

# The Retirement Adjustment Process: Changes in the Well-being of Male Retirees Across Time

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*The purpose of this prospective study was to (1) evaluate the impact of retirement, (2) monitor the change in adjustment across time, and (3) identify the resources predictive of short- and long-term adjustment in retirement. A sample of 117 male retirees was assessed on indices of physical and psychological health, perceived control, retirement satisfaction, and life satisfaction at 2–4 months preretirement, 1 year post-, and 6–7 years postretirement. The results provided support for a positive impact of retirement, as retirees evidenced increases in well-being during the first year. There was also evidence of a retirement adjustment process, in that aspects of well-being (i.e., psychological health) changed from short- to long-term retirement. Finally, physical health, income, and voluntary retirement status predicted short-term adjustment, while internal locus of control was an additional resource for long-term adjustment. Changes in resources over time also differentially predicted short- and long-term adjustment (e.g., an increase in internal locus of control predicted an increase in activity satisfaction at 1 year but not at 6–7 years postretirement).*

ALTHOUGH retirement has received extensive study, the nature of the impact of retirement and the resources important for a successful adjustment in retirement remain unclear. The length of time in retirement may be one factor that accounts for the inconsistency in results pertaining to the impact of retirement in particular (Jonsson, 1993). For example, studies have reported the existence of a negative association of well-being with time in retirement (Bossé, Aldwin, Levenson, Spiro, & Mroczek, 1993; Conner, Dorfman, & Tompkins, 1985; Kneseck, 1992).

However, the process of retirement adjustment may be more complex, reflecting specific patterns of change in a retiree's well-being at different points in time (Atchley, 1976). Atchley's stage model of retirement has received some support in recent studies (Bossé, Aldwin, Levenson, & Workman-Daniels, 1991; Ekerdt, Bossé, & Levkoff, 1985; Richardson & Kilty, 1991; Thériault, 1994). There is also indication that the predictors of well-being or potential resources for a successful adjustment differ depending on the time postretirement (Bossé et al., 1991; Cherry, Zarit, & Krauss, 1984; Romsa, Bondy, & Blenman, 1985). The present research involves a prospective, longitudinal assessment of the retiree's well-being from 2–4 months preretirement to 1 year post- and 6–7 years postretirement. This study was designed to address the effects of time on the impact and process of retirement as well as on the importance of specific resources for a successful adjustment.

## *Impact of Retirement*

The findings of previous research on the impact of retirement have been inconsistent, perhaps due to differences in design (cross-sectional vs longitudinal), time of assessment postretirement, and measures of adjustment used. From a negative perspective, retirees, in comparison with workers, have been found to report poorer health, greater depression and loneliness; lower life satisfaction and happiness, a less positive view about retirement, and lower activity levels

(Atchley & Robinson, 1982; de Grâce, Joshi, Pelletier, & Beaupré, 1994; Ray & Heppe, 1986; Shapiro & Roos, 1982; Walker, Kimmel, & Price, 1981).

In contrast, others have found retirement to have a positive impact on the life of the older adult. Most individuals tend to look forward to retirement (Atton, 1985; Dorfman, 1992; Pinto & Prakash, 1989; Toevs & Hanhardt, 1982) as well as report being satisfied with retirement (Calasanti, 1996; Dorfman, 1992; Kelly & Westcott, 1991; Mattila, Joukamaa, & Salokangas, 1989; Maule, Cliff, & Taylor, 1996; Vinick & Ekerdt, 1991). Retirees even report that retirement has had a positive effect on their health (Ekerdt, Bossé, & LoCastro, 1983) or stress level (Midanik, Soghikian, Ransom, & Tekawa, 1995) and that few problems had been encountered in the first year (Bossé et al., 1991).

Finally, retirement may be a benign event with no apparent impact on an individual's well-being (George, Fillenbaum, & Palmore, 1984; Stull, 1988). For example, Midanik et al. (1995) reported minimal change in measures of mental health, coping, and health behaviors in the short term of retirement.

## *Process of Adjustment*

Atchley (1976) suggested that there may be a changing pattern of adjustment in retirement across time, reflecting different stages or phases of retirement. Early on, in the honeymoon stage, retirees may feel more energetic, healthy, and satisfied as they pursue desired plans or experiment with new activities and roles. Those retirees who have fewer resources or have unrealistic expectations of retirement may move into a phase of disenchantment or letdown during which they experience less satisfaction and/or more distress. As time passes, retirees enter a reorientation phase during which they reassess their life status, accept any limitations, and alter their priorities to further adjustment. As retirees gain acceptance, they begin to settle into a predictable and comfortable daily life pattern during the stability phase.

Death or disability then brings the termination stage of retirement.

Cross-sectional studies have demonstrated a decline in physical or perceived health status with retirement (Shapiro & Roos, 1982) as well as a negative relationship between health status and length of time in retirement (Dorfman, Kohout, & Heckert, 1985). However, physical or perceived health status has also been shown to improve with time (Mattila et al., 1989) or remain stable (Ekerdt et al., 1983; Kremer, 1985) in retirement. When different postretirement times are assessed in the same study, a pattern of change in physical health surfaces that provides some support for Atchley's retirement stages. For example, in an early cross-sectional study, Martin and Doran (1966) found illness rates to drop immediately after retirement but then to increase again in the long term (4–6 years later). In a longitudinal study, Haynes, McMichael, and Tyroler (1977) reported similar findings, specifically, that mortality rates were lower than expected for retirees at 2 years postretirement and equal to the expected national rate at 3–4 years postretirement.

Psychological health measures have been found to remain stable (de Gráce et al., 1994; LaRue, Dessonville, & Jarvik, 1985) or even improve over time postretirement (Mattila et al., 1989). For example, Nelson (1980) reported stability in general affect and a decrease in fatigue for retirees from 2 months pre- to 2 months postretirement. In another longitudinal study, Thériault (1994) found that anxiety levels steadily decreased with time in retirement, the most significant drop being from 6 months pre- to about 1 month postretirement. It appears that psychological health factors may remain stable or improve in short-term retirement, a finding consistent with an interpretation of a honeymoon phase. However, as Palmore (1986) reported, there may be a general decline in the mental health of older adults over a longer time period (10 years).

A third indicator of adjustment, life satisfaction, has also manifested specific temporal patterns within the context of the retirement process (Long & Wimbush, 1985). Using the data from the Normative Aging Study, Ekerdt, Bossé, and Levkoff (1985) found that recent retirees (0 to 6 months) reported the highest level of life satisfaction, whereas more long-term retirees reported lower levels, with the 18-month group experiencing the least satisfaction. Yet others have found a reverse pattern, with life satisfaction and happiness decreasing slightly in the first 6 months to a year following retirement and then increasing from one year on, reaching a point of relative stability in more long-term retirement (Beck, 1982; Bell, 1978; Richardson & Kilty, 1991; Streib & Schneider, 1971).

Again, results on patterns of adjustment in retirement are somewhat inconsistent. Although some findings on physical health (Dorfman et al., 1985; Martin & Doran, 1966) and life satisfaction (Ekerdt et al., 1985) tend to support aspects of Atchley's model of the retirement process, other research (e.g., Bell, 1978) contradicts at least the order of the phases.

#### *Resources for a Successful Adjustment*

Retirees with higher incomes or, at least, adequate finances report being more satisfied with life in retirement (Crowley, 1986; Dorfman, 1992; Fillenbaum, George, &

Palmore, 1985; Seccombe & Lee, 1986). Occupational status has also been found to predict well-being in retirement, with white-collar workers being more successful in their adjustment than blue-collar workers (Osgood & Mizruchi, 1982). In general, the inability to maintain resources, such as level of income, may have a negative effect on adjustment in retirement (Richardson & Kilty, 1991).

A second resource, physical health, has been found to be the most consistent predictor of adjustment in retirement (Bossé et al., 1991; Crowley, 1986; Dorfman, 1989; Dorfman & Rubenstein, 1993; Hardy & Quadagno, 1995; Jonsen, 1993; Seccombe & Lee, 1986; Stull, 1988). In contrast, psychological health has received little attention as a resource in relation to retirement adjustment (Midanik et al., 1995). This is surprising given the often close relationship between physical and mental health among older adults (de Gráce et al., 1994; Himmelfarb, 1984; Romaniuk, McAuley, & Arling, 1983). When present, mental health symptoms may be experienced as more bothersome on a daily basis for the older adult than physical symptoms (Brody & Kleban, 1983). Such symptoms may be prevalent especially among unhappy as compared to satisfied retirees (Abrahams & Patterson, 1978).

Finally, a personality factor, internal locus of control, represents a potential resource for adjustment in retirement. An internal locus of control has been consistently demonstrated to be a resource in adjusting to various life events in the general population (Johnson & Sarason, 1978; Lefcourt, 1976) and more specifically, in the elderly (Krause, 1986; Krause & Stryker, 1984). Individuals with an internal locus of control tend to report less depression and anxiety (Hale, Hedgepeth, & Taylor, 1985; Molinari & Niederehe, 1984), greater happiness and life satisfaction (Abel & Hayslip, 1986; Cohen-Mansfield, 1990; Ziegler & Reid, 1983) and more retirement satisfaction (O'Brien, 1981a).

#### *Present Research*

The purpose of the present study was to assess retirement adjustment within a prospective, longitudinal design. Based in part on Atchley's stage model of retirement, it was hypothesized specifically that (1) the impact of retirement would be positive in the short term (1 year post) with reported increases in physical and psychological health and satisfaction, and (2) that initial increases in adjustment would stabilize or decrease in long-term retirement (6–7 years post). It was also hypothesized that (3) resources for a successful adjustment would differ from short- to long-term retirement. For example, resources such as an internal locus of control may predict short-term adjustment in retirement while physical health may predict long-term adjustment.

#### METHOD

##### *Sample*

The present study involved a 6–7 year follow-up of the Retirement Research Study conducted at the University of Western Ontario (see Acknowledgments). The original sample consisted of 224 male residents of London, Ontario, who had been recruited through contact with personnel departments of major organizations and through the media. Indi-

viduals were excluded from the original study if they were to be employed for more than 10 hours per week, were unable to participate in an exercise program due to physical disability, and/or had planned to be unavailable for an extended time period. The original sample was assessed at 2 to 4 months preretirement and 1 year postretirement.

Retirees were contacted by letter at the 6–7 year follow-up. Of the original sample, 52.2% (117) agreed to participate in the follow-up. Attrition at the 6–7 year follow-up was due to several factors, including failure to respond (26.3%), refusal to participate (9.3%), unable to be located (4.9%), and death (7.1%). The attrition rate was found to be comparable to that in other longitudinal studies of equal duration (Rudinger & Schmitz-Scherzer, 1976).

At 6–7 years postretirement (mean years retired = 6.6), the age range of the participant sample was 61–75 years with a mean age of 68.95 years ( $SD = 2.92$ ) and median age of 70.0 years. The majority of participants were still married (95.7%), with 2.6% widowed, 0.9% never married, 0.9% separated, and 0% divorced. The majority of retirees were previously white-collar workers (65%), with 45.3% reporting current incomes greater than \$20,000 per year. Only 3.6% of the retirees reported income of less than \$10,000 in the past year.

To assess for bias due to sample attrition, respondents in the 6–7 year follow-up were compared with nonrespondents on demographic as well as adjustment (e.g., health) variables. A multivariate analysis of variance (MANOVA) of these variables by participation status was not significant at preretirement [ $F(10,205) = 1.01$ , n.s.], or at 1 year postretirement [ $F(10,197) = 1.42$ , n.s.].

### Measures

*Demographics.* — At 2 to 4 months preretirement, the age, occupational status, projected retirement income, marital status, ethnicity, and retirement type (i.e., voluntary) of the retiree were assessed. Occupational status was defined in terms of white- and blue-collar distinctions. Age, actual retirement income, and marital status were reassessed at the 6–7 year follow-up.

*Summary health measure.* — Fifteen items assessed several aspects of physical health including overall health status, treatment activity, energy level, and functional health. Items were summed to represent two subscales: disability and energy level. Perceived health status, frequency of physician visits and hospitalizations, and medication use remained as single items.

*Kaiser Illness Index.* — This index represents a proxy measure of objective health status that assesses the presence of acute and chronic illness, number of medications, and number of physician visits within the past year (Kisch, Kovner, Harris, & Kline, 1969). A cumulative score of all illness responses, with the type of illness being scaled appropriately for degree of severity, is calculated.

*Symptom Checklist-90 (SCL-90).* — The SCL-90 was developed as a self-report measure of psychopathology

(Derogatis, Lipman, & Covi, 1973). Because measures of psychological distress may be confounded by the presence of physical symptomatology in the elderly (Gurland, 1976; Zemore & Eames, 1979), a modified global distress score ( $\alpha = .95$ ) was adopted in the present research by excluding the somatic subscale.

*Locus of Control (LOC).* — The LOC (Rotter, 1966) assesses an individual's generalized beliefs about personal control within the environment. Several studies have demonstrated the reliability and validity of this instrument across a range of populations (Rotter, 1966) including retirees (O'Brien & Kabanoff, 1981).

*Retirement Descriptive Index (RDI).* — The RDI was developed as a measure of satisfaction with respect to four areas in retirement: activities and work (RDI Activity), financial situation (RDI Financial), health (RDI Health), and people (RDI Interpersonal) (Smith, Kendall, & Hulin, 1969). In the present study, two different frames of reference were used in the assessment of retirement satisfaction. In the preretirement phase the RDI was adapted to represent the individual's expectations for retirement satisfaction. In the postretirement follow-ups the measure reflects the individual's current evaluation of retirement satisfaction.

*Life satisfaction.* — The retirees' global life satisfaction was assessed using a single item indicator. Retirees were simply asked: "In general, how satisfying do you find the way you're spending your life today? Would you call it: completely satisfying, pretty satisfying, or not very satisfying?"

### RESULTS

#### *Impact of Retirement and Process of Adjustment*

To assess change in adjustment, a repeated measures MANOVA was conducted on all variables followed by univariate comparisons with planned repeated contrasts. In the repeated contrasts analysis, two comparisons were made: (1) the difference between measures at preretirement and 1 year postretirement and (2) the difference between measures at 1 year post- and 6–7 years postretirement. Repeated contrasts were selected as those most appropriate for capturing the possible stages of the retirement process, the first contrast showing the short-term impact of retirement and the second, the change in adjustment with long-term retirement.

For the MANOVA the Pillais averaged multivariate test for the effect of time was significant [ $F(22,414) = 8.81$ ,  $p < .0001$ ]. In the univariate analyses the effect of time was found to be significant for all variables with the exception of life satisfaction, perceived health, disability, and RDI Activity (see Table 1). The retirees' level of physical illness remained stable from pre- to 1 year postretirement [ $F(1,116) = .047$ , n.s.], but increased at 6–7 years postretirement [ $F(1,116) = 8.34$ ,  $p < .005$ ]. In contrast, the reported mean energy level increased at 1 year postretirement [ $F(1,113) = 7.43$ ,  $p < .007$ ], remaining stable into the long term [ $F(1,113) = .014$ , n.s.]. The retirees' degree of psychological distress (SCL-90) decreased at 1 year post- [ $F(1,113) =$

Table 1. Change in Mean Level of Adjustment from Pre- to Postretirement

Variable	Time in Retirement		
	Preretirement	1 year	6-7 years
Kaiser illness*	23.32 (20.03)	21.39 (17.53)	25.91 (18.69)
Disability	9.55 (.94)	9.42 (.99)	9.58 (1.10)
Energy level*	10.87 (1.73)	11.22 (1.37)	11.24 (1.70)
Perceived health	2.44 (.53)	2.53 (.54)	2.48 (.57)
SCL-90*	17.41 (13.83)	13.05 (13.12)	29.31 (23.09)
Locus of control*	7.80 (3.35)	6.91 (3.48)	6.00 (2.90)
RDI activity	46.07 (8.42)	45.42 (9.66)	45.31 (9.76)
RDI financial*	41.65 (7.79)	43.76 (6.54)	44.10 (7.18)
RDI health*	42.16 (10.97)	44.33 (9.92)	40.63 (11.98)
RDI interpersonal*	46.39 (8.08)	48.60 (6.91)	47.01 (8.40)
Life satisfaction	2.12 (.52)	2.20 (.50)	2.22 (.50)

Note: Standard deviations are in parentheses.

\*Repeated measures ANOVAs significant at  $p < .001$ .

14.64,  $p < .0001$ ], then increased at 6-7 years postretirement [ $F(1,113) = 74.52, p < .0001$ ]. Finally, as a potential resource, retirees reported a steady increase in internal locus of control from pre- to 1 year postretirement [ $F(1,111) = 39.71, p < .0001$ ], and from 1 year post- to 6-7 years postretirement [ $F(1,111) = 12.09, p < .001$ ].

As with the health variables, the pattern of change in satisfaction tended to vary depending on the domain assessed. RDI Financial increased across the short term [ $F(1,113) = 19.64, p < .0001$ ] and remained stable into the long term [ $F(1,113) = .32, n.s.$ ]. RDI Health remained stable [ $F(1,113) = .20, n.s.$ ], while RDI Interpersonal demonstrated a significant increase at 1 year postretirement [ $F(1,113) = 4.78, p < .031$ ]. These two measures then decreased at 6-7 years postretirement [ $F(1,113) = 14.50, p < .0001$ ], [ $F(1,113) = 3.89, p < .05$ ], respectively.

*Resources for a Successful Adjustment*

A series of stepwise regression analyses was used to evaluate the prediction of adjustment at 1 year and 6-7 years postretirement. In these analyses the criterion variable of adjustment was defined as retirement satisfaction (RDI). The predictors of adjustment included the retiree's preretirement resources of occupational status, projected income, retirement type, physical health, psychological distress, and locus of control. In each regression analysis the preretirement level of the criterion variable was entered first, after which the other predictors were entered and evaluated sequentially. Only significant predictor variables were retained in the final regression equations as reported here.

Table 2. Stepwise Regression Analyses of Adjustment at One Year Postretirement on Preretirement Resources

Criterion	Predictor	r	β*	MR	R <sup>2</sup>
RDI activity	RDI activity	.44	.44	.44	.18
RDI financial	RDI financial	.69	.57	.69	.47
	Projected income	.51	.26	.73	.52
RDI health	RDI health	.72	.59	.72	.51
	Illness	-.59	-.19	.73	.53
RDI interpersonal	RDI interpersonal	.51	.52	.51	.26
	Retirement type	-.22	-.22	.56	.30

Notes: r = zero order correlation; β = standardized Beta coefficient; MR = multiple correlation coefficient; R<sup>2</sup> = adjusted coefficient of determination.

\*All reported Beta coefficients are significant at  $p < .01$ .

Table 3. Stepwise Regression Analyses of Adjustment at 6-7 Years Postretirement on Preretirement Resources

Criterion	Predictor	r	β*	MR	R <sup>2</sup>
RDI activity	RDI activity	.44	.44	.44	.19
RDI financial	RDI financial	.59	.43	.59	.34
	Locus of control	-.40	-.19	.62	.37
	Projected income	.41	.19	.64	.39
RDI health	RDI health	.59	.32	.59	.35
	Illness	-.60	-.34	.64	.40
	Locus of control	-.30	-.16	.66	.42
RDI interpersonal	RDI interpersonal	.44	.44	.44	.18

Notes: r = zero order correlation; β = standardized Beta coefficient; MR = multiple correlation coefficient; R<sup>2</sup> = adjusted coefficient of determination.

\*All reported Beta coefficients are significant at  $p < .01$ .

As shown in Table 2, different preretirement resources were found to predict different aspects of retirement satisfaction. No resources were found to predict post-RDI Activity after controlling for the retirees' expected level of RDI Activity [ $F(1,111) = 26.14, p < .0001$ ]. As could be expected, projected income predicted post-RDI Financial [ $F(2,110) = 62.08, p < .0001$ ]. Good physical health preretirement predicted post-RDI Health [ $F(2,110) = 63.66, p < .0001$ ], while voluntary retirement status predicted RDI Interpersonal [ $F(2,110) = 24.68, p < .0001$ ].

As shown in Table 3, the predictors of long-term adjustment differed slightly from those of short-term adjustment in retirement. Neither RDI Activity [ $F(1,112) = 27.12, p < .0001$ ], nor RDI Interpersonal [ $F(1,112) = 26.19, p < .0001$ ], were predicted by preretirement resources. In contrast, projected income and an internal locus of control predicted long-term RDI Financial [ $F(3,110) = 25.22, p < .0001$ ]. An internal locus of control along with good physical health preretirement also predicted long-term RDI Health [ $F(3,110) = 28.47, p < .0001$ ].

Overall, preretirement resources accounted for only a small proportion of the variance in short- and long-term retirement satisfaction after controlling for preretirement levels of satisfaction. The proportion of the variance accounted for by preretirement levels of the criterion measures ranged from about one fifth (18%) to one half (51%).

Several authors have found that regression analysis is also an appropriate tool to address the issue of concomitant change in predictor and criterion measures (Cook & Campbell, 1979; Cronbach & Furby, 1970). In the present study each resource variable (e.g., health) at 1 year postretirement was first regressed on its baseline preretirement measure. The same analysis was then performed using each variable at 6–7 years postretirement as the criterion measure. These residualized change scores represent the percentage of variance in the postretirement measure that was unexplained by the baseline preretirement measure and thus, the change in the measure from pre- to postretirement.

To investigate concomitant change, the criteria measures of adjustment were then regressed on the residualized change scores for the resource variables in a series of stepwise regression analyses. In each analysis the preretirement or baseline measure of adjustment was entered first, followed by the stepwise inclusion of each residualized change predictor. Some preretirement variables (e.g., retirement type) were not entered as change scores. An income change score could only be calculated at the 6–7 year follow-up.

As seen in Table 4, an increase in internal locus of control predicted an increase in RDI Activity in the short term [ $F(2,110) = 15.69, p < .0001$ ]. A decrease in illness from pre- to 1 year postretirement predicted an increase in RDI Health in the short term [ $F(2,110) = 66.4, p < .0001$ ]. Residualized change scores did not significantly predict short-term RDI Financial or RDI Interpersonal.

Different residualized change scores were found to be predictive of long-term compared with short-term satisfaction in retirement (see Table 5). No residualized change scores predicted long-term RDI Activity after controlling for pre-RDI Activity [ $F(1,110) = 26.81, p < .0001$ ]. An increase in income was related to a concomitant increase in long-term RDI Financial [ $F(2,109) = 28.46, p < .0001$ ]. A decrease in long-term RDI Health was predicted by an increase in illness, perceived poor health, and psychological distress (SCL-90) [ $F(3,108) = 31.09, p < .0001$ ]. These variables accounted for a 10% increase in variance above that attributed to expected RDI Health preretirement (35%). Finally, a decrease in income was predictive of an increase in RDI Interpersonal over the long term [ $F(2,109) = 16.68, p < .0001$ ].

## DISCUSSION

### *Impact of Retirement and Process of Adjustment*

Several aspects of the retiree's well-being were found to change from pre- to 1 year postretirement. Retirees in the first year of retirement reported an increase in psychological health (i.e., less distress), energy level, financial and interpersonal satisfaction, and internal locus of control. These results were consistent with Atchley's suggestion that retirees experience a honeymoon phase early on in retirement. During the short term, the image is one of an energized, psychologically healthy, self-directed retiree who is enjoying his newly discovered freedom in areas such as interpersonal relations. In some senses he has been pleasantly

Table 4. Stepwise Regression Analyses of Adjustment at One Year Postretirement on the Residual Change Scores for the Resource Variables

Criterion	Predictor	<i>r</i>	$\beta^*$	MR	$\hat{R}^2$
RDI activity	RDI activity	.44	.45	.44	.18
	Change in control	-.15	-.18	.47	.21
RDI financial	RDI financial	.69	.57	.69	.47
	Projected income	.51	.26	.73	.52
RDI health	RDI health	.72	.68	.72	.51
	Change in illness	-.23	-.17	.74	.54
RDI interpersonal	RDI interpersonal	.51	.52	.51	.26
	Retirement type	-.22	-.22	.56	.30

Notes: *r* = zero order correlation;  $\beta$  = standardized Beta coefficient; MR = multiple correlation coefficient;  $\hat{R}^2$  = adjusted coefficient of determination.

\*All reported Beta coefficients are significant at  $p < .01$ .

Table 5. Stepwise Regression Analyses of Adjustment at 6–7 Years Postretirement on the Residual Change Scores for the Resource Variables

Criterion	Predictor	<i>r</i>	$\beta^*$	MR	$\hat{R}^2$
RDI activity	RDI activity	.44	.44	.44	.19
RDI financial	RDI financial	.59	.54	.56	.31
	Change in income	.25	.16	.59	.33
RDI health	RDI health	.59	.55	.59	.35
	Change in illness	-.31	-.28	.66	.43
	Change in SCL-90	-.30	-.15	.68	.45
RDI interpersonal	RDI interpersonal	.44	.45	.44	.18
	Change in income	-.17	-.21	.48	.22

Notes: *r* = zero order correlation;  $\beta$  = standardized Beta coefficient; MR = multiple correlation coefficient;  $\hat{R}^2$  = adjusted coefficient of determination.

\*All reported Beta coefficients are significant at  $p < .01$ .

surprised as he is experiencing greater financial and interpersonal satisfaction than he had expected prior to retirement.

Such positive changes in well-being during the first year postretirement may reflect the retiree's release from the daily pressures of work. Retirement has been experienced as providing freedom from the time demands and daily structure of work life to pursue other interests and activities such as travel at a relaxed pace (Kelly & Westcott, 1991; Nelson, 1980). As a result, retirees may experience a decrease in fatigue and emotional strain. They may also feel more energized as they have time to pursue physical activities that would enhance their level of fitness. Midanik et al. (1995), for example, found that retirees increased their exercise activity in the short term. McGoldrick (1983) suggested that for some, retirement may even serve as an escape from the stress and demands of work. Ekerdt and DeViney (1993) noted that workers closer to retirement were more likely to view their jobs as burdens causing tension and fatigue.

Retirees were also found to shift toward a more internal locus of control pre- to 1 year postretirement. Skinner and Connell (1986) suggested that as retirees experience an increased potentiality to act and be self-directed during retirement, it might be expected that they experience a

concomitant increase in perceived control over events. This might especially be the case for those retirees who perceive work to be externally controlled (i.e., a duty) and leisure to be internally motivated (i.e., freedom) (Hoff & Hohner, 1986).

After peaking at 1 year postretirement, the retirees' interpersonal satisfaction and psychological health had decreased significantly at 6–7 years postretirement. In addition, the retirees' degree of reported illness increased in the long term, while their health satisfaction decreased. Finally, financial satisfaction remained stable, while internal control had continued to increase at 6–7 years postretirement.

The results on physical illness and health satisfaction were found to be consistent with reports of increases in mortality rates and illness in the later years of retirement (Haynes et al., 1977; Martin & Doran, 1966). Diminishing health in retirement tends to be gradual over time rather than abruptly precipitated by the retirement event (Streib & Schneider, 1971).

Despite a decline, it should be noted that the satisfaction and health measures at 6–7 years postretirement did not drop below their preretirement levels. Such a finding indicates perhaps that the honeymoon effect simply wore off or that the retirees stabilized in satisfaction rather than becoming disenchanted with retirement. It may also reflect the gradual process of aging (Palmore, 1986).

Life satisfaction showed little mean level change over time in the present study. This result was surprising, because life satisfaction measures have been assumed to be sensitive indicators of change as well as important criteria of a successful adjustment in retirement (Atchley, 1976). It could be that retirement, as a normative, expected life transition, does not have a significant impact on the retirees' global life satisfaction (Neugarten, 1984). It may also be that as resources (e.g., health) change with age, what is important to an individual's evaluation of life satisfaction also shifts, hence allowing the person to accommodate to his life situation. A third possibility is that individuals tend toward goal continuity in retirement. That is, successful adjustment in retirement depends on the retiree's ability to maintain a sense of stability in life goals and purpose (Robbins, Lee, & Wan, 1994).

In sum, there was no evidence in the present study that retirement was experienced as a stressful event. Early on, retirement was experienced positively in relation to several aspects of adjustment (e.g., decreased psychological distress). Although a decline in some measures of physical and psychological health was evident in the later years of retirement, these "young-old" retirees still reported a good sense of perceived health and a high level of retirement activity satisfaction and overall life satisfaction.

#### *Resources for a Successful Adjustment*

In the present study, preretirement occupational status, retirement type, projected income, locus of control, physical health, and psychological distress were entered as predictors of short- and long-term retirement satisfaction. Both retirement activity and interpersonal satisfaction were poorly predicted in short- and long-term adjustment. This finding contrasts with past cross-sectional research that has shown a

variety of factors to be related to activity satisfaction, including social integration, self-perceived health (Dorfman et al., 1985), white-collar status, and the number of leisure activities (O'Brien, 1981b).

In the short-term, voluntary retirees experienced an increase in interpersonal satisfaction above that expected. It may be that retirees who had chosen to retire did so to pursue social commitments, while nonvoluntary retirees, feeling dismissed early, may have experienced a sense of isolation and loss of support. In the long term, retirement type lost its predictive power with respect to interpersonal satisfaction. Perhaps other events (e.g., death, relocation) occurred over the 7 years that similarly affected the social context and resultant satisfaction for both groups of retirees. In addition to projected income, an internal locus of control predicted greater financial satisfaction in the long term. It may be that locus of control is a personal factor that correlates with other resources such as higher occupational status and income preretirement (Hoff & Hohner, 1986).

In the area of health, retirees who had less illness or better general health preretirement experienced greater health satisfaction than expected at 1 year post- and 6–7 years postretirement. In addition, an internal locus of control predicted greater health satisfaction in the long term only. It may be that an internal locus of control increasingly functions as an important resource as the retiree ages and experiences declines in other attributes, for example, health. Studies have found that externally oriented individuals may perceive changes, such as health decline, more negatively than internally oriented individuals (LaRue et al., 1985) and experience lower morale as a result (Brown & Granick, 1983). In contrast, retirees who believe they have control over different life situations may demonstrate more initiative and persistence in problem-solving when faced with life change (Skinner & Connell, 1986). In turn, those individuals who take greater responsibility for the nature of their daily life may report being more satisfied with their lives (Blank, Ritchie, & Ryback, 1983; Kleemeier, 1964).

With the use of residualized change scores in regression analyses, the concomitant change in resource and adjustment measures was investigated in the present study. Retirees who became more internal in locus of control over the first year experienced greater activity satisfaction at this time than expected. This finding supports the idea that to enjoy an increase in activity satisfaction early on, the retiree may have to become more self-directed in carrying out daily activities. Otherwise, the retiree may become bored and dissatisfied if left with unstructured, empty days after leaving work, a common problem reported in retirement (Bossé et al., 1991). At 6–7 years postretirement, a change toward increased internal control lost its predictive power. Such may be the case as retirees have probably developed a daily activity routine that provides continued satisfaction into the long term.

In the area of health, retirees who experienced an increase in illness reported less health satisfaction than expected at both 1 year post- and 6–7 years postretirement. It seems that the retirees' evaluation of health satisfaction reflects, in some measure, their objective health circumstances. This contradicts to some degree the notion that older adults may

be less concerned with physical problems, which are expected and considered to be normative for this age group (Costa et al., 1987). In addition, an increase in psychological distress was related to a decrease in health satisfaction over the long term. Interestingly, a change in psychological status appeared to affect health satisfaction in the long term, whereas preretirement psychological distress did not predict either short- or long-term adjustment. Maddi (1986) suggested that mood variables may reflect the level of strain associated with current life circumstances and as such lose their predictive power over time. It may, however, be important to include current measures of psychological distress in longitudinal prediction equations to control for contextual factors related to concurrent satisfaction.

Although provocative, this study represented only an initial step in the identification and description of the retirement adjustment process. A time series analysis (e.g., measurement at 1-year intervals) would be required to establish more clearly the stages in retirement adjustment as outlined by Atchley (1976). This process may vary for different groups of retirees. Richardson and Kilty (1991) found significant individual variability in the retirement process, with some retirees experiencing a decline, an increase, or stability in well-being at different points in time. In particular, women, given their different work history, employment structure, and general life experiences, may adjust to retirement differently than men (Calasanti, 1996; Romsa et al., 1985). Individuals with fewer resources (e.g., poor health) may also demonstrate a different pattern of retirement adjustment.

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