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In this issue we have an invited article by Marnin Heisel about his work with retirees; an item about CURAC; a new column on books; and an our regular column, IMHO, provocative as usual but perhaps a bit less curmudgeonly than usual.

Message from SPAR Chair

Happy autumn, SPAR members! Hopefully you all had relaxing and enjoyable summers, and are ready to hunker down for the cold weather.

Your Executive has been busy since we met in June in Ottawa. We've assigned ourselves tasks to help move the Section forward during the year, and have some results to report. Sandra Pyke has been very busy forming an alliance with CURAC [Ed note: see her article in this issue], and we look forward to mutual benefits with that partnership. One suggested project is a joint paper on healthy aging.

We're also considering developing a Fact Sheet on what to expect when you retire from professional psychology. We've polled the fraternal associations, and are awaiting information from the regulatory bodies. Universities have different policies, and we are trying to incorporate some of those as well. If you have information to contribute, please let us know so we can move this forward.

Sandra has also developed an invitation to new members which we expect will accompany the CPA membership drive. We've included it in this newsletter, and we encourage you to share it with your colleagues, friends, and even students. We will not be charging student membership fees, regular and affiliate members pay \$10, and we are hoping to attract many new members.

We enjoy sharing articles of interest, and have sent out several since June. If any of you comes across something you'd like us to share, please forward it to cpa.spar@gmail.com

Thanks again to Abe Ross for offering us such an informative newsletter.

Best wishes, Your SPAR Executive

Meaning-Centered Men's Groups (MCMG) for Men Struggling to Transition to Retirement:

A Program Designed to Enhance Psychological Well-Being and Reduce Risk for the Onset of Depression, Hopelessness, and Suicide Ideation

Marnin J. Heisel, Ph.D., C.Psych.^{1-2*}
& the Meaning-Centered Men's Group project team³

The association between retirement and health is complex. Whereas the promise of retirement is conceived of by many as a future reward for decades of labour, it can also create or contribute to underlying physical, interpersonal, and psychological difficulty. Although many individuals who look forward to retirement enjoy health, leisure, and satisfaction in their post-employment years, retirement can also reveal or exacerbate health and mental health problems (Butterworth et al., 2006; Gill et al., 2006; Karpansalo et al., 2005; Pinquart & Schindler, 2007; Westerlund et al., 2009). Many men experience greater difficulty than women in cultivating interests and relationships outside of work, potentially increasing their vulnerability to the psychosocial ramifications of retirement, including marital conflict, loneliness, depression, and substance misuse (Perreira & Sloan, 2002; Weingarten, 1988). Those who have devoted much of their life's focus to their careers or who define themselves primarily by their work roles or

successes may struggle with retirement, especially if it is too early for them, involuntary, or if they have not planned realistically for meaningful post-retirement pursuits, social relations, or long-term financial needs (Nordenmark & Stattin, 2009; Schellenberg & Silver, 2004).

Early retirement may be reciprocally associated with an increased likelihood of physical and mental health problems. Being laid off, unemployed, or feeling pushed into retirement can also increase risk for depression and suicide ideation (Brand, Levy, & Gallo, 2008; Yen et al., 2005). This poses a significant concern, given that older men have the highest rates of suicide worldwide (WHO, 2014), and account for over 80% of the nearly 9,400 North Americans over 60 who die by suicide every year (Statistics Canada, 2014; WISQARS database; Centers for Disease Control and Prevention [CDC]). Men employ highly lethal means of self-harm, and, as a result, are far more likely than women or younger adults to succumb to self-injury (Canadian Coalition for Seniors' Mental Health, 2006; Heisel & Duberstein, 2005). North American men's suicide rates increase at retirement age and escalate throughout their later years (CDC; Statistics Canada, 2014). Retirement may thus be both a key life transition that can trigger increasing suicide risk and a critical period for effective intervention.

Empirical findings demonstrate risk for post-retirement morbidity and mortality, including by suicide, and thereby suggest the potential benefit of preventive interventions for vulnerable men facing retirement (Bamia, Trichopoulou, & Trichopoulos, 2008; Brockman, Müller, & Helmert, 2009; Qin, Agerbo, & Mortensen, 2003; Schneider et al., 2011). Yet, the intervention literature is nearly silent on this issue. Community outreach interventions have shown promise in reducing suicide risk among depressed older adults via telephone support (DeLeo, Dello Buono, & Dwyer, 2002) and a multi-component depression care program (Oyama et al., 2005); however, the positive findings of these quasi-experimental studies were largely restricted to older women (Duberstein, Heisel, & Conwell, 2011). Few intervention studies have investigated suicide risk reduction among older adults (Links, Heisel, &

Quastel, 2005) and nearly none has aimed explicitly to reduce risk among older men (Lapierre et al., 2011). This issue poses a substantial challenge to existing healthcare resources given older adults' high healthcare utilization (Canadian Institute for Health Information, 2011); the aging of the baby-boomers, a vast birth cohort with a high suicide rate (Mościcki, 1996); and the projected population growth of older adults in North America and much of Europe (Cohen, 2003; Statistics Canada, 2010; United States Census Bureau, 2003). Inefficiencies in mental healthcare systems, a reticence among many men to seek mental healthcare, a dearth of provider expertise in suicide prevention, and a paucity of outreach initiatives and proven interventions to reduce suicide risk further contribute to this problem. The development and evaluation of feasible and sustainable interventions to address this problem is a priority (Heisel & Duberstein, 2005).

Our team has received project funding from Movember Canada to develop, implement, evaluate, and disseminate Meaning-Centered Men's Groups (MCMG) for men facing retirement. Our group intervention is theoretically consistent with Logotherapy, Viktor Frankl's meaning-centered psychotherapy (Frankl, 1971, 1985, 1988), an approach ideally suited to helping enhance resiliency to suicide risk in the context of loss, transition, and suffering. Frankl (1971) theorized that the pursuit of meaning, conceptualized as profound existential significance or purpose, is central to human motivation, and that psychopathology results partly from an existential dilemma typified by a lack of perception of meaning in life. The underlying premise of the present study is that men low in recognition of Meaning in Life (MIL) and facing retirement may be primed to develop depression, hopelessness, and suicide ideation, and that intervening to enhance opportunities to find MIL may promote mental health and well-being and mitigate the onset of psychological difficulties and risk for suicide.

Existential interventions may be especially relevant for older adults facing important life transitions such as retirement. There is a greater tendency for self-reflection, increasing capacity for spirituality, and

greater potential perception of MIL with older age (Guttmann, 2008; Hicks, Trent, Davis, & King, 2012; Kimble, 2000; Lukas, 1986; Neugarten, 1996). Our focus on MIL is consonant with a growing base of empirical evidence of its fundamental importance in preventing psychopathology, fostering health and well-being, and even contributing to longevity (Boyle, Barnes, Buchman, & Bennett, 2009; Braam et al., 2006; Garcia Pintos, 1988; Heisel, 2009; Heisel & Flett, 2008, 2014; Krause, 2003, 2009; Krause & Shaw, 2003; O'Connor & Vallerand, 1998; Reker, 1997; Zika & Chamberlain, 1992). Research has demonstrated significant benefit of Meaning-Centered Group Psychotherapy for terminally ill older adults (Breitbart et al., 2010), significant improvement in MIL for participants receiving Interpersonal Psychotherapy (IPT) adapted for older adults at-risk for suicide (Heisel et al., 2009, 2015), and improvement in psychological well-being for older participants as a result of integrated reminiscence and narrative therapy (Bohlmeijer, Westerhof, & Emmerik-de Jong, 2008) or a cognitive-behavioural group designed to train early retirees to set, plan, and pursue meaningful goals (Lapierre, Dubé, Bouffard, & Alain, 2007). MIL might engender resiliency by encouraging meaningful activity and social interaction and building emotional reserves to mitigate the negative impact of physical, emotional, interpersonal, and situational challenges.

Eligible participants for our community-outreach intervention study include soon-to-be- or newly-retired men, 55 years of age or older, who may be vulnerable to the onset of despair by virtue of anticipated difficulties with or concern about adjustment to retirement, potentially including poor perception of MIL. Consistent with our focus on prevention, participants must be cognitively-intact, cannot meet diagnostic criteria for an active untreated mental disorder or endorse severe suicide ideation, and must not be receiving additional forms of psychotherapy.

Participants are being recruited into a 12-session, 90-minute, once-weekly session of MCMG. This intervention is being delivered in community settings

in order to enhance participant comfort and access to services, and is being facilitated by a mental health professional and co-facilitated by a senior social service worker, in order to enhance its sustainability. We are advertising MCMG as a “men’s group dealing with adjustment to retirement” rather than a “therapy group” in order to encourage the participation of older men who might be reluctant to seek formal mental health services. We have developed a multi-component recruitment strategy, recognizing that middle-age and older men do not typically seek mental healthcare when depressed or suicidal, creating barriers to life-sustaining care (DeLeo, 2002). Group sessions focus on intrapersonal and interpersonal transitions associated with retirement in the context of discussions about the meaning of work, retirement, leisure, relationships, and generativity. We have chosen a group format given associated cost and health benefits (Katz et al., 2002; Pinquart, Duberstein, & Lyness, 2007), and the advantages of social discourse among men facing a common life transition in enhancing camaraderie and social support (Burke, Maton, Mankowski, & Anderson, 2010; Gottlieb, 2000; Reddin & Sonn, 2003), which may further help increase MIL (Krause, 2007) and mitigate suicide risk (Purcell et al., 2012; Rowe et al., 2006). As group members attend to the problems and challenges of fellow participants and provide them with support and assistance, they may focus less on their own difficulties and engage more meaningfully and productively in helping others.

We are currently delivering our first MCMG group in London, Ontario, evaluating participant experience, comfort, and satisfaction with the group by way of weekly feedback forms. Potential benefits (including changes in depressive symptom severity, hopelessness, suicide ideation, satisfaction with retirement, psychological well-being, and MIL) are being assessed in pre-, mid-, and post-group assessment sessions. We will evaluate pre- to post-group change in study outcomes for participants in this initial group and revise the group intervention based on group members’ experience and feedback. This will be followed by a non-randomized controlled

study, in which participants will have the option of electing to participate in a course of MCMG or a current-events discussion group. Finally, we will test the dissemination of MCMG beyond Ontario, training group facilitators to deliver Meaning-Centered Men's Groups in B.C. and Alberta.

Our initial findings, presented recently at the 2015 Canadian Psychological Association conference in Ottawa, demonstrated a strong sense of developing camaraderie among our group participants, and improvement in psychological well-being. To date, after 10 sessions, there have been no drop-outs from group, and group members have expressed strong overall satisfaction with group sessions, comfort, and rapport with one another and with the group facilitators.

This study responds to a critical need to translate research findings on healthy aging into innovative interventions for potentially vulnerable groups.

We will evaluate whether Meaning-Centered Men's Groups are tolerable, acceptable, and effective at enhancing MIL, mental health and well-being, and mitigating the onset or exacerbation of depression and suicide ideation. A cost effectiveness analysis will also be completed. Findings are expected to have relevance for program and policy development with respect to outreach interventions for community-residing older adults and may be prove beneficial as an outplacement program for retirees. Future applications of this intervention could include adaptations for men with chronic health conditions or at heightened risk for suicide, Internet-based groups for socially- or geographically-isolated men, and groups for women struggling in the face of retirement or other transit

[Note: Footnotes and references appear at the end of newsletter

SPAR link with CURAC

The College and University Retiree Associations of Canada (CURAC) is an association of associations. CURAC has a tradition of partnerships or connections with a variety of external agencies. SPAR has been working to establish a link with CURAC. All section members may not be aware of CURAC nor the rationale for a link. To explain this I have included Sandra's letter to the CPA Board (which still has to approve the link).

[Sandra's letter]

First, I would like to draw the Board's attention to the overlap in personnel between the CPA and CURAC. The current and past President of CURAC are both past presidents of CPA (Ken Craig and myself).

The CURAC Board approved the establishment of a link with the CPA Section on Psychologists and Retirement (CPA-SPAR) at a teleconference meeting on September 23. As part of this conversation and consistent with the CURAC focus on health (see below), it was suggested that the Section consider the preparation of an article on seniors' mental health which might be published in the CURAC newsletter or distributed to member associations as a Bulletin issue

CURAC has a tradition of partnerships or connections with a variety of external agencies. In some cases, the relationship generates income for the association. This is true of Economical Insurance and Collette Travel. In other instances, the connection is based on shared interests. In other cases, the link has political overtones in that adding our voice to an existing consortium strengthens the lobbying effort (e.g., CARP) in promoting issues relevant

to seniors. CURAC also has a connection with an analogous organization in the United States - the Association of Retirement Organizations in Higher Education. Other such linkages include: Academics without Borders; Canadian Alliance of United Seniors; Congress of Union Retirees of Canada; Literary Review of Canada; Seniors Advisory Committee; Volunteer Canada.

Each of these agencies has been assigned a CURAC person (usually a Board member) who assumes a liaison role. Typically the liaison individual distributes relevant reports, newsletters and the like to the CURAC Board. On occasion, CURAC is invited to join the other group in supporting a specific action and the liaison person brings the proposal to the Board for consideration. Incidentally, I have been asked to serve as the CURAC liaison person for the CPA Section on Psychologists and Retirement.

CURAC has been especially active in pursuing health issues relevant to seniors. Their most recent document in this regard has been a Bulletin on pharmacare which has been distributed to a number of high ranking politicians. An earlier position paper was entitled "Population Aging: Long Term National Strategies a Must for Seniors" which again was widely distributed to politicians. Another Bulletin focused on the Canada Health Transfer which was seen as both inadequate and inequitable. In the discussion of the link with CURAC it was mentioned that the Section might prepare a position paper on seniors' mental health which would be of considerable interest to the CURAC members.

Further, it is assumed that the two organizations would exchange newsletters and information about our respective conventions.

Best regards,
Sandra

Books

As a retiree from academia who chose to leave the nest, one of the things I miss is the opportunity to talk with my colleagues. Aside from university politics and psychology research, the third most popular topic was books (at least according to my admittedly biased memory). I miss hearing about good books recommended by colleagues and I miss sharing with them the good books I have read. As editor I am exercising my editorial prerogative and starting a column about books which I and other section members have read and which we enjoyed, or not (negative information can be as useful as positive). I would like to have recommendations covering the full range of books. I hope that you will send me the titles and a one paragraph summary of any you have read, fact or fiction, trash or high literature. BTW books do not have to be by psychologists nor do they have to be about retirement.

To prime the pump Sandra has kindly submitted the first "Good read".

Not a mystery, not fantasy, not horror or science fiction, not a spy thriller yet nevertheless a very good read. Take a look at "The Goldfinch" by Donna Tartt. This Pulitzer Prize winning novel opens with an explosion in a museum and the disappearance of a famous, valuable painting. When the story begins, the protagonist is just thirteen and we travel with him through the trauma of the death of his mother, his informal adoption by a wealthy family, his time with his father in a totally dysfunctional environment, his flight to New York and involvement in the antique business. Enough said; try it out.

I will further prime the pump with a book a by psychologist:

Thinking Fast and Thinking Slow by Daniel Kahneman. The book is not written for psychologists but I would love to have taught a graduate seminar using this as the core text having students read the original articles to

How old would you be if you didn't know how old you was? (Satchel Paige)

which the book refers. Kahneman extrapolates his results to business and government beyond the research work for which he won the Nobel Prize

I'm looking forward to recommendations pro and con books which section members have read. Send recommendation to abeross@live.com.

Obituary

Dr. Karen Gilmour-Barrett, a section member of SPAR died on August 30, 2015 at the age of 68. Dr. Gilmour-Barrett is noted for her career as a Psychologist at the Toronto Catholic District School Board. She was known for her insights into students and her determination to ensure that students and their parents received the help they needed. Her advice was often sought by her colleagues. Dr. Gilmour-Barrett participated in many special projects at TCDSB. She was actively involved in professional issues throughout her career and contributed over many years to the working committee of the Canadian Psychological Association's Code of Ethics for Psychologists.

IMHO

A RETIREE SABBATICAL

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While talking recently with an old friend I happened to mention that I had just returned from "a little getaway." He immediately asked, "what did you get away from?" Deep question, that. Good question. And I had to laugh when I discovered that I had no good answer.

As a retiree, with more enticing reading arriving this fall than there has been time to indulge, and with a forthcoming federal election producing in

me mounting shivers of dismay and disbelief, my appetite for elsewhere had been growing more and more intense. A change of scene, to a remote place of fresh views, fresh air, and fresh activities seemed to promise restoration and renewal. It was not so much a getting away then, but rather more a getting to. In this case it was a question of leaving behind our inspiring local mountains and getting down to the sea. Down to an unfamiliar island. To a place that offered no telephone, no television, no knowing what might be found around the corner or on some serendipitous café menu.

So it was a seaside sabbatical that I went on, or so it seems to me now. If "retirement" has been seen by some to be one permanent sabbatical, then I think we have underestimated the breadth of wisdom resonant in the word "sabbatical." It seems to me that retirements too should have their sabbaticals, and this for most of the same reasons that mid-career academics should have them. It seems odd, somehow, that the unspoken understanding of how academic sabbaticals facilitate both mental health and productivity, is not generalized to the occupational situations of almost every other person. Particularly, to retirees.

I now suspect that all healthy civilizations should facilitate sabbaticals for everyone, from every worthy activity. And each of us should probably plan for our own various built-in sabbaticals: i.e. sabbaticals from too much reading. From too much television. From too many communications of every sort. From all our habitual entertainments. Moreover, our sabbaticals should probably not be limited to a seventh day and a seventh year, but they should also be applied in some creative fashion to seventh weeks, seventh months, and seventh seasons.

Restoration and renewal, mental health and mental productivity: these are apple-pie goals if ever there were any. You might imagine that what I am today calling a sabbatical is what has long been called a "vacation." There is a difference however. The difference is that a "vacation" often refers simply to a stop, a rest, to vacating our home or office, i.e. "getting away." But the "sabbaticals" I

By the time you're eighty years old you've learned everything. You only have to remember it. (George Burns)

am talking about include a central component of challenge, of allowing the unpredictable and embracing the serendipitous. A vacation is a getaway. A sabbatical is a going-toward what is yet unmet.

Recently, then, let's just say I returned from a successful going-toward, one spent on a previously unfamiliar tidal inlet. It had its ups and downs, this sabbatical. But it sure felt healthy and productive. If only everyone could enjoy such sabbaticals. Wouldn't that be a social blessing well worth our counting?

THE SECTION ON PSYCHOLOGISTS AND RETIREMENT NEEDS YOU

One of CPA'S newest Sections – Psychologists and Retirement (SPAR) – is eager to recruit new members. If you are retired, or conducting research on issues related to retirement, or interested in finding out more about a future stage of your life, or if you are a practitioner working with folks who are retired or preparing for retirement, you will want to consider joining this section. For the paltry sum of \$10 (no fee for students) you can affiliate with this exciting new organization. Through the vehicles of a newsletter, distribution of relevant articles, and the convention program, the section seeks to

- 1) Provide a social support network for retired psychologist within CPA
- 2) Provide information to members about planning for retirement
- 3) Review the literature relevant to seniors and retirement
- 4) Explore issues impacting seniors – e.g., downsizing, health and caregiver issues, etc.
- 5) Discuss the value of and involvement in volunteerism
- 6) Represent the interests of the Section within CPA
- 7) Maintain connections to the discipline
- 8) Organize sessions for the CPA Convention of interest to members

Please indicate on your CPA membership renewal form that you wish to join the Section on Psychologists and Retirement and add the \$10 fee to your CPA dues.

Welcome aboard!

Footnotes and references for the Heisel article appear on next page

Footnotes:

1The University of Western Ontario (UWO), London, Ontario, Canada

2Lawson Health Research Institute, London Ontario, Canada

3 The Meaning-Centered Men's Group Project Team additionally includes:

Co-Investigators: Gordon L. Flett, Ph.D. (York University, Toronto, Ontario, Canada), Paul S. Links, M.D., FRCP(C) (UWO), Ross M.G. Norman, Ph.D., C.Psych. (UWO), Sisira Sarma, Ph.D. (UWO), Sharon L. Moore, Ph.D., R.N., R.Psych. (Athabasca University, Athabasca, Alberta, Canada), Norm O'Rourke, Ph.D., R.Psych. (Simon Fraser University, Vancouver, British Columbia, Canada), and Rahel Eynan, Ph.D. (UWO); Collaborators: Kim Wilson, M.S.W., Ph.D. Candidate (University of Guelph, Guelph, Ontario, Canada), and Paul Fairlie, Ph.D. (York University); Community Partners: Third Age Outreach-St. Joseph's Health Care, London (Beverly Farrell, R/TRO & Kristan Harris, OT Reg. (Ont.) MHSc CHE), Kiwanis and Hamilton Road Seniors and Community Centre City of London (Michelle Kerr), and the Canadian Coalition for Seniors' Mental Health (Bonnie Schroeder, M.S.W., R.S.W.).

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