

**Experiences of Men in Regional Australia who Retire Early:
A Life Course Study**

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degree of Doctor of Philosophy
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Statement of Originality:

The thesis contains no material which has been accepted for the award of any other degree or diploma in any university or other tertiary institution and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made in the text. I give consent to the final version of my thesis being made available worldwide when deposited in the University's Digital Repository**, subject to the provisions of the Copyright Act 1968.

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List of Abbreviations

| | |
|-------|---|
| ABS | Australian Bureau of Statistics |
| AIHW | Australian Institute of Health and Welfare |
| AQoL | Australian Quality of Life Index |
| CES-D | Center for Epidemiologic Studies Depression Scale |
| DSS | Duke Social Support Scale |
| HCS | Hunter Community Study |
| K10 | Kessler 10 Item Psychological Distress Scale |
| NSW | New South Wales |
| SF36 | Medical Outcomes Study (MOS) 36-Item Short Form Health Survey |
| WHO | World Health Organization |

Abstract

This study into the experiences of early-retired men in the regional Australia uses a qualitative life course approach to better understand the intersections of masculinity, wellbeing and ageing. The study takes place in the context of many deficit-focused notions of older men in popular culture, and some evidence in the research literature for poorer (particularly mental health) outcomes among early-retired men. Four specific research questions were articulated around men's experience of retirement, their pre-retirement experiences, their coping strategies and their sense of wellbeing.

Data for the study were drawn from interviews with, and responses to, questionnaires from 25 men who had previously enrolled in the Hunter Community Study (HCS). The semi-structured interview was formulated around life course interests as antecedents, linked lives, cohort characteristics and the interplay between individual and societal development. In the light of the literature, particular attention was also paid to mental health experiences in the interview. Responses given by the men in the HCS on general health, mental health, psychological distress, social support and work/life history were also available to the study.

Analysis of the data showed that men generally expressed positive sentiments towards their experience of retirement and that retirement was beneficial for their wellbeing. Retirement appears to function as a time in which men find resolution of many pre-retirement issues and experiences. Four qualities were identified from the data that contribute to men's retirement wellbeing. First, financial security was almost unanimously named as a component of retirement wellbeing. Second, alongside finances, the availability of discretionary time allowed men freedom to set their own direction and pace in retirement. The third quality of wellbeing was that they pursued comfort of various kinds, including financial sufficiency, a more relaxed lifestyle and improved close relationships. Pursuit captures the fact that this was a conscious and active direction they chose in retirement. Finally, most men committed themselves to serving others in their retirement through both

formal and informal arrangements. These caring activities included grand-parenting, caring for spouses or ageing parents, volunteering in various community organisations, and neighbourliness of various kinds.

Personal Statement – Richard Morrison

I first approached Julie Byles about the possibility of doing some research in 2006. I had met Julie through activities of the university and the Australian Association of Gerontology. At the time I was project officer for “The Wellbeing of Older Men Project” that was funded by the National Suicide Prevention Strategy and conducted here in the Hunter. The Wellbeing Project ran from late 2002 to 2005 and was a consortium comprised of the University of Newcastle, Hunter-New England Health and Uniting Care (Ageing).

The Wellbeing Project was focused around understanding and intervening in processes that may contribute to the high rate of late life suicide in men. The project was built around social determinants of health perspectives, community development, early intervention and prevention principles and utilised a participatory action research paradigm. The Wellbeing Project was immensely satisfying to me, and a number of the sustainable initiatives developed during those three years still continue today.

One of the great joys of the Wellbeing Project for me was the opportunity to be a part of the conversations of older men. I found many of these conversations (both formal and informal) to be powerful and positive, even life giving (in the context of suicide prevention, I use that expression deliberately). As part of the Project I conducted many focus groups and I use one comment from one of those focus groups illustrates this point for me. One of the men said, ‘Nobody told us retirement was going to be like this!’

In the action research paradigm a comment like that is like a nugget of gold. There are rich hints here pointing to an experience of retirement (at least for this man) that may not have been what he wanted. There is also an element of surprise, that disappointed expectations were not anticipated, and perhaps self-recrimination that the individual should have been better prepared or more aware. All of this is not just held internally but is externalised into the complaint, ‘Nobody told us...’ At that point of externalisation, the social dimensions of older men’s experience become evident. It is possible for the conversation to take up the language of victimisation and build a litany of grievances including, the poor way older people are treated, the expendable workforce, etc.

But in this case, what grew out of the complaint was the seed of an idea that is still bearing fruit in the Hunter today. ‘Why couldn’t people tell intending retirees what retirement is like?’ The Wellbeing Project subsequently assembled a team of retired volunteers who would be willing to talk to intending retirees about the experience of retirement. An interactive workshop program was developed (‘Making Retirement Work’), the volunteers were trained in presenting the workshop, employers were approached for opportunities to enrich the workforce exit experience of their employees, and a volunteer committee continues to oversee the deployment and development of the workshops.

In developing the content of the workshops, I conducted further focus groups with special attention on retirement experiences. Some of these workshops were gender specific (some for men and others for women) and some were mixed groups of men and women together. Flowing out of this material, three main themes were developed for the Making Retirement Work presentations; maintaining health, managing changing relationships and finding meaningful activity.

In large part, my choice of topic for my research is an outflow of my involvement in the Wellbeing Project and the Making Retirement Work presentations in particular.

I am however conscious of a number of other more personal factors which are important in my coming to this research.

My wife and I moved to Newcastle in 1982 (I was newly graduated and newly married) to become the pastor of the Baptist Church in Hamilton. The pastor (and sole employee) of a small congregation has a very diverse range of tasks in their job description. These tasks range from highly formal and socially significant roles of celebrating weddings and funerals, through the various teaching, leadership and management roles involved with a particular congregation, to the more mundane housekeeping/handyman activities involved in maintaining property and programs of the church. The expectation is that the pastor will be able to move from one role to another smoothly, rapidly and often without prior notice or much preparation. The image I use to convey this is that of the General Practitioner who never knows what the next person who walks through the door may bring with them, who has to be broadly competent (without necessarily being an expert in anything) and capable of high volume workloads.

After 20 years pastoring the church in Hamilton I resigned my role as pastor (while still maintaining my membership at that church). Among the many factors that brought me to that decision was the desire to 'play on a wider stage' (than just that small congregation) and a desire to 'play to my strengths'. I identified my strengths as including project work (where there is a high degree of focus and a limited timeframe to deliver clearly defined outcomes), and working with individuals. I built on this latter strength by completed my master's degree in counselling (UNE) and establishing my part-time private practice 'Relational Coaching'.

The challenge to take on a project like a PhD candidature does play to my strengths in project work but it also represents my desire to test myself in something other than a generalist role. It requires of me sustained, focused efforts that are quite unlike either of the roles which were so satisfying to me in the church and in the Wellbeing Project. It poses the question, can I become the expert, can I assemble and order a specialist body of knowledge (not for general and populist consumption, but in a disciplined and rigorous manner)? To put that a different way, it asks the question, 'Can I write?'

Growing up I struggled through school with very poor spelling. In secondary school I self-consciously chose science oriented subjects because I was acutely

aware of the impact my poor spelling and written skills would have on my performance in the humanities where such skills are traditionally privileged. Yet I have strong interests in the humanities, I listen, read and observe well, I am fascinated by human relations and more broadly by connections in general. I love seeing the way things fit, how things came to be so, and other possible ways things could be. To date however, I have not found expression for those things in the discipline of writing. I can teach and present well, I am a competent public speaker and group facilitator, and I can turn a concept into a project plan and implement it – but the challenge for me is whether I can write.

Another dimension to my interest in this research is the fun I find in working with a text. While I was pastor of Hamilton Baptist I introduced an inductive method of bible study which had a significant effect on the congregation. It was essentially a framework for a close reading of the text. My use of it in that context helped generate a sense of excitement and discovery as prescribed ways of viewing a text are re-evaluated from within the space created between the reader and that text. The analysis of interview transcripts in the research context revive and extended those same skills and renewed that joy of discovery and connection.

In a similar way, my therapeutic work with clients in ‘Relational Coaching’ is also a source of great personal satisfaction to me. I count it a very great privilege that people trust me with their lives at times of distress, and that they open their deepest selves to me. That they find my reflective listening, careful questioning and analytical skills helpful and transformative is immensely gratifying, although I know my boundaries around the difference between a therapeutic interview and a research interview.

Another set of personal dimensions around my research is my identity as a man and particularly as a 57 year old man. My experience of life has been profoundly shaped both for better and for worse through my masculinity. I grew up in rural New South Wales in an environment which allowed and encouraged expression of hegemonic masculinity. My last three years of schooling were in Sydney in a boys school which also doubtless played its part in shaping my gender identity.

My experience of church provided diverse gendered experiences both while I was a pastor and prior to that. A church youth group provided a significant counterpoint to my gender segregated school and I saw many models of caring Christian men and fathers in that formative period of my life. As a theological student I wrestled with the debate about gender roles and felt the weight of the sociological and theological forces at work in that context. I continued to feel those forces in various congregational situations throughout my time as pastor of the church. During that time I developed and implemented a structure for congregational governance by which it was possible for women in the church to be involved in leadership. At the same time I also developed a number of initiatives for men in the church that would acknowledge the distinctive issues faced by men.

Being an older man was modelled for me through my childhood in my two grandfathers: On my father’s side I never knew Poppa to work, he had been an

engineer in a sugar mill but retired early because of smoking related ill-health. On my mother's side Granddad had been a watchmaker before being blinded in World War I. He was subsequently rehabilitated, married my grandmother and returned to Australia where they raised four children. In both cases I have warm memories of these men whose (later) lives were marred by significant disability.

Later in my life, my father experienced depression after retirement from his career as a teacher. In a manner typical of him, and perhaps many others of his generation, this information was communicated to me by my mother. A psychodynamic interpretation of my interest in giving voice to the experiences of men in retirement may well see this as fertile explanatory material.

Yet my interest in pursuing this research is not entirely personal. I would like to think that I have the experience and skills necessary to make a new contribution to this field of knowledge. I have seen practical benefits accruing from my earlier work in the Wellbeing Project and in the Making Retirement Work presentations. Gender issues are also a significant focus in my Relational Coaching. I deliberately chose the coaching metaphor to promote and structure my practice for gendered reasons and I have a higher proportion of men as clients than many counselling practices.

I look forward to how this research may bring greater understanding of, and better outcomes for, retired men and the worlds they inhabit.

Richard Morrison

2016

Chapter 1: Introduction

This investigation examines the experiences of early-retired men in the Hunter region of New South Wales, Australia. This examination takes place in the context of popular opinion and scientific research that suggests retirement, and especially early retirement, is frequently detrimental to the wellbeing of men. In Australia popular opinion frequently portrays retired men as idle, self-absorbed and grumpy. There are oft-repeated anecdotes of men who retire from the workplace and shortly afterwards become depressed, leave their wives or partners, or die unexpectedly. Retired men are frequently the butt of jokes portraying them as inept, irrational and impotent.

In the research literature, some Australian studies indicate increased risk of ‘common mental disorders’ among early-retired men (Butterworth et al. 2006; Gill et al. 2006). For example, Vo et al. (2015) find that Australian men who retire due to being made redundant are likely to have a high level of psychological distress. Certainly the physical health of men may be a cause of retirement (Australian Bureau of Statistics 2014), yet links between retirement and subsequent health deterioration have not been clearly established (Gallo 2013). However, popular anecdotes linking retirement and subsequent (frequently catastrophic) health breakdown persist. This perspective frames retirement as a radical disjunction—a break with much of what has gone before in a man’s life. An alternative perspective on retirement emphasises the continuity between retirement and a man’s pre-retirement life. It highlights the many resources men bring from their earlier lives into their retirement. Yet we also need to acknowledge the significant lifestyle changes which retirement normally brings. In order to chart a path between these perspectival poles of continuity and discontinuity, this study adopts a life course approach. In this approach, retirement experiences are framed not only by synchronous comparisons with other men, but by firmly grounding retirement experiences in both antecedent experiences of the individual and broad social changes taking place over time. In terms of social change, the nature of retirement has changed and continues to do so, a subject of particular relevance to this research

(Andrews 2001; Byles et al. 2013; Sargent et al. 2013). It is valuable and necessary to hear the voices of early-retired men speaking about their life experiences and how they are engaged with wider social change.

Research Questions

Four related research questions have been identified in the light of the concerns above.

1. How do early-retired men experience their lives and health in retirement?

The health and wellbeing of early-retired men is comprised of a set of individual and social experiences. These experiences are lived in the natural setting of their day-to-day lives and are shared with their social and family connections. The perceptions of these experiences, the meanings they make about them and the way these experiences are told to others are all critical to the examination of early retirement.

2. What pre-retirement experiences do men bring to their transition from work to retirement?

The fact that these men retired early suggests specific factors that influenced the decision to retire or which, in some cases, necessitated retirement. These life course factors leading to early retirement may also have a significant impact on the subsequent course of the retirement, not just on the decision to retire early. Having made the decision to retire early, or having been precipitated into early retirement, the processes of adjusting to retirement and re-orienting themselves to a distinctive post-employment lifestyle also form part of the investigation into the experiences of these men.

3. What coping strategies do the men utilise or have an awareness of?

Implicit to the first two research questions is the assumption that both normally-timed and early retirement confronts men with significant changes and challenges. These changes and challenges occur in multiple domains and are frequently interrelated in complex ways, hence men require mechanisms or strategies to cope with these changes and challenges. What these coping strategies are, how they are

implemented, what resources they require and how effective they might be, are examined in the study.

4. How do early-retired men understand and construct wellbeing?

Given the changes and challenges represented by retirement, this research seeks to understand not only how retired men cope with negative changes or adversity, but also their own perceptions of how they have constructed a positive sense of wellbeing. While mental health has been a frequent focus of recent research into retirement, this current project locates mental health within the broader, less codified, category of wellbeing and allows consideration of other domains that are perceived by men as integral to enriched living in retirement.

Research Assumptions

Regarding retirement, each participant was expected to hold a set of attitudes towards, anticipations of, and preparations for, this life stage. Regarding masculinity, it was assumed that participants have been enculturated into what it means to be male and that they understand the performances necessary to maintain their gender identity. Regarding the research environment, this project is situated in the geographic location of the Hunter Valley in New South Wales, in the present political and social contexts and historical contexts.

The three elements highlighted above are embodied by individual men in a complex, arguably reciprocal, set of relationships. Therefore, it is acknowledged that the project requires an approach to research capable of dealing with complexity, one that is accepting of plurality and diversity of experience, and one that can hear and reflect the meaning structures represented by the men. The research design serves this purpose, as does the theoretical framework, both of which are explained in subsequent chapters.

Thesis Structure

This chapter establishes the context for this study, lays out the research questions and assumptions, and overviews the contents of the thesis.

Chapter 2 defines key concepts and terms used in this study. It commences with a review of the literature relevant to the experiences of men who retired early in the Hunter region. This review includes definitions or discussions of relevant terms and concepts, including ‘men’, ‘masculinity’, ‘life course’, ‘retirement’, ‘early retirement’, ‘wellbeing’, ‘health’ and ‘mental health’. The chapter then surveys developments in sociological theories of ageing before reviewing gender specific aspects of retirement and the retirement transition. This is followed by a critical review of research and research methods used to understand men’s wellbeing, health and mental health in retirement.

Chapter 3 outlines the research design and methodology of the thesis. Research design is characterised by special attention to life course perspectives, qualitative research processes and interviewing. The study population and sample size are also described. Participant selection and data collection methods are explained and reflections of the researcher regarding the study population are presented.

Chapter 4 provides a brief introduction to the historical and geographical location of the study and then provides a short description of the reflections of participants on their fathers. This grounds the analysis of the interview transcripts in the family and regional histories of these men.

Chapter 5 examines the life course experiences of the men in the study. It is especially focused on the transition experiences that men reported in interview and on the different styles used by men to explain their decision making.

Chapter 6 explores the early retirement decisions of the participants. Analysis looks at how that decision is described by the men and the processes that surround the

making of the decision. The decision is located in the life course of the men and contextualised by other significant life choices.

Chapter 7 explores the lived experience of early retirement, including the ways the men speak about their retirement. It begins with an extended discussion of activity in retirement.

Chapter 8 is a discussion of the physical health of the participants leading up to and during retirement. This interest in the general health of the men is critical to the early retirement experience.

Chapter 9 focuses on mental health among the participants. It takes a broad view of how mental health is conceptualised and looks at the categories and language of the men to refer to relevant attitudes and experiences.

Chapter 10 synthesises material from the substantive data analysis chapters. It draws together the many insights gained through the research that illuminate the experiences of early-retired men. The chapter uses theory to offer perspectives on how the men experience and conceptualise masculinity and wellbeing in retirement.

Chapter 11 is the conclusion of the study. It provides responses to the research questions posed in Chapter 1, highlights areas for further investigation, and notes the limitations of the study.

Chapter 2: Literature Review

Introduction

This chapter reviews the literature relevant to the exploration of the experiences of men in the Hunter region who retired early. The review explores the definition, theoretical context and state of current research for each of the three fields relevant to the topic: 1) men and masculinity; 2) ageing, retirement and the life course; 3) wellbeing and health. The chapter concludes by locating the space that the current project occupies at the intersection of these fields.

Men, Masculinity and Experience

This research seeks to honour and understand the experiences of a specific group of early-retired men. It explores how they understand their experiences, how they relate these experiences, and how they talk about them. The focus on experience aligns with a phenomenological approach to research. In particular, it reflects the work of Gadamer (1975) and Ricœur (1984–1988). This approach locates the phenomena related to men's early-retirement experiences in an interpretive context that is shaped by the individual and collective experiences of the men themselves, as well as by the society and culture in which they find themselves.

The participants in this study are embodied as males and many of their experiences, such as the experience of prostate cancer, are grounded in male biology. To that extent, biological maleness must be considered in framing this study. However, speaking of the experiences of men locates them in a personal and social context that is much greater than the biological alone. This larger social construct of what it means to be male is referred to as 'masculinity' (Oakley 1972, 16). Connell (1995) defines masculinity as follows:

Masculinity ... is simultaneously a place in gender relations, the practices through which men and women engage that place in gender, and the effects of these practices in bodily experience, personality and culture (71).

This definition of masculinity focuses on three dimensions. The first is the location of masculinity in the field of gender relations. In reference to this first dimension, Connell (1995) identifies hegemonic masculinity as the culturally exalted form of masculinity within the field. Yet, while very large numbers of men are complicit in sustaining hegemony, a range of masculinities are constructed, ‘not just by power relations but by their interplay with a division of labor and with patterns of emotional attachment’ (Carrigan, Connell and Lee 1985, 591). Subsequently, in revisiting the concept of hegemonic masculinity, Connell and Messerschmidt (2005, 846) declare that against the cultural dominance of hegemonic masculinity, these other masculinities arrange themselves as either complicit in its propagation, or as subordinated by it.

The power dynamics among these multiple masculinities are neither simple nor direct. Connell and Messerschmidt (2005) refer approvingly to Holter’s (1997) following thesis:

It is a mistake to deduce relations among masculinities from the direct exercise of personal power by men over women. At the least, we also must factor in the institutionalization of gender inequalities, the role of cultural constructions, and the interplay of gender dynamics with race, class, and region (Connell and Messerschmidt 2005, 839).

The interplay of gender dynamics with other constructs such as race and class is referred to as ‘intersectionality’. Messerschmidt (2012, 73) explicitly names ageing as an important area of intersectionality for studies of masculinity. The current research project sits at the intersection of masculinities and ageing, specifically the age-related phenomenon of male retirement.

The second element of Connell’s (1995) definition of masculinity focuses on the practices through which men and women engage the place of masculinity in gender relations. That is, Connell supports the idea that masculinity is constantly in flux, being asserted, challenged and reasserted through a range of ‘practices’. Bourdieu (1977, 78) locates people’s gendered practices in the habitus or ‘history turned into nature’ that shapes ‘practical mastery ... without obtaining the level of discourse’

(Bourdieu 1977, 87). For Bourdieu, practice is acquired and outworked in the body; it is the activity of individuals in their bodies but is always shaped by the collective history of the 'class' or status grouping.

Messerschmidt (2012, 60) highlights how many academic explorations of masculinity (particularly hegemonic masculinity) appear to have inadvertently moved from examining practices to focusing on 'masculine' character traits. Messerschmidt (2012, 73) further emphasises that hegemonic masculinity should not be confused with either dominant or dominating forms of masculinity, and that the essential element of hegemonic masculinity is its cultural legitimisation of patriarchy. It must be acknowledged that hegemonic masculinity may be only one of a number of possible constructs affecting the masculinity of men. Ageing is also significant, as is socio-economic location, personal history, health and interpersonal relationships.

The third and final dimension of Connell's (1995) definition of masculinity acknowledges that the practices utilised in engaging the gendered space of being male affect individuals bodily. They also affect men's personalities, and affect the wider culture of any male individual. However, these practices are not always located in the individual. The practices related to masculinity of the men in this study are simultaneously located in themselves, in others and in their wider society. Equally, the consequences of these variously located practices are felt by the men themselves, by the people around them and by wider society. The engagement of practices and the consequences of practices may be direct or indirect, and may be immediate or, as the concept of habitus implies, worked out over generational periods.

Taken together, Connell's (1995) second and third dimensions of masculinity result in a reflexive understanding of masculinity. Masculinity is both formed and transformed by located practices, and is the product of those practices. This reflexivity is important for the current study as it allows the examination of the significance of individual choice and agency, and acknowledges that individuals are not entirely free agents because context and structure constrain knowledge and

action. This interplay between *acting* and *acted upon* is reflected in the life-course perspective that will be discussed later in this chapter, and in the methodology chapter.

Australian Masculinity in Context

In the twentieth century Western world, the concept of manliness/masculinity was brought into renewed focus by two world wars, periods of severe economic crisis, the sexual revolution, and the emergence of feminism.

The influence of the First World War on masculinity in Australia was felt in many ways. Athleticism and the noble warrior were idealised, yet life in the trenches demanded a kind of masculinity that was able to cope with ‘feelings of anxiety, vulnerability and inadequacy’ (Thomson 1995, 145). Following the First World War, returned soldiers had access to disability pensions that Garton (1998, 90) describes as cementing men’s place as breadwinners. During the Great Depression, masculine roles were again challenged, this time by loss of employment opportunities and by the disruption to conventional family life through unemployment and itinerancy (Peel and Twomey 2011, 191f). These challenges in Australia contributed to the ‘widespread perception that women were taking men’s jobs’ (Lake 2003, 42), which heightened polarity between the sexes. With the onset of the Second World War, idealised manhood once again found expression in the ideal of the noble warrior and in patriotism. In her analysis of the recruiting strategies of American armed forces, Brown (2012) notes that masculinity was equated with adventure seeking and the use of technology. Yet at the same time, the increased use of women in the armed services as drivers, radio operators and similar uniformed roles contributed to the need to continue to remodel masculinity as physically and psychologically heroic, and therefore superior.

In the years that followed the Second World War, the so-called ‘second wave’ of feminism adopted Simone de Beauvoir’s (1949) analysis of women as the ‘other’ in a patriarchal world. Betty Friedan’s (1963) *Feminist Mystique* is credited with popularising this style of feminism. She attacked the functionalism of the time that

predicated role on biology. The demand was not only for equality in suffrage and legislative matters for which previous feminists had campaigned, but also for equality in everyday domestic, educational, social and economic domains. These demands, together with the explicit addressing of domestic violence and rape, problematised being male in ways that confronted many men at a personal level. The resulting effect on men and masculinity has been described by some as a ‘crisis’ (Horrocks 1994; Beynon 2002).

While the idea that there was a crisis of masculinity has subsequently been questioned (e.g., McDowell 2000), it led to two notable responses. In what Connell (1993) describes as a ‘deeply reactionary’ (619) response, Bly (1991) published his ‘Iron John’ exposition of what was wrong with men and a Jungian solution to that condition. This mythopoetic articulation of masculinity offered a distinctive heroic masculinity that located the malaise of men outside themselves and offered hope of a more confident vision of how men can be. However, Connell (1993, 620) laments the lack of awareness of gender-equality issues in the movement. Another failure of the movement, which is significant for this study, was its failure to offer a vision of masculinity that addresses the place of the older male in society. While the mythopoetic men’s movement is known for its exposition of images such as King, Warrior, Magician, Lover and Wildman, a conception of the man as ‘Elder’ did not feature strongly.

Another response to feminism saw men in the academy and beyond adopting the central tenets of feminism. They were referred to as pro-feminists. Pro-feminist men challenged constructs such as patriarchy and hegemony, and endeavoured to articulate masculinities that avoid these constructs of society (Pease 2000). However, the pro-feminist men’s movement also failed to engage proactively with ageing. In a recent and wide-ranging edited collection that reflects on the men’s movement, Okun (2014) included over 130 contributions, yet none of them explicitly addressed ageing masculinities, although a number dealt with age-related health issues, which possibly reinforces the stereotype that older men are not healthy.

Ageing Masculinities

The greatest amount of writing related to ageing masculinities has come from the academic areas of health and health services. The shorter average life expectancy of men and the high rates of common health conditions in men have driven a substantial body of studies on men's health (reviewed later in this chapter).

In addition to the area of health, ageing masculinities have been discussed in the areas of film studies (Boyle and Brayton 2012; Saxton and Cole 2012); care roles (Ribeiro, Paúl and Nogueira 2007); grand-parenting (Tarrant 2014); sport and leisure (Dionigi 2006; Wiersmaa and Chesserb 2011); employment (Oliffe et al. 2013); social relationships (Thompson and Whearty 2004); sexuality (Calasanti and King 2005; Slevin and Linneman 2010) and grief (Bennett 2007; Canham 2009). However, these studies are overshadowed by the attention given to older men in the area of health.

One of the key strategies identified from the literature on masculinities in later life is the idea of 'adaptation', which allows for an ideal of masculinity to be matched. While cultural stereotypes of masculinity are enduring, the capacity of individual men to fulfil the expectations created by those stereotypes (or to produce behaviours consistent with them) are not enduring, particularly as men age. Bennett (2007) interviewed widowers, and came to the following conclusion:

Men adapted the interpretation of these roles to support their own experiences but, by presenting domestic skills in the terms of masculine traits such as strength and capability, shaped it so it conformed in some way to the masculine ideal (349).

Adaptive re-interpretation of what constitutes masculinity is also evident in the findings of Ribeiro, Paúl and Nogueira (2007), who found that men providing care for their spouses 'reinterpreted their notion of manliness by evidencing it as more inclusive' (311). This ability to adapt one's understanding of what constitutes masculinity suggests that circumstantial context may be more significant in the formulation of individual perceptions of masculinity than prior beliefs or wider social expectations.

Another important dimension of the process of adaptation reflects Hochschild's (1983) sociological contention that individuals do 'emotional work' to produce practices that reflect social and cultural expectations. Rowntree (2014) uses this sociology of emotions approach in investigating sexual expression among contemporary baby boomers. She reports that the older men (and women) in this group frequently speak of being 'comfortable in their own skin' (157). In Hochschild's terms, the emotional labour of the participants in Rowntree's study is exerted to differentiate the self from prevailing social and cultural expectations related to diminished sexual expression in older people.

Similar strategies of adaptation are found in Liechty et al. (2014), who report on investigations into the embodiment of retired Canadian men:

Most participants, however, seemed to negotiate threats to masculinity that accompany the aging body ... [To] cope with the aging body older men tend to develop less rigid definitions of what it means to be a man. Similarly, participants in this study generally focused on those physical characteristics they believed to be within their control and adjusted their expectations to be age-appropriate rather than focusing rigidly on hegemonic standards of masculinity (e.g., strength, aggression, invincibility). Furthermore, some participants seemed to maintain some control over their embodied experience of aging by managing the body through diet and exercise (16).

While Liechty et al. (2014) focus on common body-management technologies such as diet and exercise, other researchers have highlighted the medicalisation of the older body, brought about by the availability of pharmaceutical and surgical interventions aimed at the ageing male body (Clarke, Bennett and Liu 2014; Calasanti and King 2005, 2007).

Access to technologies of body management such as diet, exercise, cosmetics, medications and surgery has significant potential to allow older men to continue to conform to more youthful masculine ideals. While this may be attractive to many men, Katz and Marshall (2003) warn that engaging in such practices to 'prolong youthful masculinity' may result in a continuation of ultimately unsustainable images of masculinity. It can seem the effect of ageing on the body can be put off

indefinitely. They conclude that postponing ageing reflects a lack of positive images or scripts for ageing as a man (Spector-Mersel 2006). While older men may work to adapt their own understandings of masculinity, the social context in which they are located may not be particularly open to accommodating the realities of human ageing.

Ageing, Retirement and the Life Course

In examining the experiences of men who retire early, it is necessary to develop understandings of both 'retirement' and what might constitute an 'early' retirement. Being retired is an age-related phenomenon that occurs in the life course. While the literature uses the term 'life course' in a number of ways (Alwin 2012), Settersten and Angel (2011) consider that the term has value in reminding us that the 'biological, social, and psychological aspects of aging outcomes are often not determined by chronological age itself but by the constellation of social factors that accumulate over a lifetime' (10). A life-course perspective considers both the agency of individuals and the social structures that influence them throughout their lives. Adopting the life-course perspective in a research study requires that the participants be located within the context of their historical and personal periods in which their experiences occur.

Giddens (2006) defines ageing as 'the combination of biological, psychological and social processes that affect people as they grow older' (181). Setterstein and Mayer (1997) refer to psychological ageing as changes in 'adaptive capacities of memory, learning, intelligence, skills, feelings, motivations, and emotions for exercising behavioural control or self-regulation' (240). In the social sciences generally, processes of ageing are considered to be associated with 'understanding ageing as a social, economic and cultural construction' (Phillipson and Baars 2007, 68). During the mid-twentieth century, functionalist perspectives dominated social theories of ageing (Alley et al. 2010; Fennell, Phillipson and Evers 1988). Functionalism presumed a unitary, cohesive society in which the various parts contribute to the whole (Fennell, Phillipson and Evers 1988). Social-role theory identified the loss of work at retirement as highly problematic. Parsons (1942) stated that retirement

‘leaves the older man in a peculiarly functionless situation, cut off from participation in the most important interests and activities of the society’ (616). This exemplifies the idea of ageing as a deficit.

Role theory faced a challenge during the late 1950s from a number of theorists who emphasised that the concept of ‘disengagement’ better describes what occurs in later life. For example, Cummin and Henry (1961) described a ‘mutual withdrawal or disengagement resulting in decreased interaction between the aging person and others in the social system he belongs to’ (227). Disengagement may be due to factors such as retirement, ill health, caring responsibilities or social exclusion, and may be imposed on the individual by others, consciously chosen, or occur as the result of an individual’s inaction. Disengagement theory was subsequently criticised because it appears to assert that disengagement is a universal ageing phenomenon (Hochschild 1975, 555). Nonetheless, disengagement theory continued to be used as a primary perspective from which to examine the ageing processes (Mein et al. 1998, Nilsson, Bülow and Kazemi 2015). In response to the criticism of disengagement theory, a re-statement and modification of role theory was attempted, with specific attention paid to social roles and activity (Lemon, Bengtson and Peterson 1972). The new theory that emerged was activity theory, which attempted to relate higher life satisfaction in older people to greater social activity. However, initial testing was unable to support the theory fully. Lemon, Bengtson and Peterson (1972) noted that the ‘linear model upon which this and most other investigations of the social-psychology of aging is based appear simply insufficient to capture the complex interplay between the individual and his changing social system’ (519). An approach was needed that could account for the interactions between an individual and their social world.

Atchley (1989) emphasised continuity between middle and older ages, proposing a connection with earlier selves that can facilitate wellbeing in later life. Atchley’s continuity theory coincided with a therapeutic interest in biography and personal history in gerontology (Bornat 2015). Interest in oral history as a method was one stream of influence that contributed to the rise in popularity of the life-course perspective, even though it is not a formal theory of ageing. Unlike biographical

approaches, life-course perspectives give more weight to broader social factors that affect the experience of ageing.

In the 1980s, another experience came into perspective that de-emphasised the significance of work roles for (implicitly male) retirees. Social-identity theory (Tajfel and Turner 1979) first suggested that identification with the group understood as retirees is significant for satisfaction in retirement. Another perspective focused on the quest for successful or productive ageing (Turner et al. 1987). Built on the foundations of activity theory, successful-ageing theory sought to identify strategies to minimise the adverse effects of ageing and maintain the productive engagement of older people. Therefore, it appealed to those concerned with the economic and social support of the increasing proportion of the older population.

More recently, critical scholars have warned that emphasising successful ageing also has hazards. For example, van Dyk (2014) cautions that so-called successful ageing may result in ‘age denial, simply duplicating hegemonial midlife standards’ into later life, resulting in a tyranny of middle-aged norms (101). Similarly, Laceulle and Baars (2014) state the following:

The creation and maintenance of a viable, meaning-generating life story is not self-evident and highly dependent on the sociocultural positioning of older people (42).

Such warnings caution against simplistic or individualised interpretations and practices that fail to consider sociological perspectives on ageing.

Defining Retirement

Operational definitions of retirement for use in research are not easy to find. Many of the common understandings of retirement do not hold true when closely scrutinised, and are not relevant or usable for all categories of working and/or retired people (Laceulle and Baars 2014). Another difficulty in defining ‘retirement’ relates to the way in which people enter retirement. For example, Borland (2005) presents a conceptual model that involves several features of retirement: 1) the length of the transition phase; 2) the main activities before and after the transition phase; 3) the

age at which the transition phase commences; 4) the hours of work performed during the transition phase; 5) the type of job/s performed during the transition phase; 6) the location of employment; and 7) whether the person receives a retirement income. Such considerations complicate defining the word 'retirement' because criteria for retirement must be established (e.g., How many hours of part-time paid employment are allowed within the classification a person as retired?). Despite the difficulties of defining retirement, it is necessary to provide a working definition of retirement for this research. As such, the following discussion provides an overview of the definitions of retirement in the literature.

In their review of the international literature, Denton and Spencer (2009, 66-67) identify eight ways in which retirement has been operationalised in research: 1) non-participation in the labour force; 2) reduction in hours worked and/or earnings; 3) hours worked or earnings below the minimum cut-off; 4) receipt of retirement income; 5) leaving a main employer; 6) change of career or employment later in life; 7) self-assessed retirement; and 8) a combination of these indicators. Of the 45 studies Denton and Spencer examined, 15 were categorised as using a combination of these indicators. These multi-factor indicators of retirement are well supported in the literature. Atchley (1979, 53) proposes a threefold definition in which a person: reports reduced work hours, receives a pension, and defines themselves as retired. Ekerdt and Deviney (1990, 213) subsequently identify five criteria relevant to an operational definition of retirement: 1) separation from a career; 2) exit from the labour force; 3) reduced effort (either labour supply or earnings); 4) pension receipt; and 5) self-definition as retired. Ekerdt and Deviney (1990, 226) conclude that a multi-criteria definition of retirement is to be preferred over a single-criterion approach, but the choice of which criteria to include should be responsive to the nature of the retirement phenomena being investigated. Wang and Shi (2014, 211) provide a psychological definition of retirement as 'decreased psychological commitment to and behavioural withdrawal from work'. They did not however explore how this definition of retirement interfaces with the experience of those who leave work because of poor mental health. Importantly, any older person being included in retirement research should identify as retired. Research by Tavener et al (2015) found that men who described themselves as fully retired were also likely to

be engaged in paid or voluntary work. Partially-retired men were engaged in part-time or unpaid work or were self-employed.

In the Australian context, Butterworth et al. (2006, 1180) identify retirement as ‘a loosely defined construct’, and indicate that it is frequently associated with cessation of a ‘main job’ and receipt of a pension. Their study operationalises retirement as defined by the absence from the labour force beyond 45 years of age. In contrast, Luborsky and LeBlanc (2003, 254) make a useful distinction between retirement as an age category and retirement as an occupational category. Luborsky and LeBlanc (2003) describe retirement in the USA as ‘an individually earned right to a period of leisure after a career of employment [which is a] rightful entitlement of all adult persons wherein the activities and roles that were always critical to consolidating an identity as a full adult (e.g. working) may be relinquished with no erosion of adult status’ (254). They conclude that attention to the specifics of underlying cultural beliefs and social meanings is essential to any understanding of retirement (Luborsky and LeBlanc 2003, 267).

There is a strong leisure culture in Australia, and leisure is depicted in many popular images of Australian retirement (Higgs and Quirk 2007; Osbaldiston, Picken and Duffy 2015). This contrasts with Butterworth’s (2006) choice to define retirement in terms of a labour-force exit. However, there are at least three significant ways in which one may exit the labour force without necessarily enjoying enhanced leisure: 1) forced redundancy; 2) problematic health; and 3) leaving the workforce to take on caring responsibilities. These three exit paths from the workforce may carry social meanings of worthlessness, decline and loss of freedom and capacity. These meanings are far from reflecting Luborski’s ‘rightful entitlement’ and leisure focus, and are far from the expectations of most Australians in relation to retirement (Conway 1978; Higgs and Quirk 2007).

Another relevant Australian definition of retirement is advanced by McAlister, Lindenmayer and McLean (2005) in their discussion paper on retirement expectations. They state that retired ‘persons were considered to be those who have

left full-time employment and did not intend to work full-time at any time in the future' (5).

This definition is significant because of its close association with the Household Income and Labour Dynamics in Australia (HILDA) survey and its use in policy development by the Australian Government. However, a number of issues emerge from the use of this definition. The first is that it assumes prior full-time employment, which is increasingly not the case among sections of the older workforce. The second is that it potentially confuses intention and desire. A desire to return to full-time work may persist among workers who have given up any realistic hope or intention of returning to the full-time workforce because of subjective factors and structural impediments. Another problematic issue is that this definition appears to unilaterally classify workers as already retired when they may actually be in a transition to retirement.

The definition of retirement by McAlister, Lindenmayer and McLean (2005) is a sound starting point for understanding retirement: 'Retired persons are considered to be those who have left full-time employment and did not intend to work full-time at any time in the future' (5). However, a composite definition is proposed for the current doctoral study. Rather than simply leaving full-time employment, retirement is understood here as a substantial reduction in workforce engagement. This can allow for transitional arrangements. It also allows for the possibility of a prior history of part-time employment or under-employment. To address the subjective experience of retirement, this study's definition includes the component of self-identification by men as retired.

Defining Early Retirement

The focus of this study is on early-retired men. This designation requires the exploration of what *early* might mean in the context of retirement. Phillipson (2013) provides some insight into early retirement when he describes the development of retirement from the 1950s and 1960s when retirement emerged in the United Kingdom and tended to be standardised with legislated retirement ages, publicly

funded welfare payments, and occupational or contribution based pensions. This standardised and widely accepted model of retirement was undermined in the 1970s and 1980s by changes in industry, demography and the economy. Providing employment for the emerging ‘baby-boomer’ workforce became a priority and early retirement of older workers was seen as a solution to that problem. Early retirement during this period also came to be associated with a ‘third age’ of personal development and freedom.

In Australia, early retirement is hard to define formally because there is no enforced retirement age. However, there are two structural indicators that both reflect and propagate community attitudes to the timeliness of retirement. The age at which the Australian Age Pension can be accessed by men is currently 65 years (although it is scheduled to be incrementally increased to 67 years of age by 2023). The age at which mandatory superannuation savings can be accessed (by people born before 1960) is 55 years. Taken together, these two features of Australian retirement represent a strong indicator of an expected retirement age. Therefore, ‘early’ retirement in this case would be between the ages of 55 and 64, depending on an individual’s financial circumstances.

A different approach to understanding early retirement is to break the nexus of retirement with an age norm, and compare the actual date of retirement with an individual’s intended or expected date of retirement. This more subjective measure is likely to capture phenomena relevant to men’s experiences of retirement. In some studies, the use of the term ‘early retirement’ may refer to the first part of the retirement period, rather than the time at which the retirement occurs (Choi 2003, 197). Here, the word ‘retirement’ is used to denote both a period of life and the process of entering that period. Therefore, the term ‘early retirement’ is associated with explorations of retirement adjustment. However, this study does not use this meaning of early retirement. For the purposes of this study, early retirement refers to entering the retirement phase of life earlier than commonly expected.

Retirement Studies

The literature on retirement is voluminous and reflects the significant growth in the social phenomenon since the end of the Second World War. The literature on economic aspects include individuals' financial planning and national agendas involved in aged care, health care, income security and workforce planning. The health and retirement literature tends to focus on differential health status and causality, and to a lesser extent on best practice around health-care promotion among retirees. Studies focusing on wellbeing constitute a much smaller part of the literature.

Examining wellbeing in retirement, Drentea (2002, 171) highlights that if the individual experiences work as alienating, retirement should be experienced as positive and connecting. Conversely, if the individual experiences work as empowering, retirement may be experienced as loss. After exploring this tension, Drentea admits (2002) that 'no strong pattern emerges' (187), which is consistent with other studies. Moen (1996) adopts a life-course approach to retirement wellbeing to highlight the complexity of retirement experiences. She names gender, structural factors, personal situations (including timing, choice and control), past work experiences, conditions of work, economic status and post-retirement behaviour as affecting retirement wellbeing (Moen 1996, 139–40). Michinov, Fouquereau and Fernandez (2008, 176–7) provide a further perspective on retirement wellbeing by identifying four determinants in studies on retirement wellbeing: 1) socio-demographic factors (including gender, health, socio-economic status and education); 2) the situation in which the transition to retirement is made (e.g., the level of choice involved in the decision to retire and the timing of spouse's retirement); 3) psychological factors such as retirement anxiety or sense of self-efficacy; and 4) factors such as marriage and social relations. The common theme in the relevant studies is the recognition of the complexity of the relationships involved in retirement wellbeing.

In the Australian context, Byles et al. (2013) examine the changing understandings of retirement among Australian women and their experiences in retirement. The

authors are clear on the gendered nature of retirement experiences. They highlight the variability of these experiences, finding that some women experience little effect of retirement on their identity, marital roles or daily routines, and that others experience a loss of professional identity, social networks and everyday interactions. In an earlier article, Everingham, Warner-Smith and Byles (2007) proposed three models of retirement for Australian women. In the first model, retirement is a gateway and marks the end of the working life. This model resembles the traditional male (i.e., dichotomous work/non-work) model of retirement. The second model of retirement relates to transition. In this model, the working life is extended through flexible work arrangements. The third model is transformational. In this model, the woman seeks to change the nature of work to make it more personally satisfying and to lower the boundaries between work and non-work. While these three models are proposed in the context of women's retirement, the possibility of similarly diverse types of retirement among Australian men is certainly possible.

Warren (2006) divides Australian retirees responding to the HILDA survey into categories of completely and partially retired, observing the following:

For men, ill health was the most common reason given for retiring completely, followed by financial or job related reasons. Men were more likely to say that they partly retired because of family and lifestyle reasons, but few men gave this as a reason for complete retirement (3).

While Warren (2006, 16) found a distinction between reasons men gave for partial or complete retirement, the study also found that some respondents gave several reasons for retiring. In examining various measures of retirement satisfaction, the study found that good general and mental health, as well as living in an outer regional area, has positive effects for both men and women in retirement, but that involuntary retirement has a negative effect. In addition, men who did not have a partner (or whose partner was not also retired) experienced negative effects in retirement. No data were available on retirement satisfaction in partially retired people.

Mackenzie et al. (2011) examined the retirement health and wellbeing experiences of men and women. They found significant variability in retirement experiences and

named the extent to which the retirement had been planned as the most significant determinant of retirement wellbeing (Mackenzie et al. 2011, 354). The emphasis on agency in this insight is useful for the current doctoral study.

Retirement and the Life Course

The concept of life-course has been mentioned in this study, but requires further consideration because of the potential to address the complexity of retirement. The literature on men's mental health in and around retirement reveals a number of articles that employ the life-course perspective in their research (e.g., Marshall and Clarke 1996; Quick and Moen 1998; Moen et al. 2000; Kim and Moen 2002; Ekerdt 2004).

The four central tenets of a life-course approach revolve around firstly the sequential nature of individual experience. This highlights the importance of antecedent experiences to understanding phenomena. Secondly, the effect of social change on different cohorts will inevitably mean that people at a similar time and in the same culture will reflect common cohort characteristics which are different from people born either earlier or later than them. Thirdly, the relational dimensions of lives, often in life-course thinking called, "linked lives", emphasises that individuals cannot be considered as truly independent, and that relationships both within the same cohort (such as spouses, friends and work colleagues) and across cohorts (such as children, parents, mentors) all impact on how an individual life is experienced and lived out. Such relationships exist and operate both in the formally recognised frameworks such as marriage, employment and family) and in the informal and less easily quantified realms of friendships and social groupings. Finally, the reciprocal nature of personal and social change emphasises that individuals impact on their communities and society, just as social change impacts on individuals. (Riley 1998, 30-1). Life-course perspectives consider the agency of individuals and the social structures that have influenced them throughout the course of their lives. By connecting individual experience and social change, life-course approaches may also provide explanations such as youthful masculinity and the effect of military service.

Wang and Shi (2014, 219) propose a resource-based dynamic model that accounts for retirement adjustment on the basis of fluctuations in individual resources. Here resources are defined broadly as the total capability an individual has to fulfil his or her centrally valued needs. This model attempts to subsume life course perspectives into the adjustment process and purports to offer a more dynamic model than the life course approach. Yet while any model of retirement adjustment needs to be dynamic enough to account for changes in individual adjustment over time, a significant attraction of the life course perspectives is to keep social and historical factors in view alongside of individual needs and resources.

Although the majority of life-course studies use a quantitative design, there are a some recent studies that use qualitative methodologies (e.g., McAdams 2005; Murphy, Arxer and Belgrave 2010; Locke and Lloyd-Sherlock 2011; Verd and López 2011). Locke and Lloyd-Sherlock (2011) highlight the value of qualitative life-course approaches for ‘the possibilities for engaging with individual subjectivities; and different strategies for situating individual experiences in dynamic social, economic and political contexts’ (1131). This review of the literature found only one Australian study of quality of life in retirement (Heybroek, Haynes and Baxter 2015) that uses a life-course approach. However, this study utilises a macro-approach to the life course, for example, noting that access to superannuation reduces dependence on age pensions. While this is an accurate observation and is consistent with location of the life course in broader society, it lacks the finer discrimination that a qualitative micro-approach to the life course may offer for studying retirement.

The literature on life course and retirement reveals that retirement is an age-related phenomenon shaped by the variety of ways in which it is defined, the pathways by which it is entered, and the evolution of different models of retirement applied over time. It is also significantly shaped by gender, with many features of retirement being experienced differently by men and women.

Wellbeing

The third field of interest to this study is that of wellbeing. This section examines the nature of wellbeing and the literature relating to wellbeing in retirement. The term ‘wellbeing’ is reputed to be easier to describe than to define (Dodge et al. 2012), and the meanings attached to wellbeing are evolving. Surveying the way in which the word ‘wellbeing’ was used in selected British newspapers from 1985 to 2003, Sointu (2005) demonstrates that the focus of wellbeing has shifted from an interest in the health and wealth of nations to being located in individual bodies. Sointu (2005) concludes that the media’s use of the term ‘wellbeing’ reproduces ‘significant western values that identify the ideal person as self-reflective, autonomous and in control ... As such, wellbeing is often saturated with ideals of activity and agency’ (271).

The location of wellbeing at the individual level, with its strong association with activity and agency, has not always been the case. Pereira (2013) contends that Marx had a vision of social wellbeing that was founded on ‘principles of solidarity and cooperation’ rather than on the individual and competition. Similarly, Keyes (1998) contends that in spite of Durkheim’s focus on anomie and suicide, his view insists that ‘social coordination and health reflect individuals’ connections to each other through norms and indicate their fondness for society’ (122). In contrast, contemporary and popular views of wellbeing have moved towards activity and agency as the defining characteristics.

Sen (1985) sought to highlight the silencing of certain types of knowledge in attempts to judge (define and measure) wellbeing. In a reversal of traditional economic models, Sen (1985, 185) insists that all information relevant to human wellbeing should be considered relevant to ‘utility’. Thus, interpretations of utility such as choice, desire fulfilment and happiness are considered within the concept of wellbeing. At the individual level, a person’s wellbeing relates to their ‘functioning’—a broad concept that embraces both human *doing* and *being*. Sen (1985, 197) argues that doing might include activities such as eating, reading or seeing; being might include being well nourished or free from malaria. Sen’s (1985, 203) sense of wellbeing cannot be aggregated into a single measure because it is always located at the local and individual level, and wellbeing must be measured

through achievement and freedom. The freedom that an individual experiences or exercises is equally important to a sense of wellbeing.

Gorski (2013) highlights other elements wellbeing when he notes the evolution of wellbeing in the work of Martin Seligman. Seligman was one of the founders of the positive-psychology movement, and was a promoter of a strongly subjective understanding of wellbeing. His work embraces a sense of wellbeing that includes not only positive emotion but also value-laden concepts such as engagement, relationship, meaning and accomplishment (551). Gorski (2013) is unapologetic about having a value-laden understanding of wellbeing, insisting that values 'are partly based on experiences, collective as well as individual [...] this means that they can be empirically investigated with the tools of the social sciences' (553). This approach to understanding wellbeing assumes that certain qualities of life have intrinsic value and are therefore integral to the wellbeing of the individual.

To operationalise the concept of wellbeing in this study, a number of elements from the differing approaches above to wellbeing are synthesised. The understandings of wellbeing that tend towards an individualised perspective are most appropriate for the purposes of this study. The traditional roles of economics and health in wellbeing are noted, but will be primarily explored at the subjective level. Social engagement, relationships, and personal meaning-making and accomplishment are also included in the understanding of wellbeing in this doctoral study.

Quality of life has been used to chart many of the dimensions also charted by the concept of wellbeing. For example, in Australia, the Assessment of Quality of Life (8D) (Richardson et al. 2014) has been used extensively to collate data on people's independent experiences of living, pain, senses, mental health, happiness, coping, relationships and self-worth. Other variants of quality of life include economic indicators such as financial and employment security, and health-related quality of life (Norman et al. 2013). Yet while there are many overlapping dimensions in the concepts of quality of life and wellbeing, this research uses the construct of wellbeing because it embraces a wider set of experiences.

Dimensions of Wellbeing

Financial

The financial wellbeing of individual retirees in Australia is largely determined by three elements: 1) a national compulsory superannuation scheme; 2) private savings; and 3) a social-security welfare payment known as the Age Pension. A large proportion of the Australian literature on retirement wellbeing is devoted to understanding and maximising the intersections and outcomes of these three elements. In their review of Australian evidence for the financial security of baby-boomers, Snoke, Kendig and O'Loughlin (2011) conclude that the subjective dimensions of financial security such as perceptions and expectations of retirement require further investigation. Barrett and Kecmanovic (2013) examined savings adequacy and subjective wellbeing across the retirement transition using data from the HILDA survey. They conclude that a great majority of retirees either maintain or improve their subjective wellbeing in retirement. The exception is retirees who are forced to retire because of ill health or job loss. Such forced retirements may occur earlier than the individual had planned for the average retirement age, and there is a great need for further exploration of the experience of early retirees who have experienced forced retirement.

Health

Internationally, the World Health Organization (WHO 1946) has defined health in terms of wellbeing, that is, a 'complete state of physical, mental and social wellbeing, and not merely the absence of disease or infirmity' (1). This definition considers social wellbeing as standing alongside physical and mental wellbeing. This may be difficult to reconcile with popular, historic and masculine conceptions of health that tend to locate health in individual physical bodies. In Australia the distribution of health resources also appears to be at odds with the WHO (1946) definition of health. In 2013–2014 only \$2.245 billion of the total health budget of \$154 billion (Australian Institute of Health and Welfare 2015, 72) was spent on public-health initiatives that 'protect and promote the health of the whole population

or specified population subgroups and/or prevent illness or injury in the whole population or specified population subgroups' (Australian Institute of Health and Welfare 2015, 123).

An area in which health and social wellbeing have been documented as intersecting in Australia is through the creation of Men's Sheds. Cordier and Wilson (2014, 486) report a significant commitment among Australian Men's Sheds to the social wellbeing and physical and mental health of men. Orientation towards social inclusion is facilitated through access to physical and mental-health education and health-screening activities for men. These are common features of Australian Men's Sheds (Cordier and Wilson 2014, 488f).

More broadly, Berry and Welsh (2010) sought to explore the relationships between social capital and health in Australia using data from the HILDA 2006 survey. Their study mapped general health, mental health and physical functioning against social capital. Social capital was conceptualised as comprising activities of social participation and feelings of social cohesion. Social participation included the concepts of connectedness with family, friends and neighbours; civic engagement such as volunteering, and membership of community groups; and political participation such as protest activities. They found a generally positive relationship between social capital and overall health, but they note that social capital and social wellbeing are not necessarily the same thing.

Mental Health

Following thematically from the above, Olesen and Berry (2011) examined the relationship of social participation and mental health using data from the HILDA survey. They found very little difference in overall social participation between workers and retirees, although some types of participation changed between working and retirement. While general outcomes were similar, younger retirees experienced less psychological distress when socially engaged with friends and neighbours, and when engaged in volunteer activity. This demands some examination of the relationship between wellbeing and mental health.

The World Health Organisation specifically describes mental health in terms of wellbeing, stating the following:

[Mental health is a] state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community (WHO 2005, 12).

Two key elements of wellbeing emerge from this definition of mental health. Firstly, the individual fulfils their capacity and copes with life. This reflects Sen's argument relating to capabilities. Secondly, in a state of wellbeing, individuals are productive and contribute to their community. This view of wellbeing emphasises productive activity and contribution as an aspect of mental health.

In the Australian context, wellbeing and mental health have been most extensively explored in relation to indigenous health. Some Aboriginal mental health workers prefer to refer to social and emotional wellbeing rather than mental health or illness. In that context, considerations such as 'connection to land, culture, spirituality, family, and community are important to people and can impact on their wellbeing ... a person's social and emotional wellbeing is influenced by policies and past events' (Healthinfonet 2011). The emphasis on connections with history, place and environment is reminiscent of Bronfenbrenner's (1995) bioecological model of human development. Emphasis on these factors is also found in life-course perspectives, which will be discussed further below. It is noted that this broad interpretation of wellbeing contrasts with the content in the National Survey of Mental Health and Wellbeing—conducted by the Australian Bureau of Statistics (ABS) in 2007—in which no questions about culture and spirituality were asked, despite the fact that socio-economic and demographic information was gathered.

Subjective Wellbeing

Another approach to wellbeing has been in the area of the subjective experience of wellbeing. This is sometimes equated with happiness. However, Diener et al. (1999) describe the subjective experience of wellbeing in terms of both affect and

satisfaction. Response categories of emotion and cognition have been used in wellbeing measures. In general, subjective wellbeing tends to be stable in the long term. This homeostasis can be interrupted by negative events. However, after such an event, wellbeing generally tends to return to previous levels. In Australia, subjective wellbeing has been measured by HILDA and by the Australian Unity Subjective Wellbeing Index (Cummins et al. 2003). The most recent Australian Unity report indicates subjective wellbeing lies in a normal range of 73.9 to 76.7 points out of 100. The results by age are provided in Table 2.1 below.

Table 2.1 Australian Subjective Wellbeing by Age

| Age Group | Score/100 |
|-----------|-----------|
| 18–25 | 75.08 |
| 26–35 | 74.70 |
| 36–45 | 74.71 |
| 46–55 | 74.09 |
| 56–65 | 75.58 |
| 66–75 | 76.99 |
| 76+ | 77.84 |

(Cummins and Weinberg 2015, 21)

Of particular interest to the current doctoral study is the data in the Cummins et al report on retired people. These data demonstrated only slight variation from ages 56 to 75, suggesting that subjective personal wellbeing as measured by the Australian Unity index is quite consistent across the transition from working to not working.

Patterns of Retirement in Australia

The most recent ABS report on retirement and retirement intention in Australia is from 2013 (ABS 2014). It reveals an average retirement age of 57.9 years for men. Table 2.2 presents a categorisation of men leaving work for various reasons in specific age ranges.

Table 2.2 Reasons Men Leave Work 2013

| Men '000 | Years of Age at Retirement | | | | | | Average Age at Retirement |
|--|----------------------------|-------|-------|-------|------|-------|---------------------------|
| | <55 | 55–59 | 60–64 | 65–69 | >70 | Total | |
| To care for ill/disabled/elderly person | 3.2 | 6.2 | 7.2 | np | np | 23.9 | 60.9 |
| To have holiday/pursue leisure activities | 2.1 | 6.2 | 5.4 | np | np | 20.4 | 62.3 |
| Own sickness, injury or disability | 113.9 | 66.2 | 55.6 | 36.4 | 11.1 | 283.3 | 55.8 |
| Reached retirement age/eligible for superannuation/pension | 14.7 | 93.4 | 184.8 | 139.4 | 62.8 | 495.2 | 63.5 |
| Temporary/seasonal/holiday job | 6.0 | 4.6 | 9.1 | 5.8 | 2.7 | 28.2 | 59.9 |
| Retrenched/dismissed/no work available | 22.8 | 33.4 | 27.7 | 21.6 | 3.3 | 108.7 | 59.1 |
| Total retirees | 162.7 | 210 | 289.8 | 203.2 | 79.9 | 959.7 | |

(ABS 2014, 4)

27 per cent of male retirees were younger than 55 years of age and 20 per cent were aged over 64 years. The men of interest to the current doctoral study are those who retired between the ages of 55 and 64 years. This group comprises 52.9 per cent of retirees according to the 2013 figures.

Retirement Intentions and Planning

An ABS (2014) survey demonstrates that 38 per cent of employed men aged 45 years and over did not know when they intended to retire. The average age of intended retirement for men was 63.5 years. A number of Australian studies have explored the value of retirement planning for individuals intending to retire. For example, Noone, O'Loughlin and Kendig (2013) interviewed retired baby-boomers to identify the relationship between their retirement preparation and their life satisfaction, social activity, living standards and optimism in retirement. They found that higher levels of retirement preparedness were associated with greater social and physical activities, as well as with higher optimism, living standards, income and life satisfaction. Married or partnered participants were also more likely to report higher preparedness than those without partners. Significantly, they found that even

relatively low levels of retirement preparation were valuable to retirement optimism and that lifestyle preparedness was as important as financial preparation.

Beyond planning, another dimension to the transition to retirement is whether there was a phased or gradual withdrawal from the workplace. DeVaus et al. (2007) examined this question in the Australian context using data from a three-year follow-up of 601 individuals recruited to the Australian Healthy Retirement Project (Wells et al. 2006). Having controlled for other variables, the study found that phasing into retirement has a positive effect on affect, self-image, self-esteem, self-efficacy, optimism, life satisfaction, marital cohesion, and retirement adjustment. However, the effect is not as significant as how much control an individual has over the transition. This finding is consistent with that of Forbes et al. (2015) who used data from the 2007 National Survey of Mental Health and Wellbeing. While this data set was much larger than that used by Wells et al. (2006), it relates to participants whose minimum age was 60 years.

Retirement and Physical Health

Studies on the effect of retirement on health date back to the 1950s (Lloyd 1955; Richardson 1956). However, the outcomes of these studies are often unclear. A recent meta-analysis of 119 studies by van der Heide et al. (2013) found that retirement can have ‘both beneficial as well as adverse health effects [...] conflicting evidence was found for retirement having an effect on perceived general health and physical health’ (10). Van der Heide et al. (2013, 8) also note that there is a lack of longitudinal studies, finding only 22 longitudinal studies that met their criteria. Moreover, they found many possible confounding factors, including the type of health conditions being considered, pre-existing health conditions, age, gender, socio-economic status, and circumstances of the retirement transition. They also found differences in study design and quality.

Gallo (2013) examined self-assessed health, functional status, chronic conditions, biological markers of disease, and mortality in association with retirement. He agreed with the findings of van der Heide et al. (2013), suggesting that ‘owing to

differences in design, measurement, and statistical methodology, isolation of an average, population-level effect of retirement may not be achievable' (Gallo 2013, 325). This observation itself suggests that retirement research might be more profitably focused on aspects of wellbeing rather than physical health *per se*, and that studying sub-populations may yield results that are more coherent.

One recent Australian study (Ding, Grunseit et al. 2016) focused on changes to health related lifestyle (rather than health itself) across the retirement transition and found that retirement had a beneficial effect in areas such as reduced odds of smoking, physical inactivity, excessive sitting and at-risk sleep patterns. In another recent Australian study Mackenzie et al. (2011) interviewed 26 'early retirees' aged 50 to 64 years, and found improved health due to increased activity levels in retirement. However, the effect of the activity was not as significant as the perceived control of the participants over the circumstances under which they left the workforce (Mackenzie et al. 2011, 362). The importance of such subjective factors underlines the value of qualitative approaches to understanding phenomena related to retirement.

Retirement and Mental Health

The relationship between retirement and mental health represents a contested space. For example, using samples from the American Health and Retirement Study, Wang (2007, 469) found that approximately 70 per cent of retirees experienced very little change in mental health over their retirement and adjustment. About 25 per cent experienced an initial decline followed by an improvement and less than 5 per cent started with low levels of mental health and improved through the retirement experience. Wang found little effect when controlling for age, gender, years of education, and race (2007, 462). In contrast, van der Heide et al. (2013) found that retirement does have an effect on mental health. They describe 'strong evidence for retirement having a beneficial effect on mental health (i.e. depression, distress and well-being)' (Heide et al. 2013, 10), but they also acknowledge that in two studies (i.e., Mein et al. 2003; Westerlund et al. 2010), this effect was limited to men only. Similarly, Mein et al. (2003) examined longitudinal data from the Whitehall II study

of public servants in the United Kingdom. They found that mental health improved across a three-year pre- and post-retirement period, but that this effect was primarily among well-paid men (Mein et al. 2003, 48). Similarly again, Westerlund et al. (2009, 3) followed chronic health problems, physical fatigue, mental fatigue and depression in a sample of 14,104 French semi-government workers (80 per cent male) for seven years pre-retirement, and seven years post-retirement. 25 per cent reported depressive symptoms in the year before retirement, but that percentage dropped to 16 per cent in the year following retirement. The study provided no classification of gender or socio-economic status.

A number of studies report the opposite effect, an increase in common mental disorders following retirement. Melzer, Buxton and Villamil (2004) used data from the 2000 Psychiatric Morbidity Survey of Great Britain. They found that among ‘the male group who left work early, prevalence rates of common mental disorders remained high until around the traditional retirement age’ (38). In a related study, Buxton, Singleton and Melzer (2005) contrasted the mental health of economically active and former workers, and found that ‘early retiree men have markedly raised rates of common mental disorder compared to those remaining in work’ (104).

In Australia, three studies have been conducted with similar designs and outcomes to Melzer’s (2004) study. Butterworth et al. (2006) used data from 1928 male and 2261 female respondents aged between 45 and 74 years in the National Survey of Mental Health and Well-being. Their analysis ‘found that (male) retirees displayed a higher prevalence of common mental disorders relative to those in the labour force’ (Butterworth et al. 2006, 1186). This effect remained observable after controlling for pre-existing medical conditions (Butterworth et al. 2006, 1188). Similar results were also obtained by Gill et al. (2006) in their examination of data from HILDA. Vo et al. (2015) also had similar findings using data from a much larger sample in the Sax Institute 45 and Up Study of New South Wales residents over 45 years of age. The large sample size of Vo et al.’s study enabled analysis of retirees according to their reason for retirement. It demonstrated that men who retired due to ill health were significantly more likely to experience psychological distress than those who retired for other reasons. Those who retired because they were made redundant, could not

find work, or to become carers, were also at significant risk (Vo et al. 2015, 654). Each of these studies demonstrates that men who remain in the workforce at least until 65 years of age seem to have more positive experiences and outcomes than those who retire earlier. This highlights the important question of the masculine subjectivity and wellbeing of men who retire early.

Conclusion

This chapter has reviewed some of the relevant literature that constitutes the background for this study. The subject of the retirement experiences of Australian men who retire early has received some academic attention. However, the studies that have examined this issue tend to be large-scale quantitative analyses of pre-conceptualised categories of experience. This study addresses the gap in the existing literature relating to the lack of direct engagement with the subjective experiences of individual men using the language and categories that men themselves use, and that considers them in the context of their unique unfolding life course.

The following chapter will address the research design and methodological approaches of this doctoral study.

Chapter 3: Methodology

Introduction

This chapter discusses the qualitative research process and the interviews undertaken for this research. The chapter also describes the study population and sample size. It explains the methods used for participant selection and data collection and presents relevant reflections in relation to research on the sample.

Methodology and Research Questions

The four research questions of this project focus on the experiences and personal understandings of individuals:

1. How do early-retired men experience their lives and health in retirement?
2. What pre-retirement experiences do men bring to their transition from work to retirement?
3. What coping strategies do the men utilise or have an awareness of?
4. How do early-retired men understand and construct wellbeing?

Obtaining answers to these questions requires the use of a qualitative methodological approach because qualitative methods are attuned to ‘more nuanced approaches’ (Emslie, Hunt and O’Brien 2004, 212) and are capable of providing ‘rich descriptions of complex phenomena’ (Sofaer 1999, 1101) in the areas of lived experience and social relations.

Qualitative Research

While practitioners and theorists continue to debate a strict definition of qualitative research, there is broad agreement that this type of research is distinctly engaged with the meaning of phenomena in the setting in which they occur (Denzin and Lincoln 2003, 3). According to Denzin and Lincoln (2003, 1), the use of qualitative

research methods in sociology dates back to the Chicago School of the 1920s and 1930s, which established its importance in the study of human experience. Denzin and Lincoln (2003, 1) also note that the intervening years have seen both significant challenges for, and the further development of, qualitative research methods.

Denzin and Lincoln (2003) describe one such effect Qualitative research is now ‘many things to many people’ (13). Yet they continue to emphasise that the term ‘qualitative’ implies focus on ‘processes and meanings that are not experimentally examined or measured’ and that are socially constructed, situated and valued. Silverman (2000, 8) concurs, describing qualitative research as an analysis of words rather than of numbers. He explains it as an analysis of ‘naturally occurring’ rather than ‘experimental’ data; as an analysis of meanings rather than behaviours; and for hypothesis generation rather than testing. This preference for meanings goes to the heart of the research objective for this doctoral study, that is, examining the understanding early-retired men have of their life experiences. This research seeks to uncover the *meanings* men take from and give to these experiences. A qualitative approach is therefore suitable.

Most (but not all) of the data for this project were gathered through semi-structured interviews. Such interviews are not entirely naturally occurring (as the methodology described below will clarify). However, they are more ‘natural’ than structured interviews or surveys, and the interviewer is less intrusive as a research tool. Moreover, the questions are more open than they are in quantitative research tools (Fontana and Frey 2003). The interviews follow the indicative interview script in Appendix B. The interview script accommodates the competing demands of attempting to capture the natural responses of the interviewed men (naturally occurring data), and ensuring information is gathered that can answer the research questions. The interview design reflects this tension: it uses open questions, but brackets the questions into five sections:

1. expectations of retirement
2. career and (family) life before retirement
3. circumstances surrounding decision to retire
4. experience of common mental-health issues

5. coping with common mental-health disorders in retirement.

The first two sections of the interview were designed to create a picture of how the men had anticipated retirement - relevant to their lives before retirement. Obtaining this information addresses the research question that asks what pre-retirement experiences men bring to their transition from work to retirement, and how these experiences influence their retirement outcomes. The questions focused on the circumstances surrounding the decision to retire early. The mental-health experiences of the men are relevant to the research questions relating to their experiences of retirement wellbeing. The final section of the interview corresponds to research questions that relate to coping and constructions of wellbeing.

Interviewing

A theoretical understanding of the technique of interviewing guided the formulation of the interview questions and the approach to analysis of the interview data. Berger and Luckmann (1967) provide a framework for epistemology in the form of a 'systematic, theoretical treatise in the sociology of knowledge'. Their framework begins with the acknowledgement that 'I cannot know everything there is to know about [...] reality' (59). They move from this premise to a two-tiered distribution of knowledge via the medium of language. In these two tiers, the individual is considered to have detailed and specific knowledge relevant to their role, and a general knowledge of other matters, including who is likely to hold other detailed knowledge (Berger and Luckmann 1967, 57). Much of this knowledge comes in the form of 'recipes for the mastery of routine problems' which are 'taken for granted' until they fail to deliver solutions (Berger and Luckmann 1967, 58).

This knowledge is legitimised in a number of processes, including in the construction of 'symbolic universes'. A symbolic universe unites all experience and the institutional structures that support it into a body of knowledge. Such bodies of knowledge are not immediately perceived in everyday reality but are the result of reflection, as demonstrated by the examples of religion or scientific theory (Berger and Luckmann 1967, 113). Such symbolic universes are maintained by specialists

whose role it is to have detailed knowledge about the way the knowledge is unified (Berger and Luckmann 1967, 135).

The individual internalises their social world through a twofold process of primary and secondary socialisation. Primary socialisation occurs as significant others mediate (a version of) their reality onto a child, such that the child adopts the roles and attitudes of the primary care provider/s in a process that is cognitive and emotionally charged (Berger and Luckmann 1967, 151). Secondary socialisation occurs subsequently through processes similar to (but not as intense as) primary socialisation. This results in role and institutionalised knowledge, and language being appropriated as one's own (Berger and Luckmann 1967, 159). Throughout their epistemological construct, Berger and Luckmann maintain that 'society exists as both objective and subjective reality' (1967, 149). Objectively, having knowledge of routines lays the groundwork for institutions that in turn preserve and maintain roles. Subjectively, individuals internalise the social world and its knowledge and are guided to express themselves in society. Berger and Luckmann's work has been criticised by Prus (1996, 89) and other researchers, yet remains valuable for considering the knowledge gained through interviewing.

Further useful insights are provided by Blumer (1969, 2), who identified three foundational premises of symbolic interactionism as follows: 1) human beings act towards things on the basis of the meaning that the things have for them; 2) the meaning of such things is derived from, or arises out of, the social interaction that human beings have with their fellow human beings; and 3) these meanings are handled in, and modified through, an interpretative process used by the person in dealing with the things they encounter. Unlike Berger and Luckmann (1967), Blumer (1969) presents an extensive methodological discussion of research agendas and processes. Blumer (1969) is scathing about a great deal of research in social science and social psychology, stating that instead of 'going to the empirical social world in the first and last instances, resort is made instead to a priori theoretical schemes, to sets of unverified concepts, and to canonized protocols of research procedure' (33). Blumer (1969, 34–5) proposes that this type of practice should be replaced by direct examination of the empirical social world expressed primarily in the world of

everyday experience. Blumer (1969) acknowledges that the researcher does not usually have first-hand experience of the social world they are investigating. However, he insists that the researcher will almost always form some opinions about the aspect of the social world under examination, and that these opinions are formed out of the researcher's personal, cultural and professional experiences. Blumer (1969) insists that such opinions must be subject throughout the research process to 'a conscientious and continuous effort to test and revise [them]' (37).

To facilitate a close knowledge of the social worlds under examination, Blumer proposes two fundamental components of research: 'exploration' and 'inspection', which together he describes as 'naturalistic enquiry' (1969, 40ff). In exploration, there is a flexibility of procedure and technique that moves across the field of enquiry, clarifying issues and lines of enquiry and becoming more focused as the process evolves. In contrast, inspection is an intensive and focused examination of the analytical elements comprising the subject under investigation in a variety of ways. Blumer's (1969) investigation, like exploration, is 'flexible, imaginative, creative and free to take new directions' (44).

Blumer's insistence that social interaction should be taken seriously is of particular relevance to the use of interviews in research:

Sociologists ascribe behavior to such factors as social role, status, cultural prescription, norms, values, reference group affiliation, and mechanisms of societal equilibrium; and psychologists attribute behavior to such factors as stimuli configurations, organic drives, need-dispositions, emotions, attitudes, ideals, conscious motives, unconscious motives, and mechanisms of personal organization. Social interaction is treated as merely the arena in which these kinds of determining factors work themselves out into human action. These approaches grossly ignore the fact that social interaction is a formative process in its own right—that people in interaction are not merely giving expression to such determining factors in forming their respective lines of action but are directing, checking, bending, and transforming their lines of action in the light of what they encounter in the actions of others (1969, 53).

The interview represents a formative situation of social interaction. Therefore, it follows that the interviewer should be aware of processes of 'directing, checking,

bending and transforming' in the interview. These processes are occurring in the researcher and the interviewee, and are relevant to the planning, conduct and analysis of the interview.

The extent and effect of these processes in the interview situation is the subject of a great deal of theorising. For example, Silverman (2006, 109ff) describes three approaches to the interview: positivism, emotionalism and constructionism. The positivist interview is characterised by the assumption that social facts or essentials are 'out there' and can be accessed by unbiased methods from typical respondents. The emotionalist interview develops the positivist position by seeking authentic accounts of subjective (or lived) experience by building a 'depth' of interview in which the interviewer creates a context for the interviewee to converse more freely about their unique perspectives.

The third kind – a constructivist interview - represents a departure from both the other forms of interview in which 'accounts are "simply representations of the world"' (129). Rather, the constructivist interview elicits accounts that are part of the world being studied and represent culturally available ways of describing an experience. Constructionism focuses on *how* respondents say what they say. This leads to a question about the significance of *what* is said. Silverman (2006) identifies two positions relating to this issue. The first relates to Cicourel's ethnomethodology, and states the following:

Content is only to be found through how it is made available by the participants to an interview. Therefore, by focusing closely on the co-production of interview talk, we can say a great deal about content without *importing* our own sense of what content is important (Silverman 2006, 131).

Conversely, Silverman (2006, 131f) highlights the work of Holstein and Gubrium (1997), who claim that it is possible to combine concern with both the form and content of the interview. Holstein and Gubrium (1997), use the word 'active' to describe an interview in which the interviewer and interviewee collaborate to 'activate diverse narrative resources' (125) to produce a rich multi-perspectival description. The interviewer here actively provokes and constrains responses

pertinent to the research task. According to Holstein and Gubrium (1997), the analysis of such an interview will ‘show how interview responses are produced in the interaction between interviewer and respondent, without losing sight of the meanings produced or the circumstances that condition the meaning-making process’ (127). The criticism by Silverman (2006, 131) of the ethnomethodological approach to interviews is that its strong focus on process may leave the researcher without information relating to the life experiences of the participants other than their performance in the interview. Thus this doctoral study takes the position that the interview is ‘active’ in the manner described by Holstein and Gubrium (1997). That is, it is understood that there are processes occurring in the interview that are important to understand and analyse, but that those processes do not render void all claims by the participants to represent features and experiences of everyday life not present in the interview context.

Life-course perspectives intersect with the theorising of qualitative interviews by identifying some of the contexts and processes occurring in the interview. For example, the life-course interest in linked lives alerts the researcher to the relevance of significant others in the interview, even if those others are not physically present. Another insight that is essential to the life course approach is that a ‘confluence of factors are presumed to be operating’ (Murphy, Arxer and Belgrave 2010, 5) in the outworking of a life. If interviews are seen from this perspective, the temptation to engage in unhelpful reductionism can be resisted.

Sample

The decision was made to select men from the Hunter Community Study who had retired early and that the sample include a higher proportion of men who scored above 15 on the Kessler Psychological Distress Scale (K10). This sample was considered valuable for investigating men’s experiences of retirement that involved some level of struggle and challenge.

Thus this project is based on data drawn from a sample of 25 male participants who took part in the much broader Hunter Community Study (HCS), and consented to

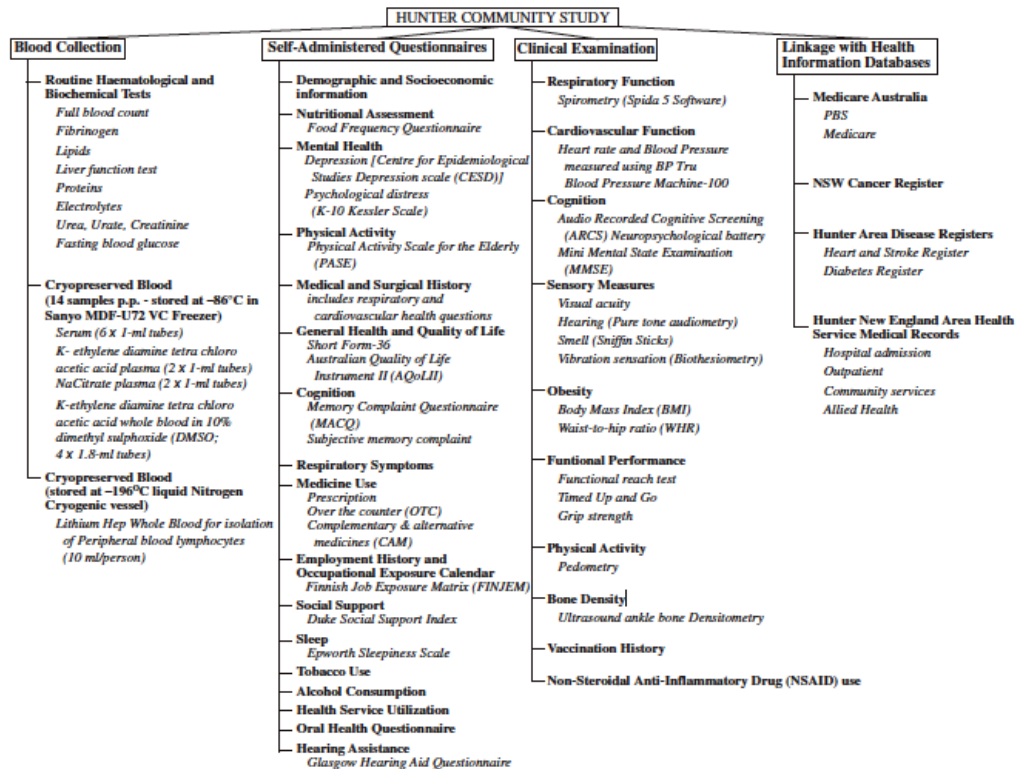
participate in the doctoral study. The informed consent documents are presented in Appendix A. The HCS is a funded collaboration between the University of Newcastle and the Hunter-New England Area Health Service. It is a longitudinal ageing study within the framework of the Australian Ageing Research Agenda (McEvoy et al. 2010). The HCS accepted the proposal for this doctoral research in view of the fact that this investigation would be a sub-study of its own work. In addition to transcripts of semi-structured interviews conducted with HCS participants for this substudy, demographic, biographic and other survey data collected by the HCS on these 25 men were available for use by the student researcher.

Overview of the Hunter Community Study (HCS)

The HCS is ‘a population-based cohort study established to assess factors important in the health, well-being, social functioning and economic consequences of ageing’ (McEvoy et al. 2010, 1). The HCS aims to provide a broad spectrum of measures of ageing that are statistically robust and will provide a ready-made comparison population for ageing studies. It also acts as a repository of stored biological samples from the cohort, and provides comprehensive individualised linking with various medical registers and databases including Medicare Australia and the Pharmaceutical Benefits Scheme (McEvoy et al. 2010, 2).

The HCS cohort comprises 3,253 community-dwelling men and women aged between 55 and 85 years living in Newcastle and the Hunter valley of New South Wales who were randomly selected from electoral rolls (McEvoy et al. 2010, 2). Four types of information were collected from participants: 1) blood samples; 2) responses to self-assessment questionnaires; 3) results of a clinical examination; and 4) linkages with health databases. At the time of recruitment, 66 per cent of male participants identified as retired. The full range of data collected at baseline in the HCS is illustrated in Figure 3.1.

Figure 3.1 Baseline Data Collected in the Hunter Community Study



(McEvoy et al. 2010)

HCS Data in This Study

This doctoral study was granted access to the following four different types of information collected on participants in the HCS:

1. Basic personal and demographic information, including name, age, residential address, retirement or carer status, socio-economic status (occupation)
2. Summary biographical information in the form of work and living history (this measure asks participants to note on an annual calendar changes in their employment or job history and in their place of residence)
3. Scores derived from the Kessler Psychological Distress Scale (K10), Centre for Epidemiology—Depression Scale (CES-D), SF-36 Health Survey (SF-36), Duke Social Support Index (DSSI), and the Australian Quality of Life II (AQoL) survey

4. Results from the follow-up study of the re-administered K10, CES-D, SF-36, DSSI and AQoL.

The HCS enrolled participants between December 2004 and December 2007. The average time between collecting the HCS enrolment data at enrolment and conducting the interviews for this study was four years.

In addition to the demographic data, the HCS also collected what is referred to as a 'work and living history' from respondents. This work and living history asked participants to note each year whether their work or residential arrangements changed. A rough table derived from this information was used for the interviewees in this study. It acted as an aide memoire for the interviewer when asking participants to review the phases of their working lives. The table of the work and living history also made it possible for this research to identify interruptions to the working life of participants and to check for their perceptions of correlations between career interruptions and retirement experiences.

Sample Selection and Recruiting

A sample of early retired men aged from 55 to 65 years enrolled in the HCS was recruited for this study and divided into two groups for purposes of comparison. The K10 was used as the basis for this division because it measures symptoms of non-specific psychological distress (Andrews and Slade 2001, 494). The two groups were divided as follows:

- retired men likely to be experiencing some measure of psychological distress ($K10 \geq 16$), $N=15$
- retired men likely to be experiencing much less psychological distress ($K10 < 16$), $N=10$.

Scores on the K10 range from 10 (no distress) to 50 (severe distress). Scores of 22 and above indicate high levels of psychological distress. This study follows the Australian Bureau of Statistics, National Survey of Mental Health and Wellbeing (2007, 95) in which a K10 score of 16 and above represents a moderate increase in

psychological distress. This cut-off was chosen to divide the two groups. In HCS almost 70 per cent of all respondents reported a score below 15, indicating a low prevalence of psychological distress. In addition, the average score for men was lower than that for women, which results in an even smaller number of men scoring more than 15 (Andrews and Slade 2001, 495). It was necessary to set the sub-sampling criteria at the moderate distress level to obtain an interview sample of a significant number of men with some probability of psychological distress.

Participants were identified from among men who had entered some form of retirement between 55 and 64 years of age. They were selected because they responded to the follow-up of the HCS cohort conducted in 2010–2011. As the follow-up postal surveys were processed, eligible participants in the two groups were flagged as possible participants in the interviews conducted for this study. Each month, while processing continued, a random selection of these flagged participants were posted an information package. The information package included an invitation to participate in the interviews, an information sheet describing the sub-study and a consent and contact details form to be returned to the student researcher.

Using a modified Dillman (1978) method, the recipients of the information package were then contacted by telephone by the candidate to provide further information or answer any questions they might have. Arrangements for an interview were also made during the telephone communication if the men indicated willingness to participate. The researcher kept records of the people who had received the information pack and either accepted or declined to be interviewed.

Interview Questions

Semi-structured interviews were conducted to capture the recollections and interpretations of the participants' experiences in retirement, including their mental health, and of the antecedents of those experiences. The semi-structured format allowed room for the interviewer to play an active role in directing the scope of information collected and to probe for further details. In these interviews the researcher is recognised as an instrument in the research. The University of

Newcastle, Human Research Ethics Committee (HREC) approved the indicative interview script (see Appendix B).

In his *Introduction to Qualitative Research Interviewing*, Kvale (1996, 145) identifies a number of criteria for high quality interviews. He believes that questions should elicit spontaneous, rich, specific and relevant responses. Kvale states also that the questions should be short and facilitate long answers, and that the interviewer should follow up and clarify the meaning of relevant aspects of the responses. The interview questions for this study were drafted by the researcher based on the literature reviewed with specific reference to issues of interest arising from a life-course perspective.

Two features characteristic of the interviewees in this sub-study were specifically considered in the development and conduct of the interviews. Interviewing men about their personal and emotional lives has been identified as problematic by a number of researchers (Arendell 1997, Lee 1997, Marsiglio, Cohan and Hutchinson 2002, Campbell 2003, Schwalbe and Wolkomir 2003, Bonhomme 2005, Oliffe and Mróz 2005, Pini 2005). Stereotypes of men as emotionally reserved, and sometimes incommunicative suggest that successful interviews need to adopt clear strategies to address such potential sources of disturbance to the data-gathering process. Oliffe and Mróz (2005) offer ten lessons they learnt from their interviews with men about health-related issues. Underlying most of the lessons these researchers learnt is the fact that stereotypes can be misleading, fail to represent the rich diversity of men, purport to be constant across time (and are often not) and may adversely affect the attitude and expectations of the researcher. The comments Oliffe and Mróz (2005) offer about the persona of the researcher in the light of the gendered nature of the interview are particularly helpful:

We have consciously tried to project a courteous, non-competitive but highly organized masculine self. We dress informally to blend in rather than out as a way to emphasize the participants' centrality and downplay our role as interviewers. We have also learned that punctuality is an important sign of respect and routinely plan to arrive at least 15 minutes before the scheduled interview time ... we have found that a non-threatening, casual, punctual and organized interviewer is essential to establishing an atmosphere conducive to men talking freely without distraction (258).

Another specific dimension of this doctoral research that shaped the formation and conduct of interviews is recognition of the different life stages of the interviewer and interviewees. The focus on men who have left the workforce creates a potential barrier to effective data gathering by someone who is still working. Biggs (2005, 120) highlights intergenerational challenges to ageing research, including the question of how the experience of another person can be understood by anyone who has not shared similar experiences. To begin to address these intergenerational issues, a general empathetic stance was maintained by the interviewer throughout the interviews conducted for this research. In addition, two specific features of the interview design helped to address this issue. The first was a rapport-building question, which asked the men to comment on their father's retirement, thus requiring the men to engage in intergenerational understanding. The second feature was enabled through the review of life histories, which provided opportunities for the interviewer to express appropriate empathy on experiences that the interviewer had in common with the participants.

After the interview questions were developed, they were pilot tested in trial interviews with some retired men known personally to the researcher. No changes were made to the interview schedule after the trial interviews. The interviews for the research were conducted at the men's choice at either their own home or at the Auchmuty Library of the University of Newcastle. Four men chose to be interviewed at the university, and the remaining 21 were interviewed in their homes. The interview length ranged from 45 to 90 minutes, usually around 60 minutes. The average age at interview was 63 years. The average age at retirement was not easily identified because for a significant number of men there was ambiguity relating to when retirement began. All the men interviewed identified themselves as being retired at the time of their enrolment in the HCS. A summary of the characteristics of each participant is presented in Appendix C. The men are referred to throughout this thesis by identifying codes comprising the number of their interview and two letters (indicating previous occupation and residential suburb).

Analysis of Interview Transcripts

Over 450 pages of typed transcripts were made from digital sound recordings of all the interviews conducted. Examining qualitative research interviewing, Wengraf (2001, 209ff) identifies two reasons to produce transcripts of interviews. The transcript itself is a record of the interview that is amenable to analysis. It allows easy referencing of quotations by devices such as line numbers and it facilitates easy identification and grouping of units of meaning within the interview. In addition, Wengraf emphasises the value of the process of making the transcript as a reflective opportunity. He believes there is great value in the observations and theorising that occur during the production of the written transcript of sound-recorded interviews. Such observations and theorising were captured in memos produced by the researcher when transcribing the interviews.

Transcripts and memos were coded in preparation for further analytical work. Initial coding categories were arrived at following a detailed review of the first five interviews conducted. The coding was consistent with the sections of the indicative interview schedule (expectations and preparation, decision making, antecedent work/life history, mental-health understandings/experiences and advice to others) and with four key characteristics of life-course perspectives identified by Riley (1998, 30f). These were: antecedents and consequences, cohort effects, intersecting lives and the dynamic between personal and social change. Each interview was coded following transcription in a separate process of careful reading, re-reading and comparison with other interviews. Material coded alike was aggregated and sub-codes were identified. Detailed examination and comparison of coded material led to the identification of themes (and exceptions) that were subsequently synthesised into a variety of conceptual models. The coding arrived at through the analysis is represented in the headings and sub-headings of the substantive data analysis chapters.

A particularly important model that was relied on early in the process was an analytical framework built on Riley's (1998, 30f) seminal principles of the life-course perspective referred to above. Two tiers of data were overlaid on these four

areas of interest based on the assumption that some interview material is largely descriptive and carries an implied claim by the interviewee for acceptance 'as is'. For example, the quotation, 'I started work at 15 years of age' might reasonably be taken at face value unless there are indicators in context or content to suggest that it should not be taken at face value. However, the material that is created in the interview analysis is often a great deal more interpretive. For example, from the quotation 'I started work at 15 years of age', the analysis might interpret that 'the participant is proud of his long working life' or that 'the participant justifies his early retirement on the basis that he started his working life early'.

In his work *Transforming Qualitative Data*, Wolcott (1994, 10) defined analysis as the careful and systematic description of the key factors and the relationship between them. In contrast, interpretation is the attempt to understand the meaning of an experience or statement. Interpretation involves the risk of introducing biases into the analytical process. Therefore, evidence to support a particular interpretation was sought from other parts of the interview transcript before considering material that was open to significant interpretation.

Secondary Data from the HCS

Secondary data from the HCS relating to each participant were used to enhance the value of the primary data gathered from the interviews. These data included basic demographic information such as age, residential address, retirement status and socio-economic status (occupation), as well as information gathered from the HCS-generated work and living history and the self-report questionnaires (K10, CES-D, SF-36, DSSI and AQoL) at enrolment and follow-up.

The availability of enrolment and follow-up data allowed for analysis of changes over time for each participant. This interest in change over time is one of the dominant characteristics of the life-course perspective (Elder 1995, 102). By comparing each participant's self-reporting at the two different times (i.e., enrolment and follow-up), it was possible to group responses into three outcome categories:

stability, decline or improvement. These outcome categories were then also used as a way of grouping other information that emerged from the interviews.

Another dimension of change over time available in the HCS data is the stability of the participants' employment and living arrangements over their lifetime. This lifetime data provide what life-course research refers to as 'age-graded trajectories' (Elder 1995, 105). These trajectories are comprised of a series of linked states (e.g., changes in employment). At each change of state, there is a transition that is shorter in time than the state itself, that takes its significance and form from the states that precede and follow it. The HCS work and living history information provided a means of charting each participant's career trajectory and quantifying changes in employment history and residential location throughout the participant's life.

Ethical Issues

There are a number of ethical issues involved in this doctoral research on the experiences of early-retired men. The *National Statement on Ethical Conduct in Human Research* by the National Health and Medical Research Council (NHMRC), Australian Research Council (ARC) and the Australian Vice-Chancellors' Committee (AVCC) (2007, 15) identifies 'psychological harms: including feelings of worthlessness, distress, guilt, anger or fear related, for example, to disclosure of sensitive or embarrassing information' as specific risks to be addressed in the conduct of this type of research. The *National Statement on Ethical Conduct in Human Research* (NHMRC, ARC and AVCC 2007, 27–8) also highlights consent, confidentiality and the nature of the researcher–participant relationship as areas of ethical concern in qualitative research.

Practical strategies to address ethical issues were developed in the course of the HREC application process for the University of Newcastle. Confidentiality issues were addressed in collaboration with the HCS researchers. The HCS uses a participant-identifier code rather than a name wherever possible. However, identifying information was required by the researcher at three points in the recruitment process: 1) mail-out of invitations; 2) telephone follow-up of invitation

(and appointment making); 3) at the interviews. When the transcripts were made of the interviews, participant-identity codes were employed to protect the identity of the participants.

The possibility of confusion of roles and development of an inappropriate researcher–participant relationship was minimised by the research design, which used only one interview per participant. In addition, regular supervision helped to maintain an appropriate focus and understanding of role distinctions throughout the research. At the end of each interview, participants were also provided with information about the availability of counselling and other relevant services and resources.

An additional area of ethical concern related to the conduct of this research has been raised by the literature. Biggs (2005, S122) highlights the tensions inherent in the task of the researcher and the authenticity of the participant in the interview situation. Highlighting the way in which reticence is used by older people as a self-protective mechanism in intergenerational exchanges, Biggs asks how far a good researcher might be ethically permitted to go in their investigation. He uses the contrasting models of the investigative journalist and the counsellor to frame this question. In the interviews conducted for the current research, the prior counselling training and experience of the researcher/interviewer provided two levels of protection. The first was that the counselling skill of interpersonal empathy allows the interviewer to sense the degree to which a participant is open to continuing a line of uncomfortable enquiry. This often meant that the interviewer would verbalise the dilemma of whether to continue discussing the topic; thereby, validating the participant's emotions and providing a degree of emotional security to the participant. The second was that the interviewer's counselling experience also provided an advantage in the analysis of the interviews because counselling frequently makes use of the significance of material that has been avoided or omitted. Hypotheses about either unspoken content or about interview processes could then be tested against other material within the same interview, or across other interviews with similar features.

Conclusion

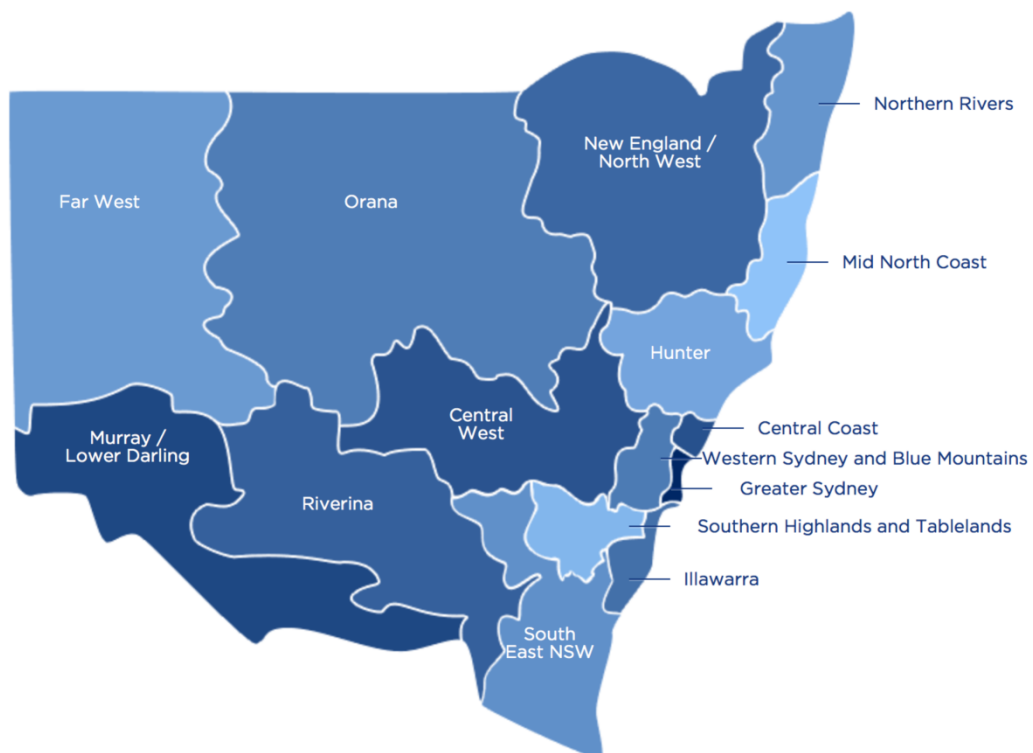
This chapter has reviewed the research methodology and outlined the research design of this thesis. Ethical and practical considerations in the conduct of the research have been canvassed. The following chapter sets the scene for this thesis by examining how the men gave accounts of their fathers' experiences of retirement. These data were obtained from the first rapport-building interview question, which asked men to comment on their father's retirement.

Chapter 4: Setting the Scene

Men and their Fathers in the Hunter

This study is located in the specific setting of the Hunter valley of New South Wales, and the main city of the region, Newcastle. The river valley is fertile with wide flood plains, productive alluvial soil, temperate climate, and annual average rainfall of about 1.13m. Newcastle is located at the mouth of the Hunter River about 160 kilometres north of Sydney. The population of the Hunter valley is approximately 650,000 with more than half that number living in the local government areas of Newcastle and Lake Macquarie.

Figure 4.1 Map Showing Hunter Region, New South Wales



(Department of Premier and Cabinet 2015)

Prior to white settlement the area was abundant in both marine and land-based wildlife and rich in vegetation for food and shelter. The area was home to the Awabakal and Worimi peoples. Europeans first visited the Hunter (then known as Coal River for its visible coal seams) as early as 1791. Many expeditions from Sydney were subsequently made to the mouth of the river for the valuable timbers and coal found in the area. A permanent settlement was made in 1804 under Lieutenant Charles Menzies, comprising mainly convicts. With the removal in 1822 of most of the convicts Newcastle benefited from an influx of free settlers. The early settlement of Newcastle was almost all male, being comprised of both convict labourers and men of the New South Wales corps. This situation changed significantly with the removal of the convicts and the arrival of more free settlers. The gold rushes of the 1850s also had an impact on the gender balance and labour supply in the Hunter as it did elsewhere in Australia.

Mining continues to be a major part of the economy of the Hunter today and over the years has shaped the social development of the region in significant ways. Settlement patterns in the Hunter followed not only the usual agrarian pattern of proximity to the river, but also developed around the locations of mines. Mining also influenced the immigrant mix with place names reflecting a significant Welsh influence in the development of the lower Hunter. The hardships of underground mining also contributed to a strong sense of social responsibility. For example, union membership reflected a commitment to welfare and worker solidarity.

At the same time, the Hunter grew as a centre for timber and agricultural produce. Rivalling Newcastle in the early days, the settlements of Maitland and Morpeth are located approximately 35 kilometres upstream from Newcastle. Daly claims that 'by 1825, 200 tons of produce were being exported weekly' (1966, 2) from Morpeth. The foundations for the viticulture industry of today were laid as early as 1840 when there were over 500 acres of registered vineyards in the Hunter. Opportunities for pastoralists and entrepreneurs allowed the growth of a prosperous landed class of wealthy individuals. This small but influential group frequently combined agricultural with other commercial interests (especially after the end of the state monopoly on coal mining in the late 1840s). Early industrial enterprises in the region

included a salt works, a foundry (both using local coal), shipyards and a cloth manufacturer. Stately homes dotted throughout the Hunter valley are testimony that not everyone in the region lived in cramped conditions close to a pit head.

The productivity of the region demanded the development of a service infrastructure including a safe entrance to the harbour provided by the Hunter River at Newcastle. The mouth of the river was obscured by a number of rocky shoals and by Coal Island (now known as Nobby's). Various attempts to make the entrance into the harbour safe in all weathers consumed considerable interest and investment in the young settlement. Among these works were the removal of some of the reefs, attempts to construct a breakwater between the southern shore and Nobby's Island and the dredging of various parts of the harbour.

These projects and the economic development of the region faced a number of obstacles. Political and economic interference from Sydney and London did not necessarily advance the region's interests. The monopoly on coal mining in New South Wales held by the Australian Agricultural Company was one such example and was strongly resented until it was overthrown in the late 1840s. Another hurdle to be overcome by the region were unfavourable comparisons with the home country such as John Wallace's 1843 jibe (Newcastle and Hunter District Historical Society 1997);

An English contractor and English navvies would have run the breakwater through in a year, but the gangs of convicts had been at it of twenty years and it was anything but finished.

Another concern for the development of the region were natural disasters such as storms and floods which destroyed progress on many occasions.

Notwithstanding floods, fluctuating cycles of coal pricing, industrial disputes in the mines, and an economic collapse in 1893, the second half of the 1800s saw widespread growth and consolidation of the region. New settlements emerged around Lake Macquarie (a large saltwater lake located 20 kilometres south of Newcastle) that combined mining, fishing and recreation as their economic

foundations. Closer to Newcastle itself, manufacturing reached a significant new stage in 1915 with the establishment of a steelworks by the Broken Hill Proprietary (BHP) Company on the southern arm of the Hunter River near the suburb now known as Mayfield.

Labour demand for the steelworks brought people from all over the state to Newcastle in the hope of steady employment. At this time many of the small, older coal mines close to Newcastle had been replaced by larger, newer mines further up the valley, so employment patterns in the suburbs of Newcastle moved from mining to industry. In the 1930s the steelworks helped to cushion some of the local impact of the Great Depression by providing a source of continued employment although its growth was hampered by reduced demand and industrial disputes. To meet its need for a skilled workforce BHP drew young men from across the northern part of New South Wales to apprenticeships and training in a wide range of industrial skills. Subsequently, the steelworks and related industries provided employment to numbers of European immigrants after World War II. Post-war migration into the Hunter did not however remove the influence of an earlier population with strong links to the north of England, Wales and Scotland that had initially been attracted by mining and industry. The heritage of this demographic was strongly non-conformist with Methodists, Presbyterians and Congregationalists exemplifying a strong work ethic, egalitarian notions of social structure, and a commitment to social welfare and opportunities for advancement such as education.

The impact of the two world wars on the Hunter region is important for understanding the character of the region. Enlistment records show that over 10,200 men joined up for the First World War from the Hunter region (Dial 2001). As in other parts of Australia, recruiting for enlistments was strongly social in nature. For example, the 'Wallaby' recruiting march in December 1915 began at Narrabri and ended over 500 kilometres and a month later in Newcastle. The men received civic receptions from town to town as volunteers marched through the Hunter valley.

The Social World of Fathers of the Men in this Study

The oldest of the men in this study was 65 years of age in 2011 and would thus have been born in 1946, a year after the end of the Second World War. Their fathers, many of whom grew up in the Hunter region, would have had childhood memories of the Depression and of first hand stories from the First World War. In those times, many men in the Hunter were engaged in employment which was regarded as necessary to the war effort.

The economic status of the families of the men in this study is diverse. However, one theme running through the way the men described their childhood was that of economic hardship,

We had hard times. I lived in a tent in Belmont South camping area until I was about eight or nine year old, then we shifted over [here]. Never lived in a house with electricity until I was about 21. (21MC:47-50)

Ah, I come from a family of miners who had nothing and we struggled, 'cause the old man used to only get a couple of days a week, a fortnight, in them days, and they'd always be on strike or out for something or close the pit 'cause of accidents or that. We struggled. We had nothing and we just had to survive. (17WC:177-81)

This contrasts in class terms with another informant's description of his father whose name is recognisable as one of the region's leading property developers,

He was the managing, director of a, um, building company... his own building company. (22NC:15)

Industrial disputes were a critical part of the Hunter's social landscape in the early twentieth century. One dispute at the BHP steelworks in the 1920s closed the plant for over a year. While strikes carried a financial penalty for the participants (as indicated in the quote above), they also had other social properties. Men who were on strike were bound together by shared hardship and the perception of a common enemy. The economic consequences of a strike extended beyond the workplace as wives and families had to struggle to make do, and other unions took up collections for the support of their striking comrades.

When we grew up, I mean we lived in a world that was different to what the world is now, where the door was open all the time, everyone used to come in, you'd leave your money on the table, no-one would touch it ... Yeah, looking after each other. Everyone, looking out, neighbours looking out for each other. (17WC:454-70)

This sense of social responsibility and cohesion was embodied in other social institutions as well as the trade unions,

Dad was a very active man ... in the church, ah, he was vice president of the bowling club. Plus he did a lot of work for the community as a whole. (15FE:7-9)

So he then turned his hand to the RSL ... started looking after the welfare of veterans then ... [mum] worked with him on a lot of things ... For instance, they were part of the organising committee that raised the money to start building the retirement village. (23KB:85ff)

While the significance of the union movement in the industrial landscape has diminished, alternative community expressions of responsibility towards others have evolved. Current strong regional support for a Hunter rescue helicopter service, for the Hunter Medical Research Institute, and for the Hunter Community Study (to which this present research is indebted), all indicate a continued commitment from Hunter residents to the advancement of health, safety and conditions which characterised the union movement, and with a particular commitment to their local community.

The sense of community in the Hunter is frequently contrasted in popular thinking with the anonymity of Sydney in the south.

Compared to what you've got in Sydney, for what? It's a human jungle down there. (24VP:702)

Strength of community is frequently expressed in terms of stability of accommodation,

Mum was 85 (born 1925), lives by herself in a house that my mother and step-father had built, next to the house I was born and bred in ... And my uncle who lived next door, he's 88. (24VP:896-902)

Outside Newcastle, the coastal towns of the Hunter have frequently been seen as places of recreation and retirement. During the first half of the twentieth century it was common for tradesmen or workers to own, or have access to, a fishing hut or a holiday cottage. Others would come from further up the valley to camp beside the water for summer holidays,

Christmas time there was people from up Cessnock and Maitland used to come down to the caravan park, well, 'The Pines', as they call it now. And they used to throw beer out in the water, they never had any ice or electrical bloody stuff there then, and ah, I used to go out and get them, and they used to give me ha'penny every time I brought a beer back in, a cold beer! And had good times. (21MC:91-96)

Another dimension to the role and character of the Hunter region is that of service provision. In spite of difficulties, the river acted as a port from the earliest days of settlement. Indeed the settlement itself existed for the services it provided to Sydney. The growth of services to the Hunter in some ways charts the growth of the region and includes the commencement of regular coastal steamers (1831), the completion of the Great North Road (1836), the Newcastle to Maitland railway (1857), and the Sydney to Newcastle railway (1889). The completion of the Newcastle to Maitland railway also marked a significant turning point in the internal politics of the region as it cemented the position of Newcastle over the river port of Morpeth for regional exports.

Other services also played their part in the development of the region. Railway and port workers were joined by teachers, policemen, doctors and clergy in the rich mixture of life in the Hunter. In 1939, Rathmines on Lake Macquarie was selected as the site for a flying boat base for the Royal Australian Air Force (RAAF). This became the base for the Catalina aircraft used extensively in anti-submarine surveillance during World War II. A fledgling Newcastle airport at Williamtown, 30 kilometres north of Newcastle, was also placed under the control of the RAAF during World War II and many RAAF and US Army Air Corps units passed through the base during World War II.

Following World War II a teachers college was established in 1949. While Sydney and later Armidale had dominated teacher education prior to the war, the establishment of the teachers college was significant for Newcastle and the men in this study.

Yes. Left there [northern NSW] to go to Newcastle Teacher's College. (1RT:285)

The college was to evolve into the University of Newcastle and education subsequently became a significant industry in the Hunter.

Men in this Study and Their Fathers

Having briefly sketched the historical and social milieu of men from the Hunter Region, it is now appropriate to describe for the reader the life situations of the fathers of the men in this study. The introductory question in the interview was about the retirement experience of the participant's father. In the context of this question, and later discussion, participants provided additional information about their fathers. This included information about their occupation, where they were born and lived, and their relationship with their father. Interpretations about the quality of their relationships with their fathers are based on explicit comments such as, "He was a hard man." 14WS:40 and from implicit data such as the number of references, the amount of detail in references, and the level of perceived emotional engagement, eg. "my father's probably a little bit like me" 1RT:78. A summary table of information about participant's fathers is presented below;

Table 4.1 The Fathers of Men in the Study

| Interview | Father's Occupation | Father's Origins | Relationship with Father | Father died at age |
|------------------|---|--|--|---------------------------|
| 1-RT | Teacher. The grandfather was an immigrant fencer-dairy farmer | North Coast NSW. grandfather from England. | Positive – father shared physical activities with participant. | 87 |
| 2-EE | - | Small NSW country town | Seems to have been distant with participant. | 71 |

| Interview | Father's Occupation | Father's Origins | Relationship with Father | Father died at age |
|-----------|---|--|--|--------------------|
| 3-GT | - | Newcastle | Participant's father died when he was 13. | 51 |
| 4-CF | Engineer | Scotland (left as 6 yr/old); ran away from (grand)father during depression | Participant maintained regular contact with father, but seems distant. The grandfather was violent towards the participant's father. | - |
| 5-DR | Father, gas company; step-father, meteorologist | Sydney | Father died when he was 3. The step-father was hard to get along with | 83 (step-father) |
| 6-KT | - | - | Father left when he was 9. The participant reluctantly saw him only when dying. | - |
| 7-EP | - | - | Father had a second wife. Participant left school at 15 because his mother couldn't afford it. | 80 |
| 8-RE | Printer | Sydney / Central Coast | Participant described differences with his father vividly but they were not estranged. | 82 |
| 9-MH | Sickness benefit | | The father was estranged from the family when the participant was 13 | - |
| 10-CG | Airforce NCO | Newcastle | The father was largely absent. and a drinker | 64 |
| 11-WC | | Canada. Participant left his family and came to Australia. | Father died young. His uncle became his step-father and was a drinker. | 36 |
| 12-MT | Station Master | - | The participant became a teacher because his father wanted him to but their relationship seems distant. | 91 |
| 13-SC | Bricklayer | Newcastle | Participant relationship with father good. But he didn't work with his brothers or father | - |
| 14-WS | Cane cutter | Queensland | Father was aged 50 when he was born. Father was a violent drunk | 73 |
| 15-FE | Miner | Hunter Valley | A close relationship with the father, very involved. | 78 |

| Interview | Father's Occupation | Father's Origins | Relationship with Father | Father died at age |
|------------------|--|---------------------------|---|---------------------------|
| 16-IS | - | Victoria | - | - |
| 17-WC | Miner | Newcastle & Hunter Valley | Participant said - 'We were poor but close'. | - |
| 18-EC | - | - | Participant felt he had to prove his father wrong about his choice of job. | 63 |
| 19-HA | Bricklayer | Newcastle | The father was an alcoholic and his parents divorced when he was 5. | - |
| 20-MP | Timber yard family business. Grandfather worked for the council | Newcastle | Participant's relationship with his father seems to have been close. | - |
| 21-MC | BHP shunter | Newcastle | The participant's father was argumentative. The grandfather died when the father was 14. | 83 |
| 22-NC | Managing Director of a company | Newcastle | The relationship with the father seems conflicted | 58 |
| 23-KB | Army NCO | Newcastle | The relationship with the father was close. The participant is conscious of parallels with his father. | - |
| 24-VP | - | - | The father divorced when the participant was 3. His relationship with his step-father seemed to be distant | 83 |
| 25-BT | Manager of a manufacturing company | Newcastle & Hunter Valley | The participant had a positive relationship with his father. | 83 |

From the Table 4.1 it can be seen that;

- Two men identified their fathers as managers, two as professionals, two as armed servicemen, three as tradesmen, two as railwaymen, two as miners, three as labourers, one as a welfare recipient (although the exact meaning of this is unclear) and one identified an employer without other details.
- The fathers of three of the men in the study died during their son's childhood or adolescence,
- Five men had parents who divorced or separated,

- Four men described their fathers as heavy drinkers or alcoholics,
- Six of the men reported being close to their fathers and I formed the subjective opinion that another one was probably close to his father
- Nine of the men reported distant, ambivalent or difficult relationships with their fathers and I formed a similar subjective opinion about another five

The employment status of participants' fathers is consistent with the employment patterns described in the introduction to the Hunter region provided above. A comparison between fathers' and participants' occupations is shown below.

Table 4.2 Comparison between Occupations of Men and their Fathers

| Interview | Father's Occupation | Participant Occupation |
|------------------|---|-------------------------------|
| 1-RT | Teacher | Teacher |
| 2-EE | - | Executive |
| 3-GT | - | Transport worker |
| 4-CF | Engineer | Fireman |
| 5-DR | Father worked at gas company and stepfather was a meteorologist | Repair man |
| 6-KT | - | Teacher |
| 7-EP | - | Port Worker |
| 8-RE | Printer | Executive |
| 9-MH | On sickness benefit | Hospitality |
| 10-CG | Airforce NCO | Greenkeeper |
| 11-WC | - | Clerk |
| 12-MT | Station Master | Teacher |
| 13-SC | Bricklayer | Clerk |
| 14-WS | Cane cutter | Soldier |
| 15-FE | Miner | Electrician |
| 16-IS | - | Steelworker |
| 17-WC | Miner | Concreter |
| 18-EC | - | Clerk |
| 19-HA | Bricklayer | Accountant |
| 20-MP | Timber yard business | Phone technician |
| 21-MC | BHP shunter | Council Worker |
| 22-NC | Managing Director | Clerk |
| 23-KB | Army NCO | Builder |
| 24-VP | - | Policeman |
| 25-BT | Manager of manufacturing company | Transport worker |

This comparison of father and son occupations shows indications of movement across socio-economic groups in both directions. For example, the son of the

manufacturing company manager became a transport worker, but the son of the bricklayer became an accountant.

The number of men in the sample with deceased, divorced or separated fathers was higher than expected. It is possible that this may be an artefact of the deliberate sample construction to include a significant number of men with high Kessler (K10) psychological distress scores.

At the same time it is also possible that the higher than expected number of deaths and marriage failures in the admittedly small sample may reflect conditions at the time impacting on the fathers of these men. It is plausible that psychological trauma may have been transmitted across the generation from World War I returnees to impact negatively on the fathers of the men in this study. The fathers themselves would have childhood experiences of the Great Depression, as one participant recounted,

He [father] always tells the story 'bout the time he [grandfather] belted him, and that was it. He hit the track. And that was, the Depression was on, see. (4CF:45-46)

Another participant referenced the Depression and contrasted his father's experience with the frequently accepted experience of economic hardship, poor nutrition and social dislocation,

All his family, there were six in his family, ... they went through the Depression and things like that, but being on a farm, .. I mean they had corn, they had pumpkins, they had chooks, pigs, calves, .. cattle, milk and so, .. and a large lot of fruit trees, an orchard. (1RT:58-63)

Another potential source of trauma impacting on relationships was the Second World War. Although many of the fathers of men in this study would have been the right age to serve, only two participants spoke of their father's involvement in the war, and both of them were in non-combatant roles,

Was called up into the air force at the end of the Second World War. Trained as a pilot only. (1RT:45)

He went to, he went to the war. Joined the American merchant navy. And ah, then he came back and was in the railway. (4CF:50)

Of those participants who experienced conflicted or distant relationships with their fathers, contributing factors appear complex and clustered, for example, marriage failure sometimes co-occurred with alcoholism but not always. Similarly, those participants with good relationships with their fathers were not easily or simply categorised. Parallels between their lives and their father's lives were remarked on by two such men. However, at least one other man was able to vividly describe the differences between himself and his father without appearing estranged.

This picture of the fathers of the men in this study is not offered as a comprehensive description and no attempt was made to gather detailed data on the matters discussed above. It is however appropriate to locate the participants in the general social situation of the time, and to note that before we turn to their experiences of retirement and mental health, since some of those factors may have influenced their formative years. In the next chapter the focus will be put on some of the significant life-course decisions marking non-retirement transitions in the men's lives.

Chapter 5: Men and Transitions

In the preceding chapter an introduction was made to some of the features of the historical and cultural context of the fathers of the men in this study. This chapter now moves to build a picture of the lives of the participant men themselves. It is fundamental to the life course perspective of this project that individual experience is understood to unfold sequentially through a progression of role trajectories and transitions. This chapter places the decision to retire early in the context of the individual life course experiences that preceded and shaped the transition to retirement. In particular, attention will be given to the types of life decisions that individuals faced and the manner in which they explained those decisions.

Transitions in an individual's life course can be thought of as those nodes at which life trajectories change. Changes in social roles, and the timing of them, are influenced by a wide variety of personal, biological, cultural, environmental and social factors. The men in this study were each asked in interview to recount some of the major life decisions they had made. The material emerging from this question is analysed before proceeding to examine the early retirement decision.

In the context of this question men not only spoke about their decisions but also named other factors contributing to their transitions. In at least one case the participant denied making life changing decisions,

I, I, I don't think I've ever made any particularly great decisions in my life. (12MT:191)

In other cases some men seemed overawed by the question and uncertain where to start. In these cases the interviewer suggested commencing with their transition out of school. Typically men named school, education and career as a set of trajectories. They talked about disruptions and advancements in their working lives. Then (sometimes with further prompting), they would speak about major life decisions outside of their work and career, such as marriage, having children, moving house, and separation and/or divorce.

My Marble Dropped!

One particularly significant life event for some men in this cohort was the draft for national service in the Vietnam War. Five men in the study reported that they had served in Vietnam. For these men the expected social and economic trajectories were significantly interrupted. Men described this event as being outside their control or choice, and more a matter of chance.

Well the decision was probably made for me ... My marble dropped [laughter]. (23KB:413-5)

Well, I was one of these numbers that come out of the barrel in ..?..1967. (16IS:50)

Well, it ah. It was another shock to the system. (1RT:336)

Other men however, took steps to exercise some control over the possibility of conscription.

I grew up in the era of conscription and the Vietnam War. And my first objective when I left school was to avoid the conscript. And so I matriculated and I enrolled in uni. My number did not come up. And at that stage I did not continue with any studies because it was a case of, 'You bloody beauty!' [laughter]. (8RE:203)

Several of the conscripts described being conscious of making choices even though their range of choice was restricted,

It's like going into the army. You just, .. it's .. you can do it two ways, you can make it hard on yourself or you can float with the punches and get through it, you know, and that's what I did. (1RT:313)

Anyway I sort of went into the army and thought, 'Well this is it for 2 years.' And said, 'Well, I'm gonna be here, I may as well make the best of it.' And I did. (23KB:422)

Making the best of it was a theme in other men's responses to war and conscription, as this participant who was not called up said,

Ironically enough, had I been conscripted, I would have said, 'Well, it's useless being conscripted unless you go to Vietnam.' You know, that's what it was like back in 1968. (8RE:203)

Vietnam veterans responded to the experience of military service in a variety of ways. One man reported that his family circumstances greatly assisted his smooth transition to life in the armed forces,

I was pretty lucky as far as that goes, I'd say, because my father was a career soldier ... And my first leave home from recruit training ... I walked in and there was two colonels, a captain, a major and my dad who was an RSM¹. [laughter] And the first thing they said to me was, 'Just what we've been wanting, a barman.' [laughter] I finished up serving them booze all weekend. (23KB:415-33)

One man reported that military training greatly influenced his life skills,

Yeah, that's what we learnt there. So basically, you adapt to the situation. You overcome any problems that may arise from it, and you overcome it ... so it's, that's sort of taken me right through life, that way. (14WS:140-3)

Another conscript attributed significant life change not so much to military training as to the actual experience of combat,

I was pretty relaxed, you know. I just sit back and ah.. and I wasn't .. I wasn't scared of the people higher than me in the army, the corporals etc. I wasn't worried. 'Cause I thought I was as good as them – which probably isn't a smart way to go about it ... And I never really got switched on 'til I went to Vietnam (1RT:429-36)

One of the men spoke of the way in which returning veterans were treated. He felt this set a significant course for his life,

When we back, the first 20 odd years, we copped stick ... we had paint thrown over us, you know, weren't served in [indecipherable], went in uniform, they wouldn't serve us, and things like this ... I had to cope with [it] so I went into the shell, you know, for 20 years. You just go into your shell and you just carry on and you don't mention it. Hard to talk about, and as I said, that's, that's, that's what you cop. And that's the way you handle it. (25BT:331-40)

Another conscript attributed his marriage to his national service,

I met her in me army training days up here at Singleton (16IS:201)

¹ Regimental Sargent Major

It is notable that all the veterans in the study had K10 scores over 16, indicating above-average psychological distress. The exception to this was veteran participant 14-WS who had a very high K10 score of 42 on enrolment in the Hunter Community Study. However, his score had fallen back to 12 at follow-up in 2011 which was close to the time of the interview.

While diverse, these examples of veterans' responses to their military service demonstrate an underlying ability to 'make the best of it' or make what was an otherwise difficult transition more positive. Participant 16-IS was proud of his 40 years of marriage to the woman he met while in the army. Participant 23-KB saw connection between his military service and his father's service. 14-WS went through life adapting, improvising and overcoming on the basis of capacities gained through his military training. Participant 1-RT was disciplined during training and did eventually get 'switched on'. Participant 25-BT found a way to cope in spite of significant negative social reaction. All of them recognised the ongoing significance of this intense phase in their lives for what followed later.

Leaving School

The structure of the interview directed many participants to comment on the processes by which they left school. 18 of the men discussed leaving school. Of these, 12 had a recent K10 score over 16. Eight of the men left school early (although demographic material from HCS indicates that only four of the men failed to complete secondary schooling). Three men spoke of going straight on to university (although HCS data indicates five participants had university degrees). These discrepancies may be reconciled by reference to part time or later education. Commenting on their reasons for leaving school early, five of the men named economic hardship as a significant factor and one named emotional factors (death of father). Six men explicitly said that they were not good at, or that they disliked school, but not all of these men left early.

Interestingly the men who named economic influences around leaving school frequently invoked their mother's or family's poverty,

I left school at the age of 15, 'cause my mother couldn't afford to send me. (7EP:215)

I just wanted to help my mother. Give her something, you know. (17WC:177)

I left and started work and I was getting 6 pound 10 a week and I was giving me mother 4 pound cause I had two brothers and 2 sisters, and me mum and dad and I helped support me family and that. (21MC:76)

It is likely that gendered patterns of family life such as mothers being responsible for housekeeping costs, mothers being responsible for school aged children, and the male provider role are referred to here.

None of the men who spoke about leaving school talked about unemployment after leaving school. A number of them spoke of having a choice of employment prospects straight out of school,

And I was offered two positions, one for a public accountant and the other for an import/export firm. (16IS:176)

I went for apprenticeships and I got about 4 positions. (22NC:323)

'I'm going to get an apprenticeship' ... and I finished up getting two (23KB:269)

This abundance of employment prospects was probably a direct outcome of high labour demand brought about by the proximity of expanding industries such as the steelworks.. The men also reported several other structural features of the employment landscape for school leavers which smoothed their transition from school to workforce. One man named the public service exam as enabling his transition from school,

Well, there's the public service entrance exam form you filled out and put your application in and got called into an interview and they said, 'Right, you can start next week.' And that was it. (13SC:185)

Several of the men spoke of accessing formal vocational guidance resources to assist with identifying suitable career paths,

Then the people I was doing farm work and that for during school holidays knew a careers adviser in Xavier College in Melbourne so

they said just go down and see him to have a word with him.
(16IS:185)

I'd been for a vocational, advice thing ... And they reckoned I might have been a lawyer. So I thought, 'Oh, mm.' [clearly not convinced], so anyway a friend of mine was an articled clerk so I ended up getting articled to a solicitor for a couple of years
(18EC:268)

All the tests they used to do in them days to tell you what job to go to, indicated I should have gone, actually to mechanical engineering
(20MP:451)

My vocational guidance report said I would absolutely be no good at all in the navy, because anything academically I would fail at.
(23KB:389)

Other men spoke of the role of their fathers in providing vocational influence, explicit guidance and opportunity,

Well I left in fourth year, and I went to work for me father's company. (22NC:323)

I, had intended to be a teacher. And I guess that was the way to go ... because my father wanted it ... looking back I think it was the right decision to make. (12MT:198)

I think dad had a lot to do with that decision, 'cause dad was a tradesman and he thought on those lines. (15FE:271)

While some men were positive about the role of career advisors, others made a point of proving both formal and informal advisors wrong,

My father told me I'd never get a job unless I finished [school]. So I promptly went off and got a job, and left. I was still at home, but I, you know, and so I became an apprentice optician for a period of time. (18EC:258)

So that went against me, that vocational report, but I think it was a good pushing back, to go and achieve and prove them wrong.
(23KB:392)

One possible explanation for this pride in being able to 'prove them wrong' is that at this early stage of adult life these men were engaged in defining their own identity, in contrast to accepting the way others defined their capability.

The availability of scholarships to university for teachers was also significant for a number of participants,

I used to come top two or three in the school. I was dux of the school and won a scholarship to go to university. (6KT:391)

Yes. Automatically. Well in those days you were bonded [to work after a university scholarship]. Not like these days where you are lucky to get a job. (12MT:211)

I left school unsure of what I was going to do, because all through my school life I was going to be a teacher, but I didn't qualify for the scholarship. (9MH:194)

All of the men in the study who went straight from school to full-time university studies did so in order to become teachers.

So I thought, 'Oh well, I'll go to uni part time and do a couple of subjects.' (18EC:275)

Part time. Five or six years part time ... three-four nights a week. Failed one subject three times, commerce statistics, they'd have it from 8 o'clock to 10 o'clock on Friday night. (19HA:44)

Others accessed education in a variety of ways,

And I tried to get as many certificates as I could, in machinery or anything, so that I wouldn't be, wouldn't ever be on the dole, ever on the dole. I'd be able to go from one job to another and have the necessary certificates to cover that job, you know. (3GT:106)

I was a member of the union each time, and I went and done industrial law with the union. (3GT:294)

I went and enrolled in night school and did the HSC, while I was supporting myself by opening oysters. (18EC:264)

I went back to um, to night school and [laughs] only did, did the fifth form – once. And I got three passes – that wasn't too bad. (4CF:336)

I went back to TAFE and got my Clerk of Works certificate ... Building Forman and Clerk of Works, I got my Building Inspector's certificate, got all that. (23KB:445)

One participant offered the observation that the availability of educational opportunities was born out of national interest,

The Russians were beating us. I firmly believe that, so right at that stage, not only in Australia, but all over the Western world they put out scholarships for poor kids to go to university, you know. And

there was a big explosion in university studies. Um, until the scholarships came along, I was just going to, I don't know, goodness knows what I would have been. (6KT:383)

It is clear from the foregoing that although many of the men in this study reported difficult childhood economic circumstances, they were generally advantaged by coming of age in a time of national prosperity and strong demand for labour. The availability of multiple educational pathways also assisted early and mid-career trajectories for these men. It is equally clear that the introduction of compulsory National Service in 1964 would have been a significant feature of some of these men's early career trajectories.

Subsequent Career Transitions

Subsequent career transitions such as promotions, changing employers, going into business for oneself or moving into a different career were discussed by the men in the interviews. Men named a wide variety of factors influencing these transitions. Some men named multiple factors behind a single transition, while others described transitions more simply.

Economic factors were a commonly cited rationale behind men's career transitions,

Dollars and cents, there was jobs there that, ah, had overtime in it, and it's a bonus if you've got a job with overtime, because that helps build that wage up. You can live on your wage and the overtime can become a bonus as a sideline for later on. So that's why I changed over. (3GT:116)

So my previous boss in real estate asked me to come back and I made money. Made a lot of money. (9MH:298)

So went in there ... doing 12 hour shifts and earning big money. (16IS:144)

Took that job cause it was more money, and a better position than just being a general hand in a store. (17WC:267)

If I was on afternoon shift, I'd be away working with a mate doing the second job. And I thought it was the right thing because I was bringing more money in. (24VP:666)

I could see the big lights and the big, the big dollars. So, looked at the future. So I thought that studying was important. (25BT:188)

Economic factors were not however all powerful in career transitions. A number of men offered anecdotes such as,

[It would have meant] around about a 65 per cent increase in money, but it would also mean moving to Melbourne. It took me out of what I wanted as a comfort zone, so that never happened. (8RE:472)

Job satisfaction was described as being important to a number of men but it was frequently cited in its absence. Lack of job satisfaction was given as a reason to leave the workplace,

I wasn't really enjoying what I was doing. I was getting bored in my job, um, when I was in Sydney, you know, you get paid for 38 hours a week but you usually put in 50. And you think, you know, this is absolute nuts. (8RE:117)

I was in it for my satisfaction and job satisfaction has been extremely important. I believe it is very important. (24VP:464)

The stimulation had gone and I was just working too hard, for not enough personal satisfaction. So I came back to Newcastle. (19HA:210)

Lifestyle factors such as family and health were regarded by a number of men as highly important to their career decisions.

Well I could have gone to Sydney and worked, but I didn't want to do that because I had a family here in Newcastle that I wasn't prepared to move. (9MH:325)

The decision to, even though I decided I was going to leave, it was a real lifestyle change ... I wanted the lifestyle change because things weren't good health wise. (15FE:300)

Some men spoke of transitioning in and across careers by a process of natural growth or development. In one case the business just grew and grew (1RT:161). In two other cases temporary employment became long term,

Went over and spoke to the, to the people that had the employment thing at BHP and he said when do you want to start, he said you can start now if you like I [snaps fingers] said yeah ok and for three months and I ended up 23 and a half years [laughs]. (16IS:214)

An opportunity come for casual work there, so I accepted that and then I moved over to the wharf side of it and I just found myself,

happy ... And that's the way I've travelled for quite a long time, I think. (25BT:201)

Two men reported progressing through at least part of their career on a trajectory determined by structural factors such as seniority and protection,

We did it the hard yards, by seniority, or experience where a lot of these young people were coming in with academic qualifications who [were] going around us in the grading system. (7EP:223)

It was all done within the confines of the agency ... it offered a degree of protection. You had to come in at the base level, and basically once you started at the bottom of the ladder, it was only, if you were at the bottom of the ladder you were the only ones who could go up the ladder, outsiders weren't allowed in, and if you wanted to go outside, you had to resign and move out. (8RE:350)

Some men attributed their career transitions to a sense of timeliness,

And I'd been in the other job quite a while and I think it would have been eight years at the time so it was probably time for a move. (2EE:279)

I decided, well, I decided, after ten years, it's time for me to make a move. (12MT:235)

And you feel yourself, well, you know, just standing on the spot and that feeling just comes where, yeah, it's time. (25BT:94)

Other men saw their career transitions in a pragmatic, problem solving context,

You know, comes, comes to a point where something's got to be done. That's it [claps hands]. So, so a change has to occur and you choose from what's available at the time. (18EC:352)

Adapt, improvise and overcome! (14WS:597)

Still others described their career transitions in terms of self-improvement and personal challenge,

They were good operators. I remember once when I first started, and went to Canberra from Sydney, one fellow said to me, 'If you work with good people you become good.' He said, 'Never forget that.' (2EE:296)

Just a different challenge I think. (9MH:288)

When I think about it, I should have left after I got a certain amount of experience. (19HA:390)

Men generally appeared comfortable describing their career transitions. They gave a number of reasons for change such as economic and structural factors, the pragmatics and timeliness of opportunities, and lifestyle, job satisfaction and personal development.

Relationship Transitions

Another area of significant transition for most men was in their personal relationships. Two men indicated that they were not and had never been partnered. All of the remaining men appear to have partnered (for the first time) in timeframes which were consistent with their age peers. However, one man was conscious of social, family and personal factors impacting on the timing of his marriage,

Well, I was probably a child of a divorced couple, when I was five years old. So marriage wasn't something I jumped into in a hurry. And I think I was 27 when I got married. And these days that is probably young. But in those days it was reasonably, you know, old. But ah, that was probably the biggest decision I've made. (19HA:403)

All of the men in heterosexual relationships used the language of marriage rather than terms such as partner, partnership, relationship or union. In only one case was an extended period of co-habitation prior to marriage made explicit (6KT:426) although others did reference the permissive sexual mores of their young adulthood,

And while all these people probably had long hair and, and having free love and all the rest of it well, whilst they were enjoying the benefits of free love, I was killing Vietnamese people. (14WS:245)

While some men used the language of romance to explain their relationship transitions, it was noticeable that they frequently supported these explanations with other rationalisations,

I thought, 'Well, you know, this is a bit silly.' I shouldn't say this but, she might be listening, and I suppose AIDS had come to the forefront and I thought 'Na, sticking with the one girl, that's it.' We got on pretty well and we love each other, and yeah. (15FE:440)

Move on with life and say, 'I've learnt something from that.' And I impress on my wife, my current wife, I tell her I love her every day. (24VP:766)

The men did not seem ashamed to admit pragmatic reasons for partnering and having a wife who was amenable and good with money. Being well organised as a wife was especially valued,

I've got a top wife too who goes along with 90 per cent of what I say, which is very hard to find, and she's not a person that, ah, if [one person] got a new car, she'd want one too. (3GT:495)

My wife wouldn't worry where we live. I think she would be quite happy to live in a tent. That's how lucky I am. (7EP:132)

Well, most of the papers are out there for [wife] to do, 'cause she's better at the paper side than what I am. (21MC:642)

Many men referred to marriage almost as an inevitable next step,

And my wife started working there not long after she graduated from uni ... And um, well, over a period of say 12 months, you know, 'Giddy, how you going?' and then one social function it was, 'Want a drink?' and we went out on our first date, ah, at the end of January and we got married in July. (8RE:275)

I don't know, maybe you get to the stage where you feel you've got to share your life, and er, fall in love, and er, that's what happens. (19HA:411)

I thought well, 'bout time I had a girlfriend. All my mates had girlfriends. Can't really put it any other way. (20MP:514)

Many men spoke of how long they had been married or named the year in which they were married. In these cases, it appeared that there was a certain pride in the length of marriage,

Well, I've been married for 30, 30 years. (5DR:156)

We went out on our first date, ah, at the end of January and we got married in July. And that will be 30 years ago in two days time! (8RE:277)

Believe it or not, you know, we've been going together or married since 1964 (7EP:454)

All but one of the partnered men spoke of having children. The one exception spoke of the significance of infertility and chose to adopt,

Well, to start off, I found out I couldn't have any family. That's a big thing in your relationship and your life. (17WC:365)

Divorce and Separation

Eight men reported having been divorced or separated, and used a range of ways to describe the reasons for relationship breakdown. One of the most frequent reasons cited for separation was unfaithfulness on the part of the wife,

On her birthday I went into town to visit her and she was at Fanny's at lunchtime with the boss. I went over and said, I knew they were good friends, and I thought, 'What's going on here?' and anyway, she didn't come home that night. (10CG:318)

My wife ran off with a 21 year old, and left me with four children. (14WS:201)

Um, the ex-wife played around. And we just weren't getting on, so I moved out. (15FE:363)

Consistent with the work of Woolcott and Hughes (1999,9) who found that less than 2 per cent of respondents in their study were willing to implicate themselves, none of the divorced or separated men indicated that their own infidelity was responsible for the breakdown of their relationship.

Another common explanation for marriage breakdown was drifting or growing apart,

We just drifted apart. One of the biggest mistakes I made as a young bloke was working two jobs. I'd work at work, and I built my first house too. It was one street away. But I was never at home. That's a failing. (24VP:659)

So we both made an effort to do things more together. Um, and to rearrange our life, which was recommended by our doctor, to [indecipherable] and swim, so we joined Masters Swimming ten years ago. So basically we do carnivals together and realise that basically instead of drifting apart, we got closer together. (25BT:242)

And the last two years I just felt we'd grown apart and we weren't conversing and going separate ways and I wasn't happy, so I got out. (17WC:391)

Of the eight divorced or separated men, six of them also spoke of having problematic relationships with one or both parents, One of these men expressed the implications of this bluntly,

I always wanted children. I wanted a family. Um, the only problem was I had no father figure so I had no idea how to be a father, or a husband. (11WC:607)

All of the men who reported being divorced or separated had subsequently re-partnered. Men who spoke about re-partnering expressed themselves in similar ways about initial partnering. Pragmatic influences and lifestyle continuity were evident,

I broke up with the first wife and, just took up with her [the babysitter]. (5DR:165)

‘Cause even, the first divorce, I just carried on. And I met my second wife, um only six months after I separated from my first wife. (10CG:492)

It just fell into place. She likes doing most things that I like doing. There’s a few things we do ourselves, but most things we do together. (15FE:445)

A number of men were open about the negative effects of divorce and re-partnering. One man spoke of loss of friends following the marriage breakdown,

Like I had a lot of trouble adjusting when I left my wife. Friends I’d had for 40 years wiped me. You know there was four to five blokes I used to knock around with and I’ve never seen them again. (17WC:407)

In contrast however, another man reported an ongoing positive relationship with his former wife,

I have a fantastic rapport with my first wife. We were childhood sweethearts, and we see each other at least once a week, either something to do with the kids or we’ll invite them around for a barbeque. ... And we don’t hate each other. (24VP:752)

A number of the men indicated that marriage breakdown had precipitated a crisis for them,

Made me sad ... at the time it was quite traumatic. (5DR:183)

I knew they weren't happy anyway, but they seemed to be decaying even more. And I just thought, 'Well, actually, I'd better get out of here while I've still got this money.' Cause if I don't it's all going to be spent and I'm going to be stuck here. (11WC:206)

Another man spoke of significant parental role expansion as a result of separation,

My wife ran off with a 21 year old, and left me with four children ... the eldest being ten and the youngest being five, I was mum and dad to them until my youngest was 17. (14WS:201)

Four men (including the two who had never been partnered) indicated that they were currently living alone, although one of those had a 'friend'. Two men spoke of the death of a partner, (one early in life, the other 'last year'). Both had re-partnered.

Personal relationships appeared significant for most of the men. While romantic explanations of relationship decisions were frequently supported with pragmatic and social and life course factors, men with longstanding relationships appeared proud of their relationship. The prevalence of re-partnering also demonstrates the preference for being in relationship.

House and Home

Transitions around housing were also significant for the men, although the meaning of those transitions varied from man to man. Early acquisition of a house, frequently associated with a long length of stay in that house, appeared to be a matter of pride for some men,

We got married at the Christmas, ah. what would it have been? '73-4? ... then we bought a house at Rankin Park and we've still got that house. (1RT:592)

Buying this house. Um, it's about, this might be about 30 years ago. Yeah. (22NC:438)

I was only 23, my first, brand new home, Drinkwater home, brand new home at 23. And I was so proud. (10CG:335)

Had a look at a few houses and decided on the one we're in and been there ever since, basically. (13SC:253)

Um, buying the house I suppose we, we, Linda and I presided over that thought for quite some time to look around until we found this

place. Yeah, and looking at price too I suppose that had a lot to do with it but, yeah, that's going back 30 odd years now so. Then we've kept this place and never looked back. (16IS:221)

For other men the sequence of houses they have occupied comes to represent their progression through important life stages. Participant 7-EP is one striking example of how a number of men charted their lives through their housing history. At first he identified with his peers and benchmarked his starting point in life,

We were just like any other young couple. We had nothing really to start out with. Our first little house we built locally in Garden Suburb and I think the total cost of house and land was something like £11,000, at that stage. (7EP:111)

His progress in life, the value or demands on his time, and his personal and family status were reflected in subsequent upgrades of housing,

Our little house, um, we outgrew. And it was a high maintenance house so, um, my third daughter had come along, so we had a family of five in a three bedroom house. And it just didn't fit. So the second house we bought, um in about, oh, mid-80s. It was a larger house, a brick house, quite an acceptable house. (7EP:122)

Later he distinguished himself by the quality of his housing,

I just wanted to provide something a little bit better, for my family. ... We designed this house ourselves, to suit our needs and we had it built. So in respect to our house that was our moves. (7EP:128)

In this case, the man's housing history charts his upward mobility and establishes his credentials as a man providing for his family. Another participant spoke of his changing values in relation to housing and assets,

I've sort of turned, there are still nice things here [indicating room]. Most of them aren't mine. But um, I've turned my back on a lot of material things. What I thought were necessities. And [I] appreciate the basics. (9MH:567)

This man went on to tell of visiting people in the developing world and his perception that they were happier than most Australians.

For some men their house seemed to represent a place of peace and beauty. A number drew my attention to various features of their house or garden during the interview process. Participant 24-VP who had built his own house as 'therapy' after

he retired, readily concurred when I complemented him on the location, style and appearance of his house. In a similar way, participant 7-EP played host to me in his formal lounge room dominated by a baby grand piano and also appeared to be gratified when I made it a matter of conversation. The natural environment of the home was critical for another participant,

What I liked about it, you know, it was just a house, it had a creek running between our house, block and a place way over, and it had trees and a big gully and it was just very natural out the back, and I used to love sitting out there at night and that sort of thing. And there were birds and Kookaburras and they'd fly down and eat out of your hand and it was really [a] lovely little environment. (2EE:249)

Not all men were equally houseproud and a number of men made deprecating remarks about their homes. Participant 15-FE apologised that the house was a mess because his step-daughter and grandchildren were temporarily living there. Participant 18-EC apologised that the house was a mess because of renovations, although in fact it was not so much a mess as sterile, with very few furnishings and no decorations. Participants 9-MH and 22-NC both had to move items to make room for me to sit.

A number of participants spoke of having multiple houses as investments and at least one used moving house as an investment strategy,

I eventually put that to rest and moved up to Nambucca, built a house there at Nambucca, sold it and made a profit. (3GT:378)

Housing Transitions in Later Life

Late life housing transitions were discussed by a number of men in the context of the interviews, with a variety of attitudes and outcomes emerging,

Moving to Newcastle was driven ... a lifestyle, tree change, beach change, whatever. Sydney's a rat race. You know. There are parts of Sydney that I love, but getting around in Sydney is absolutely painful. ... Up here? It's just wonderful. (8RE:517)

We bought a place up at Taree, a few acres up there, and we originally thought we would move up there. But the sister got sick ...

So things were in sort of abeyance, and she didn't really feel like moving up to the farm. So ah, we never actually moved up there. So that was one of the sort of reasons, the move never happened. (5DR:88)

Some men expressed their concerns about late life changes to housing,

I just can't see the common sense in going for two story, because everyone I know who moved out of one of these, a lot of our friends have gone to bigger, now want to come back. You know, saying, 'I wish we hadn't sold the house'. (25BT:403)

He got divorced and he paid out his wife and he was building a new house at the time, so all his money, that he got from the super, he went through it in about 12 months. (5DR:397)

If I'm comfortable somewhere, I'll sort of stay there, you know. If it's not suitable I suppose, I don't mind moving. (5DR:447)

Other men framed late life housing transitions in terms of being close to children and grandchildren,

Ah, my wife was worried not being near the children down here, the grandchildren ... so we moved back to Newcastle. (3GT:329)

I think a lot would depend on what the boys do. ... he's talking about either Western Australia or Queensland, then I might be tempted to sort of follow suit. But I'll leave that to my wife. I'm quite happy. (8RE:531)

These latter comments about housing transitions make explicit the underlying theme of linked lives. Men also reflected on the broader Australian context in which home ownership levels have consistently been around 70 per cent for at least four decades (Australian Bureau of Statistics 2011), The data supports the claim that 'home ownership is a universal dream in Australia, regardless of economic circumstances' (Senate Select Committee on Housing Affordability 2008).

The Language of Major Life Decisions

Having discussed some of the major life transitions above, this chapter now turns to examine how men explained their decisions. The men in this study found socially and culturally acceptable discourses within which to present their experiences of transition. These discourses were frequently gendered in nature. In many instances

they affirm men's self-perceptions. In the case of early adult transitions they appear to function as part of the establishment of adult identity.

Initial Coding of Decision Explanations

During initial readings of how men talked about these major life decisions a number of themes emerged around different styles of explanations for decisions. The material discussed below is restricted to the explanations explicitly made by the men themselves to account for their decisions and does not include possible explanations for decisions identified by the researcher. On average around 11 decision explanations were identified in each interview. It should be noted that explanations were not evenly distributed with the fewest being six and the most being 21. Although not all participants provided commentary on every decision, and not all explanations fit neatly into a single style of explanation, sufficient congruity was found within each theme to allow the following observations.

Go For It

Men frequently spoke of their decisions in terms of personal effort and direction. The language they employed was dynamic, and the impression was of action, with a focus on opportunity and outcome. The feeling generated is that of a decisive man, who knows his mind and is committed to it. The 'go for it' explanation was used by men to explain both planned, conscious, deliberate decisions, and spontaneous, enthusiastic decisions;

I sort of thought, 'Gee, I'll go for this. (2EE:97)

And I thought, 'I've got an opportunity here!' and that's the mechanism I used. (8RE:192)

But I always had a goal to be in my own business by the time I was 35, and I was 36. (23KB:485)

Go With The Flow

The 'go with the flow' style speaks of men's capacity to read situations for paths of least resistance, adapt to changing environments and be open to a variety of

outcomes. The persona presented here is calm, relaxed and unthreatened. This style of decision was used by some men as a conscious strategy,

Anyway I just thought I'd wait and see which way the flow was going. (25BT:168)

Other men appeared to be unaware of utilising this style at the time of making decisions

I didn't think about it too much about it, it just happened and I just rolled along with it. (2EE:214)

Things just fell into place that way. (20MP:55)

I Know a Bloke

Many men pointed to relational dimensions in their decision making. A particularly common expression of this was the role of a significant other who provided a role model, advice, guidance or opportunity on which decisions were based.

So I rang the bloke up and the bloke on the phone said, 'How's such and such.' I said, 'I know you. I played soccer with you.' ... he did the right thing by me. (17WC:546)

So I heard through a friend when I was doing some work for a school just down here. (10CG:286)

My grandmother worked there and she said, 'I've got a job for you.' (8RE:229)

And his advice to me was, 'If I were you, I'd do a trade first.' (24VP:381)

In This Together

Another explanation of a relational style was expressed in terms of men's shared lives and the impact of their decisions on those around them. This was the most common of the explanations for decisions provided by the men (40 identified instances).

We go, go in it together. It's a shared thing. (21MC:568)

I guess obviously the first person you talk to is your wife. (7EP:82)

He [my son] wouldn't pull his weight, so I had to keep the company going. (17WC:35)

So I tried to stay young for them. (14WS:205)

I'll Show the Bastards

Yet another relational style of explaining decisions among the men was as a reaction against others or 'the system'. In this style men are cast as determined, as asserting their capacity and independence. This style refuses to accept the categories and limits imposed externally.

And they said, 'You can't do that.' And I said, 'Yes you can.'
(3GT:412)

'Oh, he's up there, he's locked in, he can't go anywhere.' I guess I was saying, 'Yeah, I can go somewhere.' (19HA:337)

Pushed Around

In contrast, some men referenced their lack of opportunity or power to assert themselves in making particular decisions. This acknowledges the reality of larger contexts for decisions and often had a simple matter-of-fact tone.

I'm retired now, but I was forced into retirement. (24VP:85)

The accountant's probably taken most, most of me money, I don't have hardly anything bloody left, so I said, 'What's the use of me bloody working?' (21MC:165)

'If you stay here, well we can't answer for the consequences.'
(6KT:253)

I'd seen, what I think must have scared me a bit, I'd seen other people in senior positions there, get treated poorly. (22NC:165)

Mr Fixit

This style of explanation reflects gender stereotypes in that it focuses on what is commonly regarded as a masculine desire to remedy or rectify situations.

I always have been a Mr Fixit man. If someone had a problem, I'd try to fix it. (14WS:574)

I just sort of get gratification out of sorting out those sort of problems before they become problems. (9MH:217)

I help out a bloke two days a week. I don't get paid, I just get a few drinks off him, and ah, oh, he takes me places and that. (21MC:275)

This category also captures men's desire to contribute to their family and community. In the context of studies in ageing Erikson (1963) named this 'generativity'.

I don't want to go out of this world thinking I've done nothing and created nothing. (17WC:124)

Right Thing to Do

Many men provided moral explanations for their decisions. The moral judgement implied in this style of explanation related to the actions of the men themselves or the actions of others.

And I said, 'No. It was my responsibility. He was acting under my instructions. He doesn't go, I go.' ... It was the right thing to do. (17WC:522)

I did have a preference for working for something that I did have some reasonable respect for. (18EC:315)

I committed myself cause of my Catholic background, she's going to be my wife ... so I married her. (10CG:316)

And I said, 'I've got to have a leg to stand on ... I was promised on handshake and everything, that I had the contract, 'til such time as I wanted out.' (3GT:263)

Right Time

Some men described their decision making in terms of a sense that the timing was right. The time was associated with biological age, social convention, or convergence of circumstances.

Yeah. It was just 60 and that is the time to go! (4CF:99)

But I started to get, after about 20 years, and a couple of years in the army didn't help, I got pretty restless. (7EP:138)

I just said, 'This is time.' Yeah. Yeah. I had no hesitation whatsoever. (25BT:774)

Where's the Money?

The 'Right Time' script frequently referenced financial factors as what made the time right. Financial factors were one of the most common explanations for decisions (30 identified instances). This focus on finances is consistent with the dominant themes of employment and retirement. Financial explanations of decisions included 'push' factors where there was a lack of money and 'pull' factors attracting men towards more financially secure options.

The first thing that I had to plan for was that I was financially secure.
(8RE:78)

And a teacher at the top of the scale, with the pay rise, used to get in those days as much as a backbencher in NSW parliament. (6KT:406)

So I went and saw our financial advisor at age 59 and said, 'I don't want to be the richest person in the graveyard.' (7EP:26)

The contracts were going to squeeze too tight and I was going to lose money. (17WC:23)

I could see the big lights and the big, the big dollars. (25BT:189)

The Good Life

The relationship between financial security and a high quality lifestyle is not direct. Some men contrasted financial with lifestyle considerations, others saw them as closely connected.

So it was just a carefree life with nothing to consider or think about, because well, didn't need to. (8RE:219)

My Health – Physical

Physical health provided men with a script for explaining the decision to retire, but also featured in other employment decisions and spheres such as leisure and relationships.

If it wasn't for me knee playing up, I'd still be back at work full time.
(17WC:17)

I retired at 56 because of, er, illness. I had quadruple heart surgery.
(19HA:20)

You see mine [retirement] was brought about early because of diabetes. (12MT:44)

I was diagnosed with prostate cancer and ah, I thought, 'No. There's other things to do other than work.' (7EP:19)

My Health – Mental

Mental health as an explanation was more common than physical health explanations, and were heavily clustered around the retirement decision. This may be explained by the explicit focus of the research on mental health which gave permission to raise this topic and structured the interview to include questions on mental health. I have also used this category to capture references to 'stress' as an explanation,

But it was depressed mood and anxiety, so it was anxiety disorder and depression. And I was retired, was retired because of that. (6KT:190)

The mental side, post-traumatic stress and things like that, there were times when I thought, you know, 'You shouldn't be here at work.' (16IS:67)

The worse I got the worse the business got. The worse the business got the worse I got. (23KB:114)

The stress, or possibly the volume [of work], yeah. I was a bit of a churner. (19HA:25)

Review of Decision Explanations

The style of explanation 'go for it' occurred 18 times and was used by 12 different men. On closer examination it appeared that many of these expressions related to the attitude men applied in the interview to the decision (attribution) rather than to the historical reason for making a particular decision. These instances were examined in detail and in context. This resulted in the reallocation of all but three instances to one of the other identified styles of explanation. The three exceptions reported an impulsive decision,

That was the map of Australia. And I just went, 'I'm going to go and live there one day.' (11WC:289)

We were walking through Maitland past a jeweller shop and I sort of snap, let's get engaged sort of thing. (16IS:203)

My wife wasn't particularly happy [about his resigning from job]. She thought it was a bit impetuous, but ah, maybe, sometimes I am a bit impetuous. (19HA:143)

Some of the initially coded decision explanation styles were later judged to be related to each other or impacted on each other. The mental and physical health explanations, for example, are not only linked by social and scientific conventions around health but have reciprocal reinforcing effects in which outcomes in one domain are linked to outcomes in the other (Evans and Charney 2003). It became apparent that thirteen explanatory codes was too many to be useful in analysis of men's decision making. This resulted in the six decision explanation categories described below.

Adaptive

Participant 12-MT illustrated the adaptive category when he first utilised first the 'go with the flow' then later the 'right time' styles of explanation for his decision to retire,

You have to go along with it [diabetes]. (12MT:345)

I decided, after ten years, it's time for me to make a move. (12MT:238)

Adversarial

The adversarial category represents 37 instances of decision explanations and recognises that the worlds of many men are risky and that their decisions are sometimes made under duress. In speaking of his retirement Participant 17-WC clearly felt pushed around, but earlier in life he had faced a significant career setback with defiance;

All this workcover and insurances and everything, everyone just wanted to screw you. (17WC:68)

But I said, 'Well, next year I'll do it, I'll get it next year.' (17WC:243)

Other-focused

Men's explanations for their decisions were often focused on others. This includes the ability of men to access the assistance of others with their decisions, as in the case of 'I know a bloke'. It also includes the many instances of men taking into account the needs and desires of those they are closest to or have responsibility for, with whom they are 'in this together.' This category of explanation was represented by 63 instances in the interviews. It was the most frequently expressed.

Self-determination

Another useful category (43 instances) of explanation for decisions is that of self-determination. Here pursuit of the good life rejects stress, unmet expectations and unsatisfying situations. Men utilising this style of explanation embraced leisure, friendships and aesthetic environments as positive bases for decision making. In so doing these men asserted themselves, reflected their values and defined their own futures. On occasion men's values resulted in decisions which were difficult to make or hard to implement, but which they believed to be the right thing to do. At other times men reported making decisions which they explained in terms of impulse. Both of these kinds of explanations reflected the self-determination of the man in question.

Resource-focused

Unsurprisingly in interviews on the subject of retirement, participants frequently focused on resources (61 instances). In initial coding much of this focus was captured in 'where's the money?' A resource focus can also be found however in the explanations provided by men as 'Mr Fixit',

Now I can help other people who are going through this process, by my own experience. (7EP:313)

That's my aspect now, if I can help someone I've got time to do it for them. (25BT:280)

Health-focused

The final category of decision explanations combines reference to either physical or mental health. Health focused explanations of decisions accounted for 29 instances. It could be argued that health decisions also fit into a number of the other categories rehearsed above, as a resource, an occasion for adaptation, an adversary and as having an impact on others. However, health was the most salient category and reflected the nature of the informant sample. At the same time, the variety of possible alternate categories shows the close connections between health and other elements in the lives of the men interviewed.

The categories and numbers of decision explanation are summarised in the table below.

Table 5.1 Categories of Decision Explanation

| Adaptive | |
|---------------------------|----|
| Go with the flow | 19 |
| Right time | 10 |
| Adversarial | |
| I'll show the bastards | 13 |
| Pushed around | 24 |
| Other focused | |
| I know a bloke | 32 |
| In this together | 31 |
| Self-determination | |
| Right thing to do! | 12 |
| The good life | 28 |
| Impulsive | 3 |
| Resource focused | |
| Mr Fixit | 25 |
| Where's the money? | 36 |
| Health focused | |
| My health - physical | 13 |
| My health - mental | 16 |

Interaction of Decision Explanation Categories

The men in this study deployed explanations for decisions in sophisticated patterns representing multiple decision making categories. The smallest number of categories

used was three and many men used all six categories. The average number of categories deployed by men was five. See the table below.

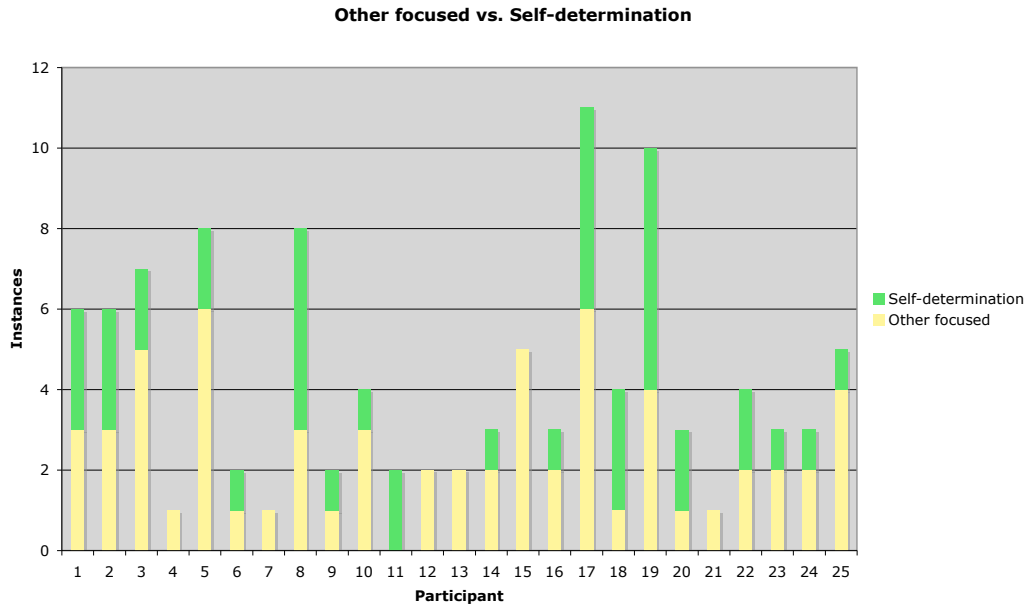
Table 5.2 Participants' use of decision explanation categories

| Participant | Adaptive | Adversarial | Other focused | Self-determination | Resource focused | Health focused | Total References |
|-------------|----------|-------------|---------------|--------------------|------------------|----------------|------------------|
| 1RT | 1 | 0 | 3 | 3 | 1 | 1 | 9 |
| 2EE | 1 | 1 | 3 | 3 | 2 | 1 | 11 |
| 3GT | 0 | 2 | 5 | 2 | 6 | 1 | 16 |
| 4CF | 2 | 3 | 1 | 0 | 1 | 0 | 7 |
| 5DR | 1 | 0 | 6 | 2 | 1 | 1 | 11 |
| 6KT | 1 | 3 | 1 | 1 | 1 | 2 | 9 |
| 7EP | 1 | 0 | 1 | 0 | 6 | 1 | 9 |
| 8RE | 0 | 0 | 3 | 5 | 2 | 0 | 10 |
| 9MH | 0 | 2 | 1 | 1 | 2 | 0 | 6 |
| 10CG | 0 | 1 | 3 | 1 | 0 | 1 | 6 |
| 11WC | 0 | 6 | 0 | 2 | 1 | 1 | 10 |
| 12MT | 3 | 0 | 2 | 0 | 0 | 2 | 7 |
| 13SC | 2 | 0 | 2 | 0 | 3 | 0 | 7 |
| 14WS | 1 | 2 | 2 | 1 | 2 | 0 | 8 |
| 15FE | 0 | 1 | 5 | 0 | 1 | 4 | 11 |
| 16IS | 0 | 0 | 2 | 1 | 3 | 1 | 7 |
| 17WC | 0 | 2 | 6 | 5 | 8 | 2 | 23 |
| 18EC | 5 | 2 | 1 | 3 | 2 | 1 | 14 |
| 19HA | 2 | 4 | 4 | 6 | 3 | 2 | 21 |
| 20MP | 2 | 1 | 1 | 2 | 2 | 1 | 9 |
| 21MC | 0 | 1 | 1 | 0 | 6 | 0 | 8 |
| 22NC | 1 | 3 | 2 | 2 | 1 | 1 | 10 |
| 23KB | 1 | 1 | 2 | 1 | 2 | 1 | 8 |
| 24VP | 0 | 2 | 2 | 1 | 1 | 1 | 7 |
| 25BT | 5 | 0 | 4 | 1 | 4 | 4 | 18 |
| | 29 | 37 | 63 | 43 | 61 | 29 | 262 |

Many participants appeared comfortable using apparently opposed categories. For example, it might be imagined that men who frequently used the self-determination category to explain their decisions would tend not to use the other-focused category. In fact this was not the case and 18 of the 25 participants used a mix of both. Six

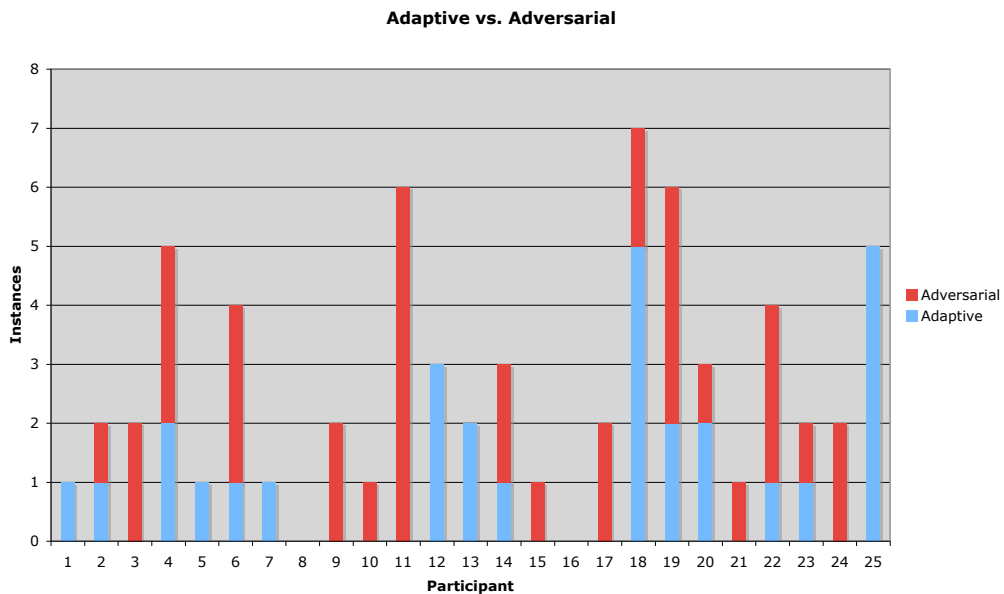
men used the other-focused category alone and only one man used the self-determination category alone.

Figure 5.1 Other-focused versus self-determination types of explanation – by individual



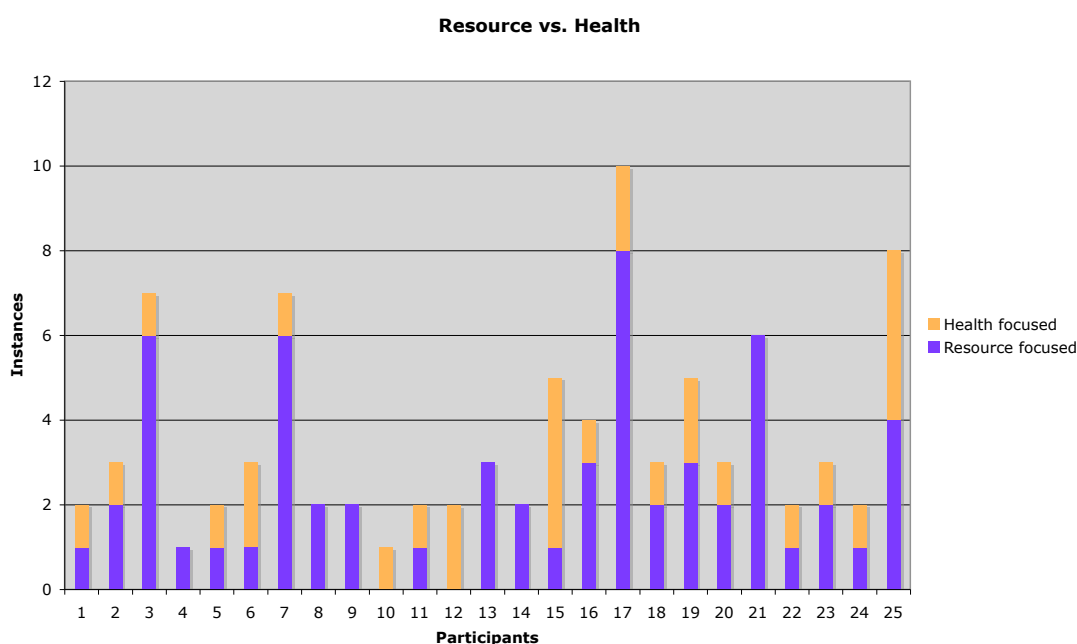
In a similar way, men also frequently used both adaptive and adversarial categories to explain their decisions. Six men used only the adaptive category, eight used only the adversarial, and nine used a mix of both.

Figure 5.2 Adaptive versus Adversarial Explanations by Individual



The initial researcher assumption, that resource-focused men would also regard their health as a resource, was not borne out. Men appeared to be much more comfortable using finances as an explanation for decisions rather than health. Six men spoke of resources only and three men spoke of health only. Notably there were more than twice as many references to resources as to health.

Figure 5.3 Resource versus Health Explanations by Individual



Decision Explanation Categories and Decision Topic

One possible reason for the variations summarised above is that the men might regard different styles of explaining decisions as appropriate to the different types of decision being made. In order to explore this possibility, each of the categories of decision explanation was examined in its context. In keeping with the life course perspective these decision topics were also loosely arranged in life course chronology, so for example, decisions relating to early career were distinguished from mid and late career. Thus the 16 main decision topics included; leaving school (13), education (7), early employment (25), friendships (4), marriage (11), home ownership (18), general (17), mid employment (50), children (7), divorce (2), remarriage (4), late employment (10), health (6), leisure (14), retirement (71) and research interview participation (3).

Table 5.3 Number of Instances of Explanation Category Used per Decision Topic

| Category Topic | Adaptive | Adversarial | Other focused | Self-determination | Resource focused | Health focused | Total |
|--------------------|----------|-------------|---------------|--------------------|------------------|----------------|------------|
| Leaving School | 1 | 3 | 4 | 0 | 5 | 0 | 13 |
| Education | 1 | 1 | 2 | 1 | 2 | 0 | 7 |
| Early Employment | 2 | 4 | 11 | 4 | 4 | 0 | 25 |
| Friendships | 0 | 1 | 1 | 1 | 1 | 0 | 4 |
| Marriage | 4 | 1 | 2 | 4 | 0 | 0 | 11 |
| Home Ownership | 1 | 2 | 7 | 2 | 6 | 0 | 18 |
| General | 6 | 0 | 2 | 2 | 7 | 0 | 17 |
| Mid Employment | 5 | 9 | 11 | 9 | 9 | 7 | 50 |
| Children | 1 | 0 | 2 | 0 | 3 | 1 | 7 |
| Divorce | 0 | 0 | 0 | 2 | 0 | 0 | 2 |
| Remarriage | 1 | 0 | 2 | 0 | 0 | 1 | 4 |
| Late Employment | 0 | 3 | 1 | 4 | 2 | 0 | 10 |
| Health | 1 | 1 | 3 | 0 | 1 | 0 | 6 |
| Leisure | 1 | 1 | 4 | 4 | 4 | 0 | 14 |
| Retirement | 4 | 11 | 11 | 10 | 15 | 20 | 71 |
| Research Interview | 1 | 0 | 0 | 0 | 2 | 0 | 3 |
| | 29 | 37 | 63 | 33 | 44 | 29 | 262 |

Explanation categories were then cross-referenced with the decision topic it related to, and the results were tabulated. The complete table of results is provided in Table 5.3 above. Some of the results are consistent with expectations. So for example, early life course decisions such as leaving school and education had no health component in the explanations, presumably because younger men are generally healthier than older men.

The most common explanatory category, ‘other-focused’ was strongly associated with early employment, mid-employment and retirement decisions. Employment choice and the retirement decision were topics where adversarial explanations of decisions were most likely to be advanced. The health category of explanation was also used predominantly around retirement.

Some surprising results in this include;

- Leaving school decisions are not explained in self-determination terms
- Health-related explanations for career decisions start in mid-life
- Explanations for marriage-related decisions were twice as likely to be built around adapting and self-determination as focused on others
- The decision to divorce or separate was quite rarely explained and where it was the self-determination category was used.

Explanations about retirement were most often framed in terms of health, followed by resources. The needs and aspirations of others, adversarial relationships and self-determination were grouped together well behind health and resources in frequency of explanation. Adaptive explanations were the least common explanations for the decision to retire, but this may mask the importance of adaptation to the experience of retirement. This will be discussed later.

Arranging the decision topics in a loosely chronological order consistent with the life course failed to demonstrate any clear pattern in men's use of explanation categories over the life course. For example, it might be supposed that self-determinism would be more common (or important) to young men then decrease in significance later in life, possibly to be replaced by categories such as other-focused. However, such a pattern was not demonstrated by the available data. This is perhaps because of the unequal distribution of explanations for different decision topics. For example, the interviews captured only two explanations for decisions relating to divorce and separation but over 70 explanations relating to retirement decisions which was of course the stated topic of the interview.

Having sketched in this chapter some aspects of how men understand and explain a selection of major decisions in their lives, this study turns in the next chapter to examine in more detail the circumstances and decisions of the participants around early retirement.

Chapter 6 – The Retirement Decision

Having examined earlier life decisions in the previous chapter, this chapter now considers the decision to retire as the men experienced it. The chapter will examine how the men talk about retirement, what factors were operating at the time of the decision and what earlier life experiences had contributed to a trajectory towards early retirement. Early retirement for the men in this study happened along a variety of pathways. For some it was a chosen direction, anticipated and planned for with high levels of engagement. For others it was sudden, brought about by forces outside their control. Retirement for some was anxiety-inducing and unwelcome. Still others approached retirement diffidently or had mixed reactions to the prospect and reality of retirement. This diversity of retirement experiences reflects the diversity of the men themselves and all in their lives that had brought them to that point.

Ambiguities in the Use of the Word ‘Retirement’

Retirement meant quite different things to different men. For example, participant 10-CG described how he left the workforce,

I retired because, because of my damage. Well I’d stopped working because of my back, because of my job as a greenkeeper for 40 years. Top dressing and all that, greenkeeping everything is down on the ground, so you have to bend down all the time that you’re working. So it’s bad on the back, top-dressing. And I had, ah, what do you call them, my disks, L4 L5 and S1 were bulging and so on, in me back. So I finished work at 55 because of that. And because I was free and had time off, I was going away on a trip with some friends, on me bike, cause I’m into motorbikes, and I was going away with a friend, to Birdsville ... And the story is, I don’t remember it, the trip. And I came off and I broke my neck. (10CG:66)

In this case there was a progression from leave at 55 funded by workers compensation to a disability pension following his motorbike accident. However the participant prefers to describe himself as ‘retired’.

In a different case the employment status of participant 21-MC was ‘retired’. However, he still had some form of employee relationship with his (former) employer,

I’ve got to see the doctor every, once a month. Cause ah, I’m on, what you call it, ‘unattached staff’ from the council. (21MC:144)

This participant blurred the boundary between sick leave and retirement. Differently again, participant 14-WS, who was 60 years old at the time, described his own ambivalence around not being in the workforce but still thinking of himself as a worker,

So I mentally don’t think of myself as retired, I’m sort of in limbo between jobs ... the system, um, has me as retired ... And if to define me as retired you don’t have a full time job, then technically I’m retired ... but in my head, I’m between jobs. And that’s what keeps me sane I suppose ... yeah, I’m getting, I’m getting closer to the fact, to accept the fact that I am retired, ... by playing with, playing golf with all retired people. Um, and I think of myself as retired when I play golf, but then when another job application comes up and I apply for it, that puts me in the second frame of mind, where I am retired as such, per se, but I’m still trying to get work. (14WS:108)

The experiences of these men serve to highlight that retirement has a variety of meanings and significance for those who leave the workforce early in relative terms.

Retiring as Choice

The previous chapter explored decisions men had made through their life course. This chapter now examines how the men began their retirement. The commencement of retirement, and especially early retirement, is a complex, multi-factored process which includes the impact of social structures, cultural, political, economic and historical forces, and at the individual level, the personal biography, health, relationships and choices of participants.

Some participants in this study denied that retirement was their decision, ‘It wasn’t my choice’ (14WS:90), or ‘It wasn’t a matter of choice, I was made redundant’ (22NC:46). Yet even in these cases the men were conscious of choices around

retirement. For example, participant 14-WS adapted to his retired status by deploying a range of cognitive and behavioural strategies which ‘keeps me sane, I suppose’ (14WS:199). Similarly participant 22-NC was made redundant following change in his employer organisation, and his own mental health breakdown. Although he was reluctant to retire, he chose to busy himself in physical and social activity,

I started to realise that I enjoyed playing golf ... 2 days a week, bowls with another mate 2 day a week, and I go bike riding and, and so, basically I fill my time in. I wasn’t short of money. (22NC:265)

Other men in the study had welcomed redundancy and made it serve their purposes. For example, participants 20-MP and 8-RE strategised around being made redundant.

[I thought that] If I was made redundant, I’d use my super and start my own business, photography business. (20MP:92)

I ... ended up with \$10 a week less than working full time. (8RE:110)

Their accounts of strategising caution us against simplistic thinking that links redundancy and poor life outcomes. In that sense the finding fails to support the claim of Warren (2006) that involuntary retirement has a negative effect on post-retirement experiences.

When asked about their reasons for early retirement, men typically gave a direct answer. In fact, quite a number made explanation before being asked. They mainly cited ‘push’ factors. Eight men spoke of stress or mental health contributing to the commencement of their retirement. Four men cited age as the reason for their retirement and three men cited favourable financial opportunities as the reason. Notably, few men cited ‘pull’ factors such as wanting to travel or other lifestyle options as the reason for their early retirement. This is perhaps explained by the socioeconomic background of most of the men. However, it may also reflect gender norms relative to abandoning the role of breadwinner. It may also be that they did not want to appear to be avoiding work and income responsibility.

Straightforward reasons for early retirement though, were almost always supplemented as the interview proceeded with information. Frequently alternate perspectives and alternate explanations for early retirement were offered later. For example, participant 19-HA initially described his early retirement as due to a coronary health crisis, but then he went on to add,

I think coupled with the sickness, I became frustrated with partnership. (19HA:71)

The construction of retirement as a choice that men make is considerably problematised by the existence of multiple co-occurring factors. These multiple factors impacting on retirement decisions may be thought of as synchronous constellations of influence. Some of these will now be considered.

Timing of Retirement

As indicated previously, one of the typical ways men explained their decision to retire was that the time was right;

I just said, 'This is time.' Yeah. Yeah. I had no hesitation whatsoever. (18EC:774)

And I sort of thought to myself, 'Well if I'm going to do it, do it now and, and enjoy, at least the first few years of retirement.' (16IS:14)

In the former quote, the participant says he had 'no hesitation at all'. It seems he had a subjective experience in which early retirement did not provoke anxiety or difficult deliberation because the temporal frame was appropriate. In the second case, the timing was right because it allowed the man's enjoyment of the first part of his early retirement.

Constellations of Concurrent Factors in the Retirement Decision

The existence of multiple factors in the retirement decision was evident in the majority of men's accounts. Factors leading to early retirement were both subjective

and structural. Some of these constellations of timing, situation and significance will now be explored.

Social Convention, Finances and Stress

Participant 2-EE was formerly an executive in the public service. He had a low moderate score on the Kessler K10. He described his retirement process as follows,

I used to work very long hours and I suppose at that point I was really looking forward to retirement. When the opportunity came along. ... And I actually never thought about retirement too much. Um, I don't know if you know much about where I worked, but there was an anomaly in their superannuation scheme, which allowed you to go at 54 [years] and 11 months ... And I went down and saw this finance fellow and he said, 'You've got no option. You will never get as good an opportunity to go as you have now. If you're free of any debt' he said, you know, 'you'd have to work til you're 80 to get a similar pension.' (2EE:59)

In this case the participant says he was 'really looking forward to retirement', yet also that, 'I actually never thought about retirement too much'. The latter comment possibly refers to planning. In any case, the participant clearly locates his retirement decision in the convergence of his age and the anomaly in the superannuation scheme. Having reached the prescribed age this man maximised his financial return and took his retirement early, saying to himself, 'Gee, I'll go for this' (2EE:97).

When asked what was attractive about retirement, participant 2-EE responded primarily by reference to 'push' factors,

Oh, so I suppose .. what was attractive .. um, probably just, well I was in quite a high stress job, and I thought well, you can't continue on like this, so what's the thing that will change it? And .. then I thought, 'Gee, I could go .. leave now and I'd be out of the high stress job and wouldn't have all these people worries, you know, 600 people working for you.' There's issues every day, with people issues. And you think .. get away from all this and have a pretty good life with my wife and, you know, do what I want to do. Help my kids out and that sort of thing. So it probably appealed to me. (2EE:99)

It would appear that for this participant the alignment of social expectation, financial gain and biological age is capped off by the possibility of leaving the stresses and

personnel issues involved in his executive role. Nevertheless, he does reference one 'pull' factor - time with wife and family. This is an example of the constellation of influences around his decision to retire early.

A similar alignment of social expectations, financial factors, timeliness and stress minimisation was also evident in the account of participant 20-MP who was a former technical tradesman with a high K10 score. His retirement story was told in several episodes as below,

I actually collapsed at work. I was at home when I collapsed but because of work. ... And it was depression. 'Cause it was actually stress that I was suffering from and it was, forced me to retire earlier than I expected to. ... And I had intentions to, redundancies were about when I did retire, but I had full intentions of going into a business of my own if that occurred ... But I wasn't capable of doing that. (20MP:85)

And they told me that field staff do not suffer from stress and depression, only office staff. And they wouldn't accept me as actually suffering from stress and depression. ... The manager I had at the time, whom I'd only had for ... probably two months when I collapsed. ... understood what was going on, 'cause where there was myself and another bloke doing the same job, except he was doing it in one side of Newcastle and I was doing the other half. He was drinking a bottle of red wine every night, because of the stress. So when the manager found out, realised what happened to me, he understood and he used to check on me. And then when redundancies were about, he offered me a redundancy, and it took all of two seconds to agree to it. (20MP:106)

Two significant structural influences are evident in this account. The participant thought the institutional process of redundancy would equip him for an enjoyable and financially secure retirement through establishing a photography business. The reality that he faced however, was that the institution had regulated that his role was not subject to the sort of stress which would be recognised in a medical retirement. In this case the competing institutional provisions intersected so as to provide a positive pathway into early retirement. The impasse between competing institutional provisions was resolved by the intervention of a new manager. A redundancy package however was not immediately available so the participant remained on sick leave for a period until 'redundancies were about'. Thus the timing of this man's

movement out of the permanent full-time workforce was dependent not so much on his biological age as on the timing of an institutional provision; the availability of a redundancy.

An account of similar structural synchrony was given by participant 25-BT who was a Vietnam veteran and semi-skilled worker with a high K10. He told his retirement story in a sequence of statements that reveal the complexity of his path to retirement,

I was under reasonably full on counselling, um, hearing loss was a major [problem]. I was on a disability pension because of post-stress, with hearing [loss]. It got to a stage where hearing became, I couldn't drive commercial vehicles because of the loss of hearing ... I wasn't qualified with computers or really up to scratch with things like that, and there was no work at that stage anyway. ... Um, I, I resigned from work at the age of 60, gaining a service pension and a full TPI² gold card. (25BT:30)

The two institutional provisions here are veteran entitlement to a service pension at 60 years of age, and compensation for disability. They combine to govern the timing of his retirement. However, there were other influences as well,

I just come to a stage where I hit a brick wall, and going to work was like you had lead in your boots, and I got to a stage where I said to my wife, I'm going to mow lawns, paint houses, I've just come to a stage in my life where this life is just, yeah. It was getting to me anyway. (25BT:45)

I would have gone anyway, I just got to a wall, as I said, and I think most people who have worked in the position for that long. You just come to a stalemate with it, I believe. (25BT:83)

See I started at five every morning and that went on for 35 years. And I just said, well you know, time's time. (25BT:105)

This man had a strong focus on financial security,

Knowing that I was on a pension for disabilities anyway, ah, and the service pension, the service pension is like an aged pension. The disability pension is tax free so I would have had a benefit of a reasonably good wage. (25BT:108)

² Totally and Permanently Disabled. The gold card entitles veterans to free high quality health care in Australia.

An element of ambivalence about retirement was introduced by this participant right at the end of the interview, when he said,

And maybe if there was some other job I could have done, maybe I would have, thought about it, but mate, I don't think so. ... No, I'm only kidding myself. (25BT:779)

Although resolving the hypothetical in favour of retirement, his hesitation and reflection at that point in the interview show at the very least this participant's high view of employment.

One other element of this man's construction of retirement is seen in his very formal language when he talked about 'gaining a service pension and a full TPI gold card' (25BT:30). It might be the case that this technical and precise language from the veteran serves to validate his retirement. His early retirement was not just a personal experience, it was a status-justified process. His departure from the labour force was endorsed and given economic value by the formal structures of government and the nation he had fought for.

In each of these three diverse cases there is an alignment of the institutional and legislative dimensions of retirement, a strong sense of timing both as biological age and opportunity, a subjective sense of stress or difficulty at work, and concern over the adequacy of financial resources.

Timing: Social Conventions, Finances and Physical Health

A related constellation of factors influencing early retirement were related to social conventions, finances and physical health or injury. Participant 19-HA who was a professional man with a high K10, spoke of his retirement in such terms,

Once people got to 60 years of age they were expected to retire. I retired at 56 because of, er, illness. I had quadruple heart surgery, so it wasn't a, a thought process for me at the time it was something that I thought I needed to retire because I couldn't do the work at the same level I was doing it before. (19HA:17)

He later added,

I'd been very prudent and salary sacrificed to super a fair bit of money in the time leading up to my illness, so I was fortunate. I could afford to retire early because of that. (19HA:48)

19-HA contrasts his retirement timing with the common expectation among his peers that it would occur around 60 years of age. That he was able to finance an earlier retirement was made possible by the taxation concessions available for superannuation contributions. However, the actual timing appears to have been precipitated by illness. This supports Warren's (2006) finding that ill-health was the most commonly-cited reason for men retiring.

As the interview proceeded, a more complex picture emerged. This participant's retirement did not happen simultaneously with the heart surgery. He was actually on sick leave when that occurred and because he was in a professional partnership he was required by the terms of the partnership to give two years notice of his retirement, so following surgery he returned to work for the required notice period. During that period he became increasingly stressed by workplace tensions,

I think coupled with the sickness, I became frustrated with partnership, and probably got a bit angry at times because we were a, ah, the partners were sort of muddling over fairly minor, inconsequential things, and there were more important things. We'd seen a number of my wife's family had passed away with cancer and so the sort of things we were talking about at partner's meetings weren't very stimulating. And were pretty negative I thought. (19HA:71)

The timing of this man's illness relative to illnesses and deaths in his wife's family served to provide him with an alternate perspective on the dealings of his partners and perhaps also on how he wanted to spend the rest of his life. This synchronicity highlights the significance of what life course thinking describes as 'linked lives' (Elder 1995).

Another example of this constellation of social, financial and physical health factors is found in the early retirement experience of participant 17-WC. This participant had a high K10 score, and had been a contractor in the construction industry. He described his coming to retirement in these terms,

And if it wasn't for me knee playing up, I'd still be back at work full time. (17WC:17)

When asked for confirmation that it was his injury that had precipitated his retirement he replied,

No, I think the main reason was because I had some men employed and the contracts I had were going to squeeze too tight and I was going to lose money by working. I couldn't see any sense in working to give it to some other big company. I said, 'Pack it up. Lose money at home watching TV.' It just wasn't worth it. (17WC:22)

Still further enquiry lead to the following expansion,

In a way, I was worried about retirement. I didn't want to retire. The fact that I had to or I was going to lose too much money, as it was. I got out. I was 63 then. I got out because of that, but I would have kept working. It was just that, everything kept building up. I mean the contracts were screwing me and all this Workcover³ and insurances and everything, it just wasn't worth the effort. (17WC:62)

One final factor in this man's retirement experience was that of his link with his son,

But then when I sort of closed the company, my son was sort of working and he wouldn't pull his weight and take over the business. He wouldn't pull his weight, and he wouldn't go on the dole, so I had to keep the company going for 12 months before I closed it completely. (17WC:34)

This case has a number of unique features which once again caution against overly simplistic explanations of early retirement timing. For this man the financial factor was not about adequacy of retirement income but avoiding financial loss. He conjures up images of an unfair contest in which financial loss results from being violated by powerful adversaries ('screwing me'). Even his son, who might have been counted on as an ally, was unavailable as a support. He chose to exit from the situation by retiring early.

³ Workcover is the compulsory national system of workplace injury insurance in Australia.

Life Course Trajectories

The constellations of factors influencing the timing of retirement surveyed above demonstrate the complexity of the retirement event. They do not however adequately capture the processes and trajectories by which the participants came to that event. The life course perspective demands interests in the antecedents to, and consequences of, events that show development, sometimes referred to as pathways, over time. In the following discussion, the long term and sometimes inter-generational nature of trajectories towards early retirement are considered.

Psycho-economic Trajectories

Participant 1-RT described an idealised childhood and youth in terms of a close family. He gave hints of an attractive childhood lifestyle,

And school was great for me because ah .. I used to go down along the creek. (1RT:289)

This contrasts markedly with his early adult experiences following military service in Vietnam, when he was working as a teacher,

And I did it pretty tough, because I would get on the piss. Because, you know, Vietnam, etc. was all very strong in my head. Ah and I would end up sleeping in the gutter, and the kids would say, 'Get up, get up, you've got to go to school.' And I'd stagger off home and have a shower and go up to school. So that happened to me a bit ... I thought to myself, 'Shit.' You know. 'I'm going to have to pull myself out of this.' But it was difficult, very difficult. And no help. No help whatsoever. (1RT:501)

The participant reports excessive alcohol use to deal with trauma from Vietnam. This is framed in terms of lack of support available to veterans that perhaps owes its origins to the tide of public opinion at the time against the Vietnam war. The veterans were not recognised or honoured for their service and there were no services available to them to assist them re-enter civilian life or deal with the after-effects of conflict. A positive frame is also presented here as the small town school population supported him in spite of his behaviour. His continued job security may reflect institutional provisions of the public service. Behaviours such as public drunkenness and sleeping rough did not earn disciplinary action, even when these behaviours were known by students. Significantly, it was while living and working

in this town that the participant met his wife, and it appears from the rest of the interview that alcohol abuse declined following his marriage.

The next significant feature in 1-RT's trajectory towards retirement was his decision to leave teaching to take up full time oyster farming. He did this for about ten years. That career decision was framed in terms of the pursuing the good life,

I probably wasn't as well prepared [for retirement] as I should have been money wise. Because at about '95, something like that, I took about ten years off, and I went oystering. Ah, mainly because a mate and myself, we bought an oyster lease, and it just kept growing. We bought more leases, more leases, more leases, you know, the same old story, it was just going to be to grow a few oysters to eat. (1RT:160)

The negative implications of this decision were not lost on the participant, and he explained them later. What is not evident here is the extent to which the decision to leave the relative economic security of teaching was a coping mechanism to deal with post-war stress and trying to hold down a professional position.

The oyster farming venture did not end as a financial success. The participant expresses this in terms of the nature of the work and of his own health.

Not that I did much of the ah, solid work, because I couldn't, my back wasn't the best. But you know, I had workers with me sort of thing. And I developed and developed and I ended up with about 16 leases. And everything was rosy, you know. The leases looked good. I was producing nice oysters, etc. etc. etc. But .. nobody wanted oyster leases then, because nobody could really do the work, it's too hard. I mean, if you're pumping in posts and the tide.. you've only got a work period of about four hours, and you've just got to go flat out. Get the posts level, put the baton on, so you can sit your trays or the sticks, etc. on your lease. And .. So I built up this good business. I had sheds and punts, and tractors and everything but I couldn't sell it. And I had to get out you know, it was .. it was .. I couldn't .. I couldn't do the work and I was paying wages etc. and was ending up with nothing. So I sold out. I really gave it away. To get out. (1RT:167)

Following the loss-making sale of the oyster farming venture, 1-RT returned to casual school teaching but this appears to have aggravated his stress levels. The eventual decision to retire early took place against this background and was framed in terms of both the stress of teaching and in terms of applying for the disability

service pension. It appears this participant believes that retiring, in the sense of leaving work, would underline his eligibility for the disability pension,

Well, I've really only retired in the last couple of years, mainly because I am ah, going for a veteran's pension. Ah, my psychologist said that, look, I've got signs of traumatic stress and that sort of stuff from Vietnam. And he said that he would really recommend, .. because I was getting a bit cranky etc. with kids at school and .. you know .. at school. And he advised me, 'Look, before you do some damage, I think we'd better get you out of there.' So I'm .. I'm not teaching anymore, ah .. um .. which is, ah .. for me, is quite enjoyable. (1RT:104)

Finally, while waiting for an outcome on his application for a disability pension this participant admits to economic dependence on his wife,

So my wife is still teaching and ah, and as she says she's going to have to teach til she's 87 to keep us. (1RT:182)

The trajectory of participant 1-RT as expressed above, reveals the effects over decades of national service in Vietnam. These effects are manifested in both the psychological and economic domains. The effects are compounded by excessive alcohol consumption, the stress of maintaining employment and physical health problems. 1-RT appears to have been supported in the middle phase of the life course by: employment in the relative security of the public service, social mores of a small rural community, and a strong marriage. The latter support shows the importance of the life course element of 'linked lives.' There are three particularly influential people in his account of the life journey to early retirement. The participant's wife appears to have moderated his young adult drinking. Later she has secured his standard of living in early retirement. The 'mate' with whom he went oyster farming offered him a way out a stressful job. The other significant individual is his psychologist who advised exit from employment in teaching and provided support for his efforts to secure the disability pension. The impact of these 'linked lives' in this man's story can hardly be over-estimated.

A different trajectory was outlined by 15-FE. This participant had a high K10 and described himself as a very slow and reluctant decision maker. Having left school at 14 years of age he described the process of moving into his chosen trade,

I wanted to be a draftsman, but it didn't happen. I didn't want to be at school, like most people. [indecipherable]. It [a job in heavy industry] come up, I took it. I think dad had a lot to do with that decision, 'cause dad was a tradesman and he thought on those lines. And I was only there a month or two and [the company] actually offered me an apprentice electrician's job. That was one of my quick decisions. The old fellow pulled me, picked me up outside [work] and said, 'We've just had this letter and phone call, you've been offered an electrical [apprenticeship].' 'Oh, ah, oh.' He said, 'I think you should take it.' So I did. (15FE:270)

After a period of about 15 years he left this job in what was clearly an anxiety state in the following terms.

I was working at the coke ovens. Not a very healthy place to be. Even so, and I was a very nervous person in those days. Very nervous. ... The decision to, even though I decided I was going to leave, it was a real lifestyle change. I ummed and ahed, I annoyed the neighbours, I annoyed the in-laws at the time, 'cause this is my second marriage. I annoyed my parents, but eventually I decided to take the job at the water board. And that was a real lifestyle change. ... Well to start with I wasn't working in the dirt and grease and muck. I went from there to Tomago sand beds, which was out in the fresh air ... Completely different sort of work ... I wanted the lifestyle change because things weren't good. Healthwise, so like the health of working at the coke ovens wasn't good ... while I worked at the BHP at the coke ovens, whether it was nerves or physical health, I had persistent diarrhoea. Every day of my life. (15FE:288)

This change in work did result in an improvement in symptoms, but it is unclear if this was related because it coincided with separation from his first wife, whom he described as 'playing around' (15FE:363). Years later, following remarriage and another change in employer, this participant chose early retirement because of work-related anxiety,

I, and I'm prepared to say this, I suffer from OCD ... and it's body substances and poisons. And I worked in a hospital. So consequently if I happened to get something on me I'd have a panic attack. And I was over it. I'd had enough. Although I had got better in the last

couple of years, I'd had enough of it. And I just removed myself from that situation. (15FE:143)

Other factors in the timing of 15-FE's retirement included his wife's employment, her car accident, cost saving initiatives in the workplace (which he constructed as futile and disruptive), his superannuation status, and effects of the global economic downturn. Each of these additional factors had an economic dimension, which amplified the stress. Elsewhere in the interview 15-FE showed keen awareness of economic issues such as superannuation regulations, and he was proud of the fact that he changed jobs to a less responsible position with almost no loss of pay. Yet 15-FE did not provide many resource-focused explanations when discussing his life decisions, but focused mainly on health. What is clear is that 15-FE was acutely aware of both economic factors and anxiety throughout his life, not just at the point of retirement. Early retirement, at least for this participant, took place along a trajectory that was deeply embedded over many years in his life.

Health-economic Trajectories

The following participants provide examples of a health-economic trajectory towards early retirement. Participant 21-MC had a high K10 and was an unskilled worker at a local council. He described his childhood and young adulthood as marked by economic disadvantage,

I lived in a tent in Belmont South camping area until I was about eight or nine years old, then we shifted over to Marks Point. Never lived in a house with electricity until I was about 21, and ah, when I was about 27 I shifted out. (21MC:47)

He framed leaving school in largely economic terms,

Well I was 14 [years] and ten months when I left school and they wanted me to stay at school cause they thought I could do better. But I left and started work and I was getting six pound ten a week and I was giving me mother four pound 'cause I had two brothers and two sisters, and me mum and dad and I helped support me family and that. (21MC:79)

The type of work was mainly physical labour, concreting and then working a garbage truck. At the same time he also participated in a very physical lifestyle;

playing representative football. The cumulative effect of injuries sustained through employment and sport resulted in a bad back, two ‘bung’ knees and a shoulder with pins in it. As a result, he was referred for retraining,

They were trying to get me a hire car driver’s job. But I didn’t have the brains to, do all the ... [long pause], well I was supposed to only do it three days a week. Now you need an accountant to do your bloody ah, what’s a names, AB, AB something or other. ABN⁴. And ah, the accountant’s probably taken most, most of me money, I don’t have hardly anything bloody left, so I said, ‘What’s the use of me bloody working?’ So I said, well I get about \$380 a week, and that’s more than what the pension is. But I don’t get any bloody fringe benefits, you know, like cuts in the rates and the electricity and stuff like that. (21MC:158)

In this retirement trajectory we see a lack of economic resources leading to poor health outcomes and a consequent early end to employment. Poverty in this participant’s childhood contributed to his early exit from school and his early exit from school may have been one factor keeping him in low-paid employment with high physical costs.

A different trajectory is reported by 12-MT who had a low K10 score and a university education. He worked as a teacher. Even before the interview began he had introduced himself in terms of his health, stating that he didn’t drive because he was a Type 1 Diabetic. From this starting point he continued to define himself primarily in terms of his chronic condition. It governed where he lived,

In my case, yes. Um, because they picked up Diabetes in my medical inspection for teaching, and I was posted out into Newcastle so that I could have treatment. (12MT:223)

and his social life,

I have withdrawn from a large number of things, because I just can’t afford to take the risk. So I, I, you know, go to Diabetes Australia meetings and things of that nature because that is giving back to me. But I don’t involve myself in very much at all. (12MT:320)

Diabetes seems to constrain his activities,

⁴ Australian Business Number. An ABN is necessary to do contract or sub-contract work in Australia.

Well, if you fight diabetes you'll come off second best. You treat it very carefully and you don't [laughs], stir it up. That's the way it is. (12MT:350)

His diabetic condition eventually determined the timing of his retirement,

So I used to just take collapses in front of classes, and um, I'd get no warning. And it was so, well, see I was a science teacher ... Doing chemistry and so on, and ah, it was a little bit hazardous. 12MT:46

In 12-MT's case there was very little explicit reference to economic factors. His career as a teacher began with the discovery of his Diabetes in an employment-related health check and ended because of the same disease. His career provided a highly stable economic situation and he chose to change school only once in his entire career. This quiescent career path is consistent with his expressed fear of 'stirring up' his Diabetes.

Contrasting these two early retirement through ill-health trajectories, we see quite different features reflecting the different socio-economic backgrounds of the two men. Early childhood disadvantage for the first contributed to leaving school before 15, which in turn determined highly physical types of employment with resultant long term deterioration in physical health and ability, and eventual early exit from the workforce. For the second man, coming from a family that valued education and reflected middle class values did not prevent early retirement on health grounds. The progress of his longstanding chronic disease made early retirement seem inevitable and at one point was justified by reference to not imposing on or interrupting the education of others. Both these cases support the argument of Warren (2006) that ill-health is very common reason for men to seek retirement.

Relational Trajectories

Another type of life trajectory account given by informants was one dominated by relationships. In life course literature it is axiomatic that the lives of individuals are connected to others at both the micro and macro levels (Elder 1995; Riley 1998).

In the case of participant 17-WC, whose constellation of health and economic factors in the retirement decision was examined above, we can see a number of long

standing relational trends tracking towards the retirement decision. His description of his father's retirement experience sets the tone,

Ah, well it was a lot different to what I'd expected. He retired at 60 from the mines. And he suffered from emph, em whatever it is [emphysema]. Yes. So he couldn't do a lot. He wasn't very active at all. He just sort of pottered around and that was it. Rather, I'm a bit different. I like to be active. (17WC:7)

This comment was made in response to a question about his father's retirement yet it is bracketed at beginning and end with statements about 17-WC himself. The participant contrasts his own activity with his father's passivity. Later he again described his father in passive terms

Well, I left school because I wasn't, ah, I come from a family of miners who had nothing and we struggled, 'cause the old man used to only get a couple of days a week, a fortnight, in them days, and they'd always be on strike or out for something or close the pit 'cause of accidents or that. We struggled. We had nothing and we just had to survive. And I got out early, I, I think I was working by the time I was 15. In fact I don't even think I was 15 by the time I got out and started work ... Oh, the fact that I just wanted to help my mother. Give her something, you know, and the fact that I wasn't enjoying school anyway. I wasn't clever enough to push on and be an academic, so I just took the next thing where I just wanted to get out and do my own thing. And that's how I did it. (17WC:177)

This coming of age narrative built around the masculinity claim of providing for the family by the activity of working. This is implied as different to his father's passivity.

Later in the interview a need to be recognised by other men emerged as a significant issue around what happened after separation from his first wife. While the separation was dealt with quickly and without much detail, the way some of his friends treated him following that event was recounted in a much more extended and detailed manner.

Like I had a lot of trouble adjusting when I left my wife. Friends I'd had for 40 years wiped me. You know there was four or five blokes I used to knock around with and I've never seen them again. Because I left my wife ... See they should have really respected what I wanted in life, not what they wanted me to do. What they wanted me to do, that's their problem. (17WC:407)

In a subsequent story about leaving the job the participant emphasises that he took responsibility for the men for whom he had oversight,

Because I was an overseer and I had some gangs working for me, and one gang was doing a driveway for an old bloke, and we dug his driveway out, but the levels didn't match up to what his yard was going to be. So he was going to have a step down of say 300mm from where the drive was going to finish up down into his yard. And he came out and sat in the middle of the job, and he was a foreigner, and he had a big slice up his leg, a scar where he had his vein taken out for his heart bypass and that, back then. And he, 'You fix, you fix.' And I said, 'No mate, I can't go inside your yard. It's private property.' 'Oh, no. I can not get my car in.' I felt sorry for him and I said to the blokes, 'Just go back a couple of metres and round it down and shut your mouth' you know. 'Got to be done! Got to be done for the bloke.' Well, he took me inside, gave me a little drink, you know. He said, 'I give you money.' I said, 'I don't want your money.' But it seems someone, he gave the ganger some money for the blokes, you know, \$60 between the men, and someone dobbed us in. And they were going to sack the gang. And I said, 'No. It was my responsibility. He was acting under my instructions. He doesn't go, I go.' So I walked away. (17WC:505)

What appears to be at stake in this story is taking responsibility, providing for and serving others together with the (albeit tacit) theme of being recognised by men. Both the home owner and the gang had problems to which he supplied the solution, and in these actions he earned the recognition of men. However, it seems he had to leave the job because of his actions.

One important area where this man's pattern of giving assistance and receiving recognition was disrupted was in his relationship with his adopted son.

Um, well, to start off, I found out I couldn't have any family. That's a big thing in your relationship and your life. And ah, I decided I wanted to adopt. But it took a long time, it took eight years to get through, because in those days there wasn't a lot of adoption. And so I adopted and I had a little boy, and I was probably too caring because I knew, they told me, I couldn't get another one for another eight years. Well, by that time I was past the mark of age where they would let you adopt... . And I tended to spoil him too much, and do things. And my wife didn't help because, first wife, because she'd get in the way of my authority over him. Where I couldn't make him do anything, he'd go to her and she'd reverse what I said, so you know, he got spoilt pretty much. And now I'm suffering the consequences, you know, because I still care for him, look out for him, even though he's 35. But his mother doesn't have anything to do with him because

she can't stand the way he is, so she just wiped him. But I've never given up, hoping that one day he'll just change and turn out as I'd like. But I might run out of time to see it. He'll have to send me a letter, to the grave I think, because he's not going to change. (17WC:365)

This man's lifelong strategy of providing for others and gaining the recognition of men had an influence on his retirement. 17-WC attempted to delay retirement hoping that his son would take over the business, and he continued after the company had been wound up to be an assistant to his son's subsistence level work efforts. The sense of his disappointment with his son's lack of motivation and passivity was palpable, and reminiscent of 17-WC's negative relationship with his father.

Another example of a relational trajectory towards retirement that had significant economic impact was provided by participant 5-DR. This participant responded to the standard first question about his father's retirement saying,

I didn't really know my father. He died when I was three or four. (5DR:14)

The lack of detail and the relational distance conveyed early in the interview gave the clue perhaps to many of this participant's other relationships. A question relating to his step-father's retirement was curtly answered,

Well I never really discussed it with him. He was a fairly aloof step-father. (5DR:29)

Further enquiry produced additional details,

I think he [step-father] was looking forward to it actually. [laughter] He didn't get on with too many of his colleagues at the bureau, I don't think. (5DR:43)

He reported that his step-father was concerned about financial security in retirement,

Well that was his second marriage of course, so he was always paying alimony to his first wife for a long time, so you know, he didn't have a lot of money, although I think he was quite comfortable. (5DR:67)

When invited to reflect on some of his significant life choices this participant replied,

Well, I've been married for 30, 30 years. So I haven't really changed anything there. We've had six children. (5DR:156)

However, the 30 years of stable marriage had difficult antecedents,

I had a previous marriage, and she [present wife] used to babysit sometimes. I broke up with the first wife and, just took up with her ... Oh well, the first wife gave us a bit of a hassle. ... I haven't had a lot to do with the other, I have two other children, but ah, .. my present wife didn't get on with the first wife. There's a bit of a problem between them. One blamed the other sort of thing, for breaking up the marriage. So apart from that it's all been fairly smooth ... [I] just avoided it really. Consequently it meant avoiding the children. We did have them for a certain time, but ah, or, the other, the ex-wife was sort of hassling her, ah, then wanted them back, so we gave them back to her, you know. Made me sad [indecipherable] my past. But at the time it was quite traumatic, I should imagine. Like I said, that's aw, 38 years ago now. (5DR:163)

5-DR followed the account of his marital history with an extended dialogue on home ownership, how he bought out his first wife's share of their home, how that home was next door to the house he was raised in. He also related how he moved to Newcastle because it represented a compromise between proximity to his family and his second wife's family, and because it enabled continued work with his long term employer.

The importance of home ownership was underlined when it emerged that he owned three different homes (the family home, an intended retirement home on the coast, currently tenanted by a son and his family, and an investment property). The participant also delivered a homily on the folly of using redundancy money to buy a large home to retire into. At the same time he confessed to hesitation with respect to his wife's desire to downsize. In this participant's case it seems that home ownership functions not only as a marker of personal significance and of being a 'good provider' but also as a proxy for healthy relationships. His memories of childhood are re-inhabited quite literally by buying the house next door.

Another distant relationship for this participant was with his wife's sister who had died six months previously. He described her in the following terms,

I was never really that close to her. She was always a bit of a, an individual sort of person. She never married or anything. A bit of a spinster. Her father, my wife's step-father, left her some money, oh a house in Sydney, and ended up she just frittered it away, you know,

wasted it away, so .. she lived in public housing all her life, except for that time when she owned her own home. She soon turned that into a debt, you know. Anyway she was all right. But I wasn't really broken up all that much [by her death] I suppose. ... She was an aloof sort of person. You couldn't really get close to her. (5DR:239)

A relational theme seen elsewhere in this participant's life account is recapitulated here with effect, namely; distance. His sister-in-law was 'aloof' like his step-father.

Elsewhere there was a reference to 5-DR's retirement decision being relational in nature,

They offered us, there was five of us at the time, I think they were just cutting down on staff to make the bottom line look better. They just offered five different people optional early retirement, with a year's pay as a bonus. And I thought, 'Oh well. I've only got seven years to go!' so I retired. Left the job. But it was shift work and I was getting a bit tired of shift work, thirty-three years. So that was mainly the reason. 'Cause I was in a group. It wasn't just an individual decision. Five of us retired and we all got the year's extra pay. And ah, lived happily ever after, I hope. (5DR:72)

It appears that the fact others were also facing the same decision made it easier for him to accept the company offer and choose early retirement.

An example of a constructive relational trajectory was provided by participant 25-BT. This participant's early retirement decision has been explored above as a constellation of stress, social expectation and economic factors. Taking the longer term perspective of a relational trajectory highlights the importance of linked lives in this participant's movement towards retirement. The importance of relationships to this man was hinted at early in the interview when the participant said of his father,

His retirement was good, enjoyable, family, he had, ah, grandchildren, like he's got ah, three or four neph, grandchildren, I mean. (25BT:12)

Moreover, the importance of family comes out in the support his wife has offered during his extended counselling experiences,

Well, basically with [wife's name] I've been through counselling, which was a great help. I went with um, her, quite often. ... But I did speak, brought it out, with my wife, with concerns with just the way I felt. (25BT:98)

This support was more fully explained later in the interview when he said of his experience with the Vietnam Veterans' Counselling Service,

And they pointed me to counselling and um, got me out of the doldrums, otherwise things may have been different on the home front. I mean, a lot of the veterans did go through divorces, through the situation I was in. Fortunately I've got a 100 per cent good one [wife], A1. And she stuck by me all the way through it. I mean, I went down hill pretty bad, and had a real bad episode with whatever you go through, the grog, whatever it may be. And abusive, not abusive to her, never hit her or anything like that, but I mean you can be, the person you are closest to is the one who cops it sort of thing. And once you start realising that, well you know, things change. So we both made an effort to do things more together. (25BT:230)

Towards the end of the interview the participant disclosed an earlier joint counselling experience with his wife,

When we met she had a son, he was three. And at the age of 20, he suicided. Which was 1996. So that propelled us into the counselling situation then. (25BT:641)

This disclosure puts a context around giving and receiving emotional support during counselling as something which is mutual, and both husband and wife had played both parts at various times.

Not only did his wife give support in his counselling, her economic contribution around retirement was also valued,

My wife was working, as I said in a fish and chip shop in Toronto. ... So at that stage, like three years ago, [she] was working and um, she was quite content to do work, although she dropped it back to three days when I retired, sort of thing. She was, she was working about three or four days. And at that stage we both kind of had an agreement. (25BT:112)

The conclusion that this participant's relationship with his wife was critical to his health and to his retirement is hard to escape. Although both of them had personal and psychological battles to fight, the collaboration portrayed in this interview buoyed them up and enabled them to 'manage ... life better' (25BT:266).

As a final example, participant 16-IS referred to a particular relational trajectory that extended and complicated his movement into retirement,

I've always considered myself reasonably intelligent so I sort of weigh up the pros and cons of what decisions I do make. And I probably had more education than me two elder brothers, so a lot of the time I made decisions for those as well, or tried to influence them. (16IS:176)

And again,

I think I've always been thought of as, oh a leader if you like. ... Just seem to people once I get to know, or they get to know me, all of a sudden. I'm pushed to the front of the line sort of thing, all the time. A lot of the time I, I can't say no. (16IS:238)

This trajectory of leadership and dependability was told with confidence and in sufficient detail to suggest this is a conscious part of 16-IS's self identity. This was also expressed relevant to the workplace. The dependability element of the trajectory was evident in his pride in continuous employment and not having taken much sick leave. The leadership element is seen in his role as leading hand at work. The impact of this trajectory on the participant's move into retirement was to slow down and fragment the process,

So the wife and myself went up to the Gold Coast and were enjoying relaxing up there and I got a phone call from a friend of mine, and he said, 'Didn't you used to work over at BHP?' and I said, 'Yes I did.' And he said, 'We want someone that knows the mill he said do you want to come in and do a bit of work for us. We've got a big shut down.' And I thought, 'Right-oh, maintenance job again.' So went in there and spent ten, I think it was ten days there, doing 12 hour shifts and earning big money. And that job finished and I thought well that's it you know, it was only for ten days. But then nearly every week from then on he rang me up for one day to go in there. And that went on for three years. And I said to them then I said, 'Nah, that's it. That's the finish of it.'

He continued,

So the wife and I went to the Gold Coast again, and I got another phone call from the big boss, he said, 'I've got a job for you.' I said, 'Oh God, what now.' he says, 'Only for six weeks, or six months at the most', he said 'in at TA⁵.' I said, 'What's doing there?' He said, 'Oh, we're doing the rail maintenance contract in the pot rooms.' 'Oh, right-oh, yeah.' So about four and a half years later I got out of there and I said no, 'That's definitely it.' Yeah so I got out. (16IS:139)

⁵ TA is the initials and frequent abbreviation of the workplace.

Here the participant's image of himself as the dependable leader, the man with something to offer - reinforced by social recognition and a lifetime of related experiences - ties him into a cycle of continuing to accept that role in the workplace, even after making the decision to retire. This resulted a slower and more complex retirement transition.

Trajectories and Transitions

The three trajectories to retirement traced above, loosely framed as psycho-economic, health-economic and relational, are not exhaustive. They do however illustrate the diversity of ways in which men may come to retirement. This supports the findings of Mackenzie et al. (2011) that there is significant variability in experiences around retirement. The identification of these male early retirement trajectories extends the timeframe that might be considered when conceptualising retirement processes. In this regard, it is noteworthy that trajectories do not end just because a particular milestone or phenomenon under examination, such as retirement, has been reached or experienced. In the case of retirement we may think of it as a transition from one social status to another, and to think that the trajectory that led to retirement has fulfilled its purpose. This does not however necessarily extinguish the trajectory or the dynamics which drive it.

Conclusions Regarding Early Retirement Decisions

The decision to retire early can be theorised both synchronically around the co-occurring constellations of factors at the time of the decision, and diachronically through the trajectories of the life course. In both cases the decision is seen as being multi-factorial. Key elements evident among the men in this study include personal and national/international level financial factors, relationships, health and mental health.

Finances

Many participants indicated that finances were significant in their decision to retire. Their accounts seem to echo the conclusion of Wang and Shi (2014) who point to a resource-based dynamic model that accounts for retirement adjustment on the basis

of fluctuations in individual resources. Factors such as superannuation availability, eligibility for a veteran or disability pension, redundancy packages and a general sense that retirement was financially viable, were explicitly named by 21 of the 25 participants. Six participants reported receiving a redundancy of some type. Explanations varied from the blunt, 'It was done in the middle of an office' (22NC:206), to the careful formality of 'the mechanism is that you organise it in such a way that you can justify the organisation being better off, in whatever way, by you not being there' (8RE:182).

The amount of superannuation available to participants varied considerably from a lot for those who contributed to very generous government schemes to not much at all for those who had been involved in failed or marginal small businesses. Two men specifically spoke of the way in which superannuation fund rules about age of recipient dictated the timing of their retirement. And in another case superannuation averaging rules dominated the timing,

A major factor was that I negotiated a wage rise for the six control room personnel and if you are in SAS⁶, SAS take the last three years as your final average salary. So that two years made a big difference. (15FE:75)

The role of superannuation funds in approving early release in the case of early retirement on the grounds of ill-health was noted by several men. Another participant noted the value of the tax concessions available in some superannuation schemes.

The availability of a disability pension was critical for a number of participants. Vietnam veterans appeared to be especially exposed to financial vulnerability for at least two reasons. Firstly, many veterans managed their stress levels by choosing employment which would avoid stress and hence reduced their lifetime earning capacity. Secondly, we must consider the latency of post traumatic stress which may have resulted in disruption to career and earning potential even decades after the trauma of war.

Relationships

⁶ State Authorities Superannuation (SAS) Scheme

Relationships were a critical factor in men's lives and in their retirement decisions. All but two of the interviewees were partnered at the time of interview. While not all relationships were presented as positive, they were influential. Positive relationships were a source of thankfulness, pride and positive emotion. In some cases positive relationships enhanced access to (health) services and represented significant economic resources in/for retirement.

Prior relationship failure was not explicitly referenced to early retirement. However, misogyny was evident when one participant said, 'So you know, if I ... I had to get a job, and it was in an office full of women, I would not take it!' (11WC:445). In other words he would rather retire than face that option. Difficult relationships at the time of retirement complicated the retirement process for some. In the case of 17-WC he delayed his exit from the workforce in an attempt to more fully engage his son in the workforce. A number of men also spoke of the additional complexity of retirement finances in cases of conflicted relationships.

Physical and Mental Health

Physical ill-health and incapacity are well-acknowledged reasons for men to move into retirement. This acknowledgement seems less evident for mental health and stress. Many of the men used illness or injury as the presenting reason for their early retirement. In a number of cases the ill-health was longstanding, resulting in a clearly identifiable trajectory. For example, Diabetes compromised the capacity of 12-MT. While 21-MC and 10-CG suffered cumulative workplace injuries. For other men the onset of disease, or disability through injury, was more dramatic. This is shown by the diagnosis of prostate cancer for 7-EP and a 'broken back' in the case of 3-GT. Important physical and mental health experiences of the men will be examined in more detail later in the thesis.

Retirement Experiences

Having taken the decision to retire early, men moved into the next phase of their lives in a variety of ways. This was sometimes well defined, and sometimes it occurred in increments that were difficult to recognise (at least at the time). This

resulted in differing levels of social and personal acknowledgement of the new phase of life. The experience of early retirement is the subject of the next chapter.

Chapter 7: The Lived Experience of Retirement

The preceding chapter examined the processes involved in the participants coming to early retirement. This chapter now considers their lived experience of that retirement. This general introduction to the men's experiences utilises the categories of activity and relationship to lay a foundation for more detailed examination of health and wellbeing in future chapters. Exploration of these men's retirement experiences is necessarily mediated through the recollections of the men and through the interview process itself, as discussed in the methodology chapter.

Rhetorical Devices Employed in Interviews to Depict Retirement

A feature of men's accounts of their own retirement was the use of certain rhetorical devices to present an experience and position themselves with respect to the interviewer and society.

Accepted References

Some men made use of a range of sayings that are familiar in wider society and are frequently applied to retirement. These are some examples: 'Best thing I ever did' (25BT:470), 'Like a ton of bricks off my shoulders' (25BT:70), 'It was a relief' (23KB:149), 'Haven't looked back' (25BT:71), and 'Wish I'd done it years ago' (1RT:682). These recognisable phrases all serve to locate the retirement experience in a commonly accepted framework of positive affirmation. These men related their experience to that of others by utilising these well known expressions.

These expressions implicitly contrast the retirement experience with other life experiences. For example, 'Best thing I ever did' is a hyperbolic claim that declares the retirement experience to be superior to all other life experiences. More usually the explanatory contrast was with the experience of work. Here the retirement experience was framed as superior to the work experience, most often because it is less stressful or because it allows more freedoms. 'No regrets' may be a formulaic

expression but its use by more than one man, asserts the commitment of those men to retirement as a positive decision and life experience.

The eulogising of retirement in the explanations of the men may communicate a number of other messages. Perhaps by utilising these culturally accepted ways of talking about retirement the men are locating themselves in the mainstream of culture and society. They are in effect saying, 'I belong. My experience is normal.' In the context of research interviews with men selected for mental health scores, the normalising of the retirement experience may also function as psychological reassurance, 'I'm not crazy!'

Counter-cultural or Counter-intuitive References

Some men chose to describe their retirement experiences in explicitly counter-cultural ways. One man said of his marriage in retirement, 'She works and I'm the house bitch' (14WS:82). This heavily ironic expression sees the man aggressively embracing a demeaning way of referring to a woman responsible for domestic tasks. In so doing this participant perhaps issues a challenge to anyone who would ridicule him for no longer being the breadwinner or for his role in domestic tasks.

Using this confronting language may serve 14-WS not only to challenge critics but also to reinforce the participant's image of himself as independent, not constrained by social norms and able to determine his own roles. It seems significant that this particular participant had earlier in his life spent a considerable period as a sole parent in which he would necessarily have been involved in roles traditionally assigned to women. Against this background, the description of his retirement is also a vindication of his earlier domestic roles. Conversely, it might be argued that his earlier life experience set a life-course trajectory that enables him now in retirement to embrace roles outside of hegemonic masculinity. This supports the finding of Liechty et al (2014) who found that older men develop less rigid definitions of what it means to be a man as they age.

In another example of a counter intuitive reference to retirement experience, a different participant said, 'I lead a pretty humdrum existence to be honest with you'

(12MT:276). 12-MT attributed his restricted activity and social engagement not to retirement but to a life-long pattern of avoiding exertion and excitement aimed at controlling his Diabetes. 'So I just tend to keep restraint on myself' (12MT:393). The declaration that he leads a 'pretty humdrum' existence in retirement seems to anticipate possible judgement on his retirement by others. It assumes that others will think he should be more physically and socially active and that his failure to do so is somehow shameful. By owning this perception of others the participant seeks to avoid the sting of that judgement. He later modified his claim slightly, saying, 'Well, to most people it would be a pretty boring existence' (12MT:279). He defends his retirement experience by saying that he doesn't find it boring.

In the context of the interview, 12-MT's rider on the original declaration, 'to be honest with you' might be an attempt at personal vindication through building alliance with the interviewer. 12-MT is being 'honest' and thus aligns himself with the research endeavour and potentially against others who might possibly be less forthcoming.

Underlying both the examples of counter-cultural or counter-intuitive descriptions of retirement experience above is an attempt to maintain the legitimacy of the actual experience of the individual man. They do this against popular and hegemonic images of men which specify that they should be active - as men - in retirement. Each of these popular perceptions of older masculinity is challenged by the actual experience of diverse men in retirement.

Humour

Another rhetorical device used by the men to talk about their retirement experiences was humour. The first example below continues the theme raised above of the shamefulness of inactivity.

My wife said to me one day, 'What did you do today?' I said, 'Nothing!' She said, 'What are you going to do tomorrow?' I said, 'Nothing, 'cause I didn't finish the nothing I was going to do yesterday!' (1RT:214)

In this example the participant deflects potential criticism of idleness with humour anchored in the recursive nature of time. In using this device he proclaims his abundance of time. He says in effect that he refuses to be pushed into an activity-filled retirement. The humour functions to vindicate 'doing nothing' by using the same language that vindicates continued activity, namely, that it is not yet finished. He implies he is the owner of his time and his retirement. A similar theme appeared in one account of marital interaction on the subject of retirement activity,

She's been at me a lot to get out and do more, so she doesn't think I do enough. But I'm very comfortable with the way things are. So we've had that debate quite a few times about 'Whose retirement is it?' (2EE:354)

The theme of time was also identified in another participant's humour when he described his consultation with a financial planner. He reported that he told the financial planner, 'I don't want to be the richest person in the graveyard' (7EP:26).

Here also the contrast is made between the relative availability of financial and chronological resources. The humour is particularly poignant in this participant's case as his reason for consulting the financial adviser was his diagnosis with cancer that subsequently lead to his retirement. Unlike the earlier participant, this man does not see himself with an abundance of time. The possibility of death is softened by this humour, but not denied. The focus here is on the quality of life that the participant can enjoy between retirement and the grave. At this stage of his life, the values of the participant are clearly not measured in purely economic terms.

While examples of humour above are themed around time, the participants deployed humour across a wide variety of retirement themes. They also deployed humour for challenging social norms and conventions, expressing solidarity and forming alliances, making judgements and talking about the future. Humour was clearly an important, although by no means the only, tool used by men to express and explain their retirement experiences.

Typical Retirement Activities Described by Participants

The descriptions provided by the participants of their typical retirement activities reflect the diversity of the men in the study. They ranged from quite restricted descriptions through to detailed accounts. While no specific question was asked in the interview schedule about typical retirement activities, the nature of the semi-structured interview is that such material would be expected to emerge as men reflect on their retirement experiences. The interview schedule did explicitly include a question about the participants' pre-retirement expectations of what retirement would be like. While some men addressed pre-retirement expectations in terms of quality of life, most participants responded to this question in terms of activity. In doing so, these men reflected the masculine stereotype of being action oriented.

Action Orientation

Focus on activity in interview responses may reflect the fact that men in the study found it easier to name and describe events occurring in the 'real world' rather than their subjective inner experience. 'Normal' retirement activities were often mentioned. This is reflected in the following quotations.

[Bowls] And my neighbour, lovely neighbours they all play bowls and want me to play, but I'm sort of, not interested in doing that. So that option is always there if I get bored or if I get depressed and want something to do. That option's there, but so far that hasn't happened. (2EE:121)

[Travel] We haven't done lots of travel. Everyone says, 'Oh, you'll do lots of travel.' But that hasn't happened. Not that I, I couldn't care less, but we are going overseas later this year, but we haven't done lots of travel. (2EE:702)

[Home maintenance, sport, enjoy quality time] Do jobs around the house that your wife has been wanting you to do for 20 years and you haven't got around to. ... get a sporting interest and then ... make sure that you and your wife have time together to enjoy each other's company. (14WS:628)

[Volunteering] But um, I tried volunteer work at one point but I really didn't like being committed to a schedule of things. So as much as I'd like to volunteer, I can't see how I could do it without compromising [laughs] getting up in the morning and saying, 'I don't want to do it today.' (18EC:489)

[Gardening, home maintenance, golf volunteering, community groups] People think, 'It'll be great, I'll be able to sleep in, I'll be able to lie back.' There's only so much gardening you can do. There is only so much painting you can do. There is only so much lawn

mowing you can do. Unless you are a golf pro and you want to play golf all over the countryside, you've got to get out and do something. You've got to keep your mind active and you've got to do something. Um, that, I think that's the most important thing. There's plenty of things around you can volunteer and do. Um, there's always community groups and things. (23KB:664)

The men making these observations acknowledge that certain activities are expected of retirees both by retirees themselves and by the wider community. These quotations also reflect the awareness of some participants that they may not conform to these socially expected norms of retirement activity. In some cases the norms are held at a distance as resources available to be deployed only if required. In other cases, they are rejected or at least restricted on the subjective basis illustrated by the formula, 'There's only so much ... you can do.' One man says quite plainly that he 'really didn't like' the socially prescribed expectation and another says of himself that he is 'not interested.'

The Problem of Inactivity

A number of these quotes raise the question of inactivity in retirement. On the one hand, there is getting up in the morning and saying (to oneself), 'I don't want to do it today' (18EC:489). The participant laughed awkwardly before saying it. This suggests some discomfort with admitting inactivity. In the context of an interview discussion about the socially valued role of volunteering, this discomfort is most likely the result of a perception that inactivity is socially unacceptable. In another man's account however, the weight of popular opinion is perceived to be in favour of a retirement in which people think, 'It'll be great, I'll be able to sleep in, I'll be able to lie back' (23KB:664). Here, a different participant refers to social acceptance and appreciation of chosen inactivity as the norm in retirement. These two participants show contrasting perceptions of how people regard inactivity in retirement. On the one hand it is socially questionable, but on the other, it is desirable and a significant attraction of retirement.

Another participant affirmed the importance of activity in retirement out of his personal family history. He indicated that his grandfather played a more significant part in shaping his attitude to retirement than his father. His grandfather had worked

for the council and when he retired from that, he took on a caretaker's role. When he retired from this second role the participant says of him;

So he virtually sat on a veranda and died. ... And I think boredom hardened the arteries. Inactivity! (20MP:52)

This analysis of his grandfather's retirement is framed as providing a powerful object lesson in the importance of activity for the participant's own retirement. In his retirement he had travelled extensively and was actively engaged with his wife in photography as a shared hobby. Later in the interview he noted with humour and appreciation, 'My wife lies awake at night thinking of jobs for me' (20MP:734).

This anecdote from 20-MP serves to highlight the way in which the privileging of activity in retirement is based on mutually reinforcing perceptions. In this case there is the personal experience of the individual who saw his grandfather model inactivity on the veranda, there is a perceived health outcome, and there is the encouragement of his wife. These multiple factors driving post-retirement activity serve to caution once again against any simplistic understanding of men's activity in retirement.

Activity, Inactivity and Individuality

An interview question asked what advice the men would give to a prospective male retiree. While some men offered advice that was quite prescriptive, others were sensitive to a more personalised approach to activity. The following quotes show relevant examples of advice for continued active engagement,

First thing would be to stay active, that would be the first thing. The way to do it, I don't, .. you know, every bloke's different, but by travelling in a caravan, you stay pretty active and you're meeting different people all the time. So a lot of the activities up here in the mind too. Not, not so much just digging a hole in a ground or something, they, by, getting around meeting newer people. And by that too you're talking about your different experiences as you, you caught a fish here or you caught a, something there, or ran into a storm here or you know all those different things that come in but, I think that's the main thing is to stay active mentally and physically. (16IS:531)

Find an interest or you know, rekindle one you had years ago and didn't have time for, or something like that. Try something new, yeah. Yeah, you've got to keep your mind and body active. Sit

down and gaze at the walls, sort of thing and you're not going to last too long. (13SC:410)

Ah, well I think I would say to them, 'What do you expect to get out of retirement first?' and treat each one individually, cause I couldn't give the advice to a group of blokes because they've all got different personalities and different things in life and I mean, I wouldn't attempt to say, 'This is what you should do when you retire.' (17WC:748)

All these examples maintain a focus on activity as a necessary part of successful retirement but they also locate it within personally meaningful contexts. In the first example above, caravanning is celebrated for providing new audiences for personal reminiscence. The second example links retirement activity with interests from an earlier life stage. The third of these excerpts refrains from any prescription of specific retirement activities on the basis that all men are individuals and must be treated as such.

Activity and Family

During the interviews, many men commented on the importance of family and spousal commitment in the shaping of their retirement activities. Seven participants specifically mentioned grandchildren as an important part of their retirement activity, many of these men provided regular childcare. This was almost always presented in a positive (if humorous) light,

And enjoy grandchildren, which as I mentioned we look after grandchildren three days a week, Monday, Tuesday, Wednesday, and we look forward to the rest of the week where we can have retirement. [laughter] (7EP:42)

But I had a little grand-daughter who I'd put a lot of effort into. She was three, and I'd taught her to read and write when she was three. ... And I'm very proud that she's achieved what she has, and with my help. (3GT:667)

Now I can't understand how they can go away and leave their grandkids for so long. Six months at a time. They are missing all that little bit of fun in life with them... . The little things they get up to, and the little mind games I play with them, you know. I get down and act like a kid with them. (17WC:756)

Two men reported negative feelings around grandchildren. In both cases this revolved around their perceived behaviour,

Um, they're a bit .. I won't call them unruly .. undisciplined. And a lot of screaming and everything else. The little bloke, he's really good. Me wife .. panders to them a lot. But she gets .. they will do what she says .. a lot. But I .. don't even try. (4CF:310)

And I've been a lot happier, except for spasmodic bursts at the grandkids, when they are doing their 'funnies'. (15FE:513)

The language used by these two men to express their discontent with their grandchildren's behaviour is quite different. On the one hand the behaviour is characterised as undisciplined and loud, and is associated with 'pandering'. In the other case, the behaviours are described as 'spasmodic' and downplayed by the description 'doing their funnies'.

Spouses and partners also represented a major impact on retirement activity. The impact of these relationships sometimes carried a negative tone as it did for both the gay men in the study who also both identified as caregivers;

Which happens sometimes. I can get pulled down and think, 'Oh,' you know. I really feel like running away or whatever, but then I think, 'No. It's a challenge.' (9MH:517)

He's a very cranky, he can be a very nice man, but he can also be a very cranky, piece of shit, to be perfectly honest. (11WC:120)

Other participants also reported the impact of care-giving on retirement activity. On one occasion this was reported as lost opportunity because of the caring role taken on by a wife;

Well, I suppose I discussed it with the wife, and ah, we bought a place up at Taree, a few acres up there, and we originally thought we would move up there. But the [wife's] sister got sick ... cancer. And she's got a 90 year old aunt in Sydney. And my mother had passed away at Old Bar, and my step-father had passed away. So things were in sort of abeyance, and she didn't really feel like moving up to the farm. So ah, we never actually moved up there. So that was one of the sort of reasons, the move never happened. (5DR:88)

Overall however, the impact of partners on retirement activity was more commonly reported as positive rather than negative, as the following comments show,

She [indicating wife] is doing photos over there. We're both into photography. (20MP:75)

Yeah, I still do that today. And my wife does it. We'll work to 12 o'clock, whether it's together or she's in the garden or inside. We do that because, that way you've still achieved something in your life, you know. (3GT:524)

So we both made an effort to do things more together. Um, and to rearrange our life, which was recommended by our doctor, to [indecipherable] and swim, so we joined Masters Swimming ten years ago. So basically we do carnivals together and realise that basically instead of drifting apart, we got closer together. (25BT:242)

Cause I know when I first retired, I was hanging round the house a bit and I got told, 'Get out and do something.' And then she, after 12 months she started whinging cause she had to make an appointment with me. [laughter] (23KB:678)

The positive impact of a partner on retirement activities was described by a number of men in terms of an activity being shared. Participant 25-BT clearly linked shared activity with the strength and intimacy of his relationship. In a similar way, participant 3-GT linked sharing domestic tasks with his wife in a shared timeframe (before mid-day) with enhanced sense of satisfaction and achievement. While gender stereotyping of many activities was clearly evident in most participant's interviews, not all activities were exclusively gendered. This allowed the men with a partner to identify and engage in activities shared with their wives.

Another contribution of partners to retirement activity was that they frequently provided support, encouragement or other facilitation of those activities. Participant 23-KB reports being told by his wife to, 'Get out and do something!' but his tone was one of appreciation. This participant valued the role his wife had in helping him through what had been a difficult process of retirement. Encouraging him to be active was an important contribution his wife had made. He also notes the irony of his wife encouraging him to be more active and then feeling the tension of not wanting him to be so active so that they could spend more time together. Other participants spoke of assisting their wives in charitable work, socialising with wife's

family and friends, wives affirming male domestic work, enjoying wife's company, and wives organising shared tasks and activities.

Health, Life Stage and Activity

A number of men discussed activity in terms of health and life stage. One of the most frequent comments about life stage appropriate activity was the change of pace involved.

So, ah, I can go and do those things, but it is not a 100 miles an hour by any means. [laughter] So everything's back a lot slower, which is only natural. And ah, try to fill my days in. (1RT:208)

I couldn't do it fast, but I managed to do it and ah, yeah, without doing damage to meself. (3GT:397)

These men saw a kind of natural consequence in the slower pace of activity in retirement. There is a risk of doing damage to oneself if pace of activity is not managed. One participant saw a possible link between depression and slower physical activity, although he was quick to insist that he doesn't allow it to affect him,

The unfortunate part of it was, but you don't let it get you down, was I'd, I do things, but I do them slower. So where I could look at something and say, I'm going to do it that way, and I'll go ahead and do it in a couple of hours, it will now take me four or five hours to do the same thing. (24VP:129)

These men demonstrate an acceptance that the pace of their activity has slowed in retirement. They attribute this slowing to a variety of factors described as 'natural', risk of injury, being 'older', and reduced physical capacity. It would appear that for these men they have shifted their focus from speed at which a task is done to the fact that the task is accomplished. One noticeable exception to this was participant 9-MH who describes himself as trying to do certain routine tasks quicker than yesterday. This participant however had entered retirement unwillingly and the tasks that he described in this way related to casual employment. So this may reflect a workplace ethic that he has not yet replaced in his personal transition to retirement.

Another dimension of the association made by participants between activity and health or life stage, is the physicality it demonstrates. The men related the changed nature of activity in retirement back to their physical bodies. The age of their bodies and injury to their bodies were seen as acceptable reasons for the slower activities of retirement. Embodiment in retirement will be taken up further in subsequent chapters on health.

Retirement Activity – A Summary

Action and activity are presented by the participants either as a crucial part of retirement or as an assumed expectation of others about retirement. This is true in the men's own experience and in the advice they would offer intending retirees. Where it does occur the absence of activity in retirement seems problematic and is either vigorously defended or condemned. While individuality and personal preference for activities is honoured, there is also a canon of expected retirement activities both in the minds of the retired men and in the social world they inhabit.

The social world of the men is important to the activity of their retirement. At the wider level it establishes expectations and norms that are either complied with and adapted, or rejected. At the more personal level, relationships form the context in which many activities are performed and the role of partners in shaping men's activity is highly significant. Also significant in men's retirement activities is the capacity of their physical bodies. The findings here concur with the results of the study by Mackenzie et al (2011), which concluded that early retirees had improved physical health due to increased activity levels.

Relationships in Retirement

Discussion of the retirement activities of the men in this study lead to the consideration of the role of others in those activities, following the life-course theme of 'linked lives'. This now turns our attention more fully to the relational world in which the men live after their retirement. Relationships with others were discussed by all participants and were not restricted to discussion of the role of others in the men's activities.

Spouses and Partners

Two of the participants in the study were not married or partnered. Neither offered an explanation and none was sought. Another man's relationship status was somewhat ambiguous as his wife of 38 years had died the previous year. He describes her terminal illness in the following terms,

For about six years, and she passed away, so I'm on my own now.
Although I've got a friend. But um, yeah. That was a hard time to go through. (23KB:711)

This participant inserted into his narrative of loss and grief the positive note that he has a friend. He had previously reported in the plural having just returned from a caravan tour. The clear implication was that the friend was also his travelling companion. The way in which his expression 'I'm on my own now' was quickly followed by reference to the friend. This implies that 23-KB finds friendship (possible partnership) more desirable than being 'on my own'.

All the other men in the study were currently married or partnered. The explicit and implicit statements regarding these relationships varied from warm and positive, to distant and negative. Most frequently, the quality of these relationships was measured in terms of actions such as 'doing things together' (travel, sport, hobbies, volunteering). The men tended not to describe their relationships in terms of character, values or interpersonal skills. So when participant 25-BT says of his wife, 'Fortunately I've got a 100 per cent good one, A1', it is anchored in her response to his post-traumatic stress 'She stuck by me all the way through it'.

This focus on activity as a means of describing relationships may reflect a masculine action orientation, but it is accentuated at this time in the men's lives by the fact that they have accumulated a store of events and activities (a shared history) that illustrates the quality of their relationships. Many of the men emphasised the quality of the pre-retirement relationship as influencing post-retirement relationships (see Atchley 1989). Participant 5-DR spoke of the way his shift work had meant that he was frequently around the house while he was employed. This meant a greater amount of time spent with his wife, whose primary role was domestic. This

participant believed that the commonly observed phenomenon of newly retired men being ‘under their wives feet’ did not hold true for them as a couple because they were both used to being around one another during the day. Other participants also referenced this phenomenon but frequently saw it as a passing phase, for example,

Even if it is just a matter of you’re with each other a fair bit and you need the space – and that’s not meant to offend anybody, you know. Whereas if you said that, before if you said that, you might think, ‘Oh, gee, aren’t you happy with me?’ type of thing. So you get to that understanding I suppose. (2EE:385)

Others offered advice to intending retirees that highlighted the desirability of building positive pre-retirement relationships in anticipation of retirement.

Second, it is really important that you get on with your wife. You know, if you don’t get on with your wife, then you’d better learn to because you’re going to be spending a lot of time with her. You know, and if you are in the sort of relationship where you never talk to each other and you live separate lives, then it doesn’t get better when you retire, you know. You need to take the trouble to actually do things with her, you know. And actually take an interest in some of the things she’s interested in. (6KT:602)

Make sure that you and your wife look forward to being together [in retirement] and you are compatible. If not, ask the question, ‘Why not?’ you know. (7EP:444)

A number of men indicated that retirement had been a period for improving the relationship with their wives. This was universally attributed to having more time to spend together.

I think there’s been, you know, a lot more understanding of each other, where we didn’t have that before... . see in the past I was travelling a fair bit, she had her own things on, you know. You just had life running and you never really had time, I suppose, to sit down and have quality time together. (2EE:369)

Because I was so often away from my wife – my work, the military, the union involvement. And I really needed to do some catching up. (7EP:443)

For other men, the issue of spousal adjustment to retirement was moderated by asynchronous retirement timing. Where wives retired after their husbands the men had a period to adjust to retirement before their wives had to adjust to more time with their spouse. Participant 25-BT spoke of his wife cutting back her hours, taking

extended leave and the two of them taking cruises and holidays together before she finally retired.

In other cases, the justification for asynchronous retirement had to do with financial security. In the following extracts from participants who retired early for health reasons, the wife's income is critical to economic adjustment to retirement.

So she's just got back to full time and now she wants to teach a few years to try and get some money together to help us, you know? (1RT:672)

Me wife works at ah, the High School. She's a, oh, when they help out with the kids? Teachers aide, yeah... . She pays for all the Christmas presents, or most of the Christmas presents, and most of the other things, and she pays the phone bill because I don't use it. [laughter] (21MC:423)

Time apart from a spouse was also seen as integral to healthy retirement;

She's out quite a few days of the week so I've got enough time to myself. (2EE:251)

I've found a lot of friends have become distressed through retirement, and not only that, by becoming distressed, they have domestic problems and arguing and being on top of each other 24 hours every day and not having time out either side. Yeah. (3GT:488)

Given the previous comments about wives organising men's activities, time for self and not being 'on top of one another' may also reflect men's need for freedom, and leisure.

Another significant role of the wife for men in retirement appears to be in facilitating social connection. This may occur in the course of the couple's social life in which the wife's friends (and the husbands of the wife's friends) become the friends of the retired man, or it may occur through the wife urging her husband to social activity;

Some of them [our friends] are involved with the church [which wife attends]. Basically, most, most of them are. (13SC:155)

I know when I first retired, I was hanging round the house a bit and I got told, 'Get out and do something.' (23KB:678)

The men in this study also appeared to give their wives a significant role in determining the location of their retirement. This was based on a variety of considerations such as access to transport, suitability of the house, and proximity to grandchildren. The following excerpts demonstrate some of these influences;

She likes the area and the house and the people around, but the stairs get a bit much for her. She wants a single level house which is a bit easier to clean. (5DR:481)

He [son] is talking about [living in] either Western Australia or Queensland, then I might be tempted to sort of follow suit. But I'll leave that to my wife. I'm quite happy. (8RE:532)

While only one man quoted an aphorism, 'Happy wife, happy life' (23KB:705) there was a general sense among the partnered men in this study that their retirement wellbeing was bound up with the lives of their partners. Wives and partners help to shape the domestic and social lives of the men following early retirement. The role of wives and partners in health and wellbeing will be further explored in later chapters.

Extended Family and Friends

Other family members and friends also played a role in the retirement lives of the men in this study. As indicated above, grandchildren were especially important in this regard. 14 of the men in the study had grandchildren whom they spoke about in interview. In addition another three men expressed anticipation of having grandchildren, one of whom (together with his wife) had a surrogate grandparent relationship with his neighbour's two children. Although not exclusively, the overwhelming impression of the role of grandchildren in retirees lives was positive. They constituted a reason to be proud a source of fun, a reason to travel, and, in the case of those who provided regular childcare, a structure to the week that may well replace the structuring function of employment for these retirees.

Childcare seemed to offer opportunities for retired men to delight in children. Participant 21-MC, whose son by his first marriage had died in tragic circumstances, says of his grandsons;

Every time my grandsons come here, ... they want to have a look at the chooks. One of em got in with the bloody chooks one day

[laughs] ... they both enjoy themselves, you know, 'Poppy, Poppy. Come on. Go for a walk.' You know. (21MC:382)

Opportunities for such delight in children may not have been available to these men when their own children were the same age. For many of these men employment would have left very little opportunity for engagement and participation with children. In addition, the prevailing mores around a father's participation in his children's lives has changed significantly in the period between when these men had children of their own and the present time. Another function of grandchildren which emerges from the interviews is the way in which grandchildren mark the changing world. Participants 2-HA and 6-KT both explicitly noted the differences in family planning practices (the number and timing of children respectively) between their generation and those of their children. Other implied changes noted in the interviews included perceived differences in children's behaviour and family mobility.

The caring role for the retired men in this study was not restricted to grandchildren. For many participants, caring for ageing parents, relatives and even neighbours is a significant part of their retirement experience. In some cases this carries a negative connotation as in the case of participant 5-DR whose move to a retirement property was postponed and ultimately cancelled by the illness and death of his wife's mother and sister, or participant 19-HA who referred to spending more time looking after his mother's home than his own. Others however experienced caregiving as a positive contribution they could make, as the following excerpts show;

I've got an old couple whose 89, he's 89 and nearly blind, and I go and have coffee with them once or twice a day, and give them company and just check they're right and anything needs doing I do things for them, to make their life easier. (17WC:83)

And my uncle is still alive, and he was the second oldest, and he is, he is 88. And I go over there twice a week, check him out. He's always on the phone to me, about his DVD player jamming or something like that. And I've actually taken photos of his remote control, on my phone, so if he rings me I tell him which buttons he needs to push. [laughter]. But he's a little bit hard in seeing things, and if he doesn't get it right it is a trip to Adamstown, I've done that twice this week, yeah. (24VP:331)

In the Australian context, the time-honoured role of mates also has to be investigated in the lives of men who take early retirement. The participants in this study appeared to utilise a broad range of meaningful contacts that moved across friends, mates, and blokes. One participant hinted at the breadth of this category when he said;

I've got another mate, who is not a mate but an acquaintance, same thing. (2EE:658)

Notwithstanding the difficulty of defining what constitutes mateship, it was clear that most men in this study had a high regard for social relationships with other men, for example,

There are things you can talk with mates you can't talk with your wife. (4CF:229)

When I was at BHP I, we had set jobs to do and sometimes I'd disappear into a cubicle somewhere and have a sleep or something like that. And the mate would cover for me. (16IS:444)

I've got mates out there I go fishing with, catch yellow-belly and ah, Murray cod and things like that. Ah, we go pig hunting. (1RT:244)

In the context of a cancer support group, one participant highlighted the value of;

Just putting your arm around your [*sic*] shoulder saying, 'Mate, we understand.' (7EP:386)

This value of male friendship was also strongly represented among the veterans in the study.

Former Workmates and Colleagues

There were some social relationships between retirees and former workmates and colleagues which fell apart on early retirement;

Well for two or three years they asked me to the Christmas party but then .. I don't feel that I'm entitled to be there. (4CF:189)

I don't see anyone that I used to work with from the agency at all now. (8RE:502)

Where social relationships did survive the retirement event, they appear to have done so because the others involved were also retired;

Still keep in touch with some of the guys from work. Ah, two of the guys had already retired. They see each other every fortnight over at

West's. They go and have lunch over there. I try and get there when I can. Just to say hi and keep up. (13SC:55)

It may be that the common experience of retirement rather than the shared workplace relationship is what is important to men maintaining social connection with former workmates and colleagues. Further investigation of this phenomenon may also reveal a distinction based on workplace role, with managers possibly displaying different behaviours to waged staff.

Conclusion

The experiences of early retirement communicated by the men in this study revealed a breadth that was consistent with the diversity of the men themselves. Generally the men valued individuality and were sometimes willing to be counter-cultural in their discussion of retirement experiences. They tended to privilege, or were aware of the community privileging, activity as both a marker of manhood and as important for good health. The vast majority of them were partnered and these partnerships were important to them and significantly shaped their retirement experiences, especially concerning the types and amount of activity they engaged in. A significant difference between the retired marital relationship and the pre-retirement marital relationship was the amount of time spent together. This was viewed as a positive thing but also as a challenge to be consciously managed.

Other significant relationships included grandchildren (especially where that involved childcare commitments), extended family, neighbours and friends from sporting and community organisations. Men frequently referred to the role of their wives in facilitating social connections. Very few men maintained relationships with colleagues still in the workforce.

Chapter 8: The Physical Health of Early Retired Men

Having provided a general introduction to the lived experience of retirement in the previous chapter, this chapter now examines the physical health of the men. The physical health of the men participating in this study sits in a context of personal history and social environment. It both proceeds from, and leads to, social, relational and mental health outcomes. This chapter examines the physical health of the participants with particular reference to their responses to the physical health scales in the SF36 and to their comments in interview about their physical health. Physical health for the purposes of this chapter refers to physical function. It also makes reference to disability and the effects on physical health-related quality of life. The examination of physical health in this chapter sets the context for the examination of mental health in the next chapter and is not intended to convey any privileging of physical health over mental health. This chapter emphasises the life course context of the physical health of participants in this research. Life course perspectives anticipate two possible health phenomena.

Firstly, over the course of their lives these early-retired men have accumulated health (and other) experiences that have directed trajectories of health or illness. Such trajectories will tend to continue and extend previous health experiences over time. This was famously referred to by early sociologist Robert Merton (1968) as the Matthew Effect, in reference to the biblical quotation, ‘For unto everyone who hath, shall more be given and he shall have abundance; but from him that hath not, shall be taken away even that which he hath’ (Matt.13:12). This cumulative effect of advantage leading to further advantage, or alternately, disadvantage leading to further disadvantage, may also be evident not only in the life course of the men, but also across the generational divide from fathers to sons.

Secondly, some health experiences may also function as nodal points, or transitions, at which previous trajectories of health or illness are interrupted and the foundations for different trajectories are laid down. Transition points such as a workplace accident or a cancer diagnosis are clearly located in time and provide a notable and

relatively rapid change in trajectory. Such transitions are not limited to health experiences. For example leaving a high stress job (retirement) may result in a more healthy trajectory. The focus of this chapter however, is the impact of physical health events on subsequent retirement experiences.

The language of trajectory and transition in this chapter does not assume precision and sameness in trajectories nor complete discontinuity in transitions. These terms are here used to describe trends taking place in the life course. In this way patterns of physical health experience can be recognised and described without obscuring individual particularities of the lived experience.

Hunter Community Study Health Data

Data on the health of the participants in this research were collected at their enrolment into the Hunter Community Study (HCS) and again at follow-up. A wide battery of physical health tests was taken at enrolment including the widely used and well-validated SF36 Health-related Quality of Life Profile (Ware and Sherbourne 1992). This self-assessed measure has particular relevance to the material that participants chose to discuss in interview. The items in the SF36 load onto eight sub-scales or two summary scores representing physical and mental-health related quality of life. Each of the eight subscale scores is transformed to provide a score between 0 and 100, with higher scores reflecting better health. In addition a single question assessed health transition over the past year. Here 1 is ‘much better’ and 5 is ‘much worse’. This chapter uses data from the Physical Function, Bodily Pain, and General Health subscales as an indicator of the men’s physical health related quality of life in the period shortly before the interviews. Notably, the interview itself did not specifically ask men to comment on their physical health. However, it was raised by almost all participants, generally in discussing the process of coming to retirement (where relevant) or in response to discussion of mental health.

Differences between the gathering of health data via a survey such as the SF36 and the gathering of data in interview should be noted. The follow-up SF36 in the HCS was mailed to recipients and the conditions under which they completed the survey

are unknown. In particular it is not known to what extent the possibility of surveillance by a spouse or partner may have impacted on responses. Assuming that surveillance was minimal, the provision of health information in an impersonal context (such as a computer coded survey response) is very different to providing information much less formally in a face-to-face interview. The SF36 sets an agenda for the provision of health information by the questions it asks (and the response alternatives it provides). By contrast the interviews in this study were semi-structured and did not explicitly ask for physical health information, except for clarification where the topic had already been raised by participants. These differences (together with the different timing of the two data gathering occasions) may account for some of the variations in information from the two sources.

Score range and average for each the PF, BP and GH sub-scales are provided below, together with the mean score from the Medical Outcomes Study (MOS) from which the SF36 is derived (John E. Ware, Kosinski et al. 1995).

Table 8.1 Distribution of SF36 Sub-scale Scores

| | High | Low | Ave | MOS Mean |
|----------------------|------|-----|-----|----------|
| Physical Functioning | 100 | 15 | 75 | 70.61 |
| Bodily Pain | 100 | 12 | 77 | 70.77 |
| General Health | 100 | 20 | 60 | 56.99 |

The Physical Functioning (PF) sub-scale of the SF36 is comprised of ten items which ask participants how their health impacts on their ability to; do vigorous activities, moderate activities, lift or carry groceries, climb several flights of stairs, climb one flight of stairs, bend, kneel or stoop, walk more than a mile, walk several blocks, walk one block, and bath or dress self. The Bodily Pain (BP) sub-scale is comprised of two items that ask participants about the magnitude of recent pain and the degree to which pain interferes with their ability to do physical work. The General Health (GH) sub-scale is comprised of five items that ask participants to rate their health, to compare it to that of others, whether they expected their health to deteriorate, and to respond to the statement, ‘My health is excellent.’

Scores from the sub-scales above, and the health transition item, are recorded below together with participants' health conditions (both historic and current) as discussed in interview.

Table 8.2 SF36 Scores and Interview Data by Individual

| Participant | PF | BP | GH | Health Transition | Interview References to Physical Health (H = not current) |
|----------------|-----|-----|-----|-------------------|--|
| 1 RT | 15 | 52 | 47 | 03 | Knee & back pain, hearing loss |
| 2 EE | 95 | 88 | 77 | 04 | A 'few health problems last year or two' (bowel) |
| 3 GT | 65 | 84 | 27 | 01 | Back pain, asthma |
| 4 CF | 95 | 100 | 50 | 03 | Nil comments |
| 5 DR | 90 | 72 | 52 | 03 | Nil comments |
| 6 KT | 15 | 12 | 20 | 05 | Nil comments |
| 7 EP | 85 | 84 | 47 | 03 | Prostate cancer |
| 8 RE | 95 | 100 | 77 | 03 | Mild knee pain |
| 9 MH | 100 | 100 | 100 | 03 | 'I haven't got time to be sick.' |
| 10 CG | 75 | 100 | 82 | 03 | Bad back, Acquired Brain Injury |
| 11 WC | 100 | 100 | 67 | 02 | Ear, nose and throat issues (H) |
| 12 MT | 80 | 84 | 72 | 03 | Diabetes |
| 13 SC | 100 | 84 | 77 | 03 | Hearing loss |
| 14 WS | 90 | 84 | 100 | 01 | Diabetes, joint pain, hearing loss |
| 15 FE | 80 | 72 | 37 | 02 | Persistent diarrhoea (H) |
| 16 IS | 30 | 52 | 30 | 04 | Diabetes, arthritis |
| 17 WC | 80 | 41 | 57 | 03 | Knee pain, infertility (H), tinnitus |
| 18 EC | 85 | 62 | 57 | 03 | Overweight |
| 19 HA | 75 | 100 | 67 | 04 | Cardiac bypass surgery (H) |
| 20 MP | 70 | 62 | 42 | 03 | Rheumatic fever (H), Chest pain not heart attack but stress |
| 21 MC | 55 | 62 | 57 | 02 | Knee & back pain, shoulder injury, gout, mild heart attack, diabetes |
| 22 NC | 95 | 100 | 52 | 03 | Good health |
| 23 KB | 80 | 84 | 82 | 03 | Arthritis, reflux, bowel problems |
| 24 VP | 40 | 41 | 47 | 04 | Work injuries (spinal), neurological problems (H) & cancer (unspecified) |
| 25 BT | 95 | 100 | 77 | 03 | Hearing loss |
| Average | 75 | 77 | 60 | | |

It is noticeable that the scores on the General Health sub-scale are significantly lower than those of the other two sub-scales. However, this is broadly consistent with the 14 point difference in means between the sub-scales in the Medical Outcomes Survey referred to above.

Also noticeable from this comparison table is the fact that although Participants 4CF, 5DR and 6KT all remained silent about their physical health throughout their interviews, this does not appear to be related to their perceived health status since they represent high, medium and low physical health scores respectively. The subjective nature of these scores can be seen for some of the participants when the SF36 scores are compared to information provided in interview. For example, participant 3GT has a Bodily Pain score of 84, representing relative freedom from pain. Yet in his interview he talked freely about a back injury being the cause of his retirement. He also mentioned spinal fusion surgery and ongoing back pain. He goes on to say,

And up until today, well in the last six years, I've done three more [disks], in me back. And I'm putting off having operations on it. But I can manage, I'm getting around, ah, the drugs, I'm not, using hardly any drugs towards it. Ah, the only time I take any drugs, if I'm having a real bad time, which I did about a month ago and I take an Oxycontin. But because it's an addictive drug, I only take it once. And it sort of, fixes me up, relieves me of me pain. I think that type of drug too, if you don't take it, if you haven't got pain, you end up going to fairyland, you know. But yeah, my doctor's pretty good with me and I have Oxycontin on standby in case I do have pain. But I'd say in a 12 month period I'd only take three. Which, you know, I don't like drugs, you know, tablets and that, medication. (3GT:317)

What appears to be reflected in this participant's unexpectedly positive pain score is his success at managing the pain himself. This also seems to feed into a positive sense of self underpinned by values he expressed such as 'managing' and 'getting around', as well as 'I don't like drugs' and not ending up in 'fairyland'. The first two of these values: 'managing' and 'getting around', match up with masculine stereotypes in which men are capable, independent and in control. The latter values of not liking drugs and avoiding 'fairyland' and addiction may well be founded in the life course of this participant. At the age of 13 his father was killed in an accident on the way to work. He says of his life after that he was on his own and had to grow up quickly. Being forced to be self-reliant at such a young age could have resulted in sober, anti-drug values.

In this case the interview data enhances the interpretation of the SF36 pain score in a number of ways. The interview evidence cautions against taking the pain survey score on face value and reveals that it may not accurately reflect the degree of the

participant's actual pain. The interview also provides evidence of the way this participant's ability to manage his pain is linked to his identity. The life course information in the interview specifically provides insight into the basis of the participant's capable and self-reliant identity and consequent resilience to pain.

Another unexpected SF36 score was for 22NC who scored highly on physical function and freedom from pain but whose general health assessment is half the score on the other physical sub-scales. Such a widely divergent score appears incongruent. However, the general health sub-scale contrasts with the other sub-scales in that they are quite specific and measurable (e.g. ability to climb one or more flights of stairs, or whether pain has prevented an activity in the last 4 weeks). The General Health sub-scale in contrast asks for responses such as 'I get sicker than others', and 'I expect my health to get worse.' These items require the ability to compare self with others and across time. As such these items may be more difficult for some people to measure and respond to.

Interview Data on Men's Physical Health

In the process of interviewing the participants a large amount of data on both the physical health of the men themselves and of significant others emerged. Consistent with the diversity of the participants themselves this data was varied. Some men chose to say nothing about their health (and were not asked). Others volunteered extended narratives about physical health issues.

The interview with 21-MC provides us with many examples of the narrative devices employed by men in their accounts of health;

Well I've got, I take ah, I've had a heart complaint, they reckon I've had a mild heart attack. And I'm on, Lipitol, [indcipherable], on Asprin, Pro-gout, I've had gout [laughs] And that's one of the worst things that can ever happen to you. Have you ever had gout? (21MC: 205).

It is noticeable that this account is highly experiential. He passes over his mild heart attack and focuses on his experience of gout. The relative risk to his life of the first of the two conditions is not reflected in the narrative. Gout gets the participant's

attention because it represents the more powerful experience and prompts his question to the interviewer. He then continued to elaborate on the topic,

Oh, I tell you, it is painful. And I take a Pro-gout every day to stop it. I've had to crawl from me bedroom there, out to the toilet, on me hands and knees, to go to the toilet. Even if you put a sheet on it, on your foot, you can feel it. Me ankles used to puff up like that [indicating large size] and I thought I'd just sprained me ankle. I went down the doctor, he said, 'You've got gout.' [laughs]. I said, 'What's that?' He said, 'The most painful thing you can have.' He said, 'One of me mates had it, he got a gun and shot his big toe off.' Because it was bloody swollen up and everything. He said, 'That's how much pain he was in.' (21MC: 205)

The reported story from his doctor serves to emphasise the physical pain of the condition. 21-MC made an even stronger point about intensity by comparing the pain of gout and pain of a knee operation;

I had me knees done, complete knee replacements, so I got one done in March by a bloke by the name of Hellman [laughs] and ah, six months later I got the other one done. Well I didn't want it done because it was fairly painful. Oh, well, you had to. Two days after the operation, you know, they've got a complete bloody knee in there, except for the knee cap. They pull that to the side and they put, shove it into the bottom bone, shove it into that one [indicating femur] and pull the cap back over and sew it up. Well it was all stapled up, staples right up, up me leg, me leg was right up like that [indicating degree of swelling]. Very painful. But gout was even worse, because it didn't stop. You know, you could take, they used to give you morphine, and I wasn't pressing it enough [laughs]. But with the gout, you have it there all the time, until, with this other stuff, and then I was running to the toilet. And it was like shitting razor blades, cause you would have all this like acid coming out your backside. And it was burning. And when you were wiping your bum it was just like wiping it with sandpaper [laughs]. (21MC:205)

This account is highly physical. The participant uses vivid language such as, 'had to crawl [because of the pain]', 'used to puff up like that (indicating large size)', 'they pull [kneecap] to the side ... put, shove ... pull ... sew ... staple'. The words are accompanied by gestures that amount almost to a re-enactment of the various elements of the experience. Drama was also evident in the choice of language and metaphor used by the participant. The reported man who suffered gout 'shot his big toe off' because of the pain. 21-MC's later treatment produced a side effect 'like shitting razor blades'. Another set of features evident in this account cluster around

the interpersonal. The participant checked with the interviewer early in the narrative, 'Have you ever had gout?' then offers his experience, beginning with 'Oh, I tell you'. He references the experiences of others and appeals to authority in the form of the GP and the surgeon (whom he named). These interpersonal dimensions of the health narrative reflect a social construction of health in which the experience is understood and communicated, at least in part, in the context of relationships.

The constructed nature of health experience is also seen in this participant's use of comparisons. Gout is constructed as 'one of the worst things that can ever happen to you. and the doctor is quoted as describing it as, 'The most painful thing you can have.' These generalised comparisons are illustrated from the participant's personal experience of two knee replacements. The pain of the knee replacement is highlighted by the rough treatment involved and ironically by the name of the surgeon. Yet 'gout was even worse'.

Health Experiences and the Life Course

The health experiences reported by the men in this study can be categorised into those health conditions which were current at the time of the interview, and those that were part of their history but had limited or no present impact. The discussion below focuses on the health experiences of the participants in their retirement. Notwithstanding this primary focus on retirement experience, the life course perspectives on which this research is built, and which guided the preparation of the interview schedule, assert that 'no phase of life can be understood apart from its antecedents and consequences' (Riley 1998). Reflecting this life course assumption, connections between pre-retirement health and life experiences, and post-retirement health experiences will be highlighted and discussed.

The most common current physical health issue discussed by men in interview was back and joint pain. It was mentioned by ten of the 22 participants who commented on their physical health. The next most common complaints were diabetes and hearing loss and these complaints were mentioned by four participants. Three men

spoke of bowel problems, while two talked about heart problems. Two spoke of having cancer. One mentioned prostate cancer and the other did not specify.

The reports from the men about the severity of these conditions ranged from the banal to the life threatening. Back and joint pain was described as the reason for taking early retirement by four men. Three men indicated back and joint pain as an item to be added to a claim for a Vietnam veteran's pension. The other references were to back and joint pain as a mild irritant and as a reason for giving up team sport. In this latter case, relatively mild joint pain may represent the beginning of a trajectory that eventually meant loss of fitness and possibly even loss of social connection. Another example of back and joint pain playing a contributing role rather than a determining role in men's health can be seen in the account of 24-VP.

24-VP had sustained a number of back and joint injuries through motor vehicle accidents associated with his employment. None of these injuries was sufficient in itself to result in significant time off work or to require a change of duties. When the participant subsequently acquired an unrelated neurological condition, he was moved to a desk bound job for operational reasons. At this point, the previously acquired back injuries were exacerbated by the extended periods of sitting and eventually resulted in the man taking early medical retirement. From a life course perspective the cumulative impact of these workplace injuries over a period of more than 20 years, can be seen as establishing a trajectory towards early medical retirement and chronic pain.

Other participants reported much more direct impacts of impaired physical health on their life and work, including cessation of their working life. For example, participant 3-GT suffered a significant fall resulting in spinal injuries with no return to work. Participant 22-MC was a labourer whose bad knees and shoulder prevented him from returning to work. Participant 7-EP's diagnosis of prostate cancer precipitated his early retirement. Ironically the cancer diagnosis also subsequently resulted in this participant forming a new circle of friendships and interests as he is now active in health promotion. This new and positive outcome of a negative health

experience cautions us against simplistic assumptions of a downward trajectory towards social inactivity.

Even in seemingly dramatic impacts of a changed health status however, there are elements of continuity in the men's lives. For instance, notwithstanding significant back injuries, both 3-GT and 24-VP built or renovated houses in their retirement. When asked how this was possible in the light of their respective injuries that had caused them to leave work, both implied that it was possible because they were able to work at their own speed or within their own limits and capacity. So 24-VP commented on how much longer everything took and 3-GT spoke of the importance of knowing his pain tolerance and working within those limits. Retirement appears to have given these men a degree of control over their physical activity that was not available to them in their pre-retirement roles.

In the case of 7-EP the cancer diagnosis resulted in many significant changes in his life. He gravitated to a cancer support group and men's health activism. However, it is notable that these new roles strongly paralleled his role in the work place as a union delegate and advocate. In a similar way, Participant 19-HA cited coronary surgery as his reason for early retirement from his professional practice. Following this retirement however, he continued to do quite a bit of pro-bono work and took on responsibilities as a company director. These roles also paralleled his earlier working life. They presumably provided post-retirement continuity of identity, and opportunity to utilise skills previously developed over the life course.

The case of 19-HA demonstrates another interesting feature about the way men report health impacts. Early in the interview he offered the following account;

I retired at 56 because of, er, illness. I had quadruple heart surgery, so it wasn't a, a thought process for me at the time. It was something that I thought I needed to retire because I couldn't do the work at the same level I was doing it before. (19HA:20)

On an initial reading, this statement appears to be an appeal to physical health as a reason for early retirement. It also references an appeal, similar to those made by

men cited above, to the workplace demanding a higher level of performance than the participant was comfortable or capable of giving. Later however, he said,

I became frustrated with partnership, and probably got a bit angry at times ... I had to give two years notice, in our partnership agreement. So I gave them two years notice and by the time the two years had elapsed my health was pretty well restored, apart from the frustrations with the partnership.
(19HA:71)

Thus by the time his termination notice period for the partnership had elapsed, the participant's health was restored. It is clear there were underlying tensions and differences of values with the other partners in the practice which were actually the determining factors in finalising his early retirement. This information was not provided at first, possibly because rapport with the interviewer was not yet established early in the interview. In this case, physical health, and coronary bypass surgery in particular, appear to be privileged as acceptable grounds on which to retire early. It was only later, as rapport with the interviewer developed, that the participant shared the sequence of deaths in the family and his frustration with the partners, both of which were other reasons for early retirement. The family influence on the retirement process is consistent with the life course perspective described by Riley (1998) as 'intersecting lives principle', namely that 'each person's life is intertwined with the lives of other people, influencing and being influenced by social relationships' (31).

Other participants in this study also referenced their 'linked lives' when talking about early retirement for health reasons. Many spoke about the impact of their partner's health on their own situation. Both the gay participants in the study described themselves as carers for a partner. According to other accounts, 23-KB's wife had died the previous year from lung cancer after a long illness, and 6KT's wife had a car accident that ultimately resulted in her being medically retired at about the same time as he took medical retirement. These shared health experiences had different significance for different individuals. 9-MH spoke of his partner's illness as creating a challenge he had to meet. 23-KB spoke with sadness about the 'hard' years of his wife's illness. 6-KT regarded both his own and his wife's medical retirements as failures of the 'system'.

The men's experiences described above place the physical health of the participants in a life course context. On the one hand the principle that an experience cannot be understood without its antecedents, is illustrated and reinforced by these examples. On the other hand, the complementary life course principle, that experience is not only connected to an individual's past but also to the experience of others, is also demonstrated in the examples of linked lives and shared experiences.

Physical Health and Life Course Trajectories

Some of the participants in this study consciously referenced their physical health problems unfolding in the context of a life course trajectory. Participant 21MC locates his debilitating joint pain in the context of his earlier work and sport;

I run on a garbage run. [laughter] Two down there [indicating knees] I got, er, Bristow's repair and ah, cartilage work. Like when, er, bones, um, shoulder comes together all the top, broken away when I was playing football. And I've had two operations on it and when I was working on the council they, I come off the truck and hit me shoulder. Did it again and they put a big steel pin in it. (21MC:129)

He returned to this same theme later;

I was a runner on the garbage, garbage run. For 15 years I was a runner on the garbage. That's what did me knees in. Jumping up and down. I played league for 16 years. And ah, I played lots of sports. (21MC:181)

He appeared to accept the deterioration of his physical frame in relation to his positive identity as a sportsperson.

I was in the surf club for 11 years. Played cricket for one, two, about four different sides. Played league for two different sides. Ah, lawn bowls. Represented Australia playing carpet bowls. Anything to do with sports, I was good, but you know, writing and that I, wasn't that good. (21MC:188)

The masculine ideal of a sportsman provides an identity here which contextualises and to some extent compensates him for the decline of his physical health.

Another participant 12-MT spoke at length about the effects of long standing diabetes on the course his life had taken. It determined not only where he lived and worked, but his level of activity post-retirement. For 12-MT the course of his life

had been to a large extent marked out by the trajectory of disease discovered early in his adult life. He appeared resigned to the significant impacts on his life and he made no reference to attempting to improve the medical management of the disease (apart from attending meetings of Diabetes Australia). The participant's attitude towards pro-active management of the disease appeared to have been worn down over the extended time that it had affected him.

Veterans

Another type of early life experience that appeared to establish trajectories of reduced physical health may be seen in Vietnam veterans. Hearing loss and joint pain were frequent ailments reported by men in this group and were explicitly associated with their service experiences;

My health is, um, I've got a crook back from, well, my [service]. I'm with a back specialist and he seems to think that is related back to the army, so I do have back problems, and you know you seem to have those all the time. You know, the ache is there, the pain is there all the time. (1RT:126)

Later, in relation to accessing health resources the same participant said;

I'm seeing the back fellow [specialist], for my back from guns and carting guns and stuff around in the army. Ah, I'm, in fact, I've got to go and have a hearing test again with DVA on Monday. (1RT:689)

Another Vietnam veteran said of his decision to retire;

At the age of 60 well, ex-service personnel become eligible for a service pension and also with the disabilities that have occurred like loss of hearing and post-traumatic stress, those type of things. I was eligible for a disability pension on top of the service pension. (16IS:52)

It seems military service in Vietnam functioned as a life course transition towards a trajectory of ill-health for these men. The participants quoted above make the connection between military service in Vietnam and later life physical health for themselves. They also call on authorities to recognised this connection. Participant 1-RT references medical specialist opinion in support of the connection, while participant 16-IS places this connection in the context of the social recognition inherent in qualifying for veteran disability pension eligibility.

The fact that these participants felt the need to emphasise the connection between Vietnam service and subsequent poor health may be because of social resentment towards veteran benefits rather than to any doubt in their minds about their deservedness. Such resentment is referenced in participant 23-KB's recounting of a typical interaction on this topic.

They said, like, 'You're getting what you are getting because you went to Vietnam?' Certainly I said, 'Yes. I'm getting my entitlement through the Veterans Entitlement Act', which I was entitled to. 'Oh, so you mean to say like my husband's sicker than you, cause he's got a bad heart and, you know, he's got this and he's got the other, but you get more than him.' I said, 'Well, that's not my, take that up with your local politician.' You know. And I sort of backed away from a lot of that. (23KB:539)

This response to resentment in effect implies that legislation has come to recognise the entitlement of veterans on the basis of the poor health trajectory that followed their military service in Vietnam. This veteran asserts that it is not his role to prove that the connection exists, the onus of proof has moved to those who wish to deny it, or who may see it as unfair.

Childhood Health Experiences

One historically-based health trajectory reported by 20-MP related to his childhood diagnosis of Rheumatic Fever. Paradoxically, it seems his debilitating condition set up, at least in the participant's mind, pre-conditions for his good physical health in retirement.

And, see I'd had rheumatic fever when I was young. And I was told I could never play active sport. And walking around the golf course as a caddie was the best thing I ever could have done. It built me up. (20MP:430)

For this man, his childhood disability forced him into consistent patterns of manageable exercise and activity that was health focused rather than competitive. These patterns are still bearing fruit in his retirement.

Participants reflected a variety of outcomes relating to the role of childhood sport and young adult sport in retirement. Previously 21-MC had described how football playing contributed to his joint pain. Yet it is equally clear that his identity as a sportsperson is an important and positive aspect of his self-image even in retirement.

similarly, participant 13-SC continues to play cricket in his retirement as part of a lifelong pattern,

I still play cricket on a Saturday afternoon, in the season. Oh, well, get out on the field anyway. Never been real good at it. Long as you made the effort. That's the main thing I think. Yeah, and been involved with, meeting the, you know you may only see them for three or four months of the year and once a week and never see them again until next season. (13SC:419)

Participant 8-RE continues to be physically active with golf, and has only recently taken injury time out from his baseball playing. His self-image was also strongly constructed around physical capacity and he contrasts this significantly with his father's reported lack of activity and sporting interests;

And his health slowly deteriorated after that. He was not what you would call an active individual. He had no sporting um, well, likes or dislikes. It wasn't long before he started to have failing eyesight, um, had a couple of cataracts removed and that just accelerated the eyesight loss, so the last four or five years of his life, he died at 82, were not what you would call pleasant. He had no real quality of life. So much so that he couldn't read the newspaper, couldn't watch TV, and he just vegetated. So it wasn't what you would call, well, a very pleasant thing to see. (8RE:19)

It is clear that this participant views his father's lack of physical activity and sport as impacting negatively on his father's quality of life. By contrast the participant is keen to maintain his own lifelong sporting activity. The last line of this quote is significant because having described his father's deterioration he says that it wasn't a very pleasant thing 'to see'. The reference is to the difficulty he experienced watching his father's decline, not to the difficulty his father experienced in his decline. It is as though he wants to avoid such unpleasantness in future for himself (and possibly for his sons) by staying physically active.

Fathers as Physical Health Role Models

8-RE was not the only participant to reference parental health as a trajectory in reference to their own experience of health in retirement. 20-MP reacted against his grandfather's remembered inactivity in ways that are quite similar to 8-RE. Participant 9-MH said regretfully of his father;

He was, um retired early because of injury. He became dependent on the social security system and um, had a little bit of part-time work, I think, doing, you know, menial tasks. But I think that had a bit of an attitude [*sic*] for him of not being fulfilling. (9MH:4)

In contrast 9-MH stressed his personal philosophy of rising above everyday tasks, finding meaning and challenge in them:

Whether it is weeding the garden, even the way I hang clothes on the line. I'm probably a bit pedantic, but um, I try to challenge myself on a daily basis. Just to be able to do better and to keep myself physically fit and mentally alert. (9MH:117)

In these cases it seems there is an impact on the men's health practices that flows from a previous generation's example. In each example, men imply reacting against what they perceive as poor models provided by their father (or grandfather) in his health behaviour. None of the men in the study identified positive health practices that they saw modelled by someone else and then adopted them as their own. Such positive modelling may have occurred but it was not spoken of in interview. Other examples of positive modelling in areas such as career selection and values formation were referred to by the participants, however health was not one of these areas. In fact 2-EE seems to speak for many of the participants when he says of his father,

I'd say the difference between men then, some men, sorry, most men then and some men now, is that he never took an interest in his health, really. (2EE:37)

2-EE described his father as eating and drinking what he wanted and rarely if ever visiting a doctor. This is presented as contrasting with his own generation of men who (by implication) are more careful about what they eat and how much they drink, and are more likely to consult a doctor. He did not attempt to explain how this change had come about. However, his own health practices of regular exercise, careful diet and regular medical check-ups demonstrate the value he places on this change. This sense that health attitudes had changed was also reflected in other men's experiences. Participant 8-RE critiqued his father's exposure to toxic materials in the workplace and other health and safety issues, and several others spoke disparagingly of their father's alcoholism.

In the regard to physical health, none of the participants admitted to having worse health than their parents (although a number of men did admit this in the area of mental health – to be taken up in the next chapter). This may reflect a general

improvement in the standard of physical health between these two generations. Such an improvement in general health standards may result from improved public awareness and education, health promotion measures such as screening, and men taking more responsibility for their own health. It may also reflect a life-long identity formation process in which sons demonstrate their adulthood by either explicit or implied rejection of their fathers' practices.

The interview data available on the health of the participants' fathers is captured in the table below together with the summary of their own physical health as described earlier in this chapter.

Table 8.3 The Health of Men and the Health of their Fathers

| ID | Participant's Physical Health | Father's General Health |
|------|--|---|
| 1RT | Knee & back pain, hearing loss | Good, longevity in family |
| 2EE | A 'few health problems last year or two' (bowel) | Good, died 71 |
| 3GT | Back pain, Asthma, | Died in accident |
| 4CF | Nil comments | Traumatised by grandfather's childhood experience |
| 5DR | Nil comments | Stepfather was a difficult man |
| 6KT | Nil comments | Estranged, died of lung cancer |
| 7EP | Prostate cancer | Good, died 80 |
| 8RE | Mild knee pain | Emphysema, vision impairment, 'no real quality of life' |
| 9MH | 'I haven't got time to be sick.' | Estranged, injury retirement |
| 10CG | Bad back, Acquired Brain Injury | Emphysema |
| 11WC | Hist. ENT | Alcoholic, estranged |
| 12MT | Diabetes | Good – died aged 91 |
| 13SC | Hearing loss, | Emphysema |
| 14WS | Diabetes, joint pain, hearing loss | Alcohol abuse, violent |
| 15FE | Persistent diarrhoea, | Good until seven months pre-death |
| 16IS | Diabetes, arthritis, | Died of throat cancer |
| 17WC | Knee pain, infertility, tinnitus | Emphysema |
| 18EC | Overweight | Died before retirement |
| 19HA | Cardiac bypass surgery | Alcohol abuse, violent |
| 20MP | Rheumatic fever as child. Chest pain not heart attack but stress | Grandfather – boredom hardened the arteries |
| 21MC | Knee & back pain, shoulder injury, gout, mild heart attack, diabetes | Hernia, emphysema, died aged 80, cranky |
| 22NC | Good health | Died aged 56 |

| | | |
|-------------|--|--|
| 23KB | Arthritis, reflux, bowel problems, | Medical retirement from army (arthritis), |
| 24VP | Work injuries (spinal), neurological problems and cancer | Alcoholic, poor health, low quality of life and relationship |
| 25BT | Hearing loss | Good long retirement |

Some of the comments recorded here about fathers' health relate to later life rather than retirement experiences and so an equivalent comparison cannot be made for all participants. The comments here about fathers include mental health and relational issues that also limit direct comparisons.

Notwithstanding these limitations, it is possible to make some general evaluative comments concerning the participant's self reported physical health status, and their comments about their father's wellbeing in later life. What emerges is that a significant proportion of the men in the study did not enjoy a better level of wellbeing than their fathers. The correlation between physical and mental health and the deliberate skewing of the sample of participants in this study towards those with high K10 scores may account for some of this effect. This does not however explain the entire phenomenon and some of those with low levels of (K10) psychological distress still report poorer physical health than their fathers (2-EE, 10-CG, 12-MT).

A life course approach to explaining this finding might ask whether there were significant life transitions in these men's experience that disrupted healthy trajectories. Such life transitions can be identified for many of these men however without explicit references from the individuals, or plausible social processes linking transition event and consequent formation of a new trajectory, it is difficult to give such explanations more than conjectural status. Each of the three participants who made no comment on their own health had fathers (or a stepfather) who were estranged or 'difficult men'. It is possible that men who had fathers who were estranged or difficult may have developed a reticence to speak about themselves. However this effect was not seen in other domains such as personal disclosures about alcohol abuse or failed marriages. Notably, six men described their father's health as 'good'. In each of these cases the participant also appears to have enjoyed a positive or respectful relationship with their father.

While it is not possible to describe all the processes at work in generational influences, it does suggest that linked lives, across the generational divide, may have considerable effects across a variety of life domains. It might be assumed that father's health would be linked in some way with the son's health, but in fact there may also be a link to quality of relationship.

Comparisons

It is worth noting that the men did not generally express themselves in interview in terms of SF-36 questions 11a and 11b where participants are asked to respond to the truthfulness of the statements, 'I get sick more easily than others', and 'I'm as healthy as anybody else, respectively. Given the popular stereotypes of men as pre-disposed to measuring and comparison, it might have been expected that the interviews would have contained more of this kind of comparative statement. It is likely that the lack of this type of statement may be because of the interpersonal nature of the interview in which men did not wish to appear as though they were putting others (or themselves) down.

A more common comparison for men to make in interview was with their own prior health, as the following sequence of comments from participant 8-RE demonstrates;

I used to go to the gym three mornings a week. (8RE:569)

I admit that my memory is not as sharp as it used to be. (8RE:645)

I've always been a very active person, when something prevents you from being as active as you used to be, it's a case of, 'You're 60 mate! You are not 30 anymore!' (8RE:665)

This shows a pattern of comparison not with other men but with the former self. What this participant is really noting is change over his life course.

8-RE's reflection on changing physical capacity may carry with it an awareness of a new life course trajectory, in this case, away from the participant's self-image of being 'a very active person' who is mentally acute towards a different kind of self-image. Yet the changes referred to above do not appear to radically reverse 8-RE's

previous 'active alert' trajectory. The participant still exercises regularly and keeps his mind active. Of particular significance is his rationalisation of the changes in terms of age. He makes allowances for the changes he notices and thus presumably creates a space for him to adapt to those changes.

Health Seeking Behaviours

The men in this study talked about seeking and maintaining good health. This material emerged both in the part of the interview when they spoke of their own health, and also in that section where they were asked if they had any advice for intending retirees. A wide range of pro-health behaviours and attitudes were described, including positive lifestyles, relations with the medical fraternity and attitudes towards medications.

Healthy Lifestyles

Many men referred to the importance of balanced eating, moderate drinking and exercise in order to promote their health. The following quotes offer examples;

But you can't drink too much, you lose .. you put on too much weight, you know. (6KT:578)

Try and keep a bit of the weight off so I can actually run around the field. That's the hard part. 'Specially during the cold months, you tend to eat more. (13SC:505)

I was having a very, very difficult time, at retirement. Because I was sitting up there putting more weight on. Having a little bit more to drink and just generally putting on more weight. Sitting around doing nothing. (15FE:498)

Mine's only walking but I do try and eat properly, so I'm always checking what sort of good foods are around, that sort of thing, you know. (2EE:688)

Other men deferred to medical advice,

It was only after Christmas this year that I found out that I had sugar [problems] ... So I went on a diet and I'm, I was about 116 kilo, I'm down to about ...100.8 kilo, but ah, I've lost a lot. (21MC:111)

Still others presented pro-health behaviour as self-interest or common sense,

I walk for an hour every day to try and maintain my health, I'm very interested, cause I've had a few health problems in the last year or two so I, you know, need to look after that. (2EE:141)

These references to healthy lifestyle frequently included pragmatic points about the difficulty of maintaining close adherence to goals.

We came home and I had lost four kilograms and I thought that's great. So, um, I love food, I love all sorts of food, I love entertaining. But um, exercise, I probably don't do as much purpose exercise as I should, but then again I think that I'm very active all day, every day. (9MH:755)

When I discovered that I had diabetes I stopped [drinking]. And I was a fairly heavy drinker, as most military people are because it doesn't cost you a great deal to drink in the army. Um, yeah, so I take all my medications. I do most of the right things, although I don't really with doughnuts and so forth. On a weekend I sort of tend to stretch out a little bit and have things I'm not supposed to have. And during the week I'm good. (14WS:398)

And when I found out I had sugar I went straight off drinking, or nearly straight off drinking. I'm on diet drinks now and eat fruit, and eat cereal. Try not to eat your things, and if I eat, eat a bit of chocolate she nearly jumps on me. [laughs] (21MC:612)

This interplay between healthy ideals and pragmatic considerations is consistent with what was observed in the earlier chapter on men's choices generally. There the ideal and the pragmatic work together to create rich sets of potential life directions. Here in relation to health, this interplay results in a lifestyle that attempts to enhance health outcomes without unduly compromising quality of life. The findings here certainly support the conclusions of the study by Liechty et al (2014), that older men maintain control over the ageing body through diet and exercise.

Attitudes to medical professionals

Participants also described health in terms of their attitudes towards, and relationships with, medical professionals. Attitudes towards doctors ranged from caution and scepticism to high degrees of loyalty. In the case of 24-VP, these divergent attitudes were even held by the one participant.

OK, I'm only 60, and it amazes me, because you go to the doctor's and you might have an ailment and they'll say, 'Oh, consistent'. They'll write notes, 'consistent with age.' I find that a little bit hard to understand at times, because I know a lot of people are far worse off

than me, but I know a lot of persons are far more active than me too.
(24VP:271)

Loyalty was expressed by this same man,

I've always had a very good rapport with doctors, and I'm not a bouncer, I don't go from doctor to doctor. (24VP:795)

For quite a number of participants, medical professionals were seen as the gatekeepers to retirement. This was particularly true for the Vietnam veterans, since access to the veterans' pension is strictly controlled in this way. Having a doctor who was familiar with veteran issues was seen as particularly valuable.

It just crept up, all of a sudden, come on, come on top of me and I was very lucky. I had a very understanding doctor. Who happened to be a rat of Tobruk. And he'd seen it all before. He knew exactly what it was, and he knew where to send me. (23KB:558)

Non-veterans also regarded doctors in a similar way because access to sick leave, worker's compensation and medical retirement are similarly controlled.

I was sent down there and it was decided, well, not just on the basis of what the health commission people thought but what my specialist thought. (12MT:56)

I went back to see the doctor and the psychiatrist and went through the whole process again. And eventually their advice was, that, er, um, well actually I'd left. I'd just left. And I went and saw them, well I had been seeing them, but after I left and taken the decision that I didn't care what happened, I wasn't going back there again. And at that point they recommended ah, my medical retirement. Which took a number of, well a year or so, to kind of move through the process while I was on sick leave and etc., etc. and that all kind of eventually worked out. And as far as I'm concerned, they saved my life. (18EC:79)

In this latter example the participant finds justification for his subjective decision to leave work, 'I didn't care what happened, I wasn't going back there again', in the recommendation of the doctor and the psychiatrist for medical retirement.

Some participants also cited examples of medical practitioners who were not able to provide answers or meet patient expectations, for example;

And I've been to the doctor and been to specialists and they've put a lot of things on my head and checked me out and they've said, 'We can't find anything wrong' so they don't know what it is. (2EE:414)

One participant cited an example of how access to medical authority was used to limit his options for leaving work,

They sent me to a heart specialist to check me out for being depressed, and he knew nothing about depression, but they used his tests and interview [to say that] that I wasn't suffering from depression. (20MP:108)

Such reports of the failure of medical knowledge or medical professionals were in the minority and most men who raised the topic did so in a positive manner.

Conclusion

Without asking specifically about physical health, the men volunteered a significant amount of information in the interviews. Matching this information to data from the Hunter Community Study proved difficult, partly because of issues with the HCS data, and partly because of the nuanced nature of the interview data. The men generally presented themselves as having a sound commitment to their physical health and lived that out in pragmatic ways by balancing what appeared to be the competing demands of health and quality of life. Men tended in interview to compare their health with prior health experiences rather than with the health experiences of others.

It is clear that early life events and even the influence of the health of participants' fathers contributed to the establishment of trajectories of good health or ill-health which had lasting impact on participants. This influence however did not always appear to be direct and proportional, and a number of paradoxical outcomes were reported. It is also clear that not all change had the quality of a transition that radically altered subsequent health trajectories. In particular, where change in health status occurred slowly with opportunity for adaptation, the existing health trajectories appeared more likely to continue. Health events that did have the quality of a life course transition included: accident or collapse at work, coronary incidents, and diagnosis of cancer or diabetes. The transitional quality and almost universally negative impact of the Vietnam war on veteran's health is also clear and will be taken up in more detail in the next chapter on mental health.

In summary, the relationship between physical health and early retirement remains complex. On the one hand, injury and ill-health clearly contributed to the early retirement decision of a number of the men in this study. For some of these men this decision was prompted by the pain and incapacity that accompanied their condition. Pain and incapacity however did not automatically or immediately lead to retirement and at least one participant (17-WC) reported staying on at work for family reasons in spite of his pain and incapacity. For other men the early retirement decision was prompted by the desire to enjoy what remained of their lives and to maximise their physical health. For these men deterioration in their physical health was a trigger to them taking steps to reduce and control negative elements in their lives (especially work). This was frequently seen as making the most of what they had and frequently focused on spending more or better time with family.

Any link between ill-health and early retirement was characterised by complex processes around medical assessment and treatment, and around access to sick-leave and medical retirement. In many cases there was a clear trajectory in which the appearance of symptoms were followed by diagnosis, then commencement of treatment, sick leave was frequently extended, and finally saw a transition from sick leave to retirement. In some cases men, hardly made any distinction between extended sick leave and early retirement. As observed in a previous chapter, early retirement frequently had financial dimensions. In the case of men with physical injuries or ill-health, being granted access to superannuation or pensions on the basis of their diminished capacity was often critical to facilitating their early retirement. Two of the men in this study who reported significant injury or physical ill-health went on to build or renovate houses in their retirement. In these two cases their early retirement also allowed further economic activity outside of the workforce. This demonstrates the possibility of significant adaptation to diminished physical capacity in their retirement. Such adaptation was reported as a slower pace than that dictated by the workplace, and knowing one's own limits in contrast with the requirements of employment.

Another dimension of the complex relationship between health problems and early retirement is the co-occurrence of mental health issues with physical ill-health. The next chapter will focus on the mental health of the men in this study and its intersection with physical health and retirement.

Chapter 9: The Mental Health of Early Retired Men

Having examined the physical health experiences of the men in this study, this chapter now focuses specifically on the mental health experiences of the participants. This focus builds on the experiences described in previous chapters and is critical to providing responses to the research questions. Data are drawn from the two surveys administered by the Hunter Community Study (HCS) and interviews conducted with participants as previously described. Firstly, the HCS data are examined with specific focus on Kessler (K10) and Centre for Epidemiological Studies – Depression (CESD) scale scores, the mental health scale of the SF36 and Duke Social Support Index (DSS). Secondly, the interview data is discussed with particular attention to the language men employed to describe mental health and to the conventions observed in that discussion. Attitudes towards mental health are traced and factors influencing those attitudes are identified. A comparison between HCS survey and interview data is then conducted with observations about early retirement and the workplace, before the chapter concludes with insights on the data from life course perspectives.

Mental health was not tightly defined in the interviews (as previously discussed in the methodology chapter). The World Health Organisation (WHO) definition of mental health relates it back to the general definition of health,

It is related to the promotion of well-being, the prevention of mental disorders, and the treatment and rehabilitation of people affected by mental disorders. (<http://www.who.int/about/mission/en/> Accessed 15 August 2015)

Of mental disorders WHO says,

they are generally characterized by some combination of abnormal thoughts, emotions, behaviour and relationships with others. (http://www.who.int/mental_health/evidence/MH_Promotion_Book.pdf, Accessed 15 August 2015)

Key literature on mental health in retirement (Melzer, Buxton et al. 2004, Butterworth, Gill et al. 2006, Gill, Butterworth et al. 2006) tends to focus on those mental disorders that create the greatest disease burden, namely the common

disorders of anxiety, depression, and drug and alcohol abuse. These disorders were used by the interviewer as illustrations when introducing the topic in the course of the semi-structured interview.

Two participants referred to significant memory loss in the course of their interviews. Participant 10-CG was open about his Acquired Brain Injury and the impact it had on his memory, and participant 22-NC spoke of being hospitalised for anxiety and depression in these terms,

Well, ah, I don't, I don't know. I had, I think, I don't know what you call it, but um, an ECG [*sic*]⁷. And I think that affected my memory. And part, a lot of what happened, I can't remember at all. (22NC:140)

These acknowledged memory issues may impact on the level of detail participants are able to offer about life course events. Where referred to below, care is taken to ensure that the recollections cited are clear and significant to the men. Memory issues (*per se*) are not regarded as invalidating the current experience of these men, and their responses to mental health issues are included below on that basis. None of the research observations or interpretations that follow are based only on the experience of these two participants.

Mental Health Data in the Hunter Community Study

Data from the HCS relevant to consideration of the mental health of men in this study includes the Kessler K10, the Centre for Epidemiological Studies – Depression (CES-D) scale, and the mental health items in the Short Form (SF-36). Other data such as the Australian Quality of Life Index (AQoL) and the Duke Social Support Index (Duke SSI) were also available. The K10, CES-D and SF-36 were administered at enrolment in the HCS and at follow-up.

Quality of Available Data

⁷ The participant likely intended to reference Electro-Convulsive Therapy (ECT) used in cases of treatment resistant depression.

Data provided by the HCS for these participants included both responses to questionnaires and derived scores for various instruments. Derived total K10 and CESD scores were available for all participants for both enrolment and follow up interviews. However, responses to K10 item 7, ‘During the last 4 weeks, about how often did you feel depressed?’ was missing from both initial and follow-up response data provided on these participants. Likewise, data from a similar question in the CES-D (item 6), ‘During the last week I felt depressed...’ was available, but only at follow-up.

Observations from Available Data – Changes over Time

Of the data made available to this research, the K10, which reports psychological distress, is the most fundamental. This is the instrument that was used to screen participants prior to interview to ensure that a reasonable proportion of the participants did have mental health experiences to relate. The K10 also has the advantage of not attempting to screen for any particular diagnosis, but to measure psychological distress more broadly. This broad approach to mental health is most likely to capture the experience, and expression of those experiences, in the language and conceptual frameworks of the men themselves.

The derived scores provided by the HCS for the participants in this study at enrolment and follow-up are given in Figure 9.1.

Figure 9.1 Kessler K10 Scores by Individual at Enrolment in the HCS and at Follow-up

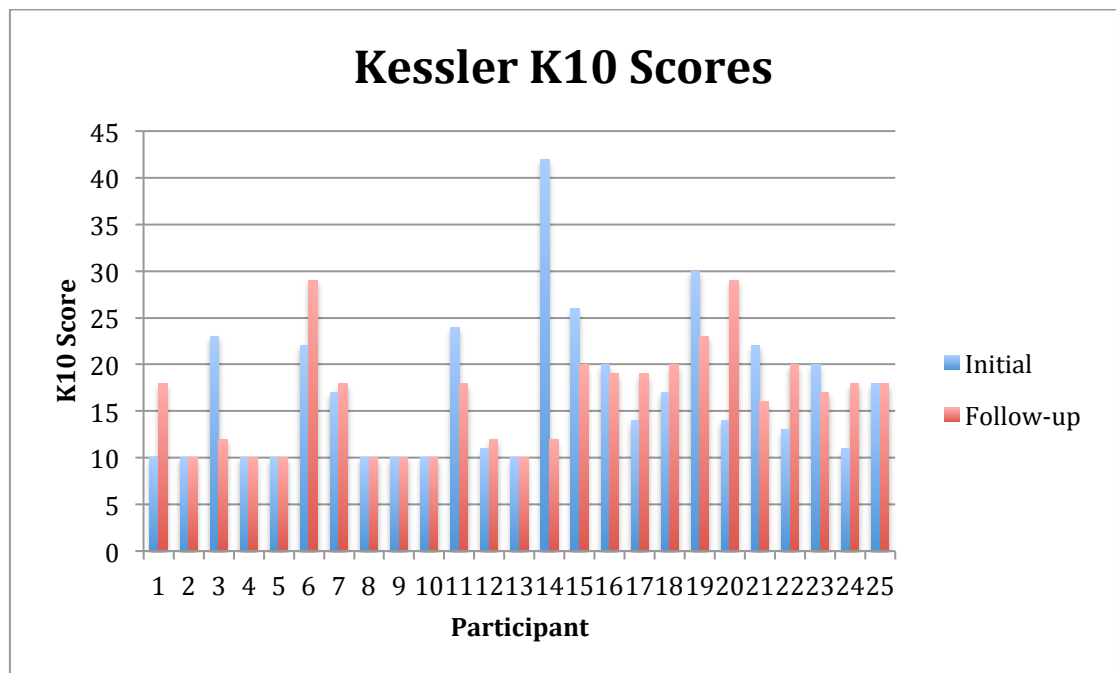


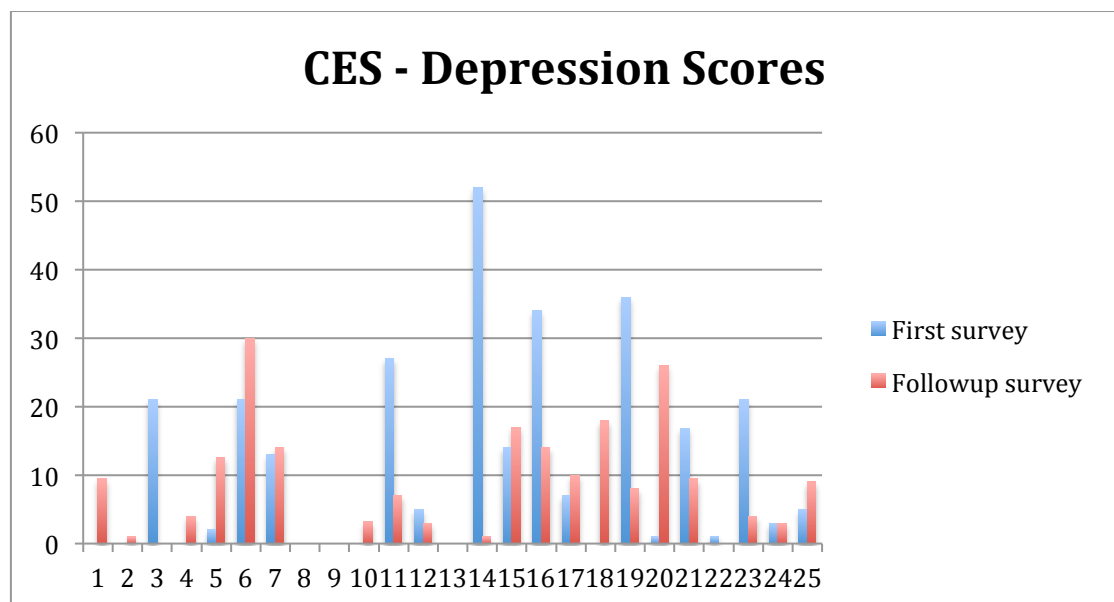
Figure 9.1 indicates that the average K10 score at enrolment was 17, and later 16 at follow-up. 17 of the participants scored over 15 at one or other of the two administrations of the survey. A score of over 15 represents levels of psychological distress above the Australian national average (Andrews and Slade 2001). Ten of these participants scored over 15 on both occasions. A total of nine participants reported a decrease in psychological distress, eight participants reported no change in psychological distress, and eight participants reported an increase in psychological distress.

The distribution of participants with improving, stable or deteriorating levels of psychological distress appears to require further investigation because of the high degree of symmetry. The distribution still holds when the scores are re-examined to allow for a small change of plus or minus two points. The results remained stable, with 11 participants reporting minimal change, seven participants reporting decreased psychological distressed, and seven participants reporting increased psychological distress.

The implication of this distribution of results is that in this small sample (N=25) of early retired men, which was deliberately chosen to over-represent participants with

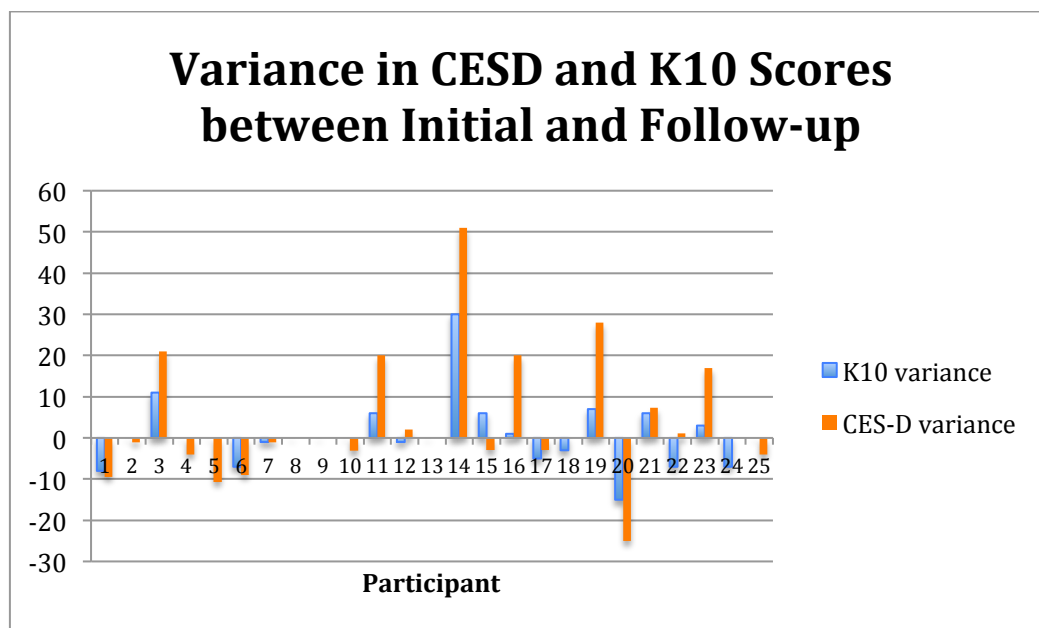
moderate to high K10 scores, there is no overall trend across the sample in the experience of psychological distress. This finding seems to challenge the claim by Vo et al (2015) that early retired men experience more negative mental health outcomes after retiring. 16 of the participants reported change and 14 reported change of more than two points. In both cases the numbers reporting positive change and the numbers reporting negative change were equal. Similar results can be found in the participants' responses to the CES Depression scale in Figure 9.2.

Figure 9.2 CES Depression Scores by Individual at Enrolment in the HCS and at Follow-up



There are ten participants with less than a three point change of score between initial and follow-up survey. There are seven participants with improving scores and seven with deteriorating scores. One participant had missing data and could not be rated.

Figure 9.3 Variance in CESD and K10 Scores between Initial and Follow-up Testing (by Individual).



Of the men reporting changes in psychological distress on the K10 between initial and follow-up assessment, all reported changes in the same direction (or no change) in their CES-D scores. This can be seen in Figure 9.3 above.

Observations from Available Data – Agency and Role

Results for a number of the individual items in the SF-36 provide insights into the personal impact of emotional issues on the lives of the men in this study. Item 5b ‘accomplished less than you would like (as a result of emotional problems)’ is of interest because of the emphasis on activity and accomplishment in hegemonic masculinity. Data for this item was only available from the initial survey at enrolment in the HCS. Six men admitting to having done less than they wanted in the previous four weeks. Of these, all but one participant reported elevated psychological distress at the same time. The remaining six men with high K10 scores at that time, reported that they did not accomplish less than desired to. One possible explanation for this is that these men held views of themselves which de-emphasised accomplishment. This will be examined relevant to their interviews later in this chapter.

A related measure is Item 6 from the Duke Social Support Index (DSSI), which asks ‘Do you feel useful to your family and friends?’. Results also showed relatively few negative responses. Only five participants reported sub-optimal utility on enrolment,

and all but one of these had improved sense of utility at follow-up. Another six men reported decreased utility at the time of follow-up. Of the participants reporting a new sense of decreased utility, two did not have above average scores on the K10. Item 9 in the DSSI is also of interest to this study because of the way in which utility and role are so frequently associated in popular masculinity. Item 9 asks ‘Do you feel you have a definite role (place) in your family and among your friends?’. Only seven men responded at either enrolment or follow-up with a sub-optimal sense of role. Four of these respondents reported a stable sense of role, two reported a decrease and one (recently remarried) participant reported an increased sense of role. Low sense of role was associated with high psychological distress in all but three of the 11 reported instances.

The reporting of problems in relation to these self-report items which cluster around accomplishment, utility and role are all lower than expected given the number of men with high K10 scores. While 15 of the participants reported above average levels of psychological distress, less than half that number reported lower scores in the areas of accomplishment, utility and role. Two possible explanations to account for this are that either the men have such strongly agentic views of themselves that they were not prepared to admit to losses in this regard, or that the men in question have successfully adapted in retirement to being less focused on accomplishment, utility and traditionally masculine roles. Exploration of interview data later in this chapter will explore these possibilities.

Observations from Available Data – Happiness

Another area of interest for the experience of retired men is the extent to which they regard themselves as ‘happy’. At a popular level, being happy stands as an opposite to being ‘distressed’. Happiness may have a number of foci including being happy with retirement, with life and with one’s relationships. Item 12 in the CES-D asks participants to indicate the number of days in the past week in which the statement ‘I was happy’ was true. The SF-36 also asks about happiness when it asks participants (Item 9h), ‘In the last month ... have you been a happy person?’ In general men tended not to describe themselves as ‘happy all the time’, but substantial numbers

reported being happy ‘most of the time’. It is also noticeable that some men with high K10 scores for psychological distress were still able to see themselves as mostly happy. The extent to which other factors may support happiness even while distressed will be explored through the interview data below.

Interview Data on Mental Health

The semi-structured interviews conducted in this study provide qualitative data on the mental health of the men whose survey responses have been discussed above. The interview schedule asked men to recount their experiences of mental health (or that of other men they knew). This provides a context around the mental health responses provided above and allows greater insight into the particulars of these men’s experiences.

Attitudes Towards Mental Health

Range of Attitudes

The attitudes towards mental health that men expressed in the interviews represented a wide range of personal dispositions, from sceptical rejection of the concept, to open acceptance of a diagnosis. Participant 5-DR is typical of those who distance themselves from mental health issues,

Well, mental health, I don’t know, I haven’t had much to do with mental health. ... A lot of it, I think it’s a bit fictional, you know.
(5DR:610)

He goes on however to reveal that,

One of our sons is supposed to have depression. But as far as I can see his depression was his own making, you know. He didn’t have a job. He was sitting at home all the time. (5DR:617)

Here the participant’s profession of ignorance, ‘I haven’t had much to do with’ is belied by him talking about the condition ‘one of our sons’. It would appear that this participant’s attitude to mental health and his relationship with his son are intertwined. While it is not possible from the interview data to infer cross-influence

between quality of the father/son relationship and attitude to mental health, what is clear is the nexus between employment, activity and mental health in this participant's mind. The participant expresses his view that his son's depression 'was his own making' and links it directly with not having a job and 'sitting at home all the time'. The attribution in this view is clear; inactivity and unemployment lead to depression. The corollary is equally clear, activity, especially economic activity, would overcome the depression.

This participant's view of mental health is not held in isolation and there are clues in his life course that may provide insight into what sustains such attitudes. This participant had worked all his life in a trade and had only one employer after finishing his apprenticeship. His personal history was of longstanding stable employment. In fact his employment hadn't changed even through the significant life transitions of the breakdown of his first marriage and moving from Sydney to Newcastle. It is not surprising then that this participant would value employment and attribute a negative mental health outcome to unemployment.

Masculinity in Attitudes towards Mental Health

Another factor which appears to have been at work in maintaining 5-DR's view of mental health is his adoption of certain characteristics of hegemonic masculinity. This participant was a repairman most of his working life. He exhibited throughout the interview a practical problem-solving mentality and spoke of having a whole collection of mechanical goods under his house which he either had repaired, or was keeping in order to repair. This orientation towards fixing things is frequently associated with the agency and control of hegemonic masculinity. Against this, his apparent inability to 'fix' his son's depression may lead to denial that it is a 'real' problem.

Masculinity, at least in Australia, also frequently connotes emotional distance. This may inform 5-DR's attitude to his son as a coping mechanism. Earlier he had reported that his response to the failure of his first marriage was for him to eventually cut off from the children of that marriage. In the same way, his response to ongoing tensions between his former and current wives was to relocate from

Sydney to Newcastle. Such distancing may also be reflected in his attitude towards mental health issues when this participant says that he hasn't had much to do with it but his son has depression.

Similar sentiments towards mental health were echoed by other participants in this study. They used language such as 'malinger' and 'pitiable' to describe people with mental health disorders. Examination of these cases also reveals associations of good mental health with activity and employment, and with hegemonic masculinity. At the other end of the spectrum of attitudes towards mental health, many participants seemed accepting of mental health diagnoses, for example 23-KB said,

I was working as a building contractor and I, I found it, in my own business, and I found it very, very difficult, cause I had an anxiety disorder. And I, I was in an ever diminishing spiral, if you know what I mean. The worse I got the worse the business got, the worse the business got the worse I got. So at the end of that, when I went to the doctor's and sort of collapsed in his chair and said, 'I don't know what's wrong with me. Where am I going? What am I doing?' He sent me to a psychiatrist down in [suburb] and the psychiatrist said, 'I know what's wrong with you.' This, this, this and this. And it was only a matter of a few years and I was accepted by the Department of Veterans Affairs that I was accepted as being eligible for the full pension. And that was a great relief, for me. (23KB:109)

In this case, the participant's acceptance of his mental health diagnosis was associated with a number of factors. The diagnosis indicated an exit from the 'ever diminishing spiral' brought on by his anxiety and business failure. He also appears to experience the diagnosis as an answer to his personal identity questions, 'I don't know what's wrong with me. Where am I going? What am I doing?', and the diagnosis also represents a gateway to eligibility for a veteran's disability pension.

Economic Factors in Attitudes towards Mental Health

The importance of economic factors in this participant's mental health experience is significant. 'The worse I got, the worse the business got', is eloquent testimony to the economic impact of mental ill-health. The mutually reinforcing factors of anxiety and business underperformance appeared to lead inexorably to bankruptcy. Here too there is a link with the hegemonic masculinity that portrays a man as breadwinner or income earner. Economic failure brought on by mental health issues strikes not only

at capacity to survive in a consumer society, but also at the participant's identity eliciting the exasperated cry, 'What's wrong with me?'

Paradoxically, economic factors aided this participant in his acceptance of a mental health diagnosis. Having received the diagnosis of an anxiety disorder, this returned soldier was then able to apply for a veteran's disability pension which in turn represented a level of economic security that he had not experienced while his business was in decline. The availability of a veterans' pension was also cited by two other participants in this study (1-RT and 25-BT) in relation to their acceptance of a mental health diagnosis.

Non-veterans also revealed the importance of economic factors in their response to mental health, when for example, participant 18-EC said,

Preparation, I suppose, was to have reasonable superannuation, which I'm also very thankful for, and it kind of happened sooner than I expected it would. ... Well I was medically retired. Because of depression and, er, stress, basically. (18EC:44/62)

Although the diagnosis had been made some years earlier, the availability of adequate superannuation for this participant made it possible for him to act on the doctor's advice (and his own inclination) and take early retirement. Similarly, participant 6-KT said,

Because of things that happened at work I had a breakdown, and I was diagnosed with .. I was trying to think, .. I was trying to find the report so I could give you the exact quote, but I can't. But it was depressed mood and anxiety, so it was anxiety disorder and depression. And I was retired, was retired because of that. (6KT:188)

In this man's case the report confirming his mental health issues was a means of accessing the financial resources of, first, sick leave and second, medical retirement.

In these excerpts from interviews, economic factors have two roles. Poor financial circumstances may be an indicator of, or reflect, mental ill-health because of the nexus between health, employment and income. This is most likely to be evident among men who are self-employed or in short-term unstable or casualised employment. Conversely economic factors may operate in ways that tend towards men taking action to recognise and address their mental health. This is particularly

so when disability pensions, sick leave and medical retirement (and early access to superannuation) is available.

The Language of Mental Health

Consistent with the range of attitudes towards mental health outlined in the previous section, the men in this study demonstrated a wide variety of ways in which they spoke about mental health. In the example of participant 5-DR discussed above, comment has already been made about language that distances the participant from mental health. Other distancing language devices found among men in the interviews included; being vague (using phrases such as, ‘sort of’, which deliberately allow for a variety of meanings), using the third person (a person, they, one) rather than speaking personally (I, me, my), and the use of pejorative terms (such as ‘malingerers’) to refer to people who have mental health problems. The use of distancing language by these men is may reflect the disdain in which hegemonic masculinity holds vulnerability (Inckle 2014). Contrary to the control and capability demanded by dominant views of masculinity, mental ill-health frequently involves loss of control, reduced capacity and capability. Any discussion of such experiences would perhaps confront participants’ gender identity and might lead to the use of such distancing language (see Charteris-Black and Seale 2009).

Another use of language which sometimes has a distancing function but which also has other functions is that of humour. Men used humour in a number of ways around mental health. Exaggeration and overstatement were common. In these ways a personal admission concerning mental health was made more acceptable because it was not as severe as stated. Ironical statements (such as describing alcohol excess as ‘therapeutic’) were also important. Language that adopted a scientific or medical tone was also used by men to make a comment or situation more acceptable. So,

I, and I’m prepared to say this, I suffer from OCD. Obsessive Compulsory [*sic*] Disorder. And it’s body substances and poisons. And I work in a hospital. So consequently if I happen to get something on me I’d have a panic attack. (15FE:143)

They discovered a few years ago that I have um, seratogian [*sic*], a lack of it in the brain. (14WS:376)

Appeal is here made to the legitimising power of the scientific and medical institutions, and the importance of providing a biochemical explanation of the psychological symptoms. The fact that in both cases quoted above, wording errors are made, should not obscure the significance of these appeals. There was also some evidence in the interview data of the effectiveness of public health awareness campaigns in the area of mental health. This can be seen when men made explicit references to organisations such as Beyond Blue and Lifeline. While the language utilised by participants is important for understanding the interview data, a full semiotic or discursive analysis of the men's discussion of mental health is beyond the scope of this study.

Differences Between K10 and Interview Reports of Mental Health

A number of differences emerge when interview and K10 data are compared. Although 15 of the men interviewed had scored above average levels of psychological distress on the K10 administered in the same year as the interviews took place, two individuals did not speak about their distress in interview. Participant 19-HA was a professional man who acknowledged the role of poor mental health in his decision to retire but denied that he continued to experience any significant ongoing symptoms. He attributed this change to increased time to relax in retirement, more freedom and finding other interests. Similarly, 21-MC, a council worker, seemed to consistently miss the point of the mental health questions in the interview, interpreting it at first as a question about memory. When the question was reframed in terms of 'stress' he responded with an account of his cardiac stress test. He made no reference to any mental health disorder nor did he disclose anything that might be interpreted as current symptoms. In both these cases is there insufficient interview data to explain the high K10 score at follow-up.

Conversely, of the ten men whose current K10 scores were average or below, at least one of them clearly spoke about significant current psychological distress. 14-WS was a veteran who reported hyper-alertness, disrupted sleep, uncertain retirement role, and who described himself as 'suffering from depression.' In his case, it may be relevant that his initial K10 score was at the extremely high end of the scale. It may

be that the apparent significant improvement he experienced between initial and follow-up assessment may have produced an under-reporting of his symptoms, especially if he was comparing himself with his previous experience rather than responding to the questions on the basis of the last month's experience as they are asked in the K10 instrument. Another area of difference between the K10 and interview data is the timeframe reported. While the K10 was first administered to the participants at enrolment in the HCS the interview was able to gather information about events much earlier in their lives. Since all the men in this study identified as retired at enrolment this study does not have pre-retirement K10 scores for the participants. The interviews however, while not asking for a mental health history, do provide a large amount of information about the men's pre-retirement mental health. This information is summarised in the table below;

Table 9.1 Individual Mental Health Histories as Constructed from Interviews

| ID | K10 @ T2 | Mental Health History as constructed from interviews |
|------|-------------|--|
| 1RT | 18 | PTSD Vietnam vet, alcohol abuse in early adulthood, job instability |
| 2EE | 10 | Nil admitted, actively denied MH, although work stressful because of volume |
| 3GT | 48 | Childhood loss & grief, possible workaholism, anxiety & suicidality |
| 4CF | 10 | Multiple occasions of workplace discipline for alcohol misuse |
| 5DR | 10 | Trauma of divorce, distant from recent family deaths |
| 6KT | 29 | Depression & anxiety due to workplace trauma, worker's comp. |
| 7EP | 18 | Described self as 'Type A personality' periods of anxiety and withdrawal. |
| 8RE | 10 | Nil admitted, recent death of friend did 'throw' him a bit |
| 9MH | 10 | Childhood trauma from DV, depression while incarcerated |
| 10CG | 10 | Disinhibited due to ABI, feels ashamed |
| 11WC | 18 | Childhood trauma from family violence, stress, anger, rage, one suicide attempt. |
| 12MT | 12 | Nil admitted, avoided workplace stress by not taking it too seriously. |
| 13SC | 10 | Nil admitted, 'Be easy going, it avoids stress.' |
| 14WS | 12 | Childhood trauma from family violence, PTSD Vietnam vet, alcohol abuse |
| 15FE | 20 | History of anxiety, OCD, panic attacks, possible alcohol abuse |
| 16IS | 19 | PTSD Vietnam veteran, longstanding depression & anxiety, workaholism |
| 17WC | 19 | Possible workaholism, possible control/rage issues, 'not big but dangerous' |
| 18EC | 20 | Workplace depression & stress, suicidality, possible alcohol abuse |
| 19HA | 23 | Admits to childhood trauma (divorce) & 'mild depression', poss. workaholic |
| 20MP | 29 | Depression, work stress causing 'irritability', suicidality |
| 21MC | 16 | Multiple severe losses, death of 1 st wife, severely disabled son, other family |
| 22NC | 20 | History of severe anxiety & depression, ECT, memory deficits |

| | | |
|-------------|----|---|
| 23KB | 17 | Vietnam veteran, PTSD, loss of business |
| 24VP | 18 | Admits childhood trauma (divorce), depression, suicidality |
| 25BT | 18 | PTSD Vietnam veteran, active avoidance of workplace responsibility. |

What is evident from this table is high levels of psychological distress or mental health issues at some point in the participant's lives. Only four participants admitted no significant psychological distress at any point in their lives. While the sample is purposely biased towards participants with current psychological distress, many of the ten participants with low K10 scores at baseline (shaded in the above table) still report symptoms of psychological distress at some point. Importantly for the context of this study it was found that,

1. None of the early retired men in this study described an onset of psychological distress or common mental health disorders after retirement.
2. All participants with high levels of psychological distress in retirement had significant pre-retirement antecedents to that distress.

Retirement as a Stressor

The pervasiveness of pre-existing psychological distress should not however, be construed to imply that retirement did not contribute to psychological distress among some men. A number of men reported that the prospect of retirement raised their anxiety levels;

In a way, I was worried about retirement. I didn't want to retire. The fact is that I had to or I was going to loose too much money.
(17WC:62)

I was very, extremely up tight and worried that I'd have enough money to live on. What was I going to do? (15FE:553)

These two examples highlight financial security concerns as stressors for men contemplating retirement. This theme was also highlighted by other men. Some denied retirement was an issue for them but implied it was for others. A number of men suggested financial planning as advice for intending retirees. Generally, financial security reduced the likelihood of men experiencing retirement as stressful. Some men found the prospect of retirement stressful in other ways. Participant 3-GT, who had always lived a busy life, found the prospect of inactivity daunting, but found his own solution,

[I] started to get a bit worried about not working, [so] I decided to go on three months holidays. (3GT:373)

Other men reported various levels of distress as a result of their retirement. The timing of the global economic crisis was referred to in a previous chapter. A number of men referred to the psychological impact of that at the time, 19-HA is typical;

I had a self funded superannuation fund and obviously when so much was wiped out by the financial crisis it then got me a bit nervous. I always expected the market would rebound, but with the double dip we seem to be seeing now, how long it is going to last I don't know. It creates an uncertainty. (19HA:170)

Adjusting to different levels and types of activity, and different patterns of social interaction were among the most common retirement stressors reported by participants. While retirement functioned as a stressor for the men above, by far the stronger impression is that for the majority of men, retirement was a relief.

Mental Health Experiences in Retirement

The retirement experiences of the participants in this study are situated in the trajectories of their individual life course. As discussed above, the vast majority of participants had some experience of pre-retirement mental ill-health. In life course terms, this represents a continuity rather than a fundamentally new trajectory for men's mental health in retirement.

The range of mental health experiences reported by the participants in retirement is as diverse as the men themselves. At one end of the continuum there are those who do not report any mental health disorders or symptoms. At the other end are those like participant 24-VP who reported life threatening symptoms,

I got very depressed ... and I thought, 'Well, this is the end of this and I'm just hopeless.' I wasn't able to do anything, so I was feeling pretty sorry for myself. I was on a lot of medication, a lot of antidepressants, ... I've [attempted] suicide. It was, it was, just before that actually I'd resigned ... I had a few issues and a few things come back to haunt me. (24VP:624)

More common was the experience of participant 18-EC who said,

I don't know that I'm necessarily over the depression, but I'm certainly a lot better than, er, than I was. And er, can generally function without, without it er, getting too, too down on things. (18EC:440)

In this type of experience men report a general improvement in their mental health following retirement. This is related to decreased work stress and more time for personal fulfilment. Participant 16-IS is typical when he says,

The only thing different now [in retirement] is that I can go away up to the van at [beach]. If things get a bit stressful [I] go up there and spend a week up there some, most times my wife comes with me but sometimes she doesn't. So I get up there and relax around there, go fishing, do what I want to do. (16IS:428)

The use of 'getting away' as a coping mechanism was also reported by a number of other participants.

Men, Coping and Mental Health

Common coping mechanisms reported by the men include self-talk such as is seen in the following examples,

But I've really got to say to myself, 'You've just got to keep going.' Some days I could really just lay down and say 'I don't want to do anything.' And some days I could do that. But I just try to just keep myself going and make sure that I do get up and do something, you know. (1RT:267)

I'll say to myself, 'Well. Wake up to yourself. Pull yourself out of this. Get on with it' ... But as I said, I've never said, 'Why me?' I've never broken down into tears. I've said to myself, 'Well as far as my personal health is concerned, I've got a job to do, let's beat this bloody thing, and get on with it.' (7EP:304)

Most of this self-talk is framed to focus on the participant's need for greater effort or self-discipline, and to stop 'feeling sorry' for oneself. These features correspond to the demands of hegemonic masculinity that require of men that they be in control both of their actions and emotions.

There are however also occasional elements of this self-talk which celebrate accomplishment such as when 7-EP says he has never said, 'Why me?' He adds, 'I've never broken down into tears.' Here the participant finds dignity and a positive sense of his capacity to cope from the fact that he has not descended (as he sees it) to

a state of self-pity or tears. While this participant's positive focus in self-talk is refreshing, it is yet still possibly constrained by the emotionally restricted values of hegemonic masculinity (Emslie, Ridge et al. 2006).

Another form of self-talk was the use of comparisons that cast the participant in a favourable light, 'There's a lot of worse people out there' (24VP:158) and 'I'm probably as crazy as the next person' (14WS:395). Here the participants emphasise that they are not as poorly off as some. They minimise to themselves their personal experiences. The value (from the participant's point of view) of such minimisation is that it may prevent self-absorbed emotional states or the perception that the participant is either out of control or unable to cope. Both control and coping are required within the framework of hegemonic masculinity (Bennett 2007).

Apart from self-talk, another common coping mechanism reported by participants is the use of distraction.

Well, if I'm upset, I try to do something else, take my mind off that situation, go and do something else, to get that out of my mind. (17WC:649)

I guess I, I distract myself to some extent, buying computers and, er, that kind of thing. Which is I find, to some extent, therapeutic. (18EC:486)

Unsurprisingly, men who reported consciously using distractions to cope with psychological distress found them helpful. While the long term use of distraction may prevent participants addressing underlying causes of distress, the value of this coping strategy is that it does assist the man to maintain his sense of control. The strategy is accessible to the participant and brings the symptoms of distress within his control.

The use of medication is a subject that divided the participants. Some reported benefits,

I'm still on tablets for depression but, but I don't have suicidal thoughts or whatever, any more, or very often. (18EC:126)

I just call them my crazy pills. Um and the Ziprexan and Luvox [*sic*] and the Luvox tends to allow my brain to shut off and I'm getting some sleep. (14WS:389)

And I was on a medication and taking, oh, 140mg of a certain medication, but my body got used to it and I was staying in a state of depression. And when I changed to a more modern antidepressant, then up I came. (24VP:799)

So I got onto the, this medication, which was [brand name], and um, I guess it did help me. (9MH:433 -but see below)

These endorsements of medication by the men were frequently qualified. Participant 24-EP emphasises the requirement with medication for it to be monitored and up to date. Others qualified the outcomes of medication with tentative phrases like ‘I guess’, or ‘(not) very often’.

Other men found medication unhelpful or wanted to avoid it for other reasons including;

With the GP, he gave me some tablets which made me worse so I didn’t go back. I thought, ‘I’ll deal with this myself.’ (19HA:494)

I went to the doctor. He then put me on some medication, ah, which was only hiding it. I felt, you know, this is no good, it’s only hiding what, the way I feel. (3GT:545)

These participants are uncertain of the efficacy of medication and want to treat the symptoms in a different way. Participant 19-HA wants to ‘deal with this’ himself, while 3-GT doesn’t want to mask his emotions. While this comment may appear to stand in contrast to images of limited emotional expression in men, it should probably be understood in personal rather than social terms. ‘Hiding (it)’ is most likely to stand in contrast to ‘fixing’ or ‘dealing with’ the problem, a personal process in which the participant demonstrates to himself his capacity to overcome adversity. Yet for other participants, taking medication was a measure of severity.

I was feeling pretty sorry for myself. I was on a lot of medication, a lot of antidepressants, my wife carried me through that, my current wife. (24VP:622)

‘A lot of medication’ confirms the seriousness of his emotional state. In this participant’s experience it was not medication that helped him through the difficult times but his wife.

The process of coming off medication was also significant for a number of men.

I'd been prescribed tablets and so forth which I took and kind of soldiered on for a while and eventually got off the tablets and um, I didn't necessarily feel much difference but nevertheless I went through the whole process. (18EC:75)

I decided that, 'No, I didn't need the, I forget to take tablets anyway, so I started to think I'll get off these' and I was advised not to. So I was suspiciously, or cunningly breaking sort of, breaking them in half and throwing half in the loo. But I went off them quickly and I had reactions. And had to go back on, and I said to the doctor, 'Look if you don't supervise my weening off these, I'm going to do it myself.' So we went through a supervision [*sic*] program of, supervision program of, um, you know, one tablet, down to half a tablet, half a tablet every second day, half a tablet every third day, off. And I've had no need since. (9MH:445)

In this construction, medication is a corollary of mental ill-health which presents further challenges to the participant. In the case of 18-EC, there is a sense of relief at 'eventually getting off the tablets', having gone through 'the whole process'. Participant 9-MH is more explicit, 'I'm going to do it myself' and 'I've had no need since' are both evidence of his capacity and control over medication, and thus to some extent over his wider mental health experience.

Generally, when men spoke about their mental health experiences, it was in the context of coping with mental ill-health. As a rule men tended not to provide extended descriptions of what they were experiencing so much as how they were responding to it. In this way men express a preference for seeing themselves as active agents in the mental health experience.

Crisis and Control in Men's Mental Health

While much of the experience of men's mental health was expressed in terms of coping, the exception to this tendency is around the notion of crisis. While many men presented themselves as coping, it was acknowledged that there were limits to this, as one participant stated, 'I kept on plodding on until, until I couldn't plod any longer' (18EC:62). In this case, crisis was the endpoint of an extended period of coping, and marked a definitive turning point in this man's life course. It was at this point he retired early.

In some cases it appears that having a crisis experience validated subsequent actions,

I actually collapsed at work. I was at home when I collapsed but because of work. And it was depression. 'Cause it was actually stress that I was suffering from and it was, forced me to retire earlier than I expected to. (20MP:85)

In other cases crisis is a measure of severity, for example, 'There was two ways out. One, I could go and see me doctor, knowing that he'd do something to help, or, a bit of rope! (3GT:664). In these instances, it appears that men use the account of crisis or loss of control as permission for what followed therapeutically.

Participant 20-MP (cited above) offers a useful insight into control in the experience of men's mental health, when he says,

I worked in these stressful jobs. But like everybody else I thought I had it [stress] under control. But I didn't. ... Blokes won't admit it. They won't even admit it to themselves. 'We've, we, well, it's stressful yeah, but we've got it under control. It's not hurting us. We can handle it.' I thought I could. I didn't realise the effect it was having on the people around me. I thought, 'Oh, yeah', come home irritable and everything. I didn't realise the effect it was having on them. Family and friends. (20MP:634)

In this construction, the widespread masculine sense of control is fraught and delusional. It results in men not recognising themselves, and in others having to carry the cost of men's stress. In this participant's experience, 'collapse' is a counter to the myth of masculine 'control'.

While 20-MP envisaged crisis as ushering in a more realistic understanding of self, participant 6-KT reminds us that this comes at a cost,

Yeah, well, the thing about .. once you go through this, once you go through this, you know, this stressful, depressive illness, you're never quite the same. You never quite come back to where you were before, you know. It's like a piece of steel, you know. You get a piece of steel bar and you bend it, you know. And once you bend it, or a spring, once you go past a certain level, it never quite works as good as it worked before, you know. (6KT:497)

In his view the mental health crisis leaves a permanent scar, so 'you never quite come back' from the depths of such an experience. While hegemonic masculinity demands the strength of steel, his simile suggests a mental health crisis leaves a man like a deformed piece of metal that is no longer strong, robust or capable.

The interview material reveals a complex interplay between men coping with poor mental health and experiencing crisis, between being in control and collapsing, between utilising available resources and being controlled by forces outside of themselves. In this interplay being a man and interaction with dominant images of masculinity, seems vitally important for our understanding. The role of the workplace in many of these men's experience of mental ill-health is also critical.

Reflections on the Workplace from a Mental Health Perspective

In the process of describing their mental health experiences, many men reflected on their workplaces. From a life course perspective this material may be thought of as antecedent to the men's retirement experiences. Some men regarded the workplace as the direct cause of distress,

Then I transferred over to [the new workplace]. Full of stress. Full of women who, um, just not nice. And again I was starting to feel sick and um, they offered me a voluntary redundancy and I took it. (11WC:35)

Other men however regarded workplace stress as operating in much more subtle ways,

And it was only when I retired, I think it took me about 18 months to look back and think – Gee, I must have been stressed at work, cause I feel pretty relaxed now. ... And I thought, 'This is good.' You know. So I said to people,.. I've never felt stressed at work in my job. It was demanding, but I could always handle it, so I didn't come home and say, 'I've got to get out of there, it's really hard.' There was none of that, and I was never anxious about it. Um, so I could cope alright. And when I look back on it I was obviously, it wasn't stress, anxiety type stress, it was just the amount of work you had to do. It was just, it never went away. (2EE:169)

In this case the participant maintains a distinction between types of stress. There is stress that is 'anxiety type stress' and there is a different type of stress from the volume and pervasiveness of work to be done. The latter is more easily seen in retrospect. There is an explicit denial here that this participant could not cope with

his responsibilities. At the same time however there is an acknowledgement of the toll his excessive work was taking.

In regard to the cost of workplace pressure, participant 6-KT was clear;

It is my firm belief that much of the suicide problem and depression and that, is brought on by sheer over-work or over-stress, you know. There's no fat left in any of the systems. All the fat in any of the systems has been trimmed away. Whether it is teaching or nursing, or police work, or anything really. I mean I watch how my kids work and the amount of unpaid work they put in, and the expectations on them, I'm just continually amazed, and I think that's a main .. one of the main causes of mental [ill]-health in Australia, you know. I won't say people aren't well paid, but I don't think that necessarily produces happiness. (6KT:633)

The 'over-work' and or 'over-stress' referred to by this participant appears to be a result of workplace efficiency programs. 'Fat in the system', which presumably kept stress to a manageable level, has been removed to the point where he now observes (younger) people doing large amounts of over-work resulting in significant risks to mental health.

Participant 7-EP however, found the workplace sensitised him to the mental health needs of men. He was one of a number of union delegates among the men in this study;

Being in charge of a crew of men who are away from their family quite a lot, as I was, you've got to look out for those symptoms. Those guys might have some sort of stress, whether it be caused by family, etc., but um, so in the overseeing role, looking after other people, yes, keeping an eye out for them, through the union organiser role, supporting them and referring them to the appropriate resources where possible. (7EP:283)

Here the workplace is seen to separate men from families. This separation is regarded as a risk factor, even when the family may be the source of stress. The role of the union delegate is to be alert to the possibility of mental health issues and to support and refer appropriately.

These observations about the workplace from a mental health perspective are consistent with the experience of many participants described above, The workplace

exposes people to explicit, subtle and structural stresses. Exit from the workplace into retirement is then frequently experienced as beneficial to the mental health of men who retire early.

Life Course Perspectives on Mental Health

Fundamental to this study are the life course perspectives that hold mental health phenomena in an unfolding context which is dynamic, interactive and sensitive to time and environment.

Mental Health in Family of Origin and Childhood

Childhood relationships have long been understood to be significant for psychological outcomes. This is evident in what participant 19-HA said about his mental health experience and early life context,

And maybe I always had mild depression because of my parents' divorce as a young bloke, because for three years from five to eight I went away and lived in the country with my aunt and uncle and their six kids. And there's that separation syndrome. Um, so, I always had depression, but I think after the heart thing it was worse. It's that mortality thing where you say, 'Hey, I'm not as strong and great as I thought I was. Or I wasn't coping so well.' And um, I can see it in other people too now. (19HA:478)

This observation contains a number of critical observations that help us see the participant's construction of reality. He is prepared to admit the possibility of an underlying mild depression throughout his life which he explains by his parents' separation, his subsequent sense of loss, and being unwanted by either parent. The implication is that he was able to handle that level of depression. However, it became significant when he experienced a heart attack which called into question his self image as strong and capable. Finally, this construction now serves him as an interpretive paradigm with which he can better understand the experience of others.

As discussed in a previous chapter, there were a significant number of participants in this study with a family history that included relational failure and the possibility of

intergenerational trauma. Many of them also indicated the significance of those early experiences for their subsequent lives and health.

Corollaries of Early Adult Experience

The typical life stage activities of early adulthood such as: leaving school, further education, finding employment, and moving out of home, are significant milestones in building identity and independence. These milestones were referenced in terms of men's mental health or wellbeing. None of the participants expressed regret at decisions made at this stage of their lives, and none of them indicated that they were impacted by trauma at this time. This period of their lives tended to be seen in terms of freedom and vitality. The one significant exception to this was the impact of military service in the Vietnam war. Of the participants in this study who saw active military service in Vietnam, all reported that it impacted on their subsequent mental health. This impact varied in expression at different times of life. The example of participant 1RT is illustrative. Initially the impact appeared in alcohol abuse, subsequently there was a period of career instability, and later he reported risk of uncontrolled anger. In addition to these features, others reported avoidance of responsibility, workaholism, failed businesses and failed relationships.

From a life course perspective it is vital to note that the specific social and political environment around the Vietnam war was perceived by the veterans as critical to their mental health experiences. The synchrony in timing of these men's military service with the growth of the anti-war movement was commented on by 25-BT;

We had paint thrown over us, you know, weren't served in, [indecipherable] went in uniform, they wouldn't serve us, and things like this. I mean, it's not bullying, not according, don't help your brain, when you come home, so .. that sort of thing I had to cope with so I went into the shell, you know, for 20 years. You just go into your shell and you just carry on and you don't mention it. Hard to talk about, and as I said, that's, that's, that's what you cop. And that's the way you handle it. You don't trust people, cause of the way, the situation when you got off the boat and how you were treated. And hard to talk to your family, because they've maybe seen you criticised for what you done. (25BT:333)

Here, society was seen to reject the servicemen and their contribution, leading to self-doubt, social withdrawal, and mistrust on the part of the veterans. Others similarly noted that non-veterans could not understand them, and that socialising with non-veterans was difficult. This confluence of social factors resulted in the veterans feeling ostracised.

These veterans did however refer to two positive outcomes of this social phenomenon in their interviews which another life course perspective. Just as the individual life course is impacted by social forces and movements, so also society is impacted by the individual. This is seen in the involvement of veterans in the Returned Services League (RSL) sub-branch welfare committees. As participant 23-KB says,

And I've been helping other guys since, well since '74 as a social group, we, we, but in the mid 90's when the Newcastle Vietnam Veterans became a welfare and pension, you know, DVA advisors, and they are today the second largest in the state of NSW. So I've been a big part of that for many years, and that keeps me busy, but I don't have to be there. I'm there because I want to be there. (23KB:272)

It is also seen in the establishment of a veteran's specific counselling service,

Veterans who were coming through, fully counselled, fought for themselves, although we fought for ourselves, the Vietnam veterans and put into place things that had never been heard of [before] ... like the Vietnam Veterans' Counselling Service. (25BT:590)

It is no exaggeration to say that the impact during early adulthood of the Vietnam war on the participants in this study was profound and pervasive. All veterans reported symptoms of mental ill-health which significantly shaped their subsequent lives. It is also true that emerging out of those experiences, came personal commitment and even social innovation which contributed positively to the individuals involved, and to their colleagues.

Employment Stability, Interruption and Mental Health

The interest of the life course approach in significant life events or turning points focuses attention on changes of employment. As the men in this study discussed

their life decisions in interview it became apparent that some of their employment or career decisions were significant for them, while others were not. As a general rule, changing jobs was more common during early adulthood when fewer responsibilities made it more feasible and when in some cases entry ages for careers necessitated fill-in employment while waiting to be age-eligible. Of the 25 men in the study, 15 had no ‘significant’ (mid or late career) change of employment during their working life. Eight men had either one or two significant changes of employment and two men had multiple careers or employment. Of the men with long term, stable employment, seven had lower than average K10 scores for psychological distress. All three of the men with significant periods of self-employment in their careers experienced above-average psychological distress, as did all of the eight men with two or three ‘significant’ changes of employment.

In making these observations about employment stability and psychological distress it is not possible to generalise or to infer causality. In some cases a single employer provided economic stability in spite of extended psychological distress. Men tended not to talk about change of employment as being motivated by mental health considerations, although physical health and working conditions were cited as a contributing factor by more than one participant.

Reflections on Participants Reporting Significant Change

Examination of the K10 scores of participants at enrolment and at follow-up identified six men whose scores increased by a margin of more than five points, and an equal number whose scores decreased. Interview data from two of the participants reporting significant increase in psychological distress provided insights into why the increase may have taken place. One man attributed it to relational issues,

I’m still scared of death. So that keeps me awake at night. Not that I’m scared of it, I’m scared of what I’ll leave behind won’t be able to manage. Especially my son, you know, and what is going to happen to him ... [previously] he won’t get off his arse. (17WC:668)

Another man related his increased distress to declining physical health;

So the physical activity is the thing that's kept me going. So I volunteered and I used to go and mow lawns. ... But I don't do it now, unfortunately I've been diagnosed with a cancer and I've had an operation. (24VP:250)

A third man alluded to possible structural processes that may have contributed to his increased K10 score when he described himself as 'going for a veteran's pension' (1RT:104). Given that one of the pathways to this type of pension is a diagnosis of Post Traumatic Stress Disorder (PTSD), that pension application may have sensitised him to symptoms and encouraged his reporting of psychological distress.

For the remaining three participants with significantly increased psychological distress, the data from the interviews did not provide insights into why the increase may have taken place. The lack of data is related to the semi-structured nature of the interviews and the desire to allow the participant to express their experiences in their own way. The interview was not intended to be a clinical interview and did not attempt to gather comprehensive clinical information.

All six of the men who reported reduced levels of psychological distress provided sufficient data during interview for inferences to be made as to what mechanisms were involved. These mechanisms were diverse. One man had adapted to a less active retirement role and one had improved his level of self-care and time out of a difficult domestic situation. One had recently married. One reported an improved financial position. One reported removal of workplace irritation (together with unrelated grief work). One reported a sense of efficacy in better managing his health. Yet the diversity of these factors cautions against simplistic explanations of improved mental health in retirement. Two themes emerge from these men's experiences. One theme is a capacity to adapt to new situations. For example, participant 3-GT reported that he had to adapt to a less active lifestyle,

[I used to think] 'I should be still working' but now I go, when I get up of a day, I make sure that I do something. Not necessarily, well, if I mow me lawns, I've achieved something. And it's taking your mind off, and you don't just sit and think, 'Oh, those blokes are doing this, and I should be doing it.' (3GT:498)

Others adapt in different ways including avoiding stressful situations and compensating for stressors by managing other commitments, as in the case of 19-HA who dealt with multiple bereavements by leaving the workplace.

The other theme here is the self-conscious exercise of agency – two of the men took steps to improve their self-care and both reported delight in the outcome. Another man was able to negotiate an improved retirement package for himself that both reduced his financial anxiety and gave him a sense of satisfaction.

Men, Psychological Distress and Accomplishment

In the analysis of HCS data in the first part of this chapter, six men (14-WS, 18-EC, 19-HA, 21-MC, 23-KB, 25-BT) were identified as having high K10 scores but reporting that they did not accomplish less than desired. In the light of the interview data, the experience of these men is now examined in more detail.

Accomplishment is important in hegemonic masculinity as a measure of capability and contribution. What is not so clearly established in that construct is the nature of the accomplishment. Socially valued and acknowledged accomplishment is certainly provided by the workplace and many other social activities. Among the most frequently mentioned accomplishments in interviews were sport and organised community volunteering (such as scouting in the case of 25-BT). Availability of these avenues of socially recognised accomplishment may decrease with age-related changes in physical ability and energy levels. Other accomplishments may however be celebrated at an individual level and still allow a participant to think of themselves as making a contribution and being capable.

Of the six participants examined above, all of these men found alternate accomplishments to apply themselves to, golf rather than housework (14-WS), bridging employment-type activities (19-HA), and especially caring (23-KB) and grandchild care (21-MC, 25-BT). Comment has been made in a previous chapter about the significance of caring type activities for these men. What is significant here is that this care takes place even though the participant is apparently

experiencing personal psychological distress. Whether caregiving functions as a therapeutic outlet is beyond the scope of this study.

Another dynamic which may be at work was illustrated in the interview with participant 18EC. This man reported symptoms of depression from early adulthood. In spite of having studied law, he reported low expectations of himself and of life,

I mean, I don't think there is any, um, I didn't have, necessarily, any burning ambition to be anything in particular. 18EC:300

This low level of expectation may lead to a sense of resignation and a reduction in the importance placed on accomplishment. Yet even this participant used his retirement activities to vindicate his retirement role, 'I've taken over the cooking and ah, things of that kind' (18EC:150). Given the preponderance of alternate accomplishments cited by participants, it seems clear that generally men did not abandon the requirement of hegemonic masculinities to accomplish but rather transferred and adapted the type and nature of their accomplishments. This supports in principle the finding of Bennett (2007), who claims that widowed men presented typically feminine tasks and responsibilities positively in terms of masculine traits such as capability, so that they maintained a legitimate masculinity.

Conclusions

The mental health experiences of the men in this study are diverse. While the sample had been selected with a bias towards men reporting levels psychological distress, many others had prior mental health experiences which they were prepared to discuss. Many of the men in this study entered retirement early because of mental health issues (see Butterworth et al 2006). None of the men had their first experience of mental ill-health following retirement. Levels of self-reported psychological distress (K10) were stable for a significant proportion of the men. Where levels of distress did change, an equal number of men reported improvement and decline. Given the number of men reporting initially reporting high levels of psychological distress, the numbers reporting reduced activity, utility and happiness are lower than might otherwise be expected.

In interview, men tended to describe their experiences of mental health in terms of crisis and of coping. Crisis represented the break down of attempting to cope and appears to be in some cases a necessary element in the experience of mental health as it legitimises what came afterwards as medical assistance. Men were then able to access a variety of strategies and resources to assist them to cope with their experiences of mental health. These strategies and resources included both personal practices, (such as self-talk) and social structures (such as family support). The influence of structural factors can be detected in the men's experiences of mental health. The life course perspectives acknowledges evidence of antecedent trauma across generations, through early childhood, and especially of the impact of the Vietnam war on subsequent mental health. The workplace also included many stresses that contributed both directly and indirectly to negative mental health experiences. Relational and economic factors surround and colour the experience of men's mental health as a precursor to early retirement. The role of dominant constructions of masculinity was also frequently observed.

The next chapter brings together a synthesis of these factors together with the evidence from the previous chapters relating to life course, decision making, and the interactions between health and mental health.

Chapter 10: Synthesis

Distinctive Life Course Experiences

In investigating the mental health experiences of a sample of early retired men in the Hunter region of New South Wales, this thesis has so far examined the antecedents and environment of the men, their life course transitions, their retirement experiences, their health and their mental health. This chapter now turns to the synthesis of ideas and concepts emerging from the previous substantive data analysis chapters. The material here is assembled in an integrative manner, bringing together informants and experiences with identified commonalities to highlight notable features, trends, patterns and exceptions. This integration will enhance understanding of how men in retirement experience life, health, mental health and masculinity. It addresses the four research questions posed in the introduction to this thesis;

1. How do early-retired men experience their lives and health in retirement?
2. What pre-retirement experiences do men bring to their transition from work to retirement?
3. What coping strategies do the men utilise or have an awareness of?
4. How do early-retired men understand and construct wellbeing?

The approach taken here is to group the men into sub-groups with distinctive life course experiences. This chapter proceeds first to examine the experiences of men whose life course includes significant loss or disadvantage as children. Following that the men who fought in Vietnam as young adults provide a very distinctive set of life course experiences. Finally men who experienced significant illness or injury in their adult years are considered.

Men Experiencing Childhood Loss and Disadvantage

While a direct question about childhood loss and disadvantage was not asked in the research interview, anecdotes emerged in the interview process which enable a clear identification of these men. There were eight participants who reported experiencing trauma during their early years. Three experienced the death of their father, one man reported domestic violence and physical abuse, and the remaining four men spoke of the negative impact of their parents' separation.

All the men whose fathers died early experienced this out-of-sequence life course event in negative ways. Participant 3-GT said of his father,

He was killed on the way to work, yeah, at the age of fifty-one. ... I was thirteen [years old] at that time. And yeah, had to work things for meself. (3GT:11)

Two other men reported that their fathers died when they were pre-schoolers. While both men reported their mother's subsequent remarriage, neither found this satisfying and both felt isolated, cast on their own resources and, for at least one of them, enmeshed in destructive emotional family dynamics. In terms of other early disadvantage, domestic violence dominated the childhood experiences of participant 14-WS who described his father as 'violent' and 'just a mean man'.⁸ He also describes himself as having developed a pattern of avoidance to cope with his father's temper.

The remaining four men in this group described the disturbing breakdown of their parents' relationship. Each spoke of subsequent alienation and distance from the father. So 6-KT said of his experience,

My father left home when I was nine and I didn't see him again until, until he was dying. (6KT:4)

⁸ In this chapter the men are grouped according to the time in their life course when they first experienced significant issues. Because of the cumulative nature of disadvantage it is expected that men with significant loss in their childhood may well experience significant adult illness or injury. For this reason men with childhood issues are not generally discussed in later sections. 14-WS was a Vietnam veteran as well as experiencing a difficult childhood. His experiences are included in both sections because of the distinctive nature of veteran experiences.

Participant 19-HA reflected on the possible impact of this experience when he said of himself, ‘And maybe I always had mild depression because of my parents’ divorce as a young bloke’. He was subsequently sent away to live in the country with relatives. This group of men almost all described their troubled childhood experiences in terms of their fathers. The fathers died, the fathers left, divorced or became estranged. For this group of men, it seems that their childhood was seen through the lens of loss of their father.

It is not surprising therefore that some of these men reported significant male mentors during their lives. 24-VP told how a police officer advised him to follow his own example and get a trade before joining the force. He not only took the advice but also did the same trade as his advisor. In a similar way 11-WC had a technical college teacher who took an interest in him and suggested the public service examination to him. This advice set the trajectory for the remainder of his career.

Some distinctive features of this group of men can be seen from their histories. Two of the men report going away or being sent away during their early years. 3-GT left home and went to work on a farm shortly after his father’s death. 19-HA describes how he spent three years living with an aunt and uncle and their six children. 19-HA referred to ‘separation syndrome’ in regard to this experience. 3-GT said of himself, ‘Yeah, well I was, sort of, not actually brought up, I was told to get up. Wasn’t I – really. That was a bit of a kick in the bottom’.

The absence of their father contributed to financial hardship during childhood and impacted on education for some. One participant highlighted how his father’s absence impacted negatively on his career aspirations,

All through my school life I was going to be a teacher, but I didn’t qualify for the scholarship. Couldn’t afford to go back [to re-sit exam] because I had a sole parent who didn’t get any support at that stage.
(9MH:195)

For 3-GT the implication of not having a father, leaving school early and being financially independent early on, meant he pursued a wide variety of practical education options that would help him avoid unemployment. Other men from this

group without significant family resources spoke of the importance of scholarships and a favourable job market for their economic and educational life trajectories.

Moving towards mid-life, this group of men frequently experienced marriage difficulties. 5-DR, 9-MH, 11-WC and 24-VP all spoke of marriage breakdown. The case of 24-VP is interesting because he clearly linked his marriage breakdown to economic circumstances.

One of the biggest mistakes I made as a young bloke was working two jobs. I'd work at work, and I built my first house too. ... I was never at home. That's a failing. If I was on afternoon shift, I'd be away working with a mate doing the second job. And I thought it was the right thing because I was bringing more money in, but I wasn't being a father. ... And um, then of course the relationship drifted apart, then it comes to a realisation that it's just not right. (24VP:659)

For this participant the aim of financial security distracted him from 'being a father'. This conflict was compounded by his childhood experience,

The whole thought of [divorce], having come from a broken family, was against my grain ... And I had a bit of trouble coming to terms, coming to grips with that. 'I've failed', you know? (24VP:709)

The sense of failure and difficulty in 'coming to grips' with his situation is consistent with his description of himself elsewhere as depressed. In retirement this same man emphasised that his relationships now are healthier than at that time. He says,

I impress on my wife, my current wife, I tell her I love her every day. (24VP:767)

Even his relationship with his former wife has been normalised to such an extent that he sees her at least once a week. It appears as if his image of masculinity here has changed from provider to host. Whereas once he struggled with two jobs to meet the requirements of being the provider, now in retirement he invites others to reminisce and enjoy rapport. Other men in this group also reflected on their retirement relationships in positive ways. 5-DR presented his own failed relationship as 'a long time ago, and 9-MH described a current productive working team relationship with his partner.

The men who experienced childhood loss or disadvantage appeared to have had high rates of injury and illness (both physical and mental) as they approached retirement.

Only one man did not report this. The remainder all had conditions that pre-existed or precipitated their retirement. However, experiences varied significantly. Both 3-GT and 24-VP had significant back injuries (fall from height and motor vehicle accident respectively). They reported significant depression (including suicidal thoughts) consequent to their injuries. Both however had gone on to build or renovate houses in their retirement and both reported positive relationships with their spouse and children. They spoke of being able to pace themselves and not over-extend their physical efforts. Whilst they both maintained active engagement with medical practitioners they did not present their situation as defined by their complex medical conditions. On the contrary these men presented their lives in terms of a strong and viable masculinity. One aspect of their legitimate masculinity was demonstrated in the physical labour of building or renovating a house. This is powerful evidence to themselves and others that in spite of significant injury they have not lost an embodied masculinity that is physically productive. The fact that these two men focus their physical endeavours on their houses also carries with it connotations of being a good provider for the household. They were proud of their situation as men in retirement.

Three other men in this group spoke about experiencing workplace stress prior to their retirement. 19-HA characterised his stress as related to the volume of his work and expectations around that,

I had some fairly large corporate clients. The work I was responsible for was auditing, and of course auditors are always, ah, under pressure I suppose, in terms of meeting deadlines and commitments, ah, also qualifying, if you qualify an audit report a client might disagree with a qualification. (19HA:447)

He justified the stress he experienced at work while at the same time elevating his personal power and importance in the workplace, emphasising power and control, both significant for the accomplishment of masculinity. However, the stress prevented him from sleeping, he was prone to outbursts and irritable at home. This has changed since retirement.

Both 6-KT and 11-WC were in highly conflicted workplaces with high levels of structural change, high levels of employer surveillance and low levels of

understanding or empathy from management. 6-KT was explicit about that in his choice of words, 'And then we started for the war. It started. Well, there was a war, you know'. Participant 11-WC described his workplace conflict using words like 'bitches' and 'bastards'. He continued, 'The whole place was just like a minefield. You never knew who, who was connected to who'. War zone symbolism emphasises the enormity of the troubles they both experienced. It implies their success in getting out into the 'peace' of retirement.

Some men from conflicted family backgrounds did not do well after retiring. For example, 6-KT still experienced psychological triggers in daily life that took him back into an agitated state which he likened to his pre-retirement experience. His K10 score was 29 and he described himself as missing the company of men. One of his primary retirement activities was war-gaming. 11-WC also constructed many of his retirement experiences in terms of conflict. A local activity group was described in terms of 'bitches' and his partner could be 'a very cranky piece of shit'. His level of psychological distress measured by his K10 score was above-average at 18 and he described his situation as 'not the best'. Yet this man also found a way to improve his situation in retirement by taking regular weekends away and giving himself space to refresh himself for his caring role.

One consequence of the loss of fathers was economic disadvantage. This had shaped the course of some of their lives. It also appears to have impacted on their relationships as they entered mid-life. Their own marriages were stressed and frequently failed. These men also seemed to experience significant workplace stress and illness as adults. This frequently lead to retirement. Against this background the retirement experiences of these men were mixed. Early economic disadvantage appears to have been resolved to a certain extent in retirement even where personal savings were negligible. The carer's pension and an adaptable attitude sufficed for one man. Relationships generally were regarded more positively and, where challenges were encountered, coping strategies such as 'time out' helped. While their physical health may not have changed in retirement, the slower pace at which these men did things, and their choice of activities with a high capacity to validate their masculinity such as house building, helped them maintain a positive sense of self in

retirement. Overall, this data demonstrated support for Atchley's (1989) study findings, which emphasised continuity between middle age experiences and old age experiences relevant to life-long trends.

The Vietnam Veteran Experience

Vietnam veterans shared distinctive life experiences at a time in their life course when they were just entering adulthood. Their military experiences stand largely independent of their family background or social status. There were five men in the sample who saw active service in Vietnam. The distinctive life trajectory of the veterans can be summarised in five events or stages.

1. Being called up, basic training and combat experiences
2. Experiences of return from active service, discharge and finding a place in civilian life
3. A period of relative stability and productivity in early/mid-life
4. Increasing dysfunction and social dislocation leading to crisis in late mid-life
5. Post-crisis support, and improved life outcomes in retirement

Being called up, basic training and combat experiences

The life trajectory of veteran men began with a sudden and dramatic change in their youth. Through the random outcome of the draft call-up and through basic training, a new social role was imposed on them. At one and the same time they were robbed of that touchstone of masculinity, a sense of independence and control, yet they were also immersed in a highly masculine environment. Most of the veteran informants reported dramatic experiences in training and combat which challenged their sense of self,

I can understand how fellows get shot in their first battles, cause even though you ... you think you're switched on, you, well in my case I wasn't switched on. I just, you know, it never hit me. (1RT:451)

Elsewhere he describes the experience of being airlifted in the same cargo plane as the dead bodies of his compatriots who had been on a mission in which he would have been involved but for a chance occurrence,

I tell you what, it really affected me. I can still see those bloody coffins as plain as day. (1RT:398)

Such dramatic events, however, were not understood by the veterans as simply psychological experiences. One participant clearly placed his combat experiences in sharp contrast to the social revolution taking place among his civilian peers at the same time,

And while all these people probably had long hair and, and having free love and all the rest of it, well, whilst they were enjoying the benefits of free love, I was killing Vietnamese people. (14WS:245)

Another contrasted the social conditions surrounding current military service in Afghanistan with his own historical experience in Vietnam, suggesting that support for troops is markedly different now compared to the 1970s. The sense of a veteran group identity may well have its roots in what 14-WS said about battlefield motivation,

The thing about fighting for your country and the flag, it's all bullshit. You fight for the guy alongside of you. So whatever he does, you're there to protect him and he's there to protect you. (14WS:283)

The responsibility and dependency dynamic required in combat may have resulted in the formation of close homo-social relationships that either consciously or unconsciously distance others who were not involved in the conflict.

Experiences of return from active service, discharge and finding a place in civilian life

The second distinct phase in the life course experience of the Vietnam veterans happened on their return to Australia and transition out of the armed forces. As draftees, these men reported significant dislocation on returning to civilian life. One young man was told by the army,

'Look, you're not needed any more. Away you go!' and gave me a bus ticket [home to my parents]. (1RT:482)

Not long afterwards he was posted as a teacher in somewhat chaotic circumstances,

About the Thursday or Friday before school I got another telegram telling me I was off to [town]. I didn't even know where [town] was. ... and I thought, 'My God, what have I got myself into here?' (1RT:489)

These experiences imply systemic failures both in the services and in civilian employment to assist the veteran transition back home. 1-RT captures the personal consequences of this systemic failure when he says that from his first day in the town where he had been sent to teach he experienced difficulties.

And I did it pretty tough, because I would get on the piss. Because, you know, Vietnam, etcetera, was all very strong in my head.
(1RT:501)

Another transition consequence was evident when participant 25-BT reported about the negative public reaction to veterans returning from Vietnam, 'See when I come .. when we come back, the first 20 odd years, we copped stick'. What happened to some veterans becomes part of the experience of the group, 'we had paint thrown over us'. This strong group identity reinforces the perception among Vietnam veterans that non-veterans did not understand their experiences.

A period of relative early/mid-life stability and productivity

Following the troubled return to civilian life, this group of informants experienced a period of relative stability and productivity in their 30s and 40s. For many, this coincided with marriage and family responsibilities, so 23-KB says of this period of his life,

To start in my own business was probably a big decision. That was a bit of a worry for my wife. You know, she preferred the regular income and ah, once the children got, once the two girls got stuck into school, um, she went back to work and between the two of us, what me running me own business and with her, we sort of swapped roles a little bit. I did a lot with the kids. Took them to school and picked them up from school because of her hours and that sort of thing. So that worked in pretty well. (23KB:516)

23-KB noted that not all veterans had supportive wives,

Whereas a lot of the blokes fell off the perch sort of thing, their wives said, 'Oh, this is no good. I can't handle this!' and left. Mine didn't. Mine helped me through it. (23KB:234)

In the case of 14-WS however, even his marriage breakdown (during this period of his life) is reported as having a stabilising effect,

I was in the army and I had four kids ... my wife ran off with a 21 year old, and left me with four children. ... the eldest being ten and the youngest being five, I was mum and dad to them until my

youngest was 17. So I tried to stay young for them. Fitting into their life. (14WS:198)

Here the veteran adapts and ‘stays young’ for his children, integrating caring and providing into his experience of being a single father.

Increasing dysfunction and social dislocation leading to crisis in mid-life

The relative stability of early family life tended to break down however as the veterans moved into mid-life. In the case of one of the veterans (25-KB) this was triggered by a family tragedy when his stepson took his own life. For the majority however, it appeared to be an accumulation of various physical as well as psychological problems that resulted in crisis during late middle age. Participant 1-RT illustrated this well when he tells of trying to sell the oyster-growing business venture he had developed. Veteran 23-KB reported the worse he got the worse (distressed) the worse his business became. He described this destructive process as seeming irreversible, with no way out.

Post crisis support, and improved life outcomes in retirement

The final phase of the veteran trajectory was characterised by retirement which yielded relief from the crisis, improvement in reported levels of wellbeing and greater social connection. This change frequently happened with the support of other veterans and the successful negotiation of service and disability pensions. Participant 25-BT highlights the support and self-advocacy of the veterans when he says,

We fought for ourselves, the Vietnam veterans and put into place things that had never been heard of, ... like the [Vietnam Veterans] counselling service, the whole lot mate. Yeah. And it was all done through, without politicians help, in a lot of ways. Although the Liberals⁹, maybe it was a guilt complex, but they, they were very helpful in a lot of ways. (25BT:591)

He also reflected on the difference in his life now,

Well, I feel good about myself now, about what I did in Vietnam, and years ago I wouldn't have said that. But I believe I'm entitled and deserve the pensions. Um, wasn't my fault I lost hearing, wasn't my fault things happened. (25BT:495)

⁹ The Liberals are Australia's conservative party.

At various times in the interview this participant spoke of the critical importance of support from his wife, other veterans, counselling, his doctor and good friends to his improved state. Symbolic activities such as participation in ANZAC Day activities were also important to him.

Other veterans also reported similar improvements later in life, 14-WS had recently remarried and described a sequence of health and mental health measures which had improved his life,

Prior to having my knees done, I'd be waking up in the middle of the night with knee pains because you'd roll over in your sleep and you know. Since I've had the knees done that's a pain I don't have to have any more. So mental health, I'm probably as crazy as the next person but I've got the tablets. I don't drink. When I discovered that I had diabetes I stopped. ... Um, yeah, so I take all my medications. I do most of the right things. (14WS:391)

The timing of the last phase in this Vietnam veteran trajectory with early retirement is not accidental. All these men spoke of the significance of service and disability pensions in their lives since retirement. Phrases such as 'weight off my mind' recurred in their accounts. Pension availability appears to represent not only a financial resource but significant symbolic recognition. The pension symbolically rewards the military service that was not validated at the time of their return from Vietnam. As 23-KB said emphatically, 'I'm getting my entitlement through the Veterans Entitlement Act ... which I'm entitled to'.

The case of participant 1-RT provides a different but important perspective on the significance of the pension. At the mid-life point he left teaching (possibly because of stress) to go oyster farming for ten years. During this time he made no contribution to superannuation. The financial loss following a forced sale meant that he still could not contribute to his superannuation savings by returning proceeds from the sale of the business into retirement savings. This kind of cumulative disadvantage was offset by access to the veteran and disability pensions for eligible men.

Explaining the Veteran Trajectory

The distinctive life course trajectory for Vietnam veterans appeared to involve two periods of crisis each followed by some level of resolution. Although the call-up was an abrupt shift, it was the crisis of return to civilian life that the men mainly talked about. Subsequently, they found ways of engaging with the world and pursuing their lives through masculine roles in relation with partners, children and work. In late middle life a second crisis phase occurred. 25-BT confirmed widespread awareness of this second life course crisis among veterans when he said, ‘They say that the post stress and that after Vietnam doesn’t hit you until 30 years after’. This second crisis found some level of resolution through earlier-than-normal withdrawal from the workforce (retirement) and access to service and disability pensions.

Early in the adult lives of these veterans they experienced a disconnection between what was often compulsory military service entailing the horrors of war, and freedoms being explored by their civilian peers in that era. It is unsurprising that their subsequent life course trajectory would be marked by crises. Nor is it surprising that a strong group identity would emerge among Vietnam veterans or that this was frequently manifested in unfavourable comparisons and competition between those who served and those who did not. Yet while the veterans in this study frequently commented on their feeling of alienation from the wider community, they also frequently acknowledged the extensive contribution of spouses and families. This sense that their lives were linked to others around them supports key understandings of a life course perspective.

It appears that linked lives at the micro-level of private relationships constrain feelings of alienation to at least some degree. Their lives are also shaped by their own agency at the micro level, by choice of partner, by commitment to family and by the agency of those close to them in reciprocal actions. In relation to life course theory we should also note the reciprocal influence of the individual and society. The cumulative effect of the distress of Vietnam veterans (together with lack of validation from the wider community) led to the development and expansion of the Vietnam Veterans’ Counselling Service. The establishment of this service represents

at least for some of the men a vindication of their distress and a symbol of their agency and power.

The interplay of agency and structure is relevant to understanding the veteran's sense of masculinity. It is possible to trace themes of masculinity through the trajectories described above. In the initial crisis of training and combat they were subject to the structural authority of military command, and lacked control and autonomy, even though war tends to reinforce a 'tough' masculinity. Lack of control and autonomy were also experienced on their return from the conflict, especially because of the lack of structural recognition for them as men who had served their country. For many they gained a sense of control and autonomy by engaging in roles and tasks frequently associated with hegemonic masculinities such as breadwinner, homeowner, husband, and father. When they developed health and psychological symptoms during the second crisis phase in mid life they experienced loss again of control and autonomy. This loss was felt particularly in the areas of financial independence and work capacity. Retirement resolved both these areas of crisis by recapturing control and autonomy, which validated them in terms of legitimate ideals of masculinity. Retirement also meant that the men were freed from measuring their capacity and output as demanded by the workplace. They could explore different ways of being men.

Retirement was frequently reported to be associated with improved personal relationships relevant to conventional masculinities. So wives were portrayed as supportive of their husbands, even if annoyed by their husbands' gendered behaviours. Even where the partnered gender roles were not conventional, masculinity themes were evident,

While my wife's at work through the week, I'll head out ... [West] and do some camping. You know, shoot a rabbit or something and use my camp oven. And you know, .. stay a couple of days, etc. and I've got mates that will probably come out too. (1RT:224)

In this case the anticipation of male companionship and male activities seem to validate his masculinity while his wife works.

The retirement phase meant increased homo-social relationships for the veterans, which further affirmed a strong sense of masculinity. Participant 16-IS said he had no contact with anyone he served with in Vietnam for 40 years until he retired. On retirement he attended reunions and looked up old friends he had made in the army. Similarly, 23-KB spoke of his increased sense of inter-dependence with other veterans, and 25-BT recounted greater connection with veterans in ANZAC celebrations.

The shared experience of the Vietnam veterans and the distinctive life course trajectory evident for these participants, highlight three key dimensions for understanding retirement wellbeing. Firstly, the retirement of these men is historically anchored in large scale historical events and changes, some of which took place decades before their retirement. Secondly, the men do not experience their retirement as isolated individuals. Rather, their lives are inextricably linked to others, and retirement seems to strengthen their linked lives. Thirdly, retirement for these men is a gendered experience. Leaving the work force and engaging more strongly with significant others appears to validate their masculinity, through an enhanced sense of agency, choice and control. Finally, access to pensions signals important structural legitimisation of both their military service and their masculinities, since the two are inextricably connected.

Men with Adult Experiences of Significant Illness or Injury

The experiences of men who encountered significant illness or injury in their mid to late adult lives is now explored. These men reflect a range of physical and mental illnesses and injuries which first occurred during their working life. Many of their experiences parallel those of the men who experienced childhood loss and disadvantage. In some cases this was because of injury and illness that those men also experienced. Here the focus is on men who experienced illness or injury as adults without prior experience of loss or disadvantage. Not including men whose experiences have been surveyed in the previous categories, there were nine men in this category. Three men reported knee/back pain or injury, two men reported having diabetes, one man had prostate cancer. Three men reported generalised anxiety

and/or depression, one reported debilitating obsessive compulsive disorder (OCD) and one man had symptoms of an acquired brain injury (ABI).

Almost all attributed their early retirement to their physical or mental state at the time. Exceptions were 15-FE and 17-WC who provided multiple explanations for their decision to retire. Three of the nine men had physically demanding jobs (garbage collection, concreting and green keeping). These three all reported back and knee injuries leading to their early retirement. They experienced long term wear and tear on their bodies and appeared to accept this as part of their employment. For these men the trajectory towards early health-related retirement reached back to the commencement of their career because of the job-related stresses on their bodies. In retirement the physical complaints were compounded in the case of 10-CG by a motorbike accident which left him with an acquired brain injury (ABI), and in the case of the other two participants with above average scores for psychological distress on the K10.

Notwithstanding their physical ailments and elevated K10 scores both 17-WC and 21-MC found retirement activities that provide meaning, structure and continuity with a sense of masculine accomplishment. For example, 17-WC takes care of the grandchildren and regularly visits an elderly couple. For these two men, activity is key to their sense of a satisfying retirement. 17-WC could not be any clearer, life is wasted if it is not active. His recital of the days of certain activities suggest that those activities have a structuring effect on his time. In his interview he emphasised the importance of having fun and making a contribution. The focus on activity for these two men probably reflects the fact that their working lives were full of physical activity. It may also reflect the fact that their injuries do continue to impair their activity levels but by focusing on staying active these men assert that they remain capable men with a contribution to make in retirement.

Significant illness accounted for the early retirement of two other men in this group. 7-EP and 12-MT experienced prostate cancer and uncontrolled diabetes respectively. They responded to their medical conditions in very different ways. 7-EP described himself in interview as a 'Type A personality' and said of his retirement,

I was diagnosed with prostate cancer and ah, I thought, ‘No. There’s other things to do other than work.’ (7EP:18)

The ‘other things to do’ turned out to be travel with his wife, caring for his grandchildren three days a week, and quite heavy involvement in a range of men’s cancer support groups and community groups. Of these activities he said,

I do other things to keep my mind stimulated. And to keep my mind off worrying about other health issues. (7EP:54)

While his initial explanation of his activity was in terms of distraction, some of it also serves as a continuation of themes in his working life. In the workplace he was a union delegate and welfare advocate. Now in retirement his cancer support and community activities continue these themes and allow him to make significant contributions to others.

By contrast with this experience, participant 12-MT was declared unfit for work as a teacher and took early retirement because of his uncontrolled Diabetes. A single man, he reported little social activity. Some gardening and electronics are his hobbies. His diabetes had significantly affected his pre-retirement lifestyle and continued to affect his retirement. He kept a low profile and denied making many significant decisions in his life. In common with the previously discussed participant he did participate in a Diabetes support group. He contrasted his perception of his retirement with what he imagines the wider community might say, pointing out that other people might it would be a pretty boring existence, but he doesn’t think of it as such. This defiance of convention appears to operate as an assertion of independence and of masculinity for this man. He may be living what appears to be a fairly solitary life but he is doing it on his terms. If he attends a group he is doing it for himself. He has worked out his way of living with his medical condition and his retirement is the way he needs it to be.

The other four men in this same group reported significant anxiety and/or depression as adults. Participants 15-FE, 18-EC, 20-MP and 22-NC all reported that stress was a factor in their retirement and had K10 scores that reflected current psychological distress. Participant 15-FE named his condition as obsessive compulsive disorder. As described above, he offered a number of reasons for his retirement but workplace

triggers for his panic attacks was certainly a contributing factor. His history across his adult life of what he describes as ‘persistent diarrhoea’ may also reflect significant anxiety. Talking about his workplace stress he says,

I just removed myself from that, and I’ve got a different sort of stress now [laughs]. Because of ... [family issues]. (15FE:173)

This man saw retirement as a means of reducing stress in his life. The reality of retirement however, did not fully match his expectations as he saw himself exchanging one source of stress for another. The retirement stress came in the form of his daughter and her children moving back into the family home. He was hopeful at the time of interview of resolving this in the near future. His retirement had also featured an extended overseas holiday about which he reports that he was ‘a bit iffy’. However, the experience was not as stressful as he imagined and he reminisced warmly about this retirement travel.

Upon returning from the holiday however, his wife’s father fell ill and his wife devoted a large amount of time to caring, which left 15-FE stressed. He was alone, drinking too much and putting on weight. After some time his wife returned to their home and he felt much better. The implication here is that his wife’s presence structured 15-FE’s retirement and prevented him sitting around being stressed. He appeared proud of the fact that he no longer drank ‘four or five bourbons’ per night and that upon his wife’s return to their home, he found plenty of productive activity to engage in. This included cleaning up and preparing for extended camping holidays around Australia. The presence of his wife in retirement appears to have functioned as an aide to fulfilling valued masculine roles such as being capable and being productive.

Participant 18-EC also experienced extended periods of absence from his wife in retirement as she visited grandchildren overseas. In his case he was using the extended absence to do major renovations on the house. 18-EC’s response to the absence of his wife is the reverse of 15-FE. Here, her absence is the trigger to activity. Also in contrast with the previous participant, this man denies that his drinking is excessive, in spite of his wife’s protests to the contrary. He sees alcohol as therapeutic and discusses it as part of his response to depression,

I sleep as much as I can, because that is a way of not being there, um, and er, I do drink beer and so forth, which helps me relax and so forth. I probably drink too much beer as you can probably see [patting his paunch]. But not to the point, of um, stupidity perhaps. But I don't necessarily follow the medico's recommendations on, you know. So I'd probably have three-four beers a night, usually. As far as I'm concerned it has beneficial effects which outweigh the, the consequences, up to a point. But er, my wife thinks I drink too much. (18EC:471)

This man's response to depression is to absent himself via sleeping and alcohol. Prior to his retirement on medical grounds, he also absented himself from the workplace via the generous sick leave provisions of his employer. The extent to which his renovation work (and his other retirement interest – computers) also constitute a kind of distraction or absence is uncertain. He does however describe himself as better off in retirement than previously and says of his depression,

That's probably about ten years ago now [his retirement]. Um, it's taken basically, ... really it is only in the last six months or so that things have started to improve. I'm still on tablets for depression but, but I don't have suicidal thoughts or whatever, any more, or very often. And I don't have dreams about the work situation which I have had for years after leaving. (18EC:121)

Participant 20-MP also reported panic attacks, suicide thoughts and depression prior to and following his early retirement. He had plans of starting a photography practice in his retirement. However, his stress about work and his level of depression prevented that from happening.

And for me, for oh, probably almost two years [post retirement] I was virtually home bound. I didn't want to go out. (20MP:568)

Photography was however a shared passion with his wife and helped him maintain an important retirement interest. He also reported being involved in the local progress association and in local sport administration. He spent one day a week caring for his 90 year old in-laws and made a joke about his wife lying awake at night thinking up things for him to do. It seems his transition to retirement progressed through distinct phases, with some form of equilibrium finally reached after ten years. If so, then this finding supports the claim of Wells et al (2006) that the phases of the retirement process are important for understanding how retiring can potentially contribute to factors of self-esteem.

The role of his wife was particularly important to 20-MP in coping with the depression and early years of his retirement. He says of her that,

She was able to accept what had happened, that I wasn't being silly, that it was a real illness. And I couldn't even drive the car. She used to drive me. 'Cause I wouldn't even get behind the wheel of a car, for fear I might do something stupid. (20MP:686)

This practical support was indicative of her emotional support for him and he reported that thoughts for her welfare curbed some of his suicidal thoughts. Having come through that period of crisis, his retirement now includes photography as a hobby he shares with his wife rather than as a business.

The last participant in this group, 22-NC, appeared to have received electroconvulsive therapy (ECT) in a private hospital for a mental health condition prior to eventually being made redundant. Consistent with this he admitted to memory failure around some details of his mental health experiences. He was very clear however, about the circumstances of leaving work. It appears he was moved sideways out of high pressure work areas. Then he was eventually made redundant in a rather confrontational and public manner. Yet retirement for this single man was easier than he anticipated,

I thought it would be far more difficult. I, um, I really enjoyed work and I thought I would be a bit lost when I gave it away. But that hasn't been the case. (22NC:52)

In spite of the resentment he carried about what he regarded as public humiliation in the manner of his redundancy, the financial arrangements were generous and he had been able to travel and take bushwalking tours extensively in Australia. He appeared to use this travel as a vehicle for socialising since his family (mother, brother and sister) appeared to be the only significant others in his life. While he spoke of significant depression, this participant reported seeing the psychiatrist less frequently in retirement and only to reduce his medication. He said that he had outgrown yoga and meditation as means of addressing his mental health needs. He preferred to play golf, go to the gym and ride his pushbike as physical activities, and regarded these as vital for his wellbeing. He said a talk with his sister was as useful to him as a talk with his psychiatrist.

Summary – Adult Acquired Illness and Injury

This group of men had diverse life course and retirement experiences. Most had found positive experiences in retirement although the realisation of this was slower for some than for others. The men with continuing physical ailments did not find that their symptoms were reduced after retirement. However, those with mental health issues did report reduction in symptoms in retirement (even when K10 scores remained above average). The men with physical ailments did report being freer in retirement to manage their activities within the limits of their condition. Their sense of control seemed to be focused not so much on the illness or injury as on effectively managing their activities. This would appear to confirm the specific finding of Olesen and Berry (2011) that early retirees experienced less psychological distress when socially engaged with friends and neighbours, and when engaged in volunteer activity. Overall the findings concur with those of van der Heide et al. (2013) who provide strong evidence for retirement having a beneficial effect on mental health.

The men with anxiety and depression all reported an improvement in symptoms in retirement, although for one man this took almost ten years. This was generally attributed to retirement removing workplace stressors and triggers. Even where other stressors emerged in retirement, men perceived themselves having more control over those situations than they had in the workplace. Activity was very important to all the men in this category. For those with physical injuries from a physically demanding job this represented continuation of their workplace experience but within manageable parameters. These men also tended to link physical and mental activity with exhortations such as ‘Don’t sit down and vegetate!’ (7EP:405). Activity was frequently related to productivity, being useful and making a contribution. The role of wives or partners was acknowledged as significant and for the most part positive. This tended to be highlighted by those with anxiety and depression where wives were seen as helping them through crisis. Wives also contributed to the structuring of men’s time.

Discussion

The synthesis above of material from the experiences of men who retire early has been arranged broadly around the occurrence of significant issues for men in the life course sequence. Men who experienced loss or disadvantage in childhood were examined first. Then the men who experienced military service in Vietnam in their late teens and early twenties were considered. Finally, men who experienced injury or illness as adults were described. While there is a small amount of overlap between these groups (for example one Vietnam veteran also experienced childhood trauma at the hands of a violent father), the life course framework provides a valuable heuristic for ordering the research material. This arrangement of the material does exclude four research participants who did not report childhood loss disadvantage, Vietnam service or illness or injury in adult life.¹⁰ None of these four reported in their interviews any adverse personal circumstances in retirement, and none had elevated K10 scores.

Retirement – A Time of Resolution

It seems that for men in each of these groups retirement is a time in which issues experienced or developed over their life course may be brought to resolution. The form of this resolution is as diverse as the men and their life courses are but the frequency of positive reports of retirement experience demands attention. Affirmation of retirement as a time of resolution stands in contrast to some common perceptions of men in retirement.

The image of retirement having negative consequences for men is frequently repeated and illustrated with stories in the media of men dying or becoming depressed shortly after their retirement. Indeed, the recent study by Vo et al (2015) makes this conclusion strongly in regard to early retirement. In contrast, all the early-retired men in this study were more or less successfully managing their mental health symptoms. Those who were experiencing depression in their retirement, had pre-

¹⁰ Participants in this category are, 2-EE, 4-CF, 8-RE and 13-SC.

existing depressive symptoms, and all of these men gave indications in interview that their mental health had improved in retirement. Negative gender stereotyping around men in retirement is frequently embellished in the media with other negative qualities such as retired men being lazy and inactive, not being interested in their health, and not engaging socially or emotionally. Yet retirement appears to have acted for most of these men as a time in their lives where, free from the demands and dictates of the workplace, they could develop new lifestyles – retirement lifestyles. In developing their retirement lifestyle the men renegotiated how they spent their time, their financial arrangements, and their day to day values and goals. Their reported experiences of retirement point to improved self-image, self-esteem, self-efficacy, optimism, life satisfaction and marital cohesion (see Wells et al 2006).

Two outcomes of the new retirement lifestyles seem to be that men incidentally address issues in their lives and explore new ways of being men. These two outcomes did not usually appear as specific topics in the men's discussion of retirement but they appear to be organic to the experience.

Discretionary Time

The defining characteristic of retirement in this view is that the men have discretionary time not previously available to them. The refrain 'My time is my own', was frequently heard from these men. This is time over which they have greater control than ever before. Their time is no longer structured and filled by bosses, colleagues, and customers/clients. This is not to say that they had no such time prior to retirement, or that all their time since retirement is discretionary. but that the amount and quality of that kind of time is significantly increased in retirement. Discretionary time acts as a resource in retirement which men are able to utilise in the pursuit of lifestyle goals. Their utilisation of time however implies that it is structured in ways that make time meaningful. Unstructured time was regarded by many men as dangerous. Boredom, getting fat, and ill health were perceived as the result of not structuring one's discretionary time in retirement.

The way most men structured their time was through activity. This was evident when men recounted the activities scheduled throughout their week, for example caring for grandchildren on specific days of the week, or regular sporting or social commitments. In one case, the man and his wife structured their day around productive activity before lunch and several men gave indications that their lives were structured around longer cycles of being at home and being away travelling. Almost without exception the men in this study insisted on the necessity of using time for activity in retirement. Some men admitted the hypothetical possibility of a man not wanting to be active in retirement but generally they were discouraging of such a personal choice. On the other hand, many men were very clear about what constituted a reasonable demand on retirement time. One man demanded of his wife, 'Whose retirement is it anyway?' and another refutes the opinions of peers and other men on his use of time, saying, 'It's none of their business.' These individualistic approaches to the use of discretionary time are balanced by other men who see their time as readily available for family and neighbours.

Activity as the men express it has two primary manifestations. On the one hand it is physical activity and on the other it comprises interests and mental stimulation. Physical activity was important to men and connected them to their bodies. Sport was a common theme in interviews, but their current participation in sport in their retirement tended to be in sedate sports such as bowls, recreational golf and fishing. Other physical exercise such as walking, cycling and working out at the gym were important to some men and very often included a social dimension. Leisure activities such as travel, camping, photography and motorcycle riding also functioned in similar ways, engaging men in activities that moved their bodies, causing them to leave their house and meet people. The significance of these physical activities for men in retirement speaks to the masculine ideals of strength, endurance and control.

Home building, renovation and gardening are a subset of activities that were significant as time use for quite a number of men in their retirement. These activities provided physical outlet or expression, and the satisfaction of being productive. What distinguished these particular activities is that they align with masculine ideals around being the provider. The men in this group demonstrated a pride in their

accomplishments which was manifest in them frequently inviting the researcher in home-based interviews to view their work.

The other category of time-structured activity that the men insisted on was having interests and mental stimulation. Men frequently viewed the mind in quite mechanical terms. They thought it had to be kept in good running repair and couldn't be allowed to fall into disuse. Mental stimulation and having interests was seen by men as analogous to exercise and the body. While a few men commented on forgetfulness, they were generally reluctant to speak of diminished cognitive capacity. By contrast, they were much more willing to speak about their changed physical capacity. Men also saw interests and mental stimulation as valuable from other perspectives. One man explained his interest in horse racing as being good for his mind and for the economic value of his winnings. Others saw interests as having a social dimension even though one man regretted the number of people who rang him for help with their computers. Generally interests and hobbies functioned for the men not only to keep the mind active but to connect with people and contribute to others. Often the way the men spoke about activity tended to integrate the social dimension into the categories of activity discussed above. A good number of men talked about the value of social connection in retirement, however this tended to be discussed in the context of physical activity and interests rather than as a separate category.

Both physical activities and mental activities functioned for the men to structure the discretionary time available to them in retirement. These activities also had secondary functions such as providing economic opportunity and social connection, but a primary interest was that of avoiding unstructured time. Unstructured time was broadly seen by the men as the enemy of wellbeing and a sure path to decline.

Financial Security

The other major resource was economic security. All of the men in this study were receiving regular financial payments in their retirement. These came from a variety of sources such as earnings from part-time or casual work in retirement,

superannuation payments and government pensions and benefits. The men frequently spoke about their economic circumstances and the importance of this to a satisfactory retirement. There were a number of important elements in securing their finances. Almost all the men had consulted financial planners in the process of moving out of the workforce. Many had long associations with planners and superannuation funds. Generally the impressions men had of the financial sector (banks, superannuation funds, accountants and planners) were positive – although one man who had been an unskilled worker all his life clearly had a poor view of accountants. The impact of the global financial crisis of 2007-2008 on the retirement savings of this group had been significant, although many noted in interview three years later that they were well on the way to recovering losses. Notwithstanding these risks the view of the men was overwhelming in favour of financial planning as essential for retirement. This finding resonates with outcomes of the study by Barrett and Kecmanovic (2013) that financial adequacy is crucial for subjective wellbeing in retirement.

Another element in retirement for the men was managing financial and lifestyle expectations so they remained secure. Generally the men regarded large material expenditure on cars and new houses in retirement as foolishness and some men were derisive of those who chose to use their superannuation in such ways. The men generally chose pragmatic approaches to what they could reasonably expect in retirement. While one man boasted that he had retired on \$10 per week less than his working income, most acknowledged that they had to be more careful in budgeting in retirement. None of the men said that they didn't have enough to live on although a number said that they regarded the age pension in Australia as inadequate. These men all had incomes in excess of the aged pension, usually supplemented by superannuation or other government payments such as carer payments or veteran pensions or disability payments.

Many men spoke about the importance of managing financial expectations in retirement, emphasising the achievement of contentment and of making do with what you have. One man who had previously been destitute at a low point in his life, gave eloquent testimony to money not buying happiness. He spoke of visiting

peasant villages in South East Asia where people were happy and smiling with very few material possessions, and of being inspired by that example for his own life. Others used the concept of making do with what you have to emphasise their capacity to cope, innovate and solve problems while remaining financially secure.

The men attached many significant meanings to financial security in retirement. At the practical level adequate financial resources were regarded by men as necessary to enable a retirement lifestyle. While the men differed about how much was adequate, they all agreed that retirement was more difficult for retirees who did not have adequate finances. Satisfactory retirement funding reduced anxiety about ‘managing’ and ‘making ends meet’. Financial security also appeared to act as a symbol of a man’s capacity to fulfil the masculine image of provider. This was usually expressed in terms of a man working hard and saving before retirement. It also however had an ongoing significance as that prior ‘prudence’ paid off in retirement – usually with an easier and more comfortable lifestyle. This was particularly marked for those men who had come from situations of childhood loss or disadvantage. In those cases retirement security marked how far a man had come in his life. Sometimes this also carried overtones of how well he had done in comparison with his father’s capacity to provide. Financial security in retirement took on special significance for Vietnam veterans. The availability of pensions for these men partially redressed the loss of savings caused by post-war health effects. It also provided a form of recognition and validation of the contribution made by these men but not publically acknowledged at the time of their return from active service.

While the men in this study occupied different places on the socio-economic spectrum, they all agreed that financial security was important for the successful negotiation of a retirement lifestyle. A small number said that they were surprised that the amount of money required for a successful retirement was not as much as they had believed. The vast majority of men felt they were managing financially and were secure in their retirement.

Retirement and the Pursuit of Comfort

Within the financial and time resources available in retirement the men in this study developed lifestyles that could be said to pursue comfort. The language of comfort was most frequently applied to financial security, as in the phrases, ‘We are quite comfortable’, or ‘We don’t have a lot but we are comfortable.’ In this sense, *comfortable* means that the retiree (usually speaking on behalf of himself and his partner) is not in a situation of hardship. They can afford necessities of life and have a margin for contingencies. More literally comfort means that they can afford not only what is necessary but also some things which might be comforts, above the level of necessities. There was also a sense of physical comfort expressed, which appears to confirm the finding by Rowntree (2014, 157) that older people often mentioned feeling they had reached the stage of being ‘comfortable in their own skin’.

The almost universal endorsement of the need for financial planning and security in retirement is a manifestation of the men’s pursuit of material comfort. Although men occasionally talked about leaving an inheritance for the children, by far the most significant purpose men ascribed to financial security was to ease their economic burden in retirement. That is, a comfortable financial situation. At a material level comfort is about the adequacy and acceptability of a home, an amenable location and household furnishings and equipment. These material comforts allow for genuine ease and relaxation. The physical environment is conducive to the activities of everyday living and physical exertion and mental effort are thereby maintained within acceptable levels.

Men were quite explicit about comfort when it came to discussions of their homes. Many men prided themselves on having low maintenance homes that were easy to care for and thus made for a comfortable retirement. The notion of ‘downsizing’ was frequently seen as serving this purpose, and described in terms of achieving ‘manageable’ homes. The men often spoke of the aesthetics of their homes in ways that highlighted the function of those aesthetics in stress reduction and comfort. They also spoke about the location of their homes in similar aesthetic and functional terms. A number of participants discussed the phenomenon of men using large superannuation payouts to purchase large, new and modern homes. The criticisms

the men had of this well-recognised retirement option were that such homes would not provide what amounted to comfort. A larger home would mean more maintenance, and would frequently result in less convenience.

The idea of comfort also had strong links to the personal attitudes men espoused. Here comfort was related to the men's level of contentment or capacity to successfully adapt to differing situations. When a man said something like, 'We don't have a lot but we are comfortable,' he not just talking about finances but saying he has adjusted his expectations or adapted to his situation in a manner that is satisfactory to him (and his partner). Thought of this way, men pursue comfort when they actively manage and negotiate changes so that they do not over-extend themselves. A number of men spoke of having a comfort zone. The comfort zone was that place where they could be content and relax. The retirement comfort zone was sometimes contrasted with two other experiences. It was contrasted with the war zone image of the workplace. When the workplace took on the character of a war zone, it was perilous with unknown dangers and conflicted relationships. Against this background, men pursued a retirement where risks were known and relationships less conflicted; where they felt comfortable.

The other place where men employed the comfort zone metaphor was in relation to their own health or the health of their families. Ill health not only brings physical discomfort but pushes people into uncomfortable psychological places. Avoiding ill-health was thus part of the retirement construct in which men pursued comfort. Ill-health also brought men out of their comfort zones when it compelled them into the complexity and uncertainty of the health care system. While a number of men spoke positively of having good working relationships with their personal doctors, or respect for their specialist physicians or surgeons, the health system as a whole was not a place of comfort for these men. It seemed an impersonal system, with uncertain outcomes that did little to help their sense of control or feelings of confidence.

The final area in which it could be said that the men pursued comfort in their retirement is in the area of their relationships. Most reported positive relationships with their wives and partners. This was generally something they consciously

pursued. Men frequently spoke of how they worked at various aspects of their relationships. They saw relational discomfort as something to be actively avoided. Strategies employed by men to enhance comfort in their relationships included helpfulness, shared activity (especially travel), making allowances, being considerate, and affirmation of the other. Where relationships contained uncomfortable elements these men frequently pursued strategies to reduce or minimise the discomfort, including taking time out, and avoiding difficult topics or decisions. In all these ways the men report quote extensive 'emotional work' (Hothschild 1983) that contributes not only to the comfort of others, but to their own sense of comfort.

Retirement and Care for Others

At the same time that the early retired men in this study were building a retirement lifestyle that pursued comfort, another direction was evident in their lifestyles. Almost all the men showed a significant investment in assisting the welfare (comfort) of others. In terms of giving comfort, the care of others is outward looking and altruistic. The types of care for others were varied and reflected the diversity of the men in the study. Two of the men were in receipt of government carers' benefits that formally acknowledged their role as carers for partners on disability pensions. Another had been a carer for his terminally ill wife up until her death the year before the interview. Other types of care varied from formalised arrangements to care for grandchildren (often while parents worked), to organised welfare volunteering, community group involvement, and informal neighbourliness.

A large proportion of the men reported a significant grand-parenting role in their retirement. For many this meant that there was a regular arrangement to care which often included before and after school care or all day care depending on the age of the children and the work arrangements of the parents. For others it involved visits to and from children and grandchildren of a more social kind. Where grandchildren resided at a distance, face-to-face contact with them tended to be less frequent but for longer periods at a time. While a few men reported experiencing difficulty in their contact with grandchildren this was always a function of the perceived

behaviour of the grandchildren or strains in the relationship with their own children. For the most part the men experienced time with grandchildren as opportunity for fun, playfulness, emotional bonding, educational input and character building. These men saw themselves being able to make a significant contribution to the lives of their grandchildren. For men whose own childhood reflected significant loss and disadvantage this sense of making a contribution often had overtones of completion, fulfilment and resolution. The disadvantage or trauma of their own childhood was in some way addressed by their positive contribution to future generations. Care for partners and their adult children also ranked highly on the priorities of the men. Some men had partners and adult children with health conditions or other life situations that required the men to provide physical and emotional support through a large part of everyday life. Men usually committed themselves to these tasks at some cost to themselves.

More broadly, many men saw themselves as ‘looking after’ or ‘looking out for’ their family. Retirement appears to have provided men with greater time to do this or less distraction from the competing demands of the workplace. This kind of care was often seen as mutual or reciprocal. The metaphor of a team was frequently used to describe giving and receiving various kinds of spousal care. Some men characterised themselves as not being good at certain kinds of support such as sharing domestic chores. These men however found alternate ways of expressing their care and commitment to their spouse. Most notably these alternate expressions of care included stereotypical masculine roles and tasks such as home maintenance, tasks involving travel and transport, and money management.

Other family members were also important to the retired men and a significant number talked about caring for older parents and relatives. These family members tended to be in late old age and some were in aged care but most frequently they were living semi-independently in the community. Men often described a quite structured program of visiting these older relatives, although some described having an *ad hoc* system where they responded to requests for assistance. Such visits were frequently described as ‘checking up’ on those they visited. Typical activities appeared to include having a chat, ‘giving them some company’, domestic tasks such

as shopping or washing, and minor maintenance. Men appeared philosophical about this type of comfort-giving care in their retirement.

Apart from care for spouse and family the retired men were also invested in caring for a range others in the wider community. The men told many stories of both planned and *ad hoc* neighbourliness. In all of these caring activities, the men appeared to have a sense that they were contributing to the comfort of others. They were making a contribution that was valued. A number of men were also aware that they also benefited from such relationships and that caring provided social benefits to them as well. The Vietnam veterans were very much aware of the mutual benefits of caring. While they spoke about providing care to others this was had frequently been preceded in their unfolding life course by other veterans caring and offering support to them. Similarly, support groups such as for prostate cancer showed significant mutuality in the giving and receiving of care. In other words, they were actively engaging in constructing wellbeing through solidarity and co-operation (Pereira 2013).

Men's descriptions of the care they offered were frequently made in a carefree and light-hearted way. They often (although certainly not always) presented this aspect of their retirement as a minor thing that they just happened to do. This minimising of the significance of caring may result from social taboos around boasting and attention seeking as a reward for charity. It is unlikely that it can be explained as an attempt to maintain gender differences as there are a number of gender differences evident in the way these men care. Men tended to be quite focused on task and outcome in the type and style of care they provided. Their accounts tended not reveal a lot of emotional expression or examples of verbal empathy (although these things were there for some men). Humour was frequently used to both manage emotions and express care and concern among the men.

Retirement and Resolution

Men in this study used their discretionary time and their financial security as resources to develop a lifestyle in retirement that seemed to resolve some of the

troubling issues they encountered throughout their life course. Where time and security are available, the retirement lifestyle appears to move in two directions. On the one hand men use their retirement to pursue comfort. Where they are conscious of issues that discomfort them, men's pursuit of comfort may require them to work on the resolution of those issues. In less conscious ways too the pursuit of comfort may also lead to various types of distraction or adaptation that tend to settle or resolve issues.

The other direction of the retirement lifestyle is care for others, and in a different sense this also has to do with comfort. This direction could be said to complement men's own pursuit of comfort, and embodies a selflessness not present in the selfish pursuit of comfort. Care for others is an enactment of retired men's conviction that they are valued members of families, extended families, neighbourhoods, interest groups and society. Such personal and social connection carries with it opportunity and incentive to find personal resolution in retirement.

Chapter 11: Conclusion

This study into the wellbeing experiences of men who retired early in the Hunter region of New South Wales is located at the intersection of three fields of knowledge; gender, health and wellbeing, and ageing. The focus on their experiences has explored the ways the men themselves construct and report on their lives and retirement. The study has used the theoretical perspectives of life course thinking to analyse nuanced and complex relationships between the experiences of being a man, of retiring, and of wellbeing.

The Research Questions

Four research questions were proposed in the introduction to this study. It is now possible to respond to those questions on the basis of this study as follows.

1. How do early-retired men experience their lives and health in retirement?

Men in retirement are a diverse group and their experiences are likewise diverse. Notwithstanding those who reported anticipatory anxiety before retiring, the overwhelming majority of participants in this study spoke positively of their actual retirement and their ability to live well in this new life stage. They had achieved comfort in its many senses. They spoke with humour and passion about their retirement, they sometimes utilised established metaphors and culturally recognised scripts for retirement such as travelling, hobbies and grand-parenting, and sometimes they transcended such expected experiences.

For many men retirement was a time of resolution in which earlier life course experiences were resolved or addressed in ways that assisted their sense of being comfortable. The executive who had felt the weight of corporate responsibility was freed by retirement from that responsibility, the Vietnam veteran with PTSD was able to face his demons in retirement, and the family man got more time with family. This is not to say that men ceased to face negative or difficult dimensions to their

lives but they tended not to associate these features with retirement, but rather with other constructs such as health, relationships or social institutions.

The men in this study described a range of adverse health conditions including illness and injury in their retirement. They frequently used mechanical illustrations or metaphors to describe their health conditions. Where solutions did not appear immediately accessible the men spoke of adapting to their health conditions. Adaptation frequently involved doing less or doing things more slowly than they would have done previously. This reduction in productivity did sometimes cause dissonance for participants as their drive for activity and accomplishment collided with the dictates of their health.

2. What pre-retirement experiences do men bring to their transition from work to retirement?

Participants had a wide variety of life experiences that they brought to retirement. The life course approach maintained an analytical focus not only on the personal biography of the men but also on historical events and broader considerations such as the linking of their lives with those around them, and the reciprocal nature of social and personal change. Adverse life course experiences such as childhood loss and trauma, military service in Vietnam, and adult onset illness or injury, were shown to be important to subsequent retirement experiences. Men who had experienced childhood loss and trauma appeared to have high levels of marriage breakdown and late life injury or illness. The pattern of late life injury or illness frequently resulted in an early retirement outcome.

Vietnam veterans in this study followed a unique trajectory in which the trauma of conflict and the lack of social recognition resulted in a pattern of initial dysfunction on their return from active service, followed by a period of relative stability most frequently associated with marriage and child raising. A later period of renewed disruption was resolved by early retirement and receiving a veteran pension. Pension receipt appears to have been perceived, at least by some veterans, as a formal redress of the earlier social rejection they experienced.

Men who experienced adult onset ill-health or injury frequently developed these conditions in the workplace, especially where they had physically demanding jobs. In these cases continued activity was crucial to successful retirement. Activity was individually measured and managed by the men, yet while one man showed his preference for isolation, others looked to a wife or partner to at least in part to structure activity.

All the men in this study also brought to their early retirement a sense of masculinity or what it means to be male. Some men were able to identify experiences such as male role modelling (or reactions against poor modelling) that had shaped their masculinity. The experience of masculinity which men brought to their retirement most frequently revolved around activity, accomplishment, being productive and providing support for family. There is evidence in this study of some men adapting or changing how these practices are lived out in retirement, as in the case of the man who reflected sadly on the wisdom of working two jobs to 'provide', and now delights in playing the 'host' to family and friends.

3. What coping strategies do the men utilise or have an awareness of

This study found that among the diversity of coping strategies there were some common themes. One of those common themes was the use of certain rhetorical devices in talking about retirement. On the one hand men adopted language that was socially endorsed such as the repeated refrain 'Best thing I ever did!'. On the other hand men also used language to challenge and defy common understandings and values. Humour was another way men in this study spoke about their lives and their retirement that helped to offer an understanding of how they viewed the experience.

Another strategy used by men in this study was their use of multiple explanations for their early retirement. These explanations framed their retirement in different ways and thus allowed them to emphasise or de-emphasise various features of their retirement. So for example, using socially endorsed explanations for early retirement such as ill-health, provides men with validation of their retirement.

Activity was an almost universal strategy employed by the men in this study. All the different types of activity, physical, mental and social, were valued, but inactivity,

especially extended inactivity, was regarded as a bad sign. Activity of various sorts contributed to physical health, psychological fulfilment, and social connection and support. At the same time, many men objected to being told that their activity should take a particular form. Activity was regarded as good but it had to be meaningful to the individual man and others if it was to be effective.

A number of men talked about the value of working on healthy relationships and the positive input of significant others in their lives. Wives and partners were largely regarded as an asset. This was sometimes literally true financially as wives continued to work. More frequently it was the practical and emotional support which was valued. Other relationships were also valued, particularly grandchildren. Active involvement in the lives of grandchildren was regarded as a way of providing support to young children, and as an opportunity to contribute to and shape their future. On occasion commitment to grand-parenting contrasted with lower levels of involvement with their own children, in ways which suggested a kind of compensation might be taking place in retirement.

4. How do early-retired men understand and construct wellbeing?

Four key features of achieved wellbeing to emerge from this study of men's early retirement were: economic security, the availability of discretionary time, resources to pursue comfort, and an orientation towards helping or serving others.

When men spoke of wellbeing in retirement, adequate finances and economic security were frequent topics of conversation. Different men clearly had different conceptions of how much of a financial resource was required for a good retirement. Generally men were more interested in adequacy of retirement income rather than opulence. It was also interesting that relatively few men complained in interview that they didn't have enough money. It was more common to express lower expectations than it was to complain, possibly because this may have reflected poorly on the individual's prior provision of adequate savings for retirement. If so this may result from the dominance of the 'man as provider' image of masculinity.

Another feature of wellbeing in retirement was the availability of discretionary time. Men frequently spoke about how their time was their own, or more under their control, in retirement. Retirement moved these men from having their time largely regulated by others, to time being available to them. Men chose to use their time on things that they found meaningful. The range of what was meaningful was very wide. Some men took part-time employment, family and care responsibilities. Building things, maintaining health, hobbies, travel, caring, visiting and domestic tasks all featured strongly. Increased discretionary time however did not contribute to the men's sense of wellbeing if they felt that they were wasting it or that it was filled by what others wanted.

This leads to another dimension of wellbeing as the men in this study perceived it. A good life in retirement frequently included a focus on serving or helping others. Men were willing to use their time to assist or care for others but on their own terms. Men used their time to serve others in a wide variety of ways both formal and informal. Formal service included volunteering of various kinds, working with clubs and associations, and sometimes included being in receipt of a carers pension when care was directed to a partner. Informal service to others included care of ageing parents, grandchildren, and neighbours. Men involved in these activities almost invariably spoke of the reciprocal benefit of such activities saying things like, 'I get as much out of it as they do!'.

The fourth dimension of wellbeing in the lives of the early retired men in this study was that the men were able to pursue and achieve different kinds of comfort. The kinds of comfort men sought in retirement differed from man to man but the direction was clear. These men tended not to want too much for themselves but they did want comfort. They wanted to live comfortably within their means, they wanted relationships which were comfortable rather than troublesome, they wanted houses which were comfortable in settings which were amenable and while they may have lived or moved outside their comfort zone earlier in their lives, their retirement offered an opportunity to draw back to what they were familiar with, or at least not to be over-extended.

Implications of this Study and Areas for Further Exploration

This study adopted a qualitative approach using life course perspectives as a means by which the experiences of early-retired men could be explored. While there are numerous studies that examine the retirement transition using quantitative life course approaches, the value of qualitative approaches has not yet been fully explored. This study adds a small part to the body of qualitative life course studies of retirement.

The sample of men in this study was purposefully weighted towards those with above average scores for psychological distress. In spite of the rates of elevated psychological distress, the men in this study tended to describe their retirements in positive terms. This alerts health workers and others wishing to engage with men represented in this study, to the shortcomings of relying on deficit-focused approaches in their work.

One of the implications of utilising life course perspectives in this study was the identification of distinctive trajectories towards early retirement. While ill-health trajectories have been utilised in health disciplines to chart the antecedents and consequences of particular phenomena such as early male retirement, the idea of *trajectories towards early retirement* may be a more useful concept than attempts to establish causality. Because of the longitudinal nature of a trajectory, multiple asynchronous factors in the early retirement process can be accommodated. The sequential disclosure of multiple explanations for the early retirement decision in interview may also be better accommodated in a trajectory model of early retirement.

Similarly, it may be useful to further explore trajectories towards retirement wellbeing. Trajectories are conceptually more closely aligned to the sequential nature of the life course and therefore more likely to accommodate the diversity of influences evident in this study. Such trajectories towards retirement wellbeing should also embrace a wider view of wellbeing rather the term simply being a function of health or mental health and economic factors.

This study has demonstrated that men have a strong sense that economic factors are important to retirement wellbeing. How men's subjective sense of economic security changes over time in the transition to retirement, and as the retirement experience proceeds, was not explored in this study. However, charting such changes would be important to modelling retirement wellbeing. The relationship between changes to men's subjective sense of economic security and their identification with and/or adaption of common masculinity scripts also suggests itself as a fruitful area of research in modelling retirement wellbeing.

This study has also identified the pursuit and achievement of comfort as an important element in modelling men's retirement wellbeing. The small amount of literature that does refer to comfort in the context of retirement does so almost exclusively in terms of financial security. While this is no doubt important, there are other elements to comfort that need to be integrated into this aspect of retirement wellbeing. This study has characterised the relationship of early-retired men with comfort as a kind of pursuit. This reflects the dynamic nature of retirement that the men themselves share. The orientation towards comfort of the men in this study was not passive. They built or renovated comfortable houses, they pursued levels of health that were comfortable, and they conducted their relationships with that end in view as well. This is a major area for further research flowing out of the current study. Of particular interest would be a fuller exploration of the pursuit of comfort in retirement and how men might understand that in the light of popular images of masculinity. While there is a substantial body of literature about retired men volunteering and serving others, this material does not interact with the idea of retired men pursuing comfort. That literature would be greatly enriched by the exploration of that interaction.

Limitations of this Study

This study has a number of limitations. It is geographically and historically located in the lower Hunter valley of New South Wales, an area rich in unique features which will inevitably have impacted on the participants in individual and cultural ways. This is perhaps best seen in the references and unfavourable comparisons

made by a number of men between the small city of Newcastle (in the Hunter) and the very large capital of Sydney to the south.

Secondly this study is qualitative in nature and attempts to address a different goal and answer different research questions, than a larger quantitative study might attempt. Expectations more appropriate to large studies such as generalisability should not be placed on this study, which was conceived to explore the complexities of the lived experience of early-retired men.

Another limitation of this study is the gendered and age sensitive nature of the research design. All data gathering and analysis was conducted by the researcher, an Anglo-Australian, middle class, heterosexual male in his 50s. The attitudes brought by the researcher may be partially, or even largely, bracketed to minimise imposing bias on the research. However, whether such attempts can be completely successful is problematic. Rather than attempt to claim neutrality or objectivity as a researcher, an extended personal statement is provided by way of disclosure of how the researcher understands the attitudes and values he brought to the study. Linked to this limitation is the inherently relational nature of the interview process. It may be that participants in the research would have provided responses in interview that highlighted other dimensions of their experience if the interviewer had been a woman, or older than the interviewees, or much younger, or was different in any number of ways.

Finally, this study faces limitations inherent in the nature of the academic setting. The research was conducted in the context of a doctoral candidature, part-time over a period of nine years. The three supervisors each brought distinctive contributions at different times during the candidature. These contributions also inevitably influence the direction and tone of the study. Notwithstanding the influence of the academic context of the research, many participants appeared to value the opportunity to have their voice heard in research, and typically expressed the desire that their participation in this study would be helpful to others.

Implications for Policy

This study raises a number of implications for the development of policy. In the area of retirement income, financial stability is desirable because of the way in which it alleviates a significant source of stress. This includes both the stress of providing for one's self and others, and also the stress of meeting societal expectations that men be providers. At the same time such financial stability will be enhanced to the degree that it is socially valued and recognised, as in the case of veteran's pensions.

Policies around retaining men in the workforce might usefully consider the ways in which bridging employment between full-time career and retirement could maximise men's discretionary time. Older men's options around shortened working hours, periodic employment or other variations in time spent at work may be usefully explored to benefit men in the transition to retirement and in extending their time in the workforce.

In the area of health promotion, policies to enhance men's health should be socially rather than just individually oriented. The insight that retired men pursue comfort could usefully be integrated into early intervention and detection strategies by emphasising qualities like "peace of mind". The pursuit of comfort also needs to be considered when developing strategies that are focused on action and activity such as exercise programs.

Final Remarks

The literature on retired men is frequently focused on ill-health and the popular images of older men often emphasise deficits rather than celebrating men's strengths and their contribution to others. This study set out to hear the voices of early-retired men and their understandings of their retirement experiences. The voices of the men in this study are diverse and reflect the individual life course experiences that they bring to retirement. Yet in that diversity there is a consensus that retirement is a positive experience, and that it offers opportunities for resolution to men that they

had not earlier achieved. Retirement wellbeing modelled on the voices of the men in this study is comprised of at least four elements, economic security, discretionary time, the pursuit of comfort, and the service of others. It was the confluence of these four elements that led one participant to declare,

Mate, [retirement is the] best thing I done. ... Ten years younger, mate. That's what I felt. I walked out and I felt ten years younger.
(25BT:470)

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Appendices

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Appendix A – Invitation Letter, Information Sheet & Consent Form

On Letterhead

University of Newcastle

Hunter Community Study/
Newcastle Institute of Public Health

The Mental Health Experiences of Early Retired Men in the Hunter

[Date]

[Participant name]

[Participant address]

[Participant ID number]

Dear [Participant name]

Thank you for your participation in the Hunter Community Study (HCS). We appreciate how many demands there are on your time, and are grateful for your continued involvement.

In a recent telephone interview for the Hunter Community Study, you indicated that you are willing to be interviewed further on your mental health experiences. One important issue for men in the Hunter is the impact of retirement on their health. Some recent Australian studies have shown a connection between timing of retirement and the common mental health issues of anxiety and depression. We would like to invite you to participate in an interview on this topic. For this project, Richard Morrison, a PhD candidate with the University of Newcastle will be conducting the interviews. There is more information about Richard in the enclosed information with this letter.

This invitation to participate is for men who are between 55 and 65 years of age and who are retired (or who have left work to care for someone). In the next few weeks you will be contacted by phone to give you an opportunity to ask any additional questions about this project, to ask if you would like to take part in this research, and, if you agree, to make an arrangement to interview you. If you do not wish to take part in this research project or would prefer not to be contacted, please call us on **4913 8141**.

Any information you give us during this research project will remain confidential, and will only be available to the researchers. The results of the research will only be published in a form that does not identify you.

Participation in this research is voluntary and you can change your consent to take part at any time, without giving a reason for doing so. Please also be assured that this will not affect your continuing participation in other aspects of the Hunter Community Study.

Thank you for considering our invitation. The experiences of retired men are important for the health and wellbeing of Australians today, and we are interested in your experiences and opinions.

Yours sincerely

Dr John Attier
for The Hunter Community Study

Participant Information Statement

The Mental Health Experiences of Early Retired Men in the Hunter

This project is part of research being conducted by the Hunter Community Study, which is situated in the Newcastle Institute for Public Health, a partnership between the University of Newcastle and Hunter-New England Health.

The research is being conducted by Richard Morrison, a research student at the School of Humanities and Social Sciences, at the University of Newcastle, in collaboration with the Hunter Community Study. The research will form the basis of Richard's thesis. Richard's supervisors are A/Prof. John Germov, Head of the School of Humanities and Social Sciences at the University of Newcastle, who may be contacted on (02) 4921 5175, and Prof. Julie Byles, Director of the Research Centre for Gender, Health and Ageing at the University of Newcastle, who may be contacted on (02) 4913 8643.

For general inquiries or to get further information about the project, please call our Hunter Community Study contact person, Mark McEvoy on **(02) 4913 8141**.

As outlined in the invitation, taking part in this research involves participating in a face to face interview at a time arranged to suit you. Interviews will generally be conducted in your home or at the University of Newcastle. To save you from re-answering some questions that you have already answered for the Hunter Community Study, we will link what you say in the interview with your responses to surveys you completed when you enrolled in the Hunter Community Study.

The interview will take between 60 to 90 minutes to complete and includes questions about your ideas about retirement at different times in your life, the circumstances of your leaving work, your experiences since leaving work, and any mental health issues you may have experienced (or what you know about the mental health experiences of other retired men).

The interview will be recorded and typed up. No identifying information will be included in the typed transcript. If you choose you may use a pseudonym (a different name) during the interview. You may also ask to review, edit or erase the recording of your interview, or request a transcript to edit the interview.

Your name will only appear on the consent form, which will be kept separately from your interview transcript and other survey responses. All information will be securely stored and will only be accessible to the researchers connected with the project. All data will be stored for five years.

This project has the approval of the University of Newcastle Human Research Ethics Committee, Approval No. H-2008-0422.

Should you have concerns about your rights as a participant in this research, or you have a complaint about the manner in which the research is conducted, it may be given to the researcher, or, if an independent person is preferred, you may contact the Human Research Ethics Officer, Mr Timothy Dean on (02) 49215151, or write to him at The Research Office, The Chancellery, The University of Newcastle, University Drive, Callaghan NSW 2308 or Email Human-Ethics@newcastle.edu.au.

Participant Consent Form

The Mental Health Experiences of Early Retired Men in the Hunter

Complete this consent form ONLY if you wish to participate in the **Mental Health Experiences of Early Retired Men in the Hunter** project. This completed form will be collected from you at the time of your interview. Your choice to participate or not is respected and will in no way influence your ability to participate in other Hunter Community Study projects.

Researchers: A/Prof. John Germov, Prof. Julie Byles, and Mr Richard Morrison.

I agree to participate in the above research project and give my consent freely.

I understand that the project will be conducted as described in the Information Statement, a copy of which I have retained.

I understand that I can withdraw from the project at any time and do not have to give any reason for withdrawing. I also understand that I can use a pseudonym (a different name) during the interview if I choose, and that I can ask to review, edit or erase the recording of my interview, or request a transcript to edit my interview.

I consent to participate in a face to face interview, and to this project using information I have previously given to the Hunter Community Study.

I understand that my personal information will remain confidential to the researchers.

I have had the opportunity to have questions answered to my satisfaction.

Print name: _____

Signature: _____

Date: _____

Address: _____

Appendix B – Interview Script

Indicative script only, actual questions/comments will be responsive to individual context.

Introduction

Thankyou (*name*) for being willing to participate in this research into men and their experience of retirement and mental health.

Let me just confirm that you –

- are comfortable with the arrangements for this interview,
- understand purpose of this interview (*review if necessary*), and
- that you consent to recording of this interview and use of (de-identified) information you provide for my research.

Let me reassure you that at any time you can –

- decline to answer any question,
- terminate interview at any time, or
- withdraw from this study and request that recording of interview be erased.

For my part, I undertake to –

- be respectful of you at all times,
- maintain strict privacy and confidentiality arrangements regarding this interview, together with my notes and anything I write or say as a result of this research, and I'll also
- keep an eye on the clock so that we cover the material in a timely way.

Part 1 – Expectations of Retirement

I'm interested in what men expect of retirement;

- Can you tell me about your father's experience of retirement – what do you think retirement was like for him?
- Who (or what) else contributed to your early ideas of what retirement was like – what were those ideas?
- I imagine that you thought more about retirement in the latter part of your working life than you did earlier on – could you tell me about that change, how did it happen and was there anything that prompted it?
- How well prepared do you think you were for retirement – both financially and in other ways? Did you do anything in particular to prepare for retirement? How did you come to do that/those things?

Part 2 – Career and (Family) Life before Retirement

When you signed up with the Hunter Community Study you filled out this (*show participant their*) "Work and Living History". I wonder if you could step me through this history of your work and personal life. Along the way can you tell me about how the various life events you experienced may have influenced your retirement or your attitude to retirement.

Apart from those work and personal life events we have discussed, are there any other pre-retirement factors which you feel influenced your expectations and experience of retirement?

Part 3 – Circumstances Surrounding Decision to Retire

Can you tell me, in detail the circumstances surrounding your decision to retire when you did?

Part 4 – Experience of Common Mental Health Issues

As you know, my research is investigating retired men's experience of common mental health issues. Can you tell me about any experiences of that kind you may have had – either before or after your retirement. What was it like? What part did others play in those experiences?

(Select from the following as relevant)

Can you see any differences between your mental health experience/s before retirement and after retirement? If so, what were the differences and what do you put them down to?

Given that you haven't personally experienced any mental health issues since retirement, are you aware of other retirees who have had such experiences? If so, what were those experiences like for them, and how do you account for those experiences? To what do you attribute your good mental health?

Part 5 – Coping with Common Mental Disorders in Retirement

Finally, I'm interested in how you coped with the mental health issues you have faced. What have you done that has been a help to you? What have you tried that didn't work for you? What would you recommend to other retired men who found themselves in a similar situation?

Conclusion

Thanks again for your participation today. You have been

Some men find that a conversation such as this can bring up difficult issues. If this is the case for you please don't hesitate to seek help. This little reference card I'm leaving with you has some helpful resources on it.

Do you have any questions before we go?

From here I will type up this interview (without using your name), I will continue to interview other retired men, compare the common themes in the interviews, contrast that with some other data we have, then prepare my thesis. Along the way, I hope to write a journal article or two so that other researchers and professionals can benefit from your experience and insights.