Man’s Search for Meaning in the Transition to Retirement

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Learning objectives for today’s presentation:

By the end of today’s presentation, you will be able to:

1. List 2 characteristics of the growing cohort of older Canadians and the need for mental health promotion;

2. Identify the epidemiology and risk and resiliency factors associated with suicide among older adults and limitations to existing intervention research;

3. Describe an innovative study of Meaning-Centered Men’s Groups (MCMG), a community-based intervention designed to enhance psychological well-being and prevent the onset of suicide risk in men transitioning to retirement.
The Aging Population

• The older adult population is growing in North America and much of Europe (WHO, 2001) and could exceed 70 million North Americans by 2030 (U.S. National Institute on Aging).

• The Canadian older adult (65+) population numbered 5 million people in 2011 and is expected to reach 20-25% of the population by 2030 (Statistics Canada).
Older Adults (by age sub-groups) as % of the Total Population
Canada, 1921-2041

Source: The Canadian Coalition for Seniors’ Mental Health
• People are living longer than ever before.

• There are more than an estimated 450,000 centenarians worldwide.

• In 2010, there were 53,364 American centenarians; over 80% were women, nearly 6,000 in California, nearly 5,000 in N.Y., and over 4,000 in Florida.

• The 2011 Canadian National census identified 5,825 centenarians (4,870 women, 955 men); the highest prevalence was in Saskatchewan and the lowest was in the Territories (15.8/100,000 in Ont.).

• The 2016 Canadian census identified 8,230 centenarians.
• The baby-boomers (DOB: 1946-1964) comprise our largest birth cohort; they began reaching their “senior” years in 2011.

• Shifting population demographics necessitate an increased focus on promoting health and psychological resiliency.
Mental Health and Aging

• Some good news: a majority of middle-aged and older adults is emotionally well-adjusted.

• Many older adults are thriving, and describe their senior years as full, vibrant, and meaningful.

• With the aging of the baby-boom birth cohort, we will be seeing older adults occupying many roles and lifestyles—perhaps even reinventing aging.
• However, as many as 20% of adults 55 years and older experience significant mental health problems (U.S. Surgeon General, 1998).

• Older adults struggling with mental health problems often present for care with complex health and mental health problems and healthcare needs.

• Rates of healthcare service utilization (and costs) are high for those with complex mental health problems.

• These difficulties can impede healthy living, restrict emotional and physical functioning, and confer risk for health problems, and for suicide.
Older Adult Suicide Prevention

• More than 800,000 lives are lost to suicide every year (WHO, 2014).

• 16,000+ North Americans over 55 die by suicide annually; this # is rising (CDC, StatsCan).

• “Baby boomers” have high rates of suicide

• This is especially true for men, who employ highly violent means of self-harm.
Suicide Rates by Sex among U.S. Baby-Boomers, 1999-2014

Source: WISQARS, U.S. CDC
Raw Number of Deaths by Suicide by Sex among Older Adults in Canada, 2000-2012

Source: Statistics Canada, CANSIM
• The “gender paradox of suicide” cites a higher likelihood of self-harm among women and yet higher rates of death by suicide among men.

• Men over the age of 40 accounted for 1,932 deaths by suicide in Canada in 2012 (49%); those 30+ accounted for 2,357 deaths by suicide (60%).

• Men use more violent and lethal means of suicide; firearms comprise the most common means of suicide among older men in both Canada & the U.S.

• 544 (14%) who died by suicide used a firearm; 97% of these people were male, and 26% over 65.
2012 Distribution of Deaths by Suicide for Men and Women 65 Years and Older in the U.S.

Heisel & Duberstein, 2016
Some Barriers to Late-Life Suicide Prevention

• Compared with the study of suicide among adults and/or adolescents, there is a relative paucity of assessment tools and intervention research.

• There is also a paucity of highly trained mental healthcare providers.

• Older adults often do not or cannot access mental health services directly; most (70%+) who die by suicide had seen a provider (typically a GP) in the prior month (e.g., Luoma, Martin, & Pearson, 2002).

• In Canada, access to mental healthcare is inequitable; those with financial resources can access a higher level of care than those who cannot.
Clinical Implications/Opportunities

• Innovative models of outreach and health service delivery and training are needed, e.g.:
  • Access to psychological services for older adults
  • Collaborative/shared care approaches
  • Use of social service providers and peer supports
  • Use of telehealth and other technology
  • Improving educational training & implementation of evidence-supported practices in frontline care
  • Community outreach, support, and integration
Community efforts that have shown promise in reducing suicide risk among older adults (e.g., DeLeo et al., 2002; Oyama et al., 2005) primarily benefit women, and not men.

Interventions are needed that are tailored to at-risk demographics, such as older men.

And yet men are less likely than women to access healthcare and mental health services, and have higher risk of suicide, which increases in the years following retirement.
U.S. Suicide Rates by Age and Sex, 2014

Source: WISQARS
Canadian Suicide Rates by Age and Sex, 2013

Source: Statistics Canada

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• Many men enjoy healthy and satisfying post-employment years (Pinquart & Schindler, 2007; Quaade et al., 2002; Westerlund et al., 2009).

• However, retirement can unearth or exacerbate health & mental health problems (Butterworth et al., 2006; Gill et al., 2006; Karpansalo et al., 2005).

• Empirical findings indicate risk for post-retirement morbidity and mortality, including by suicide (Bamia, Trichopoulou, & Trichopoulos, 2008; Brockman, Müller, & Helmert, 2009; Qin, Agerbo, & Mortensen, 2003; Schneider et al., 2011).
• Focused interventions are needed that target middle-aged and older men potentially at-risk for suicide.

• There is a need to enhance men’s capacities to cope with loss, adapt to changing life circumstances, seek and accept help, and nurture supportive and meaningful interpersonal relationships.

• “Upstream” or preventive interventions are warranted that aim to enhance psychological resiliency, rather than merely respond after risk is manifest (CCSMH, 2006).
Our Theoretical Framework (e.g., Heisel & Flett, 2014)
• Socio-cultural factors contribute to suicide risk; approaches to mental health promotion and suicide prevention should thus be age-appropriate and honouring of clients’ key values and concerns.

• Theory, research, and clinical experience suggest that individuals reporting more Meaning in Life (MIL) experience greater psychological well-being and are potentially protected against the advent of psychopathology and suicide risk.
The Viennese psychiatrist, Viktor Emil Frankl (1905-1997), developed Logotherapy (literally “therapy through meaning”), as a meaning-centered theory and system of existential psychotherapy focusing on enhancing Meaning in Life (MIL).

His work “Man’s Search for Meaning” describes his survival of Auschwitz, and the role played by meaning recognition in enhancing his own survival (and that of others), and in deterring suicidality.
Meaning in Life

“He who has a WHY to live for can bear with almost any HOW.”

Nietzsche quotation in Frankl’s Man’s Search for Meaning.
• This approach helps with questions such as:

“What is the purpose of my existence?”

“Am I leading the life that I want to lead?”

“Am I the person I want to be?”

“What can I do to find more meaning in my life?”

“How can I contribute to the well-being of others?”

“What does life ask of me and how can I respond?”
What is Meant by “Meaning”? 
Meaning

• Not “semantics”
• Existential meaning ("what is meant")
• A profound sense of coherence, purpose, or significance, unique to the individual
• Has inherent worth and value
• It has transcendence and intentionality
“Dignity must not be confounded with usefulness”

(V. Frankl)
Frankl indicated that we tend to find MIL in:

- What we contribute to the world (Creative MIL)
- What we receive from the world (Experiential MIL)
- Our attitudes toward triumphs & challenges (Attitudinal MIL)
- Spirituality, transcendence, purpose, or connection to something beyond ourselves (Ultimate MIL)
• This approach to MIL fits developmental changes experienced when growing older.

• If physical health problems challenge our creativity, we can enjoy life’s experiences.

• If sensory problems challenge our experiential abilities, we can still strike a positive attitude.

• And we can still pursue spiritual aims.
Parallel System of Meaning

Family  Friends  Work  Hobbies
Pyramidal System of Meaning

Sole Overarching Value
(e.g., Work)
Meaning

Success

Despair

Failure

[Diagram showing the relationship between Meaning, Success, Despair, and Failure]
Research Findings
Meaning is Associated with Well-Being in Later Life

- Adjustment & longevity (O’Connor & Valerand, 1988)
- Changes in physical health (Heidrich, 1998)
- Autonomy, personal worth (Saul, 1993)
- Alzheimer caregivers (Farran et al., 1991)
- Seniors w/ dementia (Farran, 1997)
- Creativity (Hickson & Housley, 1997)
- Depression/optimism (Reker, 1997)
- Illness appraisal (Nesbitt & Heidrich, 2000)
- Successful aging (Wong, 1989)
- Depression (Prager et al., 1997)
- “grandparenting” program (Carney et al., 1987)
- Suicide ideation (Heisel & Flett, 2007, 2014)
• Krause (2003) reported “older adults who derive a sense of meaning in life from religion...have higher levels of life satisfaction, self-esteem, and optimism”

• Perception of meaning or purpose in life is associated with longevity among older adults (Boyle et al., 2009; Krause, 2009; O’Connor & Vallerand, 1998)
• We have found MIL to be associated negatively with late-life depression, hopelessness, and suicide ideation, and positively with life satisfaction, psychological well-being, and Reasons for Living (Heisel & Flett, 2007, 2014; Heisel, Neufeld, & Flett, 2016)

• MIL was significantly negatively associated with the onset of suicide ideation over a 1-2 year period of time, controlling for demographics, daily hassles, and depressive symptoms (Heisel & Flett, 2016)

• MIL appears to be most protective against thoughts of suicide at higher levels of depressive symptom severity (Heisel & Flett, 2014)
• A growing body of research evidence supports meaning-centered interventions.

• Breitbart and colleagues (2015) found that terminally ill older participants in a meaning-centered psychotherapy group, based on Frankl’s tenets, experienced a reduced desire to hasten death.

• These investigators are now testing individual and group-based meaning-centered psychotherapy with individuals with advanced-stage cancer.
• Quasi-experimental intervention studies of integrated reminiscence and narrative therapies for depressed older adults (Bohlmeijer et al., 2008) and a cognitive-behavioural group that trains early retirees to plan and pursue meaningful goals showed post-treatment improvement in psychological well-being (Lapierre et al., 2007).

• Our trial of IPT adapted for adults over the age of 60 with current suicide ideation or recent self-harm showed significant improvement in suicide ideation, depressive symptom severity, MIL, and psychological well-being (Heisel et al., 2015).
The Present Study
Study Aims

Aim 1: To assess the tolerability and acceptability of meaning-centered groups for men facing retirement.

Aim 2: To test the effectiveness of men’s groups in enhancing MIL and well-being and reducing the severity of symptoms of depression, hopelessness, and suicide ideation.

Aim 3: To evaluate the cost-effectiveness of our group intervention in community settings.

Aim 4: To evaluate facilitator training and dissemination of our group beyond Ontario.
Study Phases (N=80-100)

1. We will initially deliver a course of our group focusing on finalizing our intervention (n=10-12)

2. We will next deliver our finalized group and assess pre-mid-post and 3- and 6-month follow-up assessments in uncontrolled analyses (n=10-12)

3. We will conduct a non-randomized trial of Meaning-Centered Men’s Group vs. weekly current events discussion groups (n=40-48)

4. Dissemination/Training to colleagues in Calgary and Vancouver to each deliver 1 group (n=20-24)
Recruitment: Revised Eligibility Criteria

- Men over the age of 60 55
- Who speak and understand English
- Are cognitively-intact
- Do not have a current untreated mental disorder
- Do not have severe suicide ideation
- And who:
  - Retired within the past five years, or
  - Will retire in the coming two years, or
  - Are in the process of retiring, and
- Are concerned about or struggling to find Meaning in Life in the context of the transition to retirement.
• Groups consist of 12-session courses of 90-minute once-weekly sessions

• They take place in a community centre, not in a hospital or clinic

• Participants include 10-12 men, transitioning to retirement, and 2 facilitators: a mental health professional and a community service worker (to enhance sustainability)

• We request on-going feedback from group members and are creating a (loosely-structured) MCMG manual
• Group meetings focus on discussions of:
  • Meaning in work and career
  • Meaning in productivity and societal contribution
  • Meaning in mentorship and volunteerism
  • Meaning in leisure and recreation
  • Meaning in relationships, love, and friendship
  • Attitudes towards life’s challenges and transitions
  • Attitudes towards positive experiences
  • Meaning and generativity
Our Experience to Date
Recruitment

- We have posted/distributed flyers in/with:
  - Coffee shops, barber shops, and menswear shops
  - Bookstores and libraries
  - Banks, financial planners, accountants, and lawyers
  - Employers, unions, and work support programs
  - Grocery stores, pharmacies, and liquor stores
  - Faith communities/places of worship
  - Community centres and wellness fairs
  - Service clubs, lodges, and men’s clubs
  - Golf, curling, and fitness clubs, and arenas
  - Bingo parlors
  - Theatres
  - Newsletters, list-serves, and e-mail blasts
  - Word of mouth (including to women!)
• We have attended:
  • recreation (REXPO) and employment fairs
  • a lifelong learning group’s (SLR) open houses
  • CARP meetings
  • men’s lunch and learning groups
  • a custom car show

• We have presented to local financial planners
• We have sent out study information via an elder care informational list-serve
• We have contacted medical walk-in clinics and other providers
• We hosted a community retirement fair for men
Men’s Retirement & Leisure Fair

a Movember kickoff event

speakers • exhibitors • workshops

Keynote Speaker:
Steve Ludzik
Former NHL player/coach & writer

Prizes • Coffee • Snacks

Nov 1, 11am–4pm
Covent Garden Market
Upper Mezzanine

www.MensFair2015.com

free

all are welcome
Current Status: London

• We are continuing to recruit participants for our next course of MCMG and CEDG, and expect to start our next course of groups within the next month (we need a co-facilitator for MCMG!).

• We are also looking into adaptations for individuals struggling with life transitions.
Current Status: Elsewhere

- We are starting to recruit participants in Calgary; community organizations have identified the need for an intervention for men negatively impacted by the drop in the price of oil.
Current Status: Elsewhere

- We have struggled to find a partner in Vancouver following our site lead moving to Israel; we are now looking into offering a group in Toronto.
Summary

• Psychological intervention research with men in their middle years and beyond necessitates innovative approaches to participant recruitment.

• Initial findings are promising for MCMG.

• We hope that MCMG may ultimately become part of work outplacement for individuals facing retirement and be routinely offered in community settings.
Thank You