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To cite this article: Caroline H. Stroud, Robert J. Cramer, Amanda C. La Guardia, James W. Crosby & Craig E. Henderson (2015) Personality, spirituality, suicide, and self-injury proneness among lesbian, gay, and bisexual adults, *Mental Health, Religion & Culture*, 18:9, 777-788, DOI: 10.1080/13674676.2015.1096240

To link to this article: <http://dx.doi.org/10.1080/13674676.2015.1096240>



Published online: 11 Nov 2015.



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Personality, spirituality, suicide, and self-injury proneness among lesbian, gay, and bisexual adults

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(Received 12 March 2015; accepted 16 September 2015)

The present study sought to clarify gaps in current knowledge integrating personality, spirituality, and risk for suicide/self-harm among sample of 336 lesbian, gay, and bisexual community members. It was hypothesised that Neuroticism would positively predict, and Extraversion and Agreeableness would negatively predict, measures of suicide and self-injury proneness. Additionally, it was predicted that spirituality, defined as Spiritual Life Integration (SLI) and Social Justice Commitment, would interact with personality traits to attenuate risk for suicide and self-injury. Results supported the role of Neuroticism, and identified an unexpected predictor of Conscientiousness, at the main effect level. Moderation patterns were observed such that Agreeableness and Extraversion interacted with SLI to attenuate risk, such that high levels of each trait and high levels of spirituality were protective against suicide and self-injury proneness. Theoretical and practical implications with emphasis on counselling intervention implementation and future research are discussed.

Keywords: suicide; self-injury; physical unhealthiness; lesbian; gay; and bisexual (LGB); personality; Five-Factor Model; spirituality

Both suicide and self-injury represent salient mental health concerns for lesbian, gay, and bisexual (LGB) individuals. Bolton and Sareen (2011) conducted a meta-analysis of the extant literature base and determined that sexual minorities (LGB persons) are 2.47 times more likely to have made a suicide attempt than heterosexuals. With regard to self-injury, the literature suggests that LGB individuals are, in general, at increased risk for self-injury as well (House, Van Horn, Copeans, & Stepleman, 2011; Skegg, Nada-Raja, Dickson, Paul, & Williams, 2003), with particular risk for bisexual young adults (Whitlock & Knox, 2007).

The current study considers suicide and self-injury from the framework presented by Lewinsohn et al. (1995) and Lewinsohn, Langhinrichsen-Rohling, Rohde, and Langfrod (2004). Suicidal and self-injury proneness are considered within the framework of the Life Attitudes

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Schedule (LAS; Lewinsohn et al., 1995, 2004). The original LAS model considers life enhancing and life threatening behaviours: death-related (i.e., suicidal), health-related (i.e., self-care), injury-related (i.e., self-injury), and self-related (i.e., self-affirming) behaviours. Importantly, this perspective argues that traditional ways of measuring suicide and self-injury focus exclusively on suicidal ideation and extreme, high-threshold behaviours and may overlook more subtle risk and protective factors. Lewinsohn et al. (1995, 2004) contend that suicide and self-injury proneness should broadly consider not only overt behaviours, but also subtle self-destructive behaviours such as overall risk-taking (e.g., engaging in dangerous behaviours such as unprotected sex or substance abuse) and the absence of self-affirming (e.g., caring for oneself) behaviours.

Lewinsohn et al. (2004) proposed an additional framework for interpreting the LAS subscales. The two-factor model subsumes the health-related and injury-related subscales into a physical unhealthiness factor, reflecting an individual who engages in a high degree of self-injury risk, increasing the probability for death or injury even without conscious suicidal intent. The second factor, psychological death, combines the self-related and death-related subscales. Elevated scores on the psychological death factor indicate a combination of death-associated behaviours, as well as the psychological sequelae of hopelessness, low self-worth, and depression. The psychological death factor overtly assesses for suicide attempt history, suicide intent, and major suicide risk factors.

Personality, spirituality, suicide, and self-injury

Though the existing literature focuses almost exclusively on LGB youth (Birkett, Espelage, & Koenig, 2009; Eisenberg & Resnick, 2006; Hershberger & D'Augelli, 1995), studies in general highlight the overall protectiveness of social support on a variety of negative psychosocial outcomes (e.g., negative school environments, lack of parental and peer support, see Birkett et al., 2009). Because the literature review emphasised the social aspects of coping as protective factors, the need to consider social support as a protective factor in LGB adults is exigent. In particular, research has considered two relevant domains among heterosexuals, namely personality characteristics (e.g., introversion–extraversion) and spiritual practices (insofar as they may provide opportunity for social connectedness), as potential factors that either exacerbate or mitigate risk for suicide. No studies have considered the interaction between faith and personality traits as a framework for understanding the context of suicide and self-injury proneness. For example, aspects of faith such as engaging in philanthropic activities and fellowship may buffer suicide and self-injury in LGB adults. Additionally, certain personality characteristics are related to interpersonal functioning (e.g., Extraversion).

Personality

The Five-Factor Model (FFM; Costa & McCrae, 1992; McCrae & Costa, 2003) includes five broad domains of personality traits: Neuroticism, Extraversion, Openness to Experience, Agreeableness, and Conscientiousness. From the extensive research base on the FFM, Costa and McCrae (2003) posited the Five-Factor Theory of Personality (FFT), which distinguishes between Basic Tendencies and Characteristic Adaptations. McCrae and Costa (2003) explain: “basic tendencies are the abstract capacities and tendencies of the individual, whereas Characteristic Adaptations are concrete acquired structures that develop as the individual interacts with the environment” (p. 187). Basic tendencies include the five trait domains, as well as other broad characteristics like sexual orientation. Characteristic Adaptations are learned situational behaviours, such as habits (e.g., self-injury), interests (e.g., social justice), and attitudes (e.g., faith).

The FFT approach to understanding behaviour considers interaction between context and how broad traits can influence numerous domains, including beliefs and self-regulatory behaviour.

Commonly implicated traits across studies of psychopathology are high levels of Neuroticism and low levels of Extraversion (Duberstein, Conner, Conwell, & Cox, 2001; Enns & Cox, 1997; Hill & Kemp-Wheeler, 1986). While many studies have found that a combination of high Neuroticism and low Extraversion are associated with increased levels of suicidal ideation and attempts (Beautrais, Joyce, & Mulder, 1999; Fergusson, Woodward, & Horwood, 2000; O'Boyle & Brandon, 1998), other studies have found that additional traits are implicated. For instance, Kerby (2003) corroborated findings regarding Neuroticism and Extraversion, but also found that low levels of Agreeableness and Conscientiousness were associated with increased suicidal ideation in college students. With regard to self-injury, elevated self-injury risk is related to high levels of Neuroticism, and low levels of Agreeableness and Conscientiousness (Brown, 2009; MacLaren & Best, 2010).

Spirituality

A dense literature depicts spiritual coping across demographic and problem areas. Central to the present study is a relatively small literature evaluating the nature of spirituality, and potential for it to serve as a coping tool, for LGB persons (Bozard & Sanders, 2011; Jefferies, Dodge, & Sandfort, 2008; Oram, Bartholomew, & Landolt, 2004). While much of this literature addresses issues of faith among HIV-positive or AIDS-infected LGB persons (Hampton, Halkitis, & Mattis, 2010; Oram et al., 2004), Jefferies et al. (2008) provide an exemplar of the nature of spiritual coping beliefs among LGB persons (in this case Black bisexual men in the USA). Of the themes identified among this group were notions of involvement in broadly defined religious communities (e.g., social involvement across denominations), individual spirituality (i.e., one's sense of personal faith and relationship with God), and spirituality as coping (e.g., with religious condemnation, general adversity). It is such an individualised view of spirituality that provides the grounding of evaluation of spirituality in the present study.

While there exist several established conceptualisations of spirituality in the literature, the present study utilises Fenzel's (1996, 2002) framework. Building on previous conceptualisations of faith, Fenzel's Spiritual Involvement Scale (SIS; 1996, 2002) contains two facets to spirituality: Spiritual Life Integration (SLI) and Social Justice Commitment (SJC). SLI reflects the degree to which an individual incorporates spirituality into daily activities of living – such as practicing prayer or engaging in other sacred rituals. The second component to spirituality, SJC, is reflective of the philanthropic aspects of faith. In short, Fenzel's model considers both the extent to which an individual incorporates specific faith beliefs and practices, as well as the extent to which individuals *apply* the tenets many faiths boast.

Previous research using the SIS framework includes a study by Fabricatore, Handal, and Fenzel (2000) demonstrating that SJC was positively related to satisfaction with life. Also, Cramer, Griffin, and Powers (2008) empirically explored Fenzel's model through the lens of FFM traits. They reported that Agreeableness and Conscientiousness were positively related to SLI (accounting for 16% of the variance). Similarly, Agreeableness and Extraversion were positively related to SJC (accounting for 38% of the variance). Other research has shown SJC, but not SLI, predicts depressive and negative affective symptoms in a young adult sample (Powers, Cramer, & Grubka, 2007). The present study builds upon this work by considering how both dispositional (e.g., personality) and attitudinal (e.g., spirituality) characteristics interact to influence suicide and self-injury proneness.

Some broad faith-based literature does address suicide and self-injury. Though the research often argues that suicide rates have not been explicitly explored in many of the world's religions,

a generally supported conclusion is that, across religions, a higher degree of spirituality (i.e., behavioural engagement and nature and strength of belief) is associated with decreased suicide risk (Dervic et al., 2004; Gearing & Lizardi, 2009; Martin, 1984). For instance, Gearing and Lizardi (2009, 2010) review the literature and conclude that across four major religions, the extent to which one is devoted to religion is protective against suicide. The authors propose that this may be due to several factors, including but not limited to: traditional religions' aversion to suicide, indirect effects (e.g., aversion to substance abuse which may increase suicide risk), and increased social support. The authors conclude that clinicians should include faith in standard suicide risk assessments. The present investigation examines this argument by evaluating specific attitudes towards spiritual practice and social justice, as they may or may not be associated with suicide and self-injury among LGB persons.

The present study presents following hypotheses:

H1: Personality will display significant direct effects such that Neuroticism will be positively associated with suicide and self-injury, while Extraversion, Agreeableness, and Conscientiousness will be negatively related to suicide and self-injury.

H2: SLI will moderate the effects of personality traits such that lower levels of SLI, in combination with high levels of Neuroticism and low levels of Extraversion and Agreeableness, will be associated with increased suicide/self-injury.

H3: SJC will moderate the effects of personality traits consistent in patterns consistent with *H2*.

Method

Participants and procedure¹

Participants were 336 LGB patients at the Legacy Community Health Center in Houston, Texas. Participants were screened based upon meeting the following criteria: (a) self-identified as LGB, (b) a minimum of 18 years of age, and (c) possessing the 10th grade-level English reading to ensure comprehension of materials. Of the 336 participants, 241 were male (73.3%), 78 were female (23.7%), 10 were transgendered (3%), and 7 individuals did not provide a gender. The mean age of the sample was 42.26 years (SD = 11.14). Ethnicities were identified as follows: Caucasian ($n = 139$; 41.4%), African-American ($n = 138$; 41.1%), Hispanic ($n = 28$; 8.3%), Mexican-American ($n = 12$; 3.6%), Biracial ($n = 10$; 3.0%), Other ($n = 5$; 1.5%), and Asian-American ($n = 2$; 0.6%). Two people failed to indicate ethnicity. Participants also reported current religious affiliation; however, the multifarious self-labelling yielded difficulty to classify results.²

Measures

Demographics questionnaire

Participants completed a demographics questionnaire including a range of background information, including age, gender, ethnicity, and religious affiliation.

Five-Factor Mini-Markers

The Mini-Markers is a FFM-based measure developed by Saucier (1994). The scale comprised 40 items, and participants are asked to self-rate 40 adjectives, where "1" indicates "extremely inaccurate" and "9" indicates "extremely accurate". Eight items measure each of the five trait

domains. Internal consistency values reported by Saucier were reasonable for this measure: Extraversion (.85), Agreeableness (.85), Conscientiousness (.86), Neuroticism (.76), and Openness (.78). Internal consistency values in the present study were: Extraversion (.64), Agreeableness (.65), Conscientiousness (.60), Neuroticism (.74), and Openness (.74).

Spiritual Involvement Scale

Spirituality was measured utilising the Spiritual Involvement Scale (SIS; Fabricatore et al., 2000; Fenzel, 1996, 2002). The measure is composed of 18 items and boasts two subscales: SLI (ritualistic faith practices) and SJC (prosocial behaviour in the service of God). Sample items for the SLI subscale is “my life is better when I set aside private spiritual time (as in prayer, meditation, or contemplation)” and for the SJC “I try to change things that are unjust in the world”. The internal consistency values in past studies were SLI (.95) and SJC subscale (.75). Internal consistency values for the present sample: SLI (.97) and SJC (.69).

Life Attitudes Schedule-Short Form

The Life Attitudes Schedule-Short Form (LAS-SF), developed by Rohde, Seeley, Langhinrichsen-Rohling, and Rohling (2003), was derived from the original LAS (Lewinsohn et al., 1995). Suicide and self-injury proneness are categorised across two factors: psychological death and physical unhealthiness. Scores for each factor are tabulated for a continuous total score, and positive items are reverse scored so that higher scores on each factor indicate greater engagement in psychological death (e.g., traditional suicide assessment items, such as history of suicide attempt) and physical unhealthiness (e.g., more subtle self-defeating behaviours, such as lack of positive activity) factors. Extensive studies have examined the LAS-SF and reported that α values for the content scales vary across studies from .58 to .67 (Langhinrichsen-Rohling, Hudson, Lamis, & Carr, 2012). Internal consistency values for the present sample were acceptable: physical unhealthiness (.70) and psychological death (.72).

Results

Preliminary analyses

Correlation matrices were also run between demographics and proposed dependent variables in order to identify covariates to include in analyses investigating the three hypotheses. Other than age, no demographic variables showed significant effects on the two criterion variables.³ Age was significantly negatively related to both psychological death ($r = -.12, p = .03$) and physical unhealthiness ($r = -.19, p = .001$).

Hypothesis 1

A multivariate regression model was run including all of the factors of personality and age as a covariate to determine the effect on the suicide and self-injury (see Table 1 for results). Specifically, the following regression model parameters were implemented: (a) predictors were the main effects of age, Neuroticism, Extraversion, Openness, Agreeableness, and Conscientiousness and (2) criterion measures were both suicide and self-injury. Neuroticism, Conscientiousness, and age displayed significant multivariate effects, while Extraversion's multivariate effect trended towards significance. Neither Openness nor Agreeableness displayed significant multivariate-level effects. Conscientiousness was significantly negatively related to psychological

Table 1. Multivariate regression predicting suicide and self-injury proneness.

Predictor variable	Wilks' λ	F (2,302)	p-value	η_p^2
Age	.97	4.16	.02	.03
Neuroticism	.95	8.35	<.001	.05
Extraversion	.98	2.41	.10	.02
Openness	.99	1.67	.19	.01
Agreeableness	.99	1.00	.37	.01
Conscientiousness	.96	6.91	.001	.04

Note: Significant univariate tests were interpreted only for those predictors displaying significant or trending multivariate effects.

death ($\beta = -.04, t = -2.70, p = .01, \eta^2 = .02$), and Neuroticism was significantly positively related to psychological death ($\beta = .04, t = 3.33, p = .001, \eta^2 = .04$). Neither age nor Extraversion significantly predicted psychological death at the univariate level. For physical unhealthiness, Extraversion ($\beta = -.03, t = -2.18, p = .03, \eta^2 = .02$), Conscientiousness ($\beta = -.05, t = -3.61, p < .001, \eta^2 = .04$), and age ($\beta = -.03, t = -2.85, p = .01, \eta^2 = .03$) significantly and negatively predicted physical unhealthiness. Neuroticism significantly and positively predicted physical unhealthiness ($\beta = .05, t = 3.80, p < .001, \eta^2 = .05$).

Hypotheses 2 and 3

A multivariate regression model was run to test: (a) the main effects of FFM personality domains in the presence of spirituality, (b) the main effects of SLI and SJC, and (c) the two-way interactions of each personality trait by each spirituality variable (see Table 2 for multivariate tests). Age was also included as a covariate. Moreover, the set of criterion measures included both suicide and self-injury. Although the two spirituality variables were highly correlated ($r = .68$),

Table 2. Multivariate regression of FFM traits and spirituality predicting suicide and self-injury.

Predictor variable	Wilks' λ	F (2,283)	p-value	η_p^2
Age	.98	3.17	.04	.02
Neuroticism	.99	2.06	.13	.05
Extraversion	.99	.71	.50	.01
Openness	.98	2.74	.07	.02
Agreeableness	.99	.19	.83	.01
Conscientiousness	.99	.43	.65	.00
SLI	.99	1.04	.35	.01
SJC	.99	.49	.62	.00
SLI \times Neuroticism	.98	3.61	.03	.03
SLI \times Extraversion	.99	2.10	.12	.02
SLI \times Openness	.99	1.54	.06	.02
SLI \times Agreeableness	.98	3.12	.05	.02
SLI \times Conscientiousness	.99	.93	.40	.01
SJC \times Neuroticism	.99	.73	.48	.01
SJC \times Extraversion	.99	.58	.56	.00
SJC \times Openness	.99	2.36	.10	.02
SJC \times Agreeableness	.99	1.46	.23	.01
SJC \times Conscientiousness	.99	.33	.72	.00

Note: SLI = Spiritual Life Integration; SJC = Social Justice Commitment. Openness to Experience trended towards significance at the multivariate level.

multicollinearity diagnostics were run and the variance inflation factor value remained low across predictors⁴ (ranging from 1.05 to 2.06), which suggested one model in which all variables of interest could be examined.

At the multivariate level, both the Neuroticism by SLI and the Agreeableness by SLI interactions were significant. The following notable univariate effects were observed. Although Neuroticism and SLI significantly interacted at the multivariate level, univariate effects were non-significant for both outcomes (psychological death: $\beta = .001$, $t = 0.82$, $p = .41$, $\eta^2 = .001$; physical unhealthiness: $\beta = -.002$, $t = -1.78$, $p = .08$, $\eta^2 = .01$). Age was not significant at the univariate level ($\beta = -.02$, $t = -1.61$, $p = .11$, $\eta^2 = .01$).

As is standard practice for significant interactions in regression (Cohen, Cohen, West, & Aiken, 2003; O'Connor, 1998), simple slopes analyses were conducted to evaluate significant effects of the spirituality variable across levels of the trait involved in each interaction. Both Extraversion by SLI ($\beta = .002$, $t = 1.94$, $p = .05$, $\eta^2 = .01$) and Agreeableness by SLI ($\beta = -.003$, $t = -1.92$, $p = .05$, $\eta^2 = .01$) effects were significantly predictive of physical unhealthiness. Simple slopes analyses indicated that SLI was significant across levels of Extraversion: low Extraversion ($t(302) = -0.49$, $p < .001$), medium Extraversion ($t(302) = -4.89$, $p < .001$), and high Extraversion ($t(302) = -2.31$, $p = .02$) (see Figure 1(a)). The effect was most pronounced such that physical unhealthiness was the highest for those with low SLI and low Extraversion. A similar pattern emerged with regard to the Agreeableness by SLI interaction, such that SLI was significant at each level of Agreeableness: low Agreeableness ($t(302) = -3.98$, $p < .001$), medium Agreeableness ($t(302) = -5.12$, $p < .001$), and high Agreeableness ($t(302) = -3.35$, $p < .001$) (see Figure 1(b)). The observed pattern of increased risk was consistent with that for Figure 1(a).

Discussion

With FFT as a backdrop, the present study evaluated personality and spirituality among LGB adults, a population consistently found to be prone to increased self-injury, suicidal ideation, attempts, and completions (Bolton & Sareen, 2011; King et al., 2008). Neuroticism (with higher levels indicating greater affective instability), significantly positively predicted suicide and self-injury proneness. The effect of Neuroticism on suicide and self-injury is common across studies (Brezo, Paris, & Turecki, 2006). Conscientiousness also significantly negatively predicted suicide and self-injury proneness. Such a finding is not novel, as low levels of Conscientiousness have been implicated in suicide and self-injury outcomes in previous studies with heterosexual participants (Stanković, Šaula-Marojević, & Potrebić, 2006). To our knowledge, the current findings on both Neuroticism and Conscientiousness extended the personality trait-suicide/self-injury proneness research to LGB adults for the first time.

Extraversion negatively predicted self-injury, but not suicide proneness, which is inconsistent with previous studies (Beautrais et al., 1999; Fergusson et al., 2000). LGB participants who endorsed low levels of Extraversion, indicating characteristic quietness and shyness (Saucier, 1994), were more likely to engage in self-injurious cognitions and actions, as well as reckless and poor health behaviours (see self-injury subscale definition; Lewinsohn et al., 2004). One take on such a finding may underscore the possibility that a lack of social support stemming from high introversion for these persons is dealt with via impulsive or injurious coping styles. That is, introverts tend to perceive less social support, engage others less, and fail to use social support as a coping tool (Von Dras & Siegler, 1997). Given the additional unique social challenges that LGB persons may face, including being ostracised and stigmatised, it is plausible that these individuals are withdrawn not because of trait introversion, but rather, cope or respond in an unhealthy way via social isolation or self-injury. Such a premise again highlights

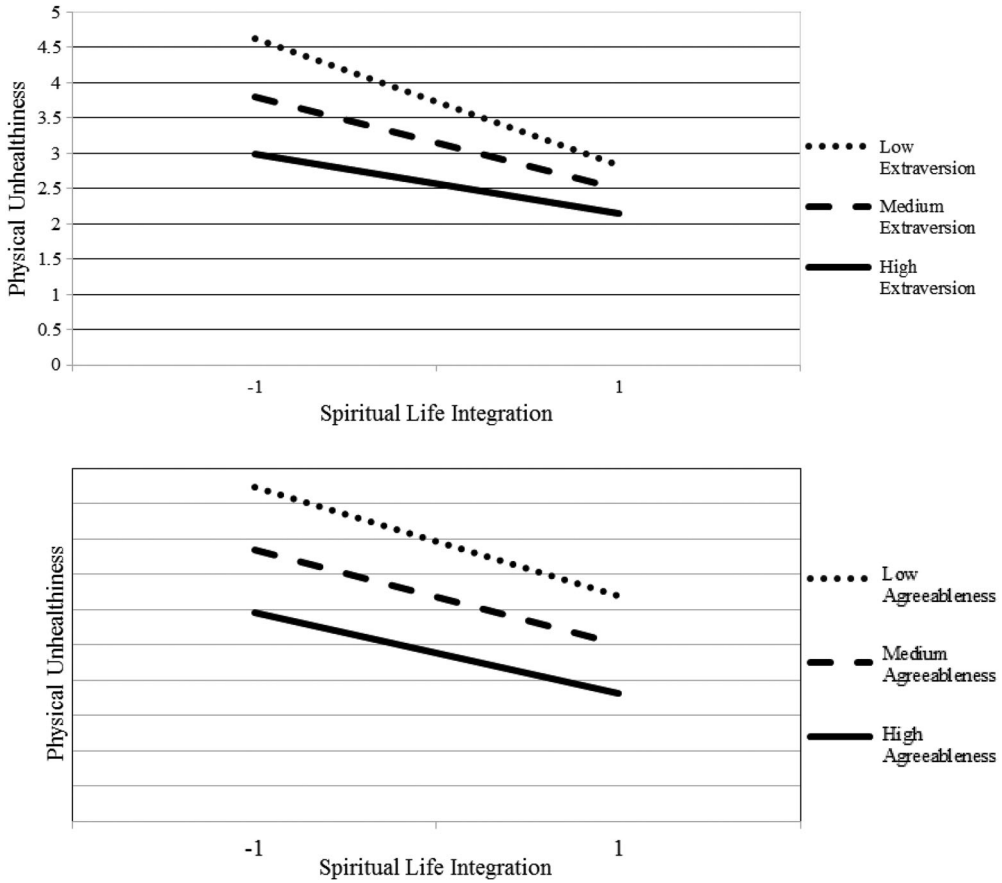


Figure 1. (a) Simple slopes of low, medium, and high levels of Extraversion across low, medium, and high levels of physical unhealthiness. Low values = one SD below the mean. High values = one SD above the mean. (b) Simple slopes of low, medium, and high levels of Agreeableness across low, medium, high levels of physical unhealthiness. Low values = one SD below the mean. High values = one SD above the mean.

the protectiveness of social support and is consistent with prior studies (Birkett et al., 2009; Hershberger & D’Augelli, 1995).

Moderation analyses from the present study provided novel insight with regard to spirituality and traits as they relate to suicide and self-injury proneness among sexual minorities. Agreeableness and Extraversion significantly interacted with SLI, but not SJC, to predict physical unhealthiness, such that low levels of each trait and low levels of SLI were most associated with higher levels of self-injury risk. The novel interaction findings again highlight the protectiveness of social aspects of coping at the trait level (e.g., Agreeableness and Extraversion). Those who are highly Agreeable may exhibit a general concern in the harmony of others through being empathic and altruistic. Individuals who are high in Extraversion are likely warm, gregarious, and will seek out positive emotions from social engagement (McCrae & Costa, 2003). Previous literature has emphasised the protectiveness of social support among sexual minority youth (Birkett et al., 2009). The present study further highlights how social components of personality may serve a risk or protective function for self-injury proneness, but not suicide proneness, among

LGB adults, especially when viewed through an interactive lens with positive attitudes towards ritualistic faith.

The moderating impact of SLI over SJC is particularly informative in light of Powers et al.'s (2007) conclusion concerning SLI and SJC: "affective state seems to be influenced by proactive spiritual outlets [SJC] above mere ritualistic methods [SLI]" (p. 240). Present findings contradict this statement, as interactive findings identified several personality-based contingencies under which SLI does impact affect-related states, at least with respect to physical unhealthiness. It is possible that positive interpersonal interactions from high traits Agreeableness and Extraversion, along with the context of preferring to attend religious services and engaging in an individual relationship with God, leads to a sense of community and relation with God, yielding decreased physical unhealthiness, particularly for the present LGB sample.

While not wanting to overstate the import of null findings the absence of SJC as a predictor is worthy of note. Simply, for this population it is possible that traits were stronger than SJC-defined faith in predicting mental health. Alternatively, the measure of faith used was non-specific to religious category. Perhaps, consistent with Gearing and Lizardi's (2009, 2010) literature reviews, one needs to delve more into specific religious types or denominations to fully evaluate the potential predictive utility of SJC. This area is worthy of future research.

From an FFT (McCrae & Costa, 2003) standpoint, the current findings extend personality theory by the relative interaction of personality and spiritual beliefs/behaviours, as they relate to suicide and self-injury. The FFT-based framework helps to clarify factors that exacerbate and mitigate risk for suicide and self-injury in a particularly vulnerable population of LGB individuals. Also, from the perspective of understanding spiritual coping among sexual minority persons, the present study extends qualitatively derived themes of spirituality reported by Jefferies et al. (2008). Based on in-depth interview data, Jefferies et al. note that individual conceptualisations of faith often served coping functions, and were frequently characterised by personal relationships with God, as well as social/community involvement. Our SLI findings provide quantitative support for the primacy of individualised faith, as well as contingencies under which spirituality may aid in coping. Finally, our findings add to the known convergent and predictive validity of the SIS (Fenzel, 1996, 2002) with respect to mental health.

In terms of counseling practice, the utility of the current findings may inform the psychotherapeutic treatment and assessment of LGB individuals who are prone to suicide and self-injury. An evidence-based practice perspective (APA, 2006) suggests accounting for personal client variables (e.g., sexual orientation identity, faith) in assessment and therapy. Consistent with this approach, assessment and therapy may account for personality and faith when working with LGB persons at risk for physically unhealthy or suicidal thinking or behaviour. For example, certain aspects of faith, such as engaging in fellowship and traditional rituals, were protective in combination with certain personality traits. This suggests that, at a minimum, therapists may consider addressing spiritual practices with clients (Gearing & Lizardi, 2009), especially where trait introversion or less agreeable traits are prominent. Also, as some scholars have called for implementing FFM inventories at the outset of therapy because they may help to inform intervention selection (McCrae & Costa, 2003; Miller, 1991), doing so with LGB clients may help to identify client strengths to draw upon for developing coping skills and intervention planning for managing suicide and self-injury proneness. Given that the present findings emphasised the social aspects of coping, emphasising client strengths related to such findings (e.g., Extraversion, Agreeableness) may help to build open and genuine interpersonal relationships, which may enhance overall coping. Examples of interventions, which may assist to draw upon socially centred strengths, include Interpersonal Therapy and the Interpersonal Effectiveness domains of Dialectical Behavior Therapy.

The present study possesses limitations warranting attention. First, the data collected are cross-sectional in nature; therefore, conclusions concerning the moderation model must be viewed with some caution and require replication over time. There is also limited ethnic variation within the sample, as over 82% of the participants identified as either Caucasian or African-American. Future research should examine the model utilising LGB persons of varying ethnic backgrounds to evaluate potential moderating effects of ethnic minority status. Finally, observed effects were modest in size, necessitating caution with regard to impact of potential application of these findings.

Acknowledgements

This project was conducted as the doctoral dissertation of the primary author.

Funding

The project is the result of a generous American Psychological Foundation Wayne F. Placek Grant bestowed to the second and first authors.

Notes

1. One previous publication concerning suicide proneness has come from this data, but employed a different suicide-related criterion and no overlapping analyses (see Cramer, Stroud, Fraser, & Graham, 2014). Additional procedural details are available in that article as well.
2. Exact categorical self-labels are available from the first author upon request.
3. Only significant findings are reported. Full statistical results available upon request.
4. Full multicollinearity diagnostics for all predictors are available upon request.

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