

RESTRICTIVE EMOTIONALITY, FATHER-SON AFFECTIONATE
COMMUNICATION, AND SUICIDALITY IN ADOLESCENCE:
A RETROSPECTIVE INVESTIGATION

A DISSERTATION

SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE DEGREE OF DOCTORATE OF PHILOSOPHY
IN THE GRADUATE SCHOOL OF THE
TEXAS WOMAN'S UNIVERSITY

DEPARTMENT OF PSYCHOLOGY AND PHILOSOPHY
COLLEGE OF ARTS AND SCIENCES

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DENTON TEXAS

MAY 2013

DEDICATION

For my nephew, Tony. He was 15 years old when he died.

For my best friend and partner Miguel, my son Sebastian, my brother David, and my father Ace. For all the boys and men who have felt disconnected from their fathers. For the boys and men I have had the honor to work with- thank you for your courage and willingness to take a risk and share your stories with me. May you be free from the rigid roles of traditional masculinity, and your lives be filled with connection and support.

ACKNOWLEDGEMENTS

I first want to express my gratitude for the guidance my Advising Chair, Dr. Sally Stabb has provided. Thank you for your incredible support, patience, and encouragement.

I could not have crossed the finish line without your help. Thank you, Dr. Linda Rubin, for believing in me when my confidence wavered. Your support and mentorship has made such a difference in my life and it was an honor to have you on my committee.

Thank you, Dr. Shannon Scott for your invaluable feedback and support with SONA.

Without your assistance, I would not have completed this project. Thank you, Dr.

Marshall, for sharing your statistical wisdom and wonderful sense of humor. I never imagined I could feel excited about statistics! Thank you, Dr. Jim Kern. Your enthusiasm for education was contagious and inspiring, and ultimately led me down this path. Special

thanks to my amazing partner Miguel. I love you more than words can express and I would not have survived graduate school without you by my side. Special thanks to my wonderful son Sebastian, and my sweet baby girl, Satori. I love you as hot as the sun and as much as there are grains of sand in the desert! Lastly, I want to thank my parents, my heroes. Thank you for instilling within me, a love for education and a passion for helping

others. Your unwavering support and encouragement helped me find my way and persevere despite many obstacles. Thank you for teaching me the importance of family and being *truly present* for my children. Thank you, mom & dad, for always being there

for me. I could not have done this without you. I love you!

ABSTRACT

HEATHER ATKISON

RESTRICTIVE EMOTIONALITY, FATHER-SON AFFECTIONATE COMMUNICATION, AND SUICIDALITY IN ADOLESCENCE: A RETROSPECTIVE INVESTIGATION

MAY 2013

This purpose of this study was to examine the relationships between restrictive emotionality, father-son affection, and the demographic variables sexual orientation and ethnicity as they relate to adolescent suicidality. Participants were 213 adult males recruited from three universities and from an online web service application. Participants completed instruments online that assessed for restrictive emotionality, affection between father and son, and demographic variables age, ethnicity, sexual orientation, and suicidality. Pearson's r Correlation and linear regression were used to analyze major hypotheses and logistic regression was used to analyze the exploratory hypothesis. Results show that high affection from fathers was associated with lower restrictive emotionality and lower suicidality for adolescent sons. High restrictive emotionality scores were associated with higher suicidality. Suicidality was predicted by sexual orientation identification as gay, bisexual, or questioning, and by ethnicity being bi-racial/multiracial. The relationship between father-son affection and suicidality was mediated by restrictive emotionality. Results of this study are congruent with the previous studies in this area and further confirmed the need to identify culture specific

risk and protective factors among and within various populations. Rates of suicide for adolescent males are significantly higher than for females, with numbers increasing with age. Suicide literature has highlighted the disproportionate numbers of sexual and ethnic minority males at increased suicide risk compared to white heterosexual males. This study highlights this relationship. A growing body of literature on male Gender Role Conflict (GRC) has pointed to pressure to conform to cultural standards of masculinity as a risk factor for increased mental health issues, with restrictive emotionality noted as the primary pattern related to adolescent suicide. The notion of GRC as developmental, beginning during adolescence, corresponds well with the transitional nature of this period, familial and emotional factors having primary influence. For boys, researchers have claimed the father-son relationship as one of the most critical contributors of psychological health. This study contributed to the current body of literature by integrating research from different areas identified as having strong ties to suicidality and by bridging the gaps across psychological, demographic, and diversity variables noted by GRC researchers in previous studies.

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CHAPTER I

INTRODUCTION

Adolescence can be one of the most difficult stages of development. This time period is marked by many changes physically, cognitively, and emotionally making this particular phase in life particularly stressful for many (Kindlon & Thompson, 1999). For boys, it can be one of the most challenging times, especially since they are repeatedly sent multiple mixed messages regarding what it means to be male. The balance of peer vs. parental relationships is shifting, and sexuality issues gain a prominence not evident in earlier developmental periods (Lohman & Billings, 2008; Pollack, 1998). The pressure to conform to socialized gender roles has placed adolescent boys at risk for serious mental health problems (Sommers, 2000). Young boys today are facing a crisis as evidenced by the high male suicide rate (Centers for Disease Control and Prevention, 2010), numerous school shootings, and increased exposure to violence, substance abuse, and sexual activity in media via music, video games, and television programs.

Gender Role Conflict and Masculine Socialization

The pervasive pressure to fulfill the male gender role starts much earlier than adolescence, via subliminal and overt messages about colors, toys, and clothing. Of particular significance is the implication that to be male means to reject all that is feminine. Then in adolescence and adulthood, self-reliance, competitiveness, and

avoidance of emotional expression, is encouraged and rewarded (Pollack, 1998). Later, boys and men are expected to retain these learned masculine traits, while simultaneously integrating characteristics that seem entirely incongruous with prior experience. The conflicting messages to be strong and sensitive, independent and vulnerable, confident and humble, as well as stoic and affectionate, presents boys with the impossible task of meeting double standards regarding male gender roles. The attributes of traditional male gender norms met with the more recent societal expectations of men as providers and care-givers leaves boys and men in a precarious position, likely feeling bewildered and confused (Brooks, 2010).

When faced with conflicting expectations about what is socially acceptable behavior, many boys and men experience what researchers now define as Gender Role Conflict (GRC). Stillson, O'Neil, and Owen (1991) defined gender-role conflict as:

...a psychological state in which socialized gender roles have negative consequences on a person or on others. The ultimate outcome of this kind of conflict is a restriction of the human potential of the person experiencing the conflict or a restriction of another's potential (p. 458).

GRC occurs when gender roles are rigidly applied, adhered to, or rejected and can include sexist remarks, experiences that result in the individuals restricting their own or others' behavior, or behaviors that result in individuals feeling violated or devalued (O'Neil, 2008). GRC can manifest across four patterns associated with men's fear of femininity (O'Neil et al., 1986). The first pattern is Success, Power, and Competition

(SPC), which centers on concern with achievement and failure. The second, Restrictive emotionality (RE), is related to inhibitions and fears about expressing emotion. The third, Restricted Affectionate Behavior Between Men (RABBM), represents hesitation about touching other men and restrictions about sharing thoughts and feelings with other men. The fourth and final pattern, Conflicts between Work and Family Relations (CBWFR), is related to difficulty with maintaining balance among work, school, and family that results in poor health, high stress, and limited leisure and relaxation time. The model of GRC lies within the contextual framework of institutional sexism, because men live within a patriarchal society driven by social, economic, and political forces that often discriminate, violate, or devalue individuals based upon gender roles, sexual orientation, or biological sex (O'Neil, 2008).

GRC encompasses the affective, cognitive, or behavioral experiences that occur when traditional gender roles have deleterious effects for men and boys (O'Neil). Boys and men may experience gender role conflict when encountering various life transitions or developmental tasks such as beginning or changing school, puberty, marriage, death of loved one, career change, or becoming a father. "The personal experience of GRC constitutes the negative consequences of conforming to, deviating from, or violating the gender role norms of masculinity ideology" (O'Neil, 2008, p.363). Masculinity ideology includes "beliefs about the importance of men adhering to culturally defined standards for male behavior" (Pleck, 1995, p.19). Exposure to gender socialization is inevitable and many boys survive the experience and go on to live healthy, productive lives. However,

there are many who are unable or unwilling to conform to traditional masculine standards, which often results in much suffering and hardship. Alternatively, many boys and men will adhere to these standards as a survival strategy for navigating adolescence by embracing the "boy code," in order to fit in or avoid rejection or being bullied (Kindlon & Thompson, 1999). In some cases, adherence may provide a protective function. For example, one study explored the relationship between resilience and gender role conflict and found that high ratings on the Success, Power, and Competition (SPC) scale resulted in increased resilience for adolescent boys (Galligan et al., 2010). The specific domain regarding competition seems to be an exception since the majority of studies indicate adherence to traditional definitions of masculinity, result in a multitude of negative social and interpersonal consequences as well as implications for physical, mental, and emotional health (Courtenay, 2011).

Research abounds denoting the negative implications of traditional male gender socialization on men's physical and emotional health as well as on their interpersonal relationships (O'Neil, 2008). GRC has been extensively researched and shown to have numerous negative consequences for men regarding interpersonal relationships, career, family dynamics, psychological well-being, and physical health (O'Neil). More specifically, GRC is associated with restricted emotional expression, depression, substance abuse, aggressiveness, violence toward women, psychopathology, intimacy, marital conflict, anxiety, self-esteem, poor communication, low help-seeking behaviors, and poor quality parent-child relationships. While the impact of GRC is far-reaching,

carrying long-term consequences for many adult men, its negative influence clearly begins having a noticeable impact during adolescence.

Pollack's (2006) clinical work with adolescent boys over a two year period as well as Dan Kindlon and Michael Thompson's research discussed in the book *Raising Cain* has raised awareness of the issues that boys are facing due to current gender socialization. Interviews conducted with 150 boys revealed that the majority feel confusion about what is expected of them as adults, and most held pessimistic views about fulfilling the male role. These boys reported increasing difficulty with age regarding masculinity, accompanied by pressure to boost self-confidence despite the reality of isolation and loneliness. Researchers and clinicians assert that today's current socialization practices are detrimental to boys' physical and mental health and result in academic problems, violence, substance abuse, and depression (Pollack, 1998; 2000; Kindlon & Thompson, 1999). What is alarming is that many of the negative implications of GRC are associated with factors that contribute to depression and suicide risk, both of which have been on the rise in young boys (Levant, 2001). This fact, combined with the statistics surrounding suicidality in males (covered shortly), warrants a much closer look at young boys experiences of gender socialization as well as the potential risk and protective factors linked to suicidality that are also tied to GRC.

One of the most notable aspects of GRC associated with negative consequences is the Restrictive Emotionality (RE) domain. Individuals who score high on the RE scale of GRC suppress emotion or have difficulty sharing and articulating affect. Numerous

studies have noted the significance relationship between GRC and depression among heterosexual men (Good & Mintz, 1990; Magovcevic & Addis, 2005; Sharpe & Heppner, 1991; Shepard, 2002) and gay men (Blashill & Vander Wal, 2010; Simonsen, Blazina, & Watkins, 2000). Research confirmed that, out of all GRC domains, Restrictive emotionality is the most reliable predictor of psychological distress (Cournoyer & Mahalik, 1995; Good et al., 1995; Sharpe & Heppner, 1991; Shepard, 2002). GRC's link with depression has been noted across cultural and racial domains as well as sexual orientation (Szymanski & Carr, 2008; Wester, Pionke, & Vogel, 2005). A study of depressed adults revealed that chronic suppression of emotion resulted in increased suicidal ideation (Lynch, Cheavens, Morse, & Rosenthal, 2004). Researchers contended that restriction of emotional expression results in higher risk for suicide because men are less able to cope with psychological distress and depressive symptoms, exhibit more self-destructive and impulsive behaviors, and are less likely to seek help or support from friends, family, or mental health professionals (Carpenter & Addis, 2000; Naranjo, 2001). Clearly, the ability to identify and convey emotions plays a crucial role in dealing with depressive symptoms as well as getting the necessary support if suicidal ideation is present.

The Role of Parents/Fathers in Affective Communication

While the process of gender socialization begins early on in life via various familial, cultural, and social experiences, a significant portion of it is learned, and potentially mediated by, parental influence (Marmion, 2004). Parents or primary

caregivers play pivotal roles regarding the psychological development of offspring. These caregivers have the capacity to foster a positive relationship, which provides a protective function for adolescents. Stressors are buffered via parental emotional support, warmth, and affection (Floyd & Mormon, 2003; Lowe & Dotterer, 2013; Mormon & Floyd, 1999). Research supported that parenting styles and the quality of the parent-child relationship significantly influence emotional health into adulthood (Kindlon & Thompson, 1999; Maller, Charles, Neupert, & Almeida, 2010; Pollack, 1998; Raudino, Fergusson, & Horwood, 2013). Adult retrospective reports of their parent's relationship and their relationship with parents in childhood have shown that these relationships have an impact on psychological well-being over the life span (Russek & Schwartz, 1997). Some researchers have discovered that the link between parent-child conflict and child maladaptive behaviors is actually stronger for boys than for girls (Reid & Crisafulli, 1990). Thus, a child's relationship with a parent holds particular importance regarding well-being later in life, and this may be especially significant for sons. In general, adolescents who perceived parental relationships as positive and supportive are better protected from psychosocial stressors associated with depression and suicidal ideation (Maller et al., 2010).

Research supported that caregivers, regardless of gender, can create positive relationships with their children that have long-lasting benefits (Biblarz & Stacey, 2010). However, one of the most influential forces in a boy's life is his father. Many researchers believed that the father-son relationship is one of the most significant same-sex

relationships a boy will ever have (Kindlon & Thompson, 1999; Lamb & Tamis-Lamonda, 2004; Mormon & Floyd, 1999; 2002; Pollack, 1998). Researchers asserted that the quality of this relationship largely determines emotional, physical, and relational health in adulthood (Beatty & Dobos, 1993; Pollack, 1998). Studies indicated that the quality of the father-child relationship significantly influences both the child's self-esteem and adjustment (Hakvoort, Bos, Van Balen, & Hermanns, 2010). Further, the father-son relationship has been shown to be one of the best predictors of a son's overall adjustment and emotional well-being in adulthood (Beatty & Dobos, 1993; Block, 1979; Pollack, 1998).

Fathers serve as primary socializing agents and the relational dynamics created within the father-son dyad can have a buffering impact for psychosocial stressors or serve as a contributor to the many risk factors associated with maladjustment and suicide risk (Kindlon & Thompson, 1999). Of particular importance is the amount of affection shown by fathers to sons. Research on affectionate communication has documented the numerous benefits of affectionate communication. Studies showed that both giving and receiving affection has significant positive emotional, psychological, physical, and social benefits (Floyd, 2002; Floyd et al., 2007). Affectionate communication has been shown to decrease stress levels, aggression, substance abuse, and depressive symptoms, as well improve healing ability and likelihood of seeking support (Floyd et al., 2007). Research has shown that children who receive parental affection have advanced social skills

(Sturgess, Dunn & Davies, 2001) and higher self-esteem (Wilkinson, 2004) than children who receive less parental affection.

Affectionate behaviors impact the reported quality of the relationship and also influence affection shown in other relationships. Non-verbal affection between father and son was significantly associated with more disclosure, reported closeness, and relationship satisfaction (Mormon & Floyd, 1999). Further, a father's affection toward his son impacted his son's affective communication style later on as a parent with his own son (Floyd & Mormon, 2000). Jacobsen (2005) noted that that new fathers rely on their own childhood experiences with their fathers to inform their parenting practices. Studies confirmed that men are more likely to imitate the behaviors of affectionate fathers as well as report the relationships as satisfying. These findings illustrate the importance of the paternal influence on sons, particularly the significance of affectionate communication.

Conversely, children raised in homes characterized by high parent-child conflict and low warmth report less satisfaction with their lives as adults (Nickerson & Nagle, 2004). A study of almost 3,000 Taiwanese college students discovered a strong relationship between authoritarian, controlling, low affectionate parenting, and increased suicidal risk (Gau et al., 2008). Researchers explored potential predictors of repeated suicide attempts and found that adolescents with fathers who were controlling and withheld affection were more likely to attempt a second time (Groholt, Ekeberg, & Haldorsen, 2006). Thus, affectionate communication between parent and child can

provide a buffering effect against emotional distress and suicidal ideation, and parental lack of affection can actually place adolescents at increased risk.

Navigating adolescence and the tumultuous experiences that often accompany this period can be quite a challenge for boys. Combine the challenges of puberty with the debilitating effects of GRC, which can strip boys of their much needed emotional and psychological defenses, and the result can be devastating. Boys are left with limited coping skills, fractured self-esteem, and inadequate preparation to identify or communicate their needs effectively. Boys are facing increasingly difficult challenges as young adults. It is imperative to identify the significant factors that influence the course of gender socialization since it is evident that GRC significantly impacts all areas of boys' lives and into adulthood. The pressure to adhere to gender roles or the challenge of deviating from socialized norms can leave boys emotionally ill-equipped and at increased risk for suicide (Galligan et al., 2010; Kindlon & Thompson, 1999; Payne, Swami, & Stanistreet, 2008; Pollack, 1998).

Suicide in Adolescent Boys

Suicide is one of the leading causes of deaths for adolescents (Rutter & Behrendt, 2004). Males are more likely to attempt suicide via lethal means, and as a result, are at higher risk for completion (CDC, 2010). Boys' fragile sense of self, the need to fit in and obtain approval, and pressure to prove their masculinity often results in boys engaging in risk taking behaviors such as substance abuse and sexual activity (Pollack, 1998). These behaviors may lead to conflict between the parent and child as the adolescent vies for

more independence. Research has confirmed the link between high risk behaviors (Borowsky, Ireland, & Resnick, 2001; Groves & Sher, 2005) and parent-child conflict (Allen, 1987; Sands & Dixon, 1986) with suicidality. Further, studies have shown that adolescent boys do experience GRC, and as a result, are at increased risk (Galligan et al., 2010). More specifically, Restrictive emotionality, one of four domains of GRC, has been notably linked with depression and suicidality. These risk factors combined, it is not surprising that the suicide death rate is five times higher for boys than for girls (CDC, 2007). Thus, it is critical that the harmful, protective, and potential mediating factors associated with suicide risk are identified.

Summary and Rationale for the Study

In summary, fathers play a critical role in the socialization process (McHale, Crouter, & Whiteman, 2003) and the quality of the father-son relationship can significantly impact adolescent well-being (Lamb, 2004; Mallers et al., 2010). It seems likely that the protective forces provided by a positive and affectionate connection between father and son could ameliorate the impact of gender socialization on boys and potentially mediate the relationship between GRC and suicidality. It is equally plausible that not receiving paternal affection negatively contributes to the process of gender socialization and influences the likelihood of boys experiencing GRC.

The impact of gender socialization on adolescents has been less well-documented than GRC in adults. Given that adolescence is such a challenging time characterized by numerous developmental transitions, it is plausible that many teenage boys struggle with

GRC, particularly restrictive emotionality, as much if not more so than adult men. Examination of GRC and resilience in adolescents showed that high restrictive emotionality had the strongest relationship with resilience accounting for 6% of the variance. Inhibition of emotional expression was predictive of poor resiliency among adolescent and young adult males (Galligan et al., 2010). Many of the negative implications of GRC are either directly or indirectly associated with factors also that contribute to suicide risk. The suicide rate for young males is alarmingly high and it does not appear to improve with age. After adolescence, the suicide rate rises becoming the second leading cause of death for 15 to 24 year-olds (CDC, 2010). At age 75 and above, the rate escalates to three times higher that of young adults, with highest rates among men (World Health Organization, 2002).

The inescapable pressure of gender socialization combined with the documented toxic effects this process exerts on boys (Kindlon & Thompson, 1999; Pollack, 1998) demands the exploration of factors that are contributing to this crisis. Preventative strategies cannot be identified or effectively implemented if the processes contributing to boys' distress are ignored. Thus, the purpose of this study is to investigate the associations between gender role conflict, and in particular, restricted emotionality (Blazina, Pisecco, & O'Neil, 2005), father-son affectionate communication, and their relationship to suicidality among adolescent boys.

Definition of Terms

Gender Role Conflict: “A psychological state in which socialized gender roles have negative consequences on a person or on others. The ultimate outcome of this kind of conflict is a restriction of the human potential of the person experiencing the conflict or a restriction of another's potential” (Stillson, O’Neil, & Owen, 1991, p. 458).

Restricted Emotionality: “RE is defined as having restrictions and fears about expressing one’s feelings as well as restrictions in finding words to express basic emotions” (O’Neil, 2008, p.367).

Affectionate Communication: Affection expressed via direct verbal statements, direct nonverbal behaviors, and supportive activities done for or toward another individual (Floyd & Morman, 2003).

Suicide Plan: “A proposed method of carrying out a design that will lead to a potentially self-injurious outcome; a systematic formulation of a program of action that has the potential for resulting in self-injury” (Silverman, Berman, Sanddal, O’Carroll, & Joiner, 2007, p. 268).

Suicide Attempt: “A self-inflicted, potentially injurious behavior with a nonfatal outcome for which there is evidence of intent to die” (Silverman et al., 2007, p. 273).

Adolescence: Period of life for an individual between the ages of 12 and 18.

CHAPTER II

LITERATURE REVIEW

The literature review provides an overview of traditional masculine gender roles, gender socialization, and the negative implications of gender role conflict (GRC) on boys and men. Emphasis is placed upon the GRC domain of Restricted Emotionality (RE) and its potential relationship to suicidal ideation. The review then presents literature on parental influence on child well-being, specifically the role of father as a primary socializing agent for sons. The significance of affectionate communication between father and son is highlighted and its relationship to restrictive emotionality and suicidal ideation is explored. Research regarding the risks and protective factors of suicidality are noted, including relevant statistics and demographic factors associated with suicide, GRC, and affectionate communication. Finally, a rationale for the study and major research questions are presented.

Gender Role

Gender socialization and masculinity ideology are topics that have been explored in great detail by many researchers. For the past 30 years, numerous studies have discovered the deleterious effects that Western patriarchal culture has had on boys and men (O'Neil, 2008). Researchers and clinicians have discovered that in the United States, boys are socialized from a young age by parents, school systems, media, and culture to

abide by stringent codes of conduct regarding gendered behaviors. This gender strait-jacket has resulted in toxic consequences regarding boys and men's psychological and interpersonal development (Kindlon & Thompson, 1999; Pollack, 1998, 2006). Boys are being thrust into manhood equipped with poor coping methods and a limited ability to articulate emotions. According to the research, endorsement of traditional gender roles often leads to interpersonal conflict, intimacy issues, conflict between career and family, and a multitude of psychological challenges (Brooks, 2010). Men and boys are more likely to engage in risky and destructive behaviors such as substance abuse, unprotected sex, avoidant responses to coping, and physical violence and less likely to adhere to health promoting behaviors such as routine medical exams, healthy weight maintenance, healthy diet, and healthy stress management (Courtenay, 2011).

Gender is a socially constructed variable that significantly shapes individuals' interactions and experiences in the world. Boys and men are sent the message, "be tough," and are encouraged to engage in high risk, destructive, and violent behaviors. Strength is equated with power, independence, and individuality. David and Brannon (1976) described four categories of traditional masculinity: (1) "no sissy stuff" (men should reject all that is feminine), (2) "the big wheel" (men should value achievement and use it as a measure of success), (3) "the sturdy oak" (men cannot show vulnerability), and (4) "give 'em hell" (men should be adventurous and it is acceptable to utilize aggressive means or even violence to do so). Robertson and Shepard (2008) referred to these four gender rules as the cornerstone of what Pollack has coined the "Boy Code,"

(2000, p.3) an unspoken set of guidelines that boys are immersed in from a very young age. This code encourages boys very early in their emotional development to separate from their mothers and all things that represent feminine traits. Boys are shamed for wanting the affection and protective emotional bond that mothers provide. They are teased and mocked for any display of affection or desire to maintain an emotional connection with their mothers. Early separation can be traumatic for boys and negatively impact adult attachment style and intimate relationships (Pollack).

The boy code is further solidified by the additional message that boys and men should be aggressive and rebellious (Pollack). Media and film are filled with images that encourage men to engage in fights, abuse alcohol, and test the social codes of conduct. Anger expressed in a hostile manner is not only acceptable for men but is encouraged. Violence and aggression are glamorized traits for men in the media via wrestling, sports commercials, movies, and reality television. Aggression within intimate relationships is overlooked or viewed as status quo and men are venerated for sexual conquests. Brooks (2010) described the “centerfold syndrome” (p.21) or dysfunctional sexual socialization of males, which includes objectification of women, validation of masculinity via sexual activity, voyeurism, and avoidance of intimacy.

Additionally, traditional gender roles espouse that, for men, emotional expression is devalued and even noted as a sign of weakness (Pollack, 1998). Boys from an early age are taught very specific messages about affective expression. They learn that disclosure of feelings is a feminine trait to be avoided, and in order to evade social ridicule, they

must withhold certain emotions, especially sadness or despair. Men who verbalize their feelings are viewed as sissies or weak (Kindlon & Thompson, 1999). Additionally, men are expected to deal with emotional stressors independently and rely on little to no support. To be strong means to provide for others, to need no one, and never display vulnerability.

Alternatively, boys are simultaneously expected to be caring, empathic, loving, and intimate. As adults, men's success is measured by their career status, financial security, and their ability to be both a provider and a nurturing father. Boys and men may experience these societal pressures as a double standard or as two value systems that are wholly opposed to one another. These mixed messages experienced from boyhood to adulthood may eventually result in what has been defined by O'Neil (1986) as Gender Role Conflict.

Over time, the study of boys and men has unveiled the negative consequences associated with endorsement of traditional male norms (Brooks, 2010; Levant & Richmond, 2007; O'Neil, 2008; Pleck, 1995). As a result, a gradual yet notable shift has occurred encouraging movement from adherence to the boy code to a more egalitarian role sharing relational dynamic. Economic, political, cultural change has brought with it new gender role expectations. Shifts in the family structure and the numerous roles in work and family that men and women are now sharing has also brought about a change in what society is beginning to see as ideal (Brooks). This new movement encourages men to challenge traditional gender roles and likely leaves both boys and men feeling

confused and unprepared to meet the new modernized role expectations. With mounting evidence regarding the negative effects of traditional gender role socialization, there is an implied expectation that men adjust their roles and accommodate the new ideal. Brooks (2010) best described the recent challenges men are facing as a “crisis of masculinity” (p.13). Many men who have experienced the pressure to adhere to traditional gender roles since adolescence are now facing an additional challenge of how to unlearn and adapt to new expectations. This recent shift in role expectation likely compounds already existing internal conflicts regarding the male gender role. There is little doubt that teenage boys feel the pressure trickle down to be a social and relational chameleon, which further complicates an already perplexing adolescence.

Gender Role Conflict

Gender-role conflict has been defined as "a psychological state in which socialized gender roles have negative consequences on the person or others [that] ... occurs when rigid, sexist, or restrictive gender roles result in personal restrictions, devaluation, or violation of others or self" (O'Neil, Good, & Holmes, 1995, p. 165). Gender role conflict can occur across four domains, behavioral, cognitive, affective, and unconsciously. GRC can be experienced internally by the individual, interpersonally toward or from another person, and as a result of gender role transitions. While O'Neil et al., (1995) identified four theoretical categories or patterns of GRC, this paper will primarily emphasize the pattern of restrictive emotionality. This restriction is due to the

voluminous data linking this particular pattern with risk factors also associated with suicidality.

A review of 15 years of research (Levant & Richmond, 2007) on masculinity ideology revealed that endorsement of the traditional masculine role is associated with negative views regarding racial diversity, negative views of seeking support, interpersonal violence, sexual aggression, problems with intimacy, poor relational satisfaction, restricted affect, and alexithymia. A summary of research spanning the past 25 years indicated that gender role conflict has been related to low self-esteem, poor intimacy, relationship dissatisfaction, sexual aggression, negative attitudes toward women and gay men, anxiety, substance abuse, and depression (O'Neil, 2008). For adolescent boys, Pollack's study of boys' experience of gender socialization confirmed the damaging impact on their mental health. Boys were equally impacted by the negative consequences as evidenced by reported academic problems, violence, isolation and loneliness, depression, and suicide (2006). In fact, a few studies affirmed that adolescent boys experience a higher level of conflict than adult males, with the only exception being issues related to work and family life (Cournoyer & Mahalik, 1995; Mendelson, 1988).

Demographic Variation in Gender Roles

An examination of traditional masculinity norms and demographic variables showed that young single heterosexual men of a lower socioeconomic status who live in the Southern part of the United States were more likely to endorse traditional masculine ideology than men who do not fit this demographic profile (Levant & Richmond, 2007).

GRC has been reported in both heterosexual and gay adult men. However, heterosexual men experienced significantly more Restrictive Emotionality and Restrictive Affectionate Behaviors Between Men than gay men. Regarding race and ethnicity, African Americans, Latinos, and then European Americans, respectively, endorsed traditional gender roles to a larger degree. Chinese, Russian, Japanese, and Pakistanis also endorsed these roles even to a larger extent than American men (O'Neil, 2008). A review of the diversity variables, age, class, race, ethnicity, nationality, and sexual orientation, revealed that gender role conflict is significantly linked to poor self-esteem, high stress, anxiety, and depression across all diversity variables. Cultural, racial, and ethnic variables have been shown to have mediating or moderating effects on GRC (O'Neil). For example, racial identity was found to mediate the relationship between GRC and psychological symptoms (Carter, Williams, Juby, & Buckley, 2005). Full mediation was found in a sample of 52 African American college males age 17 to 48. Those men who identified strongly with White culture and rejected their own racial identity were more likely to experience GRC. Alternatively, partial mediation occurred in the sample of 67 Asian and Latino men. Men who did not identify with the White culture and were instead strongly tied to their respective racial identities were at greater risk for GRC (Liang, Salcedo, & Miller, 2011).

Thus, an indirect relationship between GRC and racial identity was shown to exist with the level of conflict and severity of symptoms largely being influenced by degree of identification with one's own or the dominant culture. There appeared to be a complicated relationship among cultural, racial, and ethnic factors. While the research on

demographic variation was neither comprehensive nor conclusive, there is substantial evidence that how men experience gender role conflict is influenced by diversity factors, including age, ethnicity, race, and sexual orientation. This study will focus on GRC as it relates to adolescent boys in the United States who are at risk for suicide.

Emotional Expression

Kindlon and Thompson (1999) described how boys learn a means of protection from “a culture of cruelty” (p. 72). Boys and men soon developed pride in their ability to disconnect from emotions because the alternative likely meant humiliation, public ostracism, or being deemed not manly enough. Stoicism becomes the mark of manhood, while simultaneously preventing boys and men from obtaining the much needed support to meet life’s daunting challenges. Pollack (1998) described how a mothers’ reinforcement of their sons’ pleasant emotions and their dismissal of unhappy emotions is the beginning of emotional straitjacketing of boys. Boys are further traumatized by being shamed into emotionally disconnecting from their mothers before they are developmentally prepared. Such early separation in the name of independence is the hallmark of “The Boy Code” (p. 23).

Gender role conflict often results in boys struggling to articulate their emotions because boys are not encouraged to share feelings and they have been socialized to view emotional expression as a sign of weakness. Watts and Borders (2005) interviewed adolescent boys and found that many had experienced gender role conflict as evidenced by restricted emotionality and interpersonal conflict. Several studies that have examined

GRC and restrictive emotionality found that inhibition of emotion results in greater risk for self-destructive behaviors (Naranjo, 2001). These studies noted that, as boys become teenagers, they feel pressure to suppress emotion, limit displays of affection, and learn that anger is the only socially acceptable emotion to display overtly. Jackson's (2007) study examined the relationship between GRC and psychological well-being on a sample of 92 adolescent boys. She found that two subscales from the GRCS-A, Restricted Emotionality and Conflict Between Work and Family, were significant predictors of depression scores.

The role of emotion and the importance of affective expression in individuals' overall well-being has been noted. Of particular importance is the ability to express emotions experienced related to trauma. Research indicated that the capacity to express fear and sadness improved immune functioning and was also indicative of better physical and mental health (Pennebaker, Kiecolt-Glaser, & Glaser, 1988). Additional studies found that cognitive issues as well as physical and mental health problems were likely to occur in men who suppress emotion (Gross, 2002; Pennebaker, 1989). Given that men are less likely to cry than women, unlikely to seek support following a crisis, are not likely to consult for medical care for mental or physical illness, and in general have poor coping responses to stress (Courtenay, 2011), these findings are not surprising. Several studies have illustrated the negative implications of restricting emotion. Men are less likely to self-disclose about their emotional state, which has negative implications for immune system as well as overall physical well-being (Courtenay). There is a stronger link

between men who reject or disconnect from intense emotion and the propensity for aggressive behaviors (Courtenay, 2011). Overall, men's inhibition or fear of expressing emotion may result in mental and physical concerns not receiving much needed attention and intervention.

Researchers explored the relationship between RE, resilience, and suicidality among adolescent and adult males (Galligan, Barnett, Brennan, & Israel, 2010). Results indicated that men who viewed emotional disclosure negatively or as anxiety-provoking may be at increased risk for suicidality. Of particular importance is that restricted emotionality was found to be a major determinant of help-seeking attitudes in the United States, which can be critical for coping with suicidality (Good & Wood, 1995). These studies, while sparse, revealed important findings that substantiate further exploration of the connection between GRC, affective expression, and suicidality.

Help Seeking

Boys and men are not just ridiculed for sharing emotions, they are equally ostracized for discussing life stressors and seeking support (Kindlon & Thompson, 1999). In order to be viewed as strong, boys and men are expected to be self-reliant and manage personal, social, and occupational stressors independently without any assistance. Wisch, Mahalik, Hayes, and Nut (1995) confirmed a link between gender role conflict and decreased willingness to obtain support. From an early age, boys are encouraged to face challenges alone and also told that doing that so makes them more of a man (Kindlon & Thompson). Although men who score high on GRC are at increased risk for a variety of

psychological problems, substance abuse, (Blazina & Watkins, 1996) and suicide (Kessler et al., 1994; Mahalik et al., 2003), they are still less likely than women to seek assistance for mental health issues (Addis & Mahalik, 2003; Tudiver & Talbot, 1999). It is no surprise then that men are also at greater risk than women for various medical issues such as heart disease and high blood pressure (Watkins, Eisler, Carpenter, Schechtman, & Fisher, 1991). Men are also less likely to engage in healthy behaviors, such as to proper nutrition, physical activity, obtain quality sleep, or maintain a healthy weight (Baffi, Redican, Sefchick, & Impara, 1991). Despite their increased risk for medical problems, men are also less likely to obtain routine medical check-ups or seek medical care (Courtenay, 2000).

Researchers examined the roles of masculinity ideology, conformity to masculine norms, and GRC in relation to health risk and help seeking behaviors (Levant, Wimer, Williams, Smalley, & Noronha, 2009). Data from 137 college men revealed that GRC was a significant determinant of riskier health behaviors. More specifically, the Restrictive emotionality scale on the Gender Role Conflict Scale (GRCS) was associated with poor utilization of appropriate health care resources. While all three factors were associated with poor attitudes toward seeking help, results indicated that gender role conflict contributed a unique element.

Lane and Addis (2005) examined the role of culture, type of helper, and type of problem as they relate to GRC and help seeking behaviors among U.S. and Costa Rican men. No significant differences were found with regard to restricted affect and culture.

However, the variables of success, power, and competition were negatively correlated with seeking a doctor's assistance for U.S. men but were positively associated with help seeking for Costa Rican men. Regarding the type of helper for both depression and substance abuse, high restrictive emotionality among U.S. men was negatively associated with willingness to seek assistance from a variety of sources (Lane & Addis). While both groups were similarly affected, U.S. men who scored high on competitiveness, restricted affect, and affectionate behavior with men were even less likely than Costa Rican men to depend on a male friend for support to deal with depression. Interestingly, higher GRC scores were associated with increased willingness to seek help from the Internet anonymously for both substance abuse and depression.

A study of 178 male police officers examined the link between GRC and the stigma associated with counseling versus the awareness of the potential benefits of therapy (Wester, Arndt, Sedivy, & Arndt, 2010). Men who scored higher on GRC tended to view counseling as less beneficial than men with lower GRC scores. Despite the strong evidence that links GRC with numerous mental health issues, as well as knowledge of the possible benefits of counseling, this was not enough to combat the negative stigma associated with seeking professional help, regardless of the outcome. The data on help-seeking behaviors also illustrated the embarrassment and shame, by-products of GRC that men likely experienced from seeking help, occurred regardless of whether the help was from a known and trusted person or a professional.

Gender Socialization

Researchers and theorists who study gender roles asserted that social interactions and experiences played a pivotal role in the gender development of children (McHale, Crouter, & Whiteman, 2003). Gender roles are rooted within culture and are socially constructed via parental, peer, role models, and media influence (Wharton, 2005). Children observe and imitate same-sex behaviors. They are simultaneously reinforced for exhibiting certain gendered behaviors or sanctioned for deviating from gender role norms that are socially determined. A review of the research identified the family's role and associated contextual factors as primary socializing agents that significantly influenced both gender development and emotional well-being (McHale et al., 2003).

Positive quality parenting has been shown to have long-term affirmative effects on children's overall health and well-being into adulthood (Shaw, Krause, Chatters, Connell, & Ingersoll-Dayton, 2004). The psychosocial influence of the parent-child relationship contributes and shapes what children experience as stressful (Almeida, 2005). Factors, such as support, nurturance, and parental affection, can strongly determine physical and psychological health over the lifespan (Repetti, Taylor, & Seeman, 2002; Taylor, Lerner, Sage, Lehman, & Seeman, 2004). Parental warmth and support have been shown to be a critical component of the parent-child dynamic regarding healthy adolescent emotional and social development (Lowe & Dotterer, 2013; Williams & Steinberg, 2011). Parental warmth provides an important buffer for adolescents and has been noted as a protective factor against stressors (Masten & Shaffer,

2006). Children who have positive relationships with their parents as children have overall better mental health and lower risk for mental illness as adults compared to adults who had poor quality parent-child relationships (Mallers, et al, 2010).

The negative implications of poor quality parenting have also been explored. Researchers assert that poor quality parenting places children at risk for developing poor emotion regulation (Lehman, Taylor, Keife, & Seeman, 2009). Adults who described their childhood relationship with parents as neglectful, chaotic, or negative were more likely to struggle with affect regulation, resulting in more adulthood emotional distress (Repetti et al., 2002). Additionally, childhood exposure to poor quality parenting was associated with increased hostility, anger, anxiety, and depression in adulthood (Lehman et al., 2009; Turner & Muller, 2004). Compared to children exposed to positive quality parenting, children who endured chronic negative parental experiences had poorer emotional health and lower self-confidence in adulthood (Diehl, Elnick, Bourbeau, & Labouvie-Vief, 1998).

Various studies have identified ways in which parents influence gender development through interaction with their children. Within families, children are exposed to gender role norms by witnessing parental interactions and parent-child interactions. Social learning theorists propose that parents shape their children's behaviors via modeling distinct attitudes based upon gender (McHale, Crouter, Whiteman, 2003) These experiences can include information about division of labor,

emotional expressiveness, communicating affection, conflict resolution, and differential treatment of siblings (McHale et al., 2003).

Nelson et al. (2006) discovered that mothers interacted more frequently, spoke more often, and used more supportive speech to girl infants. Parents provide boys and girls different toys based upon gender (Wharton, 2005) and boys who engage in games that are stereotypically promoted to girls are more at risk of being ridiculed by their peers (Kindlon & Thompson, 1999). Other studies have found that girls are reinforced for compromising and engaging with others socially, while boys are praised for acting independently and assertively (Block, 1983; Fagot & Leinbach, 1989). Interviews were conducted to explore adolescent boys' experience of GRC. When asked from where the pressure to conform to rigid gender roles stems, many boys cited their fathers as a primary influence, followed by the media and societal forces (Watts & Borders, 2005). Overall, much of the data suggest that gender roles for boys are typically more restrictive and more highly enforced than they are for girls.

A meta-analysis was conducted to explore the relationship between parental use of language with sons versus daughters (Leaper, Anderson, & Sanders, 1998). Results indicated that when contextual factors are considered, parental use of language played a vital role regarding the construction of gender-typed behaviors and interactions. Mothers' verbal interactions included more supportive speech as well as negative language, especially with daughters, while fathers' verbalizations consisted of more direct and instructive language that provided information or posed a question. Gender differences

between parents were more pronounced when they interacted with young children within the home setting, and when activities were unstructured. Researchers (Solmeyer, Killoren, McHale, & Updegraff, 2011) revealed that immigrant families with strong ties to Mexican culture often exhibited differential treatment of children based on gender via privileges granted or chores allocated. Another study found that fathers with less traditional gender role attitudes were more likely to treat sons and daughters similarly, while fathers with traditional attitudes exhibited more differential treatment (McHale, Crouter, & Tucker, 1999). Finally, parents were more likely to exhibit differential treatment regarding parental warmth and awareness of their children's daily activities with daughter-son pairs than with same sex sibling dyads (McHale, Updegraff, Helms-Erikson, & Crouter, 2001; McHale, Updegraff, Jackson-Newsom, Tucker, & Crouter, 2000).

As noted above, a variety of factors appear to direct the gender role attitudes and behaviors displayed by parents toward their children. Fathers' experience of GRC, age and gender of the child, gender of the parent, social environment, cultural factors, and gender of siblings all appear to influence parental behaviors regarding gender roles (McHale, Crouter, & Whiteman, 2003). Parental attitudes can be guided by religious beliefs, social economic status, ethnicity, secular changes, and parent's own unique experience of gender socialization (Thornton, Alwin, & Cambur, 1983; Thornton & Young-DeMarco, 2001). Men with high GRC often respond to stress with avoidant coping strategies (Courtenay, 2011). Research indicated that father responsiveness to

their child's emotional distress impacted the psychological functioning of the child (Mallers et al., 2010). Specifically, poor paternal responsiveness was associated with insecure-avoidant attachment (George, Cummings, & Davies, 2010).

Overall, numerous factors influence and shape boys' experience and attitudes about gender roles. Such attitudes can significantly impact the choices and decisions an adolescent makes, how they manage stress, and whether or not they seek support or engage in unhealthy behaviors. Quality of the parent-child relationship, level of involvement in parenting, degree of support shown by parent and perceived by child,

Father-Son Relationship

The significance of the father-son relationship, and the impact that this relationship has on both childhood and adulthood, cannot be underestimated. Flouri and Buchanan (2003) found that having a father involved in parenting was a stronger predictor of male adolescent psychosocial adjustment than involvement of a mother. Barack Obama captures the statistical significance of a father's presence in his quote (as cited in Parker, 2008; Paragraph 12).

We know the statistics-the children who grow up without a father are five times more likely to live in poverty and commit crime; nine times more likely to drop out of schools and twenty times more likely to end up in prison. They are more likely to have behavioral problems, or run away from home, or become teenage parents themselves.

The absence of a father is associated with delinquency, gang membership, violence, poor self-esteem, academic problems, lack of emotional intimacy, and depression (Pollack, 1998). Approximately 70% of prison and reform inmates lived in homes with the father absent. The presence of fathers is not only imperative for immediate father-son relationships, but it can significantly impact the sons' future relationship with their own offspring. Pollack (1998) hypothesized that many men are absent as fathers due to being abandoned by their own father in childhood. He asserted that fathers, who provided their sons the nurturance, love, and time that they themselves did not receive, were healing their own personal childhood wounds, which additionally results in a boost in their own self-esteem.

While the absence of a father often results in negative consequences for boys and men, studies alternatively confirmed that the presence of an affirming father had significant positive effects individually and interpersonally. Researchers Floyd and Mormon (2003) posited that this relationship is the most significant and influential relationship that a man can have with another male. A large couples study (Barnett & Marshall, 1991) found that the best predictor of men's physical health was their positive relationship with their father. Children who experienced an active, engaged, emotionally available father had increased academic and professional performance, were less likely to commit crimes, and exhibited better psychological health (Kindlon & Thompson, 1999).

Fathers who played with their children during the preschool years may have contributed significant developmental milestones (Grossmann et al., 2002; Paquette,

2004; Parke et al., 2004). Biller's (1993) research noted that children who grew up with fathers who actively participated in parenting were more adept at approaching and finding solutions to problems and had a higher frustration tolerance. Pollack's (1998) examination of research on father-son relationships pointed out that fathers who were empathic and nurturing during their sons' infancy and childhood, had positive long-lasting effects well into adulthood. These sons had increased capacity for empathy, higher self-esteem, and lower incidence of depression. Snarey's (1993) Harvard study of 240 father-son pairs found that sons, with fathers who were socially and emotionally supportive during the first 10 years of their son's lives were successful in high school, college, and within their careers.

The presence of fathers certainly does not guarantee an optimistic outcome. Negative interactions between fathers and sons can prove just as devastating, if not more so than fathers' absences altogether. Sons with fathers who were hostile and yelled were more likely to also be aggressive and exhibit poor social behaviors (Kindlon & Thompson, 1999). Further, aggressive boys were more likely to judge an event as hostile and make decisions based upon a negative expectation rather than on actual events. The authors speculated that boys, who experienced hostile parenting, struggled with reading emotional cues in others due to their inability to decipher their own feelings.

So what makes the father-son relationship unique? Why is this relationship so influential and important in the lives of boys and men? A father is one of the primary socializing agents where boys learn familial, social, cultural, and political expectations

regarding what it means to be a man. The father-son relationship provides the foundation or blueprint for communication and navigation of many significant interpersonal relationships. Furthermore, the father-son relationship is the arena where children learn developmental concepts, such as boundary setting, self-respect, cooperation, and emotional regulation. This father-son relationship plays a critical role in the psychological, emotional, and social development of an adolescent boy.

Affectionate Communication and Emotional Expression

One primary aspect of the father-son relationship is the role fathers play in modeling affection and emotional expression. The psychological health and well-being of sons, particularly their ability to regulate emotional reactivity, is largely influenced by the father-son dyad (Mallers et al., 2010). Floyd and Mormon (2003) have extensively researched the significance of affectionate communication between father and son and its impact on psychological and emotional health. The authors found a direct relationship between verbal communication of affection and baseline salivary cortisol, a known chemical marker for stress level (Brown et al., 1996), and an inverse relationship with resting heart rate, a commonly utilized measure for stress level (Huwe, Hennig, & Netter, 1998). Research has demonstrated that affectionate behaviors reduce the impact of stress (Floyd, Pauley, & Hesse, 2010). Earlier research has noted the beneficial impact of affection on psychological distress. Schrodts, Ledbetter, and Ohrt (2007) found that parent affirmation and affection had a positive impact on their children's self-esteem and

perceived stress. Hess and Floyd (2008) found that affectionate exchange mediated the impact of alexithymia on relational and mental health.

Researchers investigated the quality of parent-child relationship and its association with emotional expression. Results showed that, for men, having a high quality relationship in childhood with a father meant they were less emotionally reactive to everyday stress in adulthood compared to men who had poor quality relationships. A 26-year study tracked boys and girls from ages 5 to 31, with the intent to examine factors that influence children's emotional education and level of empathy. Of all the parenting attributes explored, paternal involvement in childcare was the most significant influential factor, even after combining all maternal influence (Koestner, Franz, & Weinberger, 1990). Pollack (1998) affirmed that boys who had playful, affectionate fathers during infancy and childhood were better at mastering emotionally charged feelings and did not need as much adult guidance in adolescence when dealing with difficult situations. Such playful roughhousing between father and son provided an interaction that allowed sons to learn emotion regulation, frustration tolerance, and cooperation. These skills may have substituted for the socialized aggressive or violent responses that were often encouraged or overlooked in boys.

The ability to communicate emotions and affection has also been shown to determine relational satisfaction and is considered an essential component of interpersonal relationship maintenance (Mormon & Floyd, 1999). One study identified affection as a relational protective factor between father and sons (Park, Vo, & Tsong,

2009). The relationship between Asian college students' cultural value differences with parents and family affection was investigated. They discovered that, when differences between father and son regarding Asian values are high while affectionate responsiveness between father and son are low, sons perceived the relationship as unhealthy. However, when father-son dyads were affectionate and emotionally responsive to one another, sons reported their relationships with their fathers as healthier despite large value differences. It appears that affectionate communication between parent and child can bridge the gap experienced due to cultural value differences.

Boys learn the role and meaning of affect within the father-son relationship and observe how to communicate affection to significant others. Just a father's presence in a boy's life has an impact in this regard. Brody (1996) found that boys who have fathers who were actively involved in their lives were better able to express emotion, show empathy, exhibit less aggressive behaviors, and were not as openly competitive. Further, boys with fathers who were actively engaged in parenting were better able to express affection (Mormon & Floyd, 1999), were more at ease with intimacy, more skilled at resolving conflict, and were more flexible with regard to gender roles (Pollack, 1998). Men who are primary caregivers displayed more affection, were more nurturing, and were more emotionally expressive than men who do not take on this role (Radin, 1994).

In general, research supports that boys with nurturing fathers had better academic, interpersonal, and professional skills (Pollack, 1998). When fathers were affectionate primary caretakers, their sons demonstrated flexibility regarding gender roles, were less

fearful about challenging such roles, and were more caring and empathic toward siblings and friends. Pollack (1998) captured the importance of affectionate communication by stating, “The way we interact with boys, and the connections we make with them, can have a permanent effect on a boy’s biology, his brain, and his social behavior” (p. 56). He asserted that our emotional responses to boys and what we teach them about affection has an enduring impact on their neurological processes, brain development, and in particular, their ability to tolerate distress (Pollack). Researchers discovered that individuals with severe or chronic depression showed abnormalities in the hippocampus, an area of the brain known to impact learning and memory (Konarski et al., 2008; Macqueen and Frodl, 2011). A comparison of fMRI’s of depressed vs non-depressed individuals showed differences in hippocampal activity during memory tasks (Milne et al., 2011). Further, research in the rapidly developing field of epigenetics has shown that gene expression is dynamic and impacted by a multitude of environmental factors such as diet and vitamin supplements (Dolinoy, 2012). Research with mice showed that modifications of the genome can be long-lasting or reversible, may be inherited from parents or ancestors, and can be passed along to the next generation. This research is particularly relevant for boys given genome modifications were reported to occur during developmental periods and as a result of environmental stressors (Andersen, 2013). Retrieved from <http://youtu.be/i9a-ru2ES6Y>). Studies have shown that boys have a much harder time dealing with interpersonal distress such as parental conflict or the death of a parent (Courtenay, 2011).

Gender Role Conflict and Attachment

Researchers have uncovered substantial evidence pointing to the significance of the father role in childhood development and attachment (George, Cummings, & Davies, 2010; Lamb & Tamis-LaMonda, 2004). The characteristics of the connection or attachment between fathers and sons transcend this relationship and impacts relational skills in adulthood. Attachment theorists asserted that the quality of parent-child relationship significantly influences children's sense of self and how they relate to others as adults (Hallab & Covic, 2010; Karen, 1994; Maimon, Browning, & Brooks-Gunn, 2010). Blazina (2001) examined attachment, gender roles, and parental relationships of 172 male college students and found that high scores on GRC correlated with poor parental relationships. Another study investigated the level of gender role conflict and father-son relationships by reviewing 204 male college student's perceptions of their fathers' GRC (DeFranc & Mahalik, 2002). Findings revealed that men who perceived their fathers as having low GRC also scored low on GRC. Additionally, these men reported that their relationships with their fathers were closer than men who perceived their fathers as having high GRC. Thus, it appears that men, who adhere to traditional gender roles and have fathers who also model these beliefs, have more difficulty with intimate relationships, are more likely to exhibit an insecure attachment style, and report poorer quality parental relations than men who embrace less rigid gender roles.

A few studies explored the relationship between emotional expression and attachment style. One study revealed that gender role conflict, specifically scores on the

restrictive emotionality scale of the GRCS (O'Neil et al., 1986), was experienced significantly less in securely attached men (Schwartz, Waldo, & Higgins, 2004). Further, securely attached men were more at ease with conveying their feelings within intimate relationships compared to men with insecure attachment. While the relationship between GRC and attachment has not been extensively researched, there is ample data to support an association between the two constructs. Both GRC and insecure attachment evolve as a result of interaction within interpersonal relationships, and in turn, can impact these relationships in potentially harmful ways.

When Gender May Not Matter

It is imperative to note that much of the research does not support the claim that gender is the most important factor in determining parent-child relational success. Nor does it support the notion that children need both a male father and female mother to achieve optimum well-being. An analysis of several studies exploring the relationship between gender and parenting found that women who were parenting without men differed from women who were parenting with men, regardless of sexual orientation or whether parenting alone or with another female (Biblarz & Stacey, 2010). Women parenting without men had higher scores on the quality of their relational interactions with their children, warmth, and communication with their children than did women parenting with men. Additionally, compared to heterosexual couples, children with two mothers reported more secure attachment, fewer behavioral issues, and were more inclined to communicate emotional issues and view their parents as available and

dependable. Data from gay male couples (Mallon, 2004; Stacey, 2006) indicated that their parenting practices tended to more closely resemble that of lesbian couples.

A meta-analytic review of the literature on gender and parent socialization found that fathers encouraged more gendered-typed behaviors and activities significantly more than mothers (Lytton & Romney, 1991). However, it seems apparent that the benefits gained by fathers being active as parents are not associated with the father modeling traditional masculine roles. Additionally, any benefits reaped by a father presence are not primarily the result of one of the parents being male. Sons of single heterosexual mothers and sons of lesbian mothers, who grew up without a father figure present, scored significantly higher on femininity scales but scored similarly on masculinity traits as sons with both mother and father present (MacCallum & Golombok, 2004). Another study found that boys demonstrated better adjustment when scoring high on conventional feminine traits, regardless of being parented by two women or man and woman when compared to boys who scored lower on feminine measures (Bos, van Balen, Sandfort, & van den Boom, 2006).

A comparison of studies on single parenting indicated that children may benefit more from parenting practices of single women versus single men. Interestingly, single parent men reported better quality parenting, more verbal communication, and warmer relationships with their children than married fathers (Hilton, Desrochers, & Devall, 2001). Data also reveals that any benefits noted from having both mother and father present were also found to the same degree when two mothers parented. Women who

parented without men, both heterosexual and lesbian, scored higher on parent-child quality and warmth than single fathers and mother-father dyads.

Overall, it appears that heterosexual fathers who ascribe to traditional gender roles could potentially have a negative impact on their sons' development. Thus, while sons benefit from the presence of a male role model as a parent, the significant benefit may lie in what relational characteristics, particularly feminine traits, are being passed on as a male parent rather than gender itself being the primary factor. Sons are clearly influenced by their mothers; the research supports that in the absence of a father, sons may adopt more flexible views about gender when raised by parents who exhibit more so-called feminine qualities. It is likely that sons would benefit significantly from more egalitarian parenting styles and it might be easier for them to adopt more readily gender flexible attitudes if they are modeled by their father.

It is apparent that GRC and adherence to traditional masculine role norms place boys and men at increased risk for mental health issues, including suicidality. Research confirmed that the negative consequences of GRC either directly contributed to suicidality or had indirect implications as risk factors for suicide. When GRC and suicidality in adolescent boys were examined separately, comparisons were made across emotional, interpersonal, and psychological domains that revealed underlying connections and similarities. The following sections will review the research and statistics on suicide and then integrate what is known about the relationship between GRC and suicide risk.

Suicide

Suicide has been defined as “a self-inflicted, potentially injurious behavior with a fatal outcome for which there is evidence (either explicit or implicit) of intent to die” (Silverman, Berman, Sanddal, O’Carroll, & Joiner, 2007, p. 273). Suicidal behavior includes any thoughts, verbalizations, or behaviors that demonstrate preparation for self-directed purposeful death. From the year 2000 to now, the suicide rate in the U.S. has increased by 8.7% (Xu, Kochanek, Murphy, & Tejada-Vera, 2010). Suicide is the 11th cause of death for all ages and 13th cause of death globally (Centers for Disease Control and Prevention [CDC], 2010). Though more individuals survive suicide attempts than actually die by suicide, the numbers are still alarming. About 34,000 deaths by suicide occur each year, which translates into about 94 suicides daily. This rate, in turn, equates to approximately one suicide every 15 minutes and one attempt every 38 seconds (CDC). Suicide is clearly a national public health issue that impacts almost everyone.

In the U.S., suicide accounted for 12.2% of annual deaths among 15-24 year olds (Centers for Disease Control and Prevention, 2010). In this age group, rates increased by more than 200% between the 1950’s and late 1970’s, remained relatively stable between the 70’s to the 90’s, and have slightly increased since that time. Between 1981 and 2006, suicide rates for 10 to 14 year-olds increased by over 50%. On average, 11.5 youth suicides occur each day. Suicide is the third leading cause of death for 10-24 year-olds, and the second leading cause of death among 25-34 year olds. The CDC (2011) estimated that each year one out of five adolescents contemplates suicide and approximately 1,700

teens complete suicide each year. In 2009, the CDC noted that reports made by students in grades 9-12 indicated that 13.8% had seriously contemplated suicide in the previous 12 months. For every completed suicide, approximately 100 to 200 attempts were made among 15-34 year-olds.

Diversity Considerations in Suicide

Gender and age. Suicide ranks seventh as the leading cause of death for males at 18.4% and 15th for females at 4.7% (CDC, 2010). Among 10 to 24 year-olds, 84% of reported suicide deaths were males compared to 16% females. The suicide rate for females 15 to 24 years old has doubled over the past sixty years and quadrupled for males of the same age (American Association of Suicidology, 2006). Males in this age group were five times as likely to commit suicide compared to females (CDC, 2007). While women were two to three times more likely to attempt suicide than men (World Health Organization, 2004), men accounted for 78.8% of all completed suicides within the United States (CDC, 2010). For total number of suicides, firearms were the most commonly used method by all groups accounting for 50.7% of suicide deaths (American Association of Suicidology, 2006). These statistics revealed the horrifying truth about the suicide rate among boys. Sadly, the data do not improve for boys as they enter adulthood. It seems clear that the mental health of adolescent boys demands attention and that causal and preventive measures be identified so that this trend does not continue to escalate.

Ethnicity. Based on a global report from 2000, suicide rates among Caucasians were twice as high as those observed among other races (World Health Organization). In

the United States, European American adolescents ages 15 to 19 constituted the highest number of overall completed suicides. Among youth grades 9 through 12, Native American/Alaskan Native had the highest suicide fatality rates (Centers for Disease Control and Prevention, 2010) The suicide rate for Native American males age 15 to 24 was 32.3%, the highest rate of suicide over any ethnic group for males under age 35 (CDC, 2011). Suicide was the second leading cause of death among Native American and Alaskan Natives ages 15 to 34 (CDC). The overall suicide rate for Caucasians was 12.4%, with males at 20.2% and males between the ages 15 to 24 at 16.9%. The rate was 9.0% for all Asian or Pacific Islander males and 13.4% for males age 15 to 24 at 19.9%. For Hispanic or Latino males, the rates were 10.1% for all males and 11.5% for youth (National Center for Health Statistics, 2010). African Americans had low rates of suicide overall at 8.8% and 10.3% for boys and men age 15 to 24.

Sexual orientation. Individuals who identify as lesbian, gay, bisexual, or transgender (LGBT) experience varying degrees of discrimination and marginalization. Studies showed that these individuals are at greater risk of being victimized and bullied (McLaughlin, Hatzenbuehler, Xuan, & Conron, 2012; Robin et al., 2002; Russell, Franz, & Driscoll, 2001; Williams, Connolly, Pepler, & Craig, 2003), are disproportionately impacted by depression (Cochran & Mays, 2000; Cochran, Sullivan, & Mays, 2003), and are at increased risk for suicidal ideation (Silenzio, Pena, Duberstein, Cerel, & Knox, 2007) compared to heterosexual or non-transgendered individuals. Knowing the association between bullying and suicidality, it is no surprise that studies also

demonstrate that the LGBT community reports higher suicide attempts when compared to heterosexual individuals (Bagley & Tremblay, 2000; Grossman & D'Augelli, 2007; McDaniel, Purcell, & D'Augelli, 2001). A study of 1,032 high school students examined the relationship between emotional distress and perceived discrimination (Almeida, Johnson, Corliss, Molnar, & Azrael, 2009). LGBT youth reported higher levels of depressive symptoms, self-harm, and suicidal ideation compared to heterosexual and non-transgendered youth. Blashill and Vander Wal (2010) found that among a sample of 162 self-identified gay men, the relationship between social sensitivity, a component of social anxiety, and depression was mediated by GRC, specifically by the subscales Restrictive emotionality and Conflict Between Work and Family Relations.

Several studies have documented how gay men experience minority stress, a type of stress that accompanies minority group status, which when combined with endorsement of traditional masculinity beliefs regarding risk taking, can be hazardous to men's health (Binson, Blair, Huebner, & Woods, 2007; Murray-Law, 2011). Many studies have found a connection between minority stress and adverse consequences, such as substance abuse, depression (Diaz, Ayala, Bein, Jenne, & Marin, 2001), and suicidal ideation (D'Augelli, Hershberger, & Pilkington, 2001). Meyer (2003) confirmed that minority stress, which can include the pressure on individuals to hide their sexual identity and rejection by others based on sexual orientation, significantly contributed to the high rates of depression among gay males.

A studied revealed that in general, females attempted suicide more than males, gay and bisexual men attributed more suicide attempts related to their sexual orientation than lesbian and bisexual women (Gould, Greenberg, Velting, & Shaffer, 2003). This finding is not surprising given that men who exhibit feminine traits are viewed more negatively than women who exhibit masculine traits (Katz, 1986). One study explored the nature of suicide attempts among LGBT youth in order to better understand if sexual orientation played a role in such attempts (D'Augelli et al., 2005). Of all suicide attempts, 17% of sampled youth attributed their attempt to their sexual orientation. Half of the males in the sample reported a direct relationship between their sexual orientation and suicide attempt, which was significantly higher than reports made by lesbian and bisexual females. When comparing LGB youth who attempted suicide versus those who did not attempt, researchers found that individuals whose suicide attempts were related to sexual orientation, reported more gay-related verbal abuse incidents, higher exposure to parental psychological abuse, and more parental discouragement of behaviors that do not ascribe to traditional gender roles. Poteat, Aragon, Espelage, and Koenig (2009) found that adolescents uncertain or questioning their sexual identity are at even greater risk of victimization and suicidal ideation when compared to youth who identify as lesbian, gay, or heterosexual.

Intersection of ethnicity and sexual orientation. LGBT racial minorities likely face a compounded risk due to exposure to multiple levels of discrimination (Leach & Leong, 2008). Meyer's 1995 study uncovered the devastating consequence of being

stigmatized for being a minority gay male. Many men experienced significant chronic distress and racism as a result of their minority status and sexual orientation, which led to increased suicidal ideation. Guarnero (2007) also found that, among Latino gay males, sexual orientation and ethnicity contributed to increased discrimination, racism, and abuse, which placed them at greater risk for suicidal ideation. A study that explored family rejection of lesbian, gay, or bisexual sexual orientation and its relationship to health outcome, found that Latino adolescent males experienced the highest rate of family rejection (Ryan, Huebner, Diaz, & Sanchez, 2009). Further, LGB young adults who had experienced high levels family rejection reported significantly higher rates of depression, suicide attempts, substance abuse, and unprotected sex compared to men who experienced lower rates of rejection. In this study, it appeared that Latino males experienced a particularly higher risk for suicidal ideation due to familial rejection (Ryan et al.).

Psychiatric diagnosis. Mental health conditions and psychiatric diagnosis have been consistently associated with higher suicide risk (American Association of Suicidology, 2006; King, Kerr, Passarelli, Foster, & Merchant, 2010). Data showed that over 90% of individuals who committed suicide had a prior diagnosis of one or more mental disorders. Studies also revealed that of those who completed suicide, as many as 80% exhibited depressive symptoms (CDC, 2010). Suicide statistics indicated that depression increased risk of suicide by more than 50%. CDC also cited clinical

depression as a major risk factor for suicide (2011). Individuals diagnosed with schizophrenia, mood disorders, or conduct disorders were shown to be at greater risk.

College student status. Data from a major study conducted on Big Ten College campuses in 1997 revealed that one out of every 12 college students has created a suicide plan (National Mental Health Association [NMHA] & The Jed Foundation, 2002).

ACHA estimated that approximately 1,100 college students die by suicide each year, an average of three per day. Students with pre-existing mental health conditions, students who developed mental health conditions during college, and students who received mental health treatment during college, were at greater risk for suicide. Additionally, male Asian and Hispanic students under age 21 were at higher risk for suicide more so than the general population (Suicide Prevention Resource Center, 2004). Students reported academic pressure, difficulty with adjusting to college demands, an unfamiliar environment, isolation, and poor coping skills as primary contributors to mental health symptoms. While a large majority of college students who have contemplated or attempted suicide or struggled with depression, most students did not receive adequate treatment leaving them at increased risk (Suicide Prevention Resource Center). Because the data revealed that suicide statistics only increased from adolescence to college age, an assessment of factors that contribute to risk as well as play a preventative role is imperative.

Bullying. Bullying has received national recognition as a serious public health issue among young people. In April of 2007, HB 575, the Anti-Bullying Bill passed in

the Florida House, which outlawed bullying of any public education student or employee (Pergolizzi et al., 2009). Bullying has been defined by (Olweus, 1991) as repeated exposure over time to negative actions that involve an imbalance of power by one or more people. Studies have indicated that between 20 and 30 percent of school age youth were often in bullying incidents as victims or bullies (Dake, Price, & Telljohann, 2003). In a 2005 study of 1,229 children ages 9 to 13, half of respondents reported they had been bullied at least once and 1 out of 7 reported being bullied weekly (Brown, Rirch, & Kancherla, 2005). A survey of 587 students conducted in four middle schools indicated that 4 of 5 students believed that bullying was an issue and 1 of 3 confessed they had bullied someone else (Pergolizzi et al., 2009). A study on cyber bullying of 1,500 adolescents age 10 to 17 found that electronic forms of bullying had increased by 50% over the past five years (Ybarra, Mitchell, Wolak, & Finkelhor, 2006). Surveys administered to 6th through 12th grade in 16 school districts found that bullying was more common among young African American and Native American males (Carlyle & Steinman, 2007).

Both bullying and victimization have been found to impact emotional and physical health (Nansel et al., 2001; Nansel, Craig, Overpeck, Saluja, & Ruan, 2004; Ver der Wal, de Wit, & Hirasing, 2003). Studies have revealed the long-lasting impact of mental and physical symptoms that accompany both victimization and bullying (Salmon & West, 2000; Kumpulainen, Rasanen, & Henttonen, 1998). A study that explored various types of peer victimization found that as the number of different types of

victimization increased, the greater the risk for depression and suicidality for both males and females (Klomek, Marrocco, Kleinman, Shonfeld, & Gould, 2008).

A cross-national study of 25 countries confirmed the link between bullying and suicide among 11 to 15 year-olds (Nansel et al., 2004). Researchers discovered that from a sample of 113,000 students, bullying was quite common, impacting up to 54% of youth. A review of cross-sectional findings confirmed the prevalence of bullying and its link to suicidal risk on an international level (Klomek, Sourander, & Gould, 2010). Similar results were found in a review of 37 studies covering 13 countries, noting that bullying impacted between 9% and 54% of children (Kim & Leventhal, 2008). Of the 37 studies, five noted that, while victims of bullying were two to nine times more likely to report suicidal ideation, perpetrators were also at increased risk.

Factors such as frequency of exposure, gender, psychopathology, hopelessness, and experience as victim versus victim and perpetrator, were found to modify the relationship between bullying and suicidality (Klomek, Sourander, & Gould, 2010). The researchers identified a dose-response association, indicating that higher exposure to bullying likely posed a greater risk for suicidal ideation (Klomek et al., 2007). However, a study of Korean adolescents noted that for some males, only one or a few transient incidents could lead to increased risk for suicidal ideation (Kim, Leventhal, Koh, & Boyce, 2009).

A review of 31 cross-sectional and longitudinal studies of adolescent youth found that bullying and being bullied were both significant risk factors for suicidality

independent of other noted risk factors, such as depression, socioeconomic status, sex, and family structure (Klomek, Sourander, & Gould, 2010). This association has been found among elementary, junior, and high school age youth with the most significant risk found in individuals who were both bullies and victims. A prospective study of Korean junior high students also confirmed that being both a bully and a victim posed the greatest risk for suicidality independent of other identified risk factors (Kim et al., 2009). In contrast, Skapinakis et al. (2011) administered clinical interviews and bully/victim questionnaires to 2,431 students in Greece. They found that victims were likely to report suicidal ideation with boys reporting at higher rates than girls. However, for both boys and girls, perpetrators of bullying were not likely to report suicidal ideation, which contradicted previous researchers' findings.

In a longitudinal study, researchers found that the impact of bullying at age eight on suicidal behavior at 25 year follow up varied by sex (Klomek et al., 2009). For males, frequent victimization alone was not associated with later suicidal behavior; however, later suicidal behaviors were noted when males were both bullies and victims. After controlling for depression and childhood conduct problems, no association was found between bullying and later suicide deaths or attempts. While a small percentage of victims responded to bullying behavior with aggression or retaliation, the majority of victims remained silent in their suffering struggling with depression, low self-worth, and anxiety (Juvonen, 2005).

Feelings of hopelessness among adolescents have also been found to significantly modify the association between victimization and suicidal ideation (Terzi-Unsal, & Kapci, 2005). A 10-year prospective study found that hopelessness could better determine suicide risk than suicidal ideation (Beck, Steer, Kovacs, & Garrison, 1985). In a study of 399 adolescents, Bonanno and Hymel (2010) found that social hopelessness acted as a partial mediator between bully victimization and suicidal ideation. As social hopelessness increased, the risk for suicidal ideation also became greater.

There is ample research that has demonstrated the psychological distress that can result from bullying, as well as its influence on suicidality. Clearly, individuals who were victimized repeatedly and struggled with depression or hopelessness were at greatest risk for suicide. There has been no definitive answer as to why bullying occurs or why certain individuals have become targets while others do not. Research has identified some potential answers to these questions. While research is limited regarding the connection between adolescent bullying and GRC, robust findings exist for “bullycide” (

Family Dysfunction

Conflict and problems within families have been noted as a significant contributor to adolescent suicide risk (Prinstein, Boergers, Spirito, Little, & Grapentine, 2000; Rubenstein, Halton, Kasten, Rubin, & Stechler, 1998). Lai and McBride-Chang (2001) discovered that the family environment had a considerable impact on suicidal ideation among adolescents. Wu and Bond (2006) added that for both youth and adults, families characterized by frequent conflict also had increased stress levels, decreased reported

satisfaction with home life, and in turn, increased suicidal risk. A study of depressed adults revealed a relationship between poor communications among family members and reported family problems with a history of previous suicide attempts (McDermut, Miller, Solomon, Ryan, & Keitner, 2001). A study of 220 Chinese college students age 17 to 25 also noted the relationship between dysfunctional family systems and suicidal ideation (Chen, Wu, & Bond, 2009). Specifically, students from families with poor communication, poor problem-solving skills, and low affectionate responsiveness were at increased risk for suicidal ideation.

While support from family and affectionate communication has often buffered psychosocial stressors for adolescents, conflict within families and poor quality relationships have also significantly impacted stress levels and how they are managed (Wu & Bond). Family systems can often absorb much of the stress teenagers experience; however, they can also be a primary source of stress or exacerbate current stressors. Divorce, changes in family structure via marriage or birth of a child, parent stress levels, and coping styles of parent and adolescent will all likely contribute to adolescents' experience of stress. The family is a primary socializing agent that clearly warrants consideration when exploring adolescent suicide risk. An awareness of contributing and protective factors can assist in developing better preventative strategies that will reduce risk.

Additional Risk Factors

Numerous factors have been identified as likely contributors to overall suicide risk. While a single factor or individuals' histories cannot alone determine suicide risk, the best overall predictor of completed suicide has been found to be a prior suicide attempt (Moscicki, 1995). Risk has also been found to be significantly higher six months following a suicide attempt. Interestingly, while a prior attempt raises the risk for a future suicide attempt, the majority of suicide completers have not made a previous attempt (Krug, et al., 2002).

Almost one-third of developed and developing countries have youth suicide rates that have risen to such a degree that young people are currently at greatest risk (Klomek, Sourander, & Gould, 2010). There are likely a variety of developmental, social, and interpersonal factors that contribute to this risk. Research regarding adolescent suicide has indicated that a large percentage of attempts follow some type of interpersonal conflict (American Association of Suicidology, 2006). Data also revealed that suicide attempts often occurred at home during after-school hours. Adolescents who were around other similar age peers who had attempted suicide were possibly at increased risk. Some studies (Gould et al., 2003) also indicated that impulsive and aggressive behaviors were associated risk factors among teens. Additional documented risk factors included access to firearms, incarceration, exposure to a significant stressor, family history of suicide, social isolation, barriers to obtaining mental health services, being divorced/widowed,

physical illness, history of abuse, and unwillingness to seek services due to social stigma (Centers for Disease Control and Prevention, 2011).

Both substance abuse and conduct problems are more prevalent among males and have also been linked with increased suicidal risk (Groves & Sher, 2005). For alcohol dependency, suicide rates have been estimated to be 50 to 70 percent higher than in the general population. Among Native Americans, alcohol has been involved in 70 to 90% of suicides (Leach & Leong, 2008). Additional data revealed that one-third of suicides tested positive for alcohol and 1 out of 5 tested positive for opiates or painkillers (CDC, 2010). A study of 948 adolescents who had received substance abuse treatment in the United States revealed that 30% of youth reported suicidal ideation and 12% had made an attempt within the year following treatment (Klomek, Griffen, Harris, McCaffrey, & Morral, 2008). Research conducted by The National Longitudinal Study of Adolescent Health also discovered the connection between suicidal ideation and substance use via epidemiology surveys (Borowsky, Ireland, & Resnick, 2001).

It is not surprising that the suicide rates for adolescent boys is so high given the numerous risk factors with which they are faced on a daily basis. The gender socialization process, which encourages aggression and impulsivity, shames individuals for seeking support, and places pressure upon boys to meet a double standard certainly places boys at a disadvantage. Poor coping skills, high parent-child conflict, and exposure to drugs and alcohol are not ideal circumstances, but this is often the reality for many teen boys. The issues that boys are now facing are real and challenging, even for the most

adaptive and resilient adolescent. Further exploration of adolescent boys' experiences and the mitigating factors that may protect them is long overdue.

Protective Factors

Research indicates that children who receive parental support experience long-term benefits regarding their well-being (Shaw et al., 2004). Parental support and warmth have been identified as crucial elements for adolescents regarding healthy emotional development (Connor & Rueter, 2006; Kaminski et al., 2010). Further, social support has been identified as a potential buffer against stress for adolescents (Ling, Yang, Zhang, Yi, & Yao, 2010). Bonanno's (2007) study revealed that student victims of bullying who perceived high levels of social support from family members also reported less suicidal ideation and depressive symptoms compared to students who perceived less social support. In a sample of delinquent adolescents, for those who had experienced severe childhood abuse, the relationship between abuse and suicidality was moderated by high social support (Esposito & Clum, 2002). For LGB youth, family support in conjunction with acceptance of sexual orientation provided a buffer against the negative impact of victimization (Hershberger & D'Augelli, 1995). Family support was particularly protective when the degree of support was high and victimization infrequent.

Almeida (2005) discovered that conflict within interpersonal relationships could determine the level of psychological distress an individual experiences. Alternatively, positive parent-child relationships have been shown to minimize the impact of life's daily stressors. Studies showed that children with supportive fathers were better able to manage

frustration and had higher stress tolerance (Biller, 1993). Boys who reported having a relationship with their father characterized by warmth and emotional responsiveness were less likely to experience emotional distress (Nelson & Coyne, 2009). It is not surprising that children's level of perceived parental acceptance is directly associated with their psychological adjustment (Borowsky, Ireland, & Resnick, 2001; Repetti, Taylor, & Seeman, 2002).

Suicide and Gender Role

A review of the suicide literature from a gendered perspective argues that while males and females encounter similar suicide risk factors, gender roles directly impact and differentiate the experience of these factors (Payne, Swami, & Stanistreet, 2008). Studies conducted over the past three decades revealed that the pressure boys and men face from adherence to traditional gender role norms exposed them to the very same factors that have also been linked to increased suicide risk (Galligan et al., 2010; Payne et al., 2008). Gender role conflict has been commonly reported among adolescents hospitalized for suicidality (Pinhas, Weaver, Brydern, Ghabobour, & Toner, 2002). Houle's (2005) study noted that GRC was significantly more prevalent among suicidal males compared to non-suicidal males. The fact that more males complete suicide and often utilize more lethal methods is not surprising given that aggression and violence among males is socially encouraged and accepted via traditional gender roles (Jakupcak, Lisak, & Roemer, 2002; Payne et al.). Specifically, men who adhere to traditional masculine gender roles and

restrict emotion have been shown to be more aggressive (Cohn, Jakupcak, Seibert, Hildebrandt, & Zeichner, 2010; Cohn & Zeichner, 2006).

A few studies have narrowed their focus and specifically explored the negative impacts of Restrictive emotionality (RE) on mental health. Restricted Emotionality has been shown to have a particularly detrimental emotional, social, and interpersonal impact on adolescent boys. Studies showed that expression of emotion, often guided by gender socialization, could differ greatly between males and females. Carpenter and Addis (2000) discovered that alexithymia, defined as “the inability to recognize, label, and communicate affective experiences” (p.629), a trait commonly associated with GRC, mediated the differences between men’s and women’s responses to depression. Both men and women with alexithymia were less likely to seek assistance for symptoms; however, men struggled more with emotional expression due to their preference for thinking about potential causes of depression rather than introspecting about feelings (Carpenter & Addis). The inability to articulate and share emotions severely limits men’s ability to manage distressing feelings, hinders their ability to share painful experiences, and often prevents them from obtaining the help and support that may be critical to preventing a suicide attempt. Thus, for many boys, it appears that the shame and embarrassment associated with emotional expression may silence them into lonely isolation, further increasing their risk.

A study of 179 Chinese Canadian adolescent boys examined the impact of engaging versus avoidant coping styles on GRC and psychological distress (Wester, Kuo,

& Vogel, 2006). All four domains of GRC were related to psychological distress; however, individuals who rated high on the RE scale were even more likely to struggle. In addition, inhibition of emotion appeared to hinder the ability to utilize helpful coping strategies for managing distress. Cadenhead (2002) duplicated these results among a clinical population of adolescent boys finding that all four domains of GRC correlated with psychological distress. More specifically, he found that RE was significantly associated with both family issues and emotional problems.

An examination of the noted suicide risk factors revealed a substantial overlap of these factors with the negative implications of GRC. For example, the relationship between depression and suicide risk has been well documented and depression has been commonly found in boys and men who experienced GRC. GRC also contributed to poor parent-child relationships (Kindlon & Thompson, 1999; Pollack, 1998), which in turn, has been linked to adolescent depression (Kim & Cain, 2008). Good and Mintz (1990) discovered that all four domains of gender role conflict were related to depression in a sample of 401 college men. More recent research also found a direct correlation between GRC and depression and noted that depression was mediated by self-esteem, a factor also known to be impacted by GRC (Choi, Kim, Hwang, & Heppner, 2010). Further, Borthick (1997) investigated the experiences of 621 college students ages 18 to 24 and found that all four domains of the Gender Role Conflict Scale (O'Neil et al., 1986) were significant predictors of suicidality.

In summary, there is compelling evidence that suggests conformity to traditional male gender roles results in increased suicidal risk (Payne et al., 2008). A handful of studies have specifically noted that endorsement of traditional gender roles or “hegemonic masculinity” placed boys and men at greater risk for suicidal ideation (Borthick, 1997; Galligan, Barnett, Brennan, & Israel, 2010; Houle, Mishara, & Chagnon, 2008; Payne et al., 2008; Smalley, Scourfield, & Greenland, 2005). Additionally, low affectionate communication, high parent-child conflict, and restricted affect, have all been factors associated with both suicidal ideation and GRC (Blazina & Watkins, 2000; Cournoyer & Mahalik, 1995; Good & Mintz, 1990). The significant overlap between the two constructs GRC and parent-child relationship with suicidality thus warrants further exploration.

Purpose of the Study and Statement of Hypotheses

While gender role conflict has been studied extensively among adult men, research on adolescent GRC is limited. To date, adolescent GRC, father-son affectionate communication, and their relationship to suicide risk have not been jointly explored. This gap in the research is surprising given the negative implications of GRC, the role of the father as a socializing agent and protective buffer against stress, and the high rates for suicide in adolescent boys that only increase in adulthood. This study investigated the relationships between restrictive emotionality, affectionate communication from father to son, and the demographic variables ethnicity and sexual orientation as they relate to suicidality.

It was hypothesized that:

1. Father-son affectionate communication would be inversely and significantly correlated with restricted emotionality.
2. Father-son affectionate communication would be inversely and significantly correlated with suicidality.
3. Restricted Emotionality would be positively and significantly correlated with suicidality.
4. Suicidality would be predicted by significant relationships with father-son affectionate communication, restricted emotionality, sexual orientation, and ethnicity.
5. Restricted emotionality would act as a significant mediator in the relationship between father-son affectionate communication and suicidality.

CHAPTER III

METHOD

Participants

Study participants were adult men ages 18 or older, recruited from three university campuses located in Southwestern United States and from the internet website Amazon Mechanical Turk. A total of 213 surveys were completed and included in the analysis.

Demographic data were collected on the following variables: age, ethnicity, and sexual orientation. These data are displayed in Table 1. Of the 213 participants, the majority reported being heterosexual, with a substantial minority (15.5%) indicating another variation in their sexual orientation. In terms of ethnicity, the largest percentage of participants were Caucasian, followed by Hispanic/Latino, Asian American, African American, and small percentages of other ethnicities. Approximately half the sample was under age 25, though a broad range of age was captured overall (18-62).

Instruments

Demographic Questionnaire

A Demographic Questionnaire was created by the author to assess personal characteristics of study participants. The measure consists of seven items regarding gender, age, ethnicity, sexual orientation, and past suicidality (see Appendix A).

Table 1

Descriptive Statistics on Demographic Variables

Variable	Mean	SD	Frequency	Percentage
Age in Years	26.65	8.43		

Ethnicity				
African American			11	5.2
Asian American			28	13.1
NH/PI			1	.5
Caucasian			136	63.8
Hispanic			29	13.6
NA/AN			4	1.9
Bi/Multi-racial			6	2.8
Other			4	1.9
Sexual Orientation				
Heterosexual			180	84.5
Gay, bisexual, or Other			33	15.5

Note. NH/PI=Native Hawaiian/Pacific Islander. NA/AN=Native American/Alaskan Native.

“Other” included Arab-American, Asian, and South Asian.

The Gender Role Conflict Scale-Adolescent (GRCS-A)

The GRCS-A (Blazina, Pisecco, & O’Neil, 2005; See Appendix B) is a 29-item self-report questionnaire, which includes a 6-point Likert scale of 1 (“strongly disagree”) to 6 (“strongly agree”) for participants to rate their level of agreement or disagreement with statements regarding their gender role behaviors. The GRCS-A was adapted for adolescents from the widely utilized GRCS for adults. This researcher chose to examine GRC more closely by focusing on the restrictive emotion (RE) scale, the most predictive and consistent measure for assessing psychological distress across adolescent and adult male populations (O’Neil, 2008). The adolescent version of the Gender Role Conflict Scale (GRCS-A; Blazina, Pisecco, & O’Neil, 2005; Blazina, Cordova, Pisecco, & Settle; 2007) was chosen after consulting with one of the authors of the scale. The adolescent version was chosen as it is best suited for this study, given that participants were providing retrospective accounts of their adolescent experience. A review of GRC studies (O’Neil; 2008) indicated the RE scale correlated more highly with psychological distress than all other subscales.

Consistent with the adult instrument, the GRCS-A measures four patterns regarding restrictiveness of the male gender role across four domains (cognitive, affective, behavioral, and unconscious) in four situational contexts. Participants receive a score on each of four subscales, which include: (1) Need for Success and Achievement (NSA) (example: “Making money is part of my idea of being a successful man”); (2) Restrictive Emotionality (RE) (example: “I have difficulty telling others I care about

them”); (3) Restricted Affectionate Behavior between Men (RABBM) (example: “Affection with other men makes me tense”); and (4) Conflicts between Work and Family Relations (CBWF) (example: “Finding time to relax is difficult for me”). The four situational contexts embedded across the GRCS are (1) gender role transition, (2) intrapersonally within the man, (3) interpersonally toward others, and (4) from other individuals. In general, the GRCS measures the negative outcomes experienced as a result of gender role strain paradigm (Garnets & Pleck, 1979). Subscale scores are calculated by adding up the subscale items with higher scores reflecting higher gender role conflict. The NSA subscale is composed of six items (range 6-36). The RE subscale is composed of nine items (range 9-54). The RABM subscale is composed of seven items (range 7-42). The CBWSF subscale is composed of seven items (range 7-42).

To examine the psychometric properties of the instrument, data were factor analyzed yielding four factors with internal consistency coefficients ranging from .70 (NSA) to .82 (RABBM). Test-retest reliability coefficients on each of the subscales (across a two-week period) were: NSA, .95; RE, .87; RABBM, .83; and CBWF, .60. Convergent validity was obtained via positive correlation with adult gender-role conflict and traditional male ideology. Coefficients ranged from .78 (RABM) to .88 (GRCS total score). This study used only the RE scale. Consent to utilize the GRCS-A and collect data via Internet questionnaires has been provided by the author of this instrument (J. M. O’Neil, personal communication, July 4, 2011).

Affectionate Communication Index (ACI)

The ACI (Floyd & Mormon, 1998; see Appendix C) is a 19 item Likert-type scale with items ranging from 1 (“Never or Almost Never Do This”) to 7 (Always or Almost Always Do This”). The items are categorized into three subscales, with each one assessing a different aspect of affectionate communication. The first subscale has four items that measure affection expressed verbally and includes statements such as “I love you.” The second subscale has seven items that measure nonverbal expression of affections and includes items that assess behaviors like holding hands and hugging. The third subscale has five items that measure affection expressed through supportive behaviors like giving praise or a compliment. Higher scores indicate higher affectionate communication. The ACI has demonstrated strong internal reliabilities for verbal (.91), nonverbal (.94), and supportive affection (.87) as well as multiple forms of predictive, discriminant, and convergent validity (Floyd & Mikkelson, 2005; Floyd & Mormon, 1998; 2000; 2001; 2003; Mormon & Floyd, 1999). In this study, participants responded to items based upon their perception of affection given by their fathers as an adolescent. The entire scale was utilized as a measure of overall affectionate communication, rather than assessing each scale. Consent to utilize instrument and collect data via Internet questionnaires has been provided by the author of this instrument (K. Floyd, personal communication, June 27, 2011).

Procedures

Approval for this study was obtained from the Institutional Review Boards of the universities involved in the study. All participation was voluntary and all participants were given the option to withdraw from the study at any time. Potential risks and benefits of participation were disclosed in the Informed Consent form (Appendix D). Approval was also obtained to collect data remotely via Amazon Mechanical Turk, a web service application program which accesses a broad range of individuals in the global community. Student participants were accessed via electronic lists and classroom instructional technology with an electronic recruitment letter or via paper flyers available in the Student Counseling Center (SCC) with routine intake forms in order to protect confidentiality. The electronic recruitment letter and the paper flyer contained identical information (See Appendix E). At the completion of the study, all participants were eligible to enter a drawing for a \$50 gift card from Best Buy. Participants who provided informed consent, completed the study, and requested to be in the drawing, provided contact information in order to be notified if selected for the drawing. A participant was chosen for the gift card via random selection. The participant was contacted and informed of the selection via email, and the gift card was sent to the mailing address provided by participant once consent to do so was obtained. Participants completed the study online using PsychData. When students accessed the study link, they read the Informed Consent letter. Following that, participants were given the three instruments (Demographic Questionnaire, ACI, & GRCS-A). The program did not allow for counterbalancing of

materials. The Demographic Questionnaire was administered last, so that the information regarding suicidality would not bias prior responding. An additional, printable page containing resources for counseling services was placed at the beginning and end of the study for students who may have experienced distress due to the study (See Appendix F).

Analysis

Preliminary Analyses (Descriptive Statistics)

Means, standard deviations, and ranges for all continuous variables were calculated. For categorical variables, frequencies and percentages were calculated. Due to small numbers of participants who identified in the categories of “mostly heterosexual,” “more gay than heterosexual,” “bisexual,” and “don’t know,” these categories were combined, and statistical analyses using sexual orientation were designated as either “heterosexual” or “bisexual”, or “other.”

Analysis of Major Hypotheses

Each hypothesis is listed below with its respective analysis detailed to the right. Figure 1 gives details for predicted relationships between the variables in Hypothesis 5.

Hypothesis

Analysis

- | | |
|--|-------------------------|
| 1. Father-son affectionate communication would be inversely correlated with Restricted Emotionality. | Pearson’s r Correlation |
| 2. Father-son affectionate communication would be | Pearson’s r Correlation |

inversely correlated with suicidality.

3. Restricted Emotionality would be positively correlated with Suicidality.

Pearson's r Correlation

4. Suicidality would be predicted by father-son affectionate communication, Restricted Emotionality, sexual orientation, and ethnicity.

Linear Regression

5. Restricted emotionality would act as a mediator in the relationship between father-son communication and suicidality.

Linear Regression

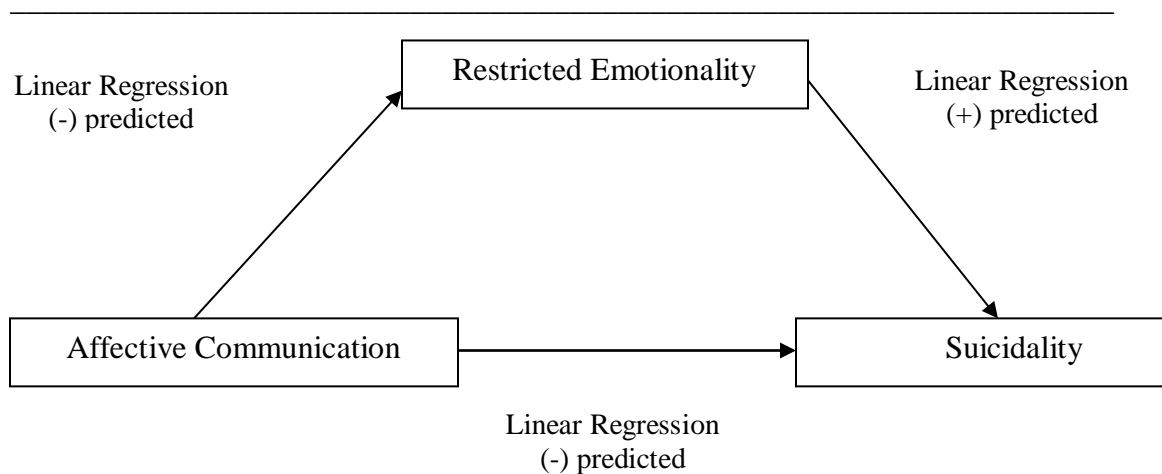


Figure 1. Predicted relationships for hypothesis 5

In calculating Suicidality, the three “Yes-No” items from the Demographic Questionnaire regarding suicidal intention, plan, and attempt were combined to form a weighted 0-6 point scale. The scoring was as follows:

Intention (weight of 1)	Score of 0 (no) = 0
	Score of 1 (yes) = 1
Plan (weight of 2)	Score of 0 (no) = 0
	Score of 1 (yes) = 2
Attempt (weight of 3)	Score of 0 (no) = 0
	Score of 1 (yes) = 3

In this way, by adding up the weighted values for whichever items participants did endorse, all possible scores between zero and 6 could be obtained.

Exploratory Analyses

Sexual orientation was explored as a potential mediator and added to the model created for Hypothesis 5.

The predicted relationships have been noted below in Figure 2.

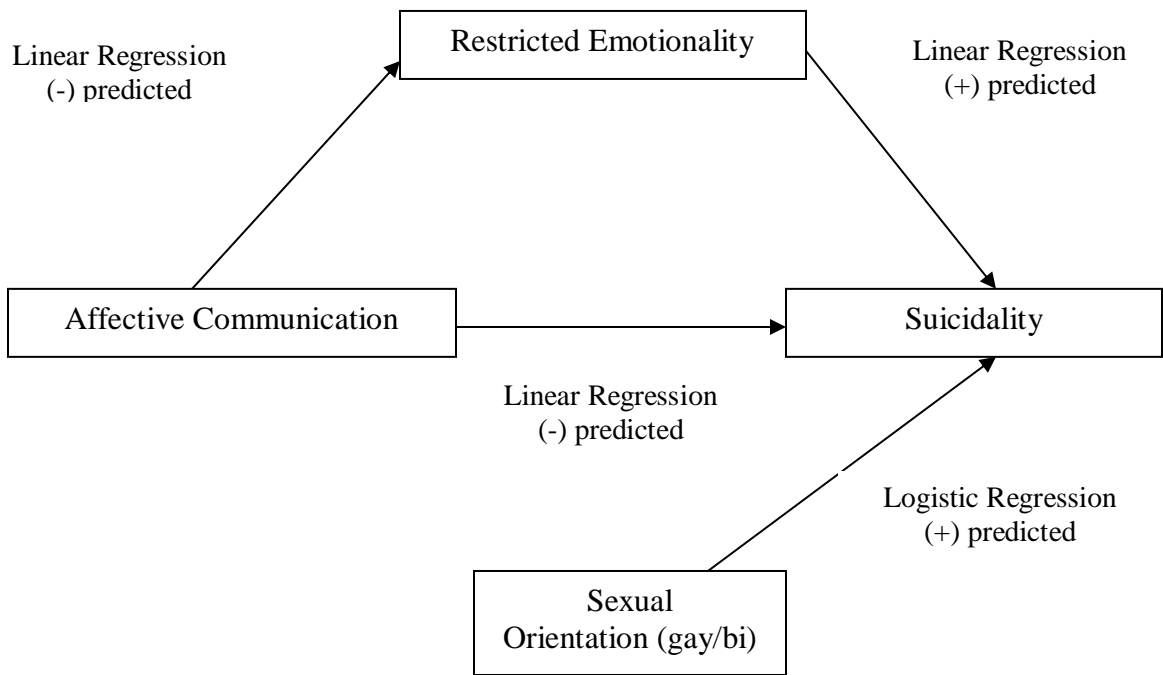


Figure 2. Restricted emotion and sexual orientation as mediators of the relationship between affectionate communication and suicidality

CHAPTER IV

RESULTS

Descriptive statistics for additional categorical and continuous variables are presented below. Following this, results from major hypotheses and exploratory hypotheses are noted.

Descriptive Statistics

Table 2 presents the categorical variables in the study. Table 3 presents descriptive statistics on the continuous variables in the study.

In examining patterns related to the suicidality variable in Table 2, 26.8% of participants report suicidal ideation as an adolescent, 11.7% had a plan, and 4.7% report at least one attempt. These data show that for those participants who had any suicide-related experiences, intent was most common, followed by a suicide plan, and that actual attempts were reported with the least frequency. In this sample, there is a clear pattern of decreasing frequency of behavior as severity of behavior increases. In examining Table 3, the majority of participants fell in the mid-range on both affective communication and restrictive emotionality.

Table 2

Descriptive Statistics for Categorical Variables

Variable	Frequency	Percent
Suicidal Intent		
No	156	73.2
Yes	57	26.8
Suicide Plan		
No	188	88.3
Yes	25	11.7
Suicide Attempt		
No	203	95.3
Yes	10	4.7

Note: n=213.

Table 3

Descriptive Statistics for Continuous Variables

Variable	Range	Mean	SD
Suicidality	0-6.00	.64	1.36
Affective Communication	16-110	55.66	21.05
Restrictive Emotionality	9-54	34.29	10.45

Note. Higher scores on suicidality indicate higher suicidal risk. Higher scores on Affective Communication indicate higher reported affection received from father figure in adolescence. Higher scores on Restrictive Emotionality indicate more difficulty expressing emotion.

Analysis of Major Hypotheses

Hypothesis one. Hypothesis 1 stated that father-son affectionate communication would be inversely correlated with restrictive emotionality. This hypothesis was supported. Individuals who reported receiving more affectionate communication from a father figure in adolescence also reported less difficulty expressing emotion during this time ($r = -.33, p < .01$). See Table 4.

Hypothesis two. Hypothesis 2 stated that father-son affectionate communication would be inversely correlated with suicidality. This hypothesis was supported.

Individuals who reported higher affectionate communication from a father figure also had lower reported suicidality ($r = -.15, p < .05$). See Table 4.

Hypothesis three. Hypothesis 3 stated that restrictive emotionality would be positively correlated with Suicidality. This hypothesis was supported. Individuals who had the most difficulty with expressing emotions in adolescence also had higher reported suicidality at that time ($r = .11, p < .05$). See Table 4.

Table 4

Correlation Matrix for Continuous Variables

Variable	Suicidality	Affective Communication	Restrictive Emotionality
Suicidality		-.15*	.11*
Affective Communication			
Restrictive Emotionality		-.33**	

Note. ** = Correlation is significant at the .01 level (1-tailed). * = Correlation is significant at the .05 level (1-tailed).

Hypothesis four. Hypothesis four stated that suicidality would be predicted by father-son affectionate communication, restrictive emotionality, sexual orientation, and ethnicity. Due to low frequency, the ethnicity categories Other, Native American/Alaskan

Native, and Hawaiian Islander/Native Pacific were dropped from the analysis. This hypothesis was tested using linear regression. Results of analysis are presented in Table 5.

Table 5

Regression Table for Hypothesis Four

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	1.618	.644		2.513	.01
Restrictive emotionality	.062	.084	.053	.741	.23
Affective Communication	-.006	.005	-.086	-1.227	.221
Sexual Orientation	-.890	.249	-.237	-3.581	.000
African American	-.263	.534	-.043	-.492	.62
Asian American	-.284	.467	-.071	-.608	.54
Caucasian	-.099	.407	-.035	-.242	.81
Hispanic/Latino	-.552	.456	-.139	-1.211	.23
Bi-racial or Multiracial	1.440	.635	.175	2.268	.02

Note: T-tests are one-tailed

The overall test of the model was significant. Hypothesis four was partially supported. Suicidality was predicted by sexual orientation identification as gay or

bisexual, and by ethnicity being bi-racial/multiracial ($F=3.78$, $df=8$, $p<.000$). No other variables were significant in this analysis.

Hypothesis five. Hypothesis 5 stated that restrictive emotionality would act as a mediator in the relationship between father-son communication and suicidality. This hypothesis was tested using linear regression. Results of the analysis are presented in Table 6 and illustrated in Figure 3.

Table 6

Regression Table for Hypothesis Five

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	.758	.485		1.563	.060
Affective Communication	-.008	.005	-.122	-1.693	.045
Restricted Emotionality	.085	.085	.073	1.009	.150

Note. Dependent Variable = suicide. Tests are one-tailed.

The overall test of the model was marginally significant, however the model was run to examine specific variables ($F=2.82$, $df=2$, $p=.06$). All relationships were in predicted directions. Affectionate communication had a direct relationship to suicidality. Restricted emotionality was a mediator between affectionate communication and

suicidality; in other words, there was also an indirect relationship between affectionate communication and suicidality through restrictive emotionality.

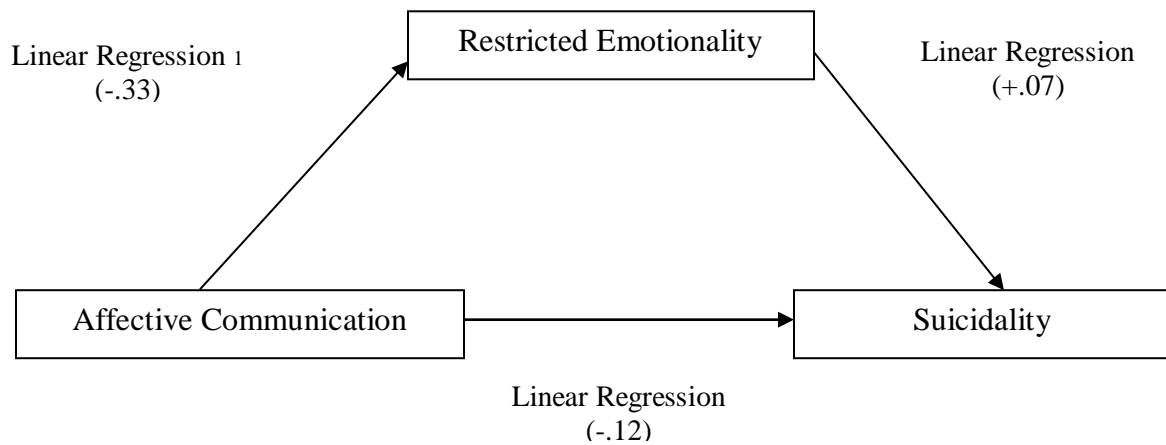


Figure 3. Actual relationships for hypothesis 5
1 Identified in Table 4

Exploratory Analysis

Sexual orientation was explored as a potential mediator and added to the Hypothesis 5 model. Results are shown in Table 7 and illustrated in Figure 4.

The overall test of the model was significant ($F=5.84$, $df=3$, $p<.001$). Sexual orientation mediated the relationship between affectionate communication and suicidality. The magnitude of the relationship between sexual orientation and suicidality was twice that of affectionate communication and suicidality, and four times greater than the relationship between restricted emotionality and suicidality.

Table 7

Regression Table for Exploratory Hypothesis

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	.677	.474		1.428	.075
Restricted Emotionality Affective Communication	.067	.083	.057	.810	.200
Sexual Orientation	-.008	.005	-.117	-1.659	.045
	.852	.250	.227	3.404	.001

Note. Dependent Variable = suicide. Tests are one-tailed.

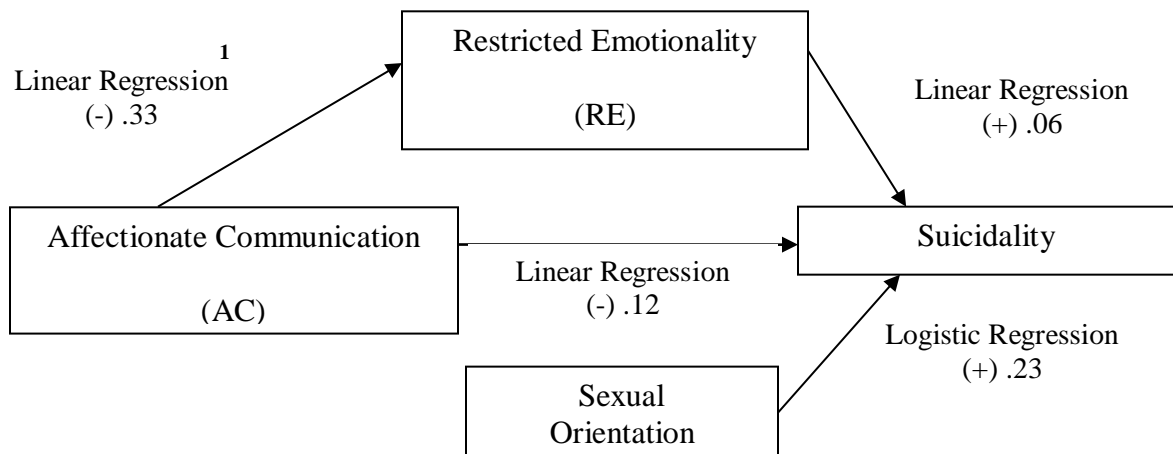


Figure 4. RE and Sexual Orientation as Mediators between AC and Suicide
 1 Identified in Table 4

CHAPTER V

DISCUSSION

In the discussion below, a summary of the major findings of this investigation are noted and integrated with prior literature. Following this, implications for research and practice are described. Strengths and limitations are noted.

Integration of Results and Literature

The first three hypotheses were supported. Adolescents who reported receiving higher affectionate communication from their fathers had lower reported restrictive emotionality as well as decreased suicidality. These results are congruent with what is currently known about the relationships between affectionate communication, restrictive emotionality, and suicidality. Affectionate communication and related variables such as parental warmth, support, and acceptance were all important factors regarding adolescent suicide risk (Hakvoort, Bos, Van Balen, & Hermanns, 2010). Conversely, high parent-child conflict, interpersonal violence, childhood sexual abuse, and poor living conditions have all been indicated as risk factors for adolescent suicide. Suicide risk can be estimated best by considering a combination of both the presence and absence of noted risk and protective factors, numerous contextual variables such as the parent-child relationship, affectionate communication between father and son, and restrictive

emotionality, as well as demographic factors such as age, sexual orientation and ethnicity.

Numerous studies have highlighted the importance of the family context and the nature of parent-child interaction (George, Cummings, & Davies, 2010; Hakvoort, Bos, Van Balen, & Hermanns, 2010). Kaminsky et al (2010) found family connections were a stronger influence over peers or adults regarding suicidality. The Centers for Disease Control and Prevention (CDC, 2011) highlighted the importance of family connection as a suicide prevention strategy. The parent-child relationship and the ability to express emotional states have been cited as important indicators of an adolescent boy's mental health and well-being (Pollack, 1998). Parental affection and responsiveness to children's emotional distress was shown to significantly impact emotional development as well as attachment (George, Cummings, & Davies, 2010). Moreover, the quality of the parental dyad has been shown to have a differential impact for boys and girls, with boys experiencing more difficulty when exposed to parental conflict or dealing with the death of a parent (Courtenay, 2011). The father-son relationship has been cited as the most significant male-male relationship (Mormon & Floyd, 1999). Retrospective reports of parent-child relationship quality have found that father-son relationship quality was a significant contributor toward emotional resiliency in response to stress (Mallers et al., 2010). This study supports the protective role that father-son affection plays regarding adolescent mental and emotional health.

Numerous studies have chosen to examine the psychological impact of gender role conflict (GRC) as a primary variable of interest in understanding men and boys' psychological adjustment (Blazina, 2001; Blazina & Watkins, 2000; Kindlon & Thompson, 1999; Pollack, 1998).

Considering the powerful position of father as parent and male role model for his son, the numerous studies on male gender role conflict and psychological health, it seemed imperative that within the context of affectionate communication, the potential role of restrictive emotionality be included and examined in its relationship to adolescent suicide. Supporting present findings, an examination of 2,189 high school students ages 13 to 18 revealed that individuals who reported more difficulty understanding and expressing emotions were 11 times more likely to have significant depressive symptoms and three times more likely to have reported suicidal ideation (Jacobson, Marrocco, Kleinman, & Gould, 2011). Sons who reported higher scores on restrictive emotionality, indicative of difficulty expressing emotion, also had higher reported suicidality (Galligan, Barnett, Brennan, & Israel; 2010). Finally, sexual minority men who reported discomfort with emotional expression between men are more likely to experience internalized heterosexism and subsequent depression after experiencing heterosexist discrimination. (Szymanski & Ikizler, 2012).

Affection from a father can provide nonverbal expression of emotion conveying acceptance and support, thus providing a double buffer. By expressing affection toward sons, fathers provide a model for emotional expression and make it safe for sons to also

be vulnerable and express emotion. Results of this study provide further support that sons' restrictive emotionality can account for some of their estimated suicide risk. This research highlighted the importance of examining both father-son affectionate communication and restricted emotionality when exploring adolescent gender role conflict or suicidality, given the significant relationship that exists when these variables are examined together versus separately. Additionally, other factors discussed later, demonstrated significance of equal or greater magnitude. The fourth hypothesis received partial support. Only two of the four variables examined were significant predictors of suicidality. Sexual orientation identification, denoted by gay, bisexual, or questioning, was the strongest predictor of suicidality. The second significant predictor was ethnicity, specifically, identifying as bi-racial or multiracial predicted suicidality. The results for hypothesis four are interesting given that affectionate communication and restrictive emotion were predictive of suicidality when examined apart from sexual orientation and ethnicity. However, once sexual orientation and ethnicity were added as potential mediators, affectionate communication and restrictive emotion no longer emerged as significant. These findings are not surprising in light of the established research on the relationships between gay, lesbian, or bisexual (GLB) youth, and ethnic minority youth with suicidality (Hong, Espelage, & Kral; 2011; Lusk et.al, 2010; Marshal et al., 2011; Russell & Toomey, 2010). Current findings align with previous research that has found within-group variation among gay and bisexual males when examining suicidal risk factors (Worthington & Reynolds, 2009). For example, one study revealed suicide risk

was lowered for adolescents who received support from family and friends, regardless of sexual orientation (Rutter & Soucar, 2002), but only when victimization was low.

However, it is well-established that GLB youth are at high risk for victimization and its negative consequences (Hong, Espelage, & Kral, 2011; Marshal et al., 2011; McLaughlin, Hatzenbuehler, Xuan, & Conron, 2012;).

Ample evidence indicates that males who identify as gay or bisexual are at increased risk for suicide (Legleye, Beck, Peretti-Watel, Chau, & Firdion, 2010). A meta-analysis revealed that suicidality lifetime risk quadruples for males who identify as gay compared to heterosexual males (King et al., 2008). Studies have demonstrated that identification as lesbian, gay, or bisexual (GLB) is associated with higher adverse experiences and victimization, including childhood physical and sexual abuse, intimate partner violence, and poor living conditions (McLaughlin, Hatzenbuehler, Xuan, Conron, 2012). Suicidality is known to be elevated for GLB individuals who experience discrimination and chronic victimization (D'Augelli et al., 2005; Hatzenbuehler, 2010; McLaughlin, Hatzenbuehler et al., 2010). Some studies report that suicide rates double for sexual minority youth when compared to heterosexual adolescents (Almeida et al., 2009). Awareness of one's own sexual orientation, pressure to conform to social and traditional male gender roles, the process of "coming out," (Heatherington & Lavner, 2008) and the changes and challenges that occur during puberty can pose significant stress, further increasing suicidal risk (Poteat, Aragon, Espelage, & Koenig, 2009).

Identification as lesbian, gay or bisexual was associated with increased suicidal risk for teens, with adolescent males who identify as bisexual at highest risk (Marshall et al., 2011). Identification as bisexual increased adolescents' suicide risk up to five times that of heterosexual peers. Additionally, it has been noted that individuals who are questioning or uncertain about their sexual orientation are among the highest risk group (Poteat, Aragon, Espelage, & Koenig). This finding makes sense when considering that adolescence is often characterized by a critical period of identity development marked by separation from parent and increased reliance on peers for information. The desire for belonging and acceptance from peers during this time may help explain some of the increased risk. For example, Lusk, Taylor, Nanney and Austin (2010) found that not having a strong identification with any particular group was associated with depression and inversely correlated with self-esteem. Adolescent minority stress and issues surrounding sexual identity can compound the already heightened risk an adolescent experiences. Recent data from the U.S. National Longitudinal Study of Adolescent Health indicated that the increased risk of suicide for male sexual minority youth is developmental and limited to adolescence (Russell & Toomey, 2012).

For hypothesis five, higher affectionate communication from fathers was directly related to lower reports of suicidality. Additionally, restrictive emotionality mediated the impact of affectionate communication on reported suicidality. When affection from fathers was reported low, low restrictive emotionality scores, which are representative of improved emotional expressivity, were linked with lower reported suicidality. These

results are consistent with prior research on restrictive emotionality and suicide risk. For example, Jacobson, Marrocco, Kleinman, and Gould (2011) found that high restrictive emotionality was a significant predictor of suicidality, even more so than severe depressive symptoms and provided partial mediation between suicidal ideation and depression. These studies complement one another illustrating both the potential risk and protective aspects of emotional expression versus inhibition.

Some researchers speculate that risk and protective factors do not apply equally for all groups. Specifically, variation exists within minority groups, making it difficult to accurately assess risk (Worthington & Reynolds, 2009). Subsequently, many adolescents in need of intervention and support may not be identified as at risk when indeed they are (Canino & Roberts, 2001; Scouller & Smith, 2002). Given the research on sexual orientation, ethnicity, and suicide risk, parental acceptance may be more of a salient factor for individuals who endure minority stress, are marginalized on multiple levels, or face rejection rooted in socialized gender roles. Chronic victimization from bullying, routine rejection from peers, and rejection or abuse from family members can additionally compound this impact. Researchers have encouraged the development and use of culturally sensitive models for suicide intervention and treatment (Chu, Goldblum, Floyd, & Bongar; 2010) that consider individual and environmental context (Hong, Espelage, & Kral, 2011). They purport that cultural and ecological factors differentially influence the who and how of suicidality among sexual and ethnic minority groups. This approach matches well with what researchers discovered about brain development and

neuroplasticity (Doidge, 2007; 2013) as well as epigenetics (Dolinoy, 2012) and how gene expression or repression depends upon the dynamic exchange between individual factors already present as well as those encountered in the environment and experience. It is clear that attention should be given to the and importance of attending to both the variables that promote change as well as those that are impacted by the interaction between an individual and the environment. The present study implies further support for the utilization of culturally-sensitive contextual models of suicide that illustrate the complexity of factors that interact to influence suicide risk. This would allow for more rapid identification of cultural risk factors and also provide both broad and detailed information so prevention and intervention strategies can be tailored when warranted.

The concept of identification as biracial or multiracial is still relatively new given that the initial opportunity to define oneself publicly as multiracial or biracial arose with the United States 2000 Census (Stone, 2012). Despite the relative newness of the term, the importance of having a specified term that captures the totality of ethnicity has been shown (Lusk et al., 2010). Acknowledgment of both races via identification as biracial, all or some of the time, was correlated with improved psychosocial functioning compared to those who feel shame, dismissive, or rejecting of their ethnicity (Lusk, Taylor, Nanney, & Austin, 2010). Many biracial/multiracial adolescents may feel torn between groups or feel as though they do not belong in any group. This experience is likely exacerbated for those who do not feel strong ties in either social or relational groups and who also are exposed to adversity. For gay and bisexual men and boys, further marginalization and

discrimination often occurs from the very groups with whom they desire connections (Lusk, Taylor, Nanney, & Austin, 2010). This study's findings add to the current literature that indicates biracial/multiracial status poses increased risks for suicidality. Thus, consideration needs to be given to identifying biracial/multiracial ethnicity as a risk factor.

In summary, the findings for hypothesis five likewise supported prior research regarding the relationships between affectionate communication and suicide risk and restrictive emotionality and suicide risk. As previously noted, the presence or lack of any one of these variables can be described as a risk or protective factor against suicide. While these variables were extensively explored with various adult male populations, no previous study has examined the retrospective reports of father-son affectionate communication and restrictive emotionality as they relate to suicide risk in adolescence.

Lastly, the exploratory hypothesis was supported. While affectionate communication showed both a direct link to suicidality as well as an indirect impact via the mediating role of restrictive emotionality, the magnitude of the relationship between sexual orientation and suicidality was double that of affectionate communication with suicidality, and four times larger than the relationship between restrictive emotionality and suicidality. Thus, sexual orientation was a powerful mediator of suicidality. As noted previously, these findings support prior research (Blashill & Vander Wal, 2010) as well as indicating that sexual orientation may be associated more strongly than a host of other factors in adolescent boys' suicidality.

Research has illustrated the pivotal role of parents and caretakers regarding adolescent boys' mental health (Kindlon & Thompson, 1999; Pollack, 1998;) Just prior to adolescence, a transition occurs from time spent with parents who hold primary influence to an emphasis on social relationships and obtaining peer acceptance. Interestingly, despite this natural shift, some researchers have found that perceived support from peers was not associated with suicide risk while view of parental support was (Park, Vo, & Tsong, 2009).

Considering all the findings of the current investigation together, a number of important points emerge. Since the participants in the present study were all men, the findings have implications for understanding gendered aspects of suicide risk. Numerous gender role studies have highlighted some of the relationships that exist among and between variables within adolescents' environment that contribute to or modify suicidality. Variables that can serve as protective or risk factors depending on the presence, absence, or quality of the variable, as well as contextual factors, have been identified. Some of these include, but are not limited to, parent-child relationship, parental support, warmth, and affection, family conflict, sexual or ethnic minority status, self-esteem, and restrictive emotionality. Many of these variables can be psychologically toxic for adolescent males, especially when more than one are combined. Despite the notable significance of the parent-child relationship, more specifically, the role that fathers play regarding affectionate communication, and the known correlation between restrictive emotionality and suicidal risk, to date, no studies have explored adult

retrospective reports of their adolescent experience regarding father-son affectionate communication, restrictive emotionality and suicidality as in the present study.

The results of the current investigation align with previous findings while also expanding upon specific variables that contribute to suicide risk. It is apparent that knowledge of risk factors is not enough. Clearly, risk factors do not operate in all or none fashion. It appears that factors can differentially impact the magnitude of risk as well as degree of protection an adolescent experiences. The impact may be contextually dependent and vary across populations or even within populations. For example, family support was shown to be a protective factor for immigrants experiencing acculturative stress (Cho & Haslam, 2010).

However, for LGB youth experiencing discrimination or bullying, family support was only protective if victimization was low (Heatherington & Lavner, 2008). Thus, affectionate communication from father to son and emotional expressiveness may have had a significant impact and possibly provided a protective buffer for some men and not for others. For example, this study's findings revealed that individuals of minority status may not experience similar benefits. Specifically, the contextual experience that accompanies the identification as lesbian, gay, bisexual, or questioning, or as bi-racial/multiracial, may prove to be more of a predictor for level of risk. Thus, a key conclusion of the present research indicates adolescent boys who struggled with aspects of identity development and had limited or no family support from their fathers, were at significantly higher risk for suicidality than were their dominant culture, heterosexual

peers. While this study did not compare men and women, for this all male sample, affectionate communication, restrictive emotionality, sexual orientation, and ethnicity were significantly related to suicidal risk and add to the current body of research.

Implications for Theory

The findings of this study have implications for attachment theory (Cuisimano, & Riggs, 2013; Mattanah, Lopez, & Govern, 2011), theories of masculinity (Blazina, 2001; Blazina & Watkins, 1996), identity development (Townsend, Fryberg, Wilkins, & Markus, 2012) and suicide risk. The first two areas will be discussed jointly.

Because gender socialization begins so early, it is difficult to identify just when a child is first vulnerable to its effects. Dr. Michael Thompson (1999) discusses in his book *Raising Cane*, how boys are told from an early age that they need to separate from their mothers. What once was a comforting and familiar source of love and security, has suddenly been portrayed as the enemy, requiring rejection of all qualities characterized as feminine. This incredibly confusing event for boys is compounded when there is no ability to express the pain, hurt and anger. If disconnect cannot be avoided, the child's response can be normalized and his feelings validated. Feelings of sadness, the desire to remain connected, and fear of being away from the safe base can be expressed without challenging the child's desire to also fit in with his peers. The father's role in this is to convey to his son that connection is normal, it can be expressed emotionally, and adjusted according to development.

Boys who do not feel understood or valued are at significant risk for suicidal ideation, especially if they are struggling with aspects of identity development or have felt rejection from their own peer group. Suppressed hurt and sadness becomes a way of functioning, which studies show, may lead to high blood pressure, cholesterol, heart disease, or mental illness (Courtenay, 2011).

Gender role conflict (GRC; O'Neil, 2008) is experienced by adolescent boys exposed to a multitude of additional risk factors. Boys are often in hiding, from themselves or from pressure to meet societal expectations. These boys may never express their true selves, believing independence equates to strength and isolation the norm (Pollack, 1998). This separation encourages boys to associate intimacy with painful disconnection, and emotional expression with embarrassment and shame. Paradoxically, attachment theorists have shown, boys need a secure base to explore the world and adults who they can depend upon and trust. Affection from fathers can leave a lifelong imprint that sons may carry with them and share with their own sons someday

Efforts from a preventative standpoint that draw upon attachment theory as well as identity development models, provide a more comprehensive approach to suicide prevention. While parents are the frontline for these boys, the education system and surrounding social environment are critical socializing agents as well. To really create impactful change, an environment of safety must be created via social groups, teachers, mentors, churches, and schools in order to buffer against the toxic socialization process

(Maimon, Browning, & Brooks-Gunn, 2010). It is within the social circles of support that affectionate communication has its greatest impact. It truly does take a village.

Researchers uncovered how the role of affectionate communication between parent and child is pivotal, particularly at a young age, when attachment style is developing. Through a dynamic exchange of affectionate behaviors between parent and child, creates the safe environment necessary for secure attachment and emotional expression to occur. Since a child's brain actually responds to what it is seen as though it is his/her own experience, then it becomes more clear how affectionate communication impacts both attachment and emotional expression (Divino & Moore, 2010). Thus, affectionate communication can be the catalyst for secure attachment. Babies when held lovingly by a parent can actually experience the parent's emotions. This phenomenon may explain why large percentage of suicide attempters report having at least one parent who is diagnosed with a psychiatric disorder. Affection provides communication beyond words and this can be shown in a variety of ways without compromising the child's sense of integrity or autonomy.

Two important aspects should be highlighted regarding this research. Affectionate communication and emotional expression are significant factors regarding protection from GRC and suicidality, however, the magnitude of their importance can be best noted when both are utilized in conjunction with one another, as this study has shown. It is possible that affectionate communication is more salient when children are younger, a question that should be explored in future research.

In regards to models of identity development, the current findings have implications for our understanding of both sexual orientation identity development (Heatherington & Lavner, 2008) and for biracial/multiracial ethnic identity development (Lusk, Taylor, Nanney, & Austin, 2010; Townsend, Fryberg, Wilkins, & Markus, 2012). Identity status was clearly related to risk and protective factors of suicidality. Thus, current findings provide support for theories that indicate the process of identity development may be particularly difficult for GLBT adolescents (Russel & Toomey, 2012), those who struggle against institutionalized oppression (McLaughlin, Hatzenbuehler, Xuanc, & Conrond, 2012), and those who must negotiate multiple identities, such as biracial/multiracialyouth, or feel they do not fit into any one group (Lusk et al., 2010).

Implications for Research

This study corroborated previous findings regarding the relationship between affectionate communication (AC), restrictive emotionality(RE), and suicidality (SI). However, it also contributed to the literature by highlighting the significant relationship between father-son affection & restrictive emotionality in adolescence. While both AC and RE were predictive of SI, future studies on GRC, affection, and suicidality would benefit from including both AC and RE given the difference obtained when looking at them alone vs. together. It seems in order to obtain a comprehensive picture of adolescent suicide or gender role conflict, both AC and RE need to be included.

Results further confirmed a contextual approach is warranted for understanding adolescent suicidality. As mentioned earlier, in order to inform practice and ensure that culturally competent interventions are utilized, research must explore the applicability of various models of suicide intervention in conjunction with models of adolescent development. Such models should include sexual orientation identification, ethnic identity and factors that influence adherence vs rejection of one's own ethnic group, as well as models of attachment and familial influences. Adolescence is a critical period, filled with change, challenges, as well as a degree of independence. Factors such as parent and sibling conflict, academic and peer pressure, as well as cultural issues such as pressure to perform academically vs remain in the household to care for siblings or aging parents can all influence adolescent mental health. Given the number of grandparents raising grandchildren, this is yet another factor that needs to be considered in the overall picture of adolescent suicidality.

The desire to assert independence as well as obtain support can be difficult to navigate so finding ways to help normalize certain aspects of this period without minimizing or devaluing their experience if it varies from what may be determined common for the region will be important. Models that address critical factors such as sexual orientation, "coming out" process, and the variations that occur between and among groups who identify as heterosexual, gay, bisexual, transgender, and questioning as well as variations between and within different ethnic groups are also needed.

Exposure to trauma, acculturative stress, perceived discrimination, perceived support, and parent mental health are some examples of factors that may compound or alleviate known stressors associated with sexual and ethnic minority status. Among these stressors are exposure to discrimination, stigma, and rejection solely based upon minority status (Meyer, 2003). Identity development issues also arise during adolescence and accompany puberty as a result of increasing awareness of social and cultural expectations and how these may conflict with sexual orientation identity. Awareness of the limitations, barriers, and privilege -or lack thereof- associated with ethnic identity and recognition of the factors that influence self-identification such as social class can be particularly stressful for those who identify versus reject a biracial/multiracial identity (Townsend, Fryberg, Wilkins, & Markus; 2012).

There is likely cultural variation regarding emotional expression and affectionate communication. How emotional regulation is viewed and the ways in which emotional expression is culturally scripted are important things to consider. An examination and comparison of the three Affectionate Communication Index subscales (ACI; Floyd & Mormon, 1998; Floyd & Mikkelsen, 2005), particularly the supportive subscale, would reveal a more detailed picture. It would be interesting to explore the ACI variations between participants as well as within participant groups. Exploration of the differences in affectionate support via the ACI support scale for parent-child dyad, both father and mother, within and between heterosexual and various sexual minority groups could be

fruitful. Similarly, explorations of the ACI support scale within and between different ethnic groups might prove useful.

In previous research regarding the familial context and influence, parental stress and marital conflict were significant predictors of the father-child relationship, resulting in insecure feelings about the family's stability (McHale, Crouter, & Whiteman, 2003). Additionally, boys have been found to experience more difficulty than girls dealing with family tension (Courtenay, 2011). Considering the potential impact of divorce on children, it would be interesting to explore whether parental divorce has contributed in any way to the statistics on male suicide, or alternatively, indicate if boys could benefit more than girls from a divorce between parents with high conflict.

Boys' experience of gender roles may begin in the home, yet much of what is learned and reinforced occurs within public education. Numerous advocates for education reform report for children to be provided a quality education, programs are needed that teach social and emotional learning (Payton et al., 2000). Education must include skills imperative for mental health and well-being that continue to serve individuals well beyond the classroom. Research regarding use of mindfulness meditation (Biegel & Brown, 2012; Burke, 2010) has showed that classroom mindfulness training for children in second and third grades was effective for addressing academic performance and motivation as well as issues such sadness, anxiety, and poor self-esteem. Mindfulness meditation can be implemented at an individual or group level and has been shown effective for addressing numerous mental and physical health concerns (Baer, 2006;

Kabat-Zinn, 1990; Siegel, 2010; Siegel, Urdang, & Johnson, 2001). Some researchers advocate that boys who attend schools with other boys have improved academic as well as social and emotional skills compared to those who attend mixed gender schools (Kindlon & Thompson; 1999). A comparison of education programs between all-boys schools and mixed gender schools, as well as programs that implement social and emotional learning with current practices would provide invaluable information.

Bullying has been identified nationally as major issue that needs to be addressed in education systems (Kim & Leventhal; 2008). Given the number of adolescents who report suicidality as a result of bullying (APA, 2008) and the number of LGB students who are often the targets of bullying (Hong & Espelage, 2012), this issue needs to be addressed not only by researchers, but by educators, parents, and policy makers. This author proposes a national data base that would allow for self-report or for others to report regarding suicidal ideation, plan, and attempt. The primary goal would be to provide a direct line of knowledge as to why individuals experience suicidal ideation based on their own report. Based on the approach of David Jobes (2006) individuals who have experienced suicidality can identify the major factors or reasons for not wanting to live or wanting to die and may actually benefit by examining these questions in detail. The data base could serve as a clearinghouse of knowledge for researchers and advocates of suicide prevention, providing a direct link to the why and how in addition to the more extensively researched risk and protective factors. An exploration beyond demographics is warranted and there is a need to move past identification of *what* the risk factors are to

how are particular factors interacting with other relevant traits, *who* is impacted by this versus who is not, and *why* the differential impact exists. Further, research on integrative medicine (Divino & Moore, 2010), brain neuroplasticity (Doidge, 2007; 2013), and epigenetics (Dolinoy, 2012), has illustrated the dynamic interplay of biological, neurological, social, and psychological factors that interact to influence emotion, cognition, learning, memory and behavior as well as the development and progression of illness and disease (Allis, 2011; Anderson, 2013). Divino & Moore's (2010) recommended training program that integrates findings from these areas to inform psychotherapy practice and supervision of trainees would significantly add to the current body of literature.

Implications for Practice

Given the results of this study, clinicians need to be aware of the various models for suicide intervention and prevention and how they may inform practice (Chu, Goldblum, Floyd, & Bongar, 2010; Clark, Thompson, & Welzant, 2007; Jobes, 2006). Specifically, models such as The Cultural Model of Suicide, which include factors that influence and interact with suicidality such as culture, sexual orientation identification, and ethnicity as it relates to identity development (Chu et al., 2010) may be useful for working with clients who may have limited resources or support. Knowing which protective factors are most applicable for specific populations such as support versus psychoeducation will assist with identification of the most useful interventions.

Of equal importance, is awareness of the current research that informs working with adolescent boys and men (APA, 2013), GLBT (APA, 2002) and knowledge of empirically supported treatments regarding adolescent depression, mood disorders, and other psychiatric disorders that are prevalent among individual that report suicidality. Experts in the field have shared men rarely attend therapy due to the expectation that men do not need or ask for help. Thus, an assessment of the client's cultural values, beliefs, and attitudes toward help-seeking is needed. Knowledge of current trends, the most popular video games, and most recent phone apps is critical to connecting with an adolescent boy as they may not readily open up and share personal information. However, if there is a topic of discussion to connect upon, this may alleviate anxiety by providing some autonomy within the therapeutic relationship.

There are also empirical treatment manuals that have been created specifically for assessment and intervention of suicidality (Jobes, 2006; Jobes, Lento, & Brazaitis; 2012). David Jobes' approach for use in college counseling centers, provides a detailed perspective of the nature of their suicidality. Tools can be used as an adjunct to comprehensive risk assessment and safety planning. These approaches should only be utilized by a trained clinician familiar with them and who has had supervision regarding their application.

Given demographic data indicate individuals of mixed-race are the most rapidly expanding group in the nation (Stone, 2012) exploration in therapy of all facets of identity including but not limited to sexual orientation and ethnicity would be imperative.

Individuals not strongly identified with a particular group are at increased risk when compared to peers with strong ethnic identifications (Lusk et al., 2010). As mentioned earlier, there is a strong drive within humans to connect with other humans. This further exemplifies the crucial role that a sense of belonging provides and also helps illustrate how affection from father to son, expressing one's feelings with trusted friends, and even strict adherence to traditional masculinity roles, may provide that sense of belonging boys and men so desperately need. Feeling connected to other men via a social code of conduct may be the only place where a man experiences this connection. Thus, a non-judgmental exploration of gender roles, aspects of one's ethnic background may prove beneficial. Be mindful that ethnic identification may depend upon environmental circumstances such as neighborhood or surrounding demographics (Kerwin, Ponterotto, Jackson, & Harris; 1993). How one identifies in their neighborhood may not be consistent across different situations such as neighborhood and school setting and factors such as choice versus circumstance all inform ethnic identification. Additional factors to consider are religious/spiritual affiliation, parental attachment, role in family of origin, and any variables that may be contextually specific or assist with providing a more holistic picture of the client.

Many gay and bisexual men who identify strongly with traditional norms and value the dominant social prescription for masculinity may be at increased risk for suicide given the inherent self-rejection that accompanies GRC (Blashill & Vander Wal, 2010). Desire to be more masculine, seeking more masculine partners, and conforming to

socialized gender roles via rejection or hiding one's identity places these men at increased risk for suicide. One study showed that dialogue regarding issues surrounding GRC in small groups of college males alleviated the degree of GRC experienced, specifically restrictive emotionality (Beatty, Syzdek, & Bakkum, 2006). Therapeutic intervention via individual and group format that incorporates emotional literacy and affect regulation would benefit adolescent and adult males. Many college campuses have Organizations such as PFLAG (<http://community.pflag.org/Page.aspx?pid=194&srcid=-2>) which provide additional resources for parents learning to support their GLBT adolescents. Additionally, Safe Zone programs, Ally Training, and groups such as Gay Straight Alliance (GSA) also provide education and connection for sexual minority students and GLBT advocates. Discussion with clients on campus about these groups, as well as encouraging high school students to develop their own organizations will help provide needed support. Including campus groups such as fraternity organizations and athletics when providing education is critical in order to broaden the scope of intervention. Overall, programs that provide further exploration of how masculinity is defined as well as the development of different ways to access and discuss this topic would be beneficial. Boys and men are holding themselves emotionally hostage and maybe if provided alternative messages about connection, support, and emotional expression, they can learn ways to shed their armor and let their guard down and receive much needed support.

Research indicates that adolescent mental health is highly influenced by parental factors including marital conflict and parent-child relationship (Floyd & Riforgiate, 2008). Therapeutic interventions include psychoeducation for parents/guardians who wish to be involved in a supportive way but may need some guidance. Parent-child sessions can be helpful to facilitate communication, provide parents a better understanding of the adolescent's experience, and when deemed appropriate, couple's therapy can assist to re-align the parental dyad, as the marital relationship quality and level of conflict directly impacts adolescent well-being. Providing information and resources to adolescents and parents of immigrants, bi-racial, multiracial, and/or sexual minority youth about identity development may help alleviate some of the tension likely present in the home since marginalized populations are already at increased risk for trauma exposure. Normalization of adolescent angst combined with respect for the individual client, their cultural beliefs, traditions, and family values is also important. Conflicts can arise when adolescents acculturation is met with disapproval from parents who want to keep traditional family customs alive. A balance of listening and validating both adolescent and parent is imperative.

Implications for Training

Counseling psychologists in training can use the results of the present study in a number of ways. As noted in the sections related to previous research and theory, it would be important for trainees to understand the complex ways in which restricted emotionality, father-son affectionate communication, and family dynamics such as

conflict, attachment and support are related to suicidality (Maimon, Browning, & Brooks-Gunn, 2010; Mallers et al., 2010). Given the importance of diversity in the training of counseling psychologists (CCPTP, ACCTA & SCP, 2009), this study's findings regarding the role of sexual orientation and biracial/multiracial identities as they relate to increased suicidality are also critical. Similarly, the implications for practice and research that have already been noted would be important to convey to trainees as they enter into practicum experiences, internships, and decide on directions for their contributions to scholarship.

Strengths and Limitations

A primary strength of the current investigation is that the particular combination of variables has not been examined conjointly before. Additionally, while a handful of studies have looked at adolescents, only two studies of gender role conflict in adolescence have actually used the scale designed for adolescents. The design of this study allowed significant relationships between variables to be identified, including meditational aspects of these relationships.

Other notable strengths of the present study were found in the sample characteristics. About half of the sample consisted of university students with the other half obtained via Amazon Mechanical Turk. Since this population includes men outside of the original young adult college university sample proposed, findings of this study may be applicable to a much broader demographic. Additionally, the age range of the population was broad, which is particularly relevant when looking at gender role conflict,

since GRC peaks in adolescence and begins to decrease in adulthood (O'Neil, 2008). The sample was approximately 85% heterosexual and 65% Caucasian, so sexual and ethnic minority participants overall were moderately represented.

Regarding ethnicity, previous research shows that suicide rates are highest for American Indian/Alaskan Native, followed by Non-Hispanic Whites (CDC, 2010), so this study likely captured statistics representative for White heterosexual men. Since lumping all ethnic minority participants into one group is not recommended (APA, 2003), nor was this done in the current study, and the number of minority participants in some groups was quite small, conclusions about the link between biracial/multiracial identity and suicidality should be tentative. In the future drawing upon populations that represent more ethnic diversity would increase generalizability. For example, in the current investigation, only 1.9% of participants identified as American Indian/Alaskan Native. A study of adults who identify as American Indian found that individuals whose ethnicity is inaccurately perceived or misclassified, experience significantly higher reported psychological impairment (Campbell & Troyer, 2007). Thus a broader sample that specifically includes populations that have increased risk for suicide is imperative.

Just over 15% of the sample participants identified themselves as GLB or questioning. Having to combine categories of bisexual and questioning youth is a limitation given the research that indicates the degree of variation that can occur between and within these groups. Bisexual youth often experience marginalization within their own identified group so significant diversity can occur which could not be represented in

this study (Poteat, Anagon, Espelage, & Koenig, 2009). Thus, while there were enough participants to analyze ethnicity and sexual orientation, a larger sample size reflecting additional diversity representing multiple aspects of identity would be ideal.

Conclusion

This study supported the significance of the father-son relationship and illustrated how multiple factors can differentially impact the relative magnitude and significance of affectionate communication from father to son. The quality of this relationship can significantly impact adolescent boys' mental health as a protective factor when the relationship is characterized as supportive, stable, and nurturing, or serve as a risk factor if the relationship is hostile, abusive, unsupportive, or unavailable. More specifically, this study illustrates not only the significant impact of father-son affection, it also raises awareness that there are multiple layers to consider beyond the previously noted risk and protective factors that are often outlined in studies on suicide. Most notably, restricted emotionality remains an important variable to consider for adolescent boys' psychological adjustment and for suicidality in particular. Adolescent boys who may be wrestling with ambiguities in identity, including variations in sexual orientation and biracial/multiracial ethnicity, appear to be particularly at risk for suicide. Multiple constituencies will hopefully benefit from the present findings, though most critically those adolescent boys isolated from their fathers in a culturally imposed silence around their most painful emotions and their deep struggles to understand who they are.

REFERENCES

- Addis, M. E., & Mahalik, J. R. (2003). Men, masculinity, and the context of help-seeking. *American Psychologist*, 58,5-14. doi: [10.1037/0003-066X.58.1.5](https://doi.org/10.1037/0003-066X.58.1.5)
- Allen, B. P. (1987). Youth suicide. *Adolescence*, 22, 271-289.
- Allis, D., (2011). *Science 101 for Parents: How Epigenetics is Revolutionizing the Understanding* Retrieved from:
http://www.youtube.com/watch?v=NOsWY4Q_4IU&feature=share&list=PLD67718E71F65E3BA
- Almeida, D. (2005). Resilience and vulnerability to daily stressors assessed via diary methods. *Current Directions in Psychological Science*, 14, 64-68. doi: 10.1111/j.0963-7214.2005.00336.x
- Almeida, J., Johnson, R. M., Corliss, H. L., Molnar, B. E., & Azrael, D. (2009). Emotional distress among LGBT youth: The influence of perceived discrimination based on sexual orientation. *Journal of Youth & Adolescence*, 38, 1001-1014. doi: 10.1007/s10964-009-9397-9
- American Association of Suicidology. (2006). *Suicide in the USA based on current (2006) statistics*. Retrieved from: <http://www.suicidology.org/web/guest/stats-and-tools/fact-sheets>

American Psychological Association. (2002). *Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists*.

Retrieved from <http://www.apa.org/pi/oema/resources/policy/multicultural-guidelines.aspx>

American Psychological Association. (2013). Guidelines for psychological practice with men and boys. *Monitor on Psychology*, 44, 13. Retrieved from <http://www.apa.org/monitor/2013/02/guidelines-men.aspx>

American Psychological Association Zero Tolerance Task Force. (December, 2008). Are zero tolerance policies effective in the schools? An evidentiary review and recommendations. *American Psychologist*, 63(9), 852–862.

[doi:10.1037/0003-066X.63.9.852](https://doi.org/10.1037/0003-066X.63.9.852).

Andersen, P. (2013). *Epigenetics*. Retrieved from <http://youtu.be/i9a-ru2ES6Y>.

Baer, R. (2006). *Mindfulness-based treatment approaches: Clinician's guide to evidence base and applications*. Burlington, MA: Academic Press.

Baffi, C. R., Redican, K. J., Sefchick, M. K., & Impara, J. C. (1991). Gender role identity, gender role stress, and health behaviors: An exploratory study of selected college males. *Health Values*, 15, 9-18.

Bagley, C., & Tremblay, P. (2000). Elevated rates of suicidal behavior in gay, lesbian, and bisexual youth. *Crisis*, 21, 111-117. [doi: 10.1027//0227-5910.21.3.111](https://doi.org/10.1027//0227-5910.21.3.111)

Barnett, R. C., & Marshall, N. (1991). Physical symptoms and the interplay of work and family roles. *Health Psychology*, 10, 94-101. [doi: 10.1037/0278-6133.10.2.94](https://doi.org/10.1037/0278-6133.10.2.94)

- Beatty, M. J., & Dobos, J. A. (1993). Adult males' perceptions of confirmation and relational partner communication apprehension: Indirect effects of fathers on sons' partners. *Communication Quarterly, 41*, 66-76.
[doi:10.1080/01463379309369868](https://doi.org/10.1080/01463379309369868)
- Beatty, A., Syzdek, M., & Bakkum, A. (2006). The Saint John's experience project: Challenging men's perceptions of normative gender role conflict. *Journal of Men's Studies, 14*, 322-326. [doi:10.3149/jms.1403.322](https://doi.org/10.3149/jms.1403.322)
- Beck, A. T., Steer, R. A., Kovacs, M., & Garrison, B. (1985). Hopelessness and eventual suicide: A 10-year prospective study of patients hospitalized with suicide ideation. *American Journal of Psychiatry, 142*, 559-563.
- Biblarz, T. & Stacey, J. (2010). How does the gender of parents matter? *Journal of Marriage and Family, 72*, 3-22. [doi: 10.1111/j.1741-3737.2009.00678.x](https://doi.org/10.1111/j.1741-3737.2009.00678.x)
- Biegel, G., & Brown, K. W. (2011). Assessing the efficacy of an adapted in-class mindfulness-based training program for school-age children: A pilot study. Retrieved from <http://www.mindfulschools.org/pdf/>
- Biller, H. B. (1993). *Fathers and families: Paternal factors in child development*. Westport, CT: Auburn House.
- Binson, D., Blair, J., Huebner, D. M., & Woods, W. J. (2007). Sampling in surveys of lesbian, gay, and bisexual people. In I. H. Meyer, & M. E. Northridge (Eds.). *The health of sexual minorities: Public health perspectives on lesbian, gay, bisexual,*

and transgender populations. New York: Springer. [doi:10.1007/978-0-387-31334-4_15](https://doi.org/10.1007/978-0-387-31334-4_15)

Blashill, A. J., & Vander Wal, J. S. (2010). Gender role conflict as a mediator between social sensitivity and depression in a sample of gay men. *International Journal of Men's Health, 9*, 26-39. [doi:10.3149/jmh.0901.26](https://doi.org/10.3149/jmh.0901.26)

Blazina, C. (2001). Gender-role conflicted men's poor parental attachment and separation/individuation difficulties: Knights without armor in a savage land. *Journal of Men's Studies, 9*, 257-265. [doi:10.3149/jms.0902.257](https://doi.org/10.3149/jms.0902.257)

Blazina, C., Pisecco, S., & O'Neil, J. M. (2005). An adaptation of the Gender Role Conflict Scale for Adolescents: Psychometric issues and correlates with psychological distress. *Psychology of Men and Masculinity, 6*, 39-45. [doi:10.1037/1524-9220.6.1.39](https://doi.org/10.1037/1524-9220.6.1.39)

Blazina, C., & Watkins, C. E. (1996). Masculine gender role conflict: Effects on college men's psychological well-being, chemical substance usage, and attitudes toward help-seeking. *Journal of Counseling Psychology, 43*, 461-465. [doi:10.1037//0022-0167.43.4.461](https://doi.org/10.1037//0022-0167.43.4.461)

Blazina, C., & Watkins, C. E. (2000). Separation/individuation, parental attachment, and male gender conflict: Attitudes toward the feminine and the fragile masculine self. *Psychology of Men and Masculinity, 1*, 126-132. [doi:10.1037/1524-9220.1.2.126](https://doi.org/10.1037/1524-9220.1.2.126)

- Block, J. H. (1979). Another look at sex differentiation in the socialization behavior of mothers and fathers. In J. Sherman & F. L. Denmark (Eds.), *Psychology of women: Future directions of research*. New York: Psychological Dimensions.
- Block, J. H. (1983). Differential premises arising from differential socialization of the sexes: Some conjectures. *Child Development, 54*, 1335-1354. [doi:10.1111/j.1467-8624.1983.tb00052.x](https://doi.org/10.1111/j.1467-8624.1983.tb00052.x)
- Bonanno, R. A. (2007). Bullied to the brink: An investigation of students at risk for depression and suicidal ideation. *Dissertation Abstracts International: Section A: Humanities and Social Sciences, 68*(4-A), 1323.
- Bonanno, R. A., & Hymel, S. (2010). Beyond hurt feelings: Investigating why some victims of bullying are at greater risk for suicidal ideation. *Merrill-Palmer Quarterly, 56*, 420-440.
- Borowsky, W., Ireland, M., & Resnick, M. D. (2001). Adolescent suicide attempts: Risks and protectors. *Pediatrics, 107*, 485-493. [doi:10.1542/peds.107.3.485](https://doi.org/10.1542/peds.107.3.485)
- Borthick, M. J. (1997). *Gender role conflict and suicidal ideation in a late adolescent and young adult population: Age 18-24 years*. (Doctoral dissertation). Available from ProQuest Dissertations and Theses database. (UMI No. 9806335)
- Bos, H. M. W., van Balen, F., Sandfort, T. G. M., & van den Boom, D. C. (2006). *Children's psychosocial adjustment and gender development in planned lesbian families*. Working paper, Social and Behavioral Sciences Department of Education, University of Amsterdam.

- Bos, H. M. W., van Balen, F., & van den Boom, D. C. (2007). Child adjustment and parenting in planned lesbian-parent families. *American Journal of Orthopsychiatry*, 77, 38-48. [doi:10.1037/0002-9432.77.1.38](https://doi.org/10.1037/0002-9432.77.1.38)
- Brody, L. R. (1996). Gender, emotional expressiveness and parent-child boundaries. In R. Kavanaugh, B. Zimmerberg-Glick, & S. Fein (Eds.), *Emotion: Interdisciplinary perspectives*. Hillsdale, NJ: Lawrence Erlbaum Associates Inc.
- Brown, S. L., Birch, D. A., & Kancherla, V. (2005). Bullying perspectives: Experiences, attitudes, and recommendations of 9-13 year-olds attending health education centers in the United States. *Journal of School Health*, 75, 384-392. [doi:10.1111/j.1746-1561.2005.00053.x](https://doi.org/10.1111/j.1746-1561.2005.00053.x)
- Brown, L. L., Tomarken, A. J., Orth, D. N., Loosen, P. T., Kalin, N. H., & Davidson, R. J., (1996). Individual differences in repressive-defensiveness predict basal salivary cortisol levels. *Journal of Personality and Social Psychology*, 70, 362-371. [doi:10.1037/0022-3514.70.2.362](https://doi.org/10.1037/0022-3514.70.2.362)
- Brooks, G. R. (2010). *Beyond the crisis of masculinity: A trans-theoretical model for male-friendly therapy*. Washington, DC: American Psychological Association. [doi:10.1037/12073-000](https://doi.org/10.1037/12073-000)
- Burke, C. A. (2010). Mindfulness-based approaches with children and adolescents: A preliminary review of current research in an emergent field. *Journal of Child and Family Studies*, 19, 133-144.

- Cadenhead, L. R. (2002). Adolescent gender role conflict in a clinical population. *Dissertation Abstracts International: Section B: The Sciences and Engineering*, 63(6-B), 3001.
- Campbell, M. E., & Troyer, L. (2007). The implications of racial misclassification by observers. *American Sociological Review*, 72, 750-765.
[doi:10.1177/000312240707200505](https://doi.org/10.1177/000312240707200505)
- Canino, G., & Roberts, R. (2001). Suicidal behavior among Latino youth. *Suicide and Life Threatening Behavior*, 31, 122-130.
- Carlyle, K. E., & Steinman, K. J. (2007). Demographic differences in the prevalence, co-occurrence, and correlates of adolescent bullying at school. *Journal of School Health*, 77, 623-629. [doi:10.1111/j.1746-1561.2007.00242.x](https://doi.org/10.1111/j.1746-1561.2007.00242.x)
- Carpenter, K. M., & Addis, M. E. (2000). Alexithymia, gender, and responses to depressive symptoms. *Sex Roles*, 43, 629-644. [doi:10.1023/A:1007100523844](https://doi.org/10.1023/A:1007100523844)
- Carter, R. T., Williams, B., Juby, H. L., & Buckley, T. R. (2005). Racial identity as mediator of the relationship between gender role conflict and severity of psychological symptoms in Black, Latino, and Asian men. *Sex Roles*, 53, 473-486. [doi:10.1007/s11199-005-7135-7](https://doi.org/10.1007/s11199-005-7135-7)
- Centers for Disease Control and Prevention. (2007). Suicide trends among youths and young adults aged 10-24 years- United States, 1990-2004. *Morbidity and Mortality Weekly Report*, 56, 905-908.

- Centers for Disease Control and Prevention (2011). Strategic direction for the prevention of suicidal behavior. Retrieved September 27, 2011 from http://www.cdc.gov/violenceprevention/pdf/Suicide_Strategic_Direction_Full_Version-a.pdf
- Centers for Disease Control and Prevention. (2010). *Suicide: Facts at a glance*. Retrieved from http://www.cdc.gov/violenceprevention/pdf/Suicide_DataSheet-a.pdf
- Centers for Disease Control and Prevention. (2011). *Suicide: Risk and protective factors*. Retrieved from <http://www.cdc.gov/ViolencePrevention/suicide/riskprotectivefactor.html>
- Chen, S. X., Wu, W. C., & Bond, M. H. (2009). Linking family dysfunction to suicidal ideation: Mediating roles of self-views and world-views. *Asian Journal of Social Psychology, 12*, 133-144. [doi:10.1111/j.1467-839X.2009.01280.x](https://doi.org/10.1111/j.1467-839X.2009.01280.x)
- Cho, Y., & Haslam, N. (2010). Suicidal ideation and distress among immigrant adolescents: the role of acculturation, life stress, and social support. *Journal of Youth Adolescence, 39*, 370-379. [doi: 10.1007/s10964-009-9415-y](https://doi.org/10.1007/s10964-009-9415-y)
- Choi, J., Kim, J. H., Hwang, M. H., & Heppner, M. J. (2010). Self-esteem as a mediator between instrumentality, gender role conflict, and depression in male Korean high school students. *Sex Roles, 63*, 361-372. [doi:10.1007/s11199-010-9801-7](https://doi.org/10.1007/s11199-010-9801-7)
- Chu, J. P., Goldblum, P., Floyd, R., & Bongar, B. (2010). The cultural theory and model of suicide. *Applied and Preventive Psychology, 14*, 25-40. [doi:10.1016/j.appsy.2011.11.001](https://doi.org/10.1016/j.appsy.2011.11.001)

Clark, D. W., Thompson, D. J., & Welzant, V. (2007) *Suicide: Prevention, Intervention, & Postvention*. Ellicott City, MD: International Critical Incident Stress Foundation, Inc.

Cochran, S. D., & Mays, V. M. (2000). Relation between psychiatric syndromes and behaviorally defined sexually orientation in a sample of the US population. *American Journal of Epidemiology*, *151*, 16-23.
[doi:10.1093/oxfordjournals.aje.a010238](https://doi.org/10.1093/oxfordjournals.aje.a010238)

Cochran, S. D., Sullivan, J. G., & Mays, V. M. (2003). Prevalence of mental disorders, psychological distress, and mental services use among lesbian, gay, and bisexual adults in the United States. *Journal of Consulting and Clinical Psychology*, *71*, 53-61. [doi:10.1037/0022-006X.71.1.53](https://doi.org/10.1037/0022-006X.71.1.53)

Cohn, A. M., Jakupcak, M., Seibert, L. A., Hildebrandt, T. B., & Zeichner, A. (2010). The role of emotional dysregulation in the association between men's restrictive emotionality and use of physical aggression. *Psychology of Men & Masculinity*, *11*, 53-64. [doi:10.1037/a0018090](https://doi.org/10.1037/a0018090)

Cohn, A. M., & Zeichner, A. (2006). Effects of masculine identity and masculine gender role stress on aggression in men. *Psychology of Men & Masculinity*, *7*, 1-10.
[doi:10.1037/1524-9220.7.4.179](https://doi.org/10.1037/1524-9220.7.4.179)

Connor, J. J., & Rueter, M. A. (2006). Parent-child relationships as systems of support or risk for adolescent suicidality. *Journal of Family Psychology*, *20*, 143-155.
[doi:10.1037/0893-3200.20.1.143](https://doi.org/10.1037/0893-3200.20.1.143)

- Council of Counseling Psychology Training Programs, Association of Counseling Center Training Agencies, & the Society of Counseling Psychology (2009). Counseling psychology model training values statement addressing diversity. *The Counseling Psychologist*, 37, 641-643. [doi 10.1177/0011000009331930](https://doi.org/10.1177/0011000009331930).
- Cournoyer, R. J., & Mahalik, J. R. (1995). Cross-sectional study of gender role conflict examining college-aged and middle-aged men. *Journal of Counseling Psychology*, 42, 11-19. [doi:10.1037//0022-0167.42.1.11](https://doi.org/10.1037//0022-0167.42.1.11)
- Courtenay, W. (2011). *Dying to be men: Psychosocial, environmental, and biobehavioral directions in promoting the health of men and boys*. New York, NY: Routledge.
- Cuisimano, A. M. & Riggs, S. A. (2013). Perceptions of interparental conflict, romantic attachment, and psychological distress in college students. *Couple and Family Psychology: Research and Practice*, 2, 45–59. [doi: 10.1037/a0031657](https://doi.org/10.1037/a0031657)
- Dake, J. A., & Price, J. H., & Telljohann, S. K. (2003). The nature and extent of bullying at school. *Journal of School Health*, 73, 173-180. [doi:10.1111/j.1746-1561.2003.tb03599.x](https://doi.org/10.1111/j.1746-1561.2003.tb03599.x)
- David, D., & Brannon, R. (Eds.). (1976). *The forty-nine percent majority: The male sex role*. Reading, MA: Addison-Wesley.
- D'Augelli, A. R., Grossman, A. H., Salter, N. P., Vasey, J. J., Starks, M. T., & Sinclair, K. O. (2005). Predicting the suicide attempts of lesbian, gay, and bisexual youth. *Suicide and Life-Threatening Behavior*, 35, 646-660. [doi:10.1521/suli.2005.35.6.646](https://doi.org/10.1521/suli.2005.35.6.646)

- D'Augelli, A. R., Hershberger, S. L., & Pilkington, N. W. (2001). Suicidality patterns and sexual orientation-related factors among lesbian, gay, and bisexual youths. *Suicide and Life-Threatening Behavior, 31*, 250-264. [doi:10.1521/suli.31.3.250.24246](https://doi.org/10.1521/suli.31.3.250.24246)
- DeFranc, W., & Mahalik, J. R. (2002). Masculine gender role conflict and stress in relation to parental attachment and separation. *Psychology of Men & Masculinity, 3*, 1-60. doi:10.1037/1524-9220.3.1.51
- Diaz, R. M., Ayala, G., Bein, E., Jenne, J., & Marin, B. V. (2001). The impact of homophobia, poverty, and racism on the mental health of Latino gay men. *American Journal of Public Health, 91*, 927-932. [doi:10.2105/AJPH.91.6.927](https://doi.org/10.2105/AJPH.91.6.927)
- Diehl, M., Elnick, A. B., Bourbeau, L. S., & Labouvie-Vief, G. (1998). Adult attachment styles: Their relations to family context and personality. *Journal of Personality and Social Psychology, 74*, 1656-1669. doi:10.1037/0022-3514.74.6.1656
- Divino, C. L. & Moore, M. S. (2010). Integrating Neurobiological Findings Into Psychodynamic Psychotherapy Training and Practice. *Psychoanalytic Dialogues, 20*, 337-355. [doi: 10.1080/10481885.2010.481613](https://doi.org/10.1080/10481885.2010.481613)
- Doidge, N. (2013). *Brain Plasticity*. Retrieved from: <http://www.positscience.com/brain-resources/brain-plasticity>
- Doidge, N. (2007). *The Brain that Changes Itself: Stories of Personal Triumph from the Frontiers of Brain Science*. Penguin Books: New York, NY.

- Dolinoy, D. (May, 2012). Epigenetics: Why DNA Is Not Your Destiny. University of Michigan School of Public Health. Retrieved from: <http://youtu.be/D9CzvalZ2zY>
- Esposito, C. L., & Clum, G. A. (2002). Social support and problem-solving as moderators of the relationship between childhood abuse and suicidality: Applications to a delinquent population. *Journal of Traumatic Stress, 15*, 137-146.
[doi:10.1023/A:1014860024980](https://doi.org/10.1023/A:1014860024980)
- Fagot, B. I. & Leinback, M. D. (1989). The young child's gender schema: Environmental input, internal organization. *Child Development, 60*, 663-672.
- Flouri, E., & Buchanan, A. (2003). The role of father involvement and mother involvement in adolescents' psychological well-being. *British Journal of Social Work, 33*, 399-406. [doi:10.1093/bjsw/33.3.399](https://doi.org/10.1093/bjsw/33.3.399)
- Floyd, K. (2002). Human affection exchange: V. Attributes of the highly affectionate. *Communication Quarterly, 50*, 135-152. [doi:10.1080/01463370209385653](https://doi.org/10.1080/01463370209385653)
- Floyd, K., & Mikkelsen, A. C. (2005). The affectionate communication index. In V. Manusov (Ed.), *The Sourcebook of Nonverbal Measures: Going Beyond Words* (pp. 47-56). Mahwah, NJ: Lawrence Erlbaum Associates.
- Floyd, K., Mikkelsen, A. C., Tafoya, M. A., Farinelli, L., La Valley, A. G., Judd, J. Wilson, J., Davis, K. K., et al. (2007). Human affection exchange: XIV. Relational affection predicts resting heart rate and free cortisol secretion during acute stress. *Behavioral Medicine, 32*, 151-156. [doi:10.3200/BMED.32.4.151-156](https://doi.org/10.3200/BMED.32.4.151-156)

- Floyd, K., & Mormon, M. T. (1998). The measurement of affectionate communication. *Communication Quarterly*, 46, 144-162.
- Floyd, K., & Mormon, M. T. (2000). Affection received from fathers as a predictor of men's affection with their own sons: Tests of the modeling and compensation hypotheses. *Communication Monographs*, 67, 347-361.
[doi:10.1080/03637750009376516](https://doi.org/10.1080/03637750009376516)
- Floyd, K., & Morman, M. T. (2003). Human affection exchange: II. Affectionate communication in father-son relationships. *The Journal of Social Psychology*, 143, 599-612. [doi:10.1080/00224540309598466](https://doi.org/10.1080/00224540309598466)
- Floyd, K., Pauley, P. M., & Hesse, C. (2010). State and trait affectionate communication buffer adults' stress reactions. *Communication Monographs*, 77, 618-636.
[doi:10.1080/03637751.2010.498792](https://doi.org/10.1080/03637751.2010.498792)
- Floyd, K., & Riforgiate, S. (2008). Affectionate communication received from spouses predicts stress hormone levels in healthy adults. *Communication Monographs*, 75, 351-368. [doi:10.1080/03637750802512371](https://doi.org/10.1080/03637750802512371)
- Frodl, T., Meisenzahl, E. M., Zetsche, T., Hohne, T., Banac, S., Schorr, C., Jager, M., Leinsinger, G., Bottelender, R., Reiser, M., & Moller, H. J., (2004). Hippocampal and amygdala changes in patients with major depressive disorder and healthy controls during a 1-year follow-up. *The Journal of Clinical Psychiatry*, 65, 492–499.

- Galligan, S. B., Barnett, R. V., Brennan, M. A., & Israel, G. D. (2010). Understanding the link between gender role conflict, resilience, and propensity for suicide in adolescent and emerging adult males. *International Journal of Men's Health, 9*, 201-210. [doi:10.3149/jmh.0903.201](https://doi.org/10.3149/jmh.0903.201)
- Garnets, L., & Pleck, J. (1979). Sex role identity, androgyny, and sex role transcendence: A sex role strain analysis. *Psychology of Women Quarterly, 3*, 270-283.
- Gau, S. S., Chen, Y., Tsai, S. F., Lee, M. L., Chiu, Y., Soong, W., & Hwu, H. (2008). Risk factors for suicide in Taiwanese college students. *Journal of American College Health, 57*, 135-142. [doi:10.3200/JACH.57.2.135-142](https://doi.org/10.3200/JACH.57.2.135-142)
- George, M. R., Cummings, E. M., & Davies, P. T. (2010). Positive aspects of fathering and mothering, and children's attachment in kindergarten. *Early Child Development and Care, 180*, 107-119. [doi:10.1080/03004430903414752](https://doi.org/10.1080/03004430903414752)
- Good, G. E., & Mintz, L. B. (1990). Gender role conflict and depression in college men: Evidence for compounded risk. *Journal of Counseling Development, 69*, 17-21. [doi:10.1002/j.1556-6676.1990.tb01447.x](https://doi.org/10.1002/j.1556-6676.1990.tb01447.x)
- Good, G. E., Robertson, J. M., O'Neil, J. M., Fitzgerald, L. F., DeBord, K. A., Stevens, M. A., et al. (1995). Male gender role conflict: Psychometric properties and relations to distress. *Journal of Counseling Psychology, 42*, 3-10. [doi:10.1037/0022-0167.42.1.3](https://doi.org/10.1037/0022-0167.42.1.3)

- Good, G. E., & Wood, P. K. (1995). Male gender role conflict, depression, and help-seeking: Do college men face double jeopardy? *Journal of Counseling and Development, 74*, 70-75. [doi:10.1002/j.1556-6676.1995.tb01825.x](https://doi.org/10.1002/j.1556-6676.1995.tb01825.x)
- Gould, M. S., Greenberg, T., Velting, D. M., & Shaffer, D. (2003). Youth suicide risk and preventive interventions : A review of the past 10 years. *Journal of the American Academy of Child & Adolescent Psychiatry, 42*, 386-405.
[doi:10.1097/01.CHI.0000046821.95464.CF](https://doi.org/10.1097/01.CHI.0000046821.95464.CF)
- Groholt, B., Ekebert, O., & Haldorsen, T. (2006). Adolescent suicide attempters: What predicts future suicidal acts? *Suicide and Life-Threatening Behavior, 36*, 638-650.
[doi:10.1521/suli.2006.36.6.638](https://doi.org/10.1521/suli.2006.36.6.638)
- Gross, J. J. (2002). Emotion regulation: Affective, cognitive, and social consequences. *Psychophysiology, 39*, 281-291. [doi:10.1017/S0048577201393198](https://doi.org/10.1017/S0048577201393198)
- Grossman, A. H., & D'Augelli, A. R. (2007). Transgender youth and life-threatening behaviors. *Suicide and Life-Threatening Behavior, 37*, 527-537.
[doi:10.1521/suli.2007.37.5.527](https://doi.org/10.1521/suli.2007.37.5.527)
- Grossman, K., Grossman, K. E., Fremmer-Bombik, F. E., Kindler, H., Scheuerer-Englisch, H., & Zimmermann, P. (2002). The uniqueness of the child-father attachment relationship: Fathers' sensitive and challenging play as a pivotal variable in a 16-year longitudinal study. *Social Development, 11*, 307-311.
[doi:10.1111/1467-9507.00202](https://doi.org/10.1111/1467-9507.00202)

- Groves, S. A., & Sher, L. (2005). Gender differences in suicidal behavior and alcohol abuse in adolescents. *International Journal of Adolescent Mental Health, 17*, 307-309.
- Guarnero, P. A. (2007). Family and community influences on the social and sexual lives of Latino gay men. *Journal of Transcultural Nursing, 18*, 12-18.
[doi:10.1177/1043659606294195](https://doi.org/10.1177/1043659606294195)
- Hakvoort, E. M., Bos, H. M., Van Balen, F., & Hermanns, J. M. (2010). Family relationships and the psychosocial adjustment of school-aged children in intact families. *Journal of Genetic Psychology, 17*, 182-201.
[doi:10.1080/00221321003657445](https://doi.org/10.1080/00221321003657445)
- Hallab, L., & Covic, T. (2010). Deliberate self-harm: The interplay between attachment and stress. *Behaviour Change, 27*, 93–103.
- Heatherington, L., & Lavner, J. A. (2008). Coming to terms with coming out: Review and recommendations for family systems-focused research. *Journal of Family Psychology, 22*, 329-343. doi: 10.1037/0893-3200.22.3.329
- Hershberger, S. L., & D'Augelli, A. R. (1995). The impact of victimization on the mental health and suicidality of lesbian, gay, and bisexual youths. *Developmental Psychology, 31*, 65-74. [doi:10.1037//0012-1649.31.1.65](https://doi.org/10.1037//0012-1649.31.1.65)
- Hesse, C., & Floyd, K. (2008). Affectionate experience mediates the effects of alexithymia on mental health and interpersonal relationships. *Journal of Social & Personal Relationships, 25*, 793-810. [doi:10.1177/0265407508096696](https://doi.org/10.1177/0265407508096696)

- Hilton, J. M., Desrochers, S., & Devall, E. L. (2001). Comparison of role demands, relationships, and child functioning in single-mother, single-father, and intact families. *Journal of Divorce and Remarriage*, *35*, 29-56.
[doi:10.1300/J087v35n01_02](https://doi.org/10.1300/J087v35n01_02)
- Hodgetts, D., & Chamberlain, K. (2002). The problem with men: Working class men making sense of men's health on television. *Journal of Health Psychology*, *7*, 269-284.
- Hong, J. S. & Espelage, D. L. (2012). A review of research on bullying and peer victimization in school: An ecological system analysis *Aggression and Violent Behavior* *17* (2012) 311–322. doi: 10.1016/j.avb.2012.03.003
- Hong, J. S., Espelage, D. L., & Kral, M. J. (2011). Understanding suicide among sexual minority youth in America: An ecological systems analysis. *Journal of Adolescence*, *34*, 885-894. doi:10.1016/j.adolescence.2011.01.002
- Houle, J. (2005). Help seeking, social support, and masculine gender role conflict in men who attempted suicide. (Unpublished doctoral dissertation). University of Quebec at Montreal, Canada.
- 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*, 37-43. [doi:10.1016/j.jad.2007.07.016](https://doi.org/10.1016/j.jad.2007.07.016)
- Huwe, S., Hennig, J., & Netter, P. (1998). Biological, emotional, behavioral, and coping reactions to examination stress in high and low state anxious subjects. *Anxiety*,

Stress & Coping: An International Journal, 11, 47-65.

[doi:10.1080/10615809808249313](https://doi.org/10.1080/10615809808249313)

Jackson, S. (2007). *The effects of masculinity and gender role conflict on adolescent boys' psychological well-being*. (Doctoral dissertation). Available from ProQuest Dissertations and Theses database. (UMI No. 3277899)

Jacobsen, M. P. (2005). When sons become fathers: Culture, internalized representations, and generational change in father-son relationships. (Doctoral Dissertation, Smith College), *Dissertation Abstracts International*.

Jacobson, C. M., Marrocco, F., Kleinman, M., & Gould, M. S. (2011). Restrictive emotionality, depressive symptoms, and suicidal thoughts and behaviors among high school students. *Journal of Youth and Adolescence*, 40, 656-665.

[doi:10.1007/s10964-010-9573-y](https://doi.org/10.1007/s10964-010-9573-y)

Jakupeak, M., Lisak, D., & Roemer, L. (2002). The role of masculine ideology and masculine gender role stress in men's perception of relationship violence.

Psychology of Men & Masculinity, 3, 97-106. [doi:10.1037/1524-9220.3.2.97](https://doi.org/10.1037/1524-9220.3.2.97)

Jobes, D. (2006). *Managing suicidal risk: A collaborative approach*. New York, NY: Guilford Press.

Jobes, D., Lento, R., & Brazaitis, K. (2012). An evidence-based clinical approach to suicide prevention in the department of defense: The collaborative assessment and management of suicidality (CAMS). *Military Psychology*, 24, 604-623.

- Juvonen, J. (2005, March/April). Myths and facts about bullying in schools. *Behavioral Health Management*. Retrieved from <http://www.behavioral.net>
- Kabat-Zinn, J. (1990). *Full catastrophe living: Using the wisdom of your body and mind to face stress, pain, and illness*. New York: Dell.
- Kabat-Zinn, J. (2005). *Coming to our senses: Healing ourselves and the world through mindfulness*. New York: Hyperion.
- Kaminski, J. W., Puddy, R. W., Hall, D. M., Cashman, S. Y., Crosby, A. E., & Ortega, L. A. G. (2010). The relative influence of different domains of social connectedness on self-directed violence in adolescence. *Journal of Youth and Adolescence*, *39*, 460–473.
- Karen, R. (1994). *Becoming attached: First relationships and how they shape our capacity to love*. New York: Oxford University Press.
- Katz, P. A. (1986). Modification of gender-stereotyped behavior: General issues and research considerations. *Sex Roles*, *14*, 591-602. [doi:10.1007/BF00287690](https://doi.org/10.1007/BF00287690)
- Kerwin, C., Ponterotto, J. G., Jackson, B. L., & Harris, A. (1993). Racial identity in biracial children: A qualitative investigation. *Journal of Counseling Psychology*, *40*, 221-231. [doi:10.1037/0022-0167.40.2.221](https://doi.org/10.1037/0022-0167.40.2.221)
- Kessler, R. C., McGonagle, K. A., Zhao, S., Nelson, C. B., Hughes, M., Eshleman, S., ...Kendler, K. S. (1994). Lifetime and 12-month prevalence of DSM-III-R psychiatric disorders in the United States: Results from the National Comorbidity Survey. *Archives of General Psychiatry*, *51*, 8-19.

- Kim, E., & Cain, K. C. (2008). Korean American adolescent depression and parenting. *Journal of Child and Adolescent Psychiatric Nursing, 21*, 105-115.
[doi:10.1111/j.1744-6171.2008.00137.x](https://doi.org/10.1111/j.1744-6171.2008.00137.x)
- Kim, Y. S., & Leventhal, B. (2008). Bullying and suicide. A review. *International Journal of Adolescent Medicine and Health, 20*, 133-154.
[doi:10.1515/IJAMH.2008.20.2.133](https://doi.org/10.1515/IJAMH.2008.20.2.133)
- Kim, Y. S., Leventhal, B. L., Koh, Y. J., & Boyce, W. T. (2009). Bullying increased suicide risk: Prospective study of Korean adolescents. *Archives of Suicide Research, 13*, 15-30. [doi:10.1080/13811110802572098](https://doi.org/10.1080/13811110802572098)
- Kim, Y. S., Leventhal, B. L., Koh, Y. J., Liang, C. T. H., Salcedo, J., & Miller, H. A. (2011). Perceived Racism, Masculinity Ideologies, and Gender Role Conflict Among Latino Men. *Psychology of Men & Masculinity, 12*, 201-215.
[doi:10.1037/a0020479](https://doi.org/10.1037/a0020479)
- Kindlon, D., & Thompson, M. (1999). *Raising Cane: Protecting the emotional life of boys*. New York, NY: Ballantine Publishing Group.
- King, C. A., Kerr, D. C., Passarelli, M. N., Foster, C. E., & Merchant, C. R. (2010). One-year follow-up of suicidal adolescents: Parental history of mental health problems and time to post-hospitalization attempt. *Journal of Youth & Adolescence, 39*, 219-232. [doi:10.1007/s10964-009-9480-2](https://doi.org/10.1007/s10964-009-9480-2)

- King, M., Semlyen, J., Tai, S. S., Killaspy, H., Osborn, D., Popelyuk, D., et al. (2008). A systematic review of mental disorder, suicide, and deliberate self harm in lesbian, gay and bisexual people. *BMC Psychiatry*, 70(8), 1-17.
- Klomek, A. B., Marrocco, F., Kleinman, M., Schonfeld, I. S., & Gould, M. S. (2007). Bullying, depression, and suicidality in adolescents. *Journal of the American Academy of Child & Adolescent Psychiatry*, 46, 40-49.
[doi:10.1097/01.chi.0000242237.84925.18](https://doi.org/10.1097/01.chi.0000242237.84925.18)
- Klomek, A. B., Marrocco F., Kleinman, M., Schonfeld, I. S., & Gould, M. S. (2008). Peer victimization, depression, and suicidality in adolescents. *Suicide and Life-Threatening Behavior*, 38, 166-180. [doi:10.1521/suli.2008.38.2.166](https://doi.org/10.1521/suli.2008.38.2.166)
- Klomek, A. B., Sourander, A., & Gould, M. (2010). The association of suicide and bullying in childhood to young adulthood: A review of cross-sectional and longitudinal research findings. *Canadian Journal of Psychiatry*, 55, 282-288.
- Klomek, A. B., Sourander, A., Niemelä, S., Kumpulainen, K., Piha, J, Tamminen, T., Almqvist, F., et al. (2009). Childhood bullying behaviors as a risk for severe suicide attempts and completed suicides. *Journal of the American Academy of Child & Adolescent Psychiatry*, 48, 254-261. [doi:10.1097/CHI.0b013e318196b91f](https://doi.org/10.1097/CHI.0b013e318196b91f)
- Koestner, R., Franz, C., & Weinberger, J. (1990). The family origins of empathic concern: A 26-year longitudinal study. *Journal of Personality and Social Psychology*, 58, 709-719. [doi:10.1037/0022-3514.58.4.709](https://doi.org/10.1037/0022-3514.58.4.709)

- Konarski, J. Z., McIntyre, R. S., Kennedy, S. H., Rafi-Tari, S., Soczynska, J. K., & Ketter, T. A. (2008). Volumetric neuroimaging investigations in mood disorders: Bipolar disorder versus major depressive disorder. *Bipolar Disorders, 10*, 1–37. [doi: 10.1111/j.1399-5618.2008.00435.x](https://doi.org/10.1111/j.1399-5618.2008.00435.x).
- Krug, E. G., Dahlberg, L. L., Mercy, J. A., Zwi, A. B., & Lozano, R. (2002). *World report on violence and health*. Geneva: World Health Organization.
- Kumpulainen, K., Rasanen, E., & Henttonen, I. (1998). Bullying and psychiatric symptoms among elementary school-aged children. *Child Abuse & Neglect, 22*, 705-717. [doi:10.1016/S0145-2134\(98\)00049-0](https://doi.org/10.1016/S0145-2134(98)00049-0)
- Lai, K. W., & McBride-Chang, C. (2001). Suicidal ideation, parenting style, and family climate among Hong Kong adolescents. *International Journal of Psychology, 36*, 81-87. [doi:10.1080/00207590042000065](https://doi.org/10.1080/00207590042000065)
- Lamb, M. E. (Ed.). (2004). *The role of the father in child development* (4th ed.). New York, NY: Wiley.
- Lamb, M., & Tamis-LaMonda, C. S. (2004). The role of the father: An introduction. In M. Lamb (Ed.), *The role of the father in child development* (4th ed.). New York, NY: Wiley.
- Lane, J. M., & Addis, M. E. (2005). Male gender role conflicts and patterns of help seeking in Costa Rica and the United States. *Psychology of Men and Masculinity, 6*, 155-168. [doi:10.1037/1524-9220.6.3.155](https://doi.org/10.1037/1524-9220.6.3.155)

- Leach, M. M., & Leong, F. T. L. (Eds.) (2008). *Suicide among racial and ethnic minority groups: Theory, research, and practice*. NY: Routledge/Taylor & Francis Group.
- Leaper, C., Anderson, K. J., & Sanders, P. (1998). Moderators of gender effects on parents' talk to their children: A meta-analysis. *Developmental Psychology, 34*, 3-27. [doi:10.1037/0012-1649.34.1.3](https://doi.org/10.1037/0012-1649.34.1.3)
- Legleye, S., Beck, F., Peretti-Watel, P., Chau, N., & Firdion, J. M. (2010). Suicidal ideation among young French adults: association with occupation, family, sexual activity, personal background, and drug use. *Journal of Affective Disorders, 123*, 108-115.
- Lehman, B. J., Taylor, S. E., Keife, C. I., & Seeman, T. E. (2009). Relationship of early life stress and psychological functioning to blood pressure in the CARDIA study. *Health Psychology, 28*, 338-346. [doi:10.1037/a0013785](https://doi.org/10.1037/a0013785)
- Levant, R. F. (2001). The crisis of boyhood. In G. R. Brooks & G. E. Good (Eds.), *The new handbook of psychotherapy and counseling with men* (pp. 355-368). San Francisco: Josey-Bass.
- Levant, R. F., & Richmond, K. (2007). A review of research on masculinity ideologies using the Male Role Norms Inventory. *Journal of Men's Studies, 15*, 130-146. [doi:10.3149/jms.1502.130](https://doi.org/10.3149/jms.1502.130)
- Levant, R. F., Wimer, D. J., Williams, C. M., Smalley, K. B., & Noronha, D. (2009). The relationships between masculinity variables, health risk behaviors and attitudes

- toward seeking psychological help. *International Journal of Men's Health*, 8, 3-21. doi: [10.3149/jmh.0801.3](https://doi.org/10.3149/jmh.0801.3)
- Ling, Y., Yang, J., Zhang, C., Yi, J., & Yao, S. (2010). Social support as a moderator of the effects of adolescent stress and depressive symptoms: A longitudinal study. *Chinese Journal of Clinical Psychology*, 18, 610-613.
- Lohman, B. J. & Billings, A. (2008). *Journal of Youth Adolescence*, 37, 723–735. doi: [10.1007/s10964-008-9283-x](https://doi.org/10.1007/s10964-008-9283-x)
- Lowe, K., & Dotterer, A. M. (2013). Parental monitoring, parental warmth, and minority youths' academic outcomes: Exploring the integrative model of parenting. *Journal of Youth & Adolescence*, 2, doi: [10.1007/s10964-013-9934-4](https://doi.org/10.1007/s10964-013-9934-4).
- Lusk, E. M., Taylor, M. J., Nanney, J. T., & Austin, C. C. (2010). Biracial identity and its relation to self-esteem and depression in mixed black/white biracial individuals. *Journal of Ethnic & Cultural Diversity in Social Work*, 19: 109-126.
- Lynch, T. R., Cheavens, J. S., Morse, J. Q., & Rosenthal, M. Z. (2004). A model predicting suicidal ideation and hopelessness in depressed older adults: The impact of emotion inhibition and affect intensity. *Aging & Mental Health*, 8, 486-497. doi: [10.1080/13607860412331303775](https://doi.org/10.1080/13607860412331303775)
- Lytton, H., & Romney, D. M. (1991). Parents' differential socialization of boys and girls: A meta-analysis. *Psychological Bulletin*, 109, 267-296. doi: [10.1037//0033-2909.109.2.267](https://doi.org/10.1037//0033-2909.109.2.267)

- MacCallum, F., & Golombok, S. (2004). Children raised in fatherless families from infancy: A follow-up of children of lesbian and single heterosexual mothers at early adolescence. *Journal of Psychology and Psychiatry, 45*, 1407-1419. [doi:10.1111/j.1469-7610.2004.00847.x](https://doi.org/10.1111/j.1469-7610.2004.00847.x)
- Macqueen, G., & Frodl, T. (2011). The hippocampus in major depression: Evidence for the convergence of the bench and bedside in psychiatric research? *Molecular Psychiatry, 16*, 252–264. doi:10.1038/mp.2010.80
- Magovcevic, M., & Addis, M. E. (2005). Linking gender role conflict to non-normative and self-stigmatizing perceptions of alcohol abuse and depression. *Psychology of Men and Masculinity, 6*, 127-136. [doi:10.1037/1524-9220.6.2.127](https://doi.org/10.1037/1524-9220.6.2.127)
- Mahalik, J. R., Locke, B. D., Ludlow, L. H., Diemer, M. A., Scott, R. P., Gottfried, M., et al. (2003). Development of the Conformity to Masculine Norms Inventory. *Psychology of Men and Masculinity, 4*, 3-25. [doi:10.1037//1524-9220.4.1.3](https://doi.org/10.1037//1524-9220.4.1.3)
- Maimon, D., Browning, C. R., & Brooks-Gunn, J. (2010). Collective efficacy, family attachment, and urban adolescent suicide attempts. *Journal of Health and Social Behavior, 51*, 307-324. doi:10.1177/0022146510377878
- Mallers, M. H., Charles, S. T., Neupert, S. D., & Almeida, D. M. (2010). Perceptions of childhood relationships with mother and father: Daily emotional and stressor experiences in adulthood. *Developmental Psychology, 46*, 1651–1661. doi:10.1037/a0021020

- Mallon, G. P. (2004). *Gay men choosing parenthood*. New York, NY: Columbia University Press.
- Marmion, S., & Lundberg-Love, P. (2004). Learning masculinity and femininity: Gender socialization from parents and peers across the life span. In M. Paludi (Ed.), *Praeger guide to the psychology of gender* (pp. 1–26). Westport, CT: Praeger.
- Marshal, M. P., Dietz, L. J., Friedman, M. S., Stall, R., Smith, H. A., McGinley, J., Thoma, B. C., et al. (2011). Suicidality and depression disparities between sexual minority and heterosexual youth: A meta-analytic review. *Journal of Adolescent Health, 49*, 115-123. doi:10.1016/j.jadohealth.2011.02.005
- Masten, A. S., & Shaffer, A. (2006). How families matter in child development: Reflections from research on risk and resilience. In A. Clarke-Stewart, & J. Dunn, (Eds.), *Families count: Effects on child and adolescent development* (pp. 5-25). New York, NY: Cambridge University Press.
- Mattanah, J. F., Lopez, F. G., & Govern, J. M. (2011). The Contributions of Parental Attachment Bonds to College Student Development and Adjustment: A Meta-Analytic Review. *Journal of Counseling Psychology, 58*, 565–596. doi: [10.1037/a0024635](https://doi.org/10.1037/a0024635)
- McDaniel, J. S., Purcell, D., & D’Augelli, A. R. (2001). The relationship between sexual orientation and risk for suicide: Research findings and future directions for research and prevention. *Suicide and Life Threatening Behavior, 31*, 84-105. [doi:10.1521/suli.31.1.5.84.24224](https://doi.org/10.1521/suli.31.1.5.84.24224)

- McDermut, W., Miller, I. W., Solomon, D., Ryan, C. E., & Keitner, G. I. (2001). Family functioning and suicidality in depressed adults. *Comprehensive Psychiatry*, *42*, 96-104. [doi:10.1053/comp.2001.21220](https://doi.org/10.1053/comp.2001.21220)
- McHale, S. M., Crouter, A. C., & Tucker, C. J. (1999). Family context and gender role socialization in middle childhood: Comparing girls to boys and sisters to brothers. *Child Development*, *70*, 990-1004. [doi:10.1111/1467-8624.00072](https://doi.org/10.1111/1467-8624.00072)
- McHale, S. M., Updegraff, K. A., Helms-Erikson, H., & Crouter, A. C. (2001). Sibling influences on gender development in middle childhood and early adolescence: A longitudinal study. *Developmental Psychology*, *37*, 115-125. [doi:10.1037//0012-1649.37.1.115](https://doi.org/10.1037//0012-1649.37.1.115)
- McHale, S. M., Updegraff, K. A., Jackson-Newsom, J., Tucker, C. J., & Crouter, A. C. (2000). When does parents' differential treatment have negative impact for siblings? *Social Development*, *9*, 149-172. [doi:10.1111/1467-9507.00117](https://doi.org/10.1111/1467-9507.00117)
- McHale, S. M., Crouter, A. C., & Whiteman, S. D. (2003). The family contexts of gender development in childhood and adolescence. *Social Development*, *12*, 125-148. [doi:10.1111/1467-9507.00225](https://doi.org/10.1111/1467-9507.00225)
- McLaughlin, K. A., Hatzenbuehler, M. L., Xuan, Z., & Conron, K. J. (2012). Disproportionate exposure to early-life adversity and sexual orientation disparities in psychiatric morbidity. *Child Abuse & Neglect*, *36*, 645-655.

- Mendelson, E. A. (1988). *An exploratory investigation of male gender role conflict development during early adulthood*. Unpublished doctoral dissertation. The University of North Carolina at Chapel Hill.
- Meyer, I. H. (1995). Minority stress and mental health in gay men. *Journal of Health and Social Behavior*, 36, 38-56. [doi:10.2307/2137286](https://doi.org/10.2307/2137286)
- Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, 129, 674-687. [doi:10.1037/0033-2909.129.5.674](https://doi.org/10.1037/0033-2909.129.5.674)
- Milne, A. M., Macqueen, G. M., & Hall, G. B. (2011). Abnormal hippocampal activation in patients with extensive history of major depression: An fMRI study. *Journal of Psychiatry and Neuroscience*, 37, 28–36.
- Mormon, M. T., & Floyd, K. (1999). Affectionate communication between fathers and young adult sons: Individual and relational-level correlates. *Communication Studies*, 50, 294-309. [doi:10.1080/10510979909388501](https://doi.org/10.1080/10510979909388501)
- Mormon, M. T., & Floyd, K. (2002). A “Changing culture of fatherhood”: Effects on affectionate communication, closeness, and satisfaction in men’s relationships with their fathers and their sons. *Western Journal of Communication*, 66, 395-411. [doi:10.1080/10570310209374746](https://doi.org/10.1080/10570310209374746)
- Moscicki, E. K., (1995). Epidemiology of suicidal behavior. *Suicide and Life-threatening Behavior*, 25, 22-35.
- Murray-Law, B. (2011). Why do men die earlier? *Monitor on Psychology*, 42, 59-62.

- Nansel, T. R. (2004). Cross-national consistency in the relationship between bullying behaviors and psychosocial adjustment. *Archives of Pediatric Adolescent Medicine, 158*, 730-736.
- Nansel, T. R., Craig, W., Overpeck, M. D., Saluja, G., & Ruan, W. J. (2004). Cross-national consistency in the relationship between bullying behaviors and psychosocial adjustment. *Archives of Pediatrics & Adolescent Medicine, 158*, 730-736. [doi:10.1001/archpedi.158.8.730](https://doi.org/10.1001/archpedi.158.8.730)
- Nansel, T. R., Overpeck, M., Pilla, R. S., Ruan, W. J., Simons-Morton, B., & Scheidt, P. (2001). Bullying behaviors among US youth: Prevalence and association with psychosocial adjustment. *Journal of the American Medical Association, 285*, 2094-2100. [doi:10.1001/jama.285.16.2094](https://doi.org/10.1001/jama.285.16.2094)
- Naranjo, S. (2001). The self-destructive man: A study of gender role conflict. *Dissertation Abstracts International, 62*, 1592.
- National Center for Health Statistics. (2010). *Health, United States, 2010: With special feature on death and dying*. Hyattsville, MD.
- National Mental Health Association & The Jed Foundation. (2002). *Safeguarding your students against suicide: Expanding the safety net*. Proceedings from an expert panel on vulnerability, depressive symptoms, and suicidal behavior on college campuses.

- Nelson, D. A., & Coyne, S. M. (2009). Children's intent attributions and feelings of distress: Associations with maternal and paternal parenting practices. *Journal of Abnormal Child Psychology*, *37*, 223-237. [doi:10.1007/s10802-008-9271-3](https://doi.org/10.1007/s10802-008-9271-3)
- Nelson, D. A., Hart, C. H., Yang, C., Olsen J. A., & Jin, S. (2006). Aversive parenting in China: Associations with child physical and relational aggression. *Child Development*, *77*, 554-572. doi: 10.1111/j.1467-8624.2006.00890.x
- Nickerson, A. B., & Nagle, R. J. (2004). The influence of parent and peer attachments on life satisfaction in middle childhood and early adolescence. *Social Indicators Research*, *66*, 35-60. [doi:10.1023/B:SOCL.0000007496.42095.2c](https://doi.org/10.1023/B:SOCL.0000007496.42095.2c)
- No child left behind act of 2001. 107 P. L. 110. 115 Stat. 1425. 2002 Enacted H.R. 1 (2002).
- Olweus, D. O. (1991). Bully/victim problems among school children: Basic effects of a school-based intervention program. In D. Pepler & K. Rubin (Eds.), *The development and treatment of childhood aggression* (pp. 411-448). Hillsdale, NJ: Erlbaum.
- O'Neil, J. M. (2008). Summarizing 25 years of research on men's gender role conflict using the Gender Role Conflict Scale: New research paradigms and clinical implications. *The Counseling Psychologist*, *36*, 358-445. doi: 10.1177/0011000008317057
- O'Neil, J. M., Good G. E., & Holmes, S. (1995). Fifteen years of theory and research on men's gender role conflict: New paradigms for empirical research. In R. Levant &

- W. Pollack (Eds.), *The new psychology of men* (pp. 164-206). New York, NY: Basic Books.
- O'Neil, J. M., Helm, B., Gable, R., David, L., & Wrightsman, L. (1986). Gender Role Conflict Scale: College men's fear of femininity. *Sex Roles, 14*, 335-350.
[doi:10.1007/BF00287583](https://doi.org/10.1007/BF00287583)
- Paquette, D. (2004). Theorizing the father-child relationship: Mechanisms and developmental outcomes. *Human Development, 47*, 193-219. doi: 10.1159/000078723
- Park, Y. S., Vo, L. P., & Tsong, Y. (2009). Family affection as a protective factor against the negative effects of perceived Asian values gap on the parent-child relationship for Asian American male and female college students. *Cultural Diversity and Ethnic Minority Psychology, 15*, 18-26. doi: 10.1037/a0013378
- Parke, R. D., Dennis, J., Flyr, M.L., Morris, K. L. Killian, C., McDowell, D. J., & Wild, M. (2004). Fathering and children's peer relationships. In M. E. Lamb (Ed.), *The role of the father in child development* (4th ed.) (pp. 307-340). New York, NY: Wiley.
- Parker, W. (2008, June 15). Re: Text of Obama's fatherhood speech [Online forum comment]. Retrieved from http://www.fatherhood.about.com/od/fathersandpolitics/p/barack_obama.htm

- Payne, S., Swami, V., & Stanistreet, D. L. (2008). The social construction of gender and its influence on suicide: A review of the literature. *Journal of Men's Health*, 5, 23-35. [doi:10.1016/j.jomh.2007.11.002](https://doi.org/10.1016/j.jomh.2007.11.002)
- Payton, J. W., Wardlaw, D. M., Graczyk, P. A., Bloodworth, M. R., Tompsett, C. J. and Weissberg, R. P. (2000), Social and Emotional Learning: A Framework for Promoting Mental Health and Reducing Risk Behavior in Children and Youth. *Journal of School Health*, 70: 179–185. doi: 10.1111/j.1746-1561.2000.tb06468.x
- Pennebaker, J. (1989). Confession, inhibition and disease. *Advances in Experimental Social Psychology*, 22, 211-244. [doi:10.1016/S0065-2601\(08\)60309-3](https://doi.org/10.1016/S0065-2601(08)60309-3)
- Pennebaker, J., Kiecolt-Glaser, J., & Glaser, R. (1988). Disclosure of traumas and immune infection: Health implications for psychotherapy. *Journal of Consulting and Clinical Psychology*, 56, 2239-245. [doi:10.1037/0022-006X.56.2.239](https://doi.org/10.1037/0022-006X.56.2.239)
- Pergolizzi, F., Richmond, D., Macario, S., Gan, Z., Richmond, C., & Macario, E. (2009). Bullying in middle schools: Results from a four-school survey. *Journal of School Violence*, 8, 264-279. doi: 10.1080/15388220902910839
- Pinhas, L., Weaver, H., Bryden, P., Ghabobour, N., & Toner, B. (2002). Gender-role conflict and suicidal behavior in adolescent girls. *Canadian Journal of Psychiatry*, 47, 473-476.
- Pleck, J. H. (1995). The gender role strain paradigm: An update. In H. J. Pleck, R. F. Levant, & W. S. Pollack (Eds.), *A new psychology of men*, (pp.11-32). New York, NY: Basic Books.

- Pollack, W. S. (1998). *Real boys: Rescuing our sons from the myths of boyhood*. New York, NY: Random House.
- Pollack, W. S. (2006). The “War” for boys: Hearing “real boys” voices, healing their pain. *Professional Psychology: Research and Practice*, 37, 190-195.
[doi:10.1037/0735-7028.37.2.190](https://doi.org/10.1037/0735-7028.37.2.190)
- Poteat, V. P., Aragon, S. R., Espelage, D. L., & Koenig, B. W. (2009). Psychosocial concerns of sexual minority youth: Complexity and caution in group differences. *Journal of Consulting and Clinical Psychology*, 77, 196-201.
[doi:10.1037/a0014158](https://doi.org/10.1037/a0014158)
- Prinstein, M. J., Boergers, J., Spirito, A., Little, T. D., & Grapentine, W. L. (2000). Peer functioning, family dysfunction, and psychological symptoms in a risk factor model for adolescent inpatients’ suicidal ideation severity. *Journal of Clinical Child Psychology*, 29, 392-405. [doi:10.1207/S15374424JCCP2903_10](https://doi.org/10.1207/S15374424JCCP2903_10)
- Radin, N. (1994). Primary-caregiving fathers in intact families. In A. Gottfried & A. Gottfried, (Eds.), *Redefining Families: Implications for Children’s Development* (pp. 11-54). New York: Plenum Press.
- Raudino, A., Fergusson, D. M., & Horwood, L. J. (2013). The quality of parent/child relationships in adolescence is associated with poor adult psychosocial adjustment. *Journal of Adolescence*, 36, 331-340.

- Reid, W., & Crisafulli, A. (1990). Marital discord and child behavior problems: A meta-analysis. *Journal of Abnormal Child Psychology*, *18*, 105-117.
[doi:10.1007/BF00919459](https://doi.org/10.1007/BF00919459)
- Repetti, R. L., Taylor, S. E., & Seeman, T. E. (2002). Risky families: Family social environments and the mental and physical health of offspring. *Psychological Bulletin*, *128*, 330-366. doi:10.1037/0033-2909.128.2.330
- Robertson, J. M., & Shepherd, D. S. (2008). The psychological development of boys. In M. S. Kiselica, M. Englar-Carlson, & A. M. Horne (Eds.), *Counseling troubled boys: A guidebook for professionals* (pp.3-30). New York, NY: Routledge.
- Robin, L., Brener, N. D., Donahue, S. F., Hack, T., Hale, K., & Goodenow, C. (2002). Associations between health risk behaviors and opposite-, same-, and both-sex sexual partners in representative samples of Vermont and Massachusetts high school students. *Archives of Pediatrics and Adolescent Medicine*, *156*, 349-355.
- Rubenstein, J. L., Halton, A., Kasten, L, Rubin, C. & Stechler, G. (1998). Suicidal behavior in adolescents: Stress and protection in different family contexts. *American Journal of Orthopsychiatry*, *68*, 274-284. [doi:10.1037/h0080336](https://doi.org/10.1037/h0080336)
- Russek, L. G., & Schwartz, G. E. (1997). Feelings of parental caring predict health status in midlife: A 35 year-year follow-up of the Harvard Mastery of Stress Study. *Journal of Behavioral Medicine*, *20*, 1-13. doi:10.1023/A:1025525428213

- Russell, S. T., Franz, B. T., & Driscoll, A. K. (2001). Same-sex romantic attraction and experiences of violence in adolescence. *American Journal of Public Health, 91*, 903-906. doi: 10.2105/AJPH.91.6.903
- Russell, S. T., & Toomey, R. B. (2010). Men's sexual orientation and suicide: Evidence for U.S. adolescent-specific risk. *Social Science & Medicine, 74*, 523-529. doi:10.1016/j.socscimed.2010.07.038
- Rutter, P., & Behrendt, A. (2004). Adolescent suicide risk: Four psychosocial factors. *Adolescence, 39*, 295-302.
- Rutter, P., & Soucar, E. (2002). Youth suicide risk and sexual orientation. *Adolescence, 37*, 289-299.
- Ryan, C., Huebner, D., Diaz, R. M., & Sanchez, J. (2007). Family rejection as a predictor of negative health outcomes in white and Latino lesbian, gay, and bisexual young adults. *Pediatrics, 123*, 346-352. doi:10.1542/peds.2007-3524
- Salmon, G., & West, A. (2000). Physical and mental health issues related to bullying in schools. *Current Opinion in Psychiatry, 13*, 375-380. [doi:10.1097/00001504-200007000-00003](https://doi.org/10.1097/00001504-200007000-00003)
- Sands, R. G., & Dixon, S. L. (1986). Adolescent crisis and suicidal behavior: Dynamics and treatment. *Child and Adolescent Social Work, 3*, 109-122. [doi:10.1007/BF00757218](https://doi.org/10.1007/BF00757218)
- Schrodt, P., Ledbetter, A. M., & Ohrt, J. K. (2007). Parental confirmation and affection as mediators of family communication patterns and children's mental well-being.

The Journal of Family Communication, 7, 23-46.

[doi:10.1207/s15327698jfc0701_3](https://doi.org/10.1207/s15327698jfc0701_3)

Schwartz, J. P., Waldo, M., & Higgins, A. J. (2004). Attachment styles: Relationship to masculine gender role conflict in college men. *Psychology of Men & Masculinity*, 5, 143-146. doi:10.1037/1524-9220.5.2.143

Scouller, K., & Smith, D. (2002). Prevention of youth suicide: How well informed are the potential gatekeepers of adolescents in distress? *Suicide and Life Threatening Behavior*, 32, 67-79. [doi:10.1521/suli.32.1.67.22182](https://doi.org/10.1521/suli.32.1.67.22182)

Sharpe, M. J., & Heppner, P. P. (1991). Gender role, gender role conflict, and psychological well-being in men. *Journal of Counseling Psychology*, 38, 323–330. [doi:10.1037//0022-0167.38.3.323](https://doi.org/10.1037//0022-0167.38.3.323)

Shaw, B. A., Krause, N., Chatters, L., Connell, C., & Ingersoll-Dayton, B. (2004). Emotional support from parents early in life, aging, and health. *Psychology and Aging*, 19, 4-12. doi:10.1037/0882-7974.19.1.4

Shepard, D. S. (2002). A negative state of mind: Patterns of depressive symptoms among men with high gender role conflict. *Psychology of Men & Masculinity*, 3, 3–8. [doi:10.1037//1524-9220.3.1.3](https://doi.org/10.1037//1524-9220.3.1.3)

Siegel, R. D. (2010). *The Mindfulness Solution: Everyday practices for everyday problems*. New York: Guilford Press.

Siegel, R. D., Urdang, M., & Johnson, D. (2001). *Back sense: A revolutionary approach to halting the cycle of back pain*. New York: Broadway.

- Silenzio, V. M. B., Pena, J. B., Duberstein, P. R., Cerel, J., & Knox, K. L. (2007). Sexual orientation and risk factors for suicidal ideation and suicide attempts among adolescents and young adults. *American Journal of Public Health, 97*, 2017-2019. [doi:10.2105/AJPH.2006.095943](https://doi.org/10.2105/AJPH.2006.095943)
- Silverman, M. M., Berman, A. L., Sanddal, N. D., O'Carroll, P. W., & Joiner, T. E. (2007). Rebuilding the tower of babel: A revised nomenclature for the study of suicide and suicidal behaviors, part 2: Suicide-related ideations, communication, and behaviors. *Suicide and Life Threatening Behavior, 37*, 264-277. [doi:10.1521/suli.2007.37.3.264](https://doi.org/10.1521/suli.2007.37.3.264)
- Simonsen, G., Blazina, C., & Watkins, C. E. (2000). Gender role conflict and psychological well-being among gay men. *Journal of Counseling Psychology, 47*, 85-89. [doi:10.1037//0022-0167.47.1.85](https://doi.org/10.1037//0022-0167.47.1.85)
- Skapinakis, P., Bellos, S., Tatian, G., Magklara, K., Lewis, G., Araya, R., Styliandis, S., et al. (2011). The association between bullying and early stages of suicidal ideation in late adolescents in Greece. *BMC Psychiatry, 11*, 1-9. doi: 10.1186/1471-244X-11-22.
- Solmeyer, A. R., Killoren, S. E., McHale, S. M., & Updegraff, K. A. (2011). Coparenting around siblings' differential treatment in Mexican-origin families. *Journal of Family Psychology, 25*, 251-260. doi:10.1037/a0023201

- Smalley, J., Scourfield, K., & Greenland, K. (2005). Young people, gender and suicide: A review of research on the social context. *Journal of Social Work, 5*, 133-154.
[doi:10.1177/1468017305054953](https://doi.org/10.1177/1468017305054953)
- Snarey, J. (1993). *How fathers care for the next generation: A four-decade study*. Cambridge, MA: Harvard University Press.
- Sommers, C. H., (2000). *The war against boys: How misguided feminism is harming our young men*. New York, NY: Simon and Schuster.
- Stacey, J. (2006). Gay male parenthood and the decline of paternity as we knew it. *Sexualities, 9*, 27-55. [doi:10.1177/1363460706060687](https://doi.org/10.1177/1363460706060687)
- Stillson, R., O'Neil, J. M., & Owen, S. V. (1991). Predictors of adult men's gender role conflict: Race, class, unemployment, age, instrumentality-expressiveness, and personal strain. *Journal of Counseling Psychology, 38*, 458-464.
[doi:10.1037/0022-0167.38.4.458](https://doi.org/10.1037/0022-0167.38.4.458)
- Stone, A. (2012). Multiracial American Population Grew Faster Than Single-Race Segment In 2010 Census from Retrieved from
http://www.huffingtonpost.com/2012/09/27/multiracial-americans-2010-census_n_1919070.html
- Sturgess, W., Dunn, J., & Davies, L. (2001). Young children's perceptions of their family relationships with family members: Links with family setting, friendships, and adjustment. *International Journal of Behavioral Development, 25*, 521-529.
[doi:10.1080/01650250042000500](https://doi.org/10.1080/01650250042000500)

- Suicide Prevention Resource Center. (2004). *Promoting mental health and preventing suicide in college and university settings*. Newton, MA: Education Development Center, Inc.
- Szymanski, D. M., & Carr, E. R. (2008). The roles of gender role conflict and internalized heterosexism in gay and bisexual men's psychological distress: Testing two mediation models. *Psychology of Men & Masculinity*, 9, 40-54. [doi:10.1037/1524-9220.9.1.40](https://doi.org/10.1037/1524-9220.9.1.40)
- Szymanski, D. M., & Ikizler, A. S. (2012, April 30). Internalized heterosexism as a mediator in the relationship between gender role conflict, heterosexual discrimination, and depression among sexual minority men. *Psychology of Men & Masculinity*. Advance online publication. doi:10.1037/a0027787
- Taylor, S. E., Lerner, J., Sage, R., Lehman, B., & Seeman, T. (2004). Early environment, emotions, responses to stress, and health. *Journal of Personality*, 72, 1365-1394. doi: 10.1111/j.1467-6494.2004.00300x
- Terzi-Unsal, S., & Kapei, E. G. (2005). Risk factors for suicidal behavior: Psychosocial risk models with Turkish adolescents. *Social Behavior and Personality*, 33, 593-607. [doi:10.2224/sbp.2005.33.6.593](https://doi.org/10.2224/sbp.2005.33.6.593)
- Thornton, A., Alwin, D., & Camburn, D. (1983). Causes and consequences of sex-role attitudes and attitude change. *American Sociological Review*, 48, 211-227. [doi:10.2307/2095106](https://doi.org/10.2307/2095106)

- Thornton, A., & Young-DeMarco, L. (2001). Four decades of trends in attitudes toward family issues in the United States: The 1960s through the 1990s. *Journal of Marriage and the Family*, *63*, 1009-1037. [doi:10.1111/j.1741-3737.2001.01009.x](https://doi.org/10.1111/j.1741-3737.2001.01009.x)
- Townsend, S. S., Fryberg, S. A., Wilkins, C. L., & Markus, H. R. (2012). Being mixed: Who claims a biracial identity? *Cultural Diversity and Ethnic Minority Psychology*, *18*, 91-96. doi:10.1037/a0026845
- Tudiver, F., & Talbot, Y. (1999). Why men don't seek help? Family physicians' perspectives on help-seeking behavior in men. *Journal of Family Practice*, *48*, 47-52.
- Turner, H. A., & Muller, P. A. (2004). Long-term effects of child corporal punishment on depressive symptoms in young adults. *Journal of Family Issues*, *25*, 761-782. doi:10.1177/0192513X03258313
- Ver der Wal, M. F., de Wit, C. A., & Hirasing, R. A. (2003). Psychosocial health among victims and offenders of direct and indirect bullying. *Pediatrics*, *111*, 1312-1317. [doi:10.1542/peds.111.6.1312](https://doi.org/10.1542/peds.111.6.1312)
- Watkins, P. L., Eisler, R. M., Carpenter, L., Schechtman, K. B., & Fisher, E. B. (1991). Psychosocial and physiological correlates of male gender role stress among employed adults. *Behavioral Medicine*, *17*, 86-90. [doi:10.1080/08964289.1991.9935163](https://doi.org/10.1080/08964289.1991.9935163)

- Watt, R. H., & Borders, L. D. (2005). Boys' perceptions of the male role: Understanding gender role conflict in adolescent males. *Journal of Men's Studies, 13*, 267-280. [doi:10.3149/jms.1302.267](https://doi.org/10.3149/jms.1302.267)
- Wester, S. R., Arndt, D., Sedivy, S. K., & Arndt, L. (2010). Male police officers and stigma associated with counseling: The role of anticipated risks, anticipated benefits and gender role conflict. *Psychology of Men & Masculinity, 11*, 286-302. doi: 10.1037/a0019108
- Wester, S. R., Kuo, B. C. H., & Vogel, D. L. (2006). Multicultural coping: Chinese Canadian adolescents, male gender role conflict, and psychological distress. *Psychology of Men & Masculinity, 7*, 83-100. [doi:10.1037/1524-9220.7.2.83](https://doi.org/10.1037/1524-9220.7.2.83)
- Wester, D. M., Pionke, D. R., & Vogel, D. L. (2005). Male gender role conflict, gay men, and same-sex romantic relationships. *Psychology of Men & Masculinity, 6*, 195-208. [doi:10.1037/1524-9220.6.3.195](https://doi.org/10.1037/1524-9220.6.3.195)
- Wharton, A. S. (2005). *The sociology of gender: An introduction to theory and research*. Malden, MA: Blackwell Publishing.
- WhatIs.com. (2013). *Amazon Mechanical Turk*. Retrieved from <http://whatis.techtarget.com/definition/Amazon-Mechanical-Turk>
- Wilkinson, R. B. (2004). The role of parental and peer attachment in the psychological health and self-esteem of adolescents. *Journal of Youth and Adolescence, 33*, 133-147. [doi:10.1023/B:JOYO.0000048063.59425.20](https://doi.org/10.1023/B:JOYO.0000048063.59425.20)

- Williams, T., Connolly, J., Pepler, D., & Craig, W. (2003). Questioning and sexual minority adolescents: High school experiences of bullying, sexual harassment and physical abuse. *Canadian Journal of Community Mental Health, 22*, 47-58.
- Williams, L., & Steinberg, L. (2011). Reciprocal relations between parenting and adjustment in a sample of juvenile offenders. *Child Development, 82*, 633-645.
doi:10.1111/j.1467-8624.2010.01523.x
- Wisch A. F., Mahalik J. R., Hayes J. A., & Nutt E. A. (1995). The impact of gender role conflict and counseling technique on psychological help-seeking in men. *Sex Roles, 33*, 77-90. [doi:10.1007/BF01547936](https://doi.org/10.1007/BF01547936)
- World Health Organization. (2002). *World report on violence and health*. Geneva: WHO.
Retrieved from http://whqlibdoc.who.int/publications/2002/9241545615_eng.pdf
- World Health Organization. (2004). *The world health report 2004: Changing history*. Geneva: WHO. Retrieved from
<http://www.who.int/whr/2004/chapter5/en/index.html>
- Worthington, R., & Reynolds, A. L. (2009). Within-group differences in sexual orientation and identity. *Journal of Counseling Psychology, 56*, 44–55.
doi:10.1037/a0013498
- Wu, W. C. H., & Bond, M. H. (2006). National differences in predictors of suicide among young and elderly citizens: Linking societal predictors to psychological factors. *Archives of Suicide Research, 10*, 1-16. [doi:10.1080/13811110500318430](https://doi.org/10.1080/13811110500318430)

Xu, J., Kochanek, K. D., Murphy, S. L., & Tejada-Vera, B. (2010, May). Deaths: Final data for 2007. *National Vital Statistic Report, 58(19)*. Retrieved from www.cdc.gov/nchs/products/nvsr.htm

Ybarra, M. L., Mitchell, K. J., Wolak, J., & Finkelhor, D. (2006). Examining characteristics and associated distress to Internet harassment: Findings from the second Youth Internet Safety Survey. *Pediatrics, 118*, 1169-1177.
[doi:10.1542/peds.2006-0815](https://doi.org/10.1542/peds.2006-0815)

APPENDIX A

Demographic Questionnaire

Demographic Questionnaire

Please provide some demographic information by responding to the following items.

1. Gender (a) Male (b) Female (c) Trans

2. Age in Years _____

3. Please indicate your ethnicity

- | | |
|--------------------------------------|------------------------------------|
| (a) African American | (e) Hispanic/Latino |
| (b) Asian American | (f) Native American/Alaskan Native |
| (c) Native Hawaiian/Pacific Islander | (g) Bi-racial or Multiracial |
| (d) Caucasian | (h) Other (Specify) _____ |

5. Generally I consider myself to be:

- | | |
|--------------------------------|--------------------------------|
| (a) Exclusively heterosexual | (d) More gay than heterosexual |
| (b) More heterosexual than gay | (e) Bisexual |
| (c) Exclusively gay | (f) Don't know |

6. When you were between ages 12 and 18, did you ever have the intention to commit suicide?

- (a) Yes (b) No

7. When you were between the ages of 12 and 18, did you ever have a plan to commit suicide?

- (a) Yes (b) No

8. Did you ever attempt suicide between ages 12 and 18?

- (a) Yes (b) No

APPENDIX B

Gender Role Conflict Scale- Adolescent

GRCS-A

Please respond to the questions. There is no right or wrong answer—just answer how you honestly feel. Use the scale below to help you decide which number best represents how you feel.

Strongly Disagree 1	Moderately Disagree 2	Mildly Disagree 3	Mildly Agree 4	Moderately Agree 5	Strongly Agree 6
---------------------------	-----------------------------	-------------------------	----------------------	--------------------------	------------------------

1. ____ Verbally expressing my love to another man is hard for me.
2. ____ I have difficulty telling others I care about them.
3. ____ I feel between my hectic work or school schedule and caring for my health.
4. ____ Getting to the top of my class is important to me.
5. ____ Affection with other men makes me tense.
6. ____ Strong emotions are difficult for me to understand.
7. ____ My career, job, or school affects the quality of my leisure or family life.
8. ____ Making money is part of my idea of being a successful man.
9. ____ Expressing my emotions to other men is risky.
10. ____ Expressing feelings makes me feel open to attack by other people.
11. ____ I judge other people's value by their level of achievement and success.
12. ____ I worry about failing and how it affects my doing well as a man.
13. ____ Hugging other men is difficult for me.
14. ____ It is hard for me to talk about my feelings with others.
15. ____ Finding time to relax is difficult for me.
16. ____ Sometimes I define my personal value by my success at school.
17. ____ I am sometimes hesitant to show my affection to men because of how others
might judge me.
18. ____ It's hard for me to express my emotional needs to others.
19. ____ My need to work or study keeps me from my family or leisure more than I
would like.
20. ____ Doing well all the time is important to me.
21. ____ Being very personal with other men makes me feel anxious.
22. ____ When I am personally involved with others, I do not express my strong feelings.
23. ____ My work or school often disrupts other parts of my life (home, health, leisure).

Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree
1	2	3	4	5	6

24. ____ I strive to be more successful than others.
25. ____ Men who are too friendly to me make me wonder about their sexual preference
(men or women).
26. ____ I often have trouble finding words that describe how I am feeling.
27. ____ Overwork and stress caused by the need to achieve on the job or in school
affects or hurts my life.
28. ____ Telling others about my strong feelings is difficult to me.
29. ____ I do not like to show my emotions to other people.

APPENDIX C

Affectionate Communication and Index

Affectionate Communication Index

Instructions: Please think about how you express your love or affection to your father. That is, how do you let this person know that you love him? To what extent do you say that you perform each of following things as a way to express affection to him? Please answer the following questionnaire as honestly as you are able. Please circle your response according to the scale below.

	Never or Almost Never Do This			Always or Almost Always Do This			
	1	2	3	4	5	6	7
1. Help him with problems.	1	2	3	4	5	6	7
2. Hold his hand.	1	2	3	4	5	6	7
3. Say "I love you".	1	2	3	4	5	6	7
4. Share private information.	1	2	3	4	5	6	7
5. Acknowledge his birthday.	1	2	3	4	5	6	7
6. Say "I care about you".	1	2	3	4	5	6	7
7. Kiss on the lips.	1	2	3	4	5	6	7
8. Kiss on cheek.	1	2	3	4	5	6	7
9. Say how important he is to you.	1	2	3	4	5	6	7
10. Give him compliments.	1	2	3	4	5	6	7
11. Hug him.	1	2	3	4	5	6	7
12. Say he is a good friend.	1	2	3	4	5	6	7
13. Praise his accomplishments.	1	2	3	4	5	6	7
14. Put your arm around him.	1	2	3	4	5	6	7
15. Wink at him.	1	2	3	4	5	6	7
16. Sit close to him.	1	2	3	4	5	6	7

APPENDIX D

Consent to Participate in Research

**TEXAS WOMAN'S UNIVERSITY
CONSENT TO PARTICIPATE IN RESEARCH**

Title: Restrictive emotionality, Father-Son Affectionate Communication, and Suicidality in Adolescence: A Retrospective Investigation

Investigator: Heather Atkison.....(469)525-8616
Advisor: Sally D. Stabb, Ph.D.....(940)898-2149

You are being asked to participate in a research study for Ms. Atkison's doctoral dissertation at Texas Woman's University. The purpose of this research is to explore the relationships between restrictive emotionality, father-son affectionate communication, sexual orientation, ethnicity and suicidality in adolescence. For this study, you will complete three questionnaires regarding the topics noted above. The questionnaires will be completed using an online computer survey. The questionnaires will take approximately 15-20 minutes to complete.

Confidentiality will be protected to the extent allowed by law. All data contained within the questionnaires will remain anonymous. Identifying information is only obtained for informed consent and will not be associated with your responses. All raw data will be stored in a password protected computer file to be accessed only by the researcher. All raw data permanently destroyed by date August, 2016. The data may be published for dissertation, books, and/or journals but no identifying information will be included in any publication.

Participation in this study may result in discomfort due to the sensitive nature of the study. If this should occur, you may stop at any time and withdraw from the study. If you feel you need to discuss your discomfort with a professional, counseling resources will be provided to assist you. If a problem should occur, please notify the researcher immediately and you will be assisted. Please note that TWU and UTD do not provide medical or financial assistance for injuries incurred while participating in the research.

The direct benefit to you is that upon completion of the study, you may obtain a summary of the results via mail upon request. You may also enter a drawing for a \$50 gift certificate.

Participant Initials

For any questions about the research, please contact the researchers at the phone numbers listed at the top of this form. If you have any questions regarding your rights as a participant or about the manner in which the study has been conducted, you may email IRB@TWU.EDU.

Participation in this study is completely voluntary and you may withdraw at any time without penalty. If you have any questions, please contact the investigators at the numbers provided.

Please sign, date and return this consent form with the three completed questionnaires. A second copy of this consent form is provided to you for your personal records.

Signature of Participant

Date

_____ Check here if you would like to receive a summary of the results of this study. List below the address (mailing or email) to which the summary should be sent.

_____ Check here if you do not wish to receive a copy of the results of this study.

APPENDIX E

Recruitment Letter/Email

RECRUITMENT LETTER

January 15, 2012

Dear Male College Student,

Please consider participating in this dissertation study. This research is intended to expand awareness of some of the factors known to contribute to male adolescent suicide risk. While research on this topic has been done before, this is first study of its kind to explore the specific domain of restricted emotionality and its relationship to father figure-son affectionate communication and suicidal risk in adolescence. Your participation in this study may enhance the understanding of suicidal risk in adolescence and may assist in informing the development of prevention strategies and intervention approaches.

Your participation is completely voluntary and you may withdraw at any time. Identifying information is only requested to voluntarily enter a gift card drawing, and to voluntarily receive results of the study. No identifying data will be associated with your responses or shared. There is a potential risk of loss of confidentiality in all email, downloading, and internet transactions. Your participation consists of completing a consent form and three questionnaires. You will be given three instruments to complete online. One is a brief survey regarding demographic information. The second is the Affectionate Communication Index which inquires about affection between father figure and son, & the third instrument is the Gender Role Conflict Scale – Adolescent version which examines level of conflict regarding gender role expectations in adolescence and restricted emotionality. Participation will take approximately 10-15 minutes. Potential risks from participation in this study include discomfort due to the sensitive nature of the study and loss of time.

If you have received this recruitment letter, that means the study link is now active. You may access this study online at <https://www.psychdata.com/s.asp?SID=146158>

THIS STUDY IS ONLY OPEN TO MEN

If you have any questions or concerns regarding this study, please contact Heather Atkison at (972)883-2575 or Sally Stabb, Ph.D. at (940)898-2149. Thank you for your time and attention.

Sincerely,

Heather Atkison, MA
Texas Woman's University
Counseling Psychology Doctoral Student

APPENDIX F

List of Counseling Resources

Counseling Resources

The Psychologist Locator American Psychological Association <http://locator.apa.org/>

UTD Counseling Center (972)883-2575

Contact Telephone Counseling 972-233-2233

Dallas Suicide and Crisis Center 214-828-1000

National Suicide Prevention Hotline 1-800-784-2433