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Psychodynamic Brief Intervention Program (PBIP) Management of Mid-Life Crisis in the Workplace

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Abstract

The study focuses on midlife crisis experienced by 32 Senior Executives with the rank of Senior Manager to Senior Vice President of a financial institution with ages ranging from 40 to 55 years. Sequential-exploratory mixed method design was used to develop an intervention program that aims to reduce the risk of cognitive decline, prevent illness development and promote mental soundness. Using self-report questionnaires, eligible Senior Executives were pre-categorized by obtaining high scores in the MIDI personality test and Perceived Stress Scale (PSS), and moderate to severe in Hospital Anxiety and Depression Scale (HADS) to prove the existence of crisis. Pre-categorized participants were exposed to the newly-developed Psychodynamic Brief Intervention Program (PBIP) then after, they were again assessed utilizing the same questionnaires. Independent t-test and Cohen's d scores showed the efficacy in lessening the participants' level of stress (d=2.03), anxiety (d=2.12) and depression (d=1.42) with a 96% affirmation of the program's effectiveness. Hence, an indication of the efficacy of the Psychodynamic Brief Intervention Program (PBIP).

Keywords: Midlife; Crisis; Senior executives; Stress; Psychodynamic; Intervention

Introduction

Generally, midlife is associated with a crisis for middle-aged individuals who are on the verge of deciding whether to fight aging or accept the reality that they are growing old [1]. These individuals tend to act as though they are still young instead of taking the responsibility of a mature adult. They usually adopt the younger generation's on fashion style or go to the gym to work out, due to their desire to look and feel young. They think that they can still do what young people do. These are the common manifestations of their desire to be young again; hence the people who know them see them as individuals undergoing midlife crisis, but how does it really feel to hit middle age?

Literature Review

The midlife stage

The middle life stage is quite vague and has no clear demarcation that dictionaries only define it as the period between young and old [2]. Erford [3] described middle life stage as the "sandwich generation" for it explicitly depicts the situations of individuals who are stuck between the responsibilities of their parents' generation and their children's generation – the period of taking care of aging parents and growing children. Though other midlifers can manage themselves well during midlife stage, there are those who view it as undesirable for they experience unnecessary emotions such as the empty nest syndrome and financial pressure which are concomitant to loss of job or loved ones. According to CareerCast.com [4], an internet job database site, the Senior Corporate Executive position is the seventh most stressful job. This is due to challenging and demanding jobs that stem from the individual's work environment such as the effects of travel, physical working conditions, environmental hazards, competitiveness, and high expectations from their employer and subordinates.

It is believed that midlife stage brings these people to feel vulnerable and stressed out [5] and at certain extent, anxious and depressed [6].

Crisis exists

A growing body of literature negates the existence of crisis occurring at midlife; however, recent studies lead to the conclusion that it actually exists. The first strong evidence of crisis is the U-shape in the human life cycle [7,8], which posits that happiness and well-being decrease during the midlife stage. Another evidence that could support the reality of midlife crisis is the rampant suicidal rate in the United States from 1999-2010 where they found out that there is a significant increase of 28.4% among those in the 35-64-year-old [9,10]. These reported cases are caused by stress caused by economic challenges, dual caregiving responsibilities, and health concerns. While in 2016, people aged between 40-44 in the United Kingdom were found to have the highest prevalence of suicide. In the Philippines, the suicide cases are likely under-reported because of the associated stigma attached to it [11]. Though, it was emphasized that there was an increased suicidal rate from 1974 to 2005 from 0.23 to 3.59 per 100,000 in males and 0.12 to 1.09 per 100,000 in females. These reports reflect an increased suicidal rate among midlifers, and this alarming situation needs to be given immediate attention.

Adult developmental theories

Renowned psychologists such as Daniel Levinson, Carl Jung and Erik Erikson share their views about and provide their own midlife phenomenon structures to help individuals at midlife understand this life stage. For Levinson, midlife stage is basically a stage of transition and not a period of crisis [3]. However, Erikson defines middle adulthood as a stage associated with psychological crisis to which he

proposed that individuals at midlife stage struggle between generativity and stagnation or self-absorption [12]. On the other hand, Jung sees midlife stage with an occurrence of crisis that is inevitable and universal in which individuals go through necessary and valuable changes [13]. Despite their contradicting viewpoints, each highlighted the implication of achieving a strong sense of autonomy, individuation, and self-acceptance in the middle life stage to achieve a successful transition towards old age.

Daniel Levinson provides a specific pattern of life with a specific time frame in which the midlife stage begins from the age of 40 and ends at 65 years old [14]. He proposes that midlifers perform three major development tasks during this period of their life: 1) they review, reappraise, and terminate their earlier adult period; 2) they create decisions on how to start and act their period of middle adulthood; and 3) they deal with polarities that cause profound division in their lives [15]. Failure to deal with these issues during the midlife stage can lead to stagnation and emotional distress [14,16].

Meanwhile, Carl Jung's midlife stage concept believes that it starts at the age of 35 and ends at 40 in which major personality deviation occurs [13]. Similar to Levinson, Jung believes that the midlifers tend to question their purpose in life, which results in either achieving individuation or complication. For Jung, the main task in the midlife stage is to achieve individuation or coming-to-be of the self [17] in which an individual has a realization of oneself, acceptance of the innermost unique self, and an integration of consciousness and unconsciousness aspect of the personality [18,19]. However, complication starts by carrying issues and aspects of the self that have not been addressed or ignored from early adulthood to the midlife stage which brings impairment to the personality and leads to neuroticism [20].

Erik Erikson's psychosocial theory also believes that individuals carry their unresolved issues from earlier to later stages of life. Erikson believes that human development is linear and is essential to pass through each stage [21]. His epigenetic principle believes that crisis occurs in the eight stages of psychosocial theory [22]. Midlife is in the seventh stage in psychosocial theory in which an individual faces the reality of old age, having to make a choice between the polarities of either being a good example to the next generation or remaining stagnant [12]. According to Erikson, when an individual fail to manage developmental challenges, s/he would experience stagnation (e.g., lack of creativity and productivity) and emotional distress (depression or despair) which have an implication to an individual's understanding, adult development, health and well-being [16].

Additionally, developmental psychologist George Vaillant provided concepts about midlife. Vaillant believes that midlife crisis reveals rare tangible pieces of evidence. He suggested that midlife begins at 40 years old and ends at 50s [3] and to look into the developmental tasks of the stage. He proposed six developmental tasks throughout an individual's life. Vaillant's theory is similar to Erikson except that he added two more stages. For at midlife stage, Vaillant believes that there are two tasks assigned and they are generativity and keepers of the meaning or guardianship, which are to protect the collective products of mankind – the culture, more than the development of their children. However, failure to accomplish the task would cause a detrimental effect later in life stage [23].

Effects of ignoring the crisis

If issues at midlife stage continue to worry the individual, it will be carried to the next stage, the old age. This could impair the health and well-being of an individual later on. Wheelan [24] concluded that chronic exposure to stress at midlife may lead to cognitive and affective dysfunction such as weakened spatial memory, enhanced contextual fear memory, impaired fear extinction, heightened anxiety and depressive-like behavior, fatigue and other health problems such as headaches, upset stomach, high blood pressure, chest pain, sleeping problem [25]. In order to resolve these issues, midlifers tend to employ quick fixes such as changing their jobs, buying new cars, or separation from their partners which do not fully resolve the issues. There is a struggle within which makes the individual feel troubled.

The intent of this study is to develop an intervention program that aims to reduce the risk of cognitive decline, prevent illness development and promote and improve midlifer's (middle-aged individual) mental health. With this program, the researcher wants to help the selected participants be enlightened on the issues that cause perceived crisis as well as how to manage them. This intervention program will be known as the Psychodynamic Brief Intervention Program which consists of seven modules.

Methods

This study used a sequential-exploratory mixed method design which is composed of two phases: (1) program development and (2) implementation of the program. The first part of the study started with a review of related literature, focus group discussion (FGD) and interview were conducted to deeply discuss important issues about midlife stage particularly challenges they have faced. Afterwards, narratives of the participants which were recorded verbatims were collected and analyzed to develop a basis for an intervention program. Self-report assessments were also administered during the pre-test. Results were used to determine qualified participants in the next part of the study.

Based on the pre-test result and voluntarily agreement of the participants, the experimental and control groups were randomly determined. The experimental group underwent the researcher-developed program (PBIP) while the control group continued their usual coping mechanisms. To validate the PBIP's efficacy, same assessments were again administered to the experimental and control groups as post-test. Evaluation form was then given to the participants to know their insights and understanding of the program. Gathered information are included in the finalization of the PBIP. Lastly, independent t-test and Cohen's effect d were used to statistically prove the newly developed program's efficacy.

Participants

Participants of the study are Senior Executives who are presently employed in a selected financial institution. Per Levinson and Vaillant, midlife stage's age range starts at 40s and ends at 60s [3,14] while the retiring age in the Philippine banking industry is only at 55 years old. Hence, these Senior Executives should be at the age range of 40-55 years old to be part of the study. Out of 119 participants, only 102 completely answered all questionnaires (MIDI, PSS, and HADS) and voluntarily agreed to be part of the study. Then, psychological assessments were administered to these participants as pre-test.

In relation to the assessment results, participants must meet the following criteria to qualify in the next phase of the study: 1) must have scores of 2.92 to 4.00 (above average) in neuroticism (MIDI); 21 and above (much higher than the average) in stress (PSS); and 8 to 10 (borderline case) and 11 to 21 (abnormal case) in anxiety and depression (HADS). This was done to determine if participants were indeed experiencing crisis in their present situation.

After interpreting the scores, only 41 participants were considered based on the set criteria. The following are the set criteria: (1) should be from 40-55 years old (2) must be a Senior Executive from a financial institution, and (3) obtained an above average score in neuroticism and stress and borderline to abnormal case in anxiety and depression. However, there were 9 participants who declined to participate in the next phase of the study due to personal reasons. Thus, only 32 Senior Executives were included in the intervention program which consists of 14 males and 18 females. With random sampling, they were divided into experimental and control groups.

Measures

Midlife Development Inventory (MIDI) personality scale

The Midlife Development Inventory (MIDI) Personality Scale is designed to measure personality patterns with respondents aged 25 to 75. It consists of a six-personality-trait scale: agency, agreeableness, openness to experience, neuroticism, extraversion, and conscientiousness [26]. These traits are measured using selfrating of 30 adjectives.

Each item has a four-point scale: 1. A Lot; 2. Some; 3. A Little; 4. Not at All.

The questionnaire was pre-tested and validated arriving with a Cronbach alpha reliability estimates for each dimension; agency (α=0.79), neuroticism (α=0.74), extraversion (α=0.78), conscientiousness (α=0.58), agreeableness (α=0.80), and openness to experience (α=0.77).

Perceived stress scale

The Perceived Stress Scale (PSS) is a self-report measurement of stress. It is widely used to measure the degree of certain situations in one's life that is considered stressful. The study used the Cohen and Williamson's version [27], with 10-items due to highest Cronbach alpha of .78 compared to other versions.

Each item has a five-point Likert scale: 0. Never; 1. Almost Never; 2. Sometimes; 3. Fairly Often and 4. Very Often.

The items are designed to know how unpredictable, uncontrollable, and overloaded the respondents find their lives. Based on the total scores, the level of perceived stress of the individual could be known. High scores indicate high perception of stress while low scores indicate low perception of stress.

Hospital anxiety and depression scale

The Hospital Anxiety and Depression Scale (HADS) was established by Zigmond and Snaith (1983) [28] of St. James University Hospital, Yorkshire, England. It is a widely-used questionnaire that determines anxiety and depression disorder. It comprises of 14-items and each item is coded from 0 to 3. Odd items are for anxiety while even items are for depression. Even if HADS indicates hospital, it could also be used in non-psychiatric populations or community [29,30]. Compared to other anxiety and depression assessments such as Depression Anxiety Stress Scale-21 (DASS21) and Beck Depression and Anxiety Inventories (BDAI), HADS is simple and easy to score due to least number of items. It has good psychometric properties due to reported Cronbach alpha of 0.78 for depression scale while 0.81 for anxiety scale.

Psychodynamic Brief Intervention Program (PBIP)

The Psychodynamic Brief Intervention Program (PBIP) is a newly-developed program which aims to reduce risk of cognitive decline to prevent illness development and to promote mental well-being through managing the crisis at midlife stage. One distinction of this program from the others is its time-frame. It only consists of 7 modules with 8 sessions and that could be administered within a month. Based on the systematic review of Gaskin [31], when compared to other studies, the usual time-frame for the conduct of a psychodynamic intervention program is from 8 (2 months) to 40 (1 year) weekly sessions. The program is intentionally shortened with specific target, to address the experience crisis of the pre-categorized midlifers. This research is established to assess the program's capacity to be administered to a larger group of participants and to generalize its efficacy to a larger extent.

Results and Discussion

Program development

The newly-developed program was constructed using the determined themes of concerns and issues of the Senior Executives. Data from the interviews and focus group discussions from the Senior Executives were systematically examined through thematic analysis and repertory grid. Results showed patterns of challenges that can be known as triple "I"

- Impermanence, which is related to the concerns of a midlifer with mortality such as health and aging;
- Individuality, which is most of the patterns that confirms a midlifer's self-deliberation and confusion during this stage of life; and
- Interrelation, which pertains to an individual's relationship towards work, and colleagues, or family and friends.

Through these determined themes, perceived crisis of the participants was found psychodynamically challenging and not gender biased. Meaning, their challenges were found to be similar whether male or female. Their issues and concerns are related to the emotions, thoughts and behavior that come from their childhood's unacceptable thoughts [32] and inner self [33] that they allow to influence their present situation and lead to conflicts and distress.

The researcher was able to finalize the Psychodynamic Brief Intervention Program draft which consists of seven (7) modules which are referred to as 'MIDLIFE' (Table 1).

Sessions	Module Title	Objective
1	Making Significance out of the Past	1) To know what are the past experiences of the participants that affect their present situation, emotions and decisions. 2) To bring awareness regarding midlife transition or crisis.
2	Identifying Present and Future Uncertainties	1) To know the uncertainties caused by aging. 2) To make them realize that they are affected by the confusion in the present. 3) To encourage acceptance of getting old.
3	Dealing with Attachments	1) To explain that attachment to adulthood is affecting them right now. 2) To make them aware that old age is inevitable and they still need to move forward.
4	Learning to Get Over the Past	1) To emphasize that past experiences do not help their present self. 2) To make them realize that it will later on affect the future.
5	Integrating Control Measures	1) To make them aware of their destruction 2) To make them realize that they are in control of their lives.
6	Facing the Future	1) To encourage them to take over and decide for their future. 2) To promote happiness over strain.
7	Establishing Impact	1) To draw conclusions based on the discussions. 2) To properly terminate the program.

Table 1: PBIP Outline of the Modules.

Test	Dimensions	Cohen's Effect d	Verbal Interpretation
MIDI	Neuroticism	-	-
	Agency	-	-
	Agreeableness	-	-
	Openness to Experience	-	-
	Extraversion	-	-
	Conscientiousness	-	-
PSS	Stress	2.03	Large Effect
	Anxiety	1.42	Large Effect
HADS	Depression	2.12	Large Effect

Table 2: Cohen's effect d value on testing the extent of efficacy of PBIP.

Reliability

For the program to be competent, the preliminary draft of the program was subjected to a team of experts - 3 psychologists who currently practice different areas of psychology -1 is a researcher-professor, another is a clinical practitioner-professor and the last one comes from the organizational industry as head of the Human Resource Department. Their comments and suggestions were incorporated into the preliminary draft to which has an inter-rater reliability of k=0.68 using Fleiss Kappa that proves substantial agreement between the raters and program can be implemented. With this result, the newly-developed program was then subjected to pilot testing to which also verifies its feasibility and reliability to a larger group of participants.

Implementation of the program

Participants for the intervention program were pre-tested using the scales of Midlife Development Inventory (MIDI) Personality Scale, Perceived Stress Scale (PSS) and Hospital Anxiety Depression Scale (HADS). Participants who met the criteria were randomly assigned in either experimental or control groups. The experimental group was subjected to the newly-developed program, while the control group was encouraged to do their usual coping routines. After a month, when the administration of the program was done, the experimental group and control group was then asked to take a post-test, wherein they need to answer the same self-report assessments during the precategorization.

Validity

To measure the efficacy of the PBIP, the researcher used the independent t-test and Cohen's size d to analyze the pre-test and post-test results. With the use of stress, anxiety, and depression variables, the researcher was able to measure the effect of the PBIP to the Senior Executives. As shown in (Table 2), it was evident that the program has a large effect on stress (d=2.03), anxiety (d=1.42), and depression (d=2.12). Hence, the program was effective in its goal of helping the participants to manage the crisis they experience in the midlife stage.

Participant's program evaluation result

Getting the opinions of the participants creates strong support to the quantitative data of the study. It also indicates the effectiveness of the intervention program in addressing the concerns and issues of the

selected Senior Executives. After the administration of the post-test, the experimental group was asked to fill-out an evaluation form to know how they perceived the program's effectiveness in their lives. There were five questions for five-point rating, five is the highest with verbal interpretation of strongly agree while one is the lowest with strongly disagree. Sample questions are as follows:

- The objective of this program is clear.
- This program helps me understand what midlife stage is.

While there are three questions that can be freely answered such as "What is the most significant part of the program that you think helps you understand your issues? Results showed that the top two boxes or the top two best responses that most of the participants gave five or four points to which have an average score of 96%.

Conclusions

Statistical data were gathered and analyzed using the pre-test and post-test design. Results evidently showed that the newly-developed program was an adequate and effective tool to address the challenges of the Senior Executives at midlife stage. This was validated using independent t-test and Cohen's size d and showed decreased in the participants' levels of stress, anxiety and depression, which was the main goal of this program. The PBIP's efficacy has a significant contribution to the study on midlife crisis in the Philippines, as this was developed based on Filipinos' experiences. This will give midlifers a broader perspective about midlife crisis and help them manage and lessen the distress they experience. This program can be used by psychologists to assist their clients who are experiencing midlife crisis. Since the program was found to be effective to selected bank executives, its efficacy cannot be generalized to all midlifers. Another research should be conducted to establish more evidence and to statistically conclude that this program can be widely used.

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