

# CADENZA Workshop Series:

## Strategic approach for promoting retirement preparation

*Innovative use of active interest development, senior mentorship and traditional Chinese health concepts such as stagnation syndrome ( 積滯證 )*

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# 促進退休準備的策略性模式

創新應用主動型興趣發展、  
長者朋輩導師和  
中國傳統健康概念，例如鬱證



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# Agenda

1. The need for a **strategic** approach for retirement preparation
2. **AIMS (Active Interest Mentorship Scheme)** – an innovative retirement preparation project funded by HKJC Charities Trust
3. Developing the **mentor pool** – recruitment, training, matching with mentees, supervision, & team building → **self-sustaining & organic growth** (by **Dr. Herman Lo**)

## Break



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4. **TCM stagnation syndrome (鬱證)**: An illustration of socially legitimate entry point that addresses the health/illness behaviors of the Chinese people
5. **Personal sharing** of a mentor of AIMS
6. **Interaction forum** with the floor
  - Panel: Dr. S.M. Ng, Dr Herman Lo & the AIMS mentor

## Evaluation



*Successful retirement is the first step towards successful aging!*

But the transition

*Work identity* → *Non-work identity*

is often a **BIG challenge!**



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# HK labor force participation rate

Age	Male	Female
45-49	95.0%	62.0%
50-54	89.5%	52.3%
55-59	75.9%	36.3%
60-64	45.7%	14.0%
65 & over	9.8%	1.9%

Peak retirement age:

- Male: 60-65
- Female: 55-65

**~60,000 people retire every year**

HK Census & Statistics Dept, 2008. Average figures over 2004-2007.



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# Baby boomers effect.....

- Peak retirement wave will come in ~2018
- ~300,000 people retire within a few years around 2018!!!



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# A change in life requiring readjustment

- Change → require readjustment → **stress**
- Social Readjustment Rating Scale (Holmes & Rache, 1967; Rache & Authur, 1978)
  - Retirement ranked the 10<sup>th</sup> among 43 items
  - Score = 45 (c.f. item 1 , death of a spouse, score = 100; item 43, minor violation of law, score = 11)
- Life course theory
  - Retirement: worker identity → elder identity
- Successful transition →
  - Avoid abrupt decline in mental health
  - Enhancement of well-being, e.g. self-acceptance, meaning of life, interpersonal relationship



# Role theory

- If highly invested in a particular role (e.g. work role), one's feelings of self-worth tend to be associated with ability to carry out that role  
→ positive self-esteem (Ashforth, 2001)
- Facing loss of the dominant role, need replacements, e.g. partial work role, volunteer role, serious hobbies



# Re-identify with family role?

- Prerequisite: satisfactory marital/family relationship
- >50% elderly with a spouse reported marital relationship 'not too enjoyable' (Wang, 2008)
  - After retirement → More time at home → Usually intensify the problems



# Continuity theory (Engagement theory)

- Remain involved & active → better well-being
- Preserve and maintain existing internal & external structures (Quick & Moen, 1998)
- Internal structure
  - Concept of self & identity
- External structure
  - Roles & activities in physical & social environment
- Rivalry theory: Disengagement theory (Cumming & Henry, 1961)
  - Social withdrawal → focus on personal growth
- Empirical data supports continuity theory



# Activity theory

- High level of involvement in meaningful activities → well-being
- Consistent supporting evidence (Havighurst, 1963; Rowe & Kahn, 1998; Nimord, 2007; Hao, 2008)



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# Active interests (主動型興趣)

(Ng & Lo, 2012; Ng & Leung, 2012)

- Not all activities have positive impacts (Nimrod, 2007; Leung & Lam, 2008)
- Some show no impacts or even negative impacts (e.g. TV & radio)
- ‘Active’ is a key differentiating concept
  - An involved participant, not merely an observer
  - Demand skills, knowledge
  - Rewarding – intrinsic, extrinsic



# Develop active interests before retirement

- Develop new interests after retirement is often more difficult
  - Often because negative mental health outcomes have already resulted
- Therefore highly desirable to have passionate active interests developed before retirement



# Current HRM practice for preparing soon-to-retire staff

- Best practice: Provide information booklet +/- one-off seminar
- To effect real behavioral changes, more intensive input is needed!!!
- However there are resources implications → Not acceptable/affordable to most corporations



# 'Meaningful' retirement preparation programs - the critical criteria

1. Positive entry point → Acceptable/attractive to most retirees
  2. Intensive enough to produce REAL behavioral changes → Effective
  3. Require minimal professional inputs & resources → Affordable & available
- (1)+(2)+(3) → A universal service for some 60,000 people retiring every year!!!

# Our ideas

- Entry point: Active interests 主動型興趣
  - Evidence-based
  - Positive, acceptable & attractive (including men!)
- Successfully retired people as mentors
  - Intensive enough → Real behavioral changes
  - Requiring minimal professional inputs → affordable to corporations & the society → Available to more retirees



# Self-sustaining

*This year's mentees can be  
next year's mentors!*

*.....leading to a*

*'retirement mutual care culture'*



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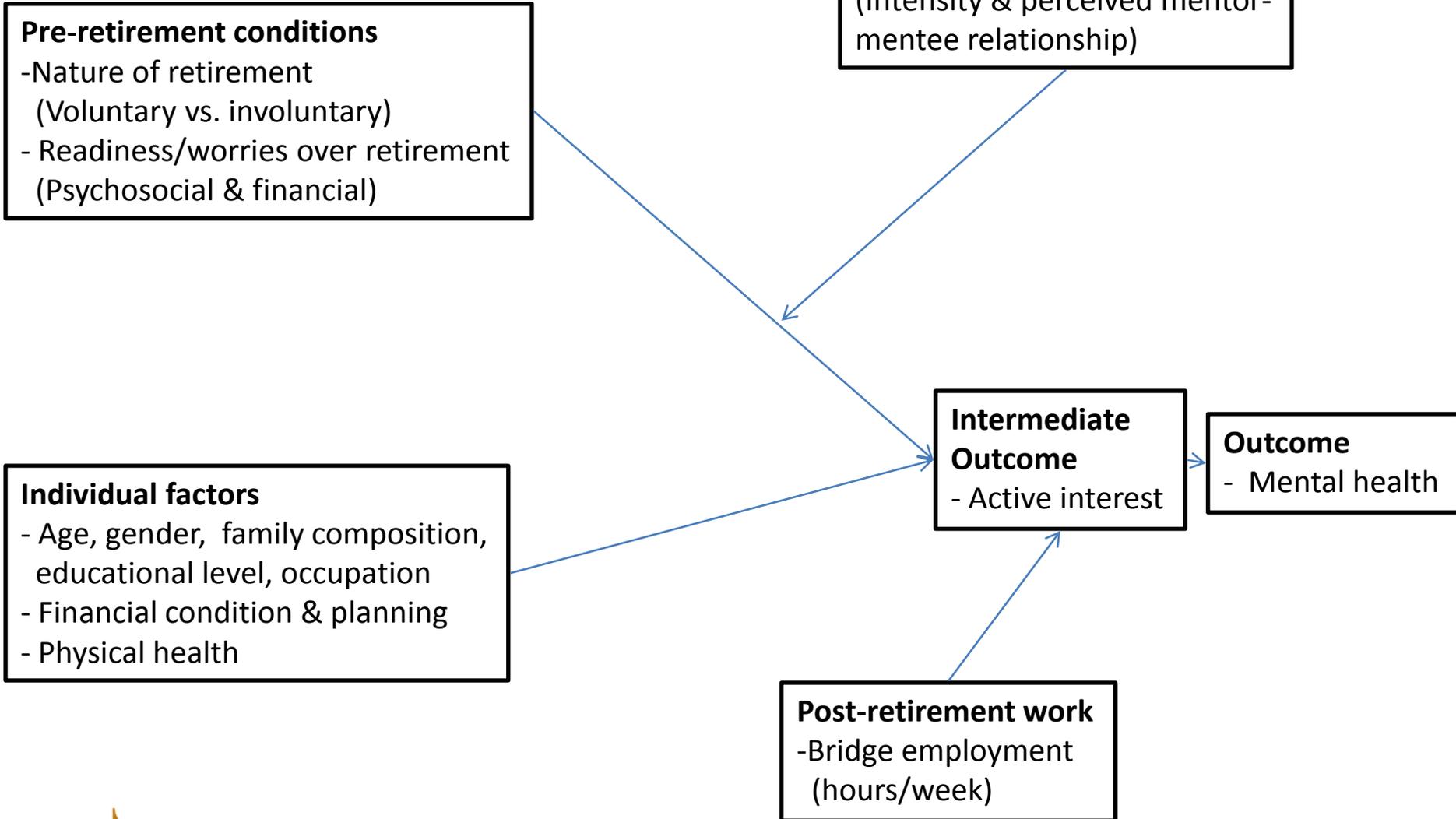


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# Conceptual Model



# AIMS

## (Active Interest Mentorship Scheme)

### 樂動師友計劃

An innovative retirement preparation  
program funded by  
The HKJC Charities Trust



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# 9-month pilot study

## Oct 2009 – June 2010

- NGO collaborator: Employee Development Service, HK Christian Service
- Key deliverables
  - Program materials
    - Training workshop for mentors
    - Resource kit on leisure activities in HK
    - Materials for mentees
    - Logistics for the mentorship program
  - Trial run with 10 mentors & 12 mentees (including many **MEN!!!**)
- Completed with encouraging results:>



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# 2-year main study

## Feb 2011 – Jan 2013

- Longitudinal F/U mentees (soon-to-retire people) from before retirement to after retirement for 1 year
- Findings supported AIMS's protective effects
  - Physical & mental health were maintained
  - Even showed improvement in a few measures, e.g.
    - Self-esteem & positive affects ↑
    - Multiple somatic symptoms & anxiety



# Training workshop for mentors



# Team building activity



# Slogan

快快發展主動型興趣，

退休生活充實有生趣！



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# Key deliverables

- Disseminate program materials
  - Training workshop, resource kit, manual, etc.
- Run demonstration mentorship programs
- Training & support for social service & HRM professionals to launch their own AIMS
- Website on retirement preparation & active interest
- Organize HK Active Interest Expo
- Organize a Symposium on Active Interests Culture Development
- Conduct program evaluation, research & press conferences



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# The power of ACTIVE INTERESTS 主動型興趣 :>



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# Spontaneous/natural groups (vs. groups led by professionals)

- Amazing!!!
  - Commitment & ownership
  - Sustainable over time
  - Some can be huge – tens, hundreds, even thousands!
    - e.g. Tuen Mun Park – bad or good? (may see YouTube!)



# Respect individual's choice

- e.g. A common mistake:
  - Tai Chi is now popular & 'evidence-based' → promote Tai Chi to all clients **INDISCRIMINANTLY!**
- Must respect individual's choice
- Consider individual's orientation, strengths, weaknesses & limitations



# The 8 dimensions of active interest

(Ng & Lo, 2012; Ng & Leung, 2012)

1. Physical challenges
  2. Intellectual challenges/exploration
  3. Group, social
  4. Solitary
  5. Philanthropic
  6. Spiritual/religious
  7. Stillness
  8. Creative, artistic
- Our resource kit → categorization, intro, alerts & links
  - Our website → provide filter function



# *Practice what your plead!*

- To promote active interests, you must firstly develop your passionate active interest, and then fully experience and appreciate it!!!



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*Be a player, true participant, not  
a mere observer in your life!*



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# Developing the mentor pool – Recruitment, training, matching with mentees, supervision, & team building. ➔ *Self-sustaining & organic growth*

By

Dr. Herman Lo



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# TCM stagnation syndrome (鬱證)

An illustration of socially legitimate  
entry point that addresses the  
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# When Western medicine first introduced to China

- Translation largely referred to existing TCM terminology
- TCM “*yu*” or “stagnation syndrome” (鬱證) was believed to be the counterpart of depression
- Therefore depression was (wrongly) translated as “*yi**yu*” disorder (抑鬱症)



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# Stagnation & depression are distinct syndromes

- Differentiable in
  1. Conceptualization
  2. Clinical presentations
  3. Epidemiology

Ng, S. M., Chan, C. L. W., Ho, D. Y. F., Wong, Y. Y., & Ho, R. T. H. (2006). Stagnation as a distinct clinical syndrome: comparing "yu" (stagnation) in traditional Chinese medicine with depression. *British Journal of Social Work, 36*, 467-484.

Ng, S. M., & Fong, T. C. T. (2011). The use of a structured questionnaire to study stagnation syndrome in traditional Chinese medicine among adults living in community. *Journal of Chinese Integrative Medicine, 9*(1), 22-28.



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# 1. Differences in conceptualization - literal meaning

## Depression

1. An act of pressing down
2. A part of a surface lower than other parts
3. An area where pressure of air is low in the centre
4. A feeling of sadness & hopelessness
5. A period of reduced business activity

(Longman English-Chinese Dictionary of Contemporary English, 1988, p.377)

## Stagnation (滯) 鬱)

1. Not flowing, entangled, blocked, obstructed, clogged
2. *“the internal impairment of seven emotions which is unable to move and flow at times may stagnate the functional activity of qi.....”*

(Yuen et al. (1997). Chinese-English Dictionary of TCM. Beijing: People’s Health Publishing, p.585)



## 2. Differences in clinical presentations

### Depression

- Core symptoms: mood, behavioral & cognitive dysfunctions
- Classified as a mental disorder

### Stagnation

- Core symptoms: obstruction-like somatic symptoms
- Classified under internal medicine



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# 3. Differences in epidemiology

Variable	Stagnation	Depression
Gender	N.S. /marginal	Women > Men
Age	Younger adults	Older adults
Marital status	Single	Divorced, widowed
Children under 18	N.S.	Women with dependent children
Educational level	Post-secondary	Lower education
Occupation	Professional & managerial	Lower class
Personal income	Middle-upper group (HK\$20k-30k)	Low income group

Ng, S. M., Fong, C. T., Wang, X. L., & Wang, Y. J. (2012). Confirmatory factor analysis of the stagnation scale - A traditional Chinese medicine construct operationalized for mental health practice. *International Journal of Behavioral Medicine*



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# Depression cannot capture all mood disturbances of Chinese people

- C.N. Chen's (1993) Shatin mental health survey
  - Low prevalence of depression: 1.29% for male and 2.44% for female (DSM III criteria)
- WHO's multinational primary care mental health survey (Ustun & Sartorius, 1995)
  - Low prevalence: 7.3% at Shanghai vs. 24.0% overall average of the 15 sites (largely depression & anxiety disorders)
  - 0.2% (vs. 5.3%) Shanghai patients had psychosocial distress as presenting problem
  - Predominantly sought help for somatic symptoms
    - Pain 26.2%; disturbed sleep & fatigue 13.3%

Ustun, T. B., & Sartorius, N. (1995). *Mental illness in general health care - an international study*. Chichester, UK: John Wiley & Sons.



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# Chinese 'somatization' tendency

- Examples: see classic studies by Arthur Kleinman & Wen-shing Tseng
- Confucianism → Collective-oriented culture
- Somatic discomforts
  - Socially more legitimate for expressing concerns or seeking attention
- Mental/psychological disorders
  - Socially not legitimate

Kleinman, A., & Kleinman, J. (1985). Somatization: The interconnections in Chinese society among culture, depressive experiences, and the meanings of pain. In A. Kleinman & B. Good (Eds.), *Culture and depression - Studies in the anthropology and cross-cultural psychiatry of affect and disorder* (pp. 429-490). Berkeley: University of California Press.



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# Stagnation (鬱證)

- A mind/body connected construct
- Using somatic complaints as the ‘interface’
- A good entry point for working with the Chinese people with psychosocial distress



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# TCM model of stagnation

(鬱證)

Emotions  
(anger)  
repressed

Liver qi  
stagnant

Liver meridian  
problems

Spleen  
meridian  
problems



# Operationalized stagnation as a psychological construct useful to all mental health practitioners

(Ng et al, 2006, 2011, 2012)

- Scale development → A robust 3-factor, 16-item solution
  - Validated in multiple samples (EFA & CFA)
  - Convenience sample, IBS patients & random community sample
  - Key psychometric properties
    - Variance explained > 60%
    - Cronbach's alpha > 0.9
    - Criterion-based validity > 0.7
    - Construct validity: Correlation with depression & anxiety at moderate magnitude



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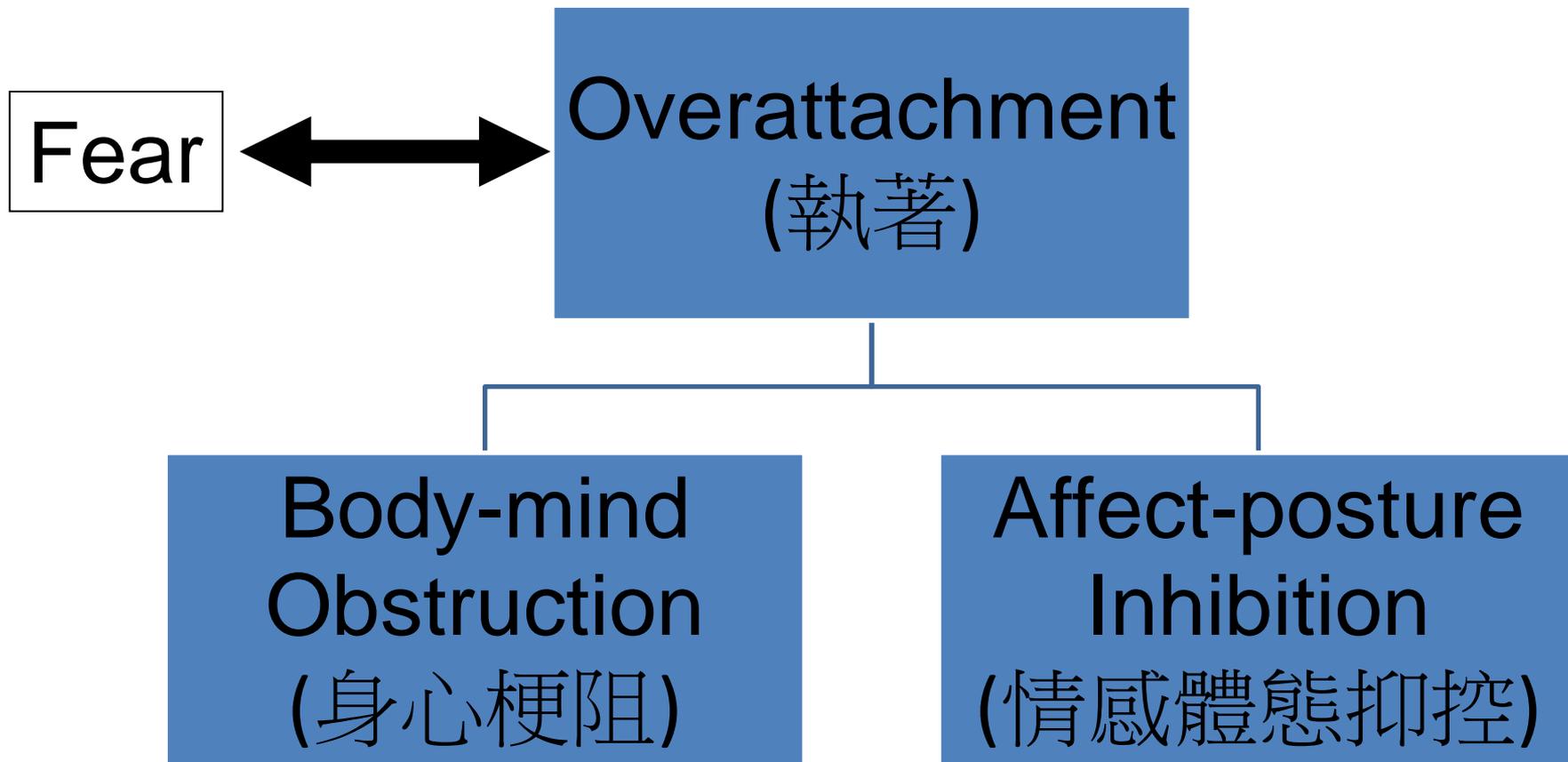


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# Bio-psycho-social model of stagnation syndrome (鬱證) (Ng, 2012)



# BMS group therapy for stagnation

- Piloted & manualized
- Six 2-hour weekly sessions
- Good outcomes in pilots
  - Very low dropout
  - Good efficacy

Mao, Y., Ng, S. M., Chan, C. L. W., & Ho, D. Y. F. (2004). A stagnation model for depression: Apply TCM concept in treating depression. *International Journal of Psychology*, 39(5-6 (Suppl.)), 597.

Ng, S. M. (2007). Stagnation syndrome: a traditional Chinese medicine concept. *Private Practice*(2), 5-7.



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# Epidemiology of stagnation in Hong Kong

(Ng et al., 2011, 2012)

- A random community adults sample (N=755)
- Point prevalence = 6.2%
- 30.4% keen to seek treatment
- -ive correlation with age:  $r = -0.22$  ( $p < 0.01$ )
- More prevalent among adults who are single, better educated, professional/managerial, middle-upper income group



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# Stagnation.....Conclusion so far

- A robust construct, tested in multiple samples
- Differentiable from depression in terms of
  1. Conceptualization
  2. Clinical presentations
  3. Epidemiological profile
- A common disorder (point prevalence 6.2% among adults)
- Generally little stigma & keen to seek help



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# Future studies

- Intervention studies
  - RCT of the piloted group intervention
- Mechanisms
  - Including relevant physiological markers in longitudinal and intervention studies
- Cross-cultural studies
  - Collective-oriented cultures: e.g. Japan, Korea
  - Individual-oriented cultures: e.g. US, Canada



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# Significance

- A strategic-integrative approach
  - Prevalent & little social stigma → a good entry point for intervention
  - A body-mind-spirit model to understand health & inform intervention
- Innovative service model development
  - Incorporating group therapy into TCM clinic
  - Incorporating TCM concept in mental health practice



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# Thanks

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