MASCULINE GENDER ROLE CONFLICT AND SUICIDAL IDEATION AMONG JUSTICE INVOLVED VETERANS: A MODERATION ANALYSIS

A Dissertation

by

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ABSTRACT

Men, especially veteran men, are at greater risk to die by suicide as compared to women and civilians. Researchers have previously attributed this to men's more probable use of fatal means, although the role of male cultural scripts have garnered increased attention. Researchers have also theorized that the stress caused by deviation from male cultural scripts, (i.e., masculine gender role conflict), influences men's suicide risk because it limits the availability of social support, increases isolation, and diminishes men's ability to build reciprocally caring relationships with other men. While researchers have identified numerous variables associated with suicidality, depression and alcohol use have been consistently found to predict suicide risk. As such, this study assesses the relationship between Gender Role Conflict (GRC) and suicidal ideation among a sample of justice involved veteran men. It also examined the hypothesis that GRC moderates the relationships of depression and alcohol use on suicidal ideation. Finally, this study assessed individual components of GRC separately using the Gender Role Conflict Scale (GRCS) to determine which specific types of conflict predicted suicidal ideation. Moderated ordinal logistic regression results indicated that GRC and depression predicted suicidal ideation. Alcohol use did not. Surprisingly, GRC interacted with depression to decrease suicidal ideation, however, no moderation effect was found for alcohol use. Supplementary analyses also revealed that two features of GRC, Restrictive Emotionality (RE) and Restrictive Affectionate Behavior Between Men (RABBM) independently predicted suicidal ideation in veteran men. This study interpreted study variables and findings within the context of the two dominant theories of suicide: the escape theory of suicide and the interpersonal theory of suicide. Limitations of the study and noteworthy avenues for future research are provided. Implications of the study and their relevance to the assessment and intervention of veteran men's suicide are also discussed.

DEDICATION

It is with my profound gratitude that I dedicate this dissertation to my parents, Jorge and Marina Ponte. Your constant support and love has provided me a steady platform from where I have been able to venture into the unknown and experience new challenges, learn new lessons, and live meaningfully. Thank you for being genuinely interested in my pursuits, and for instilling in me, from a young age, the belief that I can achieve whatever I desire. I am fortunate to call you my parents.

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CHAPTER I

LITERATURE REVIEW

Suicide

Suicide is a major public health concern with estimates suggesting that worldwide approximately one million people die from suicide each year (Easton et al., 2013). The United States is no exception to this problem, with suicide ranking as the tenth leading cause of death overall (Easton et al., 2013; Steele et al., 2018). In 2019, for individuals between the ages of 10 to 34, and 35 to 54, suicide ranked as the second and fourth leading cause of death, respectively (National Institute of Mental Health [NIMH], 2021). Problematically, the suicide rate in the United States has risen 35.2% from 1999 to 2018, and from a rate of 10.5 to 14.2 deaths per 100,000 (NIMH, 2021). These statistics do not include suicide attempts, which are more than 20 times higher than the rate of completed suicides (Easton et al., 2013). For instance, in the United States in 2019, suicide claimed 47,500 lives, although 1.4 million adults attempted suicide (NIMH, 2021).

Men from Western countries are four times more likely to die from suicide compared to women (Houle et al., 2008). One particular group of men with a high suicide prevalence is veteran men (Lee et al., 2018). While men die more by suicide, women attempt suicide two to three times more often than men; however, the difference in the rate of suicide completion has been attributed to men's use of means that are more likely to lead to death (Player et al., 2015; Steele et al., 2018). Nonetheless, besides men's use of more fatal means during suicide attempts, other explanations for men's higher prevalence of suicide involves men's unwillingness to seek help, male cultural scripts, and male socialization (Houle et al., 2008), all of which may be more common in veteran men.

Suicide and Veterans

Veteran men are twice as likely to die by suicide as compared to civilian men (Kaplan et al., 2007). Veterans account for approximately 20-22% of all suicide deaths even though they represent only 1% of the U.S population (DeBeer et al., 2014; O'Connor et al., 2017). On average 22 veterans commit suicide per day (DeBeer et al., 2014). The rate of veteran suicide steepened following Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF), and has since remained elevated (Lee et al., 2018). This increased rate of veteran suicide may be explained by the greater number of deployments and exposure to combat military personnel faced during this period (Lee et al., 2018).

The military culture is deeply rooted in masculine ideals (Chen & Dognin, 2017; Cox & O'Loughlin, 2017; Jacupcak et al., 2017; Juan et al., 2017), and is a service group mainly composed of men. Men in the military view traits such as toughness, emotional restrictiveness, strength, dominance, and control favorably (Chen & Dognin, 2017; Juan et al., 2017). Researchers have elucidated the influence that such perceived aspects of masculinity have on the stigma attached to help-seeking behaviors (Jacupcak et al., 2017). Among veterans, seeking help for mental health issues is considered a sign of weakness, and interpreted by them as signifying a loss in status (Heath et al., 2017). Veterans adhering to traditional notions of masculinity tend to hold less favorable attitudes to seeking help, thus making them more reluctant to do so (Wasylkiw & Clairo, 2018). This is concerning to researchers because avoidance of mental health services may lead to greater distress, the presence of mental health issues, and suicide (Granato et al., 2015). Indeed, as a result of deployment veterans are already an at-risk population that experience an array of psychological concerns, such as PTSD, depression, TBI, and substance use disorders at disproportionate levels (Tanielian & Jaycox, 2008) that place

them at greater risk for suicide (Pietrzak et al., 2010). Given the increasing prevalence of suicidality, it is important to gain theoretical understanding into the onset, development, and pathway towards suicidal behavior to identify target areas for treatment and intervention (Olson, 2014).

Theories of Suicide

Emile Durkheim, the founder of sociology, was the first to develop a theory of suicide in 1897 (Joiner, 2005). Durkheim's theory primarily focused on the social mechanisms driving suicide rather than aspects of the individual. He identified four types of suicide, all of which were attributed to extreme levels (i.e., too much or too little) of social integration or social regulation (Olson, 2014). Since Durkheim's theory, several theories grounded in biological, psychodynamic, cognitive-behavioral, and developmental perspectives have been proposed (Van Orden et al., 2010), too. Nonetheless, while significant contributions have been made, the theorization of suicide has been slow, due to the complexities involved in explaining suicidality (Joiner, 2005). Here, I review two of the most prominent and contemporary theories; the escape theory of suicide, and the interpersonal theory of suicide.

The Escape Theory of Suicide

Baumeister (1990) proposed the escape theory of suicide, which is one of the major theories researchers now utilize to explain how individuals develop suicidal ideation and then engage in suicidal behaviors (Landrault et al., 2020). Baumeister was influenced by other hallmark theories of depression and suicide (Dean & Range, 1999), as well as theories from social and personality psychology including attribution theory, self-discrepancy theory, action identification theory, and self-awareness theory (Baumeister, 1990). The central premise of escape theory is that suicide is an individual's attempt to escape from the self, and particularly,

from one's feelings of failure and inadequacy, when other means to escape have failed (Baumeister, 1990; Chatard & Selembegović, 2011). It posits that through a series of six subsequent stages, that are causally linked, individuals will be gradually motivated and move closer toward suicidal thoughts and behaviors (Dean & Range, 1996; Tang et al., 2013). These stages are: (a) falling short of expectations and standards; (b) attributing failures to the self; (c) experiencing a high state of self-awareness; (d) experiencing negative affect and feelings; (e) a shift to a state of cognitive deconstruction; and (f) consequences of cognitive deconstruction.

Falling Short of Expectations and Standards. In the first stage individuals believe that they have fallen short of set standards and expectations that have been either imposed by themselves or others (Dean & Range, 1999) because of unrealistically high standards and expectations, current stressors and setbacks, or both (Baumeister, 1990; Dean & Range, 1999). High standards and expectations paired with current stressors and setbacks lead to suicidality (Baumeister, 1990).

Attributing Failures to the Self. In the second stage, individuals attribute their inability to adhere to high standards and expectations and current difficulties to a sense of personal failure and inadequacy leading to diminished self-esteem (Baumeister, 1990). As a result, individuals internalize their failures and stressors and engage in self-blame. They make unfavorable self-attributions that are enduring and predictive of future difficulties. Conversely, if the attributions regarding their failures and stressors are externalized, escapist tendencies do not result. Escape theory suggests that escapist motivations drive individuals toward suicidal thoughts and behaviors when failures are internalized and attributed to the self.

High State of Self-Awareness. During the third stage individuals enter a state of high self-awareness that focuses on the negative aspects of the self (Baumeister, 1990). As individuals

internalize their failures, they become preoccupied with viewing the self as inadequate, unlikeable, guilty, incompetent, and bad (Baumeister, 1990; Dean & Range, 1996). Furthermore, an overly critical view of themselves and a positive view of others is solidified (Center for Suicide Prevention, 2014). Empirical evidence for the role that self-awareness plays in suicide has been examined in suicide notes, which have been shown to consist of many references to the self and first-person pronouns (Dean & Range, 1999).

Negative Affect. Due to the self being viewed as inadequate and guilty, escape theory suggests that the fourth stage involves individuals experiencing negative affect, primarily in the form of depression and anxiety (Baumeister, 1990). Baumeister (1990) indicates that depression functions not only as a negative emotional consequence, but also as an internal state whereby escape occurs through the absence of emotion that is observed in depression. Indeed, empirical evidence for the relationship between depression and suicide is well-documented (Baumeister, 1990; Dean & Range, 1999; Lee et al., 2018; Pietrzak et al., 2010). In escape theory, anxiety is said to develop in response to feelings of guilt, incompetence, and dislike; however, direct empirical evidence for the role of anxiety on suicide is less conclusive than it is for depression (Baumeister, 1990).

Cognitive Deconstruction. Cognitive deconstruction represents the fifth stage of escape theory and is characterized by the intentional or unintentional attempt to escape negative affect through the avoidance of "meaningful thought" (Baumeister, 1990, p. 99). According to Baumeister (1990) there are three signs that are indicative of a cognitive deconstructive state: (a) concreteness; (b) time perspective; and (c) proximal goals. Concreteness refers to a sort of "tunnel vision" in which attention is focused on immediate, narrow, and concrete sensations and emotions rather than broader, higher-level thoughts and feelings. Time perspective is

experienced as individuals escape by absorbing themselves into an unemotional present that does not consider the possibility of an alternate future. Escape theory holds that individuals' inability to foresee a happy future does not allow for the contemplation of any future. Finally, proximal goals refer to the presence of behavior that is guided by immediate goals rather than long-term goals (Dean & Range, 1999). This encompasses part of the cognitive deconstructive state as escape theory suggests that individuals who are suicidal lack the presence of any realistic long-term goals (Baumeister, 1990).

Consequences of Cognitive Deconstruction. The cognitive deconstructive state leads to four consequences that comprise the sixth stage: (a) disinhibition; (b) passivity; (c) absence of emotions; and (d) irrational thoughts (Dean & Range, 1999). Disinhibition refers to the removal of natural inner restraints that decrease the fear and thought of suicide (Baumeister, 1990). Baumeister (1990) suggests that disinhibition is the most influential of the four consequences in moving individuals toward suicide as it makes them more likely to engage in non-normative behaviors, such as suicide. Passivity is a state in which individuals deny responsibility and move to an external locus of control (Baumeister, 1990) that shapes their view of themselves as passive victims instead of as active murderers (Dean & Range, 1999). A consequence of cognitive deconstruction is the absence of emotion that is present as individuals attempt to escape from meaningful thought (Baumeister, 1990). Baumeister (1990) holds that it is not that emotions are not readily available, but rather that individuals attempt to suppress them and maintain them from their awareness. Finally, irrational thoughts, represent a pattern of thinking that is plagued with irrational beliefs, fantasy, rigidity, and dysfunctional attitudes (Baumeister, 1990; Dean & Range, 1999). Overall, the consequences of cognitive deconstruction are observed through the engagement in risky behaviors, substance use, self-harm, and social isolation, all of which are

attempts to escape that make a suicide attempt more imminent (Center for Suicide Prevention, 2014). Individuals will progress through these six stages as they are unsuccessfully able to escape, sequentially moving them closer to suicide, which is the ultimate form of escape (Baumeister, 1990; Chatar, & Selimbegović, 2011).

The Interpersonal Theory of Suicide

A critical contribution to suicide theory came in 2005 when Thomas Joiner detailed The Interpersonal Theory of Suicide, in his book, *Why People Die by Suicide*. Joiner's theory is considered the first to outline an ideation-to-action framework, whereby suicidal ideation and suicide attempts reflect distinct processes, each with their own causes and associated risk factors (Klonsky & May, 2015). Here, I provide a brief review of the theory, its constructs, and its explanation of suicidality.

Perceived Burdensomeness and Thwarted Belongingness. The theory includes two distinct but related interpersonal constructs, perceived burdensomeness and thwarted belongingness, that when simultaneously present are held to lead to passive suicidal ideation (Van Orden et al., 2010). Perceived burdensomeness is comprised of both the belief that one is a burden and a liability to others, and a view of the self that is hateful and inadequate (Van Orden et al., 2010). Thwarted belongingness is the perception that one is alone due to the absence of meaningful connections and reciprocally-caring-relationships (Van Orden et al., 2010). Both constructs are said to be dynamic cognitive affective states, which fluctuate over time and in severity (Van Orden et al., 2010). The mutual presence of perceived burdensomeness and thwarted belongingness are considered sufficient conditions for suicidal ideation. According to the theory, however, when individuals feel hopeless about these interpersonal states, meaning

that they view them as stable and unchanging, they will transition from passive suicidal ideation to active suicidal desire (Van Orden et al., 2010).

Acquired Capability. One of the ways Joiner has advanced suicide research and literature has been by introducing the construct of acquired capability as a means to understand the transition that drives suicidal ideation into suicidal behavior. This is of particular import as many people experience suicidal ideation, yet only a small percentage will attempt suicide, and even fewer will die by suicide (Joiner, 2005). The interpersonal theory of suicide differs from preexisting models in that it does not assume that the desire to die by suicide is a sufficient condition for a fatal suicide attempt, given the difficulty, pain, and fear underlying serious suicidal behavior (Van Orden et al., 2010). The theory posits, that due to evolutionary processes, humans possess biological instincts that protect and cause us to fear life-threatening stimuli such as suicide (Van Orden et al., 2010). Thus, in order to attempt suicide, these built-in restraints must first be diminished and opponent processes must be activated (Van Orden et al., 2010). Acquired capability refers precisely to this process and the means through which it is achieved. That is, the process whereby individuals desensitize themselves to the fear and pain of suicide in order to attempt and ultimately die by suicide (Joiner, 2005). Acquired capability is held to develop through several mechanisms; a lowered fear of death, elevated pain tolerance, the habituation of opponent processes, and repeated exposure to painful and provocative experiences (Van Orden et al., 2010).

Combining The Escape Theory and Interpersonal Theory of Suicide

The escape theory and interpersonal theory of suicide are the two leading frameworks of suicide (Landrault et al., 2020), and both have been especially helpful in explaining suicide among adult men (Olson, 2014). The theories overlap and share similarities, too. For instance,

perceived burdensomeness and thwarted belongingness can be observed as the consequences of the early stages of escape theory in which expectations are unmet, failures are internalized and attributed to the self, and feelings of inadequacy and disappointment ensue (Joiner, 2005). Furthermore, the state of cognitive deconstruction, where disinhibition and the engagement in risky behaviors take place, can be viewed as processes that facilitate the enactment of lethal self-injury, and thereby related to the development of acquired capability (Joiner, 2005). A recent study comparing both theories concluded that neither theory better predicts suicidal ideation, and that they are "best considered as complementary rather than competitive (Landrault et al., 2020 p. 208)." While the purpose of this study is not to test either theory, their understanding is essential as they provide a framework for conceptualizing study results. Due to the higher prevalence of suicide among men (Houle et al., 2008), it is also important to gain an understanding of how GRC may contribute to suicidality.

Theory of Masculine Gender Role Conflict

From the 1930s to the 1980s, Terman and Miles' Gender Role Identity Paradigm (GRIP) was the primary theory of masculinity. Terman and Miles theorized that individuals have a psychological need to match their gender role identity to their biological sex, and that healthy personality development occurred when this match was obtained (Levant, 2011). Conversely, the failure to develop the appropriate gender role identity resulted in negative attitudes towards women and defensive hypermasculine behavior.

In the 1980s, Joseph Pleck conceptualized masculinity from a social constructionist perspective in what he named the Gender Role Strain Paradigm (GRSP). The GRSP views gender roles as being relationally and socially constructed, changeable, and based on gender ideologies (Levant, 2011). GRC a similar and theoretically linked construct to the GRSP also

emerged during the 1980s. The theory of GRC evolved from a series of papers and empirical studies, and was designed to provide observable measurement of the negative outcomes associated with gender role strain (O'Neil, 2008). GRC theory holds that men can experience problems in multiple life areas when they adhere to rigid, restrictive, and sexist gender role attitudes (O'Neil, 2008). Gender role strain and GRC are hypothesized to occur when men attempt to conform or fail to conform to gender role norms. Failure to conform to masculine norms can lead to self-devaluations, devaluations by others, and compensatory hypermasculine behaviors. Gender role strain and GRC also occur due to rigid sex role socialization that limits men's potential, and their ability to be androgynous and fully functioning beings (O'Neil, 1981, 2008; O'Neil et al., 1986).

According to GRC theory, the male socialization process leads to the development of a masculine value system, also known as the masculine mystique, that is reflective of societal norms that dictate appropriate and acceptable male behavior (O'Neil, 1981). One of the main themes of GRC theory is that it represents men's fear of femininity (O'Neil, 1986). Fear of femininity is described as holding negative beliefs about stereotypically feminine behaviors, attitudes, and values (O'Neil, 2008). These negative attitudes about men adopting feminine behaviors are said to be learned during childhood as gender ideologies are being shaped by caregivers, peers, and societal messages and values.

Two main outcomes stemming from masculine socialization are theorized to cause GRC for men. The first are issues with control, competition, and power. Respectively, these issues are conceptualized as a need to have people and situations under one's control, constantly striving to win and be above others, and a determination to be able to influence and have authority over others (O'Neil, 1986). The second outcome is restrictive emotionality. Restrictive emotionality

refers to the inhibition of one's emotional expressiveness, the denial of others' emotions, and a general difficulty with self-disclosure, vulnerability, and understanding emotions (O'Neil, 2008).

Consequently, these two primary outcomes are said to have secondary effects on four life domains: (a) interpersonal life; (b) career development and work life; (c) home and family life; and (d) physical life (O'Neil, 1981). Interpersonal life is impacted by restrictive emotionality and control, competition, and power issues when these conflicts lead men to want to control women and have power over them, thus not allowing for understanding of female needs nor effective communication and relational problem solving. With other men, these conflicts do not allow for emotional expression, nor the development of trusting relationships as men must continuously compete with one another, demonstrate success, and avoid displays of weakness to be judged better than their competitors.

Career development and work life is impacted by the primary outcomes of male socialization in various ways. First, men learn through socialization that one of their main roles is that of breadwinner (O'Neil, 1981). The emphasis placed on upward mobility in one's career, competing, and achieving success at work can become one of the main ways that adult men use to gauge their masculinity and self-worth. Problems related to overwork, stress, and conflicts in the workplace can arise when men feel pulled to be constantly competing and achieving success at work (O'Neil, 1986). Moreover, this can lead to issues establishing meaningful relationships with colleagues and building social support systems (O'Neil, 1981).

Home and family life can be impacted by men's attitudes towards their roles within the family based on early masculine socialization. Restrictive emotionality, for example, can impede men from being emotionally available for children and spouses (O'Neil, 1981). Additionally, home and family life may become difficult for men who feel they are being pulled between their

roles at work and at home (O'Neil, 2008). As previously mentioned, an essential aspect of the male role involves being successful in the workplace. Changing sex-role dynamics now create added pressure for men as many women also work or expect men to share domestic and childrearing responsibilities (O'Neil, 1981). Ultimately, this can lead men to experience conflicts between work and family life as they feel pulled to meet opposing expectations.

Men's physical health is also posited to suffer due to upholding rigid masculine beliefs that lead to stress, strain, interpersonal and work conflicts, and unresolved physical and mental health issues (O'Neil, 1981). Restrictive emotionality reduces the likelihood that men will seek help or medical attention for difficulties. Moreover, men may overlook signs and symptoms of stress or concerning health issues, due to fears of vulnerability and weakness, that are internalized during male socialization. Such problems can develop into more serious physical and mental health complications when left unattended (Neilson et al., 2020).

The Gender Role Conflict Scale (GRCS) was the forerunner in measuring men's GRC since the 1980s (O'Neil, 2008). The originally designed scale consisted of 85 questions and six patterns that were hypothesized to represent GRC based on the theoretical literature: (a) restrictive emotionality; (b) homophobia; (c) control and competition; (d) restricted sexual and affectionate behavior; (e) obsession with achievement and success; and (e) health care problems (O'Neil, 1986). This model established the theoretical basis for GRC; however, empirical studies were needed to validate the construct. After item reduction and factor analysis were conducted, the GRCS resulted in 37 items and four factors. These four factors have guided the conceptualization of GRC: (a) Success, Power, and Competition (SPC); (b) Restrictive Emotionality (RE); (c) Restrictive Affectionate Behavior Between Men (RABBM); and (d) Conflicts Between Work and Family Relations (CBWFR). As such, the theory of GRC emerged

both from the theoretical literature of the masculine socialization process and from construct validation of the resulting GRCS.

Traditional Masculine Ideology

Traditional masculinity encompasses traits and behaviors such as asserting dominance and aggression, emotional control, sexual prowess, independence, and stoicism (Beesley & Mcguire, 2009; Neilson et al., 2020; Wasylkiw, & Clairo, 2018). Other expressions of traditional masculinity also include men being ambitious, achieving goals, and serving as the primary breadwinner of the family (McFarlane, 2013). Traditional masculinity is reinforced by society through a series of rewards and punishments that assist men in conforming to masculine norms (McFarlane, 2013). Unfortunately, for some men, GRC may occur when they do not feel that they are living up to traditional masculine norms or when they believe they are being perceived as feminine (Juan et al., 2017). Masculine GRC develops when men experience incongruity and internal conflict between their actual self and ideal self, based on societal expectations of masculinity (Vasquez et al., 2014). The effects of GRC are detrimental and are correlated with higher levels of anger and anxiety, decreased social support, and poorer mental and physical health (Juan et al., 2017).

The degree to which one conforms to the norms learned during male socialization reflects the amount that one engrosses in behaviors, attitudes, and values that are consistent with traditional masculine ideology (Granato et al., 2015; Neilson et al., 2020). With this being said, subcultures of masculinity exist (Beesley and Mcguire, 2009), and historical and cultural factors lead to the development of varying forms of masculinity that are unique to the context and time (Neilson et al., 2020; Wasylkiw, & Clairo, 2018). Nonetheless, while there are multiple forms of masculinity, traditional masculinity, which is also referred to as hegemonic masculinity, remains

the perceived ideal form of masculinity for men in Western societies (Wasylkiw, & Clairo, 2018).

Masculine Norms in the Military Culture

Masculine ideals are intertwined into the military culture, which makes military personnel more likely to endorse views consistent with traditional masculine gender role norms and behaviors (Chen & Dognin, 2017; Neilson et al., 2020). Indeed, existing research indicates that veterans display high levels of adherence to masculine norms (Cox & O'Loughlin, 2017); and that active-duty military men are more likely to believe in traditional masculine views such as the importance of male toughness and dominance than are civilian men (Burns & Mahalik, 2011). Nonetheless, while the military is one of the institutions that most heavily adheres to masculine ideals, noteworthy differences exist in how distinct military sub-groups socialize their members to masculine ideals, and between individual service members (Chen & Dognin, 2017).

Military personnel are socialized to masculine ideals through a process in which they receive implicit and explicit messages that reinforce, systemize, and impart these beliefs and behaviors (Neilson et al., 2020). During military training men are socialized to masculine ideals by being taught to be self-reliant, stoic, and tough (Burns & Mahalik, 2011). Additionally, the military culture consists of a clearly delineated hierarchical structure that values rationale over feelings, and strength, dominance, and emotional control (Chen & Dognin, 2017; Juan et al., 2017). Individuals who exhibit behaviors that align with these ideals are praised while those that do not are punished either informally or formally (Burns & Mahalik, 2011; Neilson et al., 2020). In the military, the conformity to masculine ideals serves several purposes such as helping soldiers overcome the physical and mental obstacles of military training, prevent demonstrations of weakness and vulnerability, and most importantly, to promote the view of a cohesive fighting

force (Burns & Mahalik, 2011). Therefore, when military personnel display masculine attributes, they are viewed as capable servicemen, whereas those who stray from these norms are perceived as incompetent and are thought to threaten the safety of themselves and their fellow members (Burns & Mahalik, 2011).

Although the entrenched masculine norms serve important purposes in the military, they can become problematic when traits such as emotional control, stoicism, and self-reliance are strictly held under circumstances that jeopardize physical and mental well-being (Neilson et al., 2020). Research suggests that veteran men have a difficult time detaching themselves from masculine norms, thus making them less likely to disclose personal struggles (Juan et al., 2017) as doing so is perceived as a sign of weakness and diametrically opposed to a masculine narrative (Neilson et al., 2020). Further research supports this notion as male veterans with mental health issues struggle with feelings of shame, and a sense of a demasculinized identity that stands in contrast to a traditional masculine identity of a military service member (Jakupcak et al., 2017).

Consequences of Rigidity to Masculine Norms

Adherence to traditional masculine norms has been associated with lower engagement in help-seeking behaviors (Booth et al., 2019; Burns & Mahalik, 2011; Granato et al., 2015; Wasylkiw & Clairo, 2018). It makes conceptual sense that a negative relationship exists between obedience to masculine norms and help-seeking, as characteristics of traditional masculinity emphasize the importance of self-reliance and emotional control (Beesley & Mcguire, 2009; Neilson et al., 2020). Help-seeking behaviors are therefore antithetical to a masculine stance and can be perceived as both feminine and a sign of weakness by men who adhere to notions of traditional masculinity (Wasylkiw & Clairo, 2018). When such views of masculinity are strictly

followed, it can lead men to avoid reaching out for emotional support or to seeking mental health services when encountering distress (Burns & Mahalik, 2011; Granato et al., 2015; Neilson et al., 2020). Furthermore, for men who view self-support as their only method of adaptive coping, problems can occur when their challenges are exacerbated to the point that self-support is no longer sufficient (Burns & Mahalik, 2011). Ultimately, when this rigidity to masculine norms of self-reliance is held, it can restrain men from utilizing mental health services; and lead to further distress, mental health issues, and suicide (Burns & Mahalik, 2011; Granato et al., 2015; Heath et al., 2017).

Men who follow traditional notions of masculinity are more likely to report suicidal ideation and recent suicide attempts (Genuchi, 2019). Furthermore, research demonstrates that men in comparison to women hold more favorable attitudes towards suicidal behavior, are more likely to view suicide as a powerful act and justify the use of suicide as a means of death (Genuchi, 2019). Masculine values are posited to influence men's perception of suicide as an act that is a demonstration of strength, courage, and determination (Meissner et al., 2016). From this perspective, suicide serves as a way for men to assert dominance, regain control, and increase their visibility to others (Meissner et al., 2016). Qualitative data obtained from relatives of male suicide decedents found that shame surrounding the loss of economic status, threats to their sexual prowess, and the violation of patriarchal norms were important contributors to their deaths (Andoh-Arthur et al., 2018). Other qualitative findings suggest that men have also described suicide as an escapist behavior to rid oneself of intolerable circumstances when there is no perceived alternative (Meissner et al., 2016), which is consistent with Baumeister's theory of suicide.

A consequence of rigidity to traditional masculine norms is the experience of GRC (Neilson et al., 2020). GRC is particularly important to consider among veteran men as they are viewed as both men of society and heroes of the military; thus, they experience added pressure to uphold traditional masculine ideals and norms (Juan et al., 2017). Certainly, research with veteran men indicates that adherence to traditional masculine norms is associated with poorer mental health and lower engagement in mental health services (Neilson et al., 2020). Men who experience GRC feel that their masculinity is being threatened and may feel compelled to "man up" in an attempt to re-establish their sense of manhood (Booth et al., 2019) by engaging in stereotypical masculine behaviors (Neilson et al., 2020). It is important to distinguish conformity to masculine values from GRC as the latter represents an extreme form that views any deviation to traditional masculine norms as threatening and stressful (Booth et al., 2019). Whereas masculine values have been correlated with some positive findings (Booth et al., 2019; Gerdes, & Levant, 2018), GRC has no known positive associations and is considered an explicit measure of distress (Morrison, 2012). Men in prison settings are a particular subgroup of men that display high levels of adherence to masculine norms (Granato et al., 2015; Kupers, 2005), thereby possibly making them more susceptible to experiencing GRC.

Men and Crime

Men are significantly overrepresented in the criminal justice system with over 90% of the United States prison population being comprised of men (Kupers, 2005). Veteran men represent one subgroup of men with high levels of criminal justice involvement (Elbogen et al., 2012; Van Dyke, & Orrick, 2017). Men have been found to be more violent than women (Cohen & Harvey, 2006), although 75% of men are convicted of non-violent crimes, with many of the offenses being drug-related (Kupers, 2005). One of the major theories that attempts to explain why men

commit more crimes than women holds that the sociocultural concept of masculinity results in males engaging in greater criminal behavior than females (Beesley & Mcguire, 2009). Masculinity is a social construct that emphasizes characteristics typically attributed to the male sex such as, strength, sexual prowess, power, emotional restriction, dominance and control, and aggressiveness (Beesley & Mcguire, 2009; Cox & O'Loughlin, 2017). Under this view, such traits are attributed to lead to criminal offending.

Prison settings are noted as an environment in which high levels of masculinity are present (Granato et al., 2015; Kupers, 2005). However, it is unclear whether individuals enter prison already endorsing masculine attitudes and behaviors or if these behaviors are exacerbated and utilized as coping skills to survive prison life (Kupers, 2005). Amato (2012) investigated whether adherence to masculine norms were associated with men's involvement in violent crimes. His study indicated that men who are violent demonstrate greater conformity to masculine norms and experience high degrees of GRC. Furthermore, when comparing all variables assessed including age, race/ethnicity, GRC, educational attainment, marital status, religious affiliation, and family history of criminal involvement, GRC was the most significant predictor of violence. This was especially noted among younger men, who showed greater conformity to masculine norms and elevated GRC scores.

Similar results were obtained by Schwartz et al. (2005), who reported that high levels of GRC in regard to SPC was linked to physical abuse. The researchers believed that this was indicative that men whose masculine identities are being threatened will become abusive to demonstrate power and control. In respect to men's relationships with other men, the more emotionally restrictive they were with one another, so was their use of isolation in their romantic relationships (Schwartz et al., 2005). This finding has also been observed by other researchers

who have theorized that men who abuse women are emotionally distant from other men, thereby becoming overly dependent on their romantic partners as their only source of emotional intimacy (Schwartz et al., 2005). Again, the results from these studies support the aforementioned notion that it is men who struggle with building connections and relating to other men emotionally that are more prone to exercise violence and abuse.

Veterans and Crime

Veteran involvement in the criminal justice system is a serious problem in the United States (Elbogen et al., 2012; Van Dyke & Orrick, 2017). In 2011-2012 the U.S Bureau of Statistics estimated that 181, 500 veterans were serving time in correctional facilities, which is equivalent to 8% of the total inmate population (Broson et al., 2015); however, some scholars argue that this number may be even greater as veteran status is not always effectively surveyed or inmates withhold it (Snowden et al., 2017). Also, more than half of incarcerated veterans have committed a violent crime, which is significantly higher than their civilian counterparts (Elbogen et al., 2012). With this being said, mixed results in regard to the influence of military service and crime have been found, with some evidence suggesting that military service can serve as a protective factor while other evidence indicates that it is a risk factor for criminal behavior (Snowden et al., 2017; Van Dyke & Orrick, 2017).

A common theoretical perspective used to explain veteran criminal offending is the violent veteran model (Van Dyke & Orrick, 2017). Under this view, combat exposure through military service contributes to veteran criminal offending as it makes individuals more accepting and more prone to use violence (Van Dyke & Orrick, 2017). Veterans are exposed, sometimes repeatedly, to horrific and traumatic events that are not typically encountered in daily civilian life. Researchers have shown a connection between exposure to trauma and the use of violent

behaviors in both veteran and civilian populations (Bennett et al., 2018). Further, individuals with PTSD have more frequent contact with the criminal justice system, especially for the perpetuation of violent offenses, as compared to individuals without PTSD (Morris et al., 2018).

Veterans are disproportionately affected by mental health issues as compared to the general population with as many as one-third of those who are deployed returning home with a mental health disorder (Tanielian & Jaycox, 2008). Problematically, the endorsement of mental health and substance abuse issues are correlated with increased engagement in high-risk and antisocial behaviors that are characteristic of criminal offending (Snowden et al., 2017). Problems related to substance use are commonly found in both veteran and civilian criminal offenders, and some researchers posit that substance abuse is the most significant predictor of veteran criminal offending (Morris et al., 2018). Substance use has been tied to the use of aggression and increased violent offending (Morris et al., 2018), which is common among incarcerated veterans (Elbogen et al., 2012) and may partially explain the higher prevalence of criminal behavior observed among veterans.

Other researchers have highlighted that military service can serve as a protective factor for criminal behavior. Snowden et al (2017) states that one of the main reasons why military service can be protective is due to the highly structured environment evident in the military in which individuals are consistently being monitored and supervised. Another compelling argument for the military serving as a protective factor is that criminal activity is often observed among poor individuals and homes. Military personnel receive routine paychecks and are granted medical and other significant benefits during and after their involvement in the armed forces. Additionally, military members are inspected and screened for past criminal activity prior to being accepted into the military, thus potentially excluding those with prior convictions.

Finally, once accepted into the military, servicemembers go through a highly structured training process that is regarded as a successful disciplinary procedure, which some judges favor over incarceration. As noted, there are a series of convincing arguments for the military serving as a protective factor for criminal offending.

Overall, mental health and substance use issues seem to be inextricably connected with military combat exposure and criminal behavior (Elbogen et al., 2012; Morris et al., 2018; Van Dyke & Orrick, 2017). On the other hand, recent evidence suggests that there may be certain characteristics that are more commonly found among military personnel, which are associated with risk taking and criminal offending (Snowden et al., 2017). Therefore, individuals that are attracted to military service may be a specific group that enter with increased levels of impulsivity, sensation-seeking, and aggressiveness, thereby already coming pre-disposed with traits that are connected to criminal offending and anti-social behaviors (Snowden et al., 2017). In response to these growing concerns, veteran treatment courts have been implemented in attempt to address the unique mental and social health needs of veterans (Yerramsetti et al., 2017; Tsai et al., 2018).

Veteran Treatment Courts

The first veteran's treatment court was founded in Anchorage, Alaska, in 2004 (McCall et al., 2018). However, veteran treatment courts did not begin to receive national attention until 2008 when Judge Robert Russell documented the observed outcomes of the veteran's treatment court in Buffalo, New York (Yerramsetti et al., 2017). Russell (2009) recognized the treatment challenges of veterans and designed the first veteran's treatment court that could be modeled and implemented across the United States. Currently, there exist over 461 veteran treatment courts nationwide (McCall et al., 2018).

The aim of veteran treatment courts is to re-direct veterans from the traditional criminal justice system to one that focuses on their mental health as well as other problems that may have been acquired through military service (Tsai et al., 2017). Veteran treatment courts are modeled after mental health courts and other jail diversion programs; thus they seek to address concerns specific to veterans to prevent recidivism (Erickson, 2016; Tsai et al., 2018). The theory behind this approach is that veterans' underlying problems that led them to commit an offense need to be treated in order to protect society and to prevent future offending (Yerramsetti et al., 2017).

Veteran Treatment Court Recidivism Outcomes

There exists little evidence surrounding the outcomes derived from participation in veteran treatment courts (Erickson, 2016; Tsai et al., 2018). Moreover, scholarly literature has not provided clear information regarding the types of interventions and treatments individuals receive in veteran treatment courts (McCall et al., 2018). Overall, the results of veteran treatment courts have been mixed (McCall et al., 2018). Hawkins (2010) mentioned that the Buffalo veteran treatment court had a total of 130 veterans who have participated in the program, fourteen of which have graduated and have not re-offended. Smith (2012) observed the recidivism rate in Alaska's veteran's treatment court and found that 17 out of the 38 graduates had re-offended within 3 years after program exit. This leads to a recidivism of 45%, which is only slightly below the state recidivism rate of 50.4% (Smith, 2012). Conversely, another study found that veterans who participated in a veteran treatment court were more likely than those that went through the traditional criminal justice system to have new arrests, jail sanctions, and new incarcerations (Tsai et al., 2017); thus, demonstrating potential negative effects of veteran treatment courts. However, this could be a result of surveillance bias (Yerramsetti et al., 2017).

Tsai et al. (2018) found different results, noting that only 14% of participants in veteran's treatment court programs experienced a new incarceration during an average of their one-year involvement. This rate is significantly lower than the one-year rate of recidivism observed among the general United States prison population, which is between 23-46% (Tsai et al., 2018). Participants admitted to veteran treatment court programs appear to obtain varying results with Hartley and Baldwin (2016) indicating that graduates experienced a recidivism rate of 8.7%, while those who failed to complete the program had a 56.3% rate of recidivism. However, it is unclear whether this was a result of the positive treatment outcomes obtained through participation in a veteran treatment court or if those individuals that were terminated simply were more prone to re-offend. Overall, there are no clear and consistent findings regarding the recidivism outcomes obtained for veterans who participate in treatment court programs (Erickson, 2016; McCall et al., 2018; Tsai et al., 2018).

Besides rate of recidivism, other benefits may be accrued from participation in veteran's treatment court. For example, findings from Tsai et al. (2018) demonstrate positive outcomes in regard to housing, employment, and benefits in a national study of veteran treatment courts. At admission, 48% of participants were in their own housing as compared to 58% at program completion. Rate of employment among these veterans was 27% at program admission and 28% during program exit. Finally, 50% were receiving benefits from the Veteran Affairs (VA) at termination, while this rate was 38% at program initiation. These results indicate that veteran treatment courts may aid in providing veterans with additional advantages other than solely focusing on preventing recidivism. Such benefits merit consideration when evaluating the outcomes of these courts in comparison to involvement in the traditional justice system as they

may play an important role in helping veterans re-integrate and become pro-social members of society (Yerramsetti et al., 2017).

Veteran Treatment Court Eligibility Requirements

Different veteran treatment courts have varying eligibility requirements (Erickson, 2016). Some treatment courts attempt to determine eligibility by evaluating for a connection between the veteran's military service history, presence of mental health issues, and criminal offending (Yerramsetti et al., 2017). For example, states such as Texas and Nevada have made it legislation that only veterans who have acquired brain injury, mental health issues, and substance use disorders because of their military service are to be served in veteran treatment courts. Surprisingly, this has augmented the types of offenses that are eligible to be served in a veteran treatment court (Tsai et al., 2017). A number of veteran treatment courts are guided by the eligibility regulations of the Buffalo, New York, treatment court, which only admits veterans with low-level and non-violent misdemeanors (Erickson, 2016). Veterans with more serious offenses are not accepted into these treatment courts and must stand trial through the traditional justice system (Erickson, 2016). Furthermore, some veteran treatment courts require individuals to plead guilty to be admitted (Erickson, 2016). The time commitment of veteran treatment courts, requirement to plead guilty, and strict eligibility measures can move veterans towards proceeding through the traditional justice system (Erickson, 2016). These factors create obstacles that impede the wider dissemination and utilization of veteran treatment courts (Erickson, 2016).

With this being said, eligibility requirements appear to be becoming less stringent in that some courts consider non-combat veterans with violent offenses (Erickson, 2016). For example, in an account of 461veteran treatment courts across the United States, 66% of courts accept veterans with either misdemeanor or felony charges (Flatley et al., 2017). Out of the remaining

34%, 14% only admit individuals with felony charges and 20% are restricted to veterans with misdemeanors (Flatley et al., 2017). Findings also demonstrated that 62% of courts will consider veterans with any type of violent offense, and 16% do not permit individuals with violent offenses. From the outstanding 22% of courts, 18% will only consider domestic violence offenses, and 4% will consider any violent offense other than that of domestic violence. Veterans are more likely than other inmates to be convicted of a violent crime, with Tsai et al. (2017) finding that 22% of veteran treatment court participants had entered the program due to a violent offense. This collection of data highlights the distinction among veteran treatment courts in their eligibility criteria and regulations, which are highly influenced by jurisdiction and state legislation (Tsai et al., 2017).

Veteran Treatment Court Participants

Most veteran treatment court participants have been males between the ages of 30-50 who presented with drug abuse problems and other mental health issues (McCall et al., 2018). In a national sample including over 20,000 veterans in Veterans Justice Outreach (VJO), over one-third were involved in a treatment court with an overwhelming majority being sent to a veteran's treatment court (Tsai et al., 2017). Among this sample, there were no sociodemographic factors that accounted for inclusion and involvement in a veteran treatment court. Veteran treatment court participants showed higher rates of combat exposure compared to non-treatment court subjects. However, less than half of all veteran treatment court participants had endured combat exposure, and approximately one-third of these veterans met criteria for PTSD. Veteran treatment court participants were found to be most charged with DUI and public-order offenses. Now that we have reviewed veterans treatment courts, we will introduce how depression and alcohol use are associated with suicide risk among veteran men.

Depression and Suicide

The American Psychiatric Association (2013) describes the primary feature of major depressive disorder as a period of at least two weeks consisting of either a depressed mood or the loss of interest or pleasure in most activities. In order to meet criteria for major depressive disorder, individuals must display at least five out of the nine highlighted symptoms, which include; a) depressed mood on most days; b) loss of interest or pleasure in most daily activities; c) significant changes in body weight; d) insomnia; e) psychomotor agitation or retardation; f) decreased energy on most days; g) feelings of worthlessness and guilt; h) difficulty thinking or concentrating; and i) suicidal ideation, attempt/s, or plan (American Psychiatric Association [APA], 2013). During major depressive episodes, the risk of suicidal behavior is always present, and this risk is exponentially increased when there exists a history of suicidal behavior (APA, 2013).

There is extensive research that has identified depression as a major risk factor for suicidal ideation and behavior (Easton et al., 2013; Pfeiffe et al., 2009; Lee et al., 2018; Oliffe et al., 2011; Yi & Hong, 2015). Depression has been identified as the psychiatric condition that is most strongly associated with suicide (Houle et al., 2008) with an estimated 2% to 8% of depressed patients ultimately dying by suicide (Pfeiffer et al., 2009). However, the percentage of those who attempt suicide is even larger with a civilian population-based study indicating that 16% of individuals who had been diagnosed with major depressive disorder throughout their lifetime had one or more suicide attempts (Tanielian & Jaycox, 2008). Additionally, national survey data suggests that individuals with a lifetime diagnosis of major depressive disorder were 10 times more likely to experience suicidal ideation, and 11 times more likely to have made a nonfatal suicide attempt (Tanielian & Jaycox, 2008). Psychological autopsy findings have

provided further evidence of depression's role on suicide with results demonstrating that mood disorders are the most common mental health disorders among suicide decedents (Cavanagh et al., 2003; Li et al., 2011). Specifically, Li et al. (2011) found that 26.3% of male and 31.6% of female suicides occurred because of a mood disorder, the highest of all categories of mental disorders. A recent meta-analysis confirmed these results finding that mood disorders followed by alcohol and substance use disorders were the two most frequently endorsed mental health disorders among suicide decedents (Conner et al., 2019).

Depression, Suicide, and Veterans

A study that included 2160 men seeking healthcare services at the U.S. Department of VA medical centers and outpatient clinics revealed that 40% of outpatients met criteria for at least one mental health disorder and that 31% of the sample screened positive for depression (Hankin et al., 1999). Nonetheless, rates can vary significantly between veteran groups with one study indicating that veterans who seek mental health services have depression and PTSD at approximately 3 times the rate of non-service seeking veterans (Vaughan et al., 2014). In this study, which included 913 veterans, 21% of those who received services met criteria for depression, while only 8% of those with no service utilization met criteria. Assessing for depressive symptoms is important as it can independently serve as a strong predictor for suicide among veterans (Yi & Hong, 2015). Veteran studies have highlighted that depression is one of the most significant predictors of suicidal ideation (Pietrzak et al., 2010) and suicidal behavior (Lee et al., 2018). Furthermore, VA medical data of suicides across a one-year period found that 70% of individuals who attempted suicide had been diagnosed with an affective disorder (Tanielian & Jaycox, 2008).

Veterans experience high rates of major depressive disorder (Nichter et al., 2020) and anxiety related disorders such as PTSD that increase the risk for suicide (Pfeiffer et al., 2009). Among veterans, major depressive disorder is highly comorbid with other mental health disorders with around 45% meeting diagnostic criteria for at least one other disorder (Tanielian & Jaycox, 2008). Depression frequently co-occurs with PTSD in veteran populations (Pfeiffer et al., 2009; Tanielian & Jaycox, 2008), which is problematic as it increases the risk for suicidal ideation and suicidal behavior (Lee et al., 2018; Pietrzak et al., 2010; Pfeiffer et al., 2009; Tanielian & Jaycox, 2008). While the comorbidity of depression and PTSD elevates suicide risk, depression has been found to be a stronger independent predictor than PTSD for suicide (Tanielian & Jaycox, 2008).

Alcohol Use and Suicide

Men outnumber women in all drinking-related behaviors as research indicates that they consume more alcohol, drink more frequently, binge-drink more often, and have greater problems with alcohol abuse and dependency (Mullen et al., 2007). Indeed, the consumption of alcohol has been described as a male activity that is viewed as normal and consistent with the traditional male gender role (Keenan et al., 2015). Men will evaluate and critique other men's drinking behavior (Wilkinson & Wilkinson, 2020) because among men, drinking is a way in which they can assert their sense of maleness as it serves as an expression of hegemonic masculinity (Besse et al., 2018; Wilkinson & Wilkinson, 2020); whereas, abstaining from alcohol is seen as a sign of weakness and femininity (Mullen et al., 2007). The ability to consume large amounts of alcohol while at the same time remaining posed and in control gains men social capital as they are perceived as being strong and cool (Dumas et al., 2015).

Besides using alcohol as a performance and social status measure (Besse et al., 2018; Dumas et al., 2015) men also drink alcohol to escape life problems, to deal with stress, and to get drunk (Capraro, 2000; Mullen et al., 2007; Shirvani et al., 2017). In fact, men report using alcohol for escapism and intoxication more so than women (Capraro, 2000). This is problematic as the escape theory of suicide suggests that disinhibition and drinking to escape partly represent the behaviors that occur in the final stage before individuals attempt suicide (Baumeister, 1990). With this being said, drinking with other men has other purposes too, such as building a sense of camaraderie, increasing intimacy, and establishing mutual support (Wilkinson & Wilkinson, 2020). For example, men drink more often when in the company of other men (Mullen et al., 2007), and are more likely to establish friendships when they consume alcohol together (Wilkinson & Wilkinson, 2020). Therefore, for some men, binge-drinking may be a representation of out-of-control behavior, whereas for others, it serves as a way to build friendships and have fun (Wilkinson & Wilkinson, 2020).

While there exists a dichotomy for the distinct purposes that men drink, alcohol use disorder is nonetheless one of the most prevalent psychological disorders in men with an estimated 20% struggling with alcohol dependence at some point in their lifetime (Hufford, 2001). Previous research has elucidated that those individuals with alcohol and other substance use disorders are at an elevated risk for suicide (Ilgen et al., 2012; Conner et al., 2019; Lee et al., 2018; Pietrzak et al., 2010). This elevated suicide risk is exponentially greater, with survey data suggesting that individuals with substance use disorders have a 6 times greater risk of having a lifetime suicide attempt (Ilgen et al., 2012). Furthermore, alcohol and other drug use plays a crucial part in suicide as findings indicate that 43-65% of adults who attempt or complete suicide were under the influence of alcohol or other drugs (Steele et al., 2018). A review of

psychological autopsy studies identified alcohol use and other substance use disorders as the second most common type of mental health disorder (trailing a mood disorder) among suicide decedents (Cavanagh et al., 2003). Additionally, substance use disorders may singularly predict suicide risk with Borges et al. (2000) reporting that alcohol and illicit drug use predicted suicide attempts after controlling for demographic variables as well as comorbid mental health diagnoses.

One of the limitations of current research is that it has not always differentiated alcohol from other substance use disorders when attributing their risk on suicide (Conner et al., 2019). Therefore, the independent risk of alcohol use or intoxication is not always known. Moreover, studies have failed to explore the different effects that substance use disorders have on suicide outcomes, such as ideation, attempts, or fatalities (Poorolajal et al., 2016). A recent meta-analysis attempted to address this latter limitation, and the researchers confirmed that substance use disorders are indeed correlated with all three types of suicide outcomes; ideation, attempts, and death (Poorolajal et al., 2016). In addition, the authors concluded that alcohol or any type of illicit drug use should be regarded as an important predictor of subsequent suicide risk. Another meta-analysis specifically focused on alcohol use disorder and its association with suicidal ideation, attempts, and deaths. Meta-analytic results demonstrated that alcohol use disorder significantly predicted all three outcomes, although stronger odds were found for suicide attempts and deaths (Darvishi et al., 2015).

Alcohol Use, Suicide, and Veterans

Alcohol use is a common and accepted practice in the military culture, and military personnel and veterans have higher rates of alcohol use than civilians (Besse et al., 2018). Reports from the United States Department of Defense (DoD) found that 50% of active

duty personnel reported binge-drinking in the past month, which is 3 times higher than the rate observed among civilian populations (Besse et al., 2018). Nonetheless, distinct drinking cultures and rituals exist between the different branches of the armed forces, and previously these drinking rituals were widely accepted by the military (Shirvani et al., 2017). While the military no longer supports or provides the alcohol, these drinking rituals have become tradition and have been continued by current service members (Shirvani et al., 2017). Military personnel will use alcohol for a variety of reasons including to destress, cope with life challenges, deal with boredom and loneliness, to have fun, bond with fellow service members, and to fit in with their unit and the larger military culture (Besse et al., 2018; Shirvani et al., 2017).

A large-scale study of 56, 350 active duty soldiers found that almost 12% were experiencing problems with alcohol abuse (Milliken et al., 2007). However only 0.2% were referred for treatment, and those that were referred rarely followed up (Milliken et al., 2007). Qualitative findings on how soldiers perceived alcohol use in the military revealed the following: a) drinking is viewed as an accepted behavior to relax and cope with stress; b) engagement in heavy drinking is perceived as normal and that there is pressure to do so in order to prove yourself to your comrades; c) high amounts of alcohol consumption are used to establish bragging rights between soldiers; d) pressure to drink alcohol is especially prevalent among younger soldiers in an attempt to fit in; and e) military superiors encouraged the drinking of lower ranking soldiers by hosting parties and events (Besse et al., 2018). These reports by soldiers parallel those indicating that the use of alcohol among men is tied to a demonstration of their masculinity (Wilkinson & Wilkinson, 2020); and are not surprising given that masculine traits are part of the military culture and are viewed favorably (Chen & Dognin, 2017; Juan et al., 2017).

Similar results demonstrating the association between alcohol and other substance use disorders and increased suicide risk have been noted among military personnel (Ilgen et al., 2012; Lee et al., 2018; Pietrzak et al., 2010). Among male veterans who died by suicide, substance use disorder has been found to be less predictive of suicide risk than bipolar and depression, but more so than PTSD or any other anxiety-related disorder (Ilgen et al., 2012). This again confirms the findings of psychological autopsy studies that suggest that following mood disorders, alcohol and substance use disorders are the most common mental health issues among suicide decedents (Cavanagh et al., 2003; Conner et al., 2019). Pietrzak et al. (2010) found that among OEF and OIF veterans, those that endorsed problems with alcohol were more likely to report suicidal ideation. Similarly, a two-year longitudinal study of OEF and OIF veterans reported that alcohol use disorder emerged as one of the strongest predictors of suicide attempts during this period (Lee et al., 2018). These two studies shed important evidence as they specifically focused on alcohol use disorder as a predictor of suicide risk rather than substance use disorders as a broad category. While not all studies have measured specific substance abuse disorders, Ilgen et al. (2012) identified that among 3132 male veteran suicide decedents who were previously diagnosed with a substance use disorder, alcohol use disorder was the most common and endorsed by 84% of the sample. Therefore, this suggests that problems related to alcohol use are likely the most frequently experienced substance use concerns among suicidal male veterans (Ilgen et al., 2012).

Conceptual Framework

Thus far we have reviewed suicide, as a major public health concern, and its increased prevalence among specific populations such as men and veterans. I have also introduced the escape and interpersonal theories of suicide, alcohol use and depression as predominant risk

factors for suicide, and GRC's impact on help-seeking and its relation to mental health issues and suicidality. While the focus of this study is to examine GRC's relationship to suicidal ideation among veterans, the escape and interpersonal theories of suicide in combination with the existing research base serve as the guides for understanding the relationships between study variables and suicidal ideation. GRC is a distinct construct from those outlined in the escape and interpersonal theories of suicide, yet certain compatibilities are existent. Depression and alcohol use also share connections to both theories. In this section, the conceptual links between GRC, alcohol use, and depression and the escape and interpersonal theories of suicide will be presented.

Gender Role Conflict and Escape and Interpersonal Theory

The first three stages of escape theory layout the root concerns that consequently spur escapist tendencies. These stages center around an individual's inability to meet personal and societal goals and standards (Dean & Range, 1999), the resulting internalized feelings of inadequacy (Baumeister, 1990), and the preoccupation with one's inadequacy (Baumeister, 1990; Dean & Range, 1996). For men, GRC can represent the failure to meet goals, and the embodiment of feelings of inadequacy, as GRC is purported to develop when men experience discrepancy between their actual outcomes and the societal expectations of the male role (Neilson et al., 2020). In other words, men with a high degree of GRC are likely to feel inadequate as men due to the strain they experience from not fulfilling society's conceptualization of masculinity.

Within the framework of the interpersonal theory of suicide, GRC may be related to thwarted belongingness as parts of GRC involve the restriction of emotions and discomfort with physical and emotional displays of affection. A limited ability or desire to self-disclose or allow others to do so could be an impediment to feeling part of a group, family, or community,

consequently spurring feelings of isolation and a decreased sense of belonging. Further, it was discussed above how GRC can be a representation of men's feelings of inadequacy. This is related to perceived burdensomeness as the development of a hateful and inadequate view of the self is a condition for the perception of oneself as a burden.

Depression and Escape and Interpersonal Theory

Depression is specifically stated in escape theory as occurring during the fourth stage, negative affect, and persists through the latter stages of cognitive deconstruction and its resulting consequences. Escape theory also holds that depression is the primary psychological disorder that is evidenced in response to the feelings of failure and inadequacy that spur escapist tendencies. In connection with the interpersonal theory of suicide, depression can be observed as a consequence to perceived burdensomeness and thwarted belongingness. Actually, initial findings support this claim as they indicate that depression is positively associated with both constructs (Silva et al., 2015).

Alcohol Use and Escape and Interpersonal Theory

Alcohol use surfaces in escape theory during the final stage when individuals engage in disinhibitory and risky behaviors that make suicide a more imminent threat. Thus, alcohol use is theoretically tied to suicidal behavior, but not suicidal ideation, as it is considered an escapist consequence to suicidal ideation rather than the cause of the ideation itself. Similarly, the interpersonal theory of suicide does not consider alcohol use as being the reason for suicidal ideation. Instead, alcohol use is linked to acquiring the capability to enact suicide. The disinhibition associated with alcohol use facilitates the attainment of acquired capability through the repeated exposure to fearful situations, an increased ability to inflict self-injury, and higher pain tolerance.

Taken together, GRC, depression, and alcohol use fit conceptually with the escape and interpersonal theories of suicide. This is especially true for veteran men as they experience increased adherence to traditional masculine gender roles, and higher levels of depression and alcohol use.

Purpose Statement

Given the high prevalence of suicide among veteran men, the adverse impacts of depression and alcohol use on suicidality, and the influence of GRC on psychopathology, attitudes towards suicide, and stigma surrounding help-seeking behaviors, the current study aims to explore if GRC moderates the relationships between depression and alcohol use on suicidal ideation among justice involved veteran men. The study also seeks to examine if GRC directly predicts suicidal ideation and if it serves as an independent risk factor. Finally, supplementary analyses will be conducted to scrutinize which specific GRC constructs are predictive of suicidal ideation.

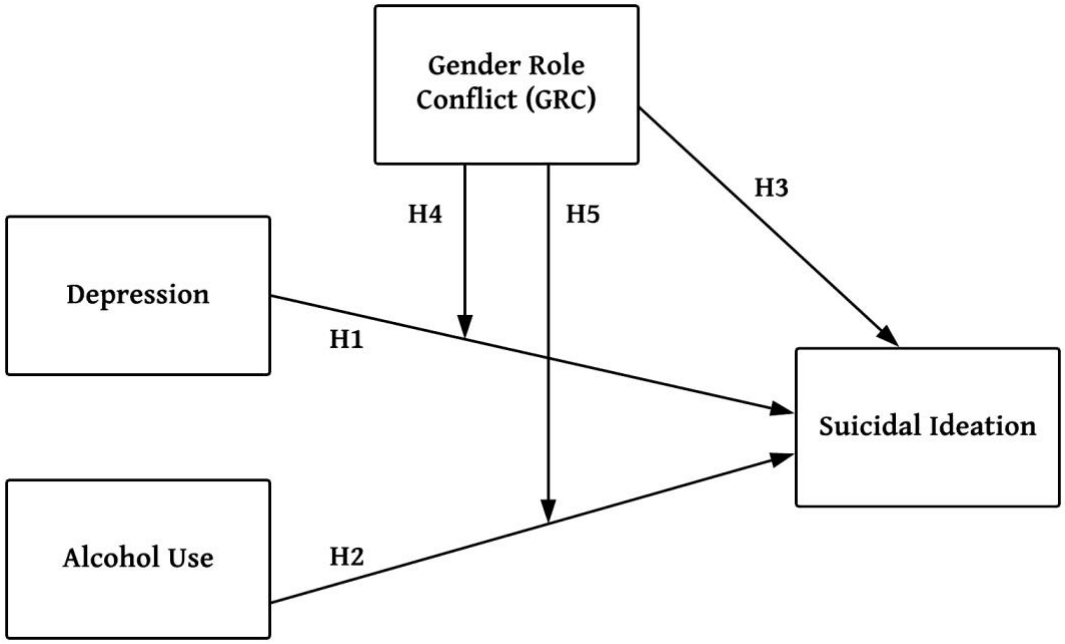
Hypotheses

1. Depression will significantly predict suicidal ideation; such that higher levels of depression will be associated with greater suicidal ideation.
2. Alcohol use will significantly predict suicidal ideation; such that higher levels of alcohol use will be associated with greater suicidal ideation.
3. GRC will significantly predict suicidal ideation; such that higher GRC will be associated with greater suicidal ideation.
4. GRC will moderate the relationship between depression and suicidal ideation; such that higher GRC will increase the strength of the relationship between depression and suicidal ideation.

5. GRC will moderate the relationship between alcohol use and suicidal ideation; such that higher GRC will increase the strength of the relationship between alcohol use and suicidal ideation.

Figure 1

Moderated Regression Model with Hypotheses.



Note. H1 = Hypothesis 1; H2 = Hypothesis 2; H3 = Hypothesis 3; H4 = Hypothesis 4; H5 = Hypothesis 5.

CHAPTER II

METHODS

Participants

106 male veterans experiencing legal problems and seeking admittance into a veteran's treatment court completed an initial screening packet with a court coordinator that asked about their demographics, mental health symptomology, and military service background. Veterans meeting eligibility criteria for VA health care were then directed to the VA while those that did not were directed to other community mental health agencies. Veterans were charged with a range of offenses including misdemeanors, non-violent crimes, and violent crimes. The racial-ethnic breakdown of participants was Hispanic (*n*=55, 52%), Non-Hispanic White (*n*=38, 36%), Black (*n*=10, 9%), American Indian (*n*=1, 1%), and Other (*n*=2, 2%). During initial screening, participant's date of birth was not routinely collected; therefore, participants' ages are unknown. Further demographic characteristics are provided below in Table 1.

Table 1

*Sample Sociodemographic Characteristics***.**

Sample Characteristics	*n*	%
Ethnicity		
Hispanic	55	52
White	38	36
Black	10	9
American Indian	1	1
Other	2	2

Combat Zone		
Yes	77	73
No	29	27
Military Branch		
Army	65	63
Navy	16	16
Air Force	6	6
Marines	16	16
Employment Status		
Full-time	28	27
Part-time	8	8
Student	1	1
Unemployed	55	53
Retired	11	11

Note. n = 106 for Ethnicity and Combat Zone. n = 103 for Military Branch and Employment Status.

Procedure

Data were collected as part of a larger initiative in Texas that was aimed at redirecting veterans from the traditional justice system to veterans treatment courts. At the time that veterans were charged with a crime, they would be provided a brochure about possible participation in a veteran treatment court. If interested, they were instructed to contact a local veteran treatment court for an admittance interview. As part of their admittance interviews, veterans completed a self-report packet that was provided to them by a court coordinator, and which contained

questions regarding their military service and mental health symptomatology. The information provided in the packet in combination with their interview was used to determine eligibility for acceptance into a veterans treatment court. The data for this study was obtained from the packets that the veterans completed as part of the screening procedure.

This dataset is archival and was originally collected by court coordinators and program evaluators employed at veterans treatment courts in south Texas. The study was approved by the Texas A&M University Institutional Review Board (#116002) and was deemed archival (not active research involving human subjects) as this was an already existing dataset.

Measures

Gender Role Conflict Scale (GRCS)

The Gender Role Conflict Scale (GRCS) was developed by O'Neil et al. (1986) and is a 37-item instrument designed to measure men's gender role attitudes across four domains: (a) Success, Power and Competition (SPC) assesses the degree to which men perceive success to be achieved through competition, power, and exerting control over others; (b) Restrictive Emotionality (RE) examines men's fears related to emotional self-disclosure, as well as their difficulty expressing emotions; (c) Restrictive Affectionate Behavior Between Men (RABBM) refers to men's discomfort displaying physical affection and difficulty expressing their thoughts and feelings with other men; and (d) Conflict Between Work and Family Relations (CBWFR) measures men's experiences with difficulty balancing work-school with family relations leading to feelings of stress and burnout, health problems, and lack of time for leisure and relaxation. Questions are answered on a 6-point Likert scale ranging from (1) *strongly disagree* to (6) *strongly agree.* The four subscales of the GRCS have demonstrated appropriate internal consistency with scores ranging between .75 and .85, and acceptable test-retest reliability over a

four-week period (Beere, 1990; O'Neil et al., 1986; O'Neil, 2008). The GRCS has been widely used in counseling research, and the average total scale GRCS coefficient alphas across 8 studies was .89 (Good et al., 1995). GRCS subscale coefficient alphas reported by 14 studies averaged .87 for SPC, .85 for RE, .86 for RABBM, and .80 for CBWFR. The coefficient alpha in this study for the GRCS was $\alpha = .93$.

Patient Health Questionnaire-9 (PHQ-9)

The Patient Health Questionnaire-9 (PHQ-9) was developed by Spitzer and colleagues as a brief self-report measure of depression (Spitzer et al., 1999). It consists of nine questions that represent each of the nine DSM-IV criteria for major depressive disorder (Kroenke et al., 2001). The PHQ-9 asks individuals to identify how often they have been bothered by a series of problems over the last 2 weeks (Spitzer et al., 1999). PHQ-9 questions are answered on a 4-point scale ranging from 0-3; 0 = Not at all, 1 = Several days, 2 = More than half the days, and 3 = Nearly every day, to indicate severity of depression. The PHQ-9 is widely used as a screening and diagnostic tool for depression in both practice and research; and has demonstrated good psychometric properties among varying clinical populations (Kroenke et al., 2001; Rancans et al., 2018; Spitzer et al., 1999). For this study, the first 8 questions of the PHQ-9 were used as a combined total score to indicate depression severity. The last question of the PHQ-9, which assesses for suicidal ideation, was excluded from the total scale score to avoid a conflated correlation with suicidal ideation that was measured through participants' response to this question. The coefficient alpha for items 1-8 of the PHQ-9 in this study was $\alpha = .87$.

Alcohol Use

The Alcohol Use Disorders Identification Test (AUDIT-C) is used as an alcohol screening instrument to identify individuals at risk for or who have alcohol use disorders. The

AUDIT-C was derived from the lengthier 10-item AUDIT, that was developed by the World Health Organization (WHO), to assess for alcohol consumption, drinking behaviors, and problems related to alcohol use. The AUDIT-C specifically focuses on alcohol consumption and is commonly used by the VA to identify veterans with alcohol use problems. The three questions of the AUDIT-C are: (a) how often did you have a drink containing alcohol in the past year; (b) how many drinks containing alcohol did you have on a typical day when you were drinking in the past year; and (c) how often did you have six or more drinks in one occasion in the past year. Questions are answered on a Likert scale from 0-4, with overall instrument scores ranging from 0-12; and higher scores reflecting greater alcohol use. For men, scores of four or more are indicative of alcohol misuse. The AUDIT-C has been shown to be an effective measure for identifying alcohol use disorders among men and women, and among diverse racial-ethnic populations (Frank et al., 2008). The coefficient alpha for the AUDIT-C in this study was α = .84.

Suicidal Ideation

Suicidal ideation was assessed through the last question on the PHQ-9. The last question asks individuals about "thoughts that you would be better off dead or of hurting yourself in some way." Participants answered on a 4-point scale ranging from 0-3; 0 = Not at all, 1 = Several days, 2 = More than half the days, and 3 = Nearly every day.

Missing Data

Data was collected for 117 participants, however, 11 of them were not administered the GRCS as part of their admission packets to the veteran's treatment court, due to an administrator error. In order to test the assumption that the data was Missing Completely At Random (MCAR), Little's MCAR test was conducted. Results of Little's MCAR test determined that the data was

consistent with MCAR [χ^2 (9) = 10.81, p = .29]. As such, these 11 participants were removed, thereby resulting in a final sample size of 106.

CHAPTER III

RESULTS

Descriptive Statistics

Among participants, 34% endorsed experiencing some level of suicidal ideation in the past two weeks while 66% reported no suicidal ideation. Of the 34% experiencing suicidal ideation, 18% experienced ideation several days, 14% more than half the days, and 2% nearly every day. Additionally, 18% of the sample reported a prior history of one or more suicide attempts. The mean depression score on the PHQ-8 of 12.6 indicated that this sample of justice involved veteran men was, on average, moderately depressed. The mean GRC score of 3.66 demonstrates that the overall sample had a moderate-high level of GRC. Finally, the mean alcohol use score on the Audit-C of 6.63 indicates that, as a sample, a positive screening for alcohol misuse was present.

Table 2

Descriptive Statistics for Alcohol Use, Depression, Gender Role Conflict, and Suicidal Ideation.

Variable	*M*	*SD*	*SK*	*KU*
AU	6.63	3.27	0.36	0.003
DEP	12.6	6.17	0.76	0.01
GRC	3.66	0.92	0.47	0.96
SI	0.52	0.81	0	0.22

Note. AU = Alcohol Use; DEP = Depression; GRC = Gender Role Conflict; SI = Suicidal Ideation. $n = 106$.

Correlational Analysis

A correlational analysis was conducted to determine the rank correlations between depression, alcohol use, GRC, and suicidal ideation. Since the predictor variables were continuous and the dependent variable was ordinal, the Spearman's rank correlation method was used. Results of the Spearman correlation indicated that depression had significant positive associations with GRC and suicidal ideation. Further, GRC had a significant positive association with suicidal ideation. Alcohol use was not significantly associated with depression, GRC, or suicidal ideation. Summary results of Spearman's correlation are included below in Table 3.

Table 3

Spearman's Rank Correlations and Cronbach's Alphas for Alcohol Use, Depression, Gender Role Conflict, and Suicidal Ideation.

Variable	*1*	*2*	*3*	*4*
1.AU	α = .84			
2.DEP	.06	α = .87		
3.GRC	.15	.25**	α = .93	
4.SI	.12	.45**	.21*	--

Note. AU = Alcohol Use; DEP = Depression; GRC = Gender Role Conflict; SI = Suicidal Ideation. $n = 106$. * $p < .05$. ** $p < .01$.

Moderated Ordinal Logistic Regression

A moderated ordinal logistic regression was conducted to test whether alcohol use, depression, and GRC significantly predicted suicidal ideation. Two interaction variables, GRC x depression, and GRC x alcohol use were added to the model to assess whether GRC moderated the relationships between depression or alcohol use with suicidal ideation. GRC, depression, and

alcohol use variables were centered at the mean. The multiplicative interaction variables were created from the centered variables and incorporated into the model. The centered predictor variables were examined *a priori* to test for the presence of multicollinearity. Variance Inflation Factor (VIF) ranged from 1.02 to 1.07, thereby suggesting that multicollinearity was not a concern.

Results from the likelihood ratio chi-square test show that the overall model had a statistically significant improvement over the null model [χ^2 (5) = 32.04, $p < .001$]. The pseudo R^2 was .16, indicating that the model explained 16% of the variance in suicidal ideation. Examining the individual predictors, depression significantly predicted suicidal ideation, such that the odds of elevated suicidal ideation increased by 1.21 (to 1) for every one-unit increase in depression. Like depression, GRC also had a positive and statistically significant relationship on suicidal ideation with the odds of experiencing greater suicidal ideation increasing by 2 (to 1) for every one-unit increase in GRC. Alcohol use, on the other hand, did not significantly predict suicidal ideation.

For the interaction terms, GRC was shown to significantly moderate the relationship between depression and suicidal ideation, although not in the hypothesized direction. While both GRC and depression had significant positive associations with suicidal ideation, their interaction led to a .12 decrease in the odds that veteran men would experience greater suicidal ideation. Additionally, GRC did not significantly moderate the relationship between alcohol use and suicidal ideation. Results of the moderated ordinal logistic regression are shown below in Table 4.

Table 4

Results of Moderated Ordinal Regression Predicting Suicidal Ideation.

Variable	*Odds Ratio*	*Coef.*	*Std. Err.*	*z*	*p-value*	*95% Conf. Int.*	
AU	1.08	0.07	0.07	1.06	.29	-0.06	0.21
DEP	1.21	0.19	0.05	4.09	<.01	0.10	0.28
GRC	2.0	0.69	0.32	2.18	.03	0.07	1.31
GRCxDEP	0.88	-0.13	0.05	-2.46	.01	-0.23	-0.03
GRCxAU	0.95	-0.05	0.09	-0.55	.58	-0.22	0.12

Note. AU = Alcohol Use; DEP = Depression; GRC = Gender Role Conflict; GRCxDEP = Interaction of Gender Role Conflict and Depression; GRCxAU = Interaction of Gender Role Conflict and Alcohol Use.

Supplementary Analyses

Supplementary analyses were conducted to examine how individual components of GRC were related to suicidal ideation among justice involved veteran men. Ethnicity was also added to the general model and analyzed to test for ethnic differences in suicidal ideation. The results of these analyses are discussed below.

Success, Power, and Competition (SPC)

An analysis with SPC serving as a predictor of suicidal ideation and as the moderator of depression and alcohol use on suicidal ideation was conducted. Simply put, SPC, which is one of the four subscales of the GRCS was used instead of the overall scale. The same procedure as in the general model was used with all variables being centered at the mean and the interaction terms being created from the centered variables. To avoid redundancy, note that this exact method was carried out with the other three GRCS subscales whose results are reported below.

Results indicated that SPC did not predict suicidal ideation nor did it moderate the relationships between depression and alcohol use on suicidal ideation. In this model, only depression had a significant and positive association with suicidal ideation. The pseudo R^2 was .13, which is less than in the general model. See appendix A for a copy of the results.

Restrictive Emotionality (RE)

For the RE subscale, the analysis determined that RE directly predicted suicidal ideation [Odds Ratio (OR) = 1.65, Standard Error (SE) = .39, p = .04], but did not moderate the relationships between depression and alcohol use on suicidal ideation. Like the general model, depression remained a significant predictor of suicidal ideation while alcohol use remained insignificant. The pseudo R^2 was .15, thereby explaining a slightly smaller variance in suicidal ideation as compared to the general model. See appendix B for a copy of the results.

Restrictive Affectionate Behavior Between Men (RABBM)

The analysis with the RABBM subscale led to similar results as found in the general model. RABBM significantly predicted suicidal ideation (OR = 1.77, SE = .37, p < .01) and moderated the relationship between depression and suicidal ideation (OR = .91, SE = .03, p < .01). Again, as seen in the general model, RABBM attenuated the relationship between depression and suicidal ideation rather than increase its strength as was hypothesized. The pseudo R^2 for the model was .18, thereby explaining more of the variance in suicidal ideation than in the general model. While greater variance was explained, the OR for RABBM predicting suicidal ideation was lower than that of GRC. See appendix C for a copy of the results.

Conflict Between Work and Family Role (CBWFR)

CBWFR did not significantly predict suicidal ideation, although it did moderate and reduce the strength of the relationship between depression and suicidal ideation (OR = .92, SE = .03, p = .02). As with the other models, depression remained a significant predictor of suicidal ideation and alcohol use insignificant. The pseudo R^2 was .15, thus demonstrating a slightly smaller variance in suicidal ideation compared to the general model. See appendix D for a copy of the results.

Ethnicity

Ethnicity was added as a variable to the general model to examine whether ethnic group membership predicted suicidal ideation. Given that Hispanic participants made up 52% of the sample, and all other ethnic groups accounted for a combined 48%, there was insufficient sample size to test all ethnic groups separately. As such, Hispanics were coded as a 1 in the data and all other ethnic groups combined were coded as a 0. The analysis concluded that adding ethnicity improved the model with the pseudo R^2 increasing to .19. Results were identical to the general model with an added significant and negative relationship between ethnicity and suicidal ideation (OR = .33, SE = .16, p = .02), meaning that Hispanic veterans were 3 to 1 less likely to have elevated levels of suicidal ideation. See appendix E for a copy of the results.

CHAPTER IV

DISCUSSION

Suicide remains a public health concern that is especially pronounced in certain populations including men (Houle et al., 2008), criminal offenders (Cramer et al., 2012), and military veterans (Debeer et al., 2014; Lee et al., 2018). Male socialization processes and cultural scripts have been hypothesized to increase suicide risk (Houle et al, 2008), although research in this area is limited (O'Neil, 2008). Given these concerns, this study aimed to examine the role of GRC in relation to suicidal ideation among an at-risk group of justice involved veteran men. The purpose was to assess GRC's contributing impact on suicidal ideation directly, and also indirectly by evaluating how it interacts with two mental health risk factors for suicidality; depression and alcohol misuse. The four components of GRC were also assessed individually to understand which specific types of conflict serve as indicators for suicidal ideation among veteran men. This chapter provides a deeper analysis of study findings, discusses the implications of these results, offers suggestions for future research devoted to GRC and suicide in veterans, and addresses the current study's limitations.

Predictive Relationships of Study Variables on Suicidal Ideation

Alcohol Use

It was hypothesized that alcohol misuse would predict suicidal ideation given that veterans display greater alcohol misuse compared to civilians (Besse et al., 2018), and such misuse has been linked with an increased suicide risk (Darvishi et al., 2015). Indeed, the average score from the AUDIT-C suggested that the current sample screened positive for alcohol misuse based on the instrument's interpretative guidelines. Contrary to the study's hypothesis, the results showed that alcohol use did not predict suicidal ideation. This finding may not be entirely

surprising for a couple of reasons. First, recall, that there are distinct purposes why men consume alcohol, and that drinking is a practice that can serve to build camaraderie, brotherhood, and lessen emotional gaps between men (Wilkinson & Wilkinson, 2020). As a result, drinking with others may strengthen men's social support, which is a documented protective factor for suicidal ideation in veterans (Pietrzak et al., 2010).

Second, there is greater consensus in the empirical literature that alcohol use is associated with non-lethal and lethal suicide attempts (Lamis et al., 2016; Van Orden et al., 2010), although evidence is existent for suicidal ideation (Darvishi et al., 2015). For example, cross-national data from the WHO concluded that impulse-related disorders including alcohol and other substance use disorders are especially predictive of the shift that occurs from suicidal ideation to suicide attempts (Nock et al., 2009). This finding is also supported by the fact that among adults who engage in a non-lethal or lethal suicide attempt, 43-65% do so under the influence of alcohol and/or other drugs (Steele et al., 2018). Such data indicate that alcohol use and other impulse-related disorders are more strongly tied to the probability of acting out on suicidal ideation, rather than the actual desire for suicide (Van Orden et al., 2010).

It can be surmised that escape theory conceptualizes the contribution of alcohol use on suicide in a similar manner. In escape theory, alcohol use is posited to occur in the final stage, consequences of cognitive deconstruction, when individuals engage in disinhibitory and risky behaviors that reduce the fear of suicide (Baumeister, 1990). Therefore, the final stages of escape theory, in which alcohol use is involved, are focused on behaviors that will drive individuals toward a suicide attempt instead of the underlying problems that led them to desire suicide. Similarly, Joiner's interpersonal theory of suicide includes the construct of, acquired capability, which holds that individuals must first become habituated to pain and the fear of suicide before

they attempt it. Due to its disinhibitory effects, alcohol may thereby be a risk factor that contributes to individuals' acquired capability by reducing their inner restraints to suicidal behavior. With this being said, the interpersonal theory of suicide notes that, acquired capability, remains constant once obtained (Van Orden et al., 2010). The question then is, for individuals with suicidal thoughts, does alcohol use lead to disinhibition thereby decreasing their immediate fear of suicide and increasing their likelihood of attempting? Or does alcohol use permit individuals with suicidal thoughts to engage in repetitive risky behaviors that overtime increases their acquired capability? This is a warranted question for future research.

Depression

Aligned with the study's hypothesis, depression predicted suicidal ideation and increased the odds of elevated suicidal ideation by 1.21 (to 1) with each one-unit increase in depression. This finding is consistent with prior research with veterans (Pietrzak et al., 2010), and again, confirms the importance of assessing for depression when evaluating suicide risk (Yi & Hong, 2015). It also provides support for the escape theory of suicide, which claims that depression is a principal mental health disorder in the development of suicidal desire. In the interpersonal theory of suicide, it is perceived burdensomeness and thwarted belongingness that lead to suicidal ideation, and there is preliminary evidence demonstrating positive associations between depression and both constructs (Silva et al., 2015). Contrary to alcohol use, and aligned with the interpersonal theory of suicide, the suicide literature indicates that depression is more strongly connected to suicidal ideation than suicidal behavior (Van Orden et al., 2010). Notably, however, the likelihood of depression leading to more pronounced suicidal ideation was lower than GRC in this study.

Gender Role Conflict

A primary aim of this study was to examine GRC's relation to suicidal ideation as the GRC literature has not adequately addressed this question (O'Neil, 2008). It was determined that GRC significantly predicted suicidal ideation, such that participants were 2 (to 1) times as likely to experience elevated suicidal ideation with each one-unit increase in GRC. Further scrutiny of the individual GRC subscales through supplementary analyses allowed for the identification of the GRC constructs that were driving the predictive relationship of GRC on suicidal ideation. The supplementary analyses revealed that only two of the four constructs of the GRCS were predictive of suicidal ideation. Greater RABBM and RE were significantly associated with increased suicidal ideation, whereas SPC and CBWFR were not. RABBM and RE are similar constructs that deal with men's degree of comfort with self-disclosure, and their emotional expression and vulnerability. They differ, however, in that RABBM specifically measures these aspects in men's relationships with other men, while RE assesses partner relationships and relationships in general. Nonetheless, it is interesting that the two constructs that demonstrated significance on suicidal ideation focus on the closeness and emotional intimacy of men's relationships.

RABBM and RE may be important contributors to GRC's relation to suicidal ideation as they can lead to decreased social support, isolation, and reduced help-seeking behaviors when mental health difficulties are experienced. RABBM, in particular, is critical to consider among veteran men as the military is a predominantly male service group with socialized masculine norms (Neilson et al., 2020). As such, men in the military are largely surrounded by other men and rely on male friendships for support, belonging, and brotherhood. Veteran men who display greater RABBM may therefore have difficulty connecting, building relationships with their

comrades, and feeling part of the group, due to their discomfort with intimate male relationships. In fact, military friendships serve as an essential source of social support postdeployment and during the reintegration process (Hinojosa & Hinjosa, 2011). This is especially true among unit service members who were engaged in armed conflict and feel that their family and civilian friends are unable to understand their deployment experiences. Consequently, veteran men who show discomfort with displays of emotional intimacy between men could be increasing their sense of alienation and diminishing their opportunities for support from their comrades. Future research inquiries should be made into understanding how RABBM is related to the quality of friendships between service members, and in turn, how these friendships potentially buffer against the psychological effects of war.

Ethnicity

Although not a primary objective of this research study, ethnicity was added to the model to test for ethnic group differences in suicidal ideation. Hispanic veterans were 3 times less likely to experience elevated suicidal ideation as compared to all other ethnic groups combined. Additionally, the model with ethnicity explained greater variance in suicidal ideation, thereby suggesting that cultural factors and ethnic-group identity are important to consider when evaluating veterans' suicide risk. There are a couple of reasons that may explain this finding. First, past research has found that White service members have a higher prevalence of suicidal ideation (Ursano et al., 2020). This could explain why Hispanic veterans were less likely to endorse greater suicidal ideation, given that Whites accounted for 75% of the combined ethnic group that was compared to Hispanic ethnicity. Second, certain Hispanic cultural values have been associated with a reduced risk of suicide. For example, Hispanics score higher on scales examining their responsibility to family, perceived survival and coping abilities, and moral

objections to suicide (Oquendo et al., 2005), which are linked to decreased suicidal ideation, and likely reflective of Hispanic cultural values of familism and religiosity (Silva & Van Orden, 2018).

Gender Role Conflict as a Moderator

Two interactions were tested to determine if GRC moderated the relationships between alcohol use and depression on suicidal ideation. The interaction of GRC and alcohol use proved to be insignificant, such that GRC did not moderate the relationship between alcohol use and suicidal ideation. For GRC and depression, there was a statistically significant interaction demonstrating that GRC had a moderation effect on the relationship between depression and suicidal ideation. The direction of the moderation, however, was negative indicating that GRC attenuated the strength of the relationship for depression predicting suicidal ideation. This was an unexpected finding, especially given the fact that both depression and GRC had independent positive associations with suicidal ideation.

One possible explanation is that there is a fundamental difference between individuals who are depressed and those who are depressed and also experience GRC. First, let us consider the main finding that GRC as a whole construct reduced the presence of suicidal ideation when coupled with depression. Depression is strongly associated with feelings of hopelessness (Assari & Lankarani, 2016), although, hopelessness has been shown to moderate the relationship between depression and suicidal ideation (Lamis et al., 2016). According to the interpersonal theory of suicide, it is only when individuals feel hopeless over their interpersonal state that their desire for suicide will become activated. Based on how GRC is measured, it is possible that high scores partially indicate drive, motivation, and greater activity levels, all of which are antithetical to hopelessness. For instance, an aspect of GRC assessment includes evaluating men's

perception of what it means to be ambitious, their level of competition with other men, and their desire for personal success in the workplace. Higher scores would suggest greater GRC, but of particular relevance here, they may also signify an increased effort to improve their interpersonal status, and thereby, an absence of hopelessness.

Second, the supplementary analyses using the GRCS subscales provide useful insights, too. It is to be noted, that all GRCS subscales had negative associations with suicidal ideation when they interacted with depression. With the above being mentioned, only two of the subscales had significant moderation effects. In this case, CBWFR and RABBM significantly interacted with depression to diminish suicidal ideation. While greater CBWFR typically functions as a stressor, it also implies that the individual is engaged in work and/or study. Although stress between work and family roles leads to interpersonal consequences for veterans and their families, being employed may surmount these consequences, such as protecting them from desiring suicide when they are depressed. The idea of employment functioning as a protective factor for suicidal ideation, regardless of its accompanying stressors, could be particularly germane to the current sample as over half of the veterans were unemployed. Further, this is not a novel idea as research has confirmed the influence of social determinants, such as employment status, in predicting both suicidal ideation and attempts in veterans (Blosnich et al., 2020). Therefore, the finding that CBWFR interacted with depression to diminish suicidal ideation is likely best explained by the psychosocial benefits that come with having a job.

The result that RABBM reduced the likelihood of suicidal ideation when it interacted with depression is less clear. Hereafter, I will offer some tentative explanations that will require future examination. To begin, we have to think about what distinguishes veteran men who are

depressed from those who are depressed, but also emotionally and physically restrictive with other men. As RABBM assesses men's openness to physical and emotional affection, it could be that veterans who endorse higher RABBM place greater value on self-reliance and adhere to a stoic mindset. Certainly, self-reliance and stoicism are entrenched in military culture, and service members are taught to abide and adopt these values (Burns & Mahalik, 2011). As previously discussed, self-reliance and emotional-control are necessary for service members as it helps them overcome the challenges of military training, multiple deployments, and combat. Veterans have therefore learned to deal with problems through such means and may continue to apply the principles of self-reliance, stoicism, and emotional-control when confronted with other life difficulties. With relevance to the current study, higher RABBM could represent the increased adoption of a stoic mentality that serves to help veteran men confront negative emotional states that increase suicidal ideation.

If this is so, why is self-reliance theorized to exacerbate mental health issues in veterans (Burns & Mahalik, 2011), and why is their literature supporting an association between self-reliance and suicidal ideation in men (Pirkis et al., 2017)? Conversely, if self-reliance is detrimental why is stoic philosophy gaining attention and relevance in the self-help community? A recent study is among the first to demonstrate the potential benefits of stoicism. In the study, high-worriers were purposely recruited, and results showed that 8 sessions of stoic training significantly reduced participants' rumination (a key feature of anxiety and depression) and increased their self-efficacy (MacLellan & Derekshan, 2021). Perhaps, both perspectives offer some truth in that self-reliance can be either harmful or helpful depending on the circumstance. For veteran men, being overly self-reliant may isolate them from others, decrease their social support, and increase their risk of suicidal ideation. However, it may also keep them from giving

up (i.e. wanting to escape through suicide), boost optimism and self-efficacy, and dismiss the notion of suicide under situations of distress.

Viewing self-reliance in this manner is comparable to the concept of psychological flexibility, which holds that emotions, attitudes, and behaviors serve distinct purposes dependent on the situation; such that, they cannot be classified as definitively positive or negative, but rather as adaptive or maladaptive given the context. In essence, being able to adapt, shift one's psychological state, and apply it to specific conditions leads to better psychological health than having designated ways of responding, thinking, and feeling (see Kashdan & Rottenberg, 2010 for a review). If we draw a parallel to the construct of interest, self-reliance, psychologically flexible veterans would be able to fluctuate appropriately through the spectrum of seeking support and disclosing problems with others, to assuming responsibility and taking care of themselves.

Of course, several of the stated propositions beg empirical critique in future investigations. First, RABBM should be compared to measures of self-reliance to determine if high RABBM is associated with greater self-reliance among veteran men. Second, further examination is needed to confirm the relationship between self-reliance and suicidal ideation (Pirkis et al., 2017), and to understand how self-reliance's influence potentially differs under varying emotional states. Third, replication studies with larger samples of veterans are needed to assess the moderation effect that GRC and the GRCS subscales have on the relationship between depression and suicidal ideation. Without such evidence, the propositions made about GRC's role as a moderator between depression and suicidal ideation remain tentative, and primarily serve to conceptualize the results of this study.

Implications and Future Directions

A chief implication of this study is the critical influence that GRC exerts on veterans' suicidal ideation. As GRC led to a greater likelihood that veterans would experience suicidal ideation, as compared to alcohol use and depression, it is recommended that GRC be considered a standalone factor when assessing veterans' suicide risk. Specifically, evaluating veterans' relationships with other men and their comfort with emotional expression, are key, as these were the two components of GRC that significantly predicted suicidal ideation. Court systems, the VA and other service providers should assess for masculinity issues veterans may be facing, examine if they interfere with veterans' interpersonal relationships, and seek to address them as part of their treatment. Interventions that seek to strengthen veterans' emotional intimacy with other veterans, family members, and friends could prove helpful, too. This could take the form of ongoing therapy groups or informal meeting groups or clubs centered around building relational and emotional ties and establishing mutual support among veteran men. Given the culture of camaraderie and brotherhood in the military, incorporating non-conventional approaches, such as bonding through action is especially relevant. For example, veteran support/treatment groups and clubs could routinely organize activities, trips, and events as they enable veteran men to bond in more natural and spontaneous ways. Doing so could optimally enhance veteran men's friendships and support, thereby, helping to protect them from suicidal desires.

As GRC predicted suicidal ideation it would be interesting to investigate how and where GRC fits into the conceptual framework of the interpersonal theory of suicide. This could be achieved by examining the relationships between GRC and the two constructs that lead to suicidal ideation in the theory, perceived burdensomeness and thwarted belongingness. Moreover, inquiries into GRC's impact on acquired capability are necessary to determine if GRC

is more strongly connected to suicidal ideation, suicide attempts, or possibly both. Such evidence would inform clinicians of the contribution of GRC in veterans' suicide assessment within a framework that provides a clear pathway from ideation to attempts.

Limitations

As this study focuses on a specific population, veteran men who had committed crimes, the limited sample size reduces the ability to generalize study findings to the larger veteran population. In addition, the small sample size may have prevented the observation of more meaningful relationships between the study variables and veterans' suicidal ideation. Particularly, given that no association was found between alcohol use and suicidal ideation, studies with larger samples of veterans are better suited to answer this question.

Another limitation is that severity of suicidal ideation was assessed through question 9 of the PHQ-9, rather than by a scale specifically designed to measure suicidality. While the PHQ-9 is a validated depression measure, it would have been better to use separate instruments to assess for depression and suicidality. Doing so would have permitted the use of the full PHQ-9, instead of the PHQ-8, to obtain a total depression score.

Conclusion

This study contributes to the literature as it provides evidence of GRC's influence on suicidal ideation among justice involved veteran men. Additionally, to the author's knowledge, it is the first study to determine which aspects of GRC, namely RABBM and RE, are tied to suicidal ideation in veterans. This has implications for clinical practice with veteran men as it indicates the necessity to evaluate for issues pertaining to emotional self-disclosure with others, and primarily, their discomfort with physical and emotional expressivity with other men. Further, this study reaffirms the established link between depression and suicidal ideation, and calls into

question, as some scholars have, the potentially differing influence of alcohol use at varying stages of suicidality. Finally, contrary to the study's hypothesis, GRC decreased suicidal ideation when it interacted with depression. Such a finding merits replication and calls for future investigation into how stoicism and self-reliance may be functional attitudes in certain situations.

REFERENCES

Amato, F. J. (2012). The Relationship of Violence to Gender Role Conflict and Conformity to Masculine Norms in a Forensic Sample. *The Journal of Men's Studies, 20*(3), 187-208. doi:10.3149/jms.2003.187

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: Author.

Andoh-Arthur, J., Knizek, B. L., Osafo, J., & Hjelmeland, H. (2018). Suicide among men in Ghana: The burden of masculinity. *Death Studies, 42*(10), 658-666. doi:10.1080/07481187.2018.1426655

Assari, S., & Lankarani, M. M. (2016). Depressive Symptoms are Associated with More Hopelessness among White than Black Older Adults. *Frontiers in Public Health, 4*. doi:10.3389/fpubh.2016.00082

Baumeister, R. F. (1990). Suicide as escape from self. *Psychological Review, 97*(1), 90-113. doi:10.1037/0033-295x.97.1.90

Beere, C. A. (1990). *Gender roles: A handbook of tests and measures*. New York, NY: Greenwood Press.

Beesley, F., & Mcguire, J. (2009). Gender-role identity and hypermasculinity in violent offending. *Psychology, Crime & Law, 15*(2-3), 251-268. doi:10.1080/10683160802190988

Bennett, D. C., Morris, D. H., Sexton, M. B., Bonar, E. E., & Chermack, S. T. (2018). Associations between posttraumatic stress and legal charges among substance using veterans. *Law and Human Behavior, 42*(2), 135-144. doi:10.1037/lhb0000268

Besse, K., Toomey, T. L., Hunt, S., Lenk, K. M., Widome, R., & Nelson, T. F. (2018). How Soldiers Perceive the Drinking Environment in Communities near Military Installations. *Journal of Alcohol and Drug Education, 62*(1), 71-90.

Blosnich, J. R., Montgomery, A. E., Dichter, M. E., Gordon, A. J., Kavalieratos, D., Taylor, L., Ketterer, B., & Bossarte, R. M. (2020). Social determinants and Military veterans' suicide ideation and Attempt: A Cross-sectional analysis of electronic health record data. *Journal of General Internal Medicine*, *35*(6), 1759–1767. https://doi.org/10.1007/s11606-019-05447-z

Booth, N. R., Mcdermott, R. C., Cheng, H., & Borgogna, N. C. (2019). Masculine gender role stress and self-stigma of seeking help: The moderating roles of self-compassion and self-coldness. *Journal of Counseling Psychology, 66*(6), 755-762. doi:10.1037/cou0000350

Borges, G., Walters, E. E., & Kessler, R. C. (2000). Associations of Substance Use, Abuse, and Dependence with Subsequent Suicidal Behavior. *American Journal of Epidemiology, 151*(8), 781-789. doi:10.1093/oxfordjournals.aje.a010278

Bronson, J., Carson, A., Noonan. M., & Berzofsky, M. (2015). Veterans in Prison and Jail, 2011–12. Retrieved from http://www.bjs.gov/index.cfm?ty=pbdetail&iid=5479.

Burns, S. M., & Mahalik, J. R. (2011). Suicide and dominant masculinity norms among current and former United States military servicemen. *Professional Psychology: Research and Practice, 42*(5), 347-353. doi:10.1037/a0025163

Capraro, R. L. (2000). Why college men drink: Alcohol, adventure, and the paradox of masculinity. *Journal of American College Health, 48*(6), 307–315. https://doi.org/10.1080/07448480009596272

Cavanagh, J. T., Carson, A. J., Sharpe, M., & Lawrie, S. M. (2003). Psychological autopsy studies of suicide: A systematic review. *Psychological Medicine, 33*(3), 395-405. doi:10.1017/s0033291702006943

Chatard, A., & Selimbegović, L. (2011). When self-destructive thoughts flash through the mind: Failure to meet standards affects the accessibility of suicide-related thoughts. *Journal of Personality and Social Psychology, 100*(4), 587-605. doi:10.1037/a0022461

Chen, C. K., & Dognin, J. S. (2017). Addressing the influence of hegemonic masculinity on veterans through brief dynamic interpersonal therapy. *Psychology of Men & Masculinity, 18*(3), 238-242. doi:10.1037/men0000118

Cohen, J., & Harvey, P. (2006). Misconceptions of Gender: Sex, Masculinity, and the Measurement of Crime. *The Journal of Men's Studies, 14*(2), 223-233. doi:10.3149/jms.1402.223

Conner, K. R., Bridge, J. A., Davidson, D. J., Pilcher, C., & Brent, D. A. (2019). Meta-analysis of Mood and Substance Use Disorders in Proximal Risk for Suicide Deaths. *Suicide and Life-Threatening Behavior, 49*(1), 278-292. doi:10.1111/sltb.12422

Cox, D. W., & O'Loughlin, J. (2017). Posttraumatic stress mediates traditional masculinity ideology and romantic relationship satisfaction in veteran men. *Psychology of Men & Masculinity, 18*(4), 382-389. doi:10.1037/men0000067

Cramer, R. J., Garza, M. J., Henderson, C. E., Ribeiro, J. D., Silva, C., Smith, A. R., Joiner, T. E., & White, J. (2012). A trait-interpersonal perspective on suicide risk in criminal offenders. *Archives of Suicide Research, 16*(4), 334–347. https://doi.org/10.1080/13811118.2013.722057

Darvishi, N., Farhadi, M., Haghtalab, T., & Poorolajal, J. (2015). Alcohol-related risk of suicidal ideation, suicide attempt, and completed suicide: A meta-analysis. *PLOS ONE, 10*(5). doi:10.1371/journal.pone.0126870

Dean, P. J., & Range, L. M. (1996). The escape theory of suicide and perfectionism in college students. *Death Studies, 20*(4), 415-424. doi:10.1080/07481189608252790

Dean, P. J., & Range, L. M. (1999). Testing the Escape Theory of Suicide in an Outpatient Clinical Population. *Cognitive Therapy and Research, 23*(6), 561-572.

DeBeer, B. B., Kimbrel, N. A., Meyer, E. C., Gulliver, S. B., & Morissette, S. B. (2014). Combined PTSD and depressive symptoms interact with post-deployment social support to predict suicidal ideation in Operation Enduring Freedom and Operation Iraqi Freedom veterans. *Psychiatry Research, 216*(3), 357-362. doi:10.1016/j.psychres.2014.02.010

Dumas, T. M., Graham, K., Maxwell-Smith, M. A., & Wells, S. (2015). Being cool is risky business: Young men's within-peer-group status, heavy alcohol consumption and aggression in bars. *Addiction Research & Theory, 23*(3), 213-222. doi:10.3109/16066359.2014.972385

Easton, S. D., Renner, L. M., & O'Leary, P. (2013). Suicide attempts among men with histories of child sexual abuse: Examining abuse severity, mental health, and masculine norms. *Child Abuse & Neglect, 37*(6), 380-387. doi:10.1016/j.chiabu.2012.11.007

Elbogen, E. B., Johnson, S. C., Newton, V. M., Straits-Troster, K., Vasterling, J. J., Wagner, H. R., & Beckham, J. C. (2012). Criminal justice involvement, trauma, and negative affect in Iraq and Afghanistan war era veterans. *Journal of Consulting and Clinical Psychology, 80*(6), 1097-1102. doi:10.1037/a0029967

Erickson, J. W. (2016). Veterans treatment courts: A case study of their efficacy for Veteran's needs. *International Journal of Law and Psychiatry, 49,* 221-225. doi:10.1016/j.ijlp.2016.10.009

Flatley, B., Clark, S., Rosenthal, J., & Blue-Howells, J. (2017). *Veterans Court Inventory 2016 update: Characteristics of and VA involvement in Veterans Treatment Courts and other veteran-focused court programs from the Veterans Justice Outreach Specialist Perspective.* Washington, DC: U.S. Department of Veterans Affairs.

Frank, D., DeBenedetti, A. F., Volk, R. J., Williams, E. C., Kivlahan, D. R., & Bradley, K. A. (2008). Effectiveness of the Audit-C as a Screening Test for Alcohol Misuse in Three Race/Ethnic Groups. *Journal of General Internal Medicine, 23*(6), 781-787. doi:10.1007/s11606-008-0594-0

Genuchi, M. C. (2019). Masculinity and Suicidal Desire in a Community Sample of Homeless Men: Bringing Together Masculinity and the Interpersonal Theory of Suicide. *The Journal of Men's Studies, 27*(3), 329-342. doi:10.1177/1060826519846428

Gerdes, Z. T., & Levant, R. F. (2018). Complex Relationships Among Masculine Norms and Health/Well-Being Outcomes: Correlation Patterns of the Conformity to Masculine Norms Inventory Subscales. *American Journal of Men's Health, 12*(2), 229-240. doi:10.1177/1557988317745910

Good, G. E., Robertson, J. M., O'Neil, J. M., Fitzgerald, L. F., Stevens, M., DeBord, K. A., Bartels, K. M., & Braverman, D. G. (1995). Male gender role conflict: Psychometric issues and relations to psychological distress. *Journal of Counseling Psychology, 42*(1), 3–10. https://doi.org/10.1037/0022-0167.42.1.3

Granato, S. L., Smith, P. N., & Selwyn, C. N. (2015). Acquired capability and masculine gender norm adherence: Potential pathways to higher rates of male suicide. *Psychology of Men & Masculinity, 16*(3), 246-253. doi:10.1037/a0038181

Hankin, C. S., Spiro III, A., Miller, D. R., & Kazis, L. (1999) Mental Disorders and Mental Health Treatment Among U.S. Department of Veterans Affairs Outpatients: The Veterans Health Study. *American Journal of Psychiatry, 156*(12), 1924-1930.

Hartley, R. D., & Baldwin, J. M. (2016). Waging War on Recidivism Among Justice-Involved Veterans: An Impact Evaluation of a Large Urban Veterans Treatment Court. *Criminal Justice Policy Review, 30*(1), 52-78. doi:10.1177/0887403416650490

Hawkins, M. D. (2010). Coming home: Accommodating the special needs of military veterans to the criminal justice system. *Ohio State Journal of Criminal Law, 7*, 563–573.

Heath, P. J., Seidman, A. J., Vogel, D. L., Cornish, M. A., & Wade, N. G. (2017). Help-seeking stigma among men in the military: The interaction of restrictive emotionality and distress. *Psychology of Men & Masculinity, 18*(3), 193-197. doi:10.1037/men0000111

Hinojosa, R., & Hinojosa, M. S. (2011). Using military friendships to optimize postdeployment reintegration for male Operation Iraqi Freedom/Operation Enduring Freedom veterans. *The Journal of Rehabilitation Research and Development, 48*(10), 1145-1158. doi:10.1682/jrrd.2010.08.0151

Houle, J., Mishara, B. L., & Chagnon, F. (2008). An empirical test of a mediation model of the impact of the traditional male gender role on suicidal behavior in men. *Journal of Affective Disorders, 107*(1-3), 37-43. doi:10.1016/j.jad.2007.07.016

Hufford, M. R. (2001). Alcohol and suicidal behavior. *Clinical Psychology Review, 21*(5), 797-811. doi:10.1016/s0272-7358(00)00070-2

Ilgen, M. A., Conner, K. R., Roeder, K. M., Blow, F. C., Austin, K., & Valenstein, M. (2012). Patterns of Treatment Utilization before Suicide among Male Veterans with Substance Use Disorders. *American Journal of Public Health, 102*(S1), 88-92. doi:10.2105/ajph.2011.300392

Jakupcak, M., Primack, J. M., & Solimeo, S. L. (2017). Introduction to the special issue examining the implications of masculinity within military and veteran populations. *Psychology of Men & Masculinity, 18*(3), 191-192. doi:10.1037/men0000126

Joiner, T. (2005). *Why people die by suicide.* Cambridge, MA: Harvard University Press.

Juan, M. J., Nunnink, S. E., Butler, E. O., & Allard, C. B. (2017). Gender role stress mediates depression among veteran men with military sexual trauma. *Psychology of Men & Masculinity, 18*(3), 243-250. doi:10.1037/men0000120

Kaplan, M. S., Huguet, N., Mcfarland, B. H., & Newsom, J. T. (2007). Suicide among male veterans: A prospective population-based study. *Journal of Epidemiology & Community Health, 61*(7), 619-624. doi:10.1136/jech.2006.054346

Kashdan, T. B., & Rottenberg, J. (2010). Psychological flexibility as a fundamental aspect of health. *Clinical Psychology Review, 30*(7), 865-878. doi:10.1016/j.cpr.2010.03.001

Keenan, K., Saburova, L., Bobrova, N., Elbourne, D., Ashwin, S., & Leon, D. A. (2015). Social Factors Influencing Russian Male Alcohol Use over the Life Course: A Qualitative Study Investigating Age Based Social Norms, Masculinity, and Workplace Context. *Plos One, 10*(11). doi:10.1371/journal.pone.0142993

Klonsky, E. D., & May, A. M. (2015). The Three-Step Theory (3ST): A new theory of suicide rooted in the "ideation-to-action" framework. *International Journal of Cognitive Therapy, 8*(2), 114-129. doi:10.1521/ijct.2015.8.2.114

Kroenke, K., Spitzer, R. L., & Williams, J. B. (2001). The PHQ-9: validity of a brief depression severity measure. *Journal of General Internal Medicine, 16*(9), 606–613. https://doi.org/10.1046/j.1525-1497.2001.016009606.x

Kupers, T. A. (2005). Toxic masculinity as a barrier to mental health treatment in prison. *Journal of Clinical Psychology, 61*(6), 713-724. doi:10.1002/jclp.20105

Lamis, D. A., Ballard, E. D., May, A. M., & Dvorak, R. D. (2016). Depressive symptoms and suicidal ideation in college students: The mediating and moderating roles of hopelessness, alcohol problems, and social support. *Journal of Clinical Psychology, 72*(9), 919-932. doi:10.1002/jclp.22295

Landrault, H., Jaafari, N., Amine, M., Malka, G., Selimbegović, L., & Chatard, A. (2020). Suicidal Ideation in Elite Schools: A Test of the Interpersonal Theory and the Escape Theory of Suicide. *Suicide and Life-Threatening Behavior*, *50*(1), 201-210. doi:10.1111/sltb.12578

Lee, D. J., Kearns, J. C., Wisco, B. E., Green, J. D., Gradus, J. L., Sloan, D. M., Nock, M. K., Rosen, R. C., Keane, T. M., & Marx, B. P. (2018). A longitudinal study of risk factors for suicide attempts among Operation Enduring Freedom and Operation Iraqi Freedom veterans. *Depression and Anxiety, 35*(7), 609-618. doi:10.1002/da.22736

Levant, R. F. (2011). Research in the psychology of men and masculinity using the gender role strain paradigm as a framework. *American Psychologist, 66*(8), 765-776. doi:10.1037/a0025034

Li, Z., Page, A., Martin, G., & Taylor, R. (2011). Attributable risk of psychiatric and socio-economic factors for suicide from individual-level, population-based studies: A

systematic review. *Social Science & Medicine, 72*(4), 608-616. doi:10.1016/j.socscimed.2010.11.008

MacLellan, A., & Derakshan, N. (2021). The effects of stoic training and adaptive working memory training on emotional vulnerability in high worriers. *Cognitive Therapy and Research.* Advanced Online Publication. doi:10.1007/s10608-020-10183-4

McCall, J. D., Tsai, J., & Gordon, A. J. (2018). Veterans Treatment Court research: Participant characteristics, outcomes, and gaps in the literature. *Journal of Offender Rehabilitation, 57*(6), 384-401. doi:10.1080/10509674.2018.1510864

McFarlane, H. (2013). Masculinity and Criminology: The Social Construction of Criminal Man. *The Howard Journal of Criminal Justice, 52*(3), 321-335. doi:10.1111/hojo.12011

Meissner, B., Bantjes, J., & Kagee, A. (2016). I Would Rather Just Go Through with It Than Be Called a Wussy: An Exploration of How a Group of Young South African Men Think and Talk About Suicide. *American Journal of Men's Health, 10*(4), 338-348. doi:10.1177/1557988314568183

Milliken, C. S., Auchterlonie, J. L., & Hoge, C. W. (2007). Longitudinal Assessment of Mental Health Problems Among Active and Reserve Component Soldiers Returning from the Iraq War. *Jama, 298*(18), 2141-2148. doi:10.1001/jama.298.18.2141

Morris, D. H., Davis, A. K., Lauritsen, K. J., Rieth, C. M., Silvestri, M. M., Winters, J. J., & Chermack, S. T. (2018). Substance use consequences, mental health problems, and readiness to change among Veterans seeking substance use treatment. *Journal of Substance Abuse Treatment, 94*, 113-121. doi:10.1016/j.jsat.2018.08.005

Morrison, J. A. (2012). Masculinity moderates the relationship between symptoms of PTSD and cardiac-related health behaviors in male veterans. *Psychology of Men & Masculinity, 13*(2), 158-165. doi:10.1037/a0024186

Mullen, K., Watson, J., Swift, J., & Black, D. (2007). Young men, masculinity and alcohol. *Drugs: Education, Prevention and Policy, 14*(2), 151-165. doi:10.1080/09687630600997816

National Institute of Mental Health. (2021, May). *Suicide.* https://www.nimh.nih.gov/health/statistics/suicide

Neilson, E. C., Singh, R. S., Harper, K. L., & Teng, E. J. (2020). Traditional masculinity ideology, posttraumatic stress disorder (PTSD) symptom severity, and treatment in service members and veterans: A systematic review. *Psychology of Men & Masculinities.* Advanced Online Publication. doi:10.1037/men0000257

Nock, M. K., Hwang, I., Sampson, N., Kessler, R. C., Angermeyer, M., Beautrais, A., Borges, G., Bromet, E., Bruffaerts, R., de Girolamo, G., de Graaf, R., Florescu, S., Gureje, O., Haro, J. M., Hu, C., Huang, Y., Karam, E. G., Kawakami, N., Kovess, V., … Williams, D. R. (2009). Cross-National analysis of the associations among mental disorders and Suicidal behavior: Findings from the WHO World mental Health Surveys. *PLoS Medicine, 6*(8). https://doi.org/10.1371/journal.pmed.1000123

Nichter, B., Haller, M., Norman, S., & Pietrzak, R. H. (2020). Risk and protective factors associated with comorbid PTSD and depression in U.S. military veterans: Results from the National Health and Resilience in Veterans Study. *Journal of Psychiatric Research, 121*, 56-61. doi:10.1016/j.jpsychires.2019.11.008

O'Connor, S. S., Carney, E., Jennings, K. W., Johnson, L. L., Gutierrez, P. M., & Jobes, D. A. (2017). Relative Impact of Risk Factors, Thwarted Belongingness, and Perceived Burdensomeness on Suicidal Ideation in Veteran Service Members. *Journal of Clinical Psychology, 73*(10), 1360-1369. doi:10.1002/jclp.22426

Olson, R. (2014). *Why do people kill themselves?* Centre for Suicide Prevention. https://www.suicideinfo.ca/resource/suicidetheories/

O'Neil, J. M. (1981). Male sex role conflicts, sexism, and masculinity: Psychological implications for men, women, and the counseling psychologist. *The Counseling Psychologist, 9*(2), 61-80. doi:10.1177/001100008100900213

O'Neil, J. M. (2008). Summarizing 25 Years of Research on Men's Gender Role Conflict Using the Gender Role Conflict Scale. *The Counseling Psychologist, 36*(3), 358-445. doi:10.1177/0011000008317057

O'Neil, J. M., Helms, B. J., Gable, R. K., David, L., & Wrightsman, L. S. (1986). Gender-Role Conflict Scale: College men's fear of femininity. *Sex Roles: A Journal of Research, 14*(5), 335–350. doi.org/10.1007/BF00287583

Oliffe, J. L., Han, C. S., Ogrodniczuk, J. S., Phillips, J., & Roy, P. (2011). Suicide From the Perspectives of Older Men Who Experience Depression. *American Journal of Men's Health, 5*(5), 444-454. doi:10.1177/1557988311408410

Oquendo, M. A., Dragatsi, D., Harkavy-Friedman, J., Dervic, K., Currier, D., Burke, A. K., Grunebaum, M. F., & Mann, J. J. (2005). Protective factors against suicidal behavior in Latinos. *Journal of Nervous & Mental Disease, 193*(7), 438–443. https://doi.org/10.1097/01.nmd.0000168262.06163.31

Player, M. J., Proudfoot, J., Fogarty, A., Whittle, E., Spurrier, M., Shand, F., Christensen, H., Hadzi-Pavlovic, D., & Wilhelm, K. (2015). What interrupts suicide attempts in men: A qualitative study. *PLOS ONE, 10*(6). https://doi.org/10.1371/journal.pone.0128180

Pfeiffer, P. N., Ganoczy, D., Ilgen, M., Zivin, K., & Valenstein, M. (2009). Comorbid anxiety as a suicide risk factor among depressed veterans. *Depression and Anxiety, 26*(8), 752-757. doi:10.1002/da.20583

Pietrzak, R. H., Goldstein, M. B., Malley, J. C., Rivers, A. J., Johnson, D. C., & Southwick, S. M. (2010). Risk and protective factors associated with suicidal ideation in veterans of Operations Enduring Freedom and Iraqi Freedom. *Journal of Affective Disorders, 123,* 102-107. doi:10.1037/e717682011-004

Pirkis, J., Spittal, M. J., Keogh, L., Mousaferiadis, T., & Currier, D. (2017). Masculinity and suicidal thinking. *Social Psychiatry and Psychiatric Epidemiology, 52*(3), 319-327. doi:10.1007/s00127-016-1324-2

Poorolajal, J., Haghtalab, T., Farhadi, M., & Darvishi, N. (2016). Substance use disorder and risk of suicidal ideation, suicide attempt and suicide death: A meta-analysis. *Journal of Public Health, 38*(3), 282-291. doi:10.1093/pubmed/fdv148

Rancans, E., Trapencieris, M., Ivanovs, R., & Vrublevska, J. (2018). Validity of the PHQ-9 and PHQ-2 to screen for depression in nationwide primary care population in Latvia. *Annals of General Psychiatry, 17*(1). doi:10.1186/s12991-018-0203-5

Russell, R. T. (2009). Veterans treatment court: A proactive approach. *New England Journal on Criminal & Civil Confinement, 35,* 357–372.

Schwartz, J. P., Waldo, M., & Daniel, D. (2005). Gender-Role Conflict and Self-Esteem: Factors Associated With Partner Abuse in Court-Referred Men. *Psychology of Men & Masculinity, 6*(2), 109-113.

Shirvani, M., Reed, M. B., & Clingan, S. (2017). The Relationship Between Emerging Adult Alcohol Consumption and Military Enlistment. *Military Medicine, 182*(9). doi:10.7205/milmed-d-16-00312

Silva, C., Ribeiro, J. D., & Joiner, T. E. (2015). Mental disorders and thwarted belongingness, perceived burdensomeness, and acquired capability for suicide. *Psychiatry Research, 226*(1), 316-327. doi:10.1016/j.psychres.2015.01.008

Silva, C., & Van Orden, K. A. (2018). Suicide among Hispanics in the United States. *Current Opinion in Psychology*, *22*, 44–49. https://doi.org/10.1016/j.copsyc.2017.07.013

Smith, J. (2012). The Anchorage, Alaska veterans court and recidivism: July 6, 2004 - December 31, 2010. *Alaska Law Review, 29*. Retrieved from https://scholarship.law.duke.edu/cgi/viewcontent.cgi?article=1175&context=alr

Snowden, D. L., Oh, S., Salas-Wright, C. P., Vaughn, M. G., & King, E. (2017). Military service and crime: New evidence. *Social Psychiatry and Psychiatric Epidemiology, 52*(5), 605-615. doi:10.1007/s00127-017-1342-8

Spitzer, R. L., Kroenke, K., & Williams, J. B. (1999). Validation and utility of a self-report version of PRIME-MD: the PHQ primary care study. Primary Care Evaluation of Mental Disorders. Patient Health Questionnaire. *JAMA*, *282*(18), 1737–1744. https://doi.org/10.1001/jama.282.18.1737

Steele, I. H., Thrower, N., Noroian, P., & Saleh, F. M. (2018). Understanding Suicide Across the Lifespan: A United States Perspective of Suicide Risk Factors, Assessment &

Management. *Journal of Forensic Sciences, 63*(1), 162-171. doi:10.1111/1556-4029.13519

Tang, J., Wu, S., & Miao, D. (2013). Experimental Test of Escape Theory: Accessibility to Implicit Suicidal Mind. *Suicide and Life-Threatening Behavior, 43*(4), 347-355. doi:10.1111/sltb.12021

Tanielian, T., & Jaycox, L. H. (2008) *Invisible Wounds of War: Psychological and Cognitive Injuries, Their Consequences, and Services to Assist Recovery*. Arlington, VA: RAND Corporation.

Tsai, J., Finlay, A., Flatley, B., Kasprow, W. J., & Clark, S. (2018). A National Study of Veterans Treatment Court Participants: Who Benefits and Who Recidivates. *Administration and Policy in Mental Health and Mental Health Services Research, 45*(2), 236-244. doi:10.1007/s10488-017-0816-z

Tsai, J., Flatley, B., Kasprow, W. J., Clark, S., & Finlay, A. (2017). Diversion of Veterans with Criminal Justice Involvement to Treatment Courts: Participant Characteristics and Outcomes. *Psychiatric Services, 68*(4), 375-383. doi:10.1176/appi.ps.201600233

Ursano, R. J., Herberman Mash, H. B., Kessler, R. C., Naifeh, J. A., Fullerton, C. S., Aliaga, P. A., Stokes, C. M., Wynn, G. H., Ng, T. H., Dinh, H. M., Gonzalez, O. I., Zaslavsky, A. M., Sampson, N. A., Kao, T.-C., Heeringa, S. G., Nock, M. K., & Stein, M. B. (2020). Factors associated with suicide ideation in US Army soldiers during deployment in Afghanistan. *JAMA Network Open*, *3*(1). https://doi.org/10.1001/jamanetworkopen.2019.19935

Van Dyke, K., & Orrick, E. A. (2017). An Examination of the Influence of Veteran Status on Offense Type Among an Inmate Sample. *American Journal of Criminal Justice, 42*(2), 426-442. doi:10.1007/s12103-016-9373-3

Van Orden, K. A., Witte, T. K., Cukrowicz, K. C., Braithwaite, S. R., Selby, E. A., & Joiner, T. (2010). The interpersonal theory of suicide. *Psychological review, 117*(2), 575–600. https://doi.org/10.1037/a0018697

Vásquez, D. A., Newman, J. L., Frey, L. L., Caze, T. J., Friedman, A. N., & Meek, W. D. (2014). Relational Health and Masculine Gender Role Conflict in the Friendships and Community Relationships of Bisexual, Gay, and Straight Men. *Journal of LGBT Issues in Counseling, 8*(2), 124-145. https://doi.org/10.1080/15538605.2014.895662

Vaughan, C. A., Schell, T. L., Tanielian, T., Jaycox, L. H., & Marshall, G. N. (2014). Mental Health Problems among Iraq and Afghanistan Veterans: Prevalence Among Those Who Have Received VA Services and Those Who Have Not. *Psychiatric Services, 65*(6), 833-835. doi:10.1176/appi.ps.201300111

Wasylkiw, L., & Clairo, J. (2018). Help seeking in men: When masculinity and self-compassion collide. *Psychology of Men & Masculinity, 19*(2), 234-242. doi:10.1037/men0000086

Wilkinson, S., & Wilkinson, C. (2020). Young men's alcohol consumption experiences and performances of masculinity. *International Journal of Drug Policy*. doi:10.1016/j.drugpo.2019.08.007

Wolford-Clevenger, C., & Smith, P. N. (2015). A Theory-Based Approach to Understanding Suicide Risk in Shelter-Seeking Women. *Trauma, Violence, & Abuse, 16*(2), 169-178. doi:10.1177/1524838013517562

Yerramsetti, A. P., Simons, D. D., Coonan, L., & Stolar, A. (2017). Veteran treatment courts: A promising solution. *Behavioral Sciences & the Law, 35*(5-6), 512-522. doi:10.1002/bsl.2308

Yi, S., & Hong, J. (2015). Depressive symptoms and other risk factors predicting suicide in middle-aged men: A prospective cohort study among Korean Vietnam War veterans. *PeerJ, 3*, 1-15. doi:10.7717/peerj.1071

APPENDIX A

RESULTS OF MODERATED ORDINAL REGRESSION PREDICTING SUICIDAL IDEATION USING SPC SUBSCALE

Variable	*Odds Ratio*	*Coef.*	*Std. Err*	*z*	*p-value*	*95% Conf. Int.*	
AU	1.06	0.06	0.07	0.90	.37	-0.07	0.19
DEP	1.19	0.18	0.04	4.19	<.01	0.09	0.26
SPC	1.31	0.27	0.24	1.14	.25	-0.19	0.74
SPCxDEP	0.96	-0.04	0.04	-1.07	.29	-0.11	0.03
SPCxAU	0.95	-0.05	0.06	-0.79	.43	-0.17	0.07

Note. AU = Alcohol Use; DEP = Depression; SPC =Success, Power, and Competition; SPCxDEP = Interaction of Success, Power, and Competition and Depression; SPCxAU = Interaction of Success, Power, and Competition and Alcohol Use.

APPENDIX B

RESULTS OF MODERATED ORDINAL REGRESSION PREDICTING SUICIDAL IDEATION USING RE SUBSCALE

Variable	*Odds Ratio*	*Coef.*	*Std. Err*	*z*	*p-value*	*95% Conf. Int.*	
AU	1.05	0.05	0.07	0.73	.46	-0.08	0.18
DEP	1.19	0.18	0.04	4.01	<.01	0.09	0.26
RE	1.64	0.50	0.24	2.08	.04	0.03	0.97
RExDEP	0.94	-0.06	0.04	-1.54	.12	-0.14	0.02
RExAU	1.03	0.03	0.06	0.57	.57	-0.08	0.15

Note. AU = Alcohol Use; DEP = Depression; RE = Restrictive Emotionality; RExDEP = Interaction of Restrictive Emotionality; RExAU = Interaction of Restrictive Emotionality and Alcohol Use.

APPENDIX C

RESULTS OF MODERATED ORDINAL REGRESSION PREDICTING SUICIDAL IDEATION USING RABBM SUBSCALE

Variable	*Odds Ratio*	*Coef.*	*Std. Err.*	*z*	*p-value*	*95% Conf. Int.*	
AU	1.06	0.06	0.07	0.82	.41	-0.08	0.19
DEP	1.24	0.21	0.05	4.22	<.01	0.11	0.31
RABBM	1.77	0.57	0.20	2.75	<.01	0.16	0.98
RABBMxDEP	0.91	-0.09	0.04	-2.67	<.01	-0.16	-0.03
RABBMxAU	0.97	-0.03	0.05	-0.62	.54	-0.13	0.07

Note. AU = Alcohol Use; DEP = Depression; RABBM = Restrictive Affectionate Behavior Between Men; RABBMxDEP = Interaction of Restrictive Affectionate Behavior Between Men and Depression; RABBMxAU = Interaction of Restrictive Affectionate Behavior Between Men and Alcohol Use.

APPENDIX D

RESULTS OF MODERATED ORDINAL REGRESSION PREDICTING SUICIDAL IDEATION USING CBWFR SUBSCALE

Variable	*Odds Ratio*	*Coef.*	*Std. Err*	*z*	*p-value*	*95% Conf. Int.*	
AU	1.09	0.08	0.07	1.27	.21	-0.05	0.22
DEP	1.20	0.18	0.04	4.18	<.01	0.10	0.27
CBWFR	1.22	0.20	0.22	0.93	.35	-0.22	0.62
CBWFRxDEP	0.92	-0.08	0.03	-2.38	.02	-0.15	-0.01
CBWFRxAU	0.98	-0.00	0.05	-0.06	.95	-0.10	0.09

Note. AU = Alcohol Use; DEP = Depression; CBWFR = Conflict Between Work and Family Role; CBWFRxDEP = Interaction of Conflict Between Work and Family Role and Depression; CBWFRxAU = Interaction of Conflict Between Work and Family Role and Alcohol Use.

APPENDIX E

RESULTS OF MODERATED ORDINAL REGRESSION PREDICTING SUICIDAL IDEATION WITH ETHNICITY INCLUDED

Variable	*Odds Ratio*	*Coef.*	*Std. Err.*	*z*	*p-value*	*95% Conf. Int.*	
AU	1.09	0.08	0.07	1.21	.22	-0.05	0.22
DEP	1.20	0.19	0.05	3.95	<.01	0.09	0.28
GRC	2.30	0.83	0.33	2.51	.01	0.18	1.48
Ethnicity	0.33	-1.11	0.48	-2.32	.02	-2.05	-0.17
GRCxDEP	0.87	-0.14	0.05	-2.58	.01	-0.24	-0.03
GRCxAU	0.93	-0.07	0.09	-0.82	.41	-0.24	0.10

Note. AU = Alcohol Use; DEP = Depression; GRC = Gender Role Conflict; GRCxDEP = Interaction of Gender Role Conflict and Depression; GRCxAU = Interaction of Gender Role Conflict and Alcohol Use.