

## AN EXPLORATORY STUDY OF POOR ADJUSTMENT STYLES AMONG RETIREES

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**Abstract**—This paper focuses on the one third of retirees who report difficulty in making the transition from work to retirement. On the basis of Levy's [16] research, it is hypothesized that there are different styles of poor adjustment that have different consequences for the retirees experiencing them. Data from 487 male and female retirees identify four poor adjustment styles—poor health, negativism, change adaptation and retirement reluctance. While the latter two responses to retirement tend to be problems only in the short term, the former two may have far reaching consequences. Health related retirement and negativism about retiring were linked with low activity and involvement, poor physical and mental health, inadequate income and low life satisfaction in the years following retirement.

**Key words**—retirement, adjustment styles, health, ageing, loss of employment

For some time, retirement has been seen as a crisis, a life event which threatens physical and mental health and disrupts family and social relations. The theoretical underpinning of such a view has been the central legitimizing role ascribed to work in Western industrialized society. Over the years, however, the data have not been forthcoming to support this proposition. Retirement has been shown to have inconsequential effects in terms of health and well-being [1]. These findings have given rise to the continuity theory of retirement—that occupation is not necessarily a major source of self-identification, that retirement is a legitimate role in itself and that assuming the retiree role allows for the continuation and expansion of other roles [2].

Neither perspective, however, takes into account the individual differences that are known to exist in retirement adjustment. The current dominant research paradigm [3, 4] examines the effect of retirement on a range of variables, aggregating across individuals, and thereby losing sight of the third who repeatedly emerge as having difficulty with the transition from the role of worker to that of retiree [1, 5-7].

When questioned about the reasons for retirement dissatisfaction, poor adjusting retirees have complained about financial problems, poor health and disability, and loss of work [1]. Correlational studies support the link of health and financial problems to difficulty adjusting but not missing work [5, 8-13]. What does emerge as the third 'risk factor' is pre-retirement anticipation [5, 8, 12, 14, 15]. This variable has been defined at a broad attitudinal level as looking forward to retirement, more specifically as willingness to retire, and behaviourally as having complete control over the retirement decision. Other variables such as occupation, socio-economic status, work commitment, job satisfaction, career fulfilment and activity have been investigated as factors in retirement adjustment, but with only limited success, and often without adequate control of confounding variables.

There is some evidence that the prognosis for retirees experiencing adjustment problems varies with the circumstances of retirement. Levy [16], in a cross-sectional study of 70 male university retirees, found that healthy reluctant retirees recalled difficulty in the transition period, but were later as satisfied with life as the healthy willing retirees. The unhealthy retirees, on the other hand, not only experienced early difficulties but continued having adjustment problems.

The generalizability of Levy's [16] findings must be viewed with some caution given the small elite sample. The study is important, however, because it raises the issue of whether retirement adjustment is better conceptualized as a multi-dimensional rather than unidimensional construct. Are there distinct styles of poor adjustment that have quite different consequences for the third of retirees who have been grouped together as the non-coping minority? This is the question which the current paper addresses by examining, in an exploratory manner, the inter-relationship of factors leading up to retirement, problems encountered upon retirement, and adjustment after retirement.

### METHODOLOGY

#### *Sample*

Data on retirement adjustment were cross-sectional and drawn from The Australian National University Ageing and the Family Project Survey conducted with persons 60 and over living in Sydney, Australia. The sample was spatially clustered and age stratified. Persons aged 75 and over were purposely oversampled to ensure adequate representation of particular subgroups especially the aged in ill health. As no adequate sampling frame was available, one was constructed by screening a random selection of dwellings within a randomly selected set of census collection districts. Only private dwellings were in-

cluded. A full description of the sampling strategy and procedures is available elsewhere [17].

The final sample of 1050 comprised 175 people in the youngest age stratum (60-64), 470 in the second stratum (65-74) and 405 in the oldest group (75 plus). Male respondents constituted 36% of the sample, females 64%.

From this data base, persons were selected who identified themselves as retired, that is no longer working full-time or part-time. Five hundred and eighteen respondents thus identified themselves as retired. Of these, 487 provided information about their retirement experiences, 56% being male, 44% female.

#### *The interview*

Respondents were interviewed at some length about a wide range of issues. The reader is referred to Gibson and Aitkenhead [18] for a discussion of the interviewing procedure itself. Included in the schedule were questions pertaining to retirement, quality of life and the sociodemographic background variables of age, sex, years retired, nationality, religious affiliation, education and occupational and marital status.

The retirement variables could be divided into two components—those concerned with the approach to retirement and those concerned with the retirement experience. The 'approach variables' were reluctance to retire and reasons for retiring. Reluctance to retire was measured by asking retirees whether they would have preferred retiring later than they did. Reasons for retiring were sought through an open-ended question.

The 'experience variables' represented the individual's subjective assessment of the impact of retirement. Reaction to retirement was measured by asking respondents whether their adjustment was difficult, somewhat difficult or not at all difficult. Problems encountered upon retirement were ascertained from respondents' listings of the worst things about retirement along with the best.

The quality of life indices reflecting post retirement adjustment measured health, income, involvement, activities, life satisfaction and mental health. Both health and income were assessed through re-

spondents' subjective reports. Health was rated on a five point scale from 'poor' to 'excellent'. Income was rated on a four point scale from 'I haven't enough to make ends meet' to 'I always have money left over'. Income was also objectively indexed in relation to pension entitlements. At one end of the continuum were retirees who were receiving a full pension; while at the other were retirees who were excluded from the pension and benefits because of a means test. The intermediate levels of the variable corresponded to partial pensions and benefits.

Involvement and activity levels were measured in two ways. A gross index of activity was obtained by simply asking respondents whether they had time on their hands 'all the time', 'quite often', 'just now and then', or 'almost never'. Due to response rates, the first two categories were collapsed for all analyses. Community involvement was assessed by a six item scale (see Table 1) which had, as its focus, participating in activities that have a social component. This scale had an alpha reliability of 0.61 for male retirees and 0.59 for female retirees.

Global satisfaction was assessed by asking respondents to rate how satisfied they felt with their life as a whole on a single four point scale from 'very satisfied' to 'not very satisfied'. The measure of mental health, on the other hand, comprised nine items (see Table 1), the first seven of which came from Lawton's [19, 20] Philadelphia Geriatric Center Morale Scale. The last two items were included in the schedule as independent measures of anxiety and depression. Their relationships to Lawton's items, however, were such that they were combined with them to form a composite mental health index. For male and female retirees, the alpha reliability coefficients were 0.81 and 0.77 respectively.

## RESULTS

The 273 men were aged between 60 and 90 years (mean = 71.2) and had been retired from less than a year to 26 years (mean = 7.4). For the 214 women, the ages ranged from 60 to 93 years (mean = 71.7) and the length of time retired varied between less than a year and 44 years (mean = 11.7).

Table 1. The items of the community involvement and mental health scales

#### *Community involvement*

1. In the last month/year, have you helped anyone by doing any child-minding or jobs like those on the card? (listed were: shopping, meal preparation, housework, house repairs, gardening)
2. In the last year, have you done any volunteer work for an organisation?
3. In the last week, have you gone out with anyone (except the people you live with) to things like the pictures, for lunch, on a shopping trip or to watch a sporting event?
4. Have you been to see anyone in their home in the last week?
5. Have you been to any clubs, meetings, or organizations in the last month?
6. Is there someone with whom you enjoy common interests, activities or outings?

#### *Mental health*

1. Life is hard for me much of the time.
2. I have a lot to be sad about.
3. I sometimes worry so much that I can't sleep.
4. Little things bother me more this year.
5. Things keep getting worse as I get older.
6. I sometimes feel that life isn't worth living.
7. I get upset easily.
8. In the past year, have you been severely depressed?
9. In the past year, have you had major fears or worried a very great deal about something?

Table 2. Correlations of retirement adjustment difficulty with specific retirement problems ( $n = 467$ )

	Problems				
	Financial consequences	Missing workmates	Boredom	Getting used to the change	Nothing good about retirement
Retirement adjustment difficulty	0.05	0.08*	0.35**	0.28**	0.40**

\*Significant at the 0.05 level. \*\*Significant at the 0.001 level.

### Retirement adjustment

A minority of the retirees experienced a troublesome transition from worker to retiree. Retirement adjustment was seen as difficult by 15%, while a further 17% described the experience as somewhat difficult. Sixty-eight percent claimed to encounter no problems at all.

Adjustment difficulty showed a slight negative relationship to years retired ( $r = -0.13$ ,  $n = 482$ ,  $P < 0.01$ ), education ( $r = -0.10$ ,  $n = 485$ ,  $P < 0.01$ ) and occupational status ( $r = -0.14$ ,  $n = 475$ ,  $P < 0.01$ ). It was not related to country of birth, religion or age at retirement. No sex differences emerged, even after controlling for years retired, a variable that may have been masking a sex difference. It will be recalled that women were longer retired than men and that reports of a difficult retirement were somewhat less likely to occur with the passage of time.

### Problems experienced and adjustment difficulties

Apart from providing an overall evaluation of their adjustment, retirees were asked to pinpoint the specific things about retirement that caused distress. Among the most frequently mentioned complaints about retirement were the financial consequences (25%), missing workmates (23%), boredom (10%) and getting used to the change (8%). Seeing nothing good about retirement was a problem for 16% of retirees.

Self-reported difficulty with retirement adjustment was correlated notably with three of these specific retirement problems (see Table 2). Boredom, getting used to the change, and seeing nothing good about the experience were notably linked with a difficult adjustment; financial consequences and missing work mates were not.

### The 'approach variables' and adjustment difficulties

Forty percent of the retirees expressed a preference for continuing in the workforce. The other approach variables, reasons for retirement, were collapsed into four major categories. In 35% of cases, retirement

was age related. In Australia, men retire at 65 and women at 60, at which time they are eligible to apply for an old age pension. Few workers have the option of working after they have reached retirement age. For 32% of the retirees, poor health influenced the retirement decision. Work related reasons for retirement were offered by 25% and referred mainly to wanting to stop work or closing businesses. The final category which applied to 17% of the retirees covered personal reasons such as spending more time with family and friends.

The extent to which the circumstances preceding retirement influenced the experience of this life event were examined by relating reluctance to retire and reasons for retirement to self-reported adjustment. As expected, a strong positive correlation of 0.37 ( $n = 475$ ,  $P < 0.001$ ) emerged between a preference to stay in the workforce and difficulty adjusting. Of the reasons for retiring, only poor health was related notably to the retirement experience. Those retiring for health reasons were somewhat more likely to experience a difficult adjustment ( $r = 0.17$ ,  $n = 470$ ,  $P < 0.001$ ).

### The prognosis: how global and enduring are retirement difficulties?

In order to answer this question, only a subset of the data was used—those retirees who had been retired for one year but no longer than 10 years.

The lower criterion was selected to exclude cases where retirement was a very recent experience, as the literature suggests a marked change in attitude at the one year mark [8, 16, 21]. The upper cut-off was more arbitrary, but was intended to exclude those for whom retirement was very much a life event of the past. The number of retirees eligible under these criteria was 292.

Not surprisingly, retrospective reports of difficulty adjusting to retirement were significantly and notably related to a number of the current quality of life indices (see Table 3). One purpose of this paper, however, is to investigate whether the specific circumstances and reactions to retirement have different implications for both the scope and persistence of

Table 3. Correlations between the retirement adjustment variables and quality of life indices ( $n = 257$ )

Retirement adjustment variables	Quality of life indices						
	Mental health	Life satisfaction	Income adequacy	Economic well-being	Health	Activities	Community involvement
Difficulty adjusting	-0.31***	-0.21***	-0.19***	-0.18**	-0.16**	-0.26***	-0.13*
Health related retirement	-0.22***	-0.13*	-0.16**	0.01	-0.30***	-0.18**	-0.11*
Reluctance	-0.13*	-0.05	-0.12*	-0.09	-0.06	-0.10	-0.08
Getting used to change	-0.04	0.00	-0.13*	-0.09	0.06	0.05	-0.01
Boredom	-0.20***	-0.17**	-0.10	-0.11*	-0.08	-0.21***	-0.14*
Nothing good	-0.37***	-0.20***	-0.24***	-0.21***	-0.21***	-0.27***	-0.19***

\*Significant at the 0.05 level. \*\*Significant at the 0.01 level. \*\*\*Significant at the 0.001 level.

Table 4. Correlations of specific retirement factors with the quality of life indices controlling for possible confounding variables

Retirement styles	Quality of life indices						
	Mental health	Life satisfaction	Income adequacy	Economic well-being	Health	Activities	Community involvement
Retiring for health reasons controlling for:							
current health	-0.08	-0.03	-0.07	0.05	—	-0.09	-0.04
Nothing good about retirement controlling for:							
current economic well-being	-0.34***	-0.20***	0.17**	—	-0.18**	-0.27***	-0.14*
current income adequacy	-0.31***	-0.18**	—	-0.15**	-0.17**	-0.25***	-0.17**
current health	-0.32***	-0.14**	-0.20***	-0.20***	—	-0.24***	-0.14**
community involvement	-0.34***	-0.19***	-0.22***	-0.20***	-0.17**	-0.25***	—
reluctance	-0.35***	-0.19***	-0.21***	-0.20***	-0.20***	-0.26***	-0.17**
boredom	-0.33***	-0.15**	-0.21***	-0.19***	-0.19***	-0.21***	-0.15**
Boredom controlling for:							
economic well-being	-0.22***	-0.21***	-0.03	—	-0.07	-0.22***	-0.10
income adequacy	-0.22***	-0.21***	—	-0.10	-0.07	-0.23***	-0.11
reluctance	-0.17**	-0.16**	0.04	-0.11*	-0.09	-0.17**	-0.11*
nothing good	-0.07	-0.11*	0.00	-0.04	0.01	-0.12*	-0.06
Reluctance to retire controlling for:							
nothing good and boredom	-0.02	0.01	-0.05	-0.02	-0.01	0.00	-0.02

\*Significant at the 0.05 level. \*\*Significant at the 0.01 level. \*\*\*Significant at the 0.001 level.

adjustment problems, as Levy's [16] findings would suggest. Therefore, the correlates of difficulty adjusting discussed above (boredom, getting used to the change, seeing nothing good about retiring, health related retirement, reluctance to retire) were related in turn to seven quality of life indices—three reflecting satisfaction with various aspects of life (i.e. income, health and activities), two reflecting global satisfaction (i.e. mental health and life satisfaction), one reflecting economic well-being and the other community involvement.

Three of the factors associated with experiencing a difficult transition appear to have global and long term consequences (see Table 3). Firstly, those who retired for health reasons tended to be dissatisfied with their lives subsequently, less active and in poor health. Their dissatisfaction and inactivity seemed to be largely due to poor health, since the correlations approached zero when the effect of current health status was partialled out (see Table 4).

Second, having a very negative attitude to retirement, expressed through seeing nothing good about the experience, was associated with a consistently disgruntled and socially uninvolved lifestyle after retirement. It was also linked to low income (see Table 3). One possible interpretation of this pattern of results is that poverty is the underlying explanatory variable. This hypothesis was tested by correlating nothing being good about retirement with the quality of life indices while controlling for economic well-being (see Table 4). Although the correlations were reduced marginally, the relationships remained significant. Similarly, neither income adequacy, health nor social involvement could explain the consistent relationship between having a negative reaction to retirement and later quality of life.

Third, complaints of boredom also appeared to have a negative prognosis. Such complaints characterized retirees who later were less satisfied with life, less well off financially, had poorer mental health, time on their hands and were less socially involved (see Table 3). Again neither economic well-being nor perceptions of income adequacy could explain these relationships (see Table 4).

In contrast were retirees who were reluctant to retire or who experienced problems with adaptation. Although there was a significant tendency for reluctant retirees to have slightly poorer mental health than others and to feel less financially secure, the correlations were very weak. Furthermore, reluctant retirees were no less satisfied with their lives as a whole (see Table 3).

Even less likely to have long term or global consequences were problems in adjusting to the new status of retiree. Although this complaint was related to later concern about income adequacy, it could not be linked with any other quality of life index, including economic well-being (see Table 3). For the most part, difficulties in coping with the change were transitory.

#### Overlap in retirement styles

In the analyses presented so far, reluctance to retire, retiring for health reasons, having problems with change and holding a negative attitude, either by seeing nothing good about retirement or finding it boring, have been identified as the specific factors associated with experiencing difficulties in adjustment. These variables have then been compared as correlates of later quality of life indices. In so doing, however, no attention has been given to possible overlap among these specific retirement factors and the extent to which one confounds the other. Of particular concern in this regard were the relatively sizeable correlations of 0.21 ( $n = 457$ ,  $P < 0.001$ ) and 0.32 ( $n = 450$ ,  $P < 0.001$ ) of reluctance to retire with complaints of boredom and seeing nothing good about retirement respectively. Similarly, boredom correlated quite highly with seeing nothing good about retirement ( $r = 0.30$ ,  $n = 448$ ,  $P < 0.001$ ).

In order to establish whether or not the effects of the specific retirement factors on quality of life could be accounted for by each other, a series of partial correlation analyses were carried out whereby the effects of confounding specific retirement factors were removed (see Table 4). On the basis of these analyses, health related retirement, poor adaptability to change and reluctance define distinctive retirement styles.

The weak, but significant, relationships between reluctance to retire and the quality of life indices all but disappeared when attitude to retirement was partialled out, thereby supporting Levy's [16] conclusion that reluctance to retire is not in itself a predictor of later quality of life. Finding retirement boring and seeing nothing good about retirement, however, are less easily disentangled. They correlate with each other, both have long term implications for life satisfaction and fulfilment, and the correlates of boredom can be explained to a notable degree by seeing nothing good about retirement. Thus, boredom and seeing nothing good are probably attitudinal responses which reflect the same underlying construct.

The retirement factors, reluctance to retire, finding the change difficult, retiring for health reasons, and having a rejecting attitude to the retirement experience seem to be empirically distinct, with the former two having short-term negative effects and the latter two having long-term consequences for well-being.

#### *Factors analyzing the correlates of difficulty adjusting*

The four poor adjustment styles, derived from examining the way in which the major retirement problems were related to quality of life indices, were tested further for their cohesiveness and distinctiveness by using factor analysis. Only the 108 poor adjusters were used in this analysis, since the purpose was to delineate different styles among those who were having difficulties. Because of redundancy in some of the quality of life indices, life satisfaction was omitted in favour of the mental health scale. Included were a number of social structure variables—sex, years retired, migrant and occupational status and education.

Data were analyzed by means of principal axes factor analysis followed by a varimax rotation. Using an eigenvalue cut-off of one, a seven factor solution was adopted, accounting for 70% of the variance. Four of these factors related to the retirement styles identified earlier. In the factor descriptions presented below, all loadings equal to or above 0.30 are reported.

One confirmed style was retirement in poor health. The factor was defined by loadings of 0.65 for retiring for health reasons,  $-0.71$  for current health,  $-0.64$  for mental health,  $-0.46$  for income adequacy and 0.36 for having time on one's hands.

The second confirmed style was negativism. The factor was defined by boredom (0.59), seeing nothing good about retirement (0.60) and mental health ( $-0.30$ ).

The style of disruption was represented by a specific factor with a loading of 0.86 on the item, difficulty adjusting to the change. The absence of significant loadings on the quality of life variables confirmed that this retirement problem had no long term consequences.

The third factor brought together reluctance (0.46), seeing nothing good about retirement (0.33) and community involvement ( $-0.55$ ). This was partial support for the retirement reluctance style postulated earlier. As expected, the quality of life indices, with the exception of community involvement, did not

load on this factor. Less welcome, however, is the significant loading on nothing good about retirement which clouds the separateness of the dimension.

How these styles are optimally conceptualized can only be resolved with new variables and new data sets. In the meantime, there is more evidence for separating a reluctant style from a negative, rejecting approach than for treating them as one. The results of the factor analysis can be explained by reluctance being a step toward retirement negativism, but a step beyond which many do not progress. In other words, negativism includes reluctance, but reluctance does not necessarily involve negativism. Furthermore, at the item level of analysis, the data support separating the constructs and contrast the short term correlates of reluctance to retire with the long term correlates of a negative, rejecting response.

The remaining factors in the factor analysis were defined by the social structure variables: occupational status and income defined one, years retired and sex another, and education a third. These results suggest that the retirement styles are not typical of any particular social group in our society. Poor adjusters come from all social strata.

#### DISCUSSION

This paper focuses on the minority of retirees who report difficulty in adjusting when the worker role is relinquished. Consistent with U.S. data, a third of retirees from a large urban area in Australia reported experiencing problems of some kind upon retirement. This proportion was the same for the male and female respondents. As such, these data fail to support Atchley's [2] proposition that women take longer to adjust than men. Possibly, however, the lag noted by Atchley is not of sufficient magnitude to be apparent in a large cross-sectional study of retirees 60 years of age and over.

Having identified a sizeable proportion of retirees who recall a problematic transition, the paper questions the unidimensionality of the retirement adjustment construct and seeks to define types of poor adjustment. Initially the issue is addressed by identifying the approach to retirement and the specific reactions to retirement that are linked with difficult retirement experiences and to later poor adjustment. Subsequently, a factor analysis of poor adjusting retirees was carried out to explore further the structure of poor adjustment. These analyses also provided the opportunity for testing Levy's [16] finding of differences in adaptation among unwilling and unhealthy retirees on a larger and more representative sample.

Reluctance to retire was correlated with a difficult transition, but did not have the long-term and wide ranging effects on life style that retiring for health reasons had. Those who had retired for health reasons not only reported finding retirement adjustment difficult, but also reported lower levels of morale and activity after retirement and continuing poor health. Thus, while these data support the widely accepted view that pre-retirement anticipation and health are both important factors in successful retirement adjustment, they also confirm Levy's [16] findings that the nature of this impact is vastly different. Pre-

retirement anticipation, as assessed by reluctance to retire, predicts only initial disequilibrium and disruption. In all probability, reluctant retirees will restructure their world and equilibrium will be restored with time. In contrast, those retiring because of poor health do not show the same resilience, due largely to continuing illness.

Apart from willingness to retire and health related retirement, the present study identified three other specific retirement reactions associated with a difficult adjustment—firstly, a problem of adjusting to the change in lifestyle, second, the adoption of a negative set to retirement, and third, the problem of boredom. The first seemed to be a distinctive style of maladjustment, the second and third are not distinguishable from these data.

Those who simply found the change difficult to get used to were no more likely to be reluctant to retire, in poor health, or negatively disposed to retirement. Change itself seemed to be the essence of their difficulties. Their initial problems, however, did not appear to be either enduring or all-encompassing. Their only concern later on was not having sufficient money, a subjective reaction which was not justified by our objective measure of economic well-being. Because loss of work and loss of income are so inextricably tied, concern about change may manifest itself in insecurity over finances which may linger for some time without other aspects of quality of life being negatively affected.

Having a negative attitude to the retirement experience was associated with discontent in a wide range of areas. For those who saw nothing good in retirement, the pervasiveness of the feelings of dissatisfaction later on could not be explained in terms of forced retirement as measured by either reluctance or retiring for health reasons. Similarly, the later problems of those who complained of boredom do not appear to be due to retiring earlier than desired. One interpretation is that these negative attitudes to retirement are responses to the retirement experience, reflecting disappointment with what the new role has to offer and despair at what the future holds. Alternatively, and quite consistent with the relatively strong correlations between attitudinal reactions to the experience and reluctance prior to the experience, is the proposition that the negative attitudes pre-date retirement.

This proposition needs to be examined in future research with important implications for conceptualizing retirement adjustment. In this paper we have argued for distinguishing two variables that have traditionally come under the umbrella of the third risk factor, pre-retirement anticipation. Reluctance to retire, while correlated with a negative attitude to retirement, does not present the same long-term and global adjustment problems that negativism does. The possible differential effects of what might be called the cognitive and affective components of pre-retirement anticipation warrant further attention.

Those who adopt negative views of retirement may be appropriate targets for retirement preparation programs. They may represent a group comprised of what Lehr and Dreher [22] would call unfulfilled retirees—persons who lack activities that they find

satisfying and that enable them to achieve yet unattained goals. Similarly, Atchley [2] proposes that poor adjustment occurs when retirees hold values that cannot be attained in the retirement role. Both Lehr and Dreher and Atchley's explanations of poor retirement adjustment provide a basis for intervention along the lines of value clarification and/or modification.

Yet another interpretation is relevant to those retirees who adopt a particularly negative stance and see retirement as having nothing to recommend it. Johnson [23] would describe this as "the retirement syndrome". He argues that the response is attributable to personality and not to the life event itself. Retirement gives some people simply "more time and plenty of energy for previously latent maladjustment to come to full bloom and dominate all spheres of living" (p. 314).

#### CONCLUSION

The data presented in this paper demonstrate that poor adjustment takes different forms with very different consequences for those concerned. In some cases, adjustment problems are short lived and contained. In other cases, they are long-term, and related to a number of quality of life indices.

Recognizing these differences should influence retirement research in two ways. First, more caution should be shown over the selection of the criterion variables. The extent to which the adjustment index is specific to retirement rather than general is clearly important, as is the issue of whether or not the measure is of short or long-term adjustment. Second, these data warn researchers against considering all those who report adjustment difficulty as a single group. Adjustment difficulty appears to be a multi-dimensional construct in terms of sources, consequences and also interventions. For the chronically ill, intervention may be limited to the provision of adequate medical services. For those whose attitude is rejecting and negative, retirement counselling programs may be necessary and successful. For reluctant retirees and those who resist change, short-term support may be all that is required while they are given time to restructure their lives. An alternative solution may involve helping these retirees stay in the workforce until they are ready to retire. Unless these different retirement experiences can be clearly identified and differentiated empirically, particularly in longitudinal research, the questions of when and what kinds of interventions are useful for retirees having problems will remain largely unresolved. What is clear at this stage is that no single approach will suffice because there is no one adjustment problem.

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