the time," and that she wasn't alone in facing difficult challenges because God was with her:

> I get depressed sometimes, but I just pray about it, I get past that. I just turn on some gospel music. . . I can't do this alone, and sometimes this world is going to make me think that I'm by myself and I realize I'm not by myself. I don't have to handle this. He told me a long time ago, whatever you can't handle, put it in my hands, but some days I forget that and that's when I go back to that gospel music. [Black woman, high school degree, middle income]

Having faith in God helped provide a sense that things were okay and thereby superseded other coping strategies. A Black man, for ex-ample, described not having to cope with the stressors of the pandemic because God would take care of them: "And I don't have to cope with stress. I don't have to cope with the emotional problems. When we're short financially or we have a hard week. It's God's going to take care of it. We all know that, we all know that. So, we're good" [Black man, high school degree, low income].

These themes are consistent with existing research findings that African Americans cope with the stress of racism through, among other strategies, faith, prayer, and spirituality (Jacob et al. 2023; Shorter-Gooden 2004).

Rebounding with Resources: Coping for the More Advantaged

During a universally anxiety-inducing pandemic, White respondents with college degrees exhibited coping behaviors that reflected their greater economic resources and less dire circumstances. They made use of luxuries of time, space, safety, and money less available to disadvantaged populations describing a medley of "self-improvement" coping strategies, including therapy, spending more time outside, and other self-focused activities.

Therapy

One of the most popular coping strategies that White individuals with college degrees reported was the increased use of psychotherapy, possibly expanded with online therapy during the pandemic. As one White respondent with a college degree noted, "I'll tell you, I started therapy again after fifteen years away because my anxiety has grown to an exponential level where I can't deal with it anymore" [White woman, college degree, middle-income].

Respondents talked about the benefits of psychotherapy both for themselves and for their relationships, and how it helped relieve the stress of spending more time at home together: "So, when COVID hit, I think we had more time together and those things were coming up, so we had to navigate those things together. So, we actually found a therapist and we actually went through some sessions to reevaluate our communication. So, our communica-

11. This respondent did not provide their income.

tion actually improved. . . . So, he feels better, I feel better and I think we are ready to navigate this time, COVID and climate change, elections, whatever they may be you know" [Asian woman, college degree, high-income].

Notably, some respondents expressed interest in therapy but couldn't afford it or struggled to find a therapist covered by their health care: "I've definitely thought about getting a therapist, but they're expensive" [Black woman, college degree, middle-income].

Outdoor Spaces

White respondents with college degrees reported engaging in activities that suggested they also had more free time and lived in well-tended areas close to recreational parks, green spaces, and safe neighborhoods to take walks and spend time outdoors, consistent with research findings (Williams et al. 2020). They relieved the stress of working at home by going outside and exercising. "We've used those nice trails that we have here, throughout the whole pandemic, and if it wasn't for this neighborhood. . . . We weren't here last year, a year ago and when the pandemic hit we didn't have this opportunity to walk safely in the neighborhood and just have this tremendous landscape and trails, and again, the neighbors are very friendly" [White woman, college degree].[12]

They were additionally more likely to report enjoying the benefits of gardening. As one college-educated respondent mentioned, gardening was her primary form of coping: "We planted a bunch of plants and herbs and flowers. Tried to make a nice space to hang out during the summer. That's probably been the main coping things that we did" [White woman, college degree, high-income].

A growing body of evidence suggests spending more time in nature improves mental health and cognitive functioning (Bratman et al. 2019; Schertz and Berman 2019). These findings suggest that groups with greater resources and structural advantages likely enjoyed health benefits from their coping strategies. This stands in contrast to groups with fewer resources who had to rely on coping strategies that often came with costs, rather than benefits, to their health.

DISCUSSION

The early days of the pandemic were uncertain and stressful times for many people in the United States. Yet survey data combined with qualitative interviews from September to November 2020 illuminate several ways in which the pandemic's impacts began to diverge depending on one's education, race and ethnicity, or gender. As summarized in table 3, these divergences in social, economic, and psychological states were also reflected in how respondents described their lived experiences and how they coped—from struggling to secure employment and enough food to exercising and spending time outdoors. Many White respondents with a college degree focused on coming to terms with a new normal in their daily routines. For some, the slower pace of remote work and shelter in place even presented opportunities to thrive—to invest in personal development, projects, and family relationships.

In sharp contrast, benefits of the pandemic rarely came up in the responses of Black and Hispanic individuals, nor for respondents without a college degree, who make up the majority of both our sample and the population. Here the new normal included compounding domestic duties, job losses, ongoing pandemic-related fears and losses, and an overwhelming sense of social disconnection and stress. Many respondents expressed exhaustion from ongoing unpredictability, as well as a loss of dignity and the loss of feeling that they mattered in a society that had failed to see, protect, or support them. Their focus was on stemming and surviving these losses. Notably, unemployment insurance and stimulus checks initially buoyed millions of households from falling into poverty. However, once these supports lapsed, poverty rates grew beyond pre-pandemic levels (January 2020), with hardship rising between July to December 2020, according to analyses with the Supplemental Poverty Measure that accounts for receipt of relief programs (Parolin et al. 2022).

Respondents' coping strategies often re-

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12. This respondent did not provide their income.

Table 3. Sociological Patterning of Psychological Losses versus Gains and Coping Strategies During the Early Phase of the Pandemic (April to November 2020)

	Losses and Gains		Coping	
	No college degree	College degree	No college degree	Whites with college degrees
Education	Loss of dignity and well-being. Feeling undervalued and disregarded	Rebound in dignity and well-being. Gains in time for family and self	Hard work, emotional suppression, avoidance	Therapy, time outdoors, exercise
	Black	White	Black	
Race-Ethnicity	Declines in perceived social support. Socially disconnected and unsupported	Rebound in perceived social support. Gains in time for family and self	Hard work, emotional suppression, avoidance, faith	
	Women	Men	Women	Men
Gender	Increases in stress. Underemployed and overworked with new domestic duties	Less increase in stress. Lower burden of domestic duties	No meaningful differences found	

Source: Authors' tabulation.

flected the magnitude and controllability of the challenges they faced. Many White respondents with a college degree were doubly advantaged. They appeared to experience less severe and more manageable losses and to have more access to public resources (such as parks) and private resources for coping. They used strategies that expressed their feelings and preferences—reading, hiking, enjoying nature, and therapy. In contrast, respondents without college degrees and Black individuals across all levels of education experienced the most COVID infections, deaths, and job losses. As they contended with economic precarity and threats to health, these respondents tended to cope using strategies of persistent hard work and emotional restraint to try to make things better.

The results of this initial interdisciplinary synthesis of conversational interviews and the quantitative survey items from the early stage of the pandemic have implications both for so-cial science theory and methods and for policy recommendations. In just one example for social science, the qualitative interviews reveal many aspects of psychological experience that have not been fully understood and theorized and are not yet assessed by the quantitative indicators on which policymakers typically rely. In particular, our results suggest the importance of creating questions for surveys and prompts for interviews that dimensionalize the stress that wears on well-being. As indicated in table 3, an important source of stress not typically captured is related to peoples' feelings that they don't count, that their contributions are not valued, or that they don't matter to others. These feelings of not being socially integrated include feelings of disregard as though others are indifferent to their suffering, or that they are being exploited by others through being underemployed, underpaid or overworked. This suggests a collective or social aspect of well-being that is underelaborated and that

may be more crucial for overall well-being than previously understood or documented. The results here provide a window into how the AVP provides an important opportunity to learn more about varieties of stress and mechanisms of coping that will be necessary for measuring the state of American mental health.

Given the unique design of the AVP, we were able to conduct cross-group comparisons and examine a broad range of psychological experiences and coping strategies. The commonality of themes among many respondents, alongside clear disparities across sociodemographic groups, underscores the importance of these areas for future research aimed at understanding and addressing inequalities in America. In particular, qualitative interviews that focus on specific themes could be used to provide even richer detail, situate themes within respondents' broader life circumstances, and differentiate among possible causes of the themes (see, for example, Martin 2013; Small and Cook 2021; Tavory 2020). Experimental studies could elucidate the causal mechanisms underlying these relationships; field experiments with targeted interventions, programs, or policies could provide effective strategies to reduce the disparities we observed.

Overall, our analysis reveals a powerful psychological dimension to inequality that was exacerbated by the pandemic, in addition to the economic and social disparities in the United States. This psychological dimension matters. Research from psychology and public health indicates that the constraints of low socioeconomic status can trigger a recursive cycle of deteriorating mental and physical health, often worsened by experiences of discrimination and a lack of respect, leading to poorer health outcomes and shorter lifespans (Adler, Glymour, and Fielding 2016; Chetty et al. 2016; Kaplan 2019; Marmot 2017). Furthermore, coping strategies involving persistent high effort and emotional restraint, although commonly adopted, are associated with longer-term adverse health effects, such as increased hypertension (Cue-vas, Williams, and Albert 2017; Williams, Priest, and Anderson 2016). This widespread, seemingly stoic approach to adversity, likely reinforced by the U.S. ethos of individualism and a cultural bias toward positivity, may obscure the extent of an emerging health crisis (Hook and Markus 2020; Kitayama, Markus, and Kurokawa 2000).

On the other hand, the positive experiences of those who thrived during the pandemic highlight potential policy measures to reduce inequalities in well-being. Enhancing universal access to green spaces, remote work options, and mental health programs could be crucial steps. Similarly, ensuring consistent childcare support and reliable broadband access would facilitate broader access to vital financial and social support systems now available online.

Although some policy implications are seemingly straightforward, our conversations repeatedly revealed that existing inequalities and weaknesses of the national safety net made it very difficult for respondents to sustain the professional and financial progress they were working toward.

Pandemic related safety net policies such as the American Rescue Plan helped temporarily mitigate some glaring resource inequalities. However, a revision of foundational cultural narratives, and perhaps the creation of new ones, may be required to generate both continued support for such policies and more lasting equality (Mattingly et al. 2021). Evidence-based narratives might recognize that the mainstays of individual hard work and persistence, though necessary, are not sufficient for success. Hard work may only translate into economic mobility, health, and well-being when people have the social and economic support that they need to overcome unequal and challenging circumstances. Nor are the benefits of hard work necessarily distributed equally. The pandemic has made the consequences of deeply rooted inequality for both individual and societal well-being ever clearer.

Table A.1. Quantitative Self-Report Psychological Measures

Well-being

Life satisfaction	All things considered, how satisfied are you with your life as a whole these days?	1–10: not at all to completely
Subjective health	In general, compared to others your age, how would you rate your health?	1–5: poor to excellent
Stress	In the last month, how often have you felt nervous and stressed?	1–5: never to very often
	In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?	1–5: never to very often
Loneliness	When you think about your life in general, how often do you feel isolated from others?	1–5: never to very often
Depression (past week)	I was bothered by things that usually don't bother me.	1 = rarely or none of the time - 4 = most or all of the time
	I had trouble keeping my mind on what I was doing.	
	I felt depressed.	
	I felt that everything I did was an effort.	
	I felt hopeful about the future.	
	I felt fearful.	
	My sleep was restless.	
	I was happy.	
	I felt lonely.	
	I could not "get going.	

Dignity

People respect me.	1–5: strongly disagree to strongly agree
I feel I do not have much to be proud of.	
I feel I have something valuable that I can contribute to my community.	
How often do you feel you get to step back and think about what is most important to you?	
I gave up trying to make big improvements or changes in my life a long time ago.	
Other people determine most of what I can and cannot do.	
When I really want to do something, I usually find a way to succeed at it.	
I have a clear sense of direction and purpose in my life	
How often do you feel you get to step back and think about what is most important to you?	1–5: not at all to an enormous amount

Social support

Maintaining close relationships has been difficult and frustrating for me.	1–5: strongly disagree to strongly agree
How much can you open up to your family and friends if you need to talk about your worries?	1–4: a lot to not at all
How often do members of your family or your friends let you down when you are counting on them?	1–4: a lot to not at all
The pairs of circles below show you ("You") in relation to people you consider to be family ("Family"), whatever family means to you. Which pair of circles best represents how close you feel towards your family? Response text includes: "You", "Family"	1–5: overlapping circle diagram
People around here are willing to help their neighbors.	1–5: strongly disagree to strongly agree
When I run into financial difficulties, I can rely on others in my community to support me.	1–5: strongly disagree to strongly agree

Source: Authors' compilation.
Note: Quantitative self-report psychological measures were assessed in a survey of approximately fifty questions that followed the qualitative portion of the American Voices Project interview protocol.

Figure A.1. Intersectional Analyses Showing That Trends in Well-Being, Dignity, and Social Support Began to Diverge Among White Respondents with College Degrees, Relative to All Others, in the Second Half of 2020
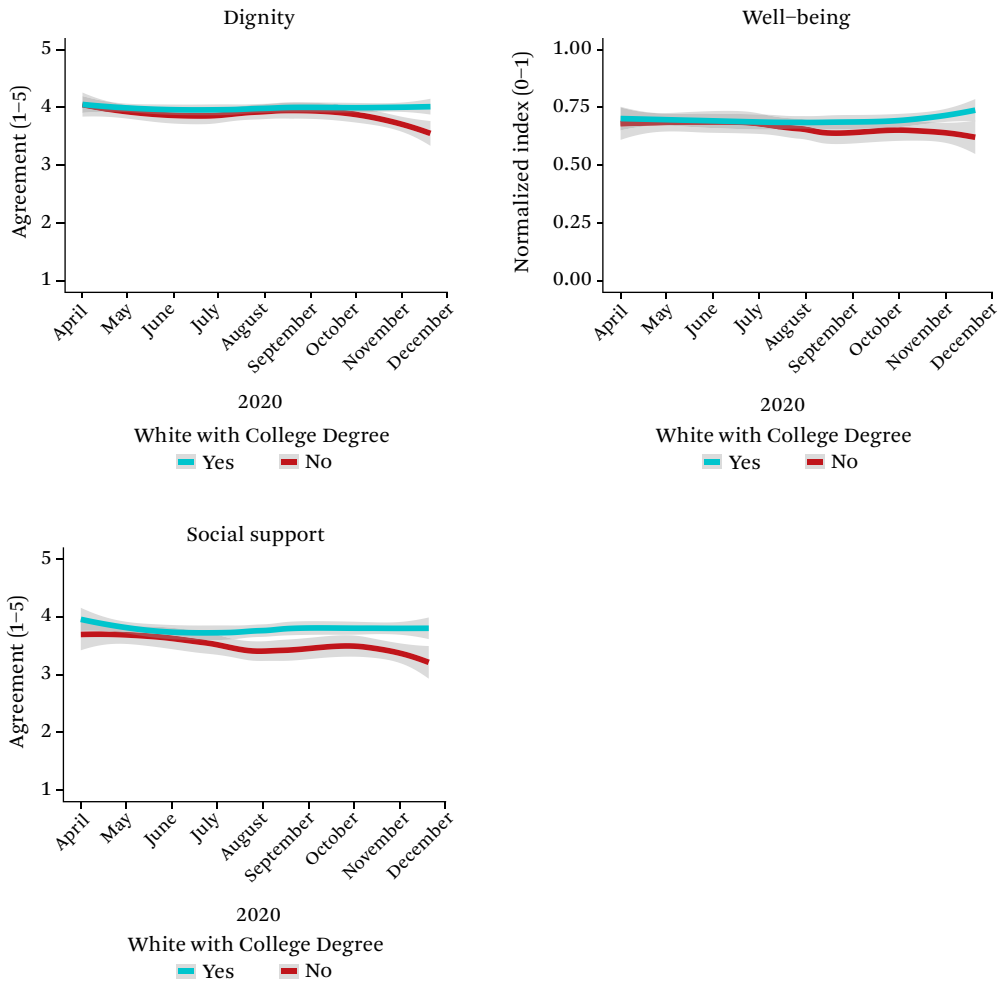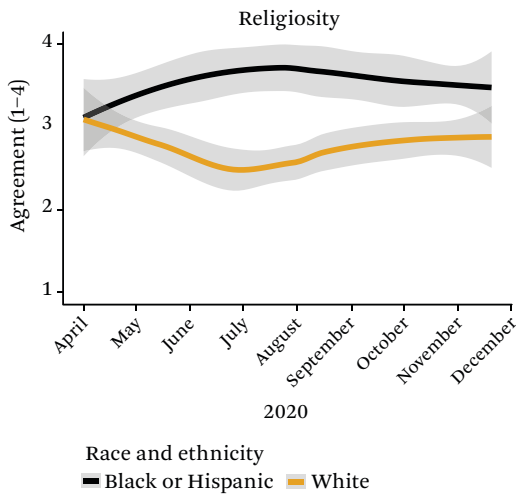

Source: Authors' tabulations.
Note: Gray bands around the lines represent 95 percent confidence intervals. See methodological notes.

Figure A.2. Endorsement of the Importance of Religion in One's Life Across Race and Ethnicity In the Second Half of 2020

Religiosity

Race and ethnicity
■ Black or Hispanic ■ White

Source: Authors' tabulations.
Note: Gray bands around the lines represent 95 percent confidence intervals. See methodological notes.

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