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Health and the Transition from Employment to Retirement

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Abstract

The relationship between employment and retirement is changing dramatically. In contrast to an earlier pattern of relatively stable career employment leading to retirement around age 65, increasing numbers of men and women are leaving their major employment situation earlier. The process of retirement therefore takes on new meaning and duration. The segment of a person's life between stable career employment and permanent retirement at pensionable age can be quite disruptive, involving difficult job searches, employment at lower levels than before, lower wages and repeated job displacement. There is virtually no research about the effects of life course instability in mid- to late-life on health, but limited research on instability early in the working life shows that instability leads to increased mortality. The possibility that labour force instability later in life has adverse health consequences is great and merits further investigation.

A new pattern of the life course is emerging in Canada and other highly industrialized societies. This pattern, we believe, has significant consequences for health. We are thus arguing in a sense that a new social determinant of health be added to our conceptual toolkit. Virtually no solid research evidence exists to establish the parameters of this problem, but existing research does give us some clear guidelines as to where to focus our research efforts if we want to establish those parameters. Our task in this paper is to a) describe the emerging pattern of the life course; b) make a tentative case that there are potential adverse health outcomes from this new pattern; and c) distinguish this phenomenon from closely related phenomena. Finally, (d) we will sketch out some potential research approaches that will lead to policy-relevant knowledge in this area.

The Traditional Pattern of Work and the Life Course

In our society most adults are employed for a large part of their lives, and most eventually reach a point when they cease to be employed. The life course, defined in relation to work, has been thought of simply as having three major components: a period of pre-work (or education), a period of work, and a period of retirement (Kohli, et al., 1991).

Moreover, the period of work has been considered to be relatively stable, and the timing of retirement has also been considered to be relatively fixed and non-problematic.

With the exception of some turmoil or “churning” (Myles, Picot and Wannell, 1993) marking the transition of young persons from education into the paid labour force, individuals have been thought to spend most of their adult years in a stable progression of linked jobs within one company or at least one industrial sector, and the progressive nature of this employment could be referred to as a “career”, or “career employment” (Ruhm and Sum, 1989).

This conception of the life course in relation to work has formed a taken-for-granted backdrop, an assumed “normal” career pattern which, in turn, stimulates research and policy questions about departures from this pattern. We have research on difficulties in making the transition into employment, we have research on unemployment and its consequences, and we have research on variability in the timing of retirement and the consequences of retirement. There are two ways in which our topic departs from such policy and research questions. First, we call attention to the fact that this assumed normal career pattern is becoming less common. In its place, a new structuring of work and the life course is emerging, and we will describe that new

structuring. Second, we focus on the whole pattern rather than on segments such as labour force entry or the event of retirement. We will suggest that the whole is greater than the sum of the events which constitute it, and that this whole has important policy-relevant consequences for health.

The Emerging Pattern of Work and the Life Course

We see many signs that a new pattern of the life course, as structured by work, is emerging. This is shown in chart 1.

Chart 1: The Traditional and Emerging Forms of the Life Course

The period of education early in life has increased. We now recognize that entry into career jobs is typically preceded by a transition period during which the individual will probably occupy several jobs, of poor quality, and may well experience unemployment (Lauzon, 1995; Myles, Picot and Wannell, 1993). The duration of career jobs is declining because of a trend towards earlier retirement and the emergence of a new transitional phase linking departure from the career job to ultimate permanent withdrawal from the labour force (Doeringer, 1990). We call the latter the “retirement event” in the chart and when, in our discussion, we use the term “retirement”, we mean permanent withdrawal from the labour force¹. Our interest in this paper is in the health consequences of the emergence of the transition phase from career employment through retirement in this sense.

Let us first look at the trend towards early retirement. In the past several decades, the labour force participation rate of Canadian males aged 55-64 has been falling, while previous increases in female labour force participation have levelled off (McDonald and Chen, 1994). The total pattern is accounted for by a marked decline in the rates for men from 86.4% in 1956 to 62.0% in 1992; while the rate for women, which had increased between 1956 and 1986, has now levelled off at 36.4%. The average age of retirement is 62 and likely to fall considerably below that.

¹ However, withdrawal is not guaranteed to be permanent until someone is dead or completely disabled. Many individuals define themselves at some point as retired, within this meaning of the term, but subsequently re-enter the labour market.

Complete withdrawal from the labour force is only one possible consequence of exit from a career job: others are unemployment while looking for work; a period of inability to work due to illness or disability, or re-employment full or part time (Schmähl, 1989). There is considerable evidence that the options for older workers are less desirable than for younger workers (Advisory Group, 1994; Lauzon, 1995; Picot and Wannell, 1987).

Many people who retire from career jobs return to work in what are referred to as “bridge jobs”, and this is more likely to occur if retirement is very early. The return is also likely to be to part-time work. The 1991 Survey on Aging and Independence found, with a representative sample of adult Canadians, that 21% of men who described themselves as retired, and 11% of women, said they returned to paid employment. These tend to be highly educated skilled workers and professionals or managers, rather than people with less education or human capital. Fully 76% of men and 88% of women who returned to paid employment did so as part-time workers (Schellenberg, 1994, p.28).

A growing percentage of older workers are in part-time as opposed to full-time work, and not always by choice. For all men aged 55-64 who are working, the percentage in part-time work rose from 3% to 7%; while the percentage of employed women aged 55-64 working part time rose from 25% to 30% over the period 1981 to 1993 (Schellenberg, 1994, p.45). Working part-time is sometimes by choice, but sometimes it is due to family or personal responsibilities or an inability to find full-time work. The percentage of part-time workers (aged 55-64) in 1993 who fell in this "involuntary part-time work" category was 41% for men and 27% for women (Schellenberg, 1994, p.25). Taking a broader view of all older workers -- using that definition of age 45 and older, then 14% (or just under half a million) are employed part-time, and of these one-third do so because they cannot find full-time employment (Schellenberg, 1994, p.26, based on 1992 data).

Additional evidence for the instability of the transition period following career jobs is a recent Statistics Canada report by Heisz (1996), which asked a number of questions about whether short-term jobs are becoming more common and “life-time” jobs less common. Heisz estimates the average length of a new job created over the period 1981 to 1994, and examines

job length for new jobs entered by people of different ages.² The average duration of a new job start over this period was 3.7 years, with little variability over time. However, a polarization occurred in which the proportion of jobs which lasted between 1 and 5 years dropped from 21% to 16%, and the proportion of jobs lasting less than 12 months increased from 59% to 64% (jobs lasting between 5 and 20 years remained constant at 6%). Workers who accumulate more than one year of seniority in a job have greater chances of long-term job tenure, but it is becoming harder to get past that first year.

Of interest for our purposes is the age distribution of short-term jobs. While the proportion of new jobs that lasted more than one year dropped for all groups, it dropped the most for workers aged 45 and older. The proportion of one-year jobs (those that made it past the first barrier) that went on to last more than five years rose for both young and old age groups.³ Over the period of study, the situation for older workers who found themselves in the labour market worsened. As Heisz (1996, p.3.6) puts it, "... workers aged 45-54 and 55-64 when they started their jobs experienced shorter job tenure at the end of the period than at the start. For both of these groups, the average length of a job fell by 0.8 years, or 9.5 months, between 1981 and 1994".

These and other available national-level Canadian data probably understate, but nevertheless presage the emergence of a new pattern of work and the life course. Just as a huge bulge of baby boomers is entering the "older worker" category, corporate restructuring is going on in an unprecedented scale, with massive job losses. A favoured restructuring mechanism is to provide incentives for older workers to leave paid employment. Older workers are concentrated in industrial sectors that experience forms of restructuring leading to job displacement and early retirement (Useem, 1994).

About one-third of all career jobs in the United States have ended by the time the incumbent is 55, and about half have ended by age 60 (Doeringer, 1990, p. 6). Earlier departure

² The data are from the monthly Labour Force Survey for the period 1976-1994. Job tenure refers to number of consecutive months a person has worked for the current employer. The survey excludes the self-employed, which restriction may have particular relevance for post-career job incumbents.

³ We must here ignore interesting sector and gender differences that are presented in the article.

from career jobs is now increasingly followed not by complete and permanent exit from the paid labour force, but by an experience of one or more additional jobs that "bridge" to complete retirement (Ruhm 1990). There are many routes to retirement, and today about 30%-40% of people who move into a "final" retirement and completely leave paid employment do so through a process that includes some part time employment or work in bridge jobs before the final exit from the labour force (Doeringer, 1990).

The instability inherent in this emerging pattern is evident in American data showing that three-quarters of all *bridge jobs* for older male workers involve a change in occupation or industry, and more than half lead to pay cuts of 25% or more (Doeringer, 1990, p.7; see also Ruhm and Sum, 1989).

Sociologists have customarily thought of a career as a property of the social structure of a firm (Sorenson, 1986); but firms are increasingly rejecting the idea that their employees should have careers provided to them by the firm. For example, companies like Prudential in the United States, Bell Canada, and Nova Corporation are either erasing the very concept or redefining it. Prudential prohibits the use of the term career in any of its human resources documents, as it does not want to establish false expectations. At Nova, the company has an "Employee Transition and Counselling Centre" but it fosters the notion that "you are your career". Career in this milieu ceases to be a property of social structure and comes to be a property of the individual.

We want to emphasize that these two patterns are ideal types. The traditional pattern here is undoubtedly more applicable to men than to women (Myles, 1990) -- but it is one that until recently was coming to be approximated by larger proportions of women than had been the case with earlier cohorts.⁴ Another gender difference is the likelihood that female occupational careers will have been more disrupted for longer periods of time than those of men, because of their greater likelihood of temporary and also permanent withdrawal from the labour force due to child-care. But our purpose here is to describe the general changes that are occurring in the ways

⁴ Myles (1990) refers to the "fordist life cycle" that emerged following the Depression and World War II, in which the state, labour and capital attempted to link wages to rising productivity and to create stable labour markets culminating in an extensive period of retirement associated with a "retirement wage" that would be a stimulus to consumption. Constructed "with men in mind", its pervasiveness began to erode, Myles argued, during the 1980s, for complex reasons explored in his chapter.

in which the life course is structured by work. This will then lead to research questions about gender patterns, social class patterns, cohort and ethnic and racial patterns in the ways in which the life course is structured by work, and to questions about the consequences of these different patterns. Our concern is with health consequences.

Health Consequences of Life Course Instability

Doeringer (1990, p. 7) calls the traditional career pattern the "economic security package". Stable work led to government and private pensions, job-based health insurance, protection from layoff, predictable promotions, and seniority as a criterion in promotions and protection from layoff. Aging, in this model, was a positive thing because it led to more seniority and, with the passage of the years, promotion and higher wages. According to Doeringer, most retirees today have experienced this old pattern and ended up economically secure.

Recent and future retirees, however, will have experienced the emerging pattern with adverse economic consequences, including adverse consequences for their health. These effects are likely to be indirect, through the loss of economic security (which is known to produce negative health effects), and direct, through the loss of general feelings of security and predictability.

Currently, older workers in our society are caught in a situation of changing expectations. Many of them -- men more likely than women, white collar and pink collar more likely than blue collar perhaps, unionized more likely than non-unionized -- might reasonably have expected to have traditional careers. The corporate restructuring of the past few years is unanticipated. For some, who took attractive early retirement incentives and whose career jobs, until they lost them, had been economically good and very stable, early retirement has been a welcome career disruption. But in our research we also detect anger, a sense of betrayal, and a sense of economic uncertainty from employees facing the prospects of job loss through corporate downsizing, and from former employees who have taken early retirement or been displaced.⁵

⁵ We refer to a series of case studies conducted by the Issues of an Aging Workforce Project (V. Marshall, Principal Investigator), conducted at: Sun Life Assurance Company of Canada; Prudential Life Insurance Company (USA); the garment industry sector in Montreal and New York City; Nova Corporation (Alberta); and Slater Steels (Hamilton, Ontario). A seventh study was conducted with over 2,000 former employees of Bell Canada (Ontario). The study was funded by Human Resources Development Canada through the Innovations Fund. The case studies

There is not much solid evidence about the health effects of career disruption, but we believe it should be a priority area for research. While voluntary retirement at any age has no apparent adverse health effects (and might even enhance health), the negative health effects of involuntary and early retirement may be understood in light of what is known about the importance of predictability and control over life events. Minkler's review of the retirement literature identified many factors that predispose retirement to become a stressful life event (Minkler, 1981): poor timing, a lack of anticipation, a lack of control over the event, or potential economic problems. All of these might be increased when retirement occurs as a consequence of corporate restructuring. Herzog et al. (1991) argue that retirement only has negative effects when individuals are forced to retire against their personal preferences. They found that individuals over the age of 65 who were able to retire voluntarily reported significantly higher life satisfaction than those who had experienced retirement involuntarily. Other studies have found that early involuntary retirement decreases retirement satisfaction (Beck 1984) and overall well-being (Peretti and Wilson 1975).

Unscheduled and early exit from work might influence health indirectly through its impact on income, which has been shown to be an important predictor of life satisfaction in retirement (Fillenbaum, George and Palmore, 1985). While there is some evidence to suggest that older individuals may express financial satisfaction with fewer economic resources than younger or middle-aged adults (see George 1992 for a detailed review), insufficient income may not only lead to reduced life satisfaction, but may also adversely affect health if there is inadequate income to purchase necessary aids and devices or home care, or to allow for adequate nutrition.

Some American studies have found that early involuntary retirees (due to health or layoffs) are at greater risk for poor economic well-being than voluntary retirees (Boaz and Muller 1990; Hausman and Paquette 1987). Women, in particular, have been shown to have reduced retirement incomes (Ballantyne and Marshall 1995), which may adversely compromise their life satisfaction and health. Similarly, some evidence suggests that blue collar workers are

less likely to obtain early pension benefits and other financial incentives than white collar workers if they experience early retirement (Schellenberg 1995).

But we wish to distinguish between events such as job loss or retirement and the new life course pattern which incorporates sequences of these events in a new period of instability. There is virtually no research about the effects of life course instability in mid- to late-life on health, but limited research on instability early in the working life shows that instability leads to poor health, net of unemployment or income factors *per se*. Elder and colleagues have provided some rare evidence on the health effects of general life course instability. Elder and Pavalko (1993) have described different patterns of the retirement transition process in men of two generational cohorts. The younger cohort retired at earlier ages and followed a more complex transition; the older cohort retired at later ages and was more likely to exit from employment to retirement in a single transition. Most of the sample retired gradually (46%), while many exited in a single transition (30%). Elder and Pavalko (1993, p.S188) summarize their findings as follows:

... net of other factors, men in the older cohort are still more likely to retire in a single transition. Compared to professionals, men in sales, clerical, or technical occupations were more likely to retire abruptly.... It may be that these workers, particularly those who are not self-employed, have fewer options for partial retirement than professionals or high-level managers and executives, many of whom did some kind of consulting or teaching on a part-time basis.

The health consequences of these transition patterns are described in a companion paper using the same data (Pavalko, Elder and Clipp, 1993). They report that “men who experienced a period of several unrelated job shifts have a mortality risk that is 57% higher than those who do not have such a period” (Pavalko, Elder and Clipp, 1993, p.374). This relationship is not adequately accounted for by a number of potential explanatory factors measured in this study: physical health, alcoholism, anxiety and depression measured in 1960; or variability in occupational status in 1959. Much of the observed effect was due to unrelated job moves *early* in the individual’s career, suggesting, the authors say, that later entry into career jobs has negative implications for health. The authors take the position that more than just the nature of the job is important; rather, it is “the pattern and order of those jobs as they form a worklife” (p. 375). A work stress model does not explain the observed relationships between work history pattern and mortality. The authors then investigate a social class model in which orderly career progression

(rather than many shifts among unrelated jobs) might be associated with economic advantages leading subsequently to better health. This hypothesis could not be tested with their data. However, the authors speculate that an interrupted career path may not provide the same opportunities to accumulate adequate pension or other economic benefits for a secure retirement, which may have adverse effects on health.⁶

Later or mid-life career disruption was not found to be associated with mortality in this study, but the cohorts studied were not exposed to the current economic climate. Thus, we can only speculate as to whether career disruption in middle or later adult life would have the same effects. The possibility that labour force instability later in life has adverse consequences is great, and merits further investigation. Referring to yet another paper with these data from the Terman study (Elder, Shanahan, and Clipp, 1994), Elder notes that men who enlisted for military service in World War II at a later age (over 33 years of age at the time of mobilization) experienced accelerated physical decline in later life compared to those who enlisted at younger ages. The authors found that this relationship between late-age mobilization and poor health was largely due to the accompanying life disruptions, such as unstable postwar work careers, experienced by older recruits (Elder, et al., 1994). For instance, late-mobilized men (excluding physicians) were less likely to have upward progressing work careers than men who entered the war at younger ages, most likely because career initiation at older ages is very difficult. Following the War, the older recruits were more likely to experience sporadic health problems, a linear decline in health through life, and constant poor health compared to men who entered the war at younger ages (Elder, et al., 1994, p.12). Even after controlling for major life events, education, and years lived after the war, this relationship persisted (Elder, et al., 1994, p.13). The authors hypothesize that social coherence and integration are important protective factors for morbidity and mortality (Antonovsky, 1979), and that the disruption occasioned by the War reduces this coherence, which is particularly problematic for people with more established social and life networks. The mechanisms for this observed relationship lie most likely with "negative

⁶ Note that this explanation places income as the intervening variable. We postulate that, in addition to effects mediated through income, there should be direct effects due to generalized insecurity and anxiety.

affective and psychological states (e.g. feelings of loss of control) over an unspecified period of time" (Elder, et al., 1994, p.14).

In another rare study that touches indirectly on these issues, Gibson (1991) found that Black Americans who experience "an indistinct line between work and nonwork" will also experience "an ambiguity of retirement status", with adverse implications for mental health (p.S208) .

These studies provide only the most limited evidence that disruptive career transitions have adverse health effects. Their biggest limitation⁷ is their focus on career disruptions early in the adult working life. They are sufficiently persuasive, however, to suggest that concerted research on later life career disruption is warranted. This is particularly so for two reasons: first, the theoretical processes which are postulated to account for the observed relationships between career disruption and health have probable application to later life; second, the growth of the emerging pattern of later-worklife career disruption has ominous implications for the numbers of persons whose health might be threatened in this way.

Distinctiveness of the disruptive transition phenomenon

Disruptive career transition, we have suggested, can be distinguished from some phenomena that are nevertheless implicated in it. Following Elder's work, we surmise that career disruption has effects quite independent of job displacement. Lauzon (1995, p. 19) has recently examined Canadian worker displacement trends and their effects not on health but on income security, and he makes a similar distinction. He suggests that "... a displaced worker may be set adrift on the labour market and suffer repeat displacements as he or she seeks a new job match. This is an important outcome and is in some ways distinct from the unemployment and earnings losses outcomes we have studied so far."

Similarly, career disruption is not equivalent to involuntary retirement, although involuntary retirement must surely exacerbate its effects. Career disruption can follow from an

⁷ The "Terman Study" used by Elder was limited to high-IQ males from one metropolitan area and, of course, to a finite set of birth cohorts (born the first two decades of this century).

unanticipated but voluntary early retirement. For example, in our study of former Ontario employees of Bell Canada, fully 63 % of those who had retired (most on an early retirement incentive program) had not been thinking about leaving Bell until a retirement incentive program was announced. Other aspects of career disruption are caused not by involuntary retirement but by subsequent success in the labour market and by presumably voluntary decisions to pursue educational upgrading. We can make inferences about career displacement from the extensive research literature on retirement and the lesser literature on the health effects of plant closures and job displacement, but we would argue that additional insights can be gained from attention to the distinct phenomenon itself.

Suggestions for research

As Elder's research indicates, longitudinal research strategies are ideal to address this phenomenon. However, his research is limited because his longitudinal sample is so unrepresentative of the general population. With appropriate measurement in a longitudinal design, it should be possible to gather time, duration, and sequence data for transitions following early exit from career jobs. The most relevant events to be tracked, in terms of start-date and end-date, would be: unemployment (out of work but seeking employment, i.e., in the labour force); education; full-time employment; part-time employment; and "retirement" (i.e., out of work and not intending to ever seeking work). Additional important events would be health transitions and changes in family status such as divorce and widowhood.⁸

Chart 2: Suggested Analytical Framework

The complexity of analyses based on such measures should not be understated (Chart 2). An ideal procedure would be to first establish a typology of major transition patterns, which will themselves vary in complexity. For example, the transition sequence, *exit career job, full-time employment (in new job), retirement* is relatively stable, compared to the sequence, *exit career job, unemployment, part-time new job, unemployment, education, part-time new job, retirement*. The hypothetical or arithmetical possibilities for different patterns of transition sequences are enormous. However, data reduction approaches using the logic of cluster analysis would likely

⁸ Probably important if only because they are known to influence the timing of retirement decisions.

yield a manageable number of patterns that would account for a significant proportion of all patterns.

Having established a manageable typology of transition patterns, this typology could then be treated analytically in two ways. Treating the typology as an independent variable, one could investigate the relationship between transition type and health. The small amount of research that we have reviewed suggests that the greater the instability in transition pattern, the greater the decline in health status. If substantively significant and theoretically meaningful relationships were ascertained in this way, the second line of inquiry would be warranted. This would treat the typology as a dependent variable and seek to discover the antecedent factors that lead some people to have more disruptive career transitions than others.

Approximations to this approach can be made even with data files that do not provide complete labour force history, or do not track the educational, family and health events we also consider to be important; and approximations can also be made with cross-sectional studies using retrospective reports about such events. Given our current dearth of research in this area, we should try all available means to increase our understanding.

A host of subsidiary policy and research questions can also be raised, such as: what is the relative impact on health of career disruption that occurs early or later in the working life course? Are family-based disruptions (such as disproportionately affect the work histories of women) more or less consequential for later life health? Are successive birth cohorts affected differently by economic swings and the demand aspects of the labour market, or by the size of their cohort and the supply-side aspects of their labour market experiences? (Myles, Picot and Wannell, 1993). Are members of younger cohorts more receptive to the individualization of careers and the attendant uncertainty of career individuation? Are older workers comparatively disadvantaged because prior but widely and long held expectations that work provides security are being abandoned? (Marshall, 1995b). More broadly, we have drawn two very abstract typologies, referring to them as the “traditional” and the “emerging” patterns of work and the life course. Historical data on age patterns of labour force participation, reframed in terms of the life course, will no doubt demonstrate that this typological distinction is crude indeed. However, we would welcome such research for its conceptual refinement.

Conclusion

The concept of career disruption is not new (see for example, Myles, 1990) but it has been relatively neglected apart from considerations of the transition from education to career employment. In particular, career disruption has only rarely been examined in relation to health status. We have invoked the concept and argued its applicability to understanding the relatively new transitional pattern from stable, career employment to complete withdrawal from the labour force, and the impact of this disrupted transitional pattern on health.

The literature on the health effects of the transition from work to retirement indicates certain focal areas of concern. Specifically, while the retirement event *per se* does not carry health risks, some phases of the retirement process are associated with elevated risks to health, and, most importantly, involuntary early retirement does have significant negative health effects. Policies would be most effective if directed to instilling a sense of control over the transition process, either in the anticipatory phase of the transition or following exit from paid employment; lowering the risk of economic insecurity occasioned by job loss and loss of the ability to accumulate adequate pension benefits; supporting programs to facilitate social support and the maintenance of self-esteem, which is often threatened by retirement and probably placed at greater risk by early, involuntary retirement.

Some general comments about gerontological research might be in order. The changes in the way the life course is structured have something to do with demographic aging but a lot more to do with organizational restructuring in the corporate sector, on a global basis. Theoretically, we can no longer think about work, retirement and the life course without taking seriously the political economy perspective and its attempts to understand the relations between the state and the corporate sector as these shape the contexts of aging. The concept of retirement, so long a part of gerontological study, has to be completely rethought, as does its relationship to work (Marshall, 1995a,c). The concept of career, or career trajectory makes room for a concept of disordered career, and perhaps is itself moving to obsolescence. If we want to understand how the structure of work influences the structure of the life course, we need to rethink some of our conventional concepts.

There is almost no available research literature directly addressing the extent to which disruptive transitions out of career jobs into full retirement impact on health. Neither retirement research nor research on job displacement and unemployment adequately deals with the health impact of restructured life courses. It is time to mount research in this area.

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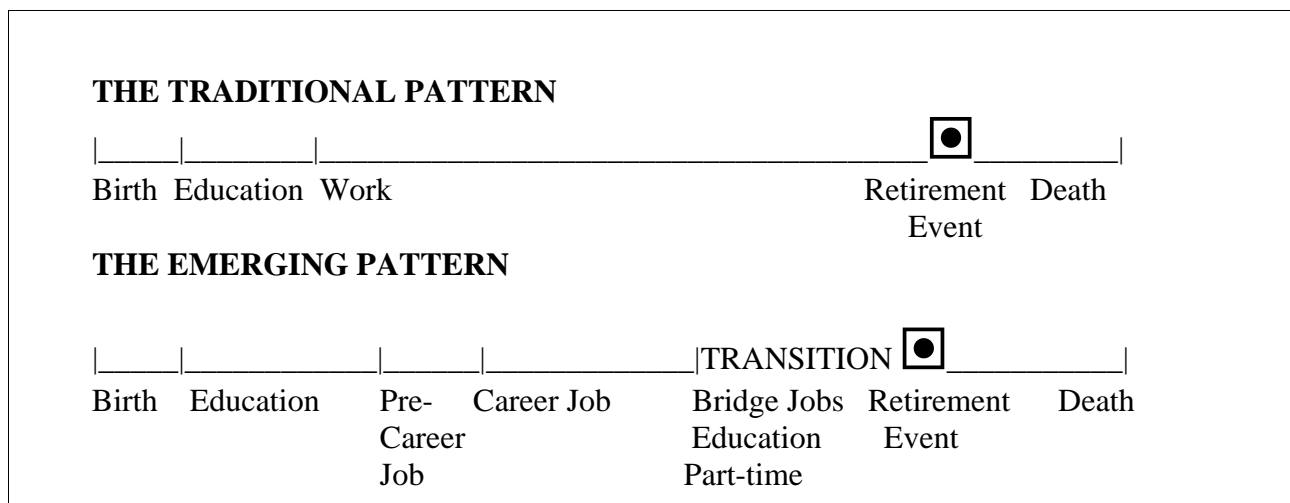


Chart 1: The Traditional and Emerging Forms of the Life Course

ANTECEDENT ⇒ FACTORS	TRANSITION ⇒ TYPES	HEALTH STATUS
cohort	complexity	physical
gender	duration	emotional
class	reversibility	
sector	voluntariness	

Chart 2: Suggested Analytical Framework

IESOP RESEARCH PAPERS

Number	Title	Author(s)
(1996)		
No. 1:	Public Pensions in Canada	J.B. Burbidge
No. 2:	How Old Is Old? Revising the Definition Based on Life Table Criteria	F.T. Denton B.G. Spencer
No. 3:	The Future Population of Canada and Its Age Distribution	F.T. Denton C.H. Feaver B.G. Spencer
No. 4:	Caught in the Middle? Occupancy in Multiple Roles and Help to Parents in a National Probability Sample of Canadian Adults	C.J. Rosenthal A. Martin-Matthews S.H. Matthews
No. 5:	Women, Work and Caregiving: How Much Difference Does a Great Job Really Make?	A. Martin-Matthews C.J. Rosenthal
No. 6:	Health and the Transition from Employment to Retirement	V.W. Marshall P.J. Clarke