Section 6: Quality of Life

Quality of Life

Learning Objectives:

1. Consider what quality of life means to you as well as what it means to others, including family members.
2. Learn ways to facilitate effective communication with family members.
3. Understand strategies to manage stress and anger.
4. Learn ways to increase the strength of personal relationships in marriage and family.
5. Be aware of the different health issues for women and men.

Different Perspectives for Quality of Life

Quality of Life has been studied in many different ways by researchers using different measurement tools. ***Quality of Life (QOL)*** is defined as **the general well-being of individuals**. QOL tools have been developed to look at discrete aspects of health or medical-related QOL, psychological and emotional QOL, economic QOL, proximity to amenities and resources, and community and social QOL. Agricultural QOL has also been studied in terms of production, income, and family relationships. Quality of life probably has to do with most or all of these things, making it hard to separate one thing from another in determining what QOL really means. In truth, QOL is probably more of a perception than a measurable quantity.

After all, QOL is perceived differently from individual to individual. Some individuals may rate their QOL as poor after experiencing a health challenge, even after successful recovery, while other individuals with a disability may consider their QOL good despite having physical, emotional, or cognitive limitations, especially if they are able to participate in important activities or occupations. Others find improved QOL perceptions by becoming “deeper” human beings in terms of spirituality, life meaning, or satisfaction in relationships.

Farmers and ranchers with disabilities consistently report better QOL if they are actively participating in farm or ranch-related tasks. Other valued aspects of QOL include maintaining as much independence as possible and maintaining valued roles in the family and on the farm or ranch. Of course, at the end of the day, it is hard for someone else to “measure” your QOL except by using your own measuring stick.

The next section will encourage you to reflect on what QOL means to you and your family.

Take a moment to reflect on what QOL means to you now. Write your current perceptions down on **Worksheet #9**.

Worksheet #9: What does QOL Mean to You?	
Question to Ask	**Your Current Perception**
What does my farm/ranch mean to me? What does it mean to my spouse or family?	
What is the story of this farm/ranch? How did it start? How does the history of this farm/ranch influence me?	
What type of challenges or disability conditions do I have? How are these challenges or conditions affecting my quality of life? How strongly do I feel I can overcome these challenges?	
What is a typical day like on the farm/ranch? What do I like most about farming/ranching? Like the least?	

Quality of Life

Question to Ask	Your Current Perception
What do I value about being a farmer/rancher?	
How do I define quality of life?	
How does farming/ranching influence my quality of life? In good ways? In negative ways?	
How would I rate my overall perception of quality of life right now? (high, good, neutral, low)	
What will I need to maintain or improve my quality of life? Health? (physical, mental, emotional) Environmental? (physical layout, tools, equipment, assistive technologies, modifications) Support? (spouse, family, neighbors, community, spiritual) Resources? (educational, informational) Economically? (financial, income, debt reduction)	

What does QOL Mean to Me and My Family?

Farmers and ranchers experiencing a physical disability may perceive their QOL differently than their family members will.

When you have had a chance to reflect on your QOL, you will probably want to communicate the information to individuals who are important to you. Communication is an important skill, and all of us can benefit from learning some important "rules of communication."

Family Communication

Although agriculture is changing, many family farms and ranches continue to follow a model of leadership led by a strong patriarch or matriarch. A farm or ranch operation with a single, strong leader will influence family communication, roles, and division of labor; the leader will make the majority of decisions. Other farms or ranches diversify management roles, with varying degrees of autonomy by the managers. Decision-making is often a shared responsibility.

This leadership model will be influenced by experiences, temperament, education, and training of the managers. It is important to consider that family and business communications, as well as leadership, are learned skills. Poor communication and leadership skills can lead to unnecessary strife, divisiveness, resentment, and anger regardless of leadership model. Good communication and leadership skills can lead to family and work unity, enjoyment, and shared purpose.

If a farm or ranch leader with undeveloped communication and leadership skills acquires a disability, it will likely increase the stress of work for all members of the team, as well as increase the stress on the marital relationship. If this is something you are experiencing, keep reading to learn more about principles of good communication or visit the following website to read more about working with family members:

Ranching and Farming with Family Members *(http://www.ext.colostate.edu/pubs/consumer/10217.pdf)*

Dr. Robert Fetsch, (Colorado State University) and Dr. Randy Weigel (University of Wyoming) are Cooperative Extension Specialists in Marriage and Family Life. Each has written several helpful articles on the topic of family communication involving the farm or ranch.

Communication 101: Healthy Listening and Speaking

Talking and listening to others does not ensure a communication has taken place. At its simplest, communication requires that a message is conveyed by a sender and understood by a receiver.

Communication is actually an act of "coming together" and sharing an understanding. Consider that a large percentage of communication comes from our tone of voice, body language, and eye contact. This implies that achieving 100% communication will probably not happen on the phone or by email.

So not only do we have the content of the message to think about, we must also consider tone, body language, and other aspects of communication that create barriers.

Barriers to communication can include the sender's or receiver's emotional state. This means anger, frustration, and depression can influence communication. Of course, difficulty with speaking, hearing, or processing the communication can be barriers as well. Interpreting the nuances of body language can also be a barrier. For example, avoiding eye contact with the sender or receiver of a message could have a negative meaning.

Most communication courses teach participants about the communication "loop." The loop starts with a message by a sender, preferably one that is clear, simple, and direct. The receiver of the message must be attentive to perceive the message accurately, as well as remember the information. The receiver then needs to give feedback to the sender what she or he has perceived as the message. If the sender and receiver agree about the content and meaning of the message, communication has been achieved. If feedback indicates the receiver did not understand the message, the sender may need to restate the message or give more information to the receiver, or the receiver may need to be a more active listener (focus, listen, keep an open mind, verify what was heard). The loop continues until both parties acknowledge the message is understood. To indicate understanding, the receiver of the message may want to restate exactly what the content of the message was or paraphrase. This gives the sender of the message an opportunity to see if the message has been accurately received.

Interpersonal communication requires some additional skill building. *Interpersonal communication* happens between two or more individuals who are usually close, such as a spouse, partner, or family member. Unfortunately, some families don't value good communication skills. Sometimes we may feel we can do or say anything to family members or take out our frustrations on those we love. If done often or forcefully enough, harm can occur to spouses and family members.

The fundamental skill in an interpersonal communication is to use "I-statements" instead of "You-statements." You-statements are usually blaming. Examples of a you-statement might be: "You make me feel angry" or "You are always late." This will usually result in the receiver of the message becoming defensive. An I-statement sounds like "I get angry when you make decisions without my input," or "I feel worried when you are late from the field and don't call."

For farming and ranching families, it may be important to have regular meetings to communicate and ensure full understanding. The following section will provide information on ground rules for holding family meetings.

How to Hold a Family Meeting

According to family and marriage experts, continuous and effective communication among family members is essential. Families can promote effective communication and improve family satisfaction through the use of regular family meetings. Family meetings should provide a safe place and time for family members to express what they think and feel, and meetings can also decrease family anger and violence. However, some families and couples may not be ready to have meetings without some interpersonal therapy first with a family counselor or marriage therapist. There are instances when too much hurt, anger, or resentment has become entrenched in a family's pattern of giving and receiving messages.

10 Tips for Successful Family Meetings

1. Meet at a regularly scheduled time (start and end on time).
2. Rotate meeting responsibilities.
3. Encourage all family members to participate.
4. Discuss one topic and solve one problem at a time.
5. Use "I-statements" and problem-solving steps.
6. Summarize the discussion to keep the family on track and to focus on one issue at a time.
7. Makes decisions by consensus.
8. Once it appears that you have an agreement, make sure you have reached a consensus.
9. If things get "too hot to handle," anyone can call for a break.
10. End with something that is fun and that affirms family members.

(Fetsch & Jacobson, 2007)
10 tips for Successful Family Meetings Fact Sheet
Colorado State University Extension

For more information on successful family meetings, view the entire fact sheet at:
http://www.ext.colostate.edu/pubs/consumer/10249.html
http://www.ext.colostate.edu/pubs/consumer/10249.pdf

Changing Roles and Expectations

A recently acquired disability can add to the stress an individual and loved ones are experiencing. Disabilities may elicit negative feelings because the disability brings a great deal of change to an individual's life and all those surrounding him/her. A disability often brings changes in roles for the individual experiencing the disability as well as family members. Unexpectedly, a husband, wife, or child may have to take on a caregiver role because of a family member's disability. A farmer or rancher or key manager may have to renegotiate a role in the business that can accommodate their disability rather than being pushed out of the operation by other operators.

Research finds that those families who manage stress and cope well have strengths that make them hardy. The strengths needed for achieving hardiness include: reaching accord (balancing/ resolving conflict); acknowledging and celebrating special events; sharing and communicating feelings; making sound business decisions together; nurturing one another's sense of self and being active; being healthy; accepting of different personalities; honoring family traditions; and building a strong support network of in-laws; relatives; and friends as well as spending quality time together (Fetsch).

Planning Together

A newer idea in family farming and ranching management is the "Consensus" Model. In case examples, the model has been found to reduce work stress and improve family functioning. The families most likely to benefit from a Consensus Model are those willing to invest time and resources into consulting, recognize that old coping strategies are not working, and typically work well together. In other words, this approach is for individuals who have some insight into themselves and some flexibility. If years of conflict or resentment are present, the consensus process could be easily sabotaged, so for some couples and families some traditional therapy may be needed first.

The Consensus Model starts with developing a foundation of trust. An outside consultant may be helpful in assisting the family to establish team rules and develop a shared vision for the agricultural operation. Important ground rules to consider are to keep the consultation sessions confidential and not use them as ammunition later, use good communication skills, and not use shame, blame, insults, or force. Members should ask for what they want (i.e. put your cards on the table; you can't get what you want or need if you don't ask for it).

Once consensus is reached about a mutually shared vision of the farm or ranch and no major objections are still in play (everyone can live with the decision), the group can move into scheduling regular meetings to discuss family and business issues. The ground rules and good communication skills are still part of the foundation. The meetings may need a rotating chairperson and secretary/timekeeper so that all become experienced in running meetings. The meeting should have structure. Review the vision of the operation, topics, time for thorough discussion, and decision process. Such meetings flatten the "strong leader" model of one decision maker into one where all generations have a say and a share of making decisions.

As skills in consensus building and communication grow, members will want to appoint managers who will help fulfill the shared vision for the farm or ranch. Managers are responsible for seeing that work is completed in their department. This spreads responsibility and accountability to all the members.

Another idea from consensus management is to do some *task analysis*. List all the tasks that need to be completed over a twelve month period, estimated time to complete, and priority status. The group works again to reach consensus about the task list and prioritization. Such data can help make estimates of when extra help will be needed and for scheduling time off. Once this is done, the group can develop a monthly calendar addressing seasonal concerns. Family members can add on personal commitments like doctor visits, etc. The shared calendar can be used to build daily schedules and leave some flexibility for unexpected events. Lastly, the group will want to keep working toward equity in labor, pay, bookwork, etc. to ensure consensus.

Although more research is needed to develop best practices for the Consensus Model, it provides some basis for organization and planning where there may currently be none or where crisis and chaos is the norm. To read the entire research article find the reference for Zimmerman and Fetsch (1994) on the resources page at the end of this section. Your local library may be able to help you.

Maintaining Family Celebrations and Other Routines

Quality of Life also comes from the enjoyment of being with those we love and like. Family celebrations and routines are important for maintaining family communication and satisfaction. Spending time with family members can be a means for expressing appreciation, and strengthening relationships, as well as providing comfort, support and security.

After a serious injury, illness, or disabling event, the usual pattern of family daily life can be disrupted. Members may be unsure of when or how to get back to the usual routines or how to adapt and create new routines. They feel like we can't move forward or go back. There is no "right" way to go about getting back to "normal."

Some individuals may feel sad, confused, scared, or worried after a traumatic event like an injury. Others will feel numb, while others will just be ready to move on. All of these are typical reactions to stress, but if these feelings and emotions begin to get in the way of taking care of ourselves, taking care of family, going to school, or doing our jobs, it is advisable to seek help from licensed mental health professionals.

According to the Centers for Disease Control and Prevention (CDC), some ways to cope with stress after a traumatic event include:

- Follow a normal routine as much as possible.
- Take care of yourself.
- Talk about your feelings and accept help.
- Connect with others.
- Take a break.
- Get out and help others.

Children will need extra reassurance after a stressful or traumatic event. Allow them to ask questions and encourage them to talk. Validate their concerns, even if they don't seem relevant to you. Remember that children often personalize what has occurred and may worry about their own safety and that of the family. It is especially important to help them regain hope for the future by including them in the process of rebuilding lives and new patterns of living.

For further information on recovering from trauma, visit:

Centers for Disease Control. Coping with Stress after a Traumatic Event Tip Sheet
http://www.cdc.gov/violenceprevention/pdf/coping-with-stress-2013-508.pdf

University of New Hampshire. Dealing with the Effects of Trauma-Self-Help Guide
[reprinted from SAMSHA]
http://unhcc.unh.edu/dealing-effects-trauma-%E2%80%93-self-help-guide

Helpguide.org. Traumatic Stress: How to Recover from Disasters and Other Traumatic Events
http://www.helpguide.org/mental/disaster_recovery_trauma_stress

City of New York. Tips on Taking Care of Your Family During Stressful and Traumatic Events
http://www.nyc.gov/html/doh/downloads/pdf/mhdpr/mhdpr-family.pdf

There is no right way to get back to normal, but it is important to seek the familiar routines of daily life. Include family celebrations, holidays, and quality time with those that you trust and love to get back into your routine as much as possible. If getting back to a daily routine is sidetracked by persistent worry or other emotional difficulty, seek help and support.

Spouse: Trust, Communication, Commitment, and Intimacy

Working on the relationship with one's spouse can be necessary after a family member has acquired a disability. Marital stability can also be disrupted when parents have children who are born with, or acquire, a disability. Of course, other issues can place stress on marriages such as job loss, economic insecurity, alcohol or drug use, or parenting differences. In all instances, it is important for each partner to manage stress, practice effective communication, and express affection, as well as empathize and offer spousal support.

Healthy marriages are not an "either/or thing," according to the nonprofit organization *Child Trends*. There are degrees of health in a marriage. The health of a marriage varies over time and during significant events. *Child Trends* emphasizes the ingredients of having a healthy marriage can be learned if both partners are interested and motivated.

Healthy marriages are characterized by:

- Commitment to each other and family
- Life satisfaction
- Good communication skills
- Conflict resolution skills
- Lack of domestic violence
- Fidelity to one another

- Spending time together
- Having intimacy and giving emotional support
- Commitment to the children in the family

In studies on marriages where one partner has a disability, satisfaction in the marriage can be challenged by fears of being left or abandoned, imbalances of contributions to the marriage (especially physical tasks), power differences, and changes in child care responsibilities or financial management. Despite these challenges, many marriages can be healthier and stronger after a partner acquires a disability. Successful couples were able to increase collaboration in their marriages by:

- Dividing tasks and roles according to abilities. One partner may pick up tasks requiring more physical ability while the other fills in on other areas (giving emotional support, handling the finances, etc.).
- Collaborating about the management of the household environment (talking through home modifications, hiring caregivers, remodeling, etc.).
- Problem-solving together (figuring out how to solve issues together, getting things accomplished.)
- Using technology (to facilitate collaboration and communication such as hands-free phones, cell phones, headsets, computer, driving adapted vehicles, etc.).
- Supporting each other's desire for work and work interests, inside and out of the home.
- Collaborating on self-care issues.
- Being able to state needs, ask for assistance, and anticipating the needs of one's spouse.
- Ensuring the spouse with disability is able to help self, spouse, and others and make a contribution to the welfare of the household
- Allowing each other to have alone time and pursuit of interests.

Exceptional marriages also included:

- Putting value on the marriage relationship and the other person.
- Orienting toward building a future together.
- Having the ability to disagree with each other but resolving conflict.
- Using humor well.
- Being flexible in attitude.
- Showing affection.

Managing conflicts as a couple could help avoid further difficulties or problems. Fetsch & Jacobson (2007) suggest the following when managing conflict:

- Resolve issues together, as a couple.
- See conflict and frustration as an opportunity to communicate.
- Be calm and logical and respect and value yourself and partner.
- Take the time to identify a specific issue you want to resolve.
- Decide on a time when the two of you can talk.
- Stick to one issue at a time.
- Share your feelings, thoughts, and wants.

- Only say what you truly mean.
- Negotiate a solution.
- Compliment the positive.

According to Fetsch & Jacobson (2007) therapists and educators recommend a combination of communication, assertiveness, and problem-solving strategies in order to manage anger and avoid becoming violent.

The five steps to avoid violence according to Dr. David Burn's, *Feeling Good: The New Mood Therapy (1999)* are:

Step 1: Ask them what they are angry about.

Step 2: Be empathetic and understanding, avoid being judgmental.

Step 3: Agree where you can honestly do so.

Step 4: Ask them what they want.

Step 5: Negotiate to a win-win position and explain your viewpoint.

Some tips for managing your own anger include:

- Count to 10.
- Take deep breaths.
- Take time out.
- Leave the situation—take a walk.
- Meditate.
- Avoid You-statements because they suggest blame.
- Use I-statements to open up discussion and find solutions.

The STAR-R Approach to Anger Management Fetsch & Jacobson (2007) suggests using this approach from *Preparing for the Drug (Free) Years: A Family Activity Book* when feeling angry.

- **S** – Stop (notice when you get angry and look for signs)
- **T** – Think (picture the consequences of you losing control)
- **A** – Ask (ask yourself what you are angry about)
- **R** – Reduce (reduce your anger, and ask yourself how you can successfully do so)
- **R** – Reward (reward yourself for controlling your anger and maintaining a bond with your spouse)

For more information visit:

http://www.ext.colostate.edu/pubs/consumer/10236.pdf

http://www.ext.colostate.edu/pubs/consumer/10237.pdf http://www.ext.colostate.edu/pubs/consumer/10238.pdf

Intimacy and Sex

Intimacy is often expressed through being physically or emotionally close to one another. It may include touching, holding hands, hugging, gestures, snuggling, talking, whispering, and kissing. Intimacy may lead to sexual activity, but not always. Intimacy can be satisfying on its own, or be used to bridge into sex. For women, the emotional closeness of intimacy is often important.

The most important message is that people with a disability do not necessarily stop desiring intimacy and sex. However, their health status may mean they need to make adaptations to experience intimacy and sex. Many people do not know where to go to get non-judgmental, reliable, evidence-based information about sex and disability. An individual may not feel comfortable asking for information from their healthcare provider, and the healthcare provider may assume they do not want or need the information, and so it is not offered.

However, before engaging in sexual activity, individuals with a disability should bring up the topic with their healthcare provider. Sexual activity can be strenuous to the heart and lungs, and blood pressure. It is important to understand how underlying health conditions will limit participation or what precautions need to be taken before having sex. If more information is needed on specific suggestions, an individual or couple can ask for a referral to an occupational therapist or physical therapist who can help provide information and suggestions.
There are resources available from many disability organizations about how to participate in intimacy and sex, such as the Arthritis Foundation, Christopher Reeve Paralysis Foundation, Muscular Dystrophy Foundation, Multiple Sclerosis Foundation, and others.
There are also well-referenced books that give consideration to disability and sexual activity.
Refer to the list of resources at the end of this section.

Sometimes, there are emotional or relationship issues that need to change before satisfactory intimacy or sexual activity occurs. In these instances, an individual or couple may need referral to a healthcare provider specializing in sexual therapy. Other special circumstances can occur if one's spouse must enter an institution for long-term care, like a nursing home. An important consideration in selecting a long-term care institution is whether or not the facility supports privacy, intimacy, and sexual activity for couples and under what circumstances. The union of two people is a sacred commitment, and love and the desire for closeness does not stop just because of a disability.

When we sustain an injury, have a disability, or live with chronic health conditions we often need day-to-day asistance from our families, neighbors, and communities. In both receiving and giving care, we move from a sense of independence to one of varying dependence. Taking on these new roles, we may find out quality of life is affected. Next, Tom and Janean share their caregiving story.

Family: Caregiver or Person Giving Care?

Janean's husband, Tom, was checking a grain bin when he fell as he was coming back down the ladder. He fell twenty-five feet and sustained a severe traumatic brain injury and several fractures. He was in an induced coma for weeks, and after gradually reaching consciousness, he faced months of medical interventions and physical, cognitive, and speech rehabilitation. Janean and Tom had good support from their adult children, family, friends, and community. However, it was becoming apparent that she was expected by the rehabilitation team to learn how to care for the medical needs, self-care, mobility,

and home therapies for her husband. Janean retired early from her teaching career to be able to care for Tom full-time at home. Although Tom was making a steady recovery, Janean's health deteriorated during this time. She constantly felt tired, stressed, and was concerned with sorting out all the medical bills and finances as well as keeping a close eye on Tom who was dealing with poor memory, impulsiveness, and frustration. Even with good support, caregiving was a daunting task. She thought, "Will I ever get to just be the wife again?"

Unfortunately, most families find out during the most stressful moments, that they will have to act as a caregiver to their disabled loved one. Medical insurance programs like Medicare and private health insurance companies do not pay for the extended care of a person with a disability. Once the person with a disability no longer has a "medical necessity" for care, the insurance support stops.

Most individuals have "visited" family in the hospital, coming and going for brief moments to check on the family member. However, visiting should change into participation once the individual moves to physical rehabilitation services. A family will need to be closely involved with the rehabilitation team as they teach new skills to the individual receiving care. The rehabilitation professionals will also want to teach skills and educate family members who will be the caregivers once the individual returns home. Caregivers will often need to learn how to sit the individual up, how to move to a chair, how to position the individual in bed, how to support the individual's communication needs, and how to do personal care for the individual as they recover. In some instances, family members giving care will also need to learn how to give injections, give tube feedings, or operate a specialized machine.

Frankly, this is the reality of our "system of care." At some point, most of the responsibility for care will be transferred to the family. If a family is not willing, or does not have adequate resources, support, or capabilities to provide the care, the individual needing care will be placed in long-term care such as a nursing home or group home. Private medical insurance and Medicare do not pay for long-term care. Unless the individual needing care is eligible for long-term care through Medicaid, the resources for long-term care will come from liquidating the individual's assets until they qualify for Medicaid. Of course, some couples and families plan for long-term care contingencies. Insurance is available to help cover the costs of long-term care, but the older we get before paying for coverage, the more expensive the insurance becomes. Strategies to protect family and business interests and assets from liquidation include developing different trust or annuity arrangements, but doing this requires preparation well in advance of needing long-term care.

Resources supporting an individual with a disability in returning home may include short-term home health care nursing, nursing aide, occupational therapy, speech therapy, physical

therapy, and social work in order to establish stability at home. Once these immediate needs are met, the services will be discontinued.

Extended care services are sometimes necessary in the home to prevent institutionalization or as a less expensive option to long-term care. Further training for family caregivers can be offered through such programs. These services may be available in states participating in Medicaid-Home or Community-Based Waiver (HCBS) programming. However, an individual needing care must meet eligibility criteria. Even if eligible, there may be a waiting list for receiving services in some locations. Refer to the resources page at the end of this section for more information on Home or Community-Based services in Oklahoma.

Health and safety resources are available as we look at health and wellbeing among women and men in agriculture. Through a 1990 mandated Initiative, the Centers for Disease Control and Prevention (CDC) and National Institute of Occupational Safety and Health (NIOSH) set up region-specific Centers across the US to address the health and safety of farm and ranch families and their workers. These Ag Safety and Health Centers conduct research, education, and prevention projects to address the nation's pressing agricultural health and safety problems. Visit http://www.cdc.gov/niosh/oep/agctrhom.html.

Health and Well-being of Women in Agriculture

Women working in agriculture have specialized healthcare concerns. A growing body of research reports agricultural women are at special risk for reproductive and maternal health issues, higher incidence of injury from large animals or crop-related tasks, and respiratory issues. In terms of behavioral and mental health, women in agriculture are often the first to seek help for family discord or marital issues. Women in agriculture often work "three-shifts" daily to support the agricultural operation. First, they get children up and ready for school as well as take care of household chores like laundry, cooking, and cleaning. Second, they may work at an in-town job in order to obtain income and healthcare insurance. Third, frequently many come home from work and must help with agricultural tasks. The multiple roles and demands on women in agriculture need to be considered in planning for and developing the supports and resources needed to sustain their health.

Janean eventually was able to "just be the wife" again. Tom was able to complete his own self-care and even return to driving. Since their adult children did not want to take over the farm operation, Tom and Janean reluctantly liquidated most of their farm assets and rented out their land. Tom keeps a small herd of cattle that he cares for daily with his wife's assistance.

Health and Well-being of Men in Agriculture

Mike Rossman is an Iowa farmer and a psychologist; being a trained clinician has also allowed him to see the toll farming and ranching can take on mental health. In 2001, Rossman founded AgriWellness, Inc., a nonprofit organization that provides information on mental health resources for farmers and ranchers and their families. He promotes the idea that just

as cattle have specific requirements in being tended and fed, so does the farmer and rancher. Rossman says farmers and ranchers need adequate time for sleep, recreation, and social interaction to function at their best.

The leading cause of non-accidental death of men on most farms and ranches is not cancer or heart attacks; it is suicide. According to Randy Weigel, University of Wyoming Extension Specialist, men are socialized to be very masculine. Traditional attitudes toward masculinity socialize men to believe they must be strong, independent, self-reliant, competitive, achievement oriented, powerful, adventurous, and emotionally restrained.

Such traditional views can cause some men to hesitate getting help when they are stressed or depressed. Weigel says when men seek support, they may feel they are weak. He further advises that men can help themselves by changing traditional attitudes about masculinity. Getting help is the manly thing to do.
For further reading, a link to two of Weigel's Extension publications are provided:

Randy Weigel. *Personal Nature of Agriculture.* *http://www.wyomingextension.org/agpubs/pubs/B1134.pdf*

Randy Weigel. *Agricultural Producers and Stress.* *http://www.wyomingextension.org/agpubs/pubs/B1124-2.pdf*

For a link to Michael Rosmann's columns, go to his website at:

http://www.agbehavioralhealth.com

Reprints of Mike's columns are available for one dollar.

In Australia, a new men's mental health campaign urges men to take charge of their mental health. The website tackles some of the myths of masculinity, shares stories of manly men who have overcome mental health issues, and delivers this message with typical Australian humor and bluster. If you prefer a humorous entry into tackling men's mental health visit:

www.mantherapy.org.au

Or try the Americanized site through the State of Colorado at:

www.mantherapy.org

Signs and Symptoms of Depression in Men

Not everyone who is depressed experiences every symptom. Some experience only a few symptoms while some suffer many. The severity of symptoms varies among individuals and also over time. To read about the symptoms of depression note the list below:

- Persistent sad, anxious, or "empty" mood
- Feelings of hopelessness, pessimism
- Feelings of guilt, worthlessness, helplessness
- Loss of interest or pleasure in hobbies and activities
- Decreased energy, fatigue, being "slowed down"
- Difficulty concentrating, remembering, making decisions
- Difficulty sleeping, early-morning awakening, or oversleeping
- Appetite and/or weight changes

- Thoughts of death or suicide or suicide attempts
- Restlessness, irritability
- Persistent physical symptoms

If these signs and symptoms describe you or a man that you care about, talk to your healthcare provider.

(Reprinted from the National Institutes of Mental Health at: http://www.nimh.nih.gov/health/topics/depression/men-and-depression/signs-and-symptoms-of-depression/index.shtml)

Summary

This section has included a broad survey on QOL issues on the farm, plus links to more information from reliable resources. In the next section, we will talk about moving on or transitioning out of agriculture if this becomes a decision you and your family decide is best for your situation.

RESOURCES

Consensus Model of Management

✓ A public librarian should be able to help you get this article if you are interested:
Zimmerman, T. S., & Fetsch, R. J. (1994). "Family Ranching and Farming: A Consensus Model to Improve Family Functioning and Decrease Work Stress." *Family Relations*, 43(2), pp. 125-131

✓ **Home and Community Based Waiver Program**
Information about HCBW in Oklahoma can be provided by:
Oklahoma Health Care Authority
4345 N. Lincoln Blvd. - Oklahoma City, OK 73107
Phone: (405) 522-7300
Website: https://okhca.org

Sexuality

✓ **Spinal Cord Injury and Sexual Activity for Men**
http://www.craighospital.org/repository/documents/HeathInfo/PDFs/785.MenandSexafterSCI.pdf

http://www.christopherreeve.org/site/c.mtKZKgMWKwG/b.4453431/k.A0C5/Sexuality_for_Men.htm

✓ **Spinal Cord Injury and Sexual Activity for Women**
http://www.christopherreeve.org/site/c.mtKZKgMWKwG/b.4453433/k.F255/Sexuality_for_Women.htm

http://sci.washington.edu/info/forums/reports/women_sci.asp

✓ **Arthritis and Sexual Activity**
www.rheumatology.org

http://health.cvs.com/GetContent.aspx?token=f75979d3-9c7c-4b16-af563e122a3f19e3&chunkiid=14546

✓ **Stroke and Sexual Activity**
http://www.stroke.org/site/DocServer/NSAFactSheet_Sexuality.pdf?docID=999

✓ **Multiple Sclerosis and Sexual Activity**
http://www.nationalmssociety.org/about-multiple-sclerosis/what-we-know-about-ms/symptoms/sexual-dysfunction/index.aspx