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Individual Differences and Sexual Minority Stress Processes: Can Incorporating Five Factor Traits Improve Estimates of Sexual Minorities' Depression, Anxiety, and Suicide Risk?

Objectives: Data suggest that certain people may be at increased risk for depression, anxiety, and suicidality based on individual personality trait differences. Indeed, numerous studies demonstrate concurrent and prospective associations between certain personality traits and depression (Kenler & Myers, 2009), anxiety (Rosellini & Brown, 2011), and suicidality (Brezo, Paris, & Turecki, 2006). Separately, research on sexual minority (i.e., people who identify as lesbian, gay, bisexual, and/or transgender) health emphasizes group-specific sociological factors (e.g., discrimination) and minority stress processes (e.g., internalized homophobia) when explaining this group's higher prevalence of depression, anxiety, and lifetime suicide attempts relative to their heterosexual counterparts (e.g., Meyer, 1995, 2003). Sexual minority health researchers are now beginning to move beyond the study of group-specific stress processes in an attempt to identify relevant psychological factors/processes conferring risk for distress and psychopathology in the context of minority stress (e.g., Hatzenbuehler, 2009). To date, no known study has tested whether personality factors add to the prediction of depression, anxiety, and suicidality among sexual minorities beyond sexual minority stress variables. Using the Five Factor personality model (i.e., neuroticism, extroversion, agreeableness, conscientiousness, and openness to experience), I hypothesized that personality effects would be significant beyond minority stress variables, and that neuroticism would be positively associated with depression, anxiety, and lifetime suicide attempts. I explored other personality trait effects as well.

Methods: To test these hypotheses, I administered a nationwide sexual minority stress and health survey and conducted analyses of the data ($n = 730$, M age = 29.99, $SD = 13.84$). Anxiety and depression (as measured by DASS-21; Antony, Bieling, Cox, Enns, & Swinson, 1998) were tested separately using hierarchical regression, and suicidality (i.e., self-reported number of lifetime suicide attempts) was tested using a negative binomial regression model. Each hierarchical model included age, gender, and sexual identity in block one; sexual minority stress factors (i.e., discrimination, victimization,

internalized homophobia, stigma, concealment, valence, prominence, and integration) in block two; and Five Factor personality traits in block three. I applied an *a priori* Bonferroni correction to adjust for the dependence between my depression and anxiety variables ($p < .025$). Although the suicide attempt model was not tested hierarchically, the variable structure was identical to the depression and anxiety models. Missing data were omitted listwise.

Results: Both hierarchical models were statistically significant at $p < .001$ (anxiety: $R^2 = .381$; depression: $R^2 = .484$). As expected, personality effects were significant beyond minority stress variables regarding depression, $\Delta R^2 = .145$, $p < .001$, and anxiety, $\Delta R^2 = .121$, $p < .001$. As hypothesized, neuroticism was positively associated with self-report depression, $\beta = .399$, $t(623) = 11.23$, $p < .001$, and anxiety symptom severity, $\beta = .372$, $t(623) = 8.89$, $p < .001$, after controlling for demographics and minority stress variables. Conscientiousness was inversely associated, and agreeableness was positively associated, with depression and anxiety. The suicide model was also statistically significant, omnibus $\chi^2 = 175.59$, $df = 21$, $p < .001$, AIC = 1284.181. Beyond victimization, $b = .634$, Wald $\chi^2 = 42.15$, $df = 1$, $p < .001$, and a marginal effect for valence, $b = -.142$, Wald $\chi^2 = 3.35$, $df = 1$, $p = .067$, a positive association between suicide and neuroticism emerged, $b = .228$, Wald $\chi^2 = 6.45$, $df = 1$, $p = .011$, IRR = 1.267, 95% CI [1.022-1.571]. That is, for a one-unit increase in neuroticism, incident risk for suicide increased, on average, by nearly 27%.

Conclusions: Results suggest that personality effects are significant beyond minority stress variables regarding the prediction of depression, anxiety, and lifetime suicide attempts. Further, I found that neuroticism represents a significant risk factor regarding current depression and anxiety symptoms, and reported number of lifetime suicide attempts. Results highlight the need for further research at the individual personality-environmental stress interface. Simultaneous consideration of these factors might produce more accurate estimates of risk for psychopathology, and improve extant prevention/intervention methods. I will discuss study limitations, additional implications, and directions for future research.