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 (鬱證)*

Dr. Siu-man Ng
CADENZA Fellow
B.H.Sci.(ChMed), M.Sci.(PsySW), PhD
Department of Social Work & Social Administration
University of Hong Kong
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
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
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!**
## HK labor force participation rate

<table>
<thead>
<tr>
<th>Age</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>45-49</td>
<td>95.0%</td>
<td>62.0%</td>
</tr>
<tr>
<td>50-54</td>
<td>89.5%</td>
<td>52.3%</td>
</tr>
<tr>
<td>55-59</td>
<td>75.9%</td>
<td>36.3%</td>
</tr>
<tr>
<td>60-64</td>
<td>45.7%</td>
<td>14.0%</td>
</tr>
<tr>
<td>65 &amp; over</td>
<td>9.8%</td>
<td>1.9%</td>
</tr>
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</table>

**Peak retirement age:**
- **Male:** 60-65
- **Female:** 55-65

~60,000 people retire every year

Baby boomers effect.....

• Peak retirement wave will come in ~2018
• ~300,000 people retire within a few years around 2018!!!
A change in life requiring readjustment

• Change ➔ require readjustment ➔ stress
• Social Readjustment Rating Scale (Holmes & Rache, 1967; Rache & Authur, 1978)
  – Retirement ranked the 10th 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)
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’
Conceptual Model

**Pre-retirement conditions**
- Nature of retirement (Voluntary vs. involuntary)
- Readiness/worries over retirement (Psychosocial & financial)

**Individual factors**
- Age, gender, family composition, educational level, occupation
- Financial condition & planning
- Physical health

**Intermediate Outcome**
- Active interest

**Outcomes**
- Mental health

**Post-retirement work**
- Bridge employment (hours/week)

**Intervention**
- Mentoring (Intensity & perceived mentor-mentee relationship)
AIMS
(Active Interest Mentorship Scheme)
樂動師友計劃

An innovative retirement preparation program funded by
The HKJC Charities Trust
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:>

Funded by:

Project Partners:
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！

Funded by:
捐助機構：

Project Partners:
計劃夥伴：

香港賽馬會慈善信託基金
The Hong Kong Jockey Club Charities Trust

Cadenza  盈金贊
(賽馬會長者計劃新里程)
(A Jockey Club Initiative for Seniors)
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
The power of
ACTIVE INTERESTS
主動型興趣

Funded by:
捐助機構：

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計劃夥伴：

The Hong Kong Jockey Club Charities Trust
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!!!
Be a player, true participant, not a mere observer in your life!
Developing the mentor pool – Recruitment, training, matching with mentees, supervision, & team building.

⇒ **Self-sustaining & organic growth**

By

**Dr. Herman Lo**
TCM stagnation syndrome
(鬱證)

An illustration of socially legitimate entry point that addresses the health/illness behaviors of the Chinese people
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 “yiyu” disorder (抑鬱症)
Stagnation & depression are distinct syndromes

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


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


Stagnation (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……”

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
### 3. Differences in epidemiology

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

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%

Chinese ‘somatization’ tendency

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

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
TCM model of stagnation (鬱證)

Emotions (anger) repressed

Liver qi stagnant

Liver meridian problems

Spleen meridian problems

Funded by:

Project Partners:

Cadenza

香港賽馬會慈善信託基金

The Hong Kong Jockey Club Charities Trust
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
Bio-psycho-social model of stagnation syndrome (鬱證) (Ng, 2012)

Fear  ↔  Overattachment (執著)

Body-mind Obstruction (身心梗阻)  ↓  Affect-posture Inhibition (情感體態抑控)
BMS group therapy for stagnation

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


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
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
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
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
Thanks

Email: ngsiuman@hku.hk