

Discuss psychological research into the effects of retirement and/or bereavement in late adulthood

Retirement is a normative, age-graded influence; it is an inevitable and anticipated loss of work. Retirement is considered to be a process and social role, which unfolds through a series of six phases, each of which requires an adjustment to be made (Atchley, 1982, 1985)

The first of the phases of retirement, identified by Atchley (1982) and Atchley & Robertson (1982), is the pre-retirement phase. In the remote subphase, retirement is seen as being in the reasonably distant future. The near subphase may be initiated by the retirement of older friends and colleagues, and there may be much anxiety about lifestyle changes, especially financial ones. In the second phase, the honeymoon phase (immediate post-retirement), euphoria is typically experienced, partly due to newfound freedom, and this is often a busy period. The disenchantment phase follows which involves a slowing down after the honeymoon phase, with feelings of being let down and even depression. The degree of disenchantment is related to declining health and finances. Eagerly anticipated post-retirement activities, such as travel, may lose their original appeal. Disenchantment may be produced by unrealistic pre-retirement fantasies, or inadequate preparation for retirement. The fourth phase is the reorientation phase. This is a time to develop a more realistic view of the alternatives, and may involve exploring new avenues of involvement, sometimes with the help of community groups, such as special voluntary or paid jobs for the retired. This helps to decrease feelings of role loss and is a means of achieving self-actualisation. The stability phase involves the establishment of criteria for making choices, allowing people to deal with life in a fairly comfortable and orderly way. They know what's expected of them, what their strengths and weaknesses are, allowing mastery of the retirement role. In the sixth and final termination phase, illness and disability usually make housework and self-care difficult or impossible, leading to the assumption of a sick or disabled role.

Many people experience retirement without undue psychological upheaval, usually because they perceive it as a proper reward for a lifetime of hard work. Those who are most satisfied in retirement tend to be scientists, writers and other academics who simply carry on working with little loss of continuity from very satisfying jobs. Those who decide to take early retirement and those who discover very satisfying leisure activities, with at least some characteristics of work, also adjust well. Conversely, the least satisfied are those whose health is poor when they retire, although health often improves following retirement.

As more women enter the labour market and remain in it, more women are having to adjust to their own retirement. Retirement is thought to involve less of a lifestyle change for women because 'gender splitting' will mean that home and family still occupy a major part of a working woman's time. Rainey (1998) suggests that women aged 45–65 are increasingly adopting multiple roles: employment, caring for their own families including aged parents and possibly parents-in-law, and helping their husbands adjust to retirement. They are caught in the 'caring trap'.

Bereavement becomes more likely as we get older and subsequent grief has been portrayed as a natural, universal human reaction to bereavement, a psychiatric disorder and a disease process. Archer (1999) suggests that a widely held assumption is that grief proceeds through an orderly series of stages or phases, with distinct features. The two most commonly cited stage theories are Bowlby's (1980) stage theory of grief and Kübler-Ross's (1969) stages of dying.

According to Bowlby (1980), adult grief is a form of separation anxiety in response to the disruption of an attachment bond. In the 'phase of numbing' numbness and disbelief can last from a few hours up to a week and be punctuated by outbursts of extremely intense distress and/or anger. Next, 'yearning and searching' are accompanied by anxiety and intermittent periods of anger, and this stage can last for months or years. In the third stage, 'disorganisation and despair', feelings of depression and apathy occur, and finally 'reorganisation' involves an acceptance of what has occurred. Kübler-Ross's theory was based on her pioneering work with over 200 terminally ill patients and focused on how they prepared for their own deaths; but researchers have also applied the stages to grief for others. She outlines a sequence of stages beginning with denial, anger, then bargaining, depression and finally acceptance. This theory remains very influential in nursing and counselling, with both dying patients and the bereaved.

Stage theories have been criticised on the grounds that grief is not a simple, universal process which is the same for everyone (Stroebe *et al.*, 1993). In addition, stage models have not been well supported by subsequent research. Both of the above theories were proposed before any prolonged, detailed follow-up studies of bereaved people had been undertaken (Archer, 1999). An alternative approach to understanding bereavement and grief has been proposed by Ramsey & de Groot (1977), who prefer to focus on the nine components of grief they have identified (shock, disorganisation, denial, depression, guilt, anxiety, aggression, resolution and reintegration) some of which may occur early and some late in the grieving process.

Although grief is a universal response to a major loss, its meaning, duration and expression are all culturally prescribed. Cultures differ in how they define death, and it is often impossible to separate an individual's grief from culturally required mourning.

However, stages provide a framework for understanding bereaved people's experiences, while at the same time recognising that there is a huge variability in the ways individuals react. Stages do not prescribe where an individual 'ought' to be in the grieving process (March & Doherty, 1999), and Bowlby (1980) emphasised that 'These phases are not clear-cut, and any one individual may oscillate for a time back and forth between any two of them'.