

Running Head: Contributors to stress or depression in rural western Wisconsin.

What makes for stress or depression among select residents in rural western Wisconsin: Namely Barron Chippewa, Dunn, Pierce, Pepin, Polk, and St. Croix county's population meeting the 1998 U. S. Department of Health and Human Services poverty guideline.

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Abstract

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Each of us encounters daily responsibilities and obligations, along with pressures that challenge are very existence called stress or depression.

The purpose of this correlational study was to identify areas of need contributing to, or influencing stress or depression in the impoverished rural western Wisconsin residents.

The randomly selected sample group for this study included 785 subjects age eighteen and older living in Barron, Chippewa, Dunn, Pierce, Pepin, Polk, and

St. Croix counties. The subjects were selected from the West Central Wisconsin Community Action Agency's, (West CAP), Client Intake System, (CIS), which included over 3,000 entries from these seven counties. Also, 310 subjects were selected from the Low Income, Housing, and Energy Assistance Program, (LIHEAP), listing in the seven counties.

The results obtained by this author include all correlations among the 15 categories contained in this study, yielding a total of 225 inter-correlations. The author has presented an analysis of only those 15 variables, which are directly correlated with stress or depression.

The discussion centered on the most critical needs identified which were the need for counseling, and food, and nutrition. The most significant of these need areas is counseling. The Pearson Product Moment Correlation Coefficient identified that all but one of the independent variables correlates with stress or depression.

This author concludes that there is a need for additional and more specific research conducted with rural low-income populations. This study leaves question around how poverty level relates to the degree of self-reported stress or depression. Thus, the present study fills a need for information concerning degrees of stress and depression in rural populations.

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What makes for stress or depression among select residents in rural western Wisconsin: Namely Barron, Chippewa, Dunn, Pierce, Pepin, Polk, and St. Croix county's population meeting the 1998 U. S. Department of Health and Human Services poverty guidelines.

Chapter I

Statement of the Problem

The purpose of this correlational study was to show the contributions made by stress or depression in Barron, Chippewa, Dunn, Pierce, Pepin, Polk, and St. Croix county's population meeting the 1998 U. S. Department of Health and Human Services poverty guidelines. Studies of this kind, such as Ronald L. Simons, Christine Johnson, Rand D. Conger, and Frederich O. Lorenz's study Linking Community Context to Quality of Parenting: A study of Rural Families (1991) and Ronald D. Conger and Glen H. Elder, Jr. Families in Troubled Times (1994), appear to be comparatively rare in the literature. Thus, the present study fills a need for further information concerning degrees of stress and depression in rural populations.

The dependent variable, stress or depression, was measured by the self-report as an important health need. The independent variable was considered as any identified need or stressor, which contributes to stress or depression.

The randomly selected sample group for this study included 785 subjects age eighteen and older living in Barron, Chippewa, Dunn, Pierce, Pepin, Polk, and St. Croix counties. The subjects were selected from the West Central Wisconsin Community Action Agency's Client Intake System, which included over 3,000 entries from these seven counties. Also, 310 subjects were selected from the Low Income, Housing, and Energy Assistance Program (LIHEAP) listing in these seven counties. These randomly selected households met the Department of Health and Human Services poverty guidelines.

The intent of this correlational study was to identify areas of need contributing to, or influencing stress or depression in the impoverished rural western Wisconsin residents. The study identified areas that required additional research or grant funding to help eliminate the influence or contributor to stress or depression.

Chapter II

Review of Literature

This review of literature includes definitions of stress and depression furnished by the National Mental Health Association and the Webster's Third New International Dictionary of the English Language. Also, included are Aaron T. Beck's (1970) definition of depression and Hamilton McCubbin's (1982) definition of stress. These sources will give the reader an indication of the professional meaning of these terms. In addition, two representatives of the sample group were asked to give their own definitions of stress and depression to provide a popular parallel to the technical definitions. A study of stress and depression is cited that closely resembles the sampled population group. The review of literature concludes with a summary of the definitions and the cited studies.

Depression

According to Webster's Third New International Dictionary of the English Language, depression is first of all defined as a reduction, diminution, impoverishment, or depression, or depreciation in activity, strength, amount, quality, force, yield, value, or significance. The second definition states depression is a period of low general economic activity marked by mass unemployment, deflation, a decreasing use of resources and a low level of investment. The third definition describes depression as a mental disorder of

psychoneurotic or psychotic proportions characterized by sadness, retardation of motor and certain vegetative process, feelings of inadequacy and self-depreciation, and often by suicidal thoughts (pg. 606).

The National Mental Health Association whose definition corresponds to Webster's Third Definition above, claims that every year more than 17 million Americans suffer from clinical depression. It is estimated that four to eight million Americans are treated for depression each year. Those who actually suffer from depression may number twenty million (Zigler and Glick, 1988). Clearly depression is a major national mental health issue. Young or old, man or woman, regardless of race or income anyone can experience clinical depression. As stated by the National Mental Health Association symptoms of clinical depression are: persistent sad, anxious or "empty" mood; sleeping too little or sleeping too much; reduced appetite and weight loss, or increase appetite and weight gain; loss of interest or pleasure in activities once enjoyed; restlessness or irritability; persistent physical symptoms that don't respond to treatment (such as headaches, chronic pain, or constipation and other digestive disorders), difficulty concentrating, remembering, or making decisions, fatigue or loss of energy, feeling guilty, hopeless or worthless, and thoughts of death or suicide (<http://www.nmha.org>).

Depression includes feelings of misery and self-hate, along with reduced energy, feeling rejection, and negative self-image (Rutter, 1986, p. 11).

Depression can be seen as a feeling of hopelessness that is attributable to one's defects (Dungan, 1971). Guilt and self-blame for real and imagined failures are often seen accompanied with feelings of worthlessness in the depressed person (Back, 1979). Aaron T. Beck, M. D. (1967) found that depressed patients were "recipients of rejection, disappointment and humiliation" (p. 217). Adult anger, when repressed, increases depression. Humiliated fury tends to be inhibited from the sense of its inappropriateness and its injustice. Only righteous indignation immediately relieves depression (Lewis, 1986, p. 332).

From a technical standpoint, Aaron T. Beck, M. D., defines depression in terms of the following attributes:

1. A specific alteration in mood: sadness, loneliness, and apathy.
2. A negative self-concept associated with self-reproaches and self-blame.
3. Regressive and self-punitive wishes: desires to escape, hide, or die.
4. Vegetative changes: anorexia, insomnia, and loss of libido.
5. Change in activity level: retardation or agitation. (pg. 6)

In more common language, Interviewee I (2000) defined depression as not being able to eat, sleep, or concentrate on anything for a long period of time.

Depression, as defined by Interviewee II (2000), is being lost and down in the dumps. It is feeling blue and crying uncontrollably all the time. These two

definitions are less specific than Beck's; yet they resonate to his definition and to Webster's third definition of depression.

A study conducted by Ronald L. Simons, Christine Johnson, Rand D. Conger, and Frederick O. Lorenz titled Linking Community Context to Quality of Parenting: A Study of Rural Families was published in 1991. This group studied a small sample of divorced women living in small midwestern communities to test a model of the processes whereby community structure influences parenting practices. This study supports that community disadvantage and community disorganization is both positively related to depressed mood (pg. 220). There was a direct path from community social disorganization to mothers' depressed mood, plus community social disorganization exerted an indirect effect on mood through its negative association with social support and its positive relationship with negative life events (pg. 224).

Stress

We encounter many different types of stresses. Some are biological (toxins, heat, cold), some psychological (threats to self-esteem, depression), others sociological (unemployment, death of a loved one, birth of a child), and still others philosophical (use of time, purpose of life). In any use, regardless of the stresses, the body's reaction will be the same (Greenberg, 1990).

According to Webster's Third New International Dictionary of the English Language, stress is defined as a physical, chemical, or emotional factor (as

trauma, histamine, or fear) to which an individual fails to make a satisfactory adaptation, and which causes physiological tensions that may be a contributory cause of disease (pg. 2260).

In physics, stress is a pressure exerted on a body. Sources of physical stress are found in tons of rock crushing the earth, in cars smashing one another, and in stretching rubber bands. Psychological stresses also “press”, “push”, and “pull”. People can feel “crushed” by the need to make life-changing decision. They can feel “smashed” by a disaster, or “stretched” to the brink of “splitting” (Steber, 1998).

Other psychological definitions of stress follows. According to the Changing Times way to Stress Relief, stress occurs when the pressures upon us exceed our resources to cope with those pressures (<http://www.less-stress.com>). According to the National Mental Health Association, stress is a natural part of life. Every day, there are responsibilities, obligations and pressures that change and challenge you. In response to these daily strains your body automatically increases blood pressure, heart rate, respiration, metabolism, and blood flow to muscles (<http://www.nmha.org>).

Interviewee I (2000) verbalized that stress is the feeling of being pushed into a corner with no way out. Similar to the ceiling falling on you and crushing your whole entire body. Interviewee II (2000) defined stress as having a lot to do with no time to get it done. Also, as a pressured feeling ready to explode.

Hamilton McCubbin locates the definition of stress in a family context. In, Social Stress and the Family (1982), McCubbin defines a stressor as a life event or transition impacting upon the family unit which produces, or has the potential of producing, change in the family social system (pg. 8). Also, more specific, family stress is defined as a state, which arises from an actual, or perceived demand-capability imbalance in the family's functioning and which is characterized by a multidimensional demand for adjustment or adaptive behavior. Stress, then, is not stereotypic, but rather varies depending upon the nature of the situation, the characteristics of the family unit, and the psychological and physical well being of its members (pg. 9)

A 1986 study conducted by Cole, Tucker, and Friedman measured objective stress (life events) and subjective stress (perceived stress) and income to elucidate possible differences in the two types of stress (objective and subjective). The sample group consisted of 10,350 adult males in various businesses and industries situated in the southwest region of the United States. In this study, the analysis of variance indicated that subjective stress was highest among those with the highest income and lowest among those with the least income. Conversely, objective stress scores were highest among those with the least income and lowest among individuals with the most income. Also, objective and subjective stress scores systematically increased and decreased, respectively, for life events (pg. 139-142).

In the present study, stress and depression were combined together in one item. B. J. Smith, Ph. D., West CAP grant writer, stated, “the decision to combine stress and depression into one question on the survey was made to lesson confusion for the sample group.” Wisconsin Community Action Program planning group believed that the sample group self-reporting stress or depression, identify it as either the blues or feeling low. The group believed that by combining stress or depression into one item, the survey would give more accurate results since the sample population is not familiar with Diagnostic and Statistical Manual of Mental Disorders fourth edition. In a word, the sample subjects are not likely to see themselves as “clinically” depressed. They are more likely to see depression as associated with a pileup of stress. According to Family Stress, Coping, and Social Support (1982) by McCubbin, Cauble, and Patterson, by contrast, extreme anxiety and depression, which may very well develop from intense and enduring stress, are more global and diffuse (pg. 112). This supports the view that depression may be an outcome of stress and that outcomes of stress or depression can be quite similar.

Summary

As indicated by the National Mental Health Association, over 17 million Americans suffer from clinical depression. Indeed this is a large number of Americans. Depression is defined in many ways and encompasses many symptoms. Some of these signs and symptoms can go unrecognized or

undetected resulting in poor quality of life. Some of the most noticeable symptoms include feeling hopeless or worthless, and even thoughts of death or suicide. The review of literature cited the National Mental Health Association, and the work of Aaron T. Beck, highlight the importance of this area of American's mental and psychosocial health.

Each of us encounters daily responsibilities and obligations, along with attendant pressures, which challenge our very existence and which we find to be stressful. The National Mental Health Association believes that stress is a natural part of our lives. Hamilton McCubbin identifies stress in a family context and believes that it is a state that arises from an actual, or perceived demand-capability imbalance in the family's functioning. Stressors are frequently not depressing. However, a pile-up of stress which seriously overloads our resources and capabilities to adapt or cope, can lead to depression, or vice versa.

Stress and depression resemble some similar symptoms and many people mistake the feelings of stress with depression and depression with stress. The confusion is not all that uncommon and was recognized in the development of the survey instrument by combining them into one self-report question in the survey. This combination has been made to accommodate language usage of these terms. It makes no pretense at determining a reciprocal causation between the two. The outcomes of stress and depression can be quite similar and affect the quality of one's life.

Chapter III

Methodology

Subjects

The subjects in this investigation were randomly selected from the West Central Wisconsin Community Action Agency's (West CAP) Client Intake System (CIS), which includes about 3,000 requests for assistance for various needs over the past three years. Also, 310 subjects were selected from the Low Income, Housing, and Energy Assistance Program (LIHEAP) listing in the seven counties. A total of 785 households were randomly selected from people living in Barron, Dunn, Chippewa, Pierce, Pepin, Polk, and St. Croix counties. Of those selected there was a 48 % response rate. The population sampled met the 1998 U. S. Department of Health and Human Services poverty guidelines. The Department of Health and Human Services poverty guidelines are:

Table 1

Size of Family Unit	48 Contiguous States and D. C.	Alaska	Hawaii
1	\$8,050	\$10,070	\$ 9,260
2	10,850	13,570	12,480
3	13,650	17,070	15,700
4	16,450	20,570	18,920
5	19,250	24,070	22,140

6	22,050	27,570	25,360
7	24,850	31,070	28,580
8	27,650	34,570	31,800

For each additional
Person, add 2,800 3,500 3,220

Note. U. S. Department of Health and Human Services: Office of the Assistant Secretary for Planning and Evaluation. (<http://aspe.hhs.gov/poverty>).

Instruments

The survey instrument was an adaptation of a Likert type scale, one designed by the University of Northern Iowa Department of Social Work (See Appendix). The adaptation was a process whereby the members of the Wisconsin Community Action Agency's (WISCAP) planning roundtable reviewed the document and made changes based on the variety of their information needs. The survey instrument was sixteen pages long and included two hundred seventy nine individual information items, consisting of both open-ended and structured response questions.

Procedures

The 785 addresses that were randomly selected were entered into a tracking or sampling survey database. Then, a postcard was sent to each address informing the potential participants of the impending survey and the reason for their participation in the survey. After the postcard was mailed, within one to two

weeks the survey was mailed with a letter of introduction, and postage paid return envelope. Within two to three weeks after the survey was mailed, a reminder postcard was sent to all non-respondents. After six weeks, a re-mailing was done to one hundred of the non-respondents on the CIS list. The repeat mailing included a follow-up postcard between one to two weeks after mailing.

Unknowns

The study is a self-report study. Thus, the correspondence between reported need and actual need has not been carefully ascertained. Similarly, no effort has been made to distinguish clinical and sub-clinical depression in subjects reporting their replies for this study.

Limitations

The study applied to a sample group from West CAP's Client Intake System. The Client Intake System includes those households seeking specific services from West CAP and is only a representation of the impoverished rural households. Also, there is concern that the sample group may be a biased sample of a larger rural population, because they have taken the initiative to contact West CAP for assistance. However, most households on the Client Intake System are referred through other social services agencies (for-profit and non-profit; public and private), friends, churches, and other community contacts. Thus, the prospect that this sample does speak to issues of stress and depression in lower income

rural households does deserve respectful consideration, even though the sample may not technically be representative of a rural population at large.

Data Analysis

The performance of the data analysis was accomplished using the Statistical Package for the Social Sciences (SPSS). The analysis specifically involved two statistical tests. The first test involved an analysis using the Pearson Product Moment Correlation Coefficient among all the various categories of items on the questionnaire. There were 15 categories in all, yielding a total of 225 category inter-correlations. The second test involved a regression analysis upon all categories related to the stress and depression category. The results of these two tests are what follow.

Chapter IV

Results

The purpose of this study is to examine the relationship of stress and depression to several other factors with which it is associated in a study evaluation of low-income rural families in western Wisconsin. Using stress or depression as a dependent variable the author sought to examine the correlations between this variable and the other variables of this study. However, in the process of doing this, the author obtained an analysis of inter-correlations among the 15 categories contained in this study yielding a total of 225 inter-correlations. Among those correlated items there were a large number statistically significant correlations. For the purposes of this study, the author has presented an analysis of only those variables, which are directly correlated with stress or depression.

This study includes responses from 373 subjects, including 86 males and 287 females. Of these, 51 males or 24.5 % and 157 or 75.5% of females met the poverty guideline. The study includes responses from 35 or 21.2% of the males and 130 or 78.8% that were above the poverty line. The study evaluates only the responses of the males and females meeting the poverty guideline.

Table 2

Gender of Respondent Poverty Level Cross-tabulation

Gender	Met Poverty Level	Above Poverty Level	Total
Male	51	35	86
	24.5%	21.2%	23.1%
Female	157	130	287
	75.5%	78.8%	76.9%
Total	208	165	373
	100.00%	100.00%	100.00%

The Pearson Product Moment Correlation Coefficient, the degree of significance, and the variance of coefficient squared (R²) are included in the next chart, showing statistically significant correlation with all independent variables, except for poverty level. The Pearson Product Moment Correlation Coefficient, the degree of significance for these coefficients, and the variances of coefficients squared (R²) are all listed on Table 3. All of the correlations listed were found to be significant beyond the .001 level except for the correlation between stress or depression and poverty level. This one correlation coefficient failed to achieve significance. However, the correlation between stress or depression and need for

counseling (.68) is far stronger than the other significant correlations as is indicated by its R2 of .46.

Table 3

Correlation Table

Categories	Correlations Identified	Pearson R and Significance level	R2
Stress or Depression	Pearson Correlation Sig. (2-tailed) N	1.00 286	<i>1.00</i>
Health Insurance	Pearson Correlation Sig. (2-tailed) N	.244** .000 284	<i>.06</i>
Poverty Level	Pearson Correlation Sig. (2-tailed) N	-.085 .152 286	<i>.01</i>
Housing	Pearson Correlation Sig. (2-tailed) N	.232** .000 284	<i>.05</i>
Health	Pearson Correlation Sig. (2-tailed) N	.302** .000 284	<i>.09</i>
Employment	Pearson Correlation Sig. (2-tailed) N	.342** .000 282	<i>.12</i>
Transportation	Pearson Correlation Sig. (2-tailed) N	.260** .000 282	<i>.07</i>
Child care and development	Pearson Correlation Sig. (2-tailed) N	.323** .000 284	<i>.10</i>
Parenting	Pearson Correlation Sig. (2-tailed) N	.381** .000 283	<i>.15</i>

Category	Correlations Identified	Pearson R and Significance level	<u>R²</u>
Legal and financial advice	Pearson Correlation Sig. (2-tailed) N	.357** .000 284	.13
Education	Pearson Correlation Sig. (2-tailed) N	.349** .000 282	.12
Food & Nutrition	Pearson Correlation Sig. (2-tailed) N	.388** .000 283	.15
Personal and Household needs	Pearson Correlation Sig. (2-tailed) N	.360** .000 282	.13
Counseling	Pearson Correlation Sig. (2-tailed) N	.680** .000 283	.46
<i>Emergency Assistance (non-food)</i>	<i>Pearson Correlation</i> <i>Sig. (2-tailed)</i> <i>N</i>	<i>.371**</i> <i>.000</i> <i>283</i>	<i>.14</i>

R²=Variance of correlation's squared

Table 4 presents the results of the regression analysis performed on the sample. From this data analysis, it can be concluded that the Counseling, Food and Nutrition, and Poverty Level have a statistically significant relationship with stress or depression in such a way that they are significant indicators of the presence of stress or depression in this particular population sample. This relationship is not presumed to be a causal relationship; rather we can conclude there is some significant form of reciprocal relationship present.

Table 4

Results of Regression Analysis

Variables Entered/Removed a.

Model	Variables Entered	Variables Removed	Method
1	Counseling		Stepwise (Criteria: Probability-of-F-to-enter \leq .050, Probability-of-F-to-remove \geq .100).
2	Food & Nutrition		Stepwise (Criteria: Probability-of-F-to-enter \leq .050, Probability-of-F-to-remove \geq .100).
3	Poverty Level		Stepwise (Criteria: Probability-of-F-to-enter \leq .050, Probability-of-F-to-remove \geq .100).

a. Dependent Variable: Stress or Depression

Chapter V

Discussion

It is important to note at the outset that this study does not indicate a causal or predictive relationship between the dependent variable and the independent variables. The relationship between the variables does not allow the researcher to indicate one variable cause the other; rather it allows us to assume a significant relationship between variables.

Overall, the needs identified by the sample group as most associated with stress or depression in this study, are the need for counseling, and food and nutrition. This association appears in both the Pearson Product Moment Correlation Coefficient and the regression analysis reported in the results. The Pearson Product Moment Correlation Coefficient identified that all independent variables except poverty level correlate with stress or depression or in other terms significantly contribute to stress or depression. The most significant identifier of stress or depression is the identified need for counseling. The relationship between those who need counseling and those who report stress or depression is such that the correlation accounts for almost 50% of the variation between them.

Taken all together, this research supports the earlier findings and substantiates the research done by Paula W. Dail (1986) and Rand D. Conger and Glen H. Elder, Jr. (1994). Paula W. Dail (1986) reported her results in a paper presented at the annual meeting of the Eastern Symposium on Building Family

Strengths. The results indicated that there were widely varying sources of stress among the families, some of which could be directly attributed to the status of unemployment. Family income level and age were significantly correlated to level of stress present. Over one-half of the families reported increased strains to meet costs of food, clothing, and energy and medical/dental expenses. Conger and Elder (1994) examined the experiences of over 400 Iowa families, parents and children who lived through the Great Farm Crisis of the 1980's. They found that depressive symptoms were more prevalent among husbands and wives with (1) lower incomes, (2) incomes that were declining relative to previous years, (3) higher debt-to-asset ratios, and (4) unstable work patterns. But the relationship between these exogenous predictors and depressive symptoms disappeared once the family's awareness of economic difficulties and behavioral adjustments to these economic conditions were taken into account (p. 184).

In summary, there is a correlation between the stress or depression and all independent variables as indicated in Table 3 except for poverty level. The most statistically significant correlation is between stress or depression and the need for counseling.

Conclusion

This study supports the need for additional and more specific research to be conducted with rural low-income populations. This study leaves question around Poverty Level and the degree of self-reported Stress or Depression. It is

this researcher's belief that the rural low-income population is overlooked when researchers are conducting studies because of the difficulty in gathering data from this sometimes-nomadic group. Thus, the present study fills a need for information concerning degrees of stress and depression in rural populations.

The use of the West CAP CIS and LIHEAP databases as the foundation for the survey respondents is designed to balance the biases inherent in each. Therefore, the data gathered from these subjects would be assumed to represent the lower income rural households with considerable accuracy.

Recommendation

This study is a self-report study and the correspondence between reported need and actual need has not been carefully ascertained. The researcher believes that an interview format to gather data will distinguish clinical and sub-clinical depression, or differentiate between actual stress and actual depression. The present study does a good job indicating contributors of stress or depression, but further research focused on a causal relationship may be even more beneficial. This researcher is confident that the findings support the need for additional research in the areas of stress and depression in rural America.

Appendix

The Community Needs Assessment Survey was a Likert type scale designed by the University of Northern Iowa Department of Social Work and was adapted by members of the Wisconsin Community Action Agency's, (WISCAP), planning roundtable based on the variety of their information needs. The adaptation resulted in a document 16 pages long and included 279 individual information items, consisting of both open-ended and structured-response questions.

The survey instrument included 12 general subjects with a few specific items under each subject. The sample group was asked to circle a number on the Likert Scale that related to a need in their life. This included a serious need they have struggled with in the past year or problems they have solved but were difficult, and finding solutions took a long time. The twelve general subjects include Housing; Health; Employment; Transportation; Child-Care and Child Development; Parenting; Legal and Financial Advice; Education; Food and Nutrition (including emergency); Personal and Household Needs; Counseling; and Emergency Assistance (non-food).

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