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THE RELATIONSHIP BETWEEN CRIME AND DEPRESSION
WITHIN THE WAUSAU AREA HMONG YOUTH COMMUNITY

by

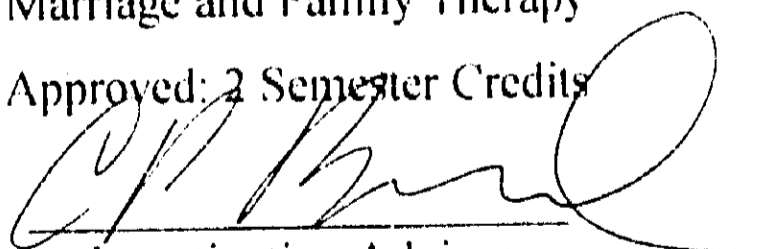
Tong S. Yang

A Research Paper

Submitted in Partial Fulfillment of the
Requirements for the
Masters of Science Degree
With a Major in

Marriage and Family Therapy

Approved: 2 Semester Credits



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The Graduate College
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Abstract

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(Title)	The Relationship Between Crime and Depression With the Wausau Area Hmong Youths
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(Graduate Major)	Dr. Charles Barnard (Research Advisor)	August 1998 (Month/Year)	44 (No. Pages)
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American Psychological Association (APA) (Name of Style Manual Used in this Study)

This research project investigated the level of difference in depression between Hmong youths who have a history of criminal activities and those who do not have a history of criminal activity. The data gathering tools were the Beck Depression Inventory and a researcher developed questionnaire. Twenty-one participants were youths being monitored by Intensive Supervision Services (ISS) as a result of criminal activities, and twenty-one youths were students taking summer classes at the Horace Mann Middle School. All participants were 12 to 18 year old Hmong youths from the Wausau area.

The research questions were:

1. Is there a difference in depression levels between Hmong students with a history of criminal activities and those without this history?
2. Are subjects who were born in the United States more depressed than those who immigrated to the United States?
3. Are subjects from larger households more depressed than those from smaller households?
4. Is there a difference in reported levels of satisfaction with parents between Hmong youths with a history of criminal activities and those without this history?
5. Is there a difference in reported levels of happiness between Hmong youths with a history of criminal activities and those without this history?
6. Is there a difference in reported levels of support in the home between Hmong youths with a history of criminal activities and those without this history?
7. Is there a difference in reported levels of feeling accepted by the mainstream culture between Hmong youths with a history of criminal activities and those without this history?
8. Is there a difference in depression between the genders?
9. Is there a difference in depression based upon age?
10. When presented with ten different variables, is there a difference between Hmong youths with a history of criminal activities and Hmong youths without this history in the assigned weighted values as determined by a Likert scale method?

A T-test for independent means yielded no statistically significant differences in depression levels between the Intensive Supervision Services group and the Horace Mann Middle School group. There was no statistically significant difference between the two groups in depression levels, although the ISS group did have a slightly higher mean score on the Beck Depression Inventory. The ISS group reported lower levels of satisfaction in their current relationships with their parents, school, religion, the Hmong culture, and happiness with their life. The ISS group had more Hmong individuals born in the United States than the Horace Mann Middle School group did. The ISS group also felt less supported in the home and less accepted by the mainstream culture.

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Chapter 1

Introduction

“Depression is one of the oldest known psychiatric disorders” with literature dating back to the Old Testament (Kleinman and Good, 1985, p. 299). By the 19th century, depression had become prevalent in Western psychiatry. Today, over 100 million people world wide suffer from depression (Kleinman and Good, 1985).

Some symptoms of depression are depressed mood, loss of appetite, lack of energy, anxiety, difficulty falling asleep, fatigue, rumination about daily events, self depreciation and suicidal thoughts (Beach, Sandeen, and O’Leary, 1990; Duncan, 1996). One study reported by Nolen-Hoeksema in 1990 indicated that by age thirteen, 57% of females, and 23% of males reported moderate levels of depression. Other studies indicated that by age fifteen, 23% of females, and 10% of males reported moderate to severe depression (Nolen-Hoeksema, 1990).

Depression is seen in all social classes, race, ethnic groups, and religions, but individuals from lower socio-economic classes experience higher rates of depression (Beach, Sandeen, and O’Leary, 1990). With fewer resources available, these parents are less able to adequately care for their children, leading to a diffusion of extended families and alternative support (Pound, 1996). Inadequate housing, financial instability, chaotic neighborhoods, and seemingly insurmountable responsibilities sap the limited resources of struggling parents (Belle, 1990).

The Hmong are one of America’s newest groups of immigrants from Southeast Asia. Until the 1950’s there were only 179 Southeast Asians living in the United States. This population had risen to 3,503 by the 1960’s.

and to 18,558 by the 1970's, but by 1990 the Southeast Asian population in the United States had increased to over 900,000. Other Asian-Americans such as the Japanese-Americans, Chinese-Americans, and Korean-Americans who have a longer history of immigration to the United States are successfully adapting to life in this country. However, America's newest immigrants from Southeast Asia are experiencing greater social and economic struggles (Tran, 1992).

The loss of a way of life, loss of economic security, lack of skills to obtain jobs, lack of opportunities, and the loss of cultural and political power within the family and community lead to a sense of helplessness for many Hmong. Living below the poverty line, dependency on public assistance, racial discrimination, lack of personal status and power add to depression and exacerbate hopelessness (Vang, 1994). Virtually every aspect of life in the United States is a source of stress for many Hmong who do not have the education necessary to successfully navigate the society.

The rate of depression is high for the Hmong community. Some parents have been imprisoned for using capital punishment with their children, or for spousal abuse. Because many Hmong parents "don't understand the United States' laws, they don't know how to discipline their children accordingly" (Yang, 1995). As a result, some Hmong have committed suicide. Murder, theft and other crimes are rare with Hmong adults. Alcoholism and other drug abuse rates for Hmong adults have decreased after immigrating to the United States. Unfortunately, the same is not true for Hmong youths who grew up in the United States (Westermeyer, 1986).

The helplessness and hopelessness that Hmong parents feel are intergenerationally transmitted to Hmong youths. Parents often feel powerless to make a difference. Families become fragmented. Depression and hopelessness seem to be the only common experience both parents and youths share.

Traditionally, home was the most important influence upon a young person's life, but home was now rated fourth in importance (Yang, 1995). Today's youths consider other things such as peers, TV/media, and school more important than home. Home is a place of suppression and depression where there are gaps and failures. Gangs provide a substitute for family, and afford an escape from the gaps at home (Yang, 1995).

Gang activity is a serious problem within the Hmong community. There are over 20 Hmong gangs, while Laotians, Vietnamese and Cambodian gangs only number about 10. Hmong parents who must rely on their children to navigate the American culture and legal system feel they have little power to control their children. A whole generation of Hmong children are lost to the gangs (Yang, 1995). This has a tremendous effect on the present Hmong situation, and it may have an even more profound effect on the Hmong future. With gang involvement there is a high rate of school dropout, and increase in drugs and alcohol abuse, and an increase in crime (Crowley, Mikulich, MacDonald, Young & Zerbe, 1998).

Hypothesis

This study focuses on the relationship between depression and crime related to gang activity. A review of the literature suggest that depression and hopelessness are at a high rate in the Hmong community. Studies show that crime and gang activities are also high in the Hmong youth communities.

Therefore, the research hypothesis for this study is that as hopelessness and depression increase within the Hmong community, crime and gang activity will also increase.

If parents, teachers, counselors, social workers and other professional helpers have a clearer understanding of the relationship between depression and gang/criminal activities, we will more effectively prevent both from occurring.

Null Hypothesis

There is no statistically significant difference between depression scores for Wausau area Hmong youths who have a history of criminal activities as compared to those Hmong youths who do not have a history of criminal activity.

Statement of Problem

The purpose of this study is to determine the level of difference in depression as measured by the Beck Depression Inventory between Hmong youths previously involved in criminal activities and Hmong youths with no history of criminal activity.

The subjects were 42 Hmong youths from the Wausau area between the ages of 12 and 18 years old. Twenty-one subjects were youths who have participated in criminal activities and have either been court ordered or referred by their social worker to be monitored by Intensive Supervision Services (ISS). Twenty-six participants were students taking summer classes at the Horace Mann Middle School in Wausau. The Beck Depression Inventory and a researcher developed questionnaire were used to gather data.

Specific research questions were:

1. Is there a difference in depression levels between Hmong students with a history of criminal activities and those without this history?
2. Are subjects who were born in the United States more depressed than those who immigrated to the United States?
3. Are subjects from larger households more depressed than those from smaller households?
4. Is there a difference in reported levels of satisfaction with parents between Hmong youths with a history of criminal activities and those without this history?
5. Is there a difference in reported levels of happiness between Hmong youths with a history of criminal activities and those without this history?
6. Is there a difference in reported levels of support in the home between Hmong youths with a history of criminal activities and those without this history?
7. Is there a difference in reported levels of feeling accepted by the mainstream culture between Hmong youths with a history of criminal activities and those without this history?
8. Is there a difference in depression between the genders?
9. Is there a difference in depression based upon age?
10. When presented with ten different variables, is there a difference between Hmong youths with a history of criminal activities and Hmong youths without this history in the assigned weighted values as determined by a Likert scale method?

Assumptions and Limitations

1. The sample was limited to 42 participants from one area, and may not accurately represent the entire Hmong population between the ages of 12 and 18 years old. Therefore, generality is questioned.
2. Lack of proficiency in English may affect individual scores.
3. It is assumed that individuals from the group taking summer classes have no prior history of criminal activity?

Definition of Terms

1. Filial Piety = Giving respect to one's parents and elders.
2. Hmong = An ethnic minority from the hills of Laos who began to immigrate to the United States after 1975.
3. Intensive Supervision Services (ISS) = A branch of Professional Services. ISS monitors juvenile delinquents who have been referred by their social worker or court ordered.
4. Pastoral = Farming

Chapter II

Review of Literature

There are five cultural influences that affect the increasing rates of depression and crime: social organization, psychological defenses, family structure and dynamics, mourning rituals, and social stressors (Prosser & McArdle, 1996; Marsella, Sartorius, Jablensky and Fenton, 1985).

Social Organization

Social organization dictates particular roles, statuses, and acceptable behavior patterns from different groups and individuals. How the individual perceives his/her role, status, and acceptable behavior pattern in the social organization affects the onset of depressive disorders (Zimmerman, Salem & Maton, 1995; Sim, 1995).

The etiology and nature of depression is elusive. For example, Women are twice as likely to be depressed as men. Some have argued that biological and hormonal differences cause women to be more depressed, while others argue that genetic predisposition cause women to be more depressed. There may be biological, hormonal or a genetic predisposition to depression, but why are African Americans more depressed than Caucasian Americans (Marsella, Sartorius, Jablensky and Fenton, 1985)? The current literature indicates that role and social disorganization cause some groups to have higher depression rates than other groups.

Nolen-Hoeksema stated that the roles assigned to females cause them to be more depressed than males (1990). She argued that being a home maker is unstimulating, unsatisfying and undervalued by society. The absence of multiple sources of gratification with conflicting sets of expectations exacerbate depression in women. Women feel that they have to

be passive, and nurturing to attract a men, but be aggressive and selfish to succeed in business. Inequality, no sense of control over events at home, work or relationships cause women to have lower self esteem. As a result, women become more self critical, have lower goals, are less self confident, experience more negativity, have less motivation, feel helpless, rely on external feedback and become depressed (Nolen-Hoeksema, 1990).

Roles and status deprivation cause African Americans to have higher rates of depression than Caucasian Americans. With fewer behavior alternatives, African Americans feel inadequate and hopeless (Marsella, Sartorius, Jablensky and Fenton, 1985).

Psychological Defenses

Depressive rates are lower for certain groups who encourage defensive mechanisms that protect individuals from certain stressors. By relying heavily on denial, projection, and by promoting delusions of persecution anxiety is lessened (Marsella, Sartorius, Jablensky and Fenton, 1985).

The Hmong for instance, use naming rituals, spirit calling rituals, home cleansing rituals, taboos, and omens to help them deal with disease, loss, tragedies, and death.

Family Structure

Extended family structures, child-centered family relationships, and a strong family support process reduce the risks of depression by increasing psychosocial support. When family resources are increased, childhood insecurities and losses are minimized (Marsella, Sartorius, Jablensky and Fenton, 1985).

Mourning Rituals

Death is the most potent source of depression in all societies. Mourning rituals reduce the risk of depressive disorders, by allowing the grieving person time to release their feelings and mourn the loss (Marsella, Satarius, Jablensky and Fenton, 1985).

Social Stressors

Cultures that minimize the formation of depressive disorders have lower rates of depressive disorders. Crowding, poverty, racism, malnutrition, illiteracy, family and social disintegration create an atmosphere where people will be more likely to suffer from depression (Pound, 1996; Marsella, Satarius, Jablensky & Fenton, 1985).

Depression is an expression of grief and anger in response to a loss (Pfeiffer, 1968). Transient depression where there is a display of sadness, loneliness, self depreciation, disturbance in sleep patterns, and appetite loss following a perceived traumatic event such as the loss of a favorite pet is normal among children if it lasts less than two weeks (Cytryn and Leon, 1996). Depression which lasts longer than two weeks can become a serious problem if there is no intervention.

Adolescents between 12 to 18 years old are experiencing rapid cognitive, emotional and physiological changes. Struggling with developmental hurdles, bodily changes, identity clarification, sexual impulses, need for separation and individuation can be confusing and depressing for many youths. Other factors leading to adolescent depression are geographic location, economic status, emotional changes, fear of parent divorce, changes in living conditions, over crowded schools, impersonal

atmosphere, estranged environments, lack of friends, and lack of social support (Oster and Caro, 1990).

Depression becomes more prevalent in adolescents after puberty. In 1987 Matson and Nieminen conducted research with 95 students between the ages of 11 to 18 years old. These private school students were receiving services for conduct disorder. One-third of the students met depression criteria on the Child Depression Inventory and the Reynolds Adolescent Depression Scale (Matson, 1989). Another study in 1987 by Kashani sampled 150 adolescents 14 to 16 years old. Twenty-eight subjects were diagnosed psychiatrically impaired with overlapping symptoms of depression and conduct disorders (Matson, 1989).

According to Cytryn and McKnew, depression affects all people, but individuals from the lower socio-economic class had higher rates of depression than individuals from the higher socio-economic class (Rutter, Izard, and Read, pp. 163, 1986). Slignam and Peterson reported that children who scored higher on the Childhood Depression Inventory did not perform as well on problem solving tasks (Rutter, Izard, and Read, pp. 243-247, 1986). Consequently, individuals from the low socio-economic class will feel less empowered, less able to affect change, and more depressed.

Juvenile Delinquency

Halushka stated that the root of the problem in juvenile delinquency is social disorganization (1995). A lack of positive role models, absent fathers, incomplete/fractured and dysfunctional families, lack of challenges toward achievement and missing rewards, scholastic dissatisfaction, familial love deprivation, adversarial stance between parents, and ineffective parenting standards create a void in adolescents' lives. Youths become delinquent to

escape the emptiness and frustration (Halushka, 1995). Halushka defined delinquency as having discipline problems at home and school, truancy, theft/burglary, property damage, setting fires to dwellings, running away, prostitution, teenage pregnancy, sexual abuse, alcohol and other drug abuse, sexual abuse, anti-social behaviors, violence, loyalty changeover from the family to gang membership, suicidal thoughts/behaviors, and challenging law enforcement officers (Halushka, 1995; Inokuchi & Uchiyama, 1995; Quinsey, 1995).

When prolonged depression becomes difficult to endure the sadness is sometimes transformed into aggression (Matson, 1989). Broidy and Agnew (1997) identified three major sources of stressors that affect individuals to commit crime: the failure to achieve positively valued goals, the loss of positively valued stimuli, and the presentation of negative stimuli. Negative experiences such as depression, frustration, and anger are factors that contribute to criminal activity (Broidy and Agnew, 1997).

Modestin, Hug, and Amman (1997) studied the prevalence of criminal behavior in 261 18-78 year old male inpatients with affective disorders. Participants from this group were matched with participants from the general population. Forty-two percent of patients and 31% of nonpatients had a criminal record. Both patients and nonpatients diagnosed with bipolar depression were found to have higher criminality rates.

Hmong

Southeast Asian immigrants consist of Vietnamese, Cambodian and Laotians. About 10%, or 150,000 of these immigrants are Hmong, an ethnic people from the highlands of Laos. The Hmong lived pastorally without

much involvement in social or political struggles until the 1920's when the French colonial administration, which controlled the Lao administration, made education more accessible for a few Hmong youths. The Hmong did not begin to have political relations with other peoples until they fought with the French against the Japanese during World War II. The Hmong also fought against communist forces in Laos during the War for Independence from 1946 to 1954. As the bond between the Hmong and the French grew stronger, Hmong were given more educational opportunities and given more administrative positions in the Laotian government (Fass, 1991).

During the 1950's the Hmong began to integrate with the Laotian society and government, but all social and political progress took a drastic turn when over 100,000 Hmong were recruited by the U.S. Central Intelligence Agency to fight against the communist forces in Laos during the civil war in 1962. Hmong soldiers were also used to interrupt supply shipments going through the Ho Chi Min trail, and to rescue downed American pilots. During the next 10 years all educational opportunities for the Hmong ceased to exist except for military training (Fass, 1991).

With no hope of success, the United States pulled out of the "Secret War" in Laos in 1975, leaving the Hmong behind to cope with retribution from the communist forces who vowed to destroy the Hmong. Eventually over 150,000 people made their way to the refugee camps in Thailand and 90,000 to the United States with the majority settling in California, Minnesota, and Wisconsin (Fass, 1991).

Studies have shown that there are several factors that facilitate an immigrant group's enculturation into the main society. Immigrants who have been here the longest and speak English are more likely to be successful. A

higher education from the country of origin, work ethics, family cohesion, age and gender also have significant influence upon economic and educational achievements. Enculturation is also quicker when the culture of the new country is more similar to the culture of the old country (Tran, 1992)

It has been difficult for the Hmong to become enculturated, because the majority did not have formal education. Many were old while others were women, widowed by war. The Hmong were a passive agrarian people with no need for modern technology. The subsistence farming skills they possessed were not applicable in this industrialized, technology driven society. Many Hmong felt inept, isolated, and out of place.

The causes of depression within the Minnesota Hmong community are great, critical and controversial issues for many Hmong parents and adults because of social problems: adjustment and adaptation problems: mental health problems: family problems: divorce rate problems: school dropout rate problems: language barrier problems: educational, cultural and economic problems: legal and political problems: medical problems and other related factors...the symptoms of loss, stress, depression, disorientation, delusions, appetite loss, nightmares, inability to sleep, sorrow, worry, and sadness are indications of mental health problems and mental illness... (Vang, 1994).

Depression and hopelessness can become so great that some Hmong men may have died in their sleep as a result. Up to this date there have been over 80 cases of Sudden Unexplained Nocturnal Death Syndrome among the Hmong in the United States. Seemingly healthy Hmong men die in their sleep with causes of death unknown to pathologists. The only thing

that these men had in common was that they were Hmong and that they complained of having too much stress before they died (Adler, 1991).

Factors Leading to Crime

Hmong children growing up in this society have values and expectations that are not consistent with the traditional values and expectations of their parents. Hmong parents are authoritative and show little affection or feelings (Yang, 1995). Parents expect filial piety, but their children are more focused on the future and adaptation to the Western culture (Detzner, 1996).

Filial Piety is "arranged hierarchically by generation and gender into a network of obligation and authority" (Detzner, 1996). In Southeast Asian cultures, a loss of place in the family structure, culture and history means a loss of identity (Detzner, 1996). Feeling lost and without identity, many Hmong youths turn to gangs to fill those needs.

Gang activity, crime, hopelessness and depression are a serious problem within the Hmong youth community. There are many causal factors that contribute to this phenomena. According to Yang, there are three main causal factors to the Hmong youth delinquency problem: the generation gap, poverty, and the need to belong (Yang, 1995). Further literature review indicates that there are additional factors that lead to youth delinquency, i.e., family fragmentation, isolation, and racism.

Generation Gap

The generation gap is most prominent between very traditional parents and youths trying to fit into the main culture. Parents are still holding on to traditional values and expectations while their children are growing up with American beliefs and values. Many Hmong youths grow up feeling

abandoned and not understood by their parents, while many parents feel disrespected and powerless (Yang, 1995).

Poverty

Poverty is a main contributor to depression and hopelessness in the Hmong community. The percentage of Hmong families on public assistance was as high as 80% in some parts of the United States. Those who were able to find jobs have to survive on minimum wage. This is often difficult, because Hmong families are typically larger than the average American household (U.S. Department of Health and Human Services, 1985).

According to the 1990 U.S. Census figures, 76% of the Hmong population make less than \$25,000.00 per year, and according to Peter Yang, director of the Wausau Hmong Mutual Association, about 40% of all Hmong households in Wausau are on some form of public assistance. Most Hmong youth gangs are located in the public housing projects (Yang, 1995).

Dependence on welfare has negative effects on family structures. Daughters sometimes married early to alleviate financial pressure on the family. Sons feel that they have to quit school early to find work to help support the family. Husbands and wives sometimes separated as a last resort to insure that the children will receive benefits so they will not lose their home and go hungry (U.S. Department of Health and Human Services, 1985).

Some barriers to employment for the Hmong are inadequate English skills, lack of appropriate job skills, and discrimination. Inadequate English skills are the most frequently cited impediment to employment. Many older Hmong feel that they do not have the necessary English skills to find job

advertisements, fill out applications, successfully go through an interview, or even communicate on the job. Many lose confidence and become discouraged and give up after many failures (U.S. Department of Health and Human Services, 1985).

Without the ability to provide for the family and feeling inept in the American culture, many Hmong parents became depressed. Other compounded issues lead to hopelessness (Vang, 1994).

Need to Belong

People need to feel that they belong, have identity and feel safe. People feel safe and protected when they feel that they belong to a clan, group, or gang. It gives them identity. The first Hmong gangs came together for protection, but later turned to crime (Yang 1995).

Fragmented Families

Family fragmentation is a source of stress for the Hmong. As immigrants, the families are sometimes separated, conflicted and lost. Families became separated when some family members were able to come to the United States, and other family members were left behind in the refugee camps in Thailand or in the jungles of Laos (Detzner, 1996). Stress and depression set in for Hmong-Americans when the remaining family members in the refugee camps in Thailand were forced to return to Laos where conditions were even more uncertain, or when it was reported that family members have died from hunger, or were murdered by political terrorists (Vang, 1994).

Overt conflict within the family was avoided in Southeast Asian cultures, but many Hmong children who grew up in the United States are

disobedient, argumentative, aggressive, and often ignore their parents. Many Hmong youths in the United States have no humility, and no sense of respect for elders and traditions. They have become egocentric and placed the family in a position of secondary importance. They are often overly concerned about fitting into the American culture, sacrificing their identity and place in the Hmong culture (Detzner, 1996).

The Hmong narrative is filled with multiple losses. Most profound is the loss of honor, prestige and status. Parents no longer have status as economic providers, sage, family head, or moral leaders, because the young perceive these experiences as irrelevant in the American culture (Detzner, 1996). Parents have lost the ability to control and discipline their children even though they are blamed for the social problems caused by their children. Many view the American system as being weak and soft, because it has taken away their ability to parent their children. They cannot do anything except watch as their children run amok (Vang, 1994).

Isolation

Social isolation is a contributor to the depression many Hmong in the United States experience. Many feel isolated and out of touch with the community at large. Some feel the hostility from their American neighbors so they do not associate with other Caucasians. For others, a lack of English skills inhibit them from reaching out into the community. The Hmong are a passive people taught not to be aggressive so they are less likely to go out to bars or night clubs to seek socialization. In some cases prolonged isolation leads to more than depression. It can also lead to paranoia and mass delusions (Westermeyer, 1986).

"Asians were more socially isolated than their Caucasian peers, and despite the Asians having low suicidal intent, they had higher rates of depression, hopelessness, longer premeditation time and previous overdose" (Kingsbury, 1994). Isolation can take its toll on even the most resilient people.

To alleviate the symptoms associated with isolation, Hmong families began to congregate in states such as California, Minnesota, Wisconsin, Ohio, Colorado, Washington, Rhode Island, Michigan, and Georgia. Hmong youths began to congregate for similar reasons. First, they came together for friendship. Secondly, then they came together for protection against the many Caucasian bullies. Later, they came together to commit crimes (Yang, 1995).

The gang is an interstitial group originally formed spontaneously, and then integrated through some form of conflict. It is characterized by five types of behaviors: meeting face to face, milling, movement through space as a unit, conflict, and planning. The result of this collective behavior is the development of tradition, unreflective internal structure, esprit de corps, solidarity, moral, group awareness, and attachment to a local territory (Hagedorn, 1988).

Racism

Although there are many racists who are overt, racism is often covert in today's politically correct atmosphere. Racism can be an individual act or an institutionalized philosophy. Sometimes racism is unintentional, but often it is blatant. Prejudice in the schools often lead to isolation of ethnic children (Trueba, 1990). Racism contributes to the plight of the Hmong who are trying to become mainstreamed. Not only are the Hmong struggling against

issues on the horizontal axis, they have to deal with racism on the vertical axis as well.

"Refugee and immigrant children cannot succeed in American society without understanding the American system, its institutional organization and its philosophy" (Trueba, 1990). It is difficult to succeed when racism is institutionalized.

Seeing the helplessness and depressed state of their parents, Hmong youths struggle to find alternatives to that situation. When there is fierce competition for the limited resources available, people have to find alternatives to survive. With lack of opportunity, insecurity, low or no income, youths turn to the promise of money and security offered by crime and street activity.

Acting out is yet another mechanism generally resorted to by people under stress. Refugees represent no exceptions. Both grief and cultural ambiguities lead to anger and rage that can only be suppressed or repressed with great efforts. When such control mechanisms fail, refugees then tend to explode and displace the anger or even become violent... and manifest itself in behavior problems such as shoplifting, burglary, sexual indiscrimination, and difficulties in school or at work (Lin, 1986).

Depression, hopelessness, crime and gang activities are a serious problem in the Hmong community. A vital component of stress for the Hmong is economic opportunity. Those who have been in this country for a longer period of time are more successful academically, economically and socially. The Hmong are one of the newest groups of immigrants to the United States. They are experiencing stress, anxiety, depression, and

hopelessness, because they do not have the skills to deal effectively with this culture. This lack of self esteem and self worth have been intergenerationally transmitted to the Hmong youths who are also struggling with their identity and role in this society. Feeling pressure to conform to the American culture, yet being pulled to the Hmong traditions has created great stress for the Hmong youths. Not having the maturity and skills to deal with this burden, many Hmong youths drop out of school, get pregnant, or join gangs.

It is important to understand the relationship between hopelessness and criminal activity in order to save this generation of Hmong youths. Without immediate intervention these youths will be lost and their actions will have consequences not only for the Hmong community, but for the entire community in general.

Chapter III

Methodology

Introduction

Chapter III lists the research questions, and describes the participants and the selection process for the participants. The materials used, and the data collection procedure will be summarized.

Research Questions

1. Is there a difference in depression levels between Hmong students with a history of criminal activities and those without this history?
2. Are subjects who were born in the United States more depressed than those who immigrated to the United States?
3. Are subjects from larger households more depressed than those from smaller households?
4. Is there a difference in reported levels of satisfaction with parents between Hmong youths with a history of criminal activities and those without this history?
5. Is there a difference in reported levels of happiness between Hmong youths with a history of criminal activities and those without this history?
6. Is there a difference in reported levels of support in the home between Hmong youths with a history of criminal activities and those without this history?
7. Is there a difference in reported levels of feeling accepted by the mainstream culture between Hmong youths with a history of criminal activities and those without this history?

8. Is there a difference in depression between the genders?
9. Is there a difference in depression based upon age?
10. When presented with ten different variables, is there a difference between Hmong youths with a history of criminal activities and Hmong youths without this history in the assigned weighted values as determined by a Likert scale method?

Subjects

The subjects were 42 Hmong youths selected from the Wausau area between the ages of 12 and 18 years old. Twenty-one subjects were Hmong youths who are currently either court ordered or referred by their social worker to be monitored by Intensive Supervision Services (ISS). This sample group was delinquent youths who were repeatedly truant from school, repeated run-aways, and repeated violators of the law, i.e., shoplifting, stealing cars, breaking into homes, etc.

Twenty-one subjects were Hmong youths who are currently enrolled in summer classes at the Horace Mann Middle School. Horace Mann Middle School has summer courses appropriate to elementary, junior high and high school levels. It was assumed that individuals in this sample group did not have a history of criminal activities.

Selection Process

All participants were randomly selected from lists provided by ISS and the Horace Mann Middle School. Names from each list were assigned a number according to their place on each list, i.e., the first name on the list was assigned "1", and the second name was assigned "2", etc. Ten pieces of paper, each written with numbers ranging from one to ten were placed into a paper bag. One number was randomly drawn from the bag, and the

individual on the list who's number matched the number drawn was the one selected to be the first participant. Every other individual after this person was also selected to be a participant. When less than 25 individuals were selected from each group by the end of each list, the researcher went back to the beginning of each list and repeated the process until 25 participants were randomly selected from each group.

Twenty-one of the 25 participants from ISS, and 24 of the 25 participants from Horace Mann Middle School returned the parent consent form with the two data gathering instruments. Three questionnaires returned from students at Horace Mann Middle School were disqualified because they were extreme and incomplete. There were a total of 21 subjects from each group.

Material

A parent consent for participation form written in English and Hmong, a researcher developed questionnaire and the Beck Depression Inventory were distributed to the participants. The parent consent form for participation explained the goals, risks, and benefits of the study. It also explained the participant's right to withdraw or to decline participation, and who to contact for more information (Appendix A & B).

The researcher developed questionnaire was designed to obtain an overview of the subject's satisfaction level with the family, and society in general (Appendix C). In addition to the demographic questions, the survey contained 21 questions about satisfaction levels with parents, school, culture, religion, peers, life, time spent, number of people living in the household, place of birth, length of residency in the United States, gang activity, level of support at home, and how accepted they felt by the main culture.

The Beck Depression Inventory (Appendix D) was developed for the assessment "of severity of depression in psychiatrically diagnosed patients" (Beck and Steer, 1971). It has also been used as a "screening instrument for detecting the presence of depressive syndromes in normal adolescent and adult population" for many years (Beck, Steer, & Brown, 1996).

The inventory contained 21 groups of statements. Each group contained four statements rated "0", "1", "2", or "3". The subjects were instructed to circle the statement in each group that best described how they have been feeling during the past week, including the current day.

The inventory measured for 21 symptoms and attitudes:

- | | |
|-------------------------|---------------------------|
| 1) Sadness | 11) Irritability |
| 2) Pessimism | 12) Social Withdrawal |
| 3) Sense of failure | 13) Indecisiveness |
| 4) Self-dissatisfaction | 14) Body Image Change |
| 5) Guilt | 15) Work Difficulty |
| 6) Punishment | 16) Insomnia |
| 7) Self-dislike | 17) Fatigability |
| 8) Self-accusations | 18) Loss of Appetite |
| 9) Suicidal ideas | 19) Weight Loss |
| 10) Crying | 20) Somatic Preoccupation |
| | 21) Loss of Libido. |

The cut-off scores are as follows:

0-9 = normal range or asymptomatic

10-18 = mild-moderate depression

19-29 = moderate-severe depression

30-63 = extremely severe depression.

Procedure

All participation was voluntary with signed parental permission provided. With respect for confidentiality, the researcher did not have direct contact with participants from ISS who were under 18 years old. After ISS staffs explained to subjects that participation was voluntary and that they could quit any time before or during participation, packets consisting of two parental consent forms, one in English and one in Hmong, the researcher developed survey and the Beck Depression Inventory were distributed to all participants. Subjects were instructed not to write any forms of identification on any items to be returned to the researcher except for the parental consent forms. Subjects dropped the signed parent consent forms, surveys, and inventories into a sealed box at ISS. The researcher picked up the box at the designated time.

After a description of the purpose of the research project, and after a discussion on their rights not to participate and to be able to withdraw from participation anytime, the same packets as distributed to the ISS group were distributed to the summer school students at the Horace Mann Middle School. This group was also informed not to write any forms of identification on any material to be returned to the researcher. The material was collected in the same manner as it was collected from ISS. All material with identification of individuals from both groups were destroyed after the research was completed. No one other than the researcher had access to individual scores.

Chapter IV

Data Analysis and Interpretation

Introduction

The purpose of this study was to determine the level of difference in depression as measured by the Beck Depression Inventory, between Hmong youths previously involved in criminal activities and Hmong youths with no history of criminal activity.

This chapter will answer the specific research questions by discussing the data analysis and results. An independent group T-test compared depression scores of the Intensive Supervision participants and the summer school students at the Horace Mann Middle School to determine the statistical difference between the two groups.

Data from the researcher developed instrument were analyzed by comparing raw scores and mean scores from each group to determine a general direction of effect which depression has on criminal activity.

Analysis and Interpretation

To determine the difference between levels of depression and criminal activity, the Beck Depression Inventory and a researcher developed questionnaire were distributed to 50 Hmong youths between the age of 12 and 18 years old. Forty-five questionnaires were returned, but three questionnaires were thrown out because the scores were extreme and incomplete.

The null hypothesis stated that there was no statistically significant difference between depression levels for Wausau area Hmong youths who have a history of criminal activities as compared to Hmong youths with no history of criminal activities.

The purpose of this study was to determine the level of difference in depression as measured by the Beck Depression Inventory between Hmong youths previously involved in criminal activities and Hmong youths with no history of criminal activities. The research questions were:

1. Is there a difference in depression levels between Hmong students with a history of criminal activities and those without this history?
2. Are subjects who were born in the United States more depressed than those who immigrated to the United States?
3. Are subjects from larger households more depressed than those from smaller households?
4. Is there a difference in reported levels of satisfaction with parents between Hmong youths with a history of criminal activities and those without this history?
5. Is there a difference in reported levels of happiness between Hmong youths with a history of criminal activities and those without this history?
6. Is there a difference in reported levels of support in the home between Hmong youths with a history of criminal activities and those without this history?
7. Is there a difference in reported levels of feeling accepted by the mainstream culture between Hmong youths with a history of criminal activities and those without this history?
8. Is there a difference in depression between the genders?
9. Is there a difference in depression based upon age?

10. When presented with ten different variables, is there a difference between Hmong youths with a history of criminal activities and Hmong youths without this history in the assigned weighted values as determined by a Likert scale method?

The null hypothesis was accepted. There is no statistically significant difference in levels of depression as measured by the Beck Depression Inventory between the two groups, but individuals with a history of criminal activities did have higher mean depression scores. The range of scores for the Beck Depression Inventory for the ISS group was two to twenty-five and the mean was 11.184 with four scores falling into the mild-moderate depression range and five scores falling into the moderate-severe depressed range. Overall, 42% of the group with a history of criminal activities (ISS group) were found to be depressed. In comparison, the range for the Horace Mann Middle School group was zero to thirty-one and the mean was 6.515 with three scores falling into the mild-moderately depressed range and two scores falling into the extremely depressed range. Overall, 24% of the group with no history of criminal activities (Horace Mann Middle School group) were depressed. There is a tendency for those in the ISS group to be more depressed than those in the Horace Mann Middle School group

There were 17 males and 4 females in the ISS group, and 9 males and 12 females in the Horace Mann Middle School group. The ISS group had eight individuals who were 12-14 years old and 13 individuals who were 15-18 years old. The Horace Mann Middle School group had 10 individuals who were 12-14 years old and 11 individuals who were 15-18 years old.

Four females and 14 males in the ISS group were born in the United States. Three females and one male from the Horace Mann Middle School

were born in the United States. For those born outside of the United States, the average number of years lived in the U.S. were eight for the ISS group, and 5.59 years for the Horace Mann Middle School group. The ISS group had four times the individuals born in the United States and had nearly twice the depression rate as did the Horace Mann Middle School group.

There were an average of 9.6 people living in the home of the ISS group and 7.9 people living in the home of the Horace Mann Middle School group. Seven fathers or mothers were not living in the homes of the ISS group, and six fathers or mothers were not living in the homes of the Horace Mann Middle School group. In the ISS group fourteen parents worked full time, and 10 parents worked part time. In the Horace Mann Middle School sample nineteen parents worked full time, and eight parents worked part time. The ISS group averaged 1.3 activities per person (sports, social clubs, youths programs, etc.) per day, and the Horace Mann Middle School group average 1.6 activities per person per day. The Horace Mann Middle School group was more active

On a scale of one to five, with 1 being poor and five being great, the ISS group mean rating of their relationship with their mothers was 3.9 and 3.44 for their fathers. The Horace Mann Middle School group's mean rating of their relationship with their mothers was 4.11 and 4.0 for their fathers. The group with no history of criminal activities reported higher satisfaction rating with relationships with their parents.

In rank order of importance, the ISS group ranked family as being most important, followed by education, religion, money, family rules, peers/friends, Hmong culture, school activities, and least important was TV/media. The Horace Mann Middle School group rated family as being

most important, followed by education, religion, family rules, Hmong culture, school activities, peers/friends, money, and least important was TV/media.

One individual from the ISS group identified himself as being a gang member and as having committed illegal or violent acts. Two individuals hung out with gang members and have participated in some gang activities. Power, protection, money and adventure were the top three reasons given for gang participation. These three individuals stated that parents could not have prevented them from joining or participating in gang activities. Two individuals stated that they would not recommend gang involvement to other youths.

On a scale of one to five, with one being not true and five being very true, the ISS group's mean score was 3.6 on how happy they were with their lives, 3.67 on how much they felt accepted by the mainstream culture, and 3.66 on how much they felt supported at home. The Horace Mann Middle School group's respective mean scores were 4.21, 3.96, and 4.21. No individual from the ISS group was currently enrolled in an academic institution, some citing that it was summer.

Chapter V

Summary, Conclusion and Recommendations

Summary

This research investigated the difference in depression levels between Wausau area Hmong youths who had a history of criminal activities and Wausau area Hmong youths who had no history of criminal activities. Twenty-one youths were individuals either court ordered or referred by their social worker to be monitored by Intensive Supervision Services (ISS). Twenty-one youths were summer school students taking classes at Horace Mann Middle School. Both groups were administered the Beck Depression Inventory and a researcher developed questionnaire.

The Beck Depression Inventory is a twenty-one item scale assessing for depression and the researcher developed questionnaire had 22 questions pertaining to demographics and rate of satisfaction with parents, school, religion, and the self.

The null hypothesis stated that there was no statistically significant difference in levels of depression between youths with a history of criminal activities and youths with no history of criminal activities. The null hypothesis was accepted, but individual scores and mean group scores indicated that the Hmong youths who had a history of criminal activities did have a tendency to have higher depression scores. This group also felt less satisfied in their relationship with their parents, felt less happy, felt less accepted by the mainstream culture, felt less supported at home, and felt school and the Hmong culture were less important than peers and money. The average number of people living in the household was larger for the ISS group. Eighty-six percent of individuals in the ISS group were born in the

United States, while only 19% of the Horace Mann Middle School group were born in the United States.

Conclusions

The null hypothesis was accepted, but the results of this study were consistent with the literature review. Individuals who had a history of criminal activities did have a tendency to be more depressed.

Recommendations

The literature review indicated that proactive intervention will be more effective in decreasing youth delinquency than the justice system (Macallair, 1993). It is recommended that:

1. Delinquent youths should be taught pro-social behaviors and skills in group homes run by couples trained in the application of behavioral skills training (Slot, 1995).
2. The network be strengthened between local community groups, professional agencies such as churches, schools, clinics, corrections/ parole department, and the court system so that there is a unified effort in doing proactive work to decrease juvenile delinquency rates. The community needs to take an active role in raising a child, to enable parents, to provide positive role models, and to instill positive values. This can be achieved by providing adequate daycare, providing parenting clinics, modeling/mentoring by older citizens, providing opportunity for gainful employment, education, counseling, and by providing rewards for achievements (Halushka, 1995).
3. More Hmong mental health therapists be recruited and trained. Mental health is an issue crucial to decreasing the depression rate in the Hmong population. Also, train current mental health therapists who are not

Hmong to better understand the plight of the Hmong so that they will be more prepared to work with them. Educating the Hmong on what mental health issues are and where to seek help would also be helpful.

4. At the family level, parents can take a more active role in their child's life, provide more parental support, show love between parents, make extended family members present, eliminate severe stressors from the child's life, and restructure the family so individuals feel accepted and can express their emotions without fear of punishment. Parents need to be solution oriented, problem solving, and enhance the perception that they are dependable (Beach, Sandeen, Evelyn & O'Leary, 1990; Cytryn & McKnew, 1996).

This study surveyed 42 Wausau area youths. Twenty-one were youths with a prior history of criminal activities. Twenty-one were youths with no prior history of criminal activities. Other questions remain unanswered as a result of the current research, and would be worth considering for further study:

1. What factors contribute to this study's observation that 86% of individuals in the ISS group, and only 19% of individuals with no history of criminal activity were born in the United States?
2. How could being raised three to four years in Thailand affect an individual to be less depressed and less delinquent after immigrating to the United States? What is the apparent inoculative effect?

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Appendices

- Included:
- A) English version of consent for participation form
 - B) Hmong version of consent for participation form
 - C) Researcher developed questionnaire
 - D) Beck Depression Inventory

Appendix A

Consent for Participants

This research examines feelings and behaviors of Hmong youths. The goal of this study is to evaluate a questionnaire that measures these as part of this study. Before completing the questionnaire, I would like you to read and then sign this consent form, indicating that you understand the potential risks and benefits of participation. If you have any questions or feel distressed after completing the questionnaire, please contact Tong Yang, the researcher, at (715) 235-0282.

RISKS: You may feel some distress after filling out this questionnaire. However, your responses are completely confidential, and you may collect call the researcher to discuss any distress you may feel after having answered the questionnaire.

BENEFITS: The results of this study may benefit other Hmong youths in the future. It may also help educators, social workers, counselors, parents, and others better understand the relationship between feelings and behaviors.

CONFIDENTIALITY OF RESPONSES: Your answers are strictly confidential. Only the researcher will have access to the confidential raw data. At the conclusion of this study all records which identify individual participants will be destroyed.

RIGHT TO WITHDRAW OR DECLINE TO PARTICIPATE: Your participation in this study is entirely voluntary. You may choose not to participate without any adverse consequences to you. Should you choose to participate and later wish to withdraw from the study, you may discontinue your participation at that time without incurring adverse consequences.

Note: Questions or concerns about participation in the research or subsequent complaints should be addressed first to the researcher, Tong Yang (715) 235-0282, or research advisor, Dr. Charles Barnard (715) 232-2404, and second to Dr. Ted Knous, Chair, UW-Stout Institutional Review Board for the Protection of Human Subjects in Research, 410 BH, UW-Stout, Menomonie, WI 54751, phone (715) 232-1126.

I attest that I have read and understood the above description, including potential risks, benefits, and my rights as participant, and that all of my questions about the study have been answered to my satisfaction. I hereby give my informed consent to participate in this research study.

Signature of Participant: _____ date: _____

Signature of Parent/Guardian (if under 18 years old):

_____ date: _____

Appendix B

Tsos Cai

Kuv xaav kawm txug tuabneeg les cwjpw. Kuv xaav kom koj nyeem dlaim dawv nuav qhas txug kuv xaav ua lescaag. Thaum nyeem taag lawm sau koj lub npe nraag hos. Dlaim dawv nuav qha txug zoo hab tsis zoo lescaag rua cov paab kuv teb cov lug nuav. Yog koj muaj lug nug ces huv xoojtooj rua Tong Yang, (715) 235-0282.

QHOV KOJ YUAV MUAJ TXHAWJ: Yog koj muaj txhawj thau koj teb cov dawv taag lawm, koj hus tua tsua kuv lo tau.

QHOV YUAV MUAJ PAAB TAU HAB ZOO: Thau muab saib xyua taag lawm cos daub dawv yuav muaj paab rua coj naikhu, cos social worker, cos counselors, hab cos nam cos txiv paub tsaaj les qhub txug cos hlua txuv cwjpw.

TSIS MUAJ LIM TUG PAUB: Tsis muaj lim tug paub koj teb cos lug nuav lescaag. Tsuas yog kuv ib leeg txhasle paub xwb. Thaum kuv muab saib taag lawm, kuv yuav muab potseg.

KOJ MUAJ XIV TSIS TEB HAD TSIS UA: Yog koj tsis xaav ua ces koj tsis ua los tau, tsis muaj teebmeem tsua koj. Yog koj txavtxim sab ua tabsi hloov sab lawm, tsis muaj teebmeem.

SAIB NTAWM NUAV: Yog koj muaj lug nug ces hu rua Tooj Yaaj (715) 235-0282, los tug naikhu, Dr. Charles Barnard, (715) 232-2404, los hu rua tug thawj, Dr. Ted Knous, tom UW-Stout Institutional Review Board for the Protection of Human Subjects in Research, 410 BH, UW-Stout, Menomonie, WI 54751, xuvtooj (715) 232-1126.

Kuv tsoslug tas kuv tau nyeem cov dawv sau hos taag lawm. Kuv paub tas tejzag yuav muaj teebmeem lescaag, hab yuav paab tau lescaag. Kuv yeej tsis muaj lug abtsis lawm. Kuv tsos cai lug ua cos daub dawv nuav.

Sau Npe: _____ Nub nuav yog: _____

Nam Txiv Sau Npe (yog tsis tau muaj 18 xyoo): _____
 _____ Nub nuav yog: _____

Appendix C

1. Gender: _____ Male _____ Female
2. Age: _____ 12-14 years old
 _____ 15-18 years old
3. Were you born in the United States? _____ yes _____ no
 If no, how long have you lived here? _____ years _____ months
4. How many people live in your household? _____
5. Does your mother live in your home? _____ yes _____ no
6. Does your father live in your home? _____ yes _____ no
7. Does your father work? _____ does not work _____ works full time
 _____ works part time _____ other: _____
8. Does your mother work? _____ does not work _____ works full time
 _____ works part time _____ other: _____
9. What do you do in your spare time? (check all that apply)
 _____ social club _____ youth program _____ hang out w/friends
 _____ work _____ play sports _____ church activities
 _____ other (please specify) _____
10. Rate your relationship with your mother poor 1 2 3 4 5 great
11. Rate your relationship with your father poor 1 2 3 4 5 great
12. How important are the following to you?
 1 = low importance 3 = average importance 5 = high importance
- | | | | | | |
|------------------------|---|---|---|---|---|
| family | 1 | 2 | 3 | 4 | 5 |
| school activities | 1 | 2 | 3 | 4 | 5 |
| peers/friends | 1 | 2 | 3 | 4 | 5 |
| family rules | 1 | 2 | 3 | 4 | 5 |
| education | 1 | 2 | 3 | 4 | 5 |
| religion | 1 | 2 | 3 | 4 | 5 |
| TV/media | 1 | 2 | 3 | 4 | 5 |
| money | 1 | 2 | 3 | 4 | 5 |
| Hmong culture | 1 | 2 | 3 | 4 | 5 |
| Other (please specify) | | | | | |

Appendix C

13. If you are in a gang, what stage are you in your gang? (check one)

_____ Dress like and want to become a member.

_____ Hang out with gang members and have participated in some gang activities.

_____ I am a gang member and have participated in illegal and/or violent acts.

_____ I am ready to die for the gang

_____ Not in a gang (skip to question 17)

14. If you are a member of a gang, what were your reasons for joining?
(please rank order from 1 to 10 with 1 being most important and 10 least important)

_____ money

_____ love

_____ adventure

_____ peer pressure

_____ power

_____ pride

_____ protection

_____ something to do

_____ need to belong

_____ other (please specify) _____

15. Could parents have prevented you from joining a gang? _____ yes _____ no

16. Would you recommend the gang life style to other youths? _____ yes _____ no

17. Are you satisfied with the relationship with your mother? _____ yes _____ no

18. Are you satisfied with the relationship with your father? _____ yes _____ no

19. I am happy with my life?

not true 1 2 3 4 5 very true

20. Do you feel accepted by the main stream culture?

not accepted 1 2 3 4 5 very accepted

21. Do you feel supported in the home?

not supported 1 2 3 4 5 very supported

22. Are you currently enrolled at an academic institution? _____ yes _____ no

if no, please explain _____



Appendix D

Date: _____

Name: _____ Marital Status: _____ Age: _____ Sex: _____

Occupation: _____ Education: _____

This questionnaire consists of 21 groups of statements. After reading each group of statements carefully, circle the number (0, 1, 2 or 3) next to the one statement in each group which **best** describes the way you have been feeling the **past week, including today**. If several statements within a group seem to apply equally well, circle each one. **Be sure to read all the statements in each group before making your choice.**

- 1** 0 I do not feel sad.
1 I feel sad.
2 I am sad all the time and I can't snap out of it.
3 I am so sad or unhappy that I can't stand it.

- 2** 0 I am not particularly discouraged about the future.
1 I feel discouraged about the future.
2 I feel I have nothing to look forward to.
3 I feel that the future is hopeless and that things cannot improve.

- 3** 0 I do not feel like a failure.
1 I feel I have failed more than the average person.
2 As I look back on my life, all I can see is a lot of failures.
3 I feel I am a complete failure as a person

- 4** 0 I get as much satisfaction out of things as I used to.
1 I don't enjoy things the way I used to.
2 I don't get real satisfaction out of anything anymore.
3 I am dissatisfied or bored with everything.

- 5** 0 I don't feel particularly guilty.
1 I feel guilty a good part of the time.
2 I feel quite guilty most of the time.
3 I feel guilty all of the time.

- 6** 0 I don't feel I am being punished.
1 I feel I may be punished.
2 I expect to be punished.
3 I feel I am being punished.

- 7** 0 I don't feel disappointed in myself.
1 I am disappointed in myself.
2 I am disgusted with myself.
3 I hate myself.

- 8** 0 I don't feel I am any worse than anybody else.
1 I am critical of myself for my weaknesses or mistakes.
2 I blame myself all the time for my faults.
3 I blame myself for everything bad that happens.

- 9** 0 I don't have any thoughts of killing myself.
1 I have thoughts of killing myself, but I would not carry them out.
2 I would like to kill myself.
3 I would kill myself if I had the chance.

- 10** 0 I don't cry any more than usual.
1 I cry more now than I used to.
2 I cry all the time now.
3 I used to be able to cry, but now I can't cry even though I want to.

- 11** 0 I am no more irritated now than I ever am.
1 I get annoyed or irritated more easily than I used to.
2 I feel irritated all the time now.
3 I don't get irritated at all by the things that used to irritate me.

- 12** 0 I have not lost interest in other people.
1 I am less interested in other people than I used to be.
2 I have lost most of my interest in other people.
3 I have lost all of my interest in other people.

- 13** 0 I make decisions about as well as I ever could.
1 I put off making decisions more than I used to.
2 I have greater difficulty in making decisions than before.
3 I can't make decisions at all anymore.

Subtotal Page 1

CONTINUED ON BACK

Appendix D

- 14**
- 0 I don't feel I look any worse than I used to.
 - 1 I am worried that I am looking old or unattractive.
 - 2 I feel that there are permanent changes in my appearance that make me look unattractive.
 - 3 I believe that I look ugly.

- 15**
- 0 I can work about as well as before.
 - 1 It takes an extra effort to get started at doing something.
 - 2 I have to push myself very hard to do anything.
 - 3 I can't do any work at all.

- 16**
- 0 I can sleep as well as usual.
 - 1 I don't sleep as well as I used to.
 - 2 I wake up 1-2 hours earlier than usual and find it hard to get back to sleep.
 - 3 I wake up several hours earlier than I used to and cannot get back to sleep.

- 17**
- 0 I don't get more tired than usual.
 - 1 I get tired more easily than I used to.
 - 2 I get tired from doing almost anything.
 - 3 I am too tired to do anything.

- 18**
- 0 My appetite is no worse than usual.
 - 1 My appetite is not as good as it used to be.
 - 2 My appetite is much worse now.
 - 3 I have no appetite at all anymore.

- 19**
- 0 I haven't lost much weight, if any, lately.
 - 1 I have lost more than 5 pounds.
 - 2 I have lost more than 10 pounds.
 - 3 I have lost more than 15 pounds.

I am purposely trying to lose weight by eating less. Yes _____ No _____

- 20**
- 0 I am no more worried about my health than usual.
 - 1 I am worried about physical problems such as aches and pains; or upset stomach; or constipation.
 - 2 I am very worried about physical problems and it's hard to think of much else.
 - 3 I am so worried about my physical problems that I cannot think about anything else.

- 21**
- 0 I have not noticed any recent change in my interest in sex.
 - 1 I am less interested in sex than I used to be.
 - 2 I am much less interested in sex now.
 - 3 I have lost interest in sex completely.

_____ Subtotal Page 2

_____ Subtotal Page 1

_____ Total Score

MICROFILMS
24:1
STOUT MICROGRAPHICS
LAB