

**Retired Professional Women's
Past, Current and Future Perceptions of Their
Life Satisfaction, Health Status and Locus of Control**

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This thesis is dedicated to the women who participated in this study. The qualities, triumphs, and difficulties of each of the women, made meeting and interviewing every one of them a great privilege. They, like other Australian women, ought to be better heard, and collectively responded to in a way that affirms their dignity. For governments, organisations, and other Australians to do so, would be a long overdue act of reciprocity.

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ABSTRACT

RETIRED PROFESSIONAL WOMEN'S PAST, CURRENT, AND FUTURE PERCEPTIONS OF THEIR LIFE SATISFACTION, HEALTH STATUS, AND LOCUS OF CONTROL

by Helen J. Mahoney

This thesis examines one hundred retired professional women's (remembered) past, current, and future perceptions of their life satisfaction, health status, and locus of control. Participants in this Melbourne study completed a questionnaire which included the Life Satisfaction Index-A (LSI-A), Levenson's multidimensional locus of control scale, and a self-rating of health status. In addition, participants were asked a series of questions concerning the differences between their pre-retirement expectations and their actual retirement experiences. Participants also provided written responses to several open-ended questions. Eighty-four of these retired women took part in an interview.

Results show that most retired professional women have substantial life satisfaction, robust health, and an internal control orientation. For a majority of women, their retirement life satisfaction, health status, and internality reflects their experience in pre-retirement. Achieving key life preferences and priorities in pre-retirement, contributed to the life satisfaction, and, to a lesser extent, the health and internality of most women. A failure to achieve key life preferences and priorities usually resulted in diminished life satisfaction and health for participants. Whilst not achieving key life preferences and priorities may have challenged

women's control capacities, it does not appear to have altered their locus of control orientation.

Substantial life satisfaction, robust health, and internality were usually buttressed in the transition from pre-retirement to retirement by maintaining life style continuities and choices. Continuing to contribute to the care and support of others, associating with families and friends, plus maintaining leisure interests, proved to be life satisfying in retirement. The health of most retirees was assisted by continuing their long-established dietary and leisure routines. Inadequate health or income challenged the control capacities of several retired women, and limited some of their choices. This study highlights some of the inequities in the labour market and superannuation schemes which have contributed to many participants receiving inadequate retirement incomes.

The investigation also shows that most participants expect to maintain the essence of their life satisfaction, health status, and internality over the next five years. In so doing, most women will continue to live in much the same manner that they did in the five years leading up to their retirement. Whilst no longer engaged in paid full-time work, most of their established ways of being remain. The views of this privileged, but rarely studied cohort of retired women, who were aged between 50 and 87 years, provide some inspiring and sobering reflections for social gerontologists, medical practitioners, social workers, educators, retirement specialists, and members of the lay public.

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DEFINITION OF TERMS

Action Something done for the purpose of maintaining or enhancing life satisfaction, health status, or locus of control.

Agency "open, reflective, and intentional quality of human beings" (Willmott, 1994, p. 91).

Birthplace Country of birth

Demographics Statistical data that pertains to the profile of a human population, for example, morbidity rates, mortality rates, and age compositions.

Describe "To set forth in written or spoken words" (Macquarie Dictionary, 1991, p. 480).

Educational attainment Years of formal schooling.

Employees Employed persons who had worked (a) for an employer for wages or salary; or (b) in their own business, either with or without employees, if that business was a limited liability company; or (c) for payment in kind (ABS, 1993a).

Health For the purposes of this study the meaning of health that Downie, Tannahill, & Tannahill (1996) use will apply; that is, " ... positive health as comprising true well-being (with its roots in empowerment, and of considerable value to the individual and society) together with the related notion of fitness, and as having physical, mental, and social ingredients" (p. 23).

Health status See self-rated health status.

Income unit See retirement income

Life satisfaction In the quantitative component of this study; the extent to which a person is satisfied with life as measured by Neugarten, Havighurst, and Tobin's (1961) Life Satisfaction Index-Form A [LSI-A]. This measure embraces five primary considerations; zest, resolution and fortitude, congruence, positive self-image, and optimistic attitudes and moods.

Locus of control In the quantitative component of this study; "the extent to which an individual is perceived as responsible for events in his/her own life" (Rhee & Gatz, 1993, p. 153) as measured by Levenson's (1973) 24-item Internal, Powerful Others, and Chance Scales.

Longevity Length of life as measured in years.

Morbidity rate The incidence of long-term health disorders or conditions.

Mortality rate Death rate.

Nature of retirement circumstance Whether the decision to retire was freely made by a retiree, or whether it was forced by circumstance, for example due to own ill health or closure of the business; see retirement decision—by choice and retirement decision—forced choice.

Occupational status Relative measure of an occupation which is based on skill criteria in the Australian Standard Classification of Occupations (ABS, 1987). Major groups 1 and 2: Group 1 comprises managers and administrators; Group 2, professionals.

On-going debilitating health problems Long-term conditions, for example, arthritis, hypertension, hayfever, back trouble.

Orientation Whether a participant believes that her outcomes in life are a product of personal effort or whether outside forces are considered to have influenced life outcomes.

Paradigm " ... is an overarching concept similar in meaning to 'worldview', 'philosophy' or even 'intellectual orthodoxy'. A paradigm prescribes problem fields, research methods and acceptable standards of solution and explanation for the academic community it embraces" (Hamilton, Jenkins, King, MacDonald, & Parlett, 1977, p. 7)

Partner status Social standing to which differing degrees of responsibility, privilege, and esteem are assigned. This includes persons who identify as single. It also includes those who have a partner and combine their incomes to form one income unit. In this study the key partner status descriptors were divorced, married, separated, single, and widowed.

Personal control See personal efficacy.

Personal efficacy "How well one can execute courses of actions required to deal with prospective situations" (Bandura, 1982, p. 122).

Political economy perspective A view "which emphasises the structural constraints within which ageing takes place" (Ovrebø & Minkler, 1993, p. 290).

Portrait "A verbal picture, usually of a person" ((Macquarie Dictionary, 1991, p. 1379).

Professional Persons having formerly occupied a position as one of the following. Major Group 1 Managers and Administrators: Legislators and government appointed officials, General managers, Farmers and farm managers, Managing supervisors (sales and service), Managing supervisors (other business). Major Group 2 Professionals: Natural scientists, Building professionals and engineers, Health diagnosis and treatment practitioners, School teachers, Other teacher and instructors, Social professionals, Artists and related professionals, Miscellaneous professionals (Australian Bureau of Statistics, 1987).

Professional employee See professional and employee.

Retired from full-time employment Women who had ceased full-time labour force activity, that is, were not working full-time, were not looking for full-time work, and did not intend to work full-time in the future (ABS, 1993a, p. 26).

Retirement decision—by choice When an individual freely made a decision to retire.

Retirement decision—forced choice When circumstances necessitated the decision to retire, for example, compulsory retirement, redundancy, family or own ill-health.

Retirement income Gross (pre-tax) household annual income which forms a single spending unit, and from which women can access money. In addition, the following ABS (1993a) delineation will serve as a guide: income from all regular sources during the financial year before tax or any other deductions are made. Included are government pension and benefits, superannuation, interest, rent, dividends, other sources such as maintenance or alimony.

Self-rated health status In the quantitative component of this study; the extent to which a person perceives herself to be functioning—physically,

socially, and mentally. This is measured by responses to the question "in general, would you say that your health is excellent, good, fair, or poor ?" (ABS, 1991a).

Self-efficacy See personal efficacy.

Storied lives Lives described through narrative or story.

CHAPTER I

INTRODUCTION

The concept of retirement—as a life-course process and period that occurs at the end of a working life—has been in existence in Australia throughout much of this century (Kewley, 1980). However, what distinguishes the processes and experiences of retirements that occurred in the first eighty years of the twentieth century in Australia from those that began after this period are a number of trend developments, or what Putnam (1995) describes as 'demographic transformations' (p. 75). These include the increased longevity and ageing of the white Australian population (Australian Institute of Health and Welfare [AIHW], 1996), globally-influenced job shortages and employee-employer relations (Jones, 1995), more sophisticated technological developments, greater reliance upon self-funding principles in retirement provisions, altered roles of women in the work-force and society (Bryson, 1993), and earlier retirement ages (Australian Bureau of Statistics [ABS], 1993a).

Together, these trends have altered the context in which, and how, many individuals now experience retirement. For many retired Australian women this changed—and ever-altering-context has particular poignancy. Women—whether indigenous or non-Aboriginal—generally live longer than men (AIHW, 1995) yet their life earnings (for funding their lengthier life courses) are significantly less than men cohorts (Arber & Ginn, 1991; ABS, 1996a; Winocur & Rosenman, 1992). Moreover, household products that have resulted from technological

advances—and save time or effort—have not resulted in a shifting of the net burden of responsibility from women for ensuring the smooth-functioning of homes and families (Probert, 1994). As well, despite an increasing presence of women in the paid work-force, the types of jobs they frequently occupy are part-time or, if fully employed, are poorly remunerated (ABS, 1996a; Clare & Tulpulé, 1994; Rosenman & Winocur, 1989; Sax, 1993).

This study seeks to make a contribution to the literature that recognises the importance of older persons' quality of life by examining aspects of the retirement experiences of a cohort about whom relatively little is known; women who formerly held professional positions in the work-force. In particular, the study takes account of women's views concerning their past, current, and anticipated life satisfaction, health status, and locus of control. Additionally, in the course of documenting participants' stories, attention is given to the demographic and contextual influences that appear to have impacted on many of the ways in which women experience the work-force and, subsequently, retirement.

The Problem

Many social commentators have argued that retirement is a key concern within Australian society (Parliament of the Commonwealth of Australia, 1992; MacCallum, 1990; Sax, 1993; Seedsman, 1994a). Such advocacy has, in part, been a springboard to continued research efforts in social gerontology, public policy and allied fields. Although frequently disparate in nature and paradigm,

most of these initiatives have been grounded in a view that an uncovering of knowledge about aspects of retirement could facilitate roles played by governments and other agencies in relation to Australian retirees. Indeed many investigations have been a catalyst to legislative changes which ultimately have impacted on older women.

Continuing reform of the *Family Law Act* 1975 (Commonwealth) has, for example, been a central tenet in the research by the Women's Electoral Lobby (W.E.L.) for nearly two decades (Scutt, 1990). Elemental in the submissions developed by W.E.L. has been the need to reform major principles concerning superannuation entitlements for married and divorced women. In a similar way, many legislative amendments have profited from examinations such as those outlined in the 1992 Report by the Parliament of the Commonwealth of Australia entitled *Expectations of Life: Increasing the Options for the 21st Century*, as have several key welfare agencies and government departments.

By identifying several factors as being of critical importance in developing the quality of life of older Australians, the Committee, by implication, foreshadowed policy and planning priorities that were necessary to broadly enhance the lives of many old people. In the Committee's view, among the perceptions that older Australians held about themselves, their roles, personal health, and financial security were pivotal in influencing later life quality. Whilst the research that eminent organisations both draw upon and create plays a vital role in contributing to the well-being of older Australians, there is also a place for research that develops a localised, detailed portrait of lived experience. Such

research can reside alongside investigations that are more broadly-based or less personal in design.

Thus, it is opportune to respond to the vacuum of knowledge concerning women's retirement in Australia. It is also appropriate to develop the study in such a way that a detailed description of influential determinants is provided in the context of retired women's actual circumstances and contexts, drawing upon relevant histories, temporal, and demographic considerations. In portraying this largely unknown sector of retirees, the opportunity again exists for relevant practitioners to examine the stories, arguments, and reflections provided by participants as a means for further informing their work. The development of a study that places at centre stage, a silenced—or ignored—cohort of retirees also provides a chance for fellow retirees and those yet-to-retire, to share these insights into important later-life influences.

Life satisfaction, health status, and locus of control are deemed to be important contributors to older women's quality of life (O'Brien, 1981). By examining these variables through the practical, lived depictions of retired professional women's experiences and views, as well as through the application of established measures, the study represents an inclusive and rigorous attempt to highlight aspects of retired professional women's lives that contribute to enhanced and/or diminished 'ways of being' in later life.

Background

Traditionally, retirement has been a social invention conceived to fulfil the broad aims of society (Atchley, 1993; Kewley, 1980). Given that industrially-driven Western societies are presently being transformed into societies driven by technology, and that our population is now 'greying' (ABS, 1993b; Clare & Tulpulé, 1994; Hugo, 1986; Sax, 1993), much of the social, economic, and political structure of Australian society is in a state of change. The issues arising from such change are complex and challenging. Seedsman (1994b) argues this and proposed that "the paramount challenge in any society concerned for the life quality of older adults is to find creative and innovative ways of enhancing the general well-being and overall functioning of successive cohorts of older people" (p. 2). There is considerable literature to support this view (Carlsen, 1991; Compton, 1993; George & Bearon, 1980; Herbert & Milsum, 1990; Hughes, 1990; Lieberman, 1993; Neugarten, Havighurst & Tobin, 1961; Riddick, 1982; Seedsman, 1993, 1994a, 1996c). In addition, the nature of retirement is changing (Laczko & Phillipson, 1991) and women are retiring in greater numbers than ever before (ABS, 1993b).

In short, retirement and how it is funded, recognised, organised, and lived have become compelling concerns for governments, businesses, non-profit agencies, and many individuals. On an individual basis, retirement may invoke particular meanings amongst those yet-to-retire and those who have already entered retirement. On a broader scale, many organisations whose purpose it is to either govern, make a profit, or in some way minister to retirees, are keenly

concerned with issues pertaining to retirement. Indeed for some of these institutions their long-term well-being may be heavily dependent upon how effectively retirement is sponsored communally and within individual households.

Research by Putnam (1995) in the United States has identified that the ways in which many older persons now engage in organisations are altering. The second largest private organisation in the world (the largest being the Catholic Church), the American Association of Retired Persons (AARP), has a membership in excess of 33 million older persons—the vast majority of whom never attend meetings or meet with other members. Furthermore, Putnam's study highlighted a trend amongst many recreationalists who, for example, now bowl alone. Traditionally, ten pin bowling has been a collaborative pursuit throughout North America. The trend away from associational activities, such as that represented by the 40 per cent drop in league ten pin bowling, suggests fewer people are now identifying with a community (Putnam, 1995).

Although to date, Australia has not been as affected by associational changes amongst older adults as North Americans have, neither has it been exempt from changes (Cox, 1995). As with the United States experience (Putnam, 1995), the increased participation in the work-force by women has resulted in fewer employed women taking part in voluntary work. However, employed women who take part in voluntary work do so for longer hours than women who are not in the labour force (ABS, 1995a; Putnam, 1995). Other associational trends such as the circumstance of being a lone mother in Australia predisposes the parent (and offspring) to significant short-term problems (ABS,

1993b) which often remain, and create implications for the longer term. In 1990 nationally, for example, 26 per cent of lone mothers were regarded as being in 'housing distress' (ABS, 1993b), because they were spending in excess of 30 per cent of their income on rental accommodation. Where such rental arrangements are continued well into retirement or older years, the prospects of becoming impoverished are significant (Arber & Ginn, 1991; Sax, 1993).

For many professional women, a circumstance of becoming a lone parent may result in housing displacements or the need to rent. However, frequently their capacity to earn income—if employed—will be both greater than the majority of women employees (ABS, 1996a) and sufficient—if they are young—for them to overcome any interim financial turmoil. Nonetheless, knowledge about the capacity of professional women employees to offset potentially negative life forces via income is something about which the literature has been brief. Furthermore, other understandings about what women take with them into retirement have been canvassed narrowly in the field of research (Minichiello, Alexanders, & Jones, 1988).

Currently women constitute the majority of the Australian population, and this trend is expected to continue for at least three decades (ABS, 1993b). Projections also indicate that increasing numbers of women will continue to both enter and exit the labour force (ABS, 1993b; Clare & Tulpulé, 1994; Winocur & Rosenman, 1992). This increased involvement of women in the labour force and their subsequent retirement from work, represents a change from their previous work and life patterns (Clare & Tulpulé, 1994). Landmark research by Szinovacz

(1982) established a case for directly examining the retirement experiences of women. In part this was done by highlighting the inadequacy of relying upon men's experiences of retirement to explain how women found this life period. Such a standpoint resonated with an increasing volume of research findings (Belenky, Blythe, Goldberger, & Tarule, 1986; Calasanti, 1996; Gilligan, 1982) which suggested that gender-specific, rather than generic studies, produced new understandings about aspects of women's lives. Yet more than a decade later in both Australia and internationally, there remains a paucity of research about women's retirement (Aroni & Minichiello, 1992; Perkins, 1992).

The Purpose

The purpose of this study was twofold; firstly, to describe retired professional women's perceptions of their past, current, and future life satisfaction, health status, and locus of control. Secondly, to posit explanations concerning how and why these three domains, together with demographic variables influence the lives of retired professional women. As the study was both quantitative and qualitative in dimension, life satisfaction, health status, and locus of control were at differing times, distinctly defined or opaque, the latter form taking account of participants' "ways of knowing" (Belenky et al., 1986) and the former relying on established scales and measures.

In the quantitative component, life satisfaction was defined as a measure of the Life Satisfaction Index–Form A (Neugarten, Havighurst, & Tobin, 1961) which was designed to explore psychological well-being. To do this the

instrument emphasised five characteristics; zest, resolution and fortitude, congruence with achievements, self-concept, and mood. Self-rated health status was defined as a measure consisting of responses to one general question from the 1989-90 National Health Survey (ABS, 1991a) which invited the participants to select one descriptor from a choice of four, namely, "excellent", "very good", "fair", or "poor". Locus of control was defined as a measure of Levenson's (1974) Internal, Powerful Others, and Chance Scale and referred to the extent to which an individual believed she was in control of her life events. As part of the qualitative component, participants were asked to describe their past, present, and anticipated life satisfaction, health status, and locus of control. Data from both of the research fields were examined in light of multiple demographic factors, as outlined below. The specific aims of the study were to determine:

1. What relationships existed between retired professional women's life satisfaction, health status, and locus of control.
2. The level of congruence between retired professional women's perceptions of life satisfaction, health status, and locus of control in retirement with that which was anticipated during pre-retirement.
3. The relationships that existed between these preceding levels of congruence and the women's age, birthplace, educational attainment, nature of retirement circumstance, occupation formerly held, partner status, and retirement income.
4. What retirees believed may be possible explanations for any significant

differences in the levels of congruence between their life satisfaction, health status, and locus of control in retirement, with that anticipated prior to retirement.

5. What retired professional women, with the benefit of hindsight, believed were pre-retirement actions that may have contributed to better life satisfaction, health status, and locus of control in retirement.

6. What actions, if any, retired professional women have undertaken since retiring that they believed have improved their future life satisfaction, health status, and locus of control prospects.

The Significance

The insights into retired women's lives revealed in this study should assist business, government, and non-government agencies to better tailor initiatives that are directed to this cohort within the community. In order for organisations to accurately cater to the diverse needs of retirees, relevant and current sources of information are required. It is no longer appropriate to view retirees or their requirements as homogeneous entities (Stoller & Gibson, 1994; Prentis, 1980). This investigation has highlighted some common, and many disparate interests that attach to this privileged, and uniquely placed, group of women. In addition, this remarkable cohort of women happen to live in what some (Population Crisis Committee, 1990) regard as one of the most livable cities in the world.

The study has also identified relationships between life satisfaction, health status, and locus of control which may be of particular interest to organisations such as those which are concerned with lifelong education, health, welfare, and

recreation for older persons. The understandings developed by taking note of women's accounts of their life satisfaction, health status, and locus of control should serve to create a portrait of what, to date, has largely been an ignored sector within social gerontology. This portrait of professional women retirees has also provided scholars, and those who train professionals, with the opportunity to reflect upon the documented wisdom of (the study's) participants.

The option of being able to learn from, or draw upon the experiences of retired professional women, for example, in relation to superannuation, is of particular value. Given the long-term importance of superannuation to those who are currently employed, the study has underscored, by way of a further example, the need for employees, whilst young, to comprehend possible implications of early-life circumstances that challenge or contribute toward later-life financial well-being (Scutt, 1990). Although the study did not unduly magnify the place of money in relation to the lives of these participants, the explanations tendered have reinforced the need for retirees to be well prepared financially, for this beyond-work life period. Several aspects of these retirees' lives which stand as celebratory achievements concerning, for example, sources of life satisfaction, have emphasised a rich, complex, and often difficult collection of experiences. By making known many of these participants' perceptions, others—including retirees—are better placed to consider—and possibly learn from—some of the contexts which frequently shaped, and continue to influence, retired professional women's lives.

The qualities and competencies identified through the storied lives of these participants should also serve to counter narrowly-cast perceptions of older women generally, which have often emerged from ignorance or stereotyped knowledge. This record of key facets of retired professional women's lives—in a modest way—has also recognised the depth and import of participants' experiences and contributions. In sum, the study has given voice to a largely silenced group of ageing professionals who—through their perceptions and stories—offered much that stands to benefit the broader community as well as themselves. It has also contributed towards a shifting of experiences from the domain of the private and individual, to the public and collective arena. In so doing, the generosity and astuteness that characterised this cohort of women in the work place has remained active in retirement.

Statement of the Hypotheses

The key research hypotheses concerning the quantitative component in this study were:

1. Retired professional women whose locus of control was predominantly Internal would have greater life satisfaction and health status in retirement than those whose locus of control was either predominantly Powerful Others or Chance.
2. Retired professional women whose locus of control was predominantly Internal would have more accurately predicted, during pre-

retirement, their life satisfaction, health status, and locus of control in retirement than women retirees who possessed a Powerful Other or Chance locus of control.

3. Older professional women's pre-retirement expectations of life satisfaction, health status, and locus of control in retirement were predicted to be more accurate than younger retired professional women's expectations.

4. It was predicted that the level of congruence between retired professional women's perceptions of life satisfaction, health status, and locus of control in retirement with that which was anticipated during pre-retirement would be greater for those women with greater educational attainment and occupational status.

5. It was predicted that the level of congruence between retired professional women's perceptions of life satisfaction, health status, and locus of control in retirement with that which was anticipated during pre-retirement would be greater for those women who retired by choice than for those who were forced to retire.

6. The level of congruence between retired professional women's perceptions of life satisfaction, health status, and locus of control in retirement with that which was anticipated during pre-retirement was not predicted to be influenced by partner status.

7. It was predicted that the level of congruence between retired professional women's perceptions of life satisfaction, health status, and locus of control in retirement with that which was anticipated during pre-retirement would be greater for those women who had a greater retirement income.

Research Questions

The following research questions applied to the qualitative component of this research project:

1. How and why did life satisfaction, health status, and locus of control in pre-retirement contribute to these domains in retirement?
2. How did professional women retirees explain the similarities or differences between pre-retirement and retirement perceptions of life satisfaction, health status, and locus of control?
3. In the five years prior to retirement, what actions did professional women retirees take that may have contributed to their life satisfaction, health status, and locus of control in retirement?
4. What actions did professional women retirees believe they are likely to undertake that may contribute to their life satisfaction, health status, and locus of control in the next five years ?

Limitations

The study's sample was non-representative of the general female population in respect of age, birthplace, educational attainment, nature of retirement circumstance, occupation formerly held, partner status and retirement income. Thus the extent to which findings may be generalised will be limited. By conducting only one face-to-face interview with each member of the interview sample, it can be argued that the information gleaned was limited by the respondent's perceptions on that occasion. The total sample population was 100, 84 of whom were interviewed. In contributing to a cumulative portrait of retired

professional women, and adding to those studies which in some way highlight quality of life concerns, the variables that were selected for this study represented contributions to, rather than complete pieces of, the larger picture.

Assumptions

In this study it was assumed that:

1. Contexts in which participants' lived and worked would variously influence their 'ways of being' and knowing.
2. Temporal, or time periods through which participants have lived would also differentially influence the lives of participants as "history matters because it is 'path dependent': what comes first (even if it was in some sense 'accidental') conditions what comes later" (Putnam, 1993, p. 8).

Scope of the Study

The conceptual framework which underpinned this study is complex, due in part, to the study being oriented to human lives (Lather, 1991), and the often-contested nature of terms such as quality of life, life satisfaction, health status, and locus of control. In addition, the place and role of demographic variables as potential influences on life choices, opportunities, and outcomes is sometimes controversial, as evidenced through the research findings reported by Hill (1995); Teese (1995), Turner (1994), and Whitehead (1992). Hill for example, believed the influence of 'disadvantaged' and 'advantaged' backgrounds as a contributor to educational success in schools (and ultimately further educational access), is overstated. Yet his colleague Teese, was in no doubt that educational offerings

and opportunities for students from low socio-economic backgrounds were reduced. Whitehead's major examination of the health of British people similarly left her convinced that socio-economic factors predicted future health scenarios for most individuals. Turner (1982, 1994) takes a similar view to Whitehead and is confident that demographic variables such as age, gender, and ethnicity influence life chances of individuals throughout their lives.

Moreover, the conceptual framework was, in one sense, further complicated by the methodological framework which employed elements from both qualitative and quantitative paradigms. However a pictorial representation of the conceptual framework reduces details to the essence, as shown in Figure 1.

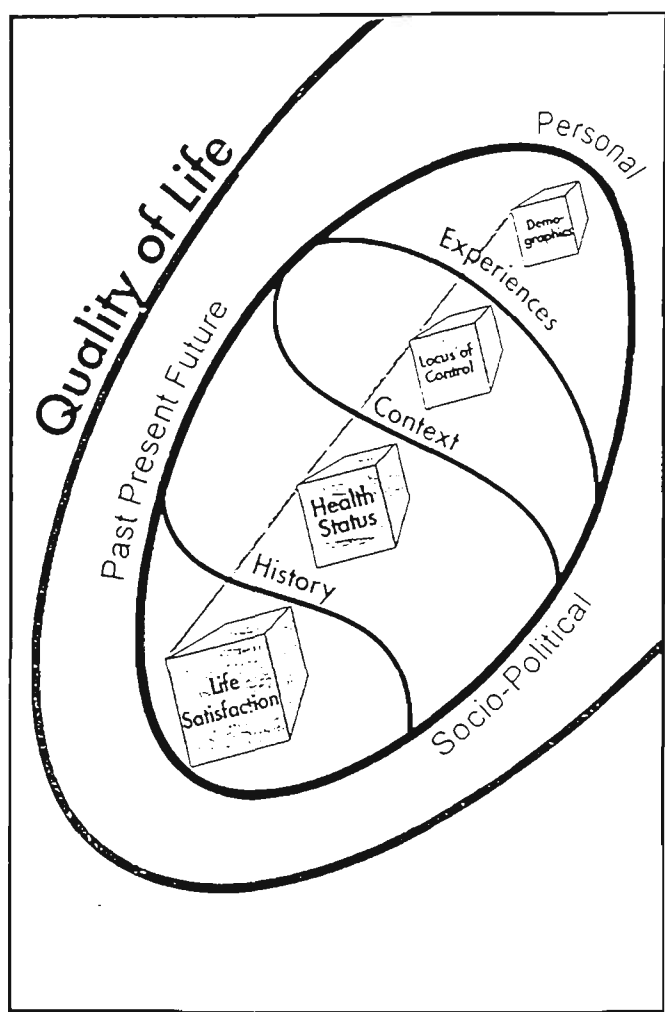


Figure 1. A sketch of the conceptual framework of the study.

The explanation which follows initially elaborates the above claim concerning the methodological framework, and then details the guiding constructs and principles of the study.

In Guba and Lincoln's (1989) ground-breaking text on evaluation, the authors provided a detailed account of why research that investigates aspects of humankind turns out to be both recognised as, and respected for being, complex. Such a universal claim, on the surface, stood somewhat at odds with their criticism of the tradition of positivist scientists to seek, via reductionist means, sweeping causal imputations. However, closer consideration of Guba and Lincoln's stance, in light of this study, showed that what the authors suggested was apt. The era in which quantitative research conventions dominated investigations—to the extent that conceptual understandings could adequately be linearly depicted for all research—had passed. An acceptance of there being, "multiple, socially constructed realities" (p. 86) and new ways of conducting research were but two compelling reasons for Guba and Lincoln to caution practitioners about simplifying research plans and findings down to time—and context-free, linear relationships that offered objectivity and precision. This, Guba and Lincoln argued, led to an attitude amongst many researchers, past and present, that "...what cannot be measured cannot be real" (p. 37).

In response to arguments such as those put by Guba and Lincoln (1989), Fetterman (1988), and Eisner and Peshkin (1990), who refused to accept only positivist research conventions as sufficient, a decision was made to design this research in such way as to embrace both paradigms. Such a decision requires

explanation, together with some of the convincing arguments which led to the view that an investigation of retired professional women's perceptions ought not be premised solely upon a quantitative appraisal. Providing this information is necessary also because a conceptual framework which employs both paradigms as the means of gaining information from participants, is likely to be different to, for example, a study grounded in a purely positivist stance. Furthermore, in attempting to pictorially and descriptively represent the conceptual framework of this study, the standpoint adopted was one which accepted that the *combined* evidence from the dual-paradigm design could better inform rather than merely being offered as two stand-alone explanations.

A preparedness to use a combined approach made practical the arguments put forward by Fetterman (1988), Miles and Huberman (1984, 1994), Patton (1990), and Reichardt and Cook (1979) which recognised the potential value of using both quantitative and qualitative methods. Moreover, for Reichardt and Cook, like Patton (1978), important considerations governing the research paradigms involved making assessments about the nature of the planned project. Thus, decisions which emerged from such appraisals should have taken account of a range of subjective, political, and methodological issues (Patton, 1978). In addition, Patton cautioned researchers against selecting a method on the basis of familiarity or making decisions about the paradigms as a result of noting separatist claims of superiority, particularly from quantitative proponents.

Thus, what preceded the development of the conceptual framework in this study was an examination of—and decisions about—profound ontological and

epistemological issues. The canvassing of these issues before (and during) the conduct of this study provided some of the character which appears in the distillation which follows.

The total sample population of 100 retired professional women involved in this study overwhelmingly comprised retired professional women who, at the time of data collection, lived in metropolitan Melbourne. A more detailed explanation of the sample population is provided in Chapter 3. The purposive sample of retired professional women was obtained via a multi-pronged strategy designed to invite eligible participants to initiate contact with the researcher. Details of this strategy are also provided in Chapter 3. However in brief, the absence of an overarching association of retired professional women or similar agency (which had a means of contacting such retirees) plus privacy concerns, meant that the task of locating participants was, at times, difficult and almost always, indirect such as via newspaper articles or relevant association newsletters. Despite these difficulties, the sample size was more than acceptable in terms of the quantitative component of the study (Gay, 1992). The common, yet unique patterns in the perceptions provided by participants, together with other methodological procedures in the qualitative component ensured that the sample size also was appropriate.

In this study it was accepted that demographic variables of age, birthplace, educational attainment, nature of retirement circumstance, occupation formerly held, partner status, and retirement income were sufficiently likely to be influential in the lives of this cohort of retirees, to warrant inclusion. Ample studies on older

persons provided grounds for this perspective (Arendell & Estes, 1991; Cox, 1994a; Dressel, 1991; Pettman, 1992; Turner, 1982, 1994). Jones (1995) indicated that demographic variables such as educational attainment are often crucial in subsequent life choices. Jones noted the increasing demand in Australia for employees with credentials and emphasised the disproportionate success rate that (non-Catholic) private schools continued to have in exiting year 12 students into Australian universities. The trend highlighted by Jones was of relevance to the cohort in this study to the extent that these participants also represented, during their time in the work force especially, a highly qualified cohort of employees.

Moreover, Jones (1995) argued, even within Australia there are geographic areas which predispose both Australian-born and overseas born individuals, to reduced or accelerated life prospects. When referring to the city of Melbourne, he highlighted the vast differences in opportunities for those living in the suburbs west of Melbourne Central Business District (in comparison to suburbs to the east). Jones noted "fewer tertiary students, teachers, doctors, dentists, public servants, architects, musicians, artists, research workers, journalists or economists live in the region. Every profession in Melbourne is hierarchical, and the apex of each hierarchy is in the east" (p.143). Other evidence from Rosenman and Winocur (1994) and Arber and Ginn (1991) established the potential worth of exploring demographic influences on the lives, and perceptions of many of the retired professional women in this study.

In identifying the potential of life satisfaction, health status, and locus of control to significantly influence the quality of retired professional women's lives, attention was initially given to finding an established measure that explicitly and reliably assessed the three variables. No such measure emerged as a result of the search. Rather, several measures were located that either partially, or totally, evaluated one or two variables only. An elaboration of the three measures that were selected to frame the quantitative component of this study is provided in Chapter 3.

In keeping with the philosophical positions that some have claimed (Guba & Lincoln, 1989; Lincoln & Guba, 1985) underpin the qualitative paradigm, during the interviews participants were encouraged to largely self-define the terms life satisfaction, health status, and locus of control, when verbally describing their perceptions of these respective terms. A *carte blanche* invitation to self-define was not extended to participants because, in the planning of the study and following pilot testing, it was found to be worthwhile (in the interviews) to hand a cue sheet (see Appendix B) to each participant. The cue sheet contained simple, quick-to-read definitions of the three variables. Clearly this represented a degree of circumscription, an issue which is sometimes a source of conjecture amongst some theorists who prefer that the qualitative domain be as naturalistic as possible (LeCompte & Priessle, 1993; Lincoln & Guba, 1985). Indeed, some have argued that restricting—through defining—has been a controversial aspect, and therefore a possible weakness, of some quantitative studies (Kincheloe & McLaren, 1994).

In this study the cue sheet was offered because it was considered that the term locus of control, in particular, was not a description that was used widely—or had a uniform meaning in non-academic circles, even amongst well-educated individuals. Furthermore, in view of the instrument that was selected to assess locus of control for the quantitative element, (the administration of which sequentially preceded the interview), it was not considered appropriate to merely adopt a more commonly used description, such as 'senses of control' or 'feelings of control', for the interview. Nonetheless, as extracts from participants' answers show (Chapter 4), the cue sheet appears to have in fact operated effectively rather than restrictively. Participants used the cue sheet definitions conceptually and applied their meanings of the respective terms by highlighting what, to the participants, were apt and meaningful elaborations of life satisfaction, health status, and locus of control.

'Actions', in operational terms, were also regarded as comprising life experiences that participants took before or after retiring because of their desire to improve their life satisfaction, health status, or locus of control. The notion of an action was considered to potentially provide opportunities for worthwhile exploration in this study because of two compelling reasons. Firstly, by reference to personal knowledge and reflection about professional women, 'action' appeared to be an apt description and common denominator for many of them, whether in reference to areas of their work or none-work lives. As well, it was considered reasonable to assume that, as distinct from a reflex action, any 'actions' which would be focussed upon in this investigation for the most part, had been planned

or considered, and therefore likely had a lead-up story or explanation, as well a possible consequence.

In sum, the conceptual framework was premised upon a view that life satisfaction, health status, and locus of control would be, together with a combination of demographic variables, influential in the quality of life of professional women prior to, and following retirement. It was also accepted that these features of the participants' lives occurred in contexts, temporal and otherwise, which were political as well as personal.

The study was broadly informed by a critical perspective and more specifically a political economy outlook. Because the study included a qualitative component, it was considered that concerns about positivist context-stripping (Guba & Lincoln, 1989; Gubrium & Holstein, 1995; Lather, 1991), which frequently occurs in survey research, would be overcome. It can be argued that survey research is vulnerable to the charge of context-stripping when, for example, it allows participants minimal opportunity to make additional comments or, when it asks participants to indicate a preference for variables that are to be judged separate to the real-life context in which they operate.

In the next chapter, a review of selected literature concerning the key elements in this study, together with relevant contextual issues, is provided.

CHAPTER II

REVIEW OF LITERATURE

Introduction

This review outlines the disciplines which have been influential in gerontology. Increasingly researchers from particular disciplines are adopting more integrative approaches in their work by embracing issues that are raised in allied ageing fields. Nonetheless, each discipline continues to display a preference for how an individual or occurrence is understood. Whereas one discipline (for example, psychology) may emphasise the role an individual plays within the environment, another discipline (sociology) may highlight the role of structural determinants in relation to how an individual negotiates life.

All of the women who participated in this study were born during the twentieth century. Many of the women were born in the early part of this century, whilst others were born prior to World War II. A small number were born after this time. Thus, most participants have been privy to considerable change, not only in terms of what they observed, but also in what they experienced. Some women have lived through the Great Depression, periods of inflation, and several wars. All of them have seen Australian society shift from being part of an industrial era, to being part of a post-industrial era. Participants in this study have also witnessed a dramatic change in many of the ways in which women influence, and are influenced by, Australian society. For many of this

study's participants, they have made pioneering—if scantily recognised—contributions in their respective professions. Their stories also suggest they have made considerable contributions as mothers, daughters, sisters, wives, friends, and citizens. Such contributions have been made against an often bountiful, often hostile, and constricting environment.

The economic, political, and social context that has, in effect, accompanied these women's lives over the course of this century, is detailed in the review which follows. It underscores the difficulties and achievements experienced by these ageing professional women, and should serve to amplify the magnitude of their experiences. A selected review of the literature concerning, pre-eminently, life satisfaction, health status, and locus of control, is then developed. Other more specific features which pertain to this study are also introduced, through the findings from relevant studies. This is then followed by a summary which encapsulates the key aspects from the literature in respect to what meanings may apply to this study.

Key Perspectives in Gerontology

Three broad disciplines have been prominent in the study of ageing—biology, psychology, and sociology (Bond, Briggs, & Coleman, 1993). More specifically, Hendricks and Leedham (1991), believe that social psychology and political economy in the last decade, have emerged to occupy much of the frontier of ageing research. Hendricks and Leedham also suggest that, much of what now emanates from social psychology and political economy studies is more similar

than earlier such studies which had more sharply contrasting frameworks. This, Hendricks and Leedham (1991) claim, is because of a general trend within the research fraternity to make evident the connections between social structures, policies, and the active roles of individuals in the contexts of both dependency and empowerment.

Despite the reducing margins of difference between studies which now emerge from psychology and sociology in particular, differences remain. In what follows, a brief examination of the disciplines will be provided.

Biological Perspective

Biological theories of ageing essentially fall into one of two sub-categories. Programmed ageing theorists adhere to the view that, except for factors of natural selection and evolutionary effects over extended periods, life forms follow predictable sequences (Bond et al., 1993). When natural selection and the effects of evolution are incorporated into any examination, the features of particular organisms may alter. In terms of older humans, a programmed ageing theory accepts that with the passing of time between birth and death, activity within the body will be in varying stages of growth or decline.

Unprogrammed ageing is the other key strand in biological theories of ageing (Bond et al., 1993). This perspective accepts the possibility that particular aspects of the body may be (or become) 'unprogrammed'. These may be imposed from within-the-body activities, or from without. Bond et al. point out that many early studies were focussed on reproduction concerns because it was a temporal

point in history when life forms appeared to be short. By contrast, they argue that current investigations represent state-of-the-art technology and sophisticated evolutionary concerns. Although not noted by Bond et al., many of these advances are also contested from a moral standpoint rather than a technological perspective. Dubos (1968), in recalling Montaigne's comment that science without conscience is but death of the soul, argues that technological proficiency is, on its own, an insufficient means by which to judge the field.

Brady's (1994) view, although intended as a more general commentary on intellectual life and the relationship between academe, society, and religion, is similarly argued. Positivists, Brady suggests, are often too quick in dismissing those who hold differing opinions to their own. Moreover, intellectual reasoning is cast as being closed to the influence of other concerns such as, for example, religion. This Brady suggests leaves intellectual freedom and its location in Australian universities under threat because, "in general the consensus seems to be that if intelligent people wish to be religious believers, then that is something they do when off duty from thought " (p. 274).

Psychological Perspective

This perspective emphasises the intentions and capacities of each individual in the ageing process. The agency of ageing individuals, when seen through a psychology lens, provides the crucial source of explanation for later life experiences and circumstances. Although there have been many disparate views within the psychology field, common across the many sub-disciplines has been an

orientation which elevates the standing of the individual, as a means of explicating further understandings. In this sense Gergen and Gergen (1986) suggest, "human activity is guided not so much by impinging events in the world as by what the organism determines will count as an event" (p. 120).

Locating the source of explanations with the individual has been criticised because of its failure to adequately recognise the influential role of the environment (Hendricks & Leedham, 1991). The field has also been challenged over its penchant to highlight the diminishing intellectual qualities which are associated with ageing and, concomitantly, its failure to examine aspects which do not decline with age (Coleman, 1993). Gergen and Gergen (1986) concur with this criticism claiming that, within Western culture, psychology has embraced a popular view of ageing. This they regard as inadequate, arguing,

to adopt this conventional form of explanation, which holds the individual's deteriorating bodily system as central to understanding his or her conduct, is also to favour a type of more extended script. This extended script invites the individual to speak disparagingly about well-being, to curtail various lines of activity, to seek dependency in relationships with others, to seek reliance on medical support systems, and so on (1986, p. 135)

Such is the level of concern which Gergen and Gergen have for the depictions of older people by members of their discipline, that they have called for a major reorientation so as to provide "more positive life scripts" (p. 137).

Gaylord (1989) also points to the failure of psychology to recognise issues which have particular relevance to women.

Experimental Psychological Perspective. Experimental psychology came into prominence in the latter half of the nineteenth century. The focus of experimental psychologists was on the cognitive processes by which individuals gain knowledge and awareness (Bond et al., 1993). The discipline commonly maintained a view that the process of ageing invoked an explanation that was, upon adulthood, a story of decline. In recent years however, Bond et al. claim that cognitive psychology has attempted to reorient its view of older people and the way in which experiments are conducted. One of the key changes that this has produced has been an increasing trend to conduct investigations in real world settings, in preference to the traditional choice of site, namely laboratories (Bond et al., 1993; Carroll, 1990).

Developmental Psychological Perspective. Traditional theories of development such as those proposed by Erikson (1982), Maslow (1970), and Kohlberg (1973) have informed a range of sectors within education, medicine, social work. However, the models have largely been generated on the basis of research which involved only male subjects. The effect of this has been to produce an incomplete picture of developmental perspectives (Caffarella & Olson, 1993). What was especially absent in the process of such traditional theory-building were the contributions of women and people from differing socio-economic classes and ethnicities (Gilligan, 1977, 1979, 1982). The possibility and inadequacy of established theories having only comprehended part of the available evidence, due to their reliance upon narrow and unrepresentative samples, has since been shown

(Baier, 1993; Caffarella & Olson, 1993). Gilligan (1977) developed an alternate model of moral development. The view which Gilligan originally posited was comprehensively detailed in her groundbreaking text *In a Different Voice* (1982). Gilligan's work challenged the peak standing given to the concept of autonomy in theories of development by prominent psychologists. In particular, her theory contrasted with Kohlberg's Morality of Justice Theory. In Gilligan's opinion, her (untitled) theory, like Kohlberg's theory, was offered in an effort to expand understandings about human development. Gilligan's theory emphasised the importance women place on mutuality, concern, and an ethic of care.

Baier (1993) believes that Gilligan's study coheres with "what women want ..." (p. 20). However in respect of Gilligan's proposition that women have a " ...different way of constituting the self and morality" (Gilligan, 1986/1993, p. 207) Baier questions whether women and men are so estranged in their moral development. In arguing that Gilligan's account represents an advance in theory development, Baier nonetheless considers that more remains to be developed.

Liberal moral theorists, in Baier's view, have ignored women in the course of developing their theories. Yet, as Baier notes, they have nonetheless attempted to provide universal theories that had application to men and women. Such an interpretation, Gilligan (1986/1993) suggests, misses the point. Her research is concerned about "...the dissonance between psychological theory and women's experience" (p. 207). Blum (1988/1993) also notes the importance of Gilligan's work as a contribution to the development of a moral philosophy.

Blum (1988/1993) believes that Gilligan's theory challenges "the dominant conception of morality in contemporary Anglo-American moral philosophy ..." (p. 49). In so doing, it may require moral theory to embrace some subjective and personal accounts of morality, rather than imply that moral development is objective and impersonal. In Blum's view, Gilligan's thesis that there is a "different voice" also acknowledges a place for rationality and, at times, universality of principle. Gilligan (1986/1993) also rejects any suggestion that her uncovered "different voice" belongs only to women. Gilligan notes "...this voice is identified not by gender but by theme" (p. 209).

Moreover, caring should not be—according to Gilligan—equated with passivity. The life matters facing twentieth-century women, Gilligan asserts, involves them weighing concerns of self-sacrifice against issues of care. Such decision-making also resides in men. What is worthy of attention in this respect, Gilligan (1982) suggests, is "the interplay of these voices within each sex and...that their convergence marks times of crisis and change" (p. 2). Blum's (1988/1993) view, in essence, supports Gilligan's position. In relation to Gilligan's theory he notes "morality necessarily involves an intertwining of emotion, cognition, and action, not readily separable. Knowing what to do involves knowing others and being connected in ways involving both emotion and cognition. Caring action expresses emotion and understanding" (p. 53).

Gilligan's (1986/1993) account of moral development highlights, she believes, a problem of female development. Women have been influenced in such a way by society that they "give care only to others and consider it 'selfish' to care

for themselves" (p. 213). Such inculcation, Gilligan implies, is assisted by developmental depictions of women which place them in a secondary or inadequate position.

Gilligan (1979) believes Erikson's understanding of human development is located with the male—initially as child and later as adult. Whilst women are shown by Erikson as more dependent and lacking inner resources, men are depicted as developing independence and an identity that is forged in the world beyond the home.

Baltes and Baltes (1993) make no reference to studies by Gilligan. Nor is Erikson's early research acknowledged. Baltes and Baltes, however, do note the contribution by Erikson, Erikson, and Kivnick (1986) as having some application to psychological accounts of successful ageing. The study by Erikson et al. includes a representation of an individual's life cycle being achieved progressively through eight psychosocial stages of life. This schema was originally developed by Erikson in 1950.

Erikson et al. (1986) claim that "at every stage, the individual incorporates these earlier themes in the process of bringing into balance the tension that is now focal" (p. 54). Each of the eight stages suggest that the resolution of a binary relationship is symbolised by an outcome. For example, the overwhelming of isolation by intimacy in young adulthood is represented by love. In old age, if integrity dominates despair, Erikson claims, wisdom is evident. A wise disposition in old age enables an individual to achieve an "...integrity of experience, in spite of the decline of bodily and mental functions" (p. 38).

Wisdom therefore, is suggestive of successful ageing. According to Baltes and Baltes (1993), one of the drawbacks to such models is that they have application only in "a highly standardised society" (p. 7). Further, Baltes and Baltes indicate that they are not reflective of the values of working class citizens. This latter point is considered problematic for Baltes and Baltes because, they argue, "successful ageing should not be a phenomenon restricted to a given class" (p. 7).

In contrast to traditional developmental models, Baltes and Baltes propose a notion of successful ageing that is adjudged against seven propositions. These propositions embrace subjective and objective factors, contextual, cultural, environmental and individual differences. By developing such a framework, Baltes and Baltes claim to be moving away from simple representations of strategies for successful ageing. They also endorse diversity and heterogeneity as being both real and valuable. Ageing successfully under Baltes and Baltes's measure highlights the presence of both gains and losses for individuals, as well as the need for adaptability. Whilst Baltes and Baltes (1993) do not regard their means of establishing whether an individual is ageing successfully as the end word on this issue, their approach represents a more encompassing and, in itself a more flexible means of making judgments.

Gilligan's (1982) groundbreaking challenge of Kohlberg's (1969) theory in particular, and less directly the works of Erikson (1950, 1958; 1968) and others has provided a valuable contribution to the field. Gilligan asserts that many of the renowned theories may have been overly influenced by their authors' gender and class experiences when they were being developed. If this is so, it may not

require the models to be rejected outright. They may still have application to particular cohorts, such as those who comprised the sample population in the original investigations. An example of one such theory can be found in Erikson's work. Erikson's (1950) eight psychosocial stages of life have, despite having attracted criticisms for being sexist, linear, inflexible and classist, provided a much-relied upon means by which ageing over a life time can be evaluated. Rather than being completely cast aside, it continues to provide one measure which can be used in conjunction with others as an indicative, rather than set-in-concrete, indicator of successful ageing of specific cohorts.

In sum, theories of development serve both to inform and transmit interpretations (Sayers, 1980). The more established theories have implied an objective standpoint. These could therefore qualify for Barthes (1953/1968) white or "colourless writing" (p. 78) categorisation, which creates an illusion of objectivity to hide a writer's subjectivity. Blum (1988/1993) regards the traditionalists' stances as subjective. By contrast this is what many of the newer studies unproblematically claim to be. It is argued that Gilligan's study and more recently Noddings's (1984) philosophical approach to caring as an ethical issue, represent attempts to expand boundaries in terms of theory and practice. The esteemed and influential place of theorists (particularly those from psychology) enables many of their arguments—over decades and generations—to become enmeshed culturally. This is one way in which institutions of the state create and maintain social order (Estes, 1990). Through education, and in particular, via members of professions, in media and other public avenues, theories often

develop into standards or, in the least, contribute to societal norms. Such norms, Minkler and Estes (1991) suggest underpin policy and practices which affect older persons.

Within this century, Sayers (1980) argues that the general effect of established developmental theories has been to emphasise differences between men and women, and "...to urge conformity with existing sex differences" (p. 47). By contrast, the newer theories, although also incomplete, are oriented to a politics of affinity. Gilligan's and Noddings's works, in particular, highlight different values and interests between the genders, but they both are premised upon a world-view that encourages both genders to exercise care and connectedness.

Many of the established developmental theories provide legitimation to the actions of economists, politicians, and others who seek to maintain a binary and differential relationship between men and women in the workplace. Used in this way developmental psychologists perform an ideological function (Sayer, 1980). The principles which underpin much of, for example, Gilligan's studies, reject the traditional arrangement. They also require—if they were fully played-out in the workplace and other public places—that other considerations, in addition to rational principles, be weighed in the course of decision-making. Thus, on the basis of Gilligan's theory, decisions which individuals make are better made in the context of specific circumstances and contexts. The inadequacy of universal referents in traditional theory, which has been exposed by Gilligan, has also been challenged by others (Neugarten, 1985; Sayers, 1980).

Sayers, in particular, would prefer the discipline of psychology to concentrate on actual behaviour, rather than be informed by type-cast images, when conducting its research.

Sociological Perspective

As is the case within psychology, several sub-disciplines can be found in sociology. These branches include ethnomethodology, structuralism, and symbolic interactionism. Critical theory, which is also a branch of sociology, has provided a basis for political economy and moral economy theories to be developed. Given that political economy and moral economy have been at the forefront of recent and influential developments in gerontological research (Hendricks & Leedham, 1991), these will be further detailed.

Political Economy Perspective. Estes (1991) considers that a political economy perspective provides an effective point from which to consider analyses of ageing. Fundamental to such a perspective is that "old age can only be understood in the context of problems and issues of the large social order" (p. 19). Moreover, a political economy perspective rejects any unitary treatment of older people. This, Estes believes, means that older people are not treated as an homogenous entity. A similar approach to women, racial, and ethnic minorities is increasingly being adopted by other critical studies and some feminist research (Pettman, 1992).

Estes (1991) considers that a crucial element in a political economy perspective is to be found in the analysis of the consequences which attach to gender, class, and race. With respect to older persons, Estes suggests that the

analysis must highlight how they are defined and managed. In doing this, what happens to older persons is linked to the structures of society (Hendricks & Leedham, 1991). More specifically, the perspective focuses on the economic and political structures of a given society and the ways in which resources and goods are distributed (Bond et al., 1993).

Hendricks and Leedham (1991) suggest that issues of social location (which takes into account issues of gender, class, and race) form one of two significant aspects of the political economy of ageing. The second aspect pertains to the notion of dependency. Altering perceptions of older persons in terms of their viability as producers and to the economy, often results in a diminishing view of the ageing process prevailing. This Hendricks and Leedham posit, leads to a generally less favourable depiction of older persons being developed by society. Frequently this translates into economic, political, and social disadvantage. Structural adjustments often occur over time on the basis of older persons being perceived as, in relative terms, having less to offer. This is compounded by circumstances of gender, class, and race. The end result is often that, for example, less skilled older workers experience poor economic reward (Bond et al., 1993). If gender, class, and race are brought into view, remarkably robust patterns develop which locate, for example, working class employees with low skills and middle-class employees with high skills. Similarly non-Anglo ethnicities often end up in poorly paying jobs. This is not explained by political economy theorists on the basis of, for example, a Darwinian view. Instead, the frequency

of minority race persons ending up in poorer employment sectors is located in a context of structural and social constraints.

Labour segmentation, historical, and temporal circumstances and social/political processes thus condition how older persons experience life (Minkler & Cole, 1991). As a result "the lived experience of aging is to be understood in relation to the lives of other generations and segments of society, and these in relation to the broader material and symbolic order" (Estes, 1991, p. 19). Estes also believes that her political economy perspective elevates questions of ageing as pivotal to any examination of society and the state.

Hendricks and Leedham (1991), as well as Minkler and Cole (1991), also acknowledge the multiplicity of variations that calibrate differing political economy perspectives. Common to all political economy perspectives in respect to issues of ageing is the capacity to draw attention to the experiences of old people in a local setting against a backdrop which is now increasingly part of a seamless, global, and capitalist economy (Estes, 1991). This of necessity means the task is "to locate society's treatment of the aged in the context of the economy (national and international), the state, the conditions of the labour market, and the class, sex, race, and age divisions in society" (Estes, p. 29). It should also extend to a consideration of the tensions between democracy and the market economy.

Estes, as with others (Bond et al., 1993; Hendricks & Leedham, 1991; Minkler, 1991a; Minkler & Cole, 1991) believes many political economy perspectives have justifiably been criticised. Estes points to those which have relied only on, for example, class as a means of analysis. They have produced

incomplete understandings of ageing. Minkler and Cole point to the need of political economy explanations to avoid reductionism. One way to avoid this, they suggest, is for political economy accounts to grasp moral and existential matters. Hendricks and Leedham agree, however they suggest such an orientation could be better made from a moral economy perspective.

Moral Economy Perspective. Minkler and Cole (1991) conceptualise moral economy as being "...collectively shared assumptions defining norms of reciprocity" (p. 38). Moral economy can be grasped by reference to recent international developments (Hendricks & Leedham). They argue:

the recent history of Western society has ... witnessed a shift away from moral economy grounded in use value toward moral economy grounded in exchange value. Moral economies grounded in exchange value lend themselves to hegemony as false consciousness. By concentrating on the monetary aspects of exchanges, they may obscure underlying exploitation (p. 56).

When exchange value is the foundation of moral economies, the achieving of profit or advantage becomes paramount. Hendricks and Leedham claim that in this environment individuals are viewed largely in terms of their market potential. This may be problematic for ageing employees; it is especially troublesome for retired employees because the chief issue is (their) monetary worth in the market on an exchange basis (money for labour). By contrast, moral economies which have embedded use value, consider individuals from the standpoint of responding to, and achieving human needs.

Moral economy as a concept was created by Thompson (1966) who was particularly influenced by the works of Durkheim. In the course of developing the concept of moral economy, Thompson made an examination of working-class people in England during the late eighteenth and early nineteenth centuries. As a result of this, Thompson observed that many of the protests about food costs which characterised the activities of working class people in that era, pertained to their beliefs about custom and fairness. Members of the working class believed that prices should be determined by reference to issues such as justice, in addition to market force factors (which pertained to supply and demand).

Minkler and Cole (1991) argue that "... the concept of moral economy is indeed a useful one today for examining the place of consensual assumptions regarding reciprocal obligations not only in attitudes toward and treatment of elders ... " (p. 41). Kohli (1991) considers that moral economy provides an effective basis for considering aspects of ageing. One of the advantages he believes a moral economy framework brings into effect is a shift away from an emphasis on " ... individual motivations—as in the conservative critique—to the system of reciprocal relations" (p. 274). In respect to the years spent following an exit from the work-force, Kohli believes that public pensions better evidence an element of reciprocal relations than most retirement/superannuation schemes. Whilst the latter may be hinged to some form of collective benefit (such as by localised pooling), they do not, unlike the pension, offer " ... pure reciprocity in the sense of a system of moral obligations without any element of individually calculable returns ... " (p. 276). Kohli suggests that a moral economy potentially

has many advantages for capitalist societies. Retirement is now a distinct life phase. Kohli believes retirement has remained a means of ensuring sufficient numbers of individuals exit the work-force.

Others claim this was the basis for its introduction in Australia (Kewley, 1980) and the United States (Graebner, 1980). Because retirement continues to provide a paid means by which people can exit the work-force, the institution offers continuity and thus a form of social control. This at once benefits the individual and the larger society. Hendricks and Leedham (1991) believe that a moral economy perspective which is grounded in use value, in reality, would require policymakers to better consider issues of equity and needs. Thus, it requires those in decision-making positions to consider, for example, what long-term needs pertain to individuals and groups. By contrast, exchange value is, in effect, focussed on the current period. Hendricks and Leedham (1991), and to a more limited extent Minkler and Cole (1991), consider that moral economy perspectives can complement or be developed in tandem with political economy perspectives. Hendricks and Leedham believe that a moral economy outlook may be a more practical means (as compared to some political economy perspectives) of influencing practical situations.

In brief, both a political economy and moral economy perspective give priority to the influential role which structures and institutions create in comparison to the capacity of the individual to independently determine his or her environment, life chances, and experiences. In recent times, however, both sub-disciplines have comprehended the need to recognise a greater agency amongst

individuals as a means of acknowledging their sovereignty. In this sense, they have been consistent with mainstream sociologists such as Coleman (1990), who have moved further toward an active depiction of individuals in society. In the section which follows, consideration is given to the temporal social, political, and economic contexts which have characterised twentieth century Australia.

Twentieth Century Australia: The Macro Context

So far as the economic history of the Western world is concerned, the present era is part of the Information Age, or Post Industrial period (Jones, 1995). The change from the Industrial Age, which Jones claims was evident (in Australia) at the end of World War II, did not result in all of the features of that era being superseded. Rather, the shift, over the course of this century, represents a trend away from an old, yet particular economic profile, to a new one. In the industrial era much of the labour force was engaged in areas such as agriculture, manufacturing, and construction (Jones). Although within Western economies, these areas still employ considerable numbers of workers, most employees are now located in the service sectors. Service sectors include teaching, office work, and administration. Lather (1991), observes that whereas the printing press and nation-state forms of capitalism characterised the industrial areas, "...micro-electronic global capitalism" (p. 161) is symbolic of the present era.

Both eras have provided influential, yet disparate, influences on the lives of employees and, in particular, women workers. Beginning in the early part of the twentieth century, significant—and altered—occupational opportunities

became available for women in countries such as England, France (Tilly & Scott, 1987) and Australia (Kingston, 1977a; Smith, 1988). Due to entrepreneurs investing more in machinery in the manufacturing sector, fewer women employees were required by factories. Concomitant with this trend however, was an expanding number of office-based positions for women (Fox, 1991). These jobs, typically as secretaries, clerks, and typists, became available in response to the bureaucratisation which eventually accompanied the development of the industrial era (Kingston, 1977a; Lather, 1991; Tilly & Scott, 1987). Thus, with the onset of the twentieth century, the labour market evidenced a trend of women moving out of the manufacturing sector and into the white-collar, or what Jones (1995) summarises as, the tertiary sector.

In the factory positions which most employed women occupied prior to this altered pattern of work-force engagement taking effect, and in the subsequent bureaucratic and administrative positions, women were poorly paid. For the then comparatively few women who occupied other positions such as teaching and nursing, the remuneration was also poor (Kingston, 1977a). When factories dominated the mode of production, the highly-paid (factory) positions were to be found in the heavy industries. These were only available to men. In textile factories, which is where women predominated, the well-paid positions were held by the male supervisors and managers (Kingston, 1977a; Tilly & Scott, 1987).

With the switch to bureaucratic organisations, women maintained the income-differential with men, who then occupied administrative and management positions. This was most evident where jobs were sex-segregated. In other

words, in those jobs which were seen as 'women's occupations', the levels of pay were particularly poor. In occupations which were seen to be men's jobs, differential—and lower—pay was awarded to women who entered such fields (Fox, 1991; Kingston, 1975; Spaul, 1977). The early part of the twentieth century also ushered into the work-force women from middle-class backgrounds (Fox, 1991; Solomon, 1990; Tilly & Scott, 1987). Previously the provinces of factory work and white collar jobs had been the domain of working class women. As Pettman (1992) notes, working class women had always 'worked' despite the proclivity of some white feminist researchers to render them invisible.

The movement by middle-class women into the paid work-force did not result in general gains for women in Australia, so far as pay scales were concerned. Indeed, a 1912 ruling by the Commonwealth Arbitration Court which mandated lower wages for women irrespective of occupation, remained in force even after 1950, when the principle of a basic wage for women was accepted (Spaul, 1977). What particularly burdened women's wages throughout much of the twentieth century in Australia was the basis upon which their income was framed, relative to men's incomes. Men's award wages were developed on the basis of them being able to support the wage earner, his wife and children (Aveling & Damousi, 1991; Ryan & Conlon, 1975; Spaul, 1977). By contrast, women's income was conceived upon a principle of having no dependents (Spaul, 1977). As a result, they were set at about half the men's rates (Aveling & Damousi). Although a succession of challenges were made to various Arbitration

Court rulings, some of which resulted in particular State-wide gains, an in-principle ruling in favour of equal pay was not achieved until 1969 (Scutt, 1990).

In a similar vein, up until the 1970s, permanent public service jobs could only be held by single women. The act of a woman marrying meant that any subsequently-held position had to be temporary (Scutt, 1990). Such a penalty, although irrational, was more moderate than what was commonplace in Australia prior to World War II, when getting married almost invariably meant a loss of work for women (Curlewis, 1982; Kingston, 1977a; Probert, 1990).

That the political, legal, and workplace structures combined to ensure that Australian women for the greater part of this century did not achieve equal pay, was often due to unusual coalitions. Employers, unions, courts, and parliaments variously combined to maintain differential pay rates between the genders until the 1970s (Fox, 1991; Kingston, 1977a; Ryan & Conlon, 1975; Scutt, 1990; Spaul, 1977). Although the principle of equal pay has been achieved, further positioning within the labour market has occurred with the net effect being that women still, in reality, earn less than men annually and over the course of a lifetime (ABS, 1993b).

Differential interpretations of award entitlements and implementation procedures often result in women occupying the lower promotion rungs of occupations (ABS, 1993b; Lambert & Petridis, 1994), being diverted into niches (Arber & Ginn, 1995) and "...dead-end jobs..." (Probert, 1990, p. 138), or being kept out of particular sectors of a career (Scutt, 1990). This positioning is compounded for many women by a trend to be in jobs which are less secure

(Lambert & Petridis, 1994; Jones, 1995). This has been particularly evident in the public service occupations which have been 'downsized' by respective state governments in order to make budgetary savings. Overwhelmingly the cuts to employee numbers in Victoria, for example, have come from the women-dominated ranks of teachers (ABS, 1996c) and nurses (Allen, 1996). Moreover, because women's jobs are often part-time or assumed to be secondary to family interests (Arber & Ginn, 1995), their awards and entitlements are often different than, for example, contributions made by those in full-time positions (Lambert & Petridis, 1994; Probert, 1990).

One of the distinguishing features amidst almost a century of organised and informal resistance to fully recognising women's employment contributions—has been the disparate, discontinuous, and yet connected role of supporters. Studies point to a host of strategies which have been adopted by many men (Curlewis, 1982), women (Kingston, 1977a; Marshall-Stoneking, 1988), groups (Ryan & Conlon, 1975), and labour organisations (Hargreaves, 1982) during this century in support of women workers.

In concert with campaigns designed to advance the status and roles women play in the labour market have been the routes taken by individual women in the course of gaining and keeping jobs. This has been particularly noteworthy during national crises, such as in times of war and depression. Like most eligible men, women played active roles in support of World War I and World War II (Aveling & Damousi, 1991; Scutt & Graham, 1984). Women served on the battlefields, mostly as nurses (Kingston, 1977a) and in Australian munition

factories, took on jobs locally that had previously been done by men (Curlewis, 1982; Scutt & Graham), as well as maintaining families (Fox, 1991; Kingston, 1977a). In addition, groups such as the women sheet metal workers continued to push for equal pay within Australia whilst " ...knitting maroon socks for soldiers ..." (Curlewis, 1982, p. 31). Such individual and group commitment to juggling local and international events evidenced a substantial degree of tenacity on the part of those involved. Curlewis notes that strike action amidst a war was often seen as " ...being against a war effort" (p. 30).

Despite the pressures to not pursue wage justice during war times, the need to do so was heightened by the effects of war. Prices of goods within Australia increased and the real wages of most employees fell, despite, and in part because of, the Curtin government's wages and prices pegging (Fox, 1991). As women earned considerably less than men, the need to achieve enhanced pay rates was pressing. During World War II, women who occupied 'women's jobs' such as in the textile and food industries typically earned 54 per cent of the equivalent male wage (Aveling & Damousi, 1991; Fox, 1991). Nonetheless, women who occupied jobs that traditionally had been performed by men, received between up to 90 per cent of the equivalent male wage (Aveling & Damousi; Fox).

Whilst women who took over men's jobs as part of the war effort were better paid than women who entered or continued in jobs traditionally allied to women, their higher earnings were short-lived. With the end of each major war, men resumed paid work and women often lost work. At the end of World War II, for example, Prime Minister Curtin legislated to ensure returned soldiers

received preference in employment. This was buttressed by withdrawing all child care funding and advertising campaigns calling on women to return to domestic life (Fox, 1991; Hargreaves, 1982). Ryan and Conlon (1975) document similar patterns having taken place in Australia during World War I.

The advent of the Great Depression (in 1929) similarly invoked campaigns to remove married women from paid employment (Aveling & Damousi, 1991; Kingston, 1977a). Although this was opposed by then well-known Melbourne unionist Muriel Heagney, she also argued that the key point at issue was insufficient jobs (Ryan & Conlon, 1975). In addition, she argued that the jobs occupied by women were jobs that were sex-segregated and subject to poor Award provision (Fox, 1991). Despite Heagney's counter-claims, the public campaign was effective. Women's jobs were often subject to greater structural adjustment during the Depression. In a period in which employees were often required to ration work, women often made considerable sacrifices, sometimes working only three out of four weeks. This belt-tightening was further compounded in 1931 by a fundamental change in the basis upon which all employed persons were to be paid. A ruling by the Commonwealth Arbitration Court significantly discounted the concept of a living wage in favour of a principle of industry's capacity to pay (Ryan & Conlon, 1975). This enabled an across-the-board reduction of 10 per cent to employees' wages.

For women, this figure was further magnified by Arbitration Court rulings which classified particular jobs as women's occupations and concomitantly instituted further wage cuts (Ryan & Conlon). In all, over the course of a year,

many employed women in 1932 had taken wage cuts of more than 20 per cent (Ryan & Conlon, 1975). Amongst middle-class women employees, the rate of unemployment was almost the same as for working-class women, due to differing recovery cycles which particular sectors of industry evidenced throughout the Depression (Fox, 1991).

Nonetheless, for some middle-class women, opportunities were beginning to develop in office-based businesses which offered promotion on the basis of merit (Aveling & Damousi, 1991). Moreover, an increasing, yet small number of middle-class women were emerging as medical practitioners (Fox, 1991). Frequently however, part of the 'price' they had to pay for remaining active in such a profession was remaining single. The attractiveness of marriage was not merely due to the institution itself, but because of the prospect it held out to many women of a home and socio-economic support (Kingston, 1977a). Child-bearing out of wedlock was not socially and economically sanctioned. The earning capacities of working-class women had been institutionally capped, which reinforced their economic dependence. Initially this dependence was on their father, but subsequently it was to be transferred to a husband (Kingston, 1977a).

Middle-class women—despite their significant levels of education—were still expected to marry a middle-class partner and make their domestic duties their priority (Fox, 1991). In terms of occupations for single middle-class women, nursing and teaching were the two major fields open to them (Fox). Many of the women in these two fields gained great satisfaction from their work and consequently selected their careers over marriage (Kingston, 1977b). Alongside

this were ongoing campaigns to make it possible for married women to resume positions that were relinquished because of temporal family and socially-regulated arrangements. These campaigns took hold in the 1920s (Aveling & Damousi, 1991) and were still evident in various guises nearly five decades later (Hargreaves, 1982). The decision to, in many cases, forego marriage and child-bearing or, alternatively, to terminate careers was not taken lightly by many of these women (Campbell, 1982; Kingston, 1977a). The privileges of education, afforded in large measure, because of their middle-class backgrounds (Fox, 1991), resulted in considerable achievements being necessary in order to even access their chosen professions (Probert, 1990).

Women, for example, who completed matriculation in 1948 represented an elite group of students, whether in a government or non-government school. By tracking the (combined school systems) numbers of students who attempted their Intermediate (subsequently fourth form; presently year ten) examination in 1946, to those who successfully passed their matriculation two years later, the figures are revealing. From 8,538 young women who sat for the Intermediate Certificate in 1946, only 1,249 continued on and matriculated in 1948 (ABS, 1996c, p. 294). This means that only about one in seven of those students who completed their Intermediate year (but who didn't necessarily pass) remained at school and ultimately passed their Matriculation (ABS, 1996c, p. 294). Compared to boys, the ratio of girl matriculants who gained access to Melbourne University in 1949 is likely to have been worse (although the available data is not gender specific), as it is only in recent years that young women have outperformed young

men at secondary school level (Willis & Kenway, 1996). Added to this, for many girls, the social importance assigned to their continuing education was secondary to that of boys (Fox, 1991). Nonetheless, many school communities and families from that era accorded significant priority to girls' educational attainments (Campbell, 1982; Kingston, 1977a). These differing factors combine to provide some of the explanation as to why (relative to men) there was an increasing, if minority presence, of young women in Victorian universities in the years following World War II.

Figures from the Victorian Year Book (ABS, 1996c, p.291) show that in 1946, across Victorian universities, there were 11 men students to every woman student. By the 1960s, the ratio had changed to show that one in every four students was a woman. In the 1970s the ratio reduced further, to more than one in three. Whilst gender representation was changing, many working-class students continued to remain outside of the tertiary education field.

Added to this, some evidence (Fox, 1991) suggests that the costs associated with undertaking university courses were prohibitive for most working-class families and individual students. The longer the course the more problematic such tenure became. The potential for monetary factors to curb individuals undertaking university courses was somewhat eased in the 1970s when the then Whitlam federal government removed the need for fees to be charged by universities. This further increased the number of women who enrolled in Victorian universities (ABS, 1996c).

The problems which women faced in the course of gaining professional qualifications through university courses, and subsequently juggling family responsibilities thus altered as the century progressed. However, whilst the nature of the problems which women faced altered, many of the effects have continued (Hargreaves, 1982).

Ramsay (1995), argues that sanctions which acted historically to limit the involvement of middle-class women in paid work continue to operate. The difference, Ramsay argues, is in the way the resistance to women's involvement in employment is framed. In most instances, there is little argument against women entering paid work. However, Ramsay believes that in many instances it remains unacceptable for women to achieve "... positions of influence and power ..." (p. 178). This view is echoed by Still (1995) who notes that, despite many Australian states having as few as 10 per cent of their senior public servant positions occupied by women, no state has indicated this to be problematic. Still further claims that the position of women in management positions in the private sector also currently evidences little positive change. The inadequate profile of women's place in both public and private sectors is due to there being "... so many barriers once one barrier has been removed, another appears" (Still, p. 112).

Others (Blackmore, 1993, 1995) highlight the influence of differing dimensions of history in shaping how roles are developed. Blackmore suggests that some work images discourage rather than engage any interests which many women have toward particular careers or sectors within them. This together with a host of cultural, entrenched structural, political, and social influences may also

partly explain why so few Aborigines are currently located within professional occupations. In Pettman's (1992) view, much remains to be comprehended in this area, particularly as much of the content in relevant literature is ungendered. Moreover, research needs to be more critical and careful in how it pursues questions of Aborigines in workplaces. Indeed, Brook (1994) argues that, aside from the treatment Aborigines have received at the hands of non-indigenous Australians, much of their depiction this century has been exclusionary and demeaning.

In highlighting the role of art and media as particularly harsh contributors to what developed as distorted images of Aboriginal women, she argues that they were often symbolised as being "...outside femininity" (p. 69). Brook believes that images of Aboriginal women have been underpinned by a combination of race, class, and ethnicity assumptions. These stereotypical ways of portraying Aborigines, and in particular indigenous women, have been adopted by white men and women in Australia. Brady (1994) also reflects on the effective role of white Australians in shaping the cultural standing of Aborigines. Mostly, she argues, Aboriginal people have been written out of history.

The matter of making Aborigines invisible to white culture and history has, Brady suggests, in one way enabled the so-called advancements of white Australians to be emphasised. The decontextualising of history has allowed much knowledge to be censored by, for example, historians. Reynolds (1989) has also argued this position, suggesting, for example, that possibly 20,000 Aborigines were killed in the course of the white colonisation of Australia. Brady believes

that whilst on the one hand, white history has virtually rendered Aborigines invisible, in another way they have been actively depicted. She notes "if we regard Aborigines as different from and inferior to ourselves, then the proposal to accord them the same rights as ourselves is outrageous" (p. 21). Brady further believes that the maintenance of a primitive and undeserving image of Aborigines enables practices of exclusion to continue. This Brady locates as relating to fears by elements of the white Australian population concerning the loss of material and self-possession. The interpretations provided by Brady (1994), Brook (1994), and Reynolds (1989) offer a context in which to account for the meagre presence of Aboriginal women within the professions at the end of the twentieth century. The overall unemployment rate of Aboriginal women is 38 per cent, whilst for younger women aged between 15 and 19 years, it is 50 per cent (ABS, 1994, p. 45). In addition, fewer than 1 per cent of Aborigines have a degree (ABS, 1991b, p. 13). When current rates of participation in education (17 per cent of indigenous Australians aged between 18 and 20 years compared to 45 per cent of this cohort of non-indigenous Australians) are also taken into account, it is evident that the prospect of Aborigines achieving a prominent profile within the professional sector, over the next decade will remain poor (Office of the Minister for Aboriginal and Torres Strait Islander Affairs, 1992, p. 10).

The matter of Aborigines (as with many non-indigenous women) not entering professional occupations is problematic. On the one hand, it is inappropriate—especially given white Australia's history of involvement with indigenous peoples—to advise others about how to live or be. In noting the

underrepresentation of Aborigines (and Islanders) in fields such as medicine, accounting, and education, Taylor (1993) believes such actions could be seen as assimilationist. As well, Brady (1994) believes non-indigenous Australians have a problem with this themselves, without seeking to further impose on Aborigines. On the other hand, given the possibly stalled state of Land Rights (Dodson, 1996) and threatened reductions in social support to the indigenous community, a greater presence by Aborigines, in particular Aboriginal women may modestly assist with moves to reclaim self-determination.

On an inter-generational basis, it may contribute on a mentoring and role-modelling basis to an enhanced envisioning of possibilities by young Aborigines. The appearance of greater numbers of Aborigines amongst professional occupations may also assist many non-indigenous Australians to embrace a more inclusive, rather than binary, national identity. In the interim, the location (largely) out of the professional sphere places Aborigines in mostly poorly-paying and insecure forms of employment (Taylor, 1993). Unemployment within the Aboriginal community continues to be three times the rate of unemployment amongst non-indigenous Australians (ABS, 1991b, p. 16) and further emphasises the reality facing indigenous Australians.

At present, and until at least the year 2014, Aborigines, like many white Australians, will be provided with social welfare assistance in their later non-work years (Parliament of the Commonwealth of Australia, 1995). Such social security acts in lieu of the now well-publicised, self-funding superannuation scheme that has been incorporated into Australia's wage and salary, welfare, and tax systems.

At present, the age pension represents an inadequate (monetarily) source of income for many recipients. Nonetheless it also remains is a symbol of collective-provision and public good (Cox, 1995). How long it will operate is unclear. The superannuation scheme, whilst offering relief to governments and public expenditure, is premised upon notions of individual provision.

Under the nation-wide superannuation scheme, those who contribute, are (or stand to be) ultimately rewarded. How the principle of self-provision will be played out in relation to those who provide little to the scheme is not fully clear. If inadequate means in later life is universally adjudged against a person's earlier 'failure' to contribute, such social issues and services will have been effectively individualised and privatised. Cox (1995) believes such a prospect is real, as she notes:

take away the public services and many people will feel a clear sense of desertion and loss, as the fragile forms of private life try to make do on their own resources ... the change of public utilities to business enterprises, with user pays costings, is again seen as a loss of public service (p. 50).

Although Cox's concerns extend across a spectrum of publicly-owned institutions, her interest in the altered provision for Australians beyond-work lives, is considerable. On current estimates she is convinced that very few employed women will be able to effect self-funding under the existing superannuation scheme (Cox, 1994a). Cox believes:

to achieve an annuity equal to the current married couple rate of the aged pension, about 40 per cent of average weekly earnings, women would have to pay 12 per cent for forty years on a full time income equal to average weekly earnings, or have about \$350,000 in a lump sum (p. 31).

Others (Rosenman & Winocur, 1994) have also asserted that the scheme has been established on the basis of work patterns and assumptions that do not apply to, in particular, women and other disadvantaged sectors of the Australian work-force. Dixon (1992) has confidently asserted that the promised benefits will not eventuate, leaving many contributors disadvantaged. Although professional women enjoy relatively high incomes (ABS, 1996a), their (usually) broken career patterns due to family commitments mean that they may not escape some of the disadvantages wrought by a superannuation scheme that is anchored to principles of continuous and substantial contributions (Parliament of the Commonwealth of Australia, 1995).

In summary, (white) women's involvement in the Australian work-force this century has been calibrated differently to the participation of (white) men. Working-class and middle-class women largely entered gender stratified occupations. Modest in-roads were made into some professions such as medicine which were traditionally the province of men. Thus, women's entrance into the twentieth century workplaces in Australia has been both relational and pioneering in dimension, given that the place of work has been a (white) male province (Probert, 1990).

Their large-scale admission to the labour market, over the course of the last ninety-odd years, has variously seen women's work contributions channelled, discounted, marginalised, courted and penalised. Married women, in particular, during this time frame, have had their right to participate in paid work questioned. The arguments have essentially been anchored to idealised notions of the roles of

married women (Kingston, 1977a) and fears about labour market displacement of men (Ryan & Conlon, 1975). Some tax inducements continue to subsidise women who remain in the home and are dependent on a partner's income (Cox, 1994b). Women, who entered a profession such as teaching or nursing (in which the opportunity for self-employment was rare), were often accorded an inferior status by the nature of what they were required to do. In addition, they often had limited access to promotion. By contrast, where superannuation was attached to professions, single women's contributions were less (in terms of ultimate personal benefits), and subsidised the benefits achieved by married contributors (Parliament of the Commonwealth of Australia, 1995), and, in particular, men (Cox, 1994a).

This was largely made possible by developing contribution requirements that echoed the career patterns of (contributing) men: namely unbroken, permanent lifetime service with increasing seniority (Rosenman & Winocour, 1994). This work history applied to only a small number of women. Most of those born prior to World War II have benefited from having access to the age pension. This has helped those (men and women) who did not, for whatever reason, achieve an adequate superannuation package prior to retirement. Based on the findings from a recent Senate inquiry, their access to the pension (subject to eligibility requirements) is expected to be able to continue until they no longer require it (Parliament of the Commonwealth of Australia, 1995).

In the course of the last nine decades, women—married and single—made sacrifices in order to gain and maintain a place in the labour market. Despite an increasing number of women entering the job market, the majority of women

employees do not earn a 'living wage' or sufficient income to establish their financial independence (Probert, 1990). However, in relative terms, professional women—despite earning less than their respective professional men—are well paid. Professional women, as a cohort, are the highest paid women workers and their salaries exceed many non-professional men's incomes (ABS, 1996a).

Finally, the enduring campaigns which have characterised the involvement of women in seeking access and equity within the labour market have been both assisted and quelled in varying quarters. Individual employers, academics, Church leaders, politicians, judges, and union representatives have, in the past, and continue to, support such campaigns by women. However, the demographic data for the last ninety years provides a sobering perspective, evidencing the significant yet often small changes that have, for the most part, been achieved.

In more recent years, studies have shown that some of the gains from earlier periods have subsequently been lost. One of the examples of ruptured progress concerns women administrators accessing senior positions (Buchanan, 1994). Buchanan's newspaper report notes a study of 125 Melbourne professional women, which was conducted by an academic in 1994, as part of a comparative research project between the United States and Australia. The head of the project, Dr. Newman, is reported as cautioning against a discourse of rhetoric surrounding the magnitude of equity gains being achieved by women. Newman claims women are still reminded that their place is "not in the board rooms of public organisations" (Buchanan, 1994, p. 10). Yet an examination of the gender make-up on the boards of the top five Australian companies suggests that the

boardrooms in private enterprise are also unwelcoming arenas. Only four of the sixty-one directors are women (Buchanan, 1995, p. 3). Perhaps not surprisingly, all five are professional women.

In all, future prospects for professional women in Australia are positive—due, in particular, to the agency of a cross-generation of women who have, in varying respects, made education and professions more accessible and human places. This has also been reinforced by other supportive men and women in their roles as family members and as stakeholders in disparate organisations. Running counter to such inclusive efforts is the interplay between the interests of neoclassical capitalism (Etzioni, 1990), democracy and international market factors. Played out in a local work place, these competing interests often translate into institutionalised sexism (Yeatman, 1994), racism (Pettman, 1992), and ageism (Kanter, 1994; Seedsman, 1996a). Against such a backdrop the tenacity of professional women will be exercised. In the next section, an examination is made of the role which institutions have played in the lives of ageing professional women.

The Role of Institutions in the Lives of Ageing Professional Women

Class, gender, and race are important social constructs (Estes, 1991; Stoller & Gibson, 1994) which assist knowledge-production within social gerontology. However, they are insufficient on their own, as a means of more fully comprehending—in the case of this study—pivotal elements in the lives of retired professional women. In this section, attention will be given to the role institutions

have played in shaping and being shaped by the lives of professional women. At times, this of necessity, involves a consideration of the interplay between institutions and all women, for many such interactions are a result of broadly-based initiatives rather than targeted initiatives. Nonetheless, in some instances, the institutional effects are particularly apt in respect of professional women. This section adopts a critical view of the role of government. It also again notes the assistance, at varying points and in different ways, of the law, legislation, employers and unions in enhancing and constricting the lives of professional women.

Between 1902 and 1908, some significant gains were achieved by women. Australian women were granted the right to vote in federal elections in 1902, and in 1908 Victorian women were granted (the last state to do so) the right to vote in state elections. The first women law graduate emerged from Sydney University, and Vida Goldstein unsuccessfully stood as a Senate candidate (Smith, 1988). As Smith notes, the period was also characterised by on-going campaigns by numerous women's groups designed to achieve greater opportunities for women and children. Although particular groups had specific interests, all of the campaigns were oriented to achieving social justice concerns on a wide scale. Early achievements, in addition to voting changes, included the establishment of the first free kindergarten (in Carlton), improved prison facilities for women and the amendment of the Victorian Legal Profession Practices Act, making it possible for women to practice in law (Smith, 1988). These developments, together with subsequent alterations to women's wages, Awards,

Equal Pay challenges in the Courts, and changes to laws and parliamentary acts, contributed to the era in which many (now) retired women lived.

The finding of the Arbitration Court in 1907 entrenched the notion of female dependency upon a (male) breadwinner (Probert, 1990). This has since been maintained as an operating principle by various industrial and Family Law Courts as well as governments. It remains a vital value underpinning the present-day framing of superannuation laws (Winocur & Rosenman, 1992). Probert argues that this tenet has profoundly shaped the public and private domains of women's lives. Reed and Oakes (1977) believe that attitudes by governments and many women, concerning the primacy of their 'domestic' roles, have also contributed to the anchoring of such stratified policies. Indeed many women throughout white Australian history resented the actions of reformist women, believing them to be a threat to the fabric of society (Aveling & Damousi, 1991)

However, what remained common to many women (from the 1920s onwards) who pursued an unpaid work life, and those who juggled both a career and family life, were household responsibilities (Probert, 1990; 1993) and motherhood (Kingston, 1977a). For professional women, commitments in the form of child-bearing and child-rearing were related to their life values and roles. These views were reinforced by institutional initiatives. As an outcome from a royal commission in 1903, the Federal Government in 1912 introduced a maternity allowance (Kingston, 1977a). Kingston argues that the conclusions of the royal commission—which was established over low birth rate concerns—suggested that women's selfishness explained the problem. Payments were thus

institutionalised and went to mothers following each birth. However, the legislation specifically prohibited payments being made to indigenous women.

This incentive, however, did not achieve the desired effect, with the rate of births remaining steady (Kewley, 1973). By the 1920s, Probert (1990) suggests that many household duties were being depicted by the media and in advertising as a symbol of a women's commitment to her family. Describing this casting of domesticity as the "...emotionalisation of housework ..." (p. 84) Probert believes the impression enshrined the responsibility with women. Since then, Probert argues, this has been compounded by increasing expectations of this role. It now includes music lessons and a host of additional provision for children. Thus, a feature which has characterised the lives of women for much of this century—household duties—has strongly figured in women's use of time. Current data (ABS, 1996c) suggest that, as of 1992, women spent almost twice the amount of hours on household duties compared to men (p. 127). The constraints imposed by such time-use, in terms of women's work opportunities, have been shown to be considerable (Tilly & Scott, 1987).

The shift of middle-class women into the realm of household duties early this century was largely a result of changes in the economy (Fox, 1991). In the nineteenth century, middle-class Australian women had servants (Fox, 1991; Kingston, 1977a). However, expanding work opportunities in the late 1800s, into factories and subsequently into retail and clerical jobs, meant that by the 1920s, maids, cooks and laundresses were in short supply (Kingston, 1977a). During this era, Kingston claims that, even with the advent of gas and electricity,

the required amount of housework could not be completed by a wife alone, in the course of a working day.

In addition to individual women's views about appropriate housekeeping, Aveling and Damousi (1991), record that *Everylady's Journal* during the 1920s and 1930s published regularly on the need for women to maintain efficient and high standard housekeeping practices. The Great Depression forced changes in the ways working class and most middle-class households were maintained due to the stringencies induced by economic circumstances. However, it did not alter the number of servants who were employed (Kingston, 1977a). Families who had servants prior to the Depression, mostly kept them until the Depression ended.

Between 1933 and 1947, however, the number of women in private domestic service fell by two thirds, to 42,000 or 18 per cent of the female workforce (Kingston, 1977a). The improving economic conditions following the Depression, plus the recruitment of women into the war effort (and the prospects of better, if unequal pay) largely explained the trend (Aveling & Damousi, 1991). Thus, market forces—and the effects of World War II—resulted in an expansion of opportunities for many women (Aveling & Damousi, 1991). For many middle-class working women (who were married to professional men), geographic shifts were often required, in order to accommodate the husband's promotion. Scutt and Graham (1984) claim this was perceived by (women's) employers as evidence of them not being committed to their job. Thus, whilst a shift usually resulted in a compounding benefit to the standing of a man's career, the effects were often

negative for professional women's careers. This was evident in loss of cumulative paid-work benefits and job expertise (Scutt & Graham, 1984).

In circumstances such as these, continuity in the labour market was not achieved by many professional women. The first type of occupational break which occurred for most women was associated with child-rearing, and a second type concerned a commitment to a husband's career. In some instances, this was further broken by the need to care for older relatives. These family responsibilities influenced professional women's ways of engaging in the labour market, particularly in the years following World War II. By 1947, only 15 per cent of women in paid employment were married (Fox, 1991).

By the 1950s, and up until the 1960s, women (of all classes) were expected to take on unpaid duties in the home and rely on the income of their husbands (Aveling & Damousi, 1991). This role suited and coincided with a massive influx of electronic housewares (Aveling & Damousi) and a burgeoning hire purchase and finance market (Fox, 1991). It was also a period in which the Matrimonial Causes Act, 1959 was introduced. Whilst this new legislation enabled the separation of marriage partners from each other for five years to be grounds for divorce (Smith, 1988), Scutt and Graham (1984) believe it contained many flaws. A single act of adultery by a wife provided justifiable grounds for divorce for a husband. For a wife establishing a case was more difficult and required evidence of the husband's "... adultery plus aggravating factors" (Scutt & Graham, p. 96).

Another problematic dimension of this law, according to Scutt and Graham, concerned its failure to comprehend the circumstances of married women and property. Divorced women, they argue, and mothers in particular, continued to be rendered economically vulnerable under such an Act. This led Scutt and Graham (1984) to observe "as of old, the law made it easier for a woman to remain with a husband..." (p. 96). The rapid post-war growth that encouraged women to purchase state-of-the-art household items in the 1950s, necessitated their presence in the workplace in the early 1960s. By 1961, 32 per cent of women were engaged in some form of paid work (Fox, 1991).

This increasing participation by women in the labour market was evident amongst many of the professions (Baker & Baker, 1989). The increased presence of professional women's participation in the labour market during the second half of this century was noteworthy in other respects. Women mostly ended up in sex-segregated professions such as teaching and nursing.

The amount of time devoted to household duties by women did not reduce. Probert (1993) argues that in the last two decades of women's admission into the labour market, their caring as well as other domestic responsibilities have remained the same. This, she argues, means women put in longer hours of work, as, for the most part, men's share of household labour has not increased as an adjustment. Arber and Ginn (1993) believe that the lifelong caring and domestic roles which most women fulfil contribute to the welfare of families and the continuation of society. Probert (1993) takes a similar view arguing that the tradition of men working from 18 to 65 years of age was "... only possible

because armies of women were available to do all of the socially necessary unpaid work" (p. 12). Against this mosaic of institutional influences, the increasing presence (and ultimately departures) of professional women in the labour market may hold implications for both themselves and others. In the sections which follow, issues concerning life satisfaction, health status, and locus of control in later life are considered.

Dimensions of Life Satisfaction, Health Status, and Locus of Control in Retirement

Life Satisfaction and Retirement as an Event

Participants in a study by Streib and Schneider (1971) generally maintained an unaltered sense of life satisfaction during the pre-retirement and post-retirement period. This led the researchers to believe that—as an event—retirement was less problematic than popular belief (in the 1950s) suggested. The longitudinal study by Streib and Schneider was conducted over nearly seven years and involved 1,969 participants (1,486 men and 483 women) in the United States. Participants were 'tracked' during pre-retirement and post-retirement, with interviews being conducted with them at intervals during this period. Participants were also required to complete a number of questionnaires. The study was conducted between the years 1952 and 1958. Based on an assessment of their life satisfaction in their year of retirement, professionals were the most satisfied of all retirees. Indeed 44 per cent of professional women retirees, as against 37 per cent of professional men retirees, were satisfied by the experience of retirement.

Although Streib and Schneider did not gain an understanding of possible reasons for the professional cohort being comparatively more satisfied than retirees who had (in the labour market) held other occupations (for example unskilled employees), they speculated that it may have been a combination of factors. Favourably anticipating retirement and making plans for leisure activities and ways of using time were considered to be probable elements in achieving life satisfaction in retirement.

For women, attitude and forward planning was of less significance in achieving life satisfaction in retirement than for men. Streib and Schneider (1971) noted that, in the case of most women retirees, paid work was valued as a means of being with people and an opportunity to help others. This Streib and Schneider argued, explained why, in the course of providing information, 63 per cent of then employed women, as compared to 25 per cent of employed men, indicated that "they expect to miss other people at work" (p. 134).

Overall, more men than women were anxious about their capacity to cope financially in retirement, particularly whilst still in the work-force. Once in retirement, this concern was somewhat ameliorated, although typically it remained a problem for between one third and one half of retired women. Streib and Schneider's (1971) findings on this matter did not enable distinctions between professional and other occupational cohorts to be made.

Although self-reported health was investigated in this study, Streib and Schneider (1971) provided more detailed findings from men participants. The key points from this data indicated that the health of professional men retirees'

(who were aged in their sixties) declined moderately over the course of the study. Streib and Schneider believed that on the basis of their data analysis, such a decline could not be traced to the event of retirement. Rather, such decline merely happened during a period in which professional men were retired. Such a decline was also evident amongst women participants. Whereas in 1952, almost 75 per cent of women reported their health as being 'good', by 1958 only 61 per cent believed they were in 'good' health (p. 66). This development, Streib and Schneider suggested, may have been explained by factors of age rather than the retirement event itself. In response to a further question, 69 per cent of women participants in 1958 claimed that stopping work had resulted in no change in their health status (p. 70). Thus, according to Streib and Schneider, their study provided early evidence of a growing belief amongst past and present employees that retirement was a potentially worthwhile life period.

In a study by Matthews and Brown (1987), it was found that three-quarters of the 300 men and women participants were quite satisfied with their retirement. This result also echoes the stands of Palmore, Fillenbaum and George (1984), and Beck (1982) who suggest that retirement *per se* is no longer a crisis for most people. Nonetheless, as Matthews and Brown note, the level of satisfaction experienced does not mean retirement did not impact considerably on the lives of the participants. One of the key aims of their study was to explore the extent to which retirement was experienced as a crisis event. Crisis in this study referred to "a major transition requiring ongoing life adjustment, whether positive

or negative in character" (p. 549). The researchers were also keen to identify those circumstances which were related to such crisis events.

Matthews and Brown's (1987) sample was drawn from a southern Ontario city with a population of approximately 100,000. Seventy-five per cent of the participants were between 65 years of age and a further 19 per cent were over 70 years. In order to take part in the study participants had to be retired for between one, and no more than five years. So as to measure crisis and morale, Matthews and Brown (1987) used a 34-item scale that they had previously developed for this purpose. Participants were asked to rank, in importance to them, the listed life events. The scale also provided an opportunity for participants to indicate how retirement had affected their lives and how it compared with other life events they had experienced. The findings from this study suggest that there are considerable differences in what the event of retirement means to men and women. Differences were also evident in the life satisfaction of men and women retirees. Pivotal to both men and women was being able to determine when they wanted to retire. This finding is generally supported by Streib and Schneider's (1971) study. Thus, self-determination was influential in predisposing participants to a positive retirement. In this sample, involuntary retirement was triggered by any one of three events: company policies, health (of others), or retirement of a spouse. Just over one in three men, and one in five women, were forced to retire because of their employer. By contrast, only 1 per cent of men, and 7 per cent of women cited ill-health of a family member as the reason for

early retirement. Whilst no men retired due to the retirement of their spouse, 8 per cent of women participants did.

The loss of a spouse either prior to, or during retirement, was quite debilitating for men. Both men and women regarded the loss of a spouse as the most critical of all events. Nonetheless, women were better able to adjust to the death of a spouse. Because of the quantitative design which they employed, Matthews and Brown (1987) could only guess at further explanations for this gender differential in coping capacities.

Self-reported health of both men and women was important in respect of retirees' morale. For women, it was the one factor which significantly predicted morale. For men, loss of work role was more influential on their feelings of morale. Overall, this study showed that, as an event and in relative terms, retirement was a less critical event in the lives of participants. According to Matthews and Brown (1987), the circumstances which pertain to exiting the work-force are significant in different ways, for men and women. Finally, the researchers urged caution in regard to the use of global measures as contrasted with domain-specific measures in such evaluations. They believe that each stream yields markedly different findings.

Life Satisfaction and Health

Stolar, MacEntee, and Hill (1992) undertook a study which involved 520 Canadian men and women aged 70 years and over. The mean age of participants was 77 years. All of the participants in this study lived independently. Each

member of the stratified random sample of 'seniors' was interviewed in his or her home concerning their health and life satisfaction. The 520 participants represented 57 per cent of 915 who had originally been invited by mailed letter to participate. Forty-three per cent of the City of Vancouver seniors refused participation. This relatively high refusal rate was thought to be, Stolar, MacEntee, and Hill argued, due to a safety awareness program that had been in operation at the time around Vancouver, concerning the dangers of robberies and fraudulent strangers. Each interview ranged between 45 minutes and 2 hours in time and was semi-structured. The measure of general health used by the researchers in this study was each participant's answer to the question "How would you describe your health right now?" (p. 308). Participants were given four pre-set answers (excellent, good, fair and poor) from which to choose.

Although Stolar, MacEntee, and Hill (1992) noted that from amongst several available methods, the Life Satisfaction Index-A (Neugarten, Havighurst, & Tobin, 1961) had been widely used, their use of an interview schedule required them to develop questions which could be used in a conversational mode. As a result, participants were asked three questions. Each of the three questions was offered together with a choice of three pre-set answers. The three questions which, together, represented life satisfaction were "Thinking over your life overall would you say it has been: very satisfactory, average satisfaction, not satisfactory?"; "What about your life now? satisfactory, average satisfaction, not satisfactory"; and "How do you feel about the future? optimistic, accepting, pessimistic?" (p. 308).

When participants responded to the life satisfaction questions, an overwhelming majority (90 per cent) of them also elaborated upon their answers. In turn, these were content-analysed by Stolar, MacEntee, and Hill (1992). Seventy-seven per cent of the study's participants regarded themselves as being in either excellent or good health. In relation to life satisfaction, fewer women (than men) were satisfied with their lives (both overall and now). Men were, by contrast, more pessimistic (than women) about the future. Participants who had not married indicated satisfaction overall but less satisfaction (compared to married cohorts) about now and the future. Those participants who had children (compared to those who didn't) indicated greater satisfaction overall. However, the existence of children did not impact on current or future satisfaction. The findings in this study significantly associated income with life satisfaction. This applied to overall, now, and in the future choices.

The content- analysis of spontaneous comments which were elaborations of participants' forced-choice answers showed that there were three orientations encapsulated in the responses—optimism, reconciliation, and disappointment. Optimists described life variously as being "good"; the reconciled were resigned to coping with inadequate health, finances or loneliness, and the disappointed spoke of life being out of control due to health problems and/or loneliness. Stolar, MacEntee, and Hill (1992) identified a limited number of distinctions between the spontaneous answers of men and women. Women were anxious about future finances and maintaining a happy marriage. Men were mostly eager to maintain their existing levels of satisfaction—most of which were related to fun

and enjoyment. However, for many participants, as signalled through their spontaneous (life satisfaction) comments, events such as the Great Depression, war, and massive social change also influenced their present health status.

In short, the findings by Stolar, MacEntee, and Hill (1992) lend support to the view that, for retired persons, health is linked to life satisfaction. Health and life satisfaction also are related to "... an interpretation of the world" (p. 316). This interpretation is underpinned by a frame of reference which has been built up over a life time. Thus, for most people, the categories in which they rate their life satisfaction over the course of their lives remains one and the same, with a shift occurring only in times of massive (and usually temporary) stress. This scenario led Stolar, MacEntee, and Hill to suggest that "when one's internal and external environments are understandable, meaningful and manageable, life satisfaction is positive. When these conditions are unstable, or are considered likely to become so, life satisfaction decreases"(p. 316).

Life Satisfaction and Employment Status Differences

Riddick's (1985) study of 1220 older (US) women lends general support to the findings of Matthews and Brown (1987), concerning the favourable effect on life satisfaction that enhanced health can provide. It also offers indirect support for the finding by Matthews and Brown that the manner (voluntary or involuntarily) in which women exit the work-force has implications for levels of satisfaction in retirement. Riddick's study employed a modified 18-item Life Satisfaction Index (Neugarten, Havighurst, and Tobin, 1961) and a Leisure

Activities Index (developed by Riddick). Participants completed the Indexes as well as providing an answer to "How serious a problem is your general health?" (p. 387). This together with supplied demographic data (e.g. income; age) enabled Riddick to differentiate between the given results of the 403 homemakers, 698 retirees and 119 workers. The mean age of the women in this study was 73 years.

Women who were employed scored significantly greater life satisfaction than other participants. Homemakers and retirees registered comparatively lower and almost identical life satisfaction scores. This, as Riddick notes, suggests that many women derive considerable life satisfaction from the experience of being employed. It also provides a context for the finding by Matthews and Brown (1987) when many women have a job, the matter of retaining it until they wish to relinquish the position is important. Whereas the study by Matthews and Brown showed that there were differences between men and women in terms of the meanings assigned to retirement, Riddick's study suggests that the temporal status of women may impact on their levels of life satisfaction .

The life satisfaction of women in paid work was positively or negatively influenced by only two factors—income and health problems. By contrast, for homemakers and retirees, their participation in leisure activities, income, and health problems were of pivotal influence. The life satisfaction of women from across the sample was positively influenced when their income level was considered adequate. Similarly, poor health problems created a negative effect on the life satisfaction of many women from all three groups.

This study provides evidence of the importance given to matters of income and health by women as they age. As such it underpins other studies which emphasise the utilitarian dimensions of money in later life (Dressel, 1991; Nettleton, 1995). It also amplifies those studies in which ageing women have identified health problems as contributing to diminished life satisfaction (Atchley, 1982; O'Brien, 1981). Given the enduring and chronic nature of women's later life health problems (as opposed to, for example, brief and fatal dimensions which more frequently characterised men's health) the implications for the long-term levels of life satisfaction for many women are substantial.

Race, Women, and Life Satisfaction

Riddick and Stewart (1994) employed a secondary data base in order to examine the life satisfaction of older black and white women retirees. The researchers obtained the data from the National Council on Aging (in the United States). The original data base had been compiled as a result of five national (US) surveys. Because of the treatment given to the original data base, Riddick and Stewart were confident that their sample was representative of the United States population of women over 65 years of age who were residing in private households.

A total of 618 women comprised the sample—127 black women and 491 white women. Information on five variables was sought: life satisfaction, leisure activity participation, health, income, and leisure planning. To represent a measure of life satisfaction, a revised (Wood, Wylie & Schaefor, 1969) version of

the Life Satisfaction Index Z (Neugarten, Havighurst & Tobin, 1961) was relied upon. Participation in leisure activity was shown by a choice from one of three selections (a lot/some but not a lot/hardly at all) to the question "How much time do you personally spend participating in ... ?" (p. 80). Four types of recreation were listed.

Health was self-assessed by a response to the question "How do you rate your health at the present time?" (p. 80). Responses were given in the form of any one, of four pre-set choices—ranging from poor to excellent. Researchers also sought information concerning the intentions of participants to develop future leisure skills. The findings provided support for the view of Markides, Liang, and Jackson (1990) that factors of race, gender, and class were influential in shaping the life satisfaction of older persons. A factor of race, for example, often was associated with reduced educational opportunities and attainments. However, the findings contrasted with the interpretations of Seccombe and Lee (1986) concerning their study which suggested that the retirement experience of many individuals was not calibrated by (personally-held) factors of low educational levels and low status occupations. Rather, from Seccombe and Lee's standpoint, low educational levels and low-status occupations may have contributed to generally poor morale for many employees. This poor morale may have been influential in a decision to retire early and thus poor morale was carried into retirement with such persons.

Riddick and Stewart's (1994) study found no such trail of events. Instead, they argued that a lifetime of experiences had produced a cumulative effect that,

when in retirement (and facing factors of diminishing income and health), meant women's circumstances were often particularly difficult. This, Riddick and Stewart argued, was especially so for black women. They asserted that "in short, black women, experiencing advancing age, occupy unique ascribed and achieved status in American society. They have experienced or been the recipient of, among other things, prejudicial behaviours that are rooted in racism, ageism, and/or sexism" (p. 75).

Based on this perspective, Riddick and Stewart (1994) claimed that the long-term cumulative effects of circumstances thus intersected with situations that occurred because of being retired. This was particularly evident when Riddick and Stewart made comparisons between the findings for black women and white women; the mean life satisfaction score of black women was 20.7. The corresponding result for white women revealed a mean score of 22.9. Both scores were regarded by Riddick and Stewart (1994) as being low. Health was the strongest predictor of life satisfaction of both black and white women. Yet, only 32 per cent of black women and 55 per cent of white women believed that they had "good" or "excellent" health.

In this study income was not shown to have a direct influence on the life satisfaction of black or white women. Riddick and Stewart (1994) suggest that, on the basis of income data, the women were existing on meagre incomes (p. 83). Leisure activity participation was an important contributor to the life satisfaction of retired white women. For black women it was inconsequential. Instead, for retired black women the fact of intending to develop hobbies or leisure activities

contributed to life satisfaction. The issue of leisure planning was inconsequential to the life satisfaction of white women retirees.

When the limited incomes which these women live on were considered with their low life satisfaction score and generally inadequate levels of health, Riddick and Stewart (1994) were led to comment:

These results underscore what it is generally like to be an older female in American society—namely, not psychologically satisfied with your standing in life. Profiling the situation, on average we find older women in the United States are not in particular good or excellent health, and are challenged to live on a limited income (p. 83).

The researchers also noted, with some concern, the lower leisure activity amongst retired black women. Riddick and Stewart conceded that the way in which leisure in this study was operationalised may have contributed to the results. They also noted that researchers (who were not black) needed to be both sensitive and cautious in the meanings which are then assigned to such results, acknowledging that for some African-American women, caregiving is regarded by them as a form of leisure.

Nonetheless, the low leisure participation and the relatively low inclination to plan for leisure (55 per cent of black women and 44 per cent of white women did not plan) was a cause of concern to Riddick and Stewart (1994). This together with the other findings suggested to Riddick and Stewart that much remained to be understood about women's—and in particular minority women's life satisfaction in (and the experience of) retirement. The uncovering of further understandings, they believed should assist policy makers and more specifically

involved in pre-retirement planning. On this latter point, Riddick and Stewart argued, the challenge to planners was particularly significant, given that women, and in particular minority women, historically have not attended pre-retirement seminars in large numbers.

Men and Women Retirees and Life Satisfaction

As a result of their study of 1530 Washington State retirees, Seccombe and Lee (1986) concluded that the experience of men and women in retirement was not substantially different. The purpose of the study by Seccombe and Lee was to "compare women and men in terms of retirement satisfaction" (p. 428). The participants in this study had a mean age of 70 years and were required to complete a questionnaire.

Seccombe and Lee (1986) indicate that, as an outcome of the sampling process, those elements of the retired wider community who were underrepresented in the study were the lower educated, lower income, oldest, and poor-health cohorts. To represent a measure of life satisfaction, participants in this study were asked to answer two questions: "Are you happy that you retired?" and, "All things considered, are you more happy now or less happy now than you were before you retired?" (p. 431). Participants represented their answers by assigning them a score from 1 to 5 (higher numbers representing greater happiness). Health status was self-rated and measured by one of any five responses (from very poor to excellent) to the question "How would you rate

your physical health at the present time?" (p. 433). Demographic details concerning income and marital status were also obtained from participants.

Following an analysis of the data Seccombe and Lee (1986) found that the retired women in their study were significantly less satisfied than the retired men. The explanation that Seccombe and Lee attached to this finding called into question the (lack of) ability amongst women to adjust to retirement. Given that this suggested explanation amounted to conjecture, it is noteworthy that the explanation was grounded upon a deficit premise (of women's coping abilities).

The self-rated health responses provided by participants were, overall, the same irrespective of gender. However, those men and women who had higher incomes, enjoyed better health. Significant disparities were evident between the incomes of men and women participants. Seccombe and Lee (1986) were surprised to find that lower qualified men who had previously been in lower status occupations, often had higher incomes than women who occupied significantly higher status positions. Seccombe and Lee drew no tentative links between the financial implications of this evidence and the lower life satisfaction of the women. Instead, they claimed that the income was a moderate influence—although more so for women—on life satisfaction. This finding needs to be interpreted carefully as, in this sample, the level of income which men could access may have been greater than what many of the women participants could access. This was due to the propensity within the sample of men to be married and women to not be married. In addition, no acknowledgment or consideration was given to a possible negative or positive effect of cumulative resources built

through the life course. If, as the data showed, most of the women were unmarried and on relatively modest incomes whilst in the work-force, their opportunities to amass, for example, relatively new house goods, may have been limited. This then can create different meanings about the adequacy and satisfaction of income levels.

In Riddick's (1985) study of the life satisfaction of older women, she recorded—in the presentation of her findings—the inadequacy of instruments such as the Life Satisfaction Index–A (LSI–A), when additional opportunities are not included in the measure which provide participants with the chance to give further details about their life satisfaction. Seccombe and Lee, by contrast, expressed no concern about the framing of their two questions—which resulted in the questions—not being supported by richer (or participant-bounded) data.

Their selection of a large sample, to some extent, compensates for this in the sense that it can be argued that Seccombe and Lee opted for breadth (in number, if not in demographic profile) and sacrificed depth. This has enabled them to conclude that men and women essentially experience the same retirement. Seccombe and Lee (1986) believe that poor health, low-status occupations, and low levels of education were linked with poor morale amongst individuals who were in employment. From this category of employees a process of self-selection resulted in their decision to retire early and this level of morale was carried into retirement. Thus, if retirement antecedents are the same, then retirement per se, Seccombe and Lee suggest, is unproblematic in terms of the emotional well-being

of men or women. It also is thus argued that the event is as important for men as it is for women.

The study by Seccombe and Lee (1986) represents itself as a counter to studies which claim that differences in retirement may be influenced due to gender issues. It can also be argued that the trade-off between breadth and depth design concerns may have sharply circumscribed the possibility of participants being able to further inform the researchers.

Satisfaction in Work and Retirement

In a study of 79 retired and employed professional men of comparable age, work backgrounds, health and financial circumstances, Bikson and Goodchilds (1989) found that participants were concerned with health, time use, family and social relations, finances, self-esteem and the process of retirement planning. The fourteen-month long Los Angeles-based study comprised group and individual interviews plus written surveys. These techniques were designed to explore several of the identified concerns in respect of how they were experienced by those professional (water and electric supply) men who were still working and those who were retired. Despite the importance afforded health and financial issues, Bikson and Goodchilds limited their investigation to exploring the other cited concerns.

Overall, retired men were more satisfied with the time spent with their wives, although it was reported that working men who spent lengthier amounts of time with their partners were also very satisfied with their family relations.

Bikson and Goodchilds noted in respect to this finding that readers should be cautious about assuming, therefore, that these sentiments would be echoed by the respective partners. Cliff's (1993) study of English men who took early retirement suggests also that class differences may also influence the way in which husbands and wives renegotiate life when one or both are retired. Working-class English men and women often reverted to stereotypical roles around the house. Middle-class partnerships frequently renegotiated and shared household duties so that both could take part in leisure.

Over the course of Bikson and Goodchilds's study, retired men established more new friendships than their employed cohorts. At the same time, retirees maintained greater friendship links with work-based colleagues than did the employed sample of men. The results of participants' completion of several scales designed to measure self-esteem, morale and loneliness indicated negligible differences between the two groups. Bikson and Goodchilds suggest that greater illumination of self-esteem was achieved through open-ended questions that probed self-identity issues. From the interviews it appeared that the men who identified themselves as a "DWP men" (Department of Water and Power) or "DWP retiree" most strongly attached their identities to (the) organisation, rather than occupations. In respect of retirees who identified in this way, the act of becoming a retiree represented, according to researchers, an additional role being adopted rather than an acknowledgement of the loss of an occupation. Bikson and Goodchilds concluded that, in respect of retirement preparation, effort put into planning usually produced favourable outcomes. Moreover, retirees'

experiences, when contrasted against their pre-retirement expectations, indicated that they anticipated less favourable scenarios than what eventuated.

As acknowledged by the researchers, the sample in this study comprised a unique population. The demographic profiles of sample members indicated that they were, in several ways, more stable than typical professional male cohorts from across the United States. Both employed and retired participants had maintained long-standing geographic home and work locations. In addition, 90 per cent of the men were married, of which 82 per cent had been in their only marriage for around 32 years; of the 6 per cent of men who were in their second marriages, almost all had been married for at least 21 years. This unusually stable group of participants may have provided greater emphasis on the satisfaction gained by spending extended amounts of time with spouses. The same can't confidently be assumed to apply to non-professional men, nor even professional women without reference to further research.

Men Retirees: Their Life Satisfaction and Adjustment

Beck (1982) utilised the National Longitudinal Surveys of Mature Men, which are conducted annually in the United States, in order to gauge men's adjustment to, and satisfaction with, retirement over a ten year period. The data used concerned 3,348 men who, in 1966, were between 45 and 59 years of age, and in paid employment. Their responses to questions asked some ten years later, when they were retired and aged between 55 and 69 years were also used. The

sample was stratified and considered by Beck to be representative of US men in this age cohort.

To represent life satisfaction Beck (1982) relied upon answers to the question "Taking things altogether, would you say you're very happy, somewhat happy, somewhat unhappy or very unhappy these days?" (p. 617). In conceding that this life happiness item was not the same as life satisfaction, Beck drew on the work of George and Bearon (1980). George and Bearon argued that happiness with life was indicative of an individual's feelings about his or her present state of affairs. By 1976 participants were asked "All in all, how does your life in retirement compare with what you expected it to be?" (p. 618).

Health was measured by two items. A list of health problems were given which required participants to indicate whether, at that time, they experienced any of them. The second measure asked participants to identify whether, over the past three years, their health was better, worse or unchanged. Details of partner status, race, income, occupation, levels of educational attainment, and the nature of the decision to retire were also obtained from participants.

The event of retirement for this cohort of men did not significantly alter the extent to which they were happy with their lives. Health was the most important predictor of their satisfaction with life in retirement. In addition, income was a significant factor in men retirees' life satisfaction. By contrast, occupation, education, and race were insignificant influences on men's life satisfaction in retirement. This led Beck to argue that "the main determinants of life happiness were the same for blacks as for whites" (p. 622). Married men

were significantly more likely to be happy in retirement than widowed, divorced, or separated men. Indeed recent widowhood invariably resulted in a dramatic reduction in the level of men's happiness. This finding coalesces with the outcomes of an Australian study which examined men and women's adaptive responses to loss of spouse (Patterson, 1996).

The men in Beck's (1982) study who had retired unexpectedly—due to employment problems or their own poor health—had lower satisfaction in retirement. This cohort of men were also significantly less likely to be happy with their lives than similarly aged men who remained in the work-force. Beck's longitudinal study produced results that, overall, were generally consistent with previous research. Although Beck frequently interposed happiness with life satisfaction to describe the men's reactions to retirement and paid work, the patterns in his findings were generally consistent with other life satisfaction studies. Health emerged as pivotal, and income was also important to men retirees' life satisfaction. Although race did not appear as a significant factor in shaping the retirement experience of men, no comparative analysis of, for example, the occupations and income levels of minority men participants was undertaken. Had this been done, it may have shed further light on this matter. On this specific issue, Beck's findings are at odds with Kessler and Neighbors (1986), who found that, for example, the combination of having a low income and being black often deleteriously impacted on men's psychological well-being. Beck's study in this respect also differs with the findings by Wallace (1991).

Wallace shows that elderly blacks in the United States are "disproportionately poor" (p. 254).

Wallace's (1991) examination of social and economic features of blacks and whites in the United States shows that, on a wide variety of items, notable disparities exist between the two races. Whilst Wallace concedes that on some items the degree of disparity alters with the onset of older age, such significance should not be overstated. The gap between the income of white males over seventy years and their black male cohort, in relative terms, is not as great as for younger cohorts. Nonetheless, Wallace's study shows that white men seventy years and over are almost twice as likely as their black cohort to have incomes of at least \$11,336 in retirement. Moreover, Wallace uses government estimates to suggest that about one third of all black elderly in the United States live in poverty, as compared to one tenth of elderly whites. Beck's general conclusions, however, echo studies concerning older men—and women—retirees, which highlight the vital nature of health and income as contributors to life satisfaction in older age.

Life Satisfaction, Health Status, and Leisure

Relationships between levels of leisure activity, motivation, and life satisfaction among older men and women were examined by Steinkamp and Kelly (1987a). The United States based study relied upon telephone and mailed questionnaire data from 217 participants. Participants' ages ranged from 40 to 89

years, and one cohort of participants was employed whilst another was retired. The design of the study enabled gender differences to be explored.

To measure life satisfaction, a factor-analysed modification of the Life Satisfaction Index–A (Neugarten, Havighurst & Tobin, 1961) was developed. Level of leisure activity was measured by reading (over the telephone) a list of 28 items to each participant who was then required to assign a numeric indicator (1 to 4) which represented their frequency of engagement in the activity. Motivational orientation was indicated by the responses to the Life Investment Scale (Maehr & Braskamp as cited in Steinkamp & Kelly, 1987a). This comprised 26 items which required selections to be made from a 5-point Likert-type scale. In addition, demographic data concerning gender, age, partner status, income, education, and retirement status were ascertained.

Motivational orientations of older adults in this study fell into any one of three types—challenge seeking, concern with recognition and reward and family focus. When these were examined against the leisure activity and life satisfaction responses, several results were evident. Challenge seeking for working women and retirees (of both genders) was unrelated to greater life satisfaction. For employed men, challenge seeking was associated with significantly enhanced life satisfaction. Steinkamp and Kelly (1987a) suggested that the finding concerning employed women and retirees may be due to them taking part in leisure activities without feeling a need to demonstrate competence.

Those employed women who regarded recognition and reward as important had greater life satisfaction than did the retirees who were not oriented

toward recognition and reward. Thus, recognition and reward-oriented women had greater life satisfaction when employed. For employed men, increased concern about recognition and reward was linked with higher levels of leisure activity. The former result, Steinkamp and Kelly (1987a) suggest, may be due to women retirees, for example, not feeling recognised and rewarded for the tasks which they undertake in retirement. In Cliff's (1993) study, several of the women retirees disagreed with the low-status which was being accorded to their household duties. The latter finding in Steinkamp and Kelly's study, the researchers posit, may be simply due to men and women being motivated by different factors; men being much more likely to associate leisure with the achievement of extrinsic motivators. Women as a group in this study were more likely to have a family focus than men. Such a focus was related to a low leisure activity level and contributed deleteriously to a participant's life satisfaction. The researchers were unable to clarify whether a high family focus in retirement explained a lack of time or energy for men and women retirees to then participate in leisure or whether it was due to retirees feeling satisfied by the leisure provided, in effect, by the familial relations.

The results from this study serve to inform retirees and those associated with their welfare, that differing motivations often require circumstances or settings that are tailored to meet those particular orientations. Thus, marketing universal recreation programs, for example, may not be an appropriate way of reaching a broad spectrum of retirees. Similarly, Steinkamp and Kelly (1987a) believe that enforced retirement—on the basis of chronological age—clearly

denies some individuals of a major source of life satisfaction, and, thus, preferably should be a targetted and negotiated process rather than a mandated and universal program.

In a follow-up study of 400 older United States citizens aged between forty and eight-nine years, Steinkamp and Kelly (1987b) conducted telephone interviews, each of which lasted approximately 30 minutes. In addition to demographic details, participants were asked to provide opinions concerning life satisfaction, income, leisure activity, health, family, and social associations. The life satisfaction of participants was measured by the use of a previously modified (Steinkamp & Kelly, 1987a) version of the Life Satisfaction Index-A (Neugarten, Havighurst & Tobin, 1961). Health and income were assessed by participants indicating on a scale of 1 to 4 as to what extent having poor health, unsatisfactory housing or inadequate income impacted upon their lives. Two findings from this study are noteworthy. One outcome showed that, for many men and women, inadequate health, housing arrangements and income contributed significantly and deleteriously to life satisfaction. Leisure also contributed significantly (in a positive way) to the life satisfaction of men and women aged 65 years or less. Whilst the former finding was not surprising, Steinkamp and Kelly suggest that the latter finding may indicate that "... the role of leisure activity in the life satisfaction of older adults may undergo a developmental change" (p. 305)—that is, that the views of leisure held by men and women over 65 altered, together with what leisure was interpreted as, and its meaning in terms of contributing to life satisfaction. This is further reinforced in Patterson's (1996) study that also shows

how the leisure participation of widows and widowers may change, following the loss of a partner.

Steinkamp and Kelly (1987b) believe that in this study, as with their earlier investigation, the information provided by participants calls for caution to be adopted by policy-makers and governments concerning universalising prescriptions for older individuals. Advice and programs for older individuals needs to take account of, Steinkamp and Kelly suggest, specific factors such as age and gender if they are to be effective. Thus, for example, targetting specific age and gender cohorts on the basis of comprehending a specific demographic profile is more likely to get across a message or have a campaign effectively 'heard' rather than relying on en-masse strategies which may offer little 'meaningful' messages to particular cohorts.

Summary: Life Satisfaction and Health Status

The extent of life satisfaction achieved by retirees is significantly influenced by their health status (Markides & Martin, 1979; Riddick, 1985; Seccombe & Lee, 1986). Despite the preponderance of this literature having emanated from the United States, it is reasonable to infer that much of the data have application to the Australian situation. For men and women retirees, a self-rated health status of "good" or "excellent" often is associated with enhanced life satisfaction. More often, (white) retired men report their health as being either "good" or "excellent". For many (white) retired women the comparatively smaller number of allied investigations suggest it is common for them to report

"good" or "fair" (Riddick & Stewart, 1994). In one way, this is consistent with the nature of health ailments that characterise the genders. Men often have health problems that are short in duration and terminal in consequence, with little lead up. Women, by contrast, often develop chronic ailments that create debilitating effects (ABS, 1993b; Arendell & Estes, 1991; Ginn & Arber, 1991). For poor women, or women from a minority race, the prospects of facing ill-health in older age are greater than they are for white middle-class women. Thus, the life satisfaction of retired working class women—when health is a major determinant of life satisfaction—may not be as robust as it is for middle-class retired women.

The cumulative effects of a lengthier formal education, a professional occupation, and a relatively well-paid salary, provides many middle-class women with early and later life benefits. Income in retirement, as it is for most retirees irrespective of demographic characteristics, is important for women. However, the significance which income takes on for women, as compared to men, may be different. Middle-class (white) men once retired are, in general, a most privileged income group (ABS, 1996a; Wallace, 1991). As Seccombe and Lee (1986) highlighted, the wages attached to many working class or lower status occupations have resulted in that cohort of men enjoying better retirement incomes than many women professionals. This can, in part, be explained by many women having broken work histories which have thus resulted in them receiving, in essence, penalised career benefits.

The framing of retirement schemes—public or private—on the working patterns of middle-class white men operates against the child-bearing, rearing-

and often, later-life caring responsibilities of many women. Some of the literature notes (Probert, 1990) that the predominance of women in an occupation invariably results in a lowering of wages and salaries. As superannuation schemes are linked to work-force incomes, this is an entry point at which structural inequalities begin—to be played out in old age, at a time when having access to funds for health care, recreation and house repairs may be especially important.

Leisure enhances the life satisfaction of many retired women, although as Steinkamp and Kelly (1987a, 1987b) suggest, much remains to be understood. What comprises leisure in old age may be different to how individuals regarded it when they were younger. Factors of race and class also can circumscribe understandings of leisure, and influence what selections are made. The studies by Steinkamp and Kelly in this respect provide compelling evidence for the need to not treat retirees as one homogeneous entity. Programs, initiatives, and subsidy-determinations need to be niche-evaluated, rather than universalised or generically handled.

The manner and circumstances in which middle-class women, indeed most retirees, left the paid work-force to enter retirement has implications for life satisfaction. Many women prefer to remain in paid employment for as long as they can (Riddick, 1985) yet often they retire "early" (ABS, 1993a). The reasons are frequently linked to the need to care for a family member, keeping a partner company, or personal ill health. Under these conditions, the level of life satisfaction in retirement is often less than preferred. Such a predicament can be compounded to the extent that women's longevity can mean that, for example,

retiring early with a chronic illness can result in as much as forty years of "dampened" or diminished life.

Widowhood, divorce, and abbreviated workplace careers often create unique implications for their economic circumstances (Arendell & Estes, 1991). In turn, these altered arrangements impact on women's health status and life satisfaction in retirement (Calasanti, 1996; Dorfman & Moffett, 1987; Szinovacz, 1983). Women's economic and social experiences remain a relatively unexplored element within mainstream gerontology. Feminists (Scutt & Graham, 1984; Scutt, 1990) and critically-informed studies (Probert, 1990) appear to have provided most of the early, local insights into these domains. The implications of partner losses are considerable for most people and, in particular, older individuals (Chiriboga, 1982; Patterson, 1996). However, the way any such losses impact—and are able to be responded to—also seems to vary in terms of factors such as gender, class, race, and individual agency (Estes, 1991b).

The ability of women, for example, to recover emotionally from such losses may be better over time than their capacity to respond to adjusted financial realities (Arendell & Estes, 1991; Estes, 1991a). This suggests that women's intellectual and emotional adaptability can be invoked more easily than their prospects of modifying what often are externally-imposed financial realities. The investigations by Cox (1994), Rosenman and Winocur (1994), and Scutt (1990), although not addressing the issue of time per se, point to the crucial role it can play, in concert with income issues, in ultimately impacting on retired women's life satisfaction (and possibly their health). A partner loss whether by death or

divorce early in married life for professional women in the 1990s has a radically altered significance to the same event three decades earlier in Australia. How women were then regarded at law—despite continued inequities (Graham & Scutt, 1984; Scutt, 1990)—as compared to currently, has changed for the better.

The way women are identified and legitimated within the labour market has improved. Thus, the opportunity for professional women in the 1990s to recover from the financial consequences of partner loss is different to that in a 1960s context. Similarly, later life partner loss prior to the overhauling of the Family Law Act 1975 had delivered to women different implications to those which would occur now. These issues have received relatively little attention in the Australian gerontological literature. Yet they often create indelible implications for women's life satisfaction in retirement. Indeed Arendell and Estes (1991) believe that marital status continues to be a fundamental influence on the way women's lives are shaped. Marital status in later life, they suggest, may determine their economic well-being. In the United States, unmarried women between the ages of 65 and 69 receive approximately 40 per cent of the total income of their married counterparts" (p. 212). This, Arendell and Estes argue, is important not only because of what it means for single women, but because most married women experience widowhood and thus a substantial decline in their income.

Taken as a whole, the studies on life satisfaction, consistently highlight the importance such an issue holds for retirees. They also show that almost without exception, health in older age is vital in influencing retirees' life satisfaction. This

is unique so for women to the extent that they live longer, and the antecedents which have shaped their retirement experience have, in earlier times, been stratified by race, class, and gender factors. The quantitative studies generally evidence a preference to employ either a modified form of, or the Life Satisfaction Index–A devised by Neugarten, Havighurst, and Tobin (1961) to represent the life satisfaction of older persons. As alluded to by several of the studies (Riddick, 1985; Steinkamp & Kelly, 1987b), the findings are illuminating, but often beg further understandings. These can be provided when pre-determined answers (from which participants must choose) can be temporarily set aside or bracketed, so as to enable unbounded contributions to be provided by participants. Thus, when participants are invited to fully express their views concerning life satisfaction, health, and other compelling retirement concerns, greater understandings can be developed.

Frequent use of particular instruments assists cross-comparisons to be made with different sample populations. However, patterns across (the conclusions of) studies also exist when, conceptually similar results are achieved and, for example, different scales have been used. In a similar vein, it is possible for allied quantitative and qualitative studies to produce findings which complement each other (Miles & Huberman, 1994).

Given the relative dearth of information which illuminates the lives of women retirees, and in particular professional women retirees, this review evidences the need for further investigations—especially those which embrace a qualitative design.

Locus of Control

According to Lefcourt (1981), "the first locus of control scales were constructed shortly after it had been demonstrated that people differ in the ways they respond to their failure and success experiences if the outcomes of the tasks on which they perform are said to be due to skill or chance" (pp. 2-3). Two scales which emerged in response to this link were Rotter's (1966) Internal-External (I-E) Locus of Control Scale and Levenson's (1974) Internal, Chance, and Powerful Others Scale. Other scales have also been developed which were designed to measure locus of control (Lefcourt, 1982). However, the scales by Rotter and Levenson remain distinct because they were formulated so as to represent a psychological dimension (Hoff & Horner, 1986). Both will be discussed below, with additional emphasis being accorded to the Levenson Scale, which was preferred for this study. Selected studies—many of which employed either Rotter's or Levenson's Scale—will also be considered.

Rotter's I-E Scale remains a well known and widely-used instrument (Levenson, 1974; Lachman, 1986a) Rotter's I-E Scale consists of 29 force-choice items, six of which Lefcourt (1982) claims are "filler items designed to make the test purpose less obvious" (p. 26). Some researchers (O'Brien, 1981) use the original scale, whilst others (Kleiber, Veldman, & Menaker, 1973) delete the filler items, when using the I-E Scale. Locus of control on Rotter's I-E Scale is represented along a continuum, with Internal control and External control being located at opposite ends. The higher the score registered, (as determined by participants' responses to the items) the more Internal their orientation. An

orientation represents, in essence, whether a participant believes that his or her outcomes in life are a product of personal effort or whether outside forces are considered to have influenced life outcomes.

Rotter's Scale, in its original form, was regarded as a uni-dimensional construct and universal trait—that is, individuals were basically Internal or External (Kleiber, Veldman, & Menaker, 1973; Levenson, 1974). Lachman (1986b) believes that as a consequence of this depiction of the instrument it attracted on-going criticism. Lachman further claims that this was eventually responded to by Rotter (1975) when he acknowledged that the control orientation which an individual adopted might change, depending upon circumstances. Nonetheless, Rotter held to the view that establishing individuals' general orientation was legitimate. Individuals are essentially oriented one way or the other and remain so over time and in different settings. This was particularly the case for 'internals', because Rotter believed that such individuals would extend their control capacities to a variety of situations.

Although Rotter's view was modified over time in response to criticisms of his Scale, his original stance was not relinquished due to the assumptions which initially influenced his thinking. Rotter (1966) believed, for example, that parents' supportive and consistent child-rearing practices should result in the development of individuals who are predominantly Internal in their locus of control. Although numerous studies had been published which involved Rotter's I–E Scale, by the early 1970s, the results conflicted (Levenson, 1974). So as to clarify the situation

Levenson reviewed Rotter's I-E Scale. The outcome of her review resulted in the development of Levenson's (1974) Internal, Powerful Others, and Chance scales.

In providing a third category, Levenson's claimed that Rotter's Scale failed to adequately account for a distinction within any External cohort. Amongst 'externals' Levenson believed that there were two types of beliefs which distinguished External individuals. One group of externals believed that the world, or events, were unordered and happened by chance. The other group also viewed the world as unordered—but believed that Powerful Others controlled situations. In claiming that Rotter's Scale was too limited for many applications, Levenson argued that a study by Gore and Rotter (1963), which was influential in shaping the development of Rotter's I-E Scale, had been interpreted inadequately. In short, Gore and Rotter's study suggested that amongst (United States) black youth in the sample, those who engaged in social activism and protest were more Internal than less socially active black youth.

In Levenson's view, a further explanation included the prospect that some of those who were politically active also may have been External in some circumstances, and believed in the notion of Powerful Others having control capacities. On this basis, Levenson (1974) argued that locus of control was multi-dimensional. Transfer of only one orientation in an individual, from situation to situation, could not be assumed to occur universally—individuals' orientations may alter depending upon context.

Levenson's challenge to Rotter's Scale represented a more embracing view of how an individual's sense of control inheres (Lachman, 1986). It also can be

argued that it has greater potential than the uni-dimensional I-E Scale which was used in Gore and Rotter's (1963) study. Their study involved a comparison of two groups of black youths. Because of the bipolar scoring system, the highest scoring cohort is deemed to be Internal and thus, in effect by default, the other cohort is (and was) rendered External. In the early 1960s many similar such studies (Battle & Rotter, 1963; Lefcourt & Ladwig, 1965) which were conducted, involved black Americans being compared with white Americans. Commonly the Internality of white Americans was depicted as being greater than that of black Americans.

Given what is known, three decades later about the propensity of 'older old' black Americans (those aged 85 years or more) to survive, despite a lifetime of external influences devaluing their being (Dressel, 1991; Minkler, 1991a), it is reasonable to view some of the earlier uni-dimensional locus of control studies cautiously. The need for caution is amplified if the contrast between Rotter's early work in the 1960s and Minkler's in the 1990s is noted. Rotter's Internal-External Scale was propelled by his (Gore & Rotter, 1963) study of black youth. The study took no account of class status (Lefcourt, 1982). For Minkler (1991a), class and race are pivotal to comprehending any position which attempts to comprehend black Americans.

Levenson's (1974) study also interpreted the actions of the active black American youth differently to Rotter. Whereas Rotter (1971) believed that the black Americans' protest gatherings were suggestive of frustrated powerlessness, Levenson argued that they were "a reflection of instrumental attempts to effect

change" (p. 380). The outcome of Levenson's review of Rotter's Scale—which effectively was the development of her Internal, Powerful Others, and Chance Scale resulted in Lefcourt (1982) claiming "Hannah Levenson has exerted the most effort toward examining the utility of assessing diverse agents of control" (p. 176).

Lefcourt also suggests that Levenson's (1974) study was, in effect, given support by the findings from a study which was released by Kleiber, Veldman and Menaker (1974). Kleiber et al. suspected that locus of control was a multi-dimensional, rather than a uni-dimensional, construct. To test this, they used Rotter's I–E Scale with a group of 219 undergraduates from a Texas university. Instead of, as Rotter's original design had shown, administering 23 forced-choice items, Kleiber et al. presented them as 46 Likert scale items (strongly agree to strongly disagree with four selection points separating these).

The results from this investigation led Kleiber et al. to question the bipolarity of Rotter's 23 items. On the basis of their study they argued that "the originally paired items are relatively uncorrelated" (p. 416). Moreover, the factor analysis which was performed on the 46 items evidenced three clear dimensions: Non-belief in luck and chance; system modifiability; and, individual responsibility for failure. The investigators in this study argued that the three-factor locus of control structure which had emerged, should not be regarded as definitive. However, it left them with the view that Rotter's I–E Scale item pairs were not truly opposite to each other, and thus the traditional ways of scoring the items

may produce dichotomous (Internal or External) outcomes, when such sharp contrasts were not actually at play.

Levenson and Miller (1975) further challenged Rotter's (1966) position which effectively indicated that Internals would be more inclined to take part in social action whilst Externals would be less inclined to do so, due to their inability to identify a link between their behaviour and preferred outcomes. Gilligan's (1979) position, although not directly critical of Rotter's work, disapproved of many psychological investigations which were buttressed upon oppositional notions. Gilligan's key argument related to the failure of psychological theories of human development to move beyond a deficit-based model of differences, when contrasting women with men. Rotter's (Gore & Rotter, 1963) early work did not include women in the sample, although one study (Battle & Rotter, 1963) compared the locus of control of black and white children. However, his results—if Gilligan's perspective is extended to race—are viewed problematically because they contribute to a mosaic of studies which appear to pit black against white. Individually such studies may be both well-intentioned and seemingly bias free. On a collective basis, using Gilligan's perspective, such investigations have, in effect, as Gilligan notes "enshrined a view of human life ..." (p. 428).

Levenson and Miller's (1975) position was loosely allied to criticisms such as those by Gilligan to the extent that they suggested a "changing times explanation" (p. 200) concerning social activism in the United States. That is, in considering the decade which followed the early 1960s, they indicated that students were changing how they perceived social activism. In earlier times, their

involvement may have come about from a belief that worthwhile changes could be achieved through activism. The subsequently slow changes and often violent clashes which accompanied such activism may have led to a change in individuals' orientations.

This interpretation provided the basis for Levenson and Miller (1975) to further question the interpretations given in some studies, for example, Rotter's (1971) research. Stereotyped explanations together with the uni-dimensionality of Rotter's Scale provided Levenson and Miller with the grounds for further testing Levenson's (1974) Internal, Powerful Others and Chance Scales. The tripartite differentiation was examined to establish what relationships existed between them in three studies that controlled for political ideology. In all, the findings of the studies led Levenson and Miller to argue that, for students who were politically conservative—when faced with circumstances in which Powerful Others are viewed as controlling outcomes—their activism would be low because they perceive few prospects for success. For students who might be regarded as progressive, and may have an External locus, such activism would not be derailed. This, Levenson and Miller suggested, was because they—as with blacks and feminists—didn't believe that they caused the (problem) circumstances. Low Internality by such a cohort was explained in the context of activists having believed that they had put in significant effort over time, and yet society (or whatever) had made few concessions or adjustments as a consequence.

In this light, Externality, when oriented to Powerful Others, could not reliably be regarded as a true opposite to Internality. Nor could those who

happened, at the time, to evidence such an orientation, be seen as they had by Rotter—alienated or powerlessness. Indeed, on the basis of this study, there were convincing arguments to note the propensity of both Internals and Externals to make judgments about efficacy and responsibility in relation to matters of politics.

Lachman (1986a) noted that the majority of the locus of control studies with ageing individuals have employed uni-dimensional constructs—predominant amongst which was Rotter's I-E Scale. From Lachman's standpoint, the use of uni-dimensional locus of control constructs with ageing individuals was less appropriate than a multi-dimensional scale. A multi-dimensional scale, Lachman argued, conceded that ageing people may become "more sensitive to the forces of powerful others and chance, without changing one's sense of internal control" (p. 36). Uni-dimensional measures risk the prospect of not observing such finer changes. Despite being an advocate of Levenson's multi-dimensional scale, Lachman also believed the measure was improved in studies where additional measures were also employed.

Lachman (1986a) conducted three studies with young and elderly United States citizens. The elderly participants were Caucasians from middle and upper-middle-class backgrounds. The young participants were psychology undergraduates. Levenson's (1974) locus of control scale was used together with two domain-specific measures, both of which were modelled on Levenson's Scale, and have Internal, Chance and Powerful Others scales. These were the Intellectual (Aging) Contexts Inventory (Lachman, Baltes, Nesselroade & Willis,

1982) and the Multidimensional Health Locus of Control Scale (Wallston & Wallston, 1981). The inventory was designed to assess intellectual functioning in relation to daily (types of) situations. The health scale identifies beliefs about sources of control over illness cure and prevention.

Results from the three studies show that there were no age differences identified on the basis of Levenson's Scale. However, in respect of health and intelligence, the elderly were more External than the younger adults. Lachman claims that these distinctions could not be accounted for on the basis of educational differences. According to Lachman (1986a), the use of domain-specific measures, in concert with Levenson's instrument, further illuminated understandings within the field. In a similar vein to Levenson's (1974) outlook, Lachman queried whether the domain-specific findings were influenced by participant-held stereotypic perceptions about their intellectual and health functioning.

Lachman (1986a) also located any overall externality (by particular older participants) with the prospect of ill health together with "... a lack of power in the social, economic, and political spheres ..." (p. 39). This, Lachman argued, made understandable any instance of older participants' increasing their beliefs about chance and Powerful Others engendering control. In suggesting that the three studies affirmed the advantage of using a multi-dimensional scale (over a uni-dimensional instrument) and complementing Levenson's measure with domain-specific measures, Lachman nonetheless concluded "in future research it

will be important to determine the consequences of locus of control beliefs for a wider range of behaviors associated with aging" (p. 40).

Nurmi, Pulliainen, and Salmela-Aro (1992) conducted a study that, as with Rhee and Gatz's (1993) research, was concerned with issues of control in older adults. The study by Nurmi, Pulliainen, and Salmela-Aro produced results which challenge the view that individuals in later life periods may retain, or develop, strong senses of control. Nurmi, Pulliainen, and Salmela-Aro (1992) reported that their age-stratified survey of 381 individuals aged between 19 and 71 showed that as people aged, their External control beliefs increased. Whilst this correlational study selected a sample (of undergraduates, public servants and older adult students) made up from a majority of middle-class, racially homogenous individuals, the researchers did not administer either of the two prominent locus of control scales with participants. That neither the Rotter (1966) nor Levenson's (1974) scale was employed may reduce opportunities for making precise comparisons with other studies which employed a widely used scale. However, a key contribution that this study made was to introduce another way of comprehending adults' control beliefs— by an appraisal of their hopes and fears.

By moving beyond traditional assessments of local or immediate control, as displayed in the Rotter and Levenson scales, Nurmi et al. (1992) have demonstrated that matters of global or others' well-being can have different implications in terms of older participants' control beliefs. The effect of asking participants (via a questionnaire) to outline their goals, hopes, fears and concerns

provided avenues—which the older cohorts took up—for raising matters (that the young cohorts did not highlight) over which most people feel they have little control, such as war or other international concerns. This study further indicated that, as they aged, participants' interest in their own health and their children's lives increased. In part because the older participants had cited their own health as a concern, Nurmi et al. concluded that, as people age, they embrace concerns over which they believe they have little control. Concomitantly, the authors argued, as people age, they claim less interest in matters that they previously have had considerable control over, such as education and family.

Despite the limitations in not being able to make direct comparisons with correlational studies that have employed a widely-used scale to represent the control beliefs of ageing participants, the research underscored the matter of relativity in investigations. Boundaries of accepted knowledge have often been an outcome from studies which have, relied upon the forced-choice answers given by participants. As much of the qualitative field, and in this instance the quantitative domain, has shown in the last decade, when investigations are framed in ways that enable broader contributions from participants, greater insights may be gained. This may not render dubious the findings from studies which employ established, well-tested measures (Neugarten, 1985). However, it places participants' beliefs in a context relative to what was asked. So far as locus of control beliefs are concerned, it suggests that to rely solely upon findings from a scale may be less appropriate for a researcher in the 1990s than it may have been two or three decades ago when the ground-breaking scales were developed. In this sense, the

study evidences support for Neugarten's (1985) stand concerning more appropriate and temporal ways of studying older individuals (and the societies in which they live).

Locus of Control Orientations and Ageing

By employing a modified version of Rotter's locus of control scale in a study with one hundred and fifty seven U.S. citizens, Rhee and Gatz (1993) showed that older and younger adults often misjudge the senses of control that each other (cohort) has over events or their lives. The study was the first to examine beliefs perceived by others and self-held views about personal control between generations. The investigation involved the administration of three instruments. Rotter's scale was modified from offering only forced-choice responses to a Likert-format, because the researchers believed graded responses would appeal to the older participants more than categorical choices. This scale was used to represent an overall locus of control score for each participant. A second instrument, which gauged what participants perceived the locus of control of (older and younger adults) would be, was developed by selecting twelve representative items from across the range of the original Rotter scale that had application to young (18-21 years) and older (65-85 years) adults. The third instrument, the Kogan Attitudes Towards Old People Scale was used only with the young participants, and required responses via graded choices (6 selections from strongly agree to strongly disagree) to 34 items.

Overall results from the 46-item Rotter scale showed that the older adults, on average, achieved a higher Internal score than the young adults.

Correspondingly, the average External score of the young adults was higher than for the older adults. Analysis of the twelve-item scale showed that the 60 college students who made up the young cohort, attributed higher externality to older adults than did the older group (to themselves). Further examination of this scale showed that the older group assigned levels of Internality to the younger adults that were higher than those held by the younger group (towards themselves). The Kogan Attitudes Toward Old People Scale did not evidence, as had been expected, a significant relationship between young adults' stereotyped notions of older adults and their attributed levels of (older adults') externality.

Despite their expectation not being met concerning the third element of the study, Rhee and Gatz's (1993) findings serve as a caution against making intergenerational assumptions about control capacities based only on a factor of age. The failure of the last measure to achieve an expected link between negative stereotypes of older adults and attributed externality may mediate oft-repeated claims about specific type-casting of older persons. However, Rhee and Gatz's study does not mean that general stereotyped knowledge was not called upon in intergenerational appraisals of each other's sources of control. The authors argue that an explanation for the inaccuracies, when projecting on to the other cohort, may be found in their failures to mix with each other. Regrettably, the study made no reference to the educational attainments or class origins of the older group.

This study affirms a view that many older adults perceive themselves as having robust levels of (Internal) control over their lives, whilst also indicating that educated young adults do not feel that they have the level of control over their lives that others may have expected of them. Given the age of the older adults, several of whom could have served in World War II, it may be that projections toward the younger cohort were based on inappropriate transferring of expectations that derived from markedly different life experiences and eras. In respect of older adults, the study suggests that, general beliefs about self-reliance may not be abandoned as quickly by those who live the experience, as by others who observe from a position of inexperience.

Locus of Control, Life Satisfaction, and Health Status

O'Brien's (1981) study of 301 Adelaide retirees showed locus of control to be an important influence in the lives of people who left the labour force. The women retirees' responses to O'Brien's questionnaire indicated that locus of control was a significant predictor of life satisfaction. Thus, women who believed that their achievements in life were largely an outcome of their efforts and skills, indicated higher levels of happiness and contentment than other women participants.

Retired women who regarded their 'lot' in life as being essentially a product of their efforts were designated as having a high degree of Internality. This outlook represented a considerable contrast to the perceptions of other women retirees. The other women participants in the study believed that their

achievements in life had been determined by chance and external environmental factors. Women retirees who took the latter view were deemed, on the basis of Rotter's locus of control scale, to have an External orientation when interpreting how things in their life came to be as they were. In O'Brien's (1981) study those retirees who had predominantly External orientations enjoyed less life satisfaction (than retirees who had an Internal orientation).

In O'Brien's investigation, the researcher accepted that the locus of control orientation which women had when employed would remain unchanged in retirement. Hoff and Horner's (1986) study provides support for this view in so far as predominantly Internal individuals are concerned. In relation to External individuals, they do not discount the possibility of them developing greater self-direction in retirement. Lefcourt(1981) also indicated that an individual's orientation is often relatively stable over time. Indeed Lachman (1986) argues that on the basis of Rotter's (1966) original Internal–External Scale, an individual's orientation was expected to be stable over time and across circumstances. However, Lachman's (own) view is that stability may not apply across situations or time.

From O'Brien's total sample, 170 were urban-living women, most of whom had been retired for five years. Seventy-three per cent had held an occupation prior to retirement. O'Brien had posited *a priori*, that retirees who had been in low-skill utilisation occupations would be more externally oriented. This orientation, O'Brien contended, would then shape (on an on-going basis) the extent of life satisfaction of participants. For those retirees who had previously

held high-skill jobs, O'Brien (1981) had expected that their life satisfaction during and following employment, would be greater. Findings from other studies (Mitchell, Smyser, & Weed, 1975; Szilagyi, Sims, & Keller, 1976) suggest that O'Brien's expectation was reasonable. The investigations conducted by Mitchell et al. and Szilagyi et al. showed that professionals who were either highly qualified or in management positions were—on the basis of Rotter's Internal–External Scales—more Internal in orientation than employees who were less qualified or in sub-management positions.

O'Brien's 18-page questionnaire was completed by most participants in an hour and a half. Ninety-one per cent of the participants were aged over 60 years. To measure locus of control, the Rotter (1966) 29-item scale was used. To represent life satisfaction, ten 7-point items were put to participants. The scale required choices to be made from bipolar items (easy–hard, boring–interesting) which were the given responses to specific statements. Participants were also asked to respond to a list which contained seventy given health symptoms—indicating whether they had had any of them during the last year. Skill utilisation was assessed on the basis of the job which had been held prior to retirement, as against the Australian Bureau of Statistics' classification of occupations.

O'Brien's results—in respect of women—showed that those retirees who held high-skill occupations were more Internally oriented. Nonetheless, a direct link between high-skill occupation and life satisfaction could not be established. Instead, O'Brien asserted that his results indicated that the life satisfaction of women participants was influenced by their health, and in particular, "mental

strain symptoms" (p. 314) plus locus of control. On this basis, O'Brien (1981) posited that if jobs were organised so as to maximise employees' skill-utilisation, ultimately more retirees would become Internally oriented. He further argued that such enhanced Internality (as demonstrated in his findings) would, in turn, produce greater life satisfaction. This study provides further evidence of a link between locus of control and life satisfaction.

The time needed by participants to complete the questionnaire risked problems associated with participant fatigue (Rhee & Gatz, 1993). O'Brien makes no such reference to this point or any limitation brought about by offering forced-choice selections to participants on almost every measure. It can be argued that, in so doing, the study foreclosed on the opportunity to discern what participants felt was of pre-eminence in life satisfaction, health, and locus of control concerns.

Despite having co-developed the highly-acclaimed Life Satisfaction Index-A (Neugarten, Havighurst, & Tobin, 1961), Neugarten (1985) now argues that "the study of the human world can never be context-free ... " (p. 292). In adopting this view, Neugarten cautions social scientists against putting full faith in any reductionist measures. The aim of social scientists instead, she claims, is to now seek understandings and offer interpretations. Thus, for Neugarten the prospect of studies moving away from purely positivist frameworks is a favourable development. Whilst not discarding quantitative designs entirely, Neugarten claims " ... they give the investigator no purchase on the innumerable other factors and other contexts that would add to understanding ... they do not

provide 'objectivity' in the sense that they reflect the 'real' world" (p. 293). In pointing to the different paths of change in men and women as they age both socially and biologically, Neugarten suggests that more interpretive studies are needed. These, Neugarten suggests, could include personal narratives, life histories, or multiple methods. Such studies also particularly need to look at how social changes and society shape the lives of older individuals.

The importance of understanding ageing in the context of societal structures has also been echoed by Minkler (1991a) and Estes (1991a). Their arguments, whilst not referring to life satisfaction or locus of control per se, clearly emphasise the influence of macro-sociological level influences on the micro-sociological level. The perspective of Estes, in terms of control issues and ageing, results in her tendering an explanation as to how power relations influence access to health care services. Moreover, it is apparent that a purely quantitative study such as that developed by O'Brien (1981) would be unappreciated by Estes. Indeed, she may argue that studies such as O'Brien's are part of the problem, rather than part of any solution. Estes suggests that social gerontologists

... have legitimised incremental and individualistic approaches to public policy by focusing their analyses largely on the individual and social-psychological levels, in which their questions and concepts render the economic and political structure residual in explaining old age (p. 29).

O'Brien unproblematically noted that women retirees' "mental strain symptoms" (p. 314) were prominent in their lives as well as being significantly linked to their life satisfaction. By contrast, Minkler's (1991a) position on mental health concerns for older men and women is embedded within a political economy

framework. This perspective views mental health as problematic and anchored to analyses which are located to factors such as class, race, and gender. Binney and Swan's (1991) views lend support to those of Estes (1991a) and Minkler (1991a), claiming that, in relation to mental health, factors such as gender, class, marital status, occupation, education levels, and income need to be taken into account.

Whilst O'Brien's study noted that mental and physical health problems impacted on retired women's life satisfaction, their mental health was treated by O'Brien as being separate from their physical health. Binney and Swan (1991) claim in respect to depression (which was one of the mental strain items listed by O'Brien) "the only factor that emerges in all studies as a significant predictor of depression is poor health, particularly in late life" (p. 167). Thus, whereas the design of O'Brien's study ignored the social, economic, political, and environmental factors which shaped, in part, the retired women's lives, Binney and Swan claim that they are central in comprehending the health of older persons.

Summary

Although the contribution which the field of gerontology has made in illuminating much about the lives of ageing individuals is substantial, considerable opportunity exists to further inform on the experiences of older and retired women. As some of the literature suggests, not all of what men and women feel, do, and think is characterised by difference. Whilst much of the critical and feminist oriented literature provides compelling evidence, in part on the basis of

comparing an advantaged cohort against a disadvantaged cohort, there remains further opportunity to develop a politics of affinity as well as a politics of difference, when ageing matters are canvassed. The studies by Minkler (1991a) and Estes, (1991a), whilst forthright, at their core show such a commitment. Being disadvantaged, dispirited, impoverished or unwell matters to researchers such as Minkler and Estes irrespective of gender, class, race, and any other factors.

As it happens, such variables are linked to the ways lives are lived in Australian society. For many researchers, the problems associated with such factors influence the lives of people in practical and obvious ways. Minkler and Stone (1985) encapsulate this when they write of the concept of "triple jeopardy: old, poor, and female in the United States" (p. 351). Demographic factors then, for some gerontologists, are acknowledged because of how they often inscribe others' lives, rather than because of any preference on the part of the investigator toward problematising, for example, issues of race.

Neugarten (1961, 1985) made a manifold contribution to the social sciences field, and in particular to countless studies on life satisfaction due to the development of life satisfaction indexes. Over the course of her career, she argued that research should be rigorous. Towards the end of her esteemed professional life, Neugarten (1985) indicated that more qualitative studies were needed, suggesting that the richness, and often uniqueness, of detail that ageing persons had to offer, was best obtained by qualitative means. Evident also in Neugarten's remarks was the need to capture some of the substantial volume of

information—again from ageing individuals—that remains to be understood about older citizens.

Neugarten suggested, the societal context in which people age needed greater attention in investigations. Individuals lived within, rather than in absentia from, environments. Needed interpretive research could better inform public policy. In this sense, it can be argued that Neugarten is placing her earlier work with life satisfaction indexes as being indicative instruments, rather than as finite measures of individuals. Neugarten appears more interested in conceptual understandings that can be achieved from intra-study comparisons. Of less concern, in this context, is the issue of whether the studies happen to be qualitative or quantitative, or whether similar instruments were involved.

In the spirit of Neugarten's approach, by collapsing much of the literature on life satisfaction, health status, and locus of control it is possible to make some general statements. Health is linked to life satisfaction in retirement. An Internal locus of control is often linked to life satisfaction and a middle-class, well-educated, and professional cohort within society. Those who have an orientation that is predominantly Internal are less likely to radically alter their predisposition, than externals who may become more Internal as they age.

These are important points about the matters of life satisfaction, health status, and locus of control. However, it is in the specificities of participants' perceptions that finer details can be found to better inform the field and public policy. What remains to be learnt is the 'when, how, and why' dimensions of life satisfaction, health status, and locus of control in relation to specific members of

society. These are more likely to come from participants who self-select stories about their lives, rather than from studies that only entertain researcher-bounded responses.

In the next chapter the methods and procedures used to carry out this research study are explained.

CHAPTER III

METHODS AND PROCEDURES

Instrumentation

The questionnaire used in this research project (see Appendix A) addressed the three dependent variables (life satisfaction, health status, and locus of control) using three established measurement instruments: the Life Satisfaction Index–Form A, commonly referred to as the LSI–A scale (Neugarten, Havighurst, & Tobin, 1961); the self-rated health status question "in general, would you say your health is excellent, good, fair, or poor" (ABS, 1991a; McCallum, Shadbolt, & Wang, 1994); and Levenson's Internal, Powerful Others and Chance Scales (Levenson, 1974).

Neugarten, Havighurst, and Tobin's (1961) groundbreaking work resulted in a subjective measurement scale for life satisfaction. As previously noted, this life satisfaction rating embraces five primary considerations; zest, resolution and fortitude, congruence, positive self image, and optimistic attitudes and mood states. The LSI–A scale used in this study adopts an agree/disagree/undecided format. The items comprise 12 positively- and 8 negatively-worded statements. Scoring involves a three-point response scale—2 points are assigned to "satisfied" responses, 0 points for "dissatisfied", and 1 for "undecided" (Harris, 1975). A

score of 0 indicates a low life satisfaction and a score of 40 indicates a high life satisfaction.

In his review of the LSI-A, Larson (1991) relies on the foundational work of McDowell and Newell (1987, 1996). He indicates that "inter-item reliability, as measured by alpha (where .9 is a high rating), ranged from 0.70 to 0.80 in various studies" (p. 43). It is to be noted that the LSI-A's correlational validity with the Life Satisfaction Index-Form Z (LSI-Z) is 0.94; with the Philadelphia Geriatric Center Morale Scale, 0.76; and with the Kutner Morale Scale, 0.65 (Lohmann, 1977). Larson concurs with McDowell and Newell's findings, stating that "reliability and validity are in the moderate-to-high range" (p. 43). Although not without shortcomings, this is the preferred life satisfaction instrument of McDowell and Newell (1987, 1996), and remains a most widely used life satisfaction index (George & Bearon, 1980; Herbert & Milsum, 1990; Weller & Harvey, 1991). Adams (1969) recommended deletion of two items (numbers 11 and 14). This modified version was used effectively by Harris (1975), who reported similar reliability and validity results to those found in relation to the original index.

As noted by Herbert and Milsum (1990) and McDowell and Newell (1987, 1996), no one, easily quantifiable measure of an individual's general health—which is appropriate for use with all people—exists. Numerous general health measures are available however, some being physician assessments and others requiring survey or interview involvement by the respondent. For this investigation, medical examinations arguably were inappropriate, unnecessary and

impractical. Goldberg's General Health Questionnaire, although internationally recognised, was designed in 1972 as a psychological and psychiatric screening measure. Other questionnaires such as Dupuy's General Well-Being Schedule which was developed in 1977 and Macmillan's Health Opinion Survey, which was first published in 1957 are highly suited to particular audiences. However, they also emphasise psychological inquiries (McDowell & Newell, 1987, 1996). For the purposes of this study, in the absence of a general measure that would clearly and appropriately ascertain the general health status of respondents, a more specific measure was used. Respondents were asked to self-rate their health status. Self-rated health status was measured by responses to one question. This question has been widely used in research. In Australia, the Australian Bureau of Statistics used it in their 1989-90 National Health Survey, and McCallum, Shadbolt, and Wang (1994) used it in their 7-year follow-up study of elderly Australians in which they analysed self-rated health and survival. An almost identical question was earlier included in the 1984 National Health Interview Survey conducted in the United States by the National Center for Health Statistics (Longino, Warheit, & Green, 1989).

In the past decade, there has been increasing support for self-rated health assessments (Arber & Ginn, 1991; McCallum, Shadbolt, & Wang, 1994; Mor-Barak, Scharlach, Birba, & Sokolov, 1992; Riddick, 1985), as they are "significantly correlated with both physician ratings and objective measures of health" (Longino, Warheit, & Green, 1989, p. 104). Larson (1991) concurs with this view, arguing that "a person's habits have a great impact upon personal

health, and they are more readily revealed in a self-rating of health than in a clinical assessment" (p. 37). McCallum, Shadbolt, and Wang (1994) also found self-rated health measures accurately predicted the longer term well-being of respondents, in their longitudinal study of older Australians.

Levenson's (1974) locus of control instrument is a generalised measure that allows for differential change across three dimensions: *internal*, *powerful others*, and *chance*. Levenson's measure recognises that there are many sources of control, principally represented by self, *chance*, and other persons. The measure is premised on a belief that control forces may influence one, several or all spheres of behaviour. Levenson's multi-dimensional instrument is based on the Rotter Scale, a measure widely used in gerontology (Lachman, 1986b), but has the advantage of not being limited to a uni-dimensional conceptualisation of locus of control. Rotter's (1966) scale is based on the view that an individual's locus of control in one circumstance and domain, is consistent across situations and domains. Levenson's measure represents a response to the view that an individual's locus of control may be context, or situation specific, and change over time (Lachman, 1986b). Levenson's scales also recognise that there may be differences within the external domain. External control may relate to a belief that either *powerful others* influence a person's life-direction, or that *chance* forces provide the direction. In a similar vein to Rotter's view, Levenson (1974) believes *internally* controlled individuals essentially regard their outcomes in life as being a product of personal effort.

Each of these scales contains eight items and they are placed in a certain order within (a total of) 24 items, so as to prevent patterns being discernible. A 6-point Likert format with responses "disagree strongly", "disagree somewhat", "disagree slightly", "agree slightly", "agree somewhat", and "agree strongly" assigned scores ranging from -3 to +3 respectively. Once the twenty-four items have been selected, each participant's form is then marked. Three scores—one for each dimension—*internal*, *powerful others*, and *chance* are determined. Twenty-four is added to each of the scales in order to ensure there are no negative numbers in the final scores. The test instructions state that a "high Internal score indicates that the subject expects to have control over his or her own life" (Levenson, 1981, p. 59) and vice versa for a low score. A high *powerful others* score indicates that "the subject expects powerful others to have control over his or her life" (p. 59) and a "low score indicates that the subject expects powerful others do not have control over her life" (p. 59). A high score for the *chance* scale items indicates that "the subject expects chance forces (luck) to have control over his or her life" and a low score indicates that "the subject expects that chance forces do not control his or her life" (p. 59). Each scale has a possible range of 0 – 48. Levenson (1981) reports that internal consistency is moderately high, with results in several studies ranging as follows: .51 – .67 (*internal*); .72 – .82 (*powerful others*); and .73 – .79 (*chance*).

Levenson (1981) notes that several studies confirm that items scored in an *internal* direction have little correlation with items scored in the external direction. In several studies, Levenson's *powerful others* and *chance* scales have

been positively—and negatively—related to Rotter's (1966) I-E scale, with scores ranging from .22 – .25 (*powerful others*), .43 – .56 (*chance*), and –.15 – –.41 (*internal*). She believes "these findings add to the convergent validity of the powerful others and chance scales" (p. 23). Weller and Harvey (1991) state "the scale has been shown to have adequate psychometric properties" (p. 111), and may offer additional insights into the beliefs of retirees because of tripartite differentiation (*internal, powerful others, chance*) ahead of Rotter's dichotomous (*internal - external*) definition.

In addition to the measures for life satisfaction, health status, and locus of control, the retirees were asked to rate, on a 4-point Likert scale, the degree of similarity or difference between their pre-retirement expectations and their actual retirement experience (in life satisfaction, health status, and locus of control). These similarities and/or differences were referred to as levels of congruence. There was also an open-ended question to draw from each participant any other comments she wanted to make regarding these similarities or differences. A further open-ended question invited the participants to record any other comments they wished to make about each of the three domains (life satisfaction, health status, and locus of control).

Prior to a final printing of the questionnaire it was reviewed by two esteemed academics who work in the field of social gerontology. This review was designed to ensure the content met the study's aims and to obtain their opinion about lay-out. In addition to taking into account the usual important considerations when designing a questionnaire (Oppenheim, 1992), the age of the

participants and the consequent potential eye sight difficulties were considered. Colour-shaded bands were used to separate questions on the life satisfaction and locus of control scales on the questionnaire. This was done to aid reading. There was a leaf motif printed in the background of the questionnaire to help make it a pleasant document for the participants to work with. The final questionnaire was printed on both sides of one 420 mm x 297 mm sheet. This simplified the handling of the questionnaire—requiring the participant to complete both sides of the one sheet and posting it back to the University in a pre-addressed postage paid envelope.

Final decisions concerning the nature of the open-ended questions for the interviews were determined after processing the questionnaire results. The interview included both closed and open-ended questions. All interviews were audio tape-recorded to allow the researcher to participate fully in the conversational interview, and not be distracted by having to write at the same time as listen and formulate questions. Another reason that the interviews were tape-recorded was so that the conversations could be listened to repeatedly during the data analysis stage of the study.

The same procedure was followed in each interview, that is, the participant was asked if she minded if the researcher tape-recorded the conversation. At the same time, the confidentiality procedures were outlined. These included the following: (a) that her name was not on the cassette, only the date and the number used on the questionnaire were written on the cassette label; (b) that the researcher would be the only person listening to the tape-recording, as

per Victoria University's Ethics Committee requirements that the recording would be kept in a separate location from the list of names of participants so that any matching-up of names and numbers would not be possible for others to do; and finally, (c) that the cassette and the list of names and numbers would be kept secure, in a locked filing cabinet when not being used. The participant was also informed that, if at any time during the interview, she wanted to decline to answer any questions, she should feel free to do so. Additionally, the participant was informed that, if in the future, there was anything that she wished to have removed from the tape she had only to ring the researcher and indicate what it was and it would be removed. Furthermore, each participant was told at this time that her confidentiality was of prime consideration. It was pointed out that when the research report was being written up, the material from the interview would be handled in such a way to minimise the risk of participant identification. It was explained that, if there was an important issue raised, which addressed the research questions, but could possibly lead to their identification, contextual details would be altered so that the identification of the participant was protected, whilst the inherent nature of the concept being addressed would not be changed.

Once the confidentiality procedures had been covered, the general framework of the interview was explained to each participant as follows:

Here is a sheet (see Appendix B) with brief definitions of the three key variables used in this study—the same three that the questionnaire covered [setting it down near the interviewee or handing it to her]. This way all the women in the study are using the same general definitions. The interview does not have many set questions as such, but it has a general framework which is, that I ask you to reflect back to the time before you retired and describe your overall health at that time, say, the last 5 years of

your paid employment—if you need to comment on things further back than 5 years that is fine—sometimes that is necessary in order to clarify a situation. Then I will ask you questions about your health in retirement, and finally, I'll ask you to comment on any thoughts you have about your health and the future. Then we'll go through the same procedure for life satisfaction and locus of control. When you are ready we can start. Maybe I could help you get started by asking you to describe your health in the 5 years before you retired.

Most interviews lasted approximately one hour; they ranged in length from fifty minutes to four hours.

Questionnaire and Interview Pilot Test

Purposive sampling was used for the pilot study. The questionnaire was pilot-tested with five retired professional women who were selected in the same manner as those who participated in the study; in this instance the women were from a retirement association. A detailed explanation of the way in which the sample was obtained is provided in the following section on sampling.

As a result of the review by the two social gerontologists and the pilot test, one word in the life satisfaction measurement scale was changed from "gotten" to "got" (question number 19), because of a cultural difference in the use of this word. The next question, number 20, was also changed. The word "man" was changed to "woman".

The intended procedures and questions for the interview were reviewed by the same two social gerontologists who reviewed the questionnaire. In this instance they were asked to comment on whether or not they felt that the intended interview framework (including questions) addressed the study's research questions—a form of validity check. Pilot testing the interview process

took place with the same five women who pilot-tested the questionnaire. This process was followed in order to establish that the questions would reliably obtain the information being sought. It also helped to ensure that the interview procedure was clearly defined thus helping to ensure consistency for each of the subsequent interviews.

During the interviews further information pertaining to the participants' health was sought. These inquiries related to the incidence, duration, co-morbidity, and severity of health conditions. Verbrugge (1989) believes that these are fundamental aspects of older women's health. A check list of eight common (for women in Australia) chronic health conditions was completed during the interviews (see Appendix C). The 1989-90 National Health Survey (ABS, 1991a) was the source from which this check list was compiled—thus allowing comparisons to be made. This was done during the interview, as opposed to being part of the questionnaire, to avoid influencing the participants' answers to the single item health measure. It was felt that this could have occurred if their attention had been drawn to illness related questions on the questionnaire prior to indicating their health status (ABS, 1991a).

Prior to any fieldwork being undertaken, all procedures for contacting participants and collecting the data were detailed for, and approved by, the Ethics Committee of Victoria University of Technology.

Sampling and Data Collection

Several aims were attached to the sample selection procedures for this study. The primary intention was to obtain a purposive sample of at least 100 retired professional women who, collectively, had formerly occupied a range of professions (as designated by ABS, 1987). Of these 100 women, the intention was to interview 30 women. Secondly, the study sought the involvement of retired professional women who, at the time of participation, met all of the following criteria: (a) had ceased full-time paid employment for at least one year and no more than 5 years, (b) were not working full-time, (c) were not looking for full-time work, (d) did not intend working full-time in the future, (e) at the time of retirement were aged 45 or more, and, (f) had spent at least 2 continuous years in the labour force.

In the course of conducting the preparatory research for this study it became apparent that the population of retired professional women in Victoria, or indeed Australia, was unknown. Although the data base held by the Australian Bureau of Statistics is extensive in regard to work-force occupational groupings and retirement, the data base at the time of this study did not extend to include such specific information about retired professional women. Further, inquiries made by the researcher revealed that there was no known central register (for Victoria or Australia) of retired professional women. In addition, the Australian Bureau of Statistics does not collect specific data to show how many retired professional women there are at any set time. The absence of a central register meant again that the opportunity was lost to reliably establish the size of

population to which this study's results may be generalisable. Although it was a matter of some regret that the target population was not numerically traceable or recorded, it was not particularly surprising: Target populations are often unavailable (Gay, 1992) when little is known about marginal or silent individuals and groups in the wider community.

One amendment was made to one of the study's criteria for inclusion in the study. In the course of establishing contact with a range of retirement and professional associations and many retirees, several professional women who had been retired for more than 5 years, but in every other respect met the criteria for inclusion, expressed disappointment at being ineligible to participate. They also consistently argued that information from their lengthier experiences in retirement was of potential value to women who were yet-to-retire, or those who had only recently retired. The original decision—to limit participation to those professional women who had been retired for no more than 5 years—had been made because of concerns about the reliability of memory recall (Allison, Messick, & Goethals, 1989; de Vries & Watt, 1996).

In the field, however, either in face-to-face conversations with professional women who had been retired for more than 5 years, or in responding to telephone calls from such individuals, the researcher was sufficiently convinced of their claims to seek further advice from within Victoria University and relevant literature. Both of these sources encouraged the researcher to accommodate the views of individuals who have not been included in mainstream research (Fine, 1994; LeCompte, 1993; Lincoln, 1993). As a result, it was decided to then form

a second group of participants, that is, professional women who had been retired for more than 5 years. Such a decision represents an example of research showing a greater propensity to respond to informants, rather than holding only to pre-set parameters and then expecting the participants to respond to the requirements of the researcher.

Participants were drawn from locations which were within a seventy kilometre radius of the Melbourne Central Business District. This geographic zone included the regional centres of Geelong, the Bellarine Peninsula, and the Mornington Peninsula. The distance limit was imposed on the study due to time and financial constraints.

Intervening between the sample aims in this study, and the subsequent achieving of a robust sample, were the procedures designed to locate potential participants. Following consideration of the expected sample population and matters of privacy, it was determined that preference would be given to employing a strategy that ultimately meant the researcher had to rely on retired professional women taking the initiative concerning their possible involvement in the study.

Conceptually, this took the form of the researcher contacting organisations that, in some way, firstly communicated with retired professional women and secondly, were able to notify them about the study including details about how to volunteer. Organisations that were approached are shown in Appendix D together with the proforma letter of request seeking their involvement. The organisations contacted comprised four categories: retirement

associations which opened their membership to both men and women (for example, the Australian Retired Persons Association, Victorian Branch), women's associations which catered to both former and present-day professionals (for example, Soroptimists), specific professional associations (for example, Australian Nurses Federation) and aspect-specific associations, which were organisations whose membership was disparate (regarding professions within it) but had a specific commonality. In this study, one such organisation was open to persons who had, or cared for, individuals with arthritis (The Arthritis Foundation).

In addition, suburban newspapers affiliated with the Leader Press and the newspaper *Fifty-Plus* were provided with media releases which outlined the study including means-of-contact details. Many articles were published as a result of this (see Appendix E), however, the exact number is unknown because the head office of Leader Press distributes articles to all 30 of their local newspaper outlets, and the decision to publish is at the discretion of the outlet. Furthermore, the assistance of the then Aged Services Division of the Departments of Health and Community Services were obtained for the purpose of including leaflets in their annual Senior Citizens Week (SCW) activities. Information sheets were distributed at the SCW Expo at the Melbourne Town Hall and through the Older Persons Action Group display in the Bourke St. Mall. These occasions in Senior Citizens Week enabled 500 leaflets, which detailed the study and how to initiate contact with the researcher, to be distributed.

A further comment is necessary concerning the achievement of the primary sample aim. A purposive sample helped to eliminate a skewed sample from one particular profession. Initially, retirement associations were approached in the anticipation that a range of professionals would respond. Once it was apparent that certain professions were not represented, an advertisement was placed in specific professional journals or newsletters, and in one instance, an organisation sent a letter, provided by the researcher, directly to their retired women members. The response to the researcher's request for an interview was overwhelmingly positive as shown by 84 of the 100 returned questionnaires being marked in the affirmative. Thus, it was decided that the number of interviews would be increased to the greatest number possible within time and financial constraints. The final sample size was 100 with 84 interviews being conducted.

The method of obtaining some of the sample evidenced a bias toward retirees who were members of an organisation—either age-related or profession-oriented. However, the involvement of other retired professional women who were not necessarily members of organisations was also sought, particularly through channels that were open to the general public. The newspaper articles and Senior Citizens Expo served this purpose. Despite the difficulties encountered in locating some participants, those who made up the sample adequately represented the range of occupations included in the definition of professional occupations, with one exception, farm managers.

In response to hearing about this study at a meeting, conference, or similar gathering of one of their associations, or reading about it in a newspaper,

newsletter, or leaflet, interested retired professional women made contact with the researcher by telephoning either their association or Victoria University. One participant contacted the researcher in writing, expressing an interest in participating. In the majority of cases, when the researcher and potential participant first spoke on the telephone, following an exchange of courtesies, the researcher confirmed the interest of the retiree in possibly taking part in the study. The retiree was invited to ask any questions that she may have had concerning the research or make any comments. Following this, the researcher checked that the retiree met the criteria for inclusion in the study, and explained the ethical provisions that pertained to the study. The option of taking part in, and the processes involved with an interview were then explained by the researcher prior to arrangements being made so that the questionnaire and related materials could be sent out to the retiree.

This strategy appeared to be effective. One of the purposes in operating in this manner with potential participants, was to allow them to develop confidence, in the course of the call, that the study was serious in intent, yet not wanting to impose or pressure retirees to take part. In adopting this standpoint, the retirees were given a freehand in determining whether (a) the study appeared to be worthwhile, (b) it was worthy of their time and effort, (c) their contact details could be offered in confidence. In this instance, the initial expectation on the part of the researcher, that safety and privacy were likely to be vivid concerns of many retired professional women, proved correct. Conversations with several of the retirement associations also subsequently supported the position of being

sensitive to cautiousness on the part of potential participants, in relation to the divulging of their contact addresses or telephone numbers.

Once participation was determined by conversation between each retired professional woman and the researcher, the researcher sent a package of materials to the retiree. Each package contained a letter of introduction, from the Principal Supervisor of this research project, Professor Terence Seedsman; an information sheet which outlined the purpose of the study, the criteria for participation, and the ethical protocols; a consent form for the questionnaire which had two tear-off sections—one for participants to show an interest in receiving a summary sheet of the findings and another to indicate an interest in being interviewed; a consent form for the interview; and the questionnaire. These information sheets and consent forms can be seen in Appendix F. Common serialised numbers were repeat-stamped on all sheets that were to be returned, for purpose of record-keeping. Upon receipt of completed questionnaires, the researcher separated the participant's name and contact details from their survey responses and filed both in separate locations to protect confidentiality. This procedure was discussed in the briefings with participating organisation's executive officers. Three methods were used to ensure that the participants were informed of this procedure: it was discussed in the initial telephone conversation with the retiree; details were also included in the printed material which accompanied the questionnaire; and it was mentioned to the interviewees prior to conducting the interview.

The methods employed in this specific procedure provided a pledge of confidentiality to each participant and yet also notified the researcher of the

continuing level of participation that the retiree desired. The layout of the three-part consent form enabled the researcher to readily separate identification details so as to cater for restricted-access storage.

In the earlier telephone conversation with the then potential participants, and later in print on the consent form, it was indicated that their consent to an interview should not be given unless they were entirely comfortable with their understanding of the processes. In the event of any discomfort or doubts about the processes, potential participants were asked to withhold their signature until a face-to-face meeting with the researcher. One participant availed herself of this opportunity—all others completed the consent form by return post.

Arranging and Conducting the Interviews

Upon receipt of the consent form and questionnaire, telephone contact was again made with the retired professional women who were willing to participate in an interview. A mutually convenient meeting time and a location in which to conduct the interview was determined during this call. The specific location was selected by each participant. In the planning of this study, 'sites' for conducting interviews were estimated to be potentially of concern to at least some participants. Such concerns were expected to extend to matters of personal security and invasion of privacy. In subsequent conversations with many participants this appeared to be the case, mediated in most instances by the degree of control exercised by each participant concerning their involvement and many of the aforementioned procedures which supported participants' abilities to control,

at least some of the ways in which they made their contributions to the study. It is considered important to detail this nature of the study's background as it represented a serious attempt to take account of suggestions by researchers such as Eisner (1988), Fine (1994), and Lincoln (1993), concerning improved ways of regarding and working with participants.

Seventy-seven participants decided to have the interview conducted in their own home. Six nominated a room at a site owned by Victoria University or other organisation and one chose to be interviewed in a park setting. With the permission of each participant, these interviews were audio-recorded. This preference by the researcher to record the interview was initially mentioned in the first telephone conversation with the then potential participant; such an earlier canvassing may have been helpful in the achievement of a high—indeed all of the participants' affirmative response to this request. When the researcher initially mentioned a desire to tape record the interview, she informed the participant of her rights of confidentiality and right to withdraw at anytime, as well as describing the procedures which would be followed to ensure these procedures were carried out.

After an exchange of greetings, the participant was again appraised of the ethical protocols that applied to the project. Their rights to not participate, or to withdraw at any time, to not answer questions and subsequently clarify, amend or have responses deleted, were explained by the researcher. Each participant was encouraged to regard the interview as a relaxed meeting opportunity for both parties, and to indicate, at any point, any concerns or feelings of discomfort.

Participants were also asked to request (once the interview was being taped) that the cassette-tape recorder be stopped or replayed should there be any doubt about given questions or answers. Once taping began, the conversation was directed by a semi-structured conversational interview format (see Appendix G), augmented by particular follow-up questions that pertained to each participant's answers.

In summary, it is argued that the strategies and procedures employed in respect of the sample population were sensitive and reflective of improved ways of dealing with 'the researched' (Eisner, 1988; Lincoln, 1993). The effectiveness of the approach is at least partially reflected in the high response rates for the two-part involvement in the study. It is also noteworthy that, for their part, participants consistently indicated a particular desire to take part on the grounds of it being of assistance to others (especially to yet-to-retire professional women). Thus, whilst the sample is, at best, indicative only of Melbourne-based retired professional women, the aims which pertained to this component of the study were comprehensively met.

Treatment of the Data

Three computer programs were used in the analysis of both the quantitative and qualitative data in this study. They were NUD•IST (which is an acronym for *Non-numerical, Unstructured Data* in qualitative research—it does this by *Indexing, Searching, and Theorising*), SPSS (*Statistical Package for the Social Sciences*) for Windows, and S-Plus (an enhanced version of the statistical

package first titled *S*). Table 1 provides details of the specific functions that these programs fulfilled in this study.

Table 1
Details and Purposes of the Computer Programs Used in the Analysis of the Data

Computer Program	Function
NUD•IST Version 3	<i>Qualitative data analysis:</i> An index system was set up which allowed a comprehensive drawing together of the women's stories with themes (as they emerged), demographic information (from the SPSS data), and archival references.
SPSS Version 6.1	<i>Quantitative data analysis:</i> Both the descriptive statistics and some of the inferential statistics were calculated using this programme.
S-Plus Version 3.3 Release 1	<i>Quantitative data analysis:</i> This program was used to compute the multiple logistic regression models which explored the levels of congruence between pre-retirement and retirement.

Transferring the Questionnaire Data to the Computer Programs

Initially, abbreviated labels, or variable labels as the SPSS program terms them, were created for each item of the questionnaire and entered into the SPSS program. Following this, the data from the questionnaires were then entered so that information pertaining to the independent and dependent variables was

available to (a) prepare an overview of the demographic characteristics, (b) be accessed while analysing the texts of the interviews with NUD•IST, and (c) allow the descriptive and inferential statistics to be calculated. When the data were being entered into SPSS, steps were taken to ensure accuracy of data transfer. These steps included visually checking the data on the computer screen against that on the questionnaire. This was done twice. Each of the (single) life satisfaction and the (three-part) locus of control scores was recorded on the questionnaire in a different colored ink, thus further reducing the chances of mistakes when transferring the data. Once completed, frequencies and measures of central tendency were printed in order to examine the data characteristics. This served a twofold purpose: (a) it showed the outliers; that is, extreme data values which stood apart from the general pattern of the data. These were then checked against the raw data to ensure that there had not been a data entry mistake, and (b) it gave a general overview of the data which was about to be used in the statistical analysis.

The answers to the open-ended questions on the questionnaire were entered into the NUD•IST program for use with the interview transcripts. Details of how the qualitative data were treated follows the proceeding section on inferential statistics.

Form of Analysis: Descriptive and Inferential Statistics

Frequency distributions were compiled to explore the demographic information from the questionnaires. The demographic characteristics included age, highest education attained, country of birth, country in which most education was completed, partner status, retirement income, sources of retirement income, retirement

time (group 1 = retired from 1 to 5 years, and group 2 = retired for more than 5 years), reason for retirement, car ownership, owning a drivers licence, and rental/ownership of residential accommodation. These figures gave a snapshot view of the participants in this research project and provided easy reference points to use while analysing the qualitative data.

The form of statistical analyses used to test each of the hypotheses will now be addressed. As previously noted, the three dependent variables used to test the hypotheses were *life satisfaction*, *health status*, and *locus of control*. The seven independent variables were *age*, *highest education attained*, *occupational status*, *retirement income*, *partner status*, *retirement time* (group 1 = retired from 1 to 5 years, and group 2 = retired for more than 5 years), and *retirement choice* (forced or not forced to retire). Each of these variables was initially computer (SPSS) coded, for use in obtaining the general demographic information (see Table H1 in Appendix H). Subsequently, the 'similarities or differences between pre-retirement expectations and the reality in retirement' variable was recoded (given a different code) for use in the statistical analyses. This is discussed later in this chapter.

The first two hypotheses involved suppositions which compared women on the basis of their prominent locus of control orientation. Whichever group they scored highest in, determined their locus of control orientation, that is, *internal*, *powerful others*, or *chance*. Tables were created to show the means and standard deviations for each of the locus of control sub-scales, the life satisfaction scores, and the frequencies for the self-rated health status.

The remaining five hypotheses had a consistent, underpinning theme. They explored levels of congruence between how *similar* or *different* pre-retirement

expectations of *life satisfaction*, *health status*, and *locus of control* were prior to retirement, and how these three variables actually turned out to be in retirement. To indicate the similarities or differences for each of the three dependent variables, the participants were given four choices on the questionnaire: *very similar*, *similar*, *different*, and *very different*, thus providing ordinal data. Table 2 describes the independent variables used in the multiple logistic regression analyses of these five hypotheses.

Table 2
Description of the Independent Variables Used in the Analysis of Hypotheses 3 to 7.

Variable	Description
Age	Actual age of participant in years.
Educational Attainment	Coded by number of years beyond Year 12. 1 = 6 or more years, 2 = 4 - 5 years, 3 = 1 - 3 years, 4 = Yr. 12 or less.
Occupational Status	Coded by the ABS average levels of weekly income for occupations (1996a) as provided by participants. 1 = \$881+, 2 = \$655 - \$880, 3 = \$551 - \$654
Retirement Time	Group 1 = Retired from 1 to 5 years. Group 2 = Retired 5 or more years ago.
Retirement Income	The 13 retirement (income per annum) groups from the questionnaire were re-coded. 1 = \$5000 - \$20,000, 2 = \$20,001 - \$40,000, 3 = \$40,001+
Partner Status	Coded using the questionnaire and interview data. 1 = partnered, 2 = no partner
Retirement Choice	Coded using the questionnaire and interview data. 1 = Chose to retire, 2 = Forced to retire

These five hypotheses were treated together—instead of individually—using multiple logistic regression analysis. Thus, the independent variables from each of these hypotheses were grouped together for the statistical analyses. The reasons for doing this were twofold. First, since the sample of retired professional women selected was not balanced according to the variables of interest (that is, the characteristics of the participants did not translate to an even spread across the variables), the treatment of the hypotheses together thus reduced the impact of possible confounding of the independent variables in the response. Second, by treating the variables together when testing whether a variable affects the response, the effect of all the other variables on the response was able to be taken into account and, thus, a more powerful statistical analysis could be performed, that is, it is more likely that a significant effect would be observed.

In the statistical analysis, the ordinal variables were broken down into a series of binary variables called "continuation ratios" (Fienberg, 1980, p. 110). That is, given the responses were considered to be binary—for example, the participant either ticked *very similar* or not—these responses were then assigned the values of 1 or 0. See Table II in Appendix I for a list of codes used for the binary variables and descriptions of what they stood for. The binary variable first considered was whether the respondent had a *very similar* level of congruence or not. If the participant had a *very similar* level of congruence the binary variable took the value 1 otherwise it took on the value 0. The next variable considered was concerned with those who had a *similar* level of congruence, given that they did not have a *very similar* level of congruence. In theory, a further binary variable could have been constructed from those who had a dissimilar level of congruence, given that they did not have a *very*

similar or *similar* level of congruence. However, for this sample of retired professional women, so few ticked these choices (*different* or *very different*) that there was not enough data to conduct a useful analysis of this third binary variable.

For each of the binary variables a multiple logistic regression was performed. This procedure is suggested by Myers (1990). For independent variables $x_1 \dots x_k$ such a model can be written

$$\log_e \left(\frac{P_i}{1 - P_i} \right) = \beta_0 + \beta_1 x_{1i} + \beta_2 x_{2i} + \dots + \beta_k x_{ki} + \varepsilon_i \quad (i = 1, \dots, n)$$

where P_i is the probability the binary variable takes the value 1 for the i th case, x_{ki} is the value of the k th independent variable for the i th case; and ε_i is the error term for the i th case.

Equivalently, the model can be written as

$$\hat{P}_i = \frac{1}{1 + \exp \{-\beta_0 - \beta_1 x_{1i} - \beta_2 x_{2i} - \dots - \beta_k x_{ki}\}}$$

where \hat{P}_i is the estimated value of P . The parameters $\beta_0, \beta_1, \dots, \beta_k$ are estimated by the maximum likelihood technique (Myers, 1990, p. 317). This is an iterative procedure; that is, the procedure is repeated in a step-by-step manner (continuing to converge and approximate) until the answer does not change. The result is that it maximises the likelihood of the observed results given by

$$L(\beta, x_i) = \frac{\prod_{i=1}^{n_i} (e^{x_i \beta})}{\prod_{i=1}^n (1 + e^{x_i \beta})}$$

where $\beta = (\beta_0, \beta_1, \dots, \beta_k)$ and $x'_i = (1, x_{i1}, \dots, x_{ik})$ and the data has been rearranged so that the first n_i cases correspond to the cases where the binary value is 1. The function $L(\beta, x_i)$ is the probability of obtaining the observed results given the independent variables and parameters (Myers, 1990, p. 322).

To test whether the model is a good fit or not, the residual deviance of the model

$$D_M(\hat{\beta}) = -2 \log_e \left[\frac{L(\hat{\beta}, x_i)}{L(\hat{P}, x_i)} \right]$$

is calculated, where $\hat{\beta}$ is the maximum likelihood estimation of β and $L(\hat{P}, x_i)$ is the likelihood of the "perfect fit" model and is given by

$$L(\hat{P}, x_i) = \prod_{i=1}^n (y_i)^{y_i} (1 - y_i)^{(1-y_i)}$$

where y_i is the value of the binary variable for the i th case (Myers, 1990, p. 314). If the model fits then the residual deviance follows, asymptotically, a χ^2 distribution with $n - k - 1$ degrees of freedom.

The logistic fitting program used was the generalised linear model function 'glm' in the S-Plus (1995) computer package. This package required the independent variables to be in a quantitative form and so orthogonal polynomials were created for the categorical independent variables. For example, for *retirement income* which had three levels of income, the 2 degrees of freedom were broken up into two components as shown in Table 3. In Table 3, the linear term, *IngrpsL*, is a comparison between the low and high *income groups*, while

the quadratic term, *IngrpsQ*, is a comparison between the medium *income groups* and the average of the other two groups. Both terms were normalised so that the sum of the squared individual values equalled one. Similar variables were constructed for the *occupational status* variable.

Table 3
Orthogonal Polynomials Used for Retirement Income

Retirement Income	IngrpsL ^a	IngrpsQ ^b
1 = \$5,000 - \$20,000	-.71	.41
2 = \$20,000 - \$40,000	–	-.83
3 = \$40,001 +	.71	.41

Notes. ^aLinear term. ^bQuadratic term.

For *educational attainment*, which had four levels, a linear, quadratic, and cubic orthogonal polynomial contrast was used. These are shown in Table 4.

Variables with only two levels were automatically recoded by the S-Plus program so that 1 became -1 and 2 became 1.

Table 4
Orthogonal Polynomials Used for Educational Attainment

Educational Attainment	HedL ^a	HedQ ^b	HedC ^c
1 = 6 or more years	-.67	.5	-.22
2 = 4 - 5 years	-.22	-.5	.67
3 = 1 - 3 years	.22	-.5	-.67
4 = Year 12 or less	.67	.5	.22

Notes. ^aHighest educational attainment linear term. ^bHighest educational attainment quadratic term. ^cHighest educational attainment cubic term.

Although a multiple logistic regression equation could have been fitted involving all of the variables "it is helpful to have an automatic technique to eliminate those variables that appear to be making the least contribution to the predictive or independent power of the model" (Spector, 1994, p. 273). One of the advantages of eliminating some variables is that it is then realistic to examine two-way interactions between variables since otherwise there would be too many variables to examine. The Akaike Information Criterion (AIC) procedure, carried out by the 'step' function of the S-Plus computer program, "automates the model selection" ... process (Venables & Ripley, 1994, p. 175). The formula for the AIC is

$$AIC = D_M + 2p$$

where D_M is the quantity of the residual deviance of model M , and p is the number of parameters in the model (Venables & Ripley, 1994, p. 176). The key idea of this procedure is to choose a model with as small a value of the AIC as possible. The terms involving $2p$ penalises bigger models and hence the best model should be a parsimonious one (with not too many variables) that fits well (that is, with a small deviance).

The 'step' function of the S-Plus computer program was used to build the final model. A three stage procedure was adopted. The first stage is similar to a backwards elimination multiple logistic regression technique in that it runs through all the models in a step-like manner, but different in that slightly different criterion are used to determine which independent variables influence the ability to accurately predict the level of congruence, since it was based on the AIC and

not the F to eliminate. The process stops when the AIC increases when any of the remaining variables are dropped. At that point the final first stage model is completed.

The second stage examines the pair-wise interactions between variables found in the first stage to see if their inclusion decreased the AIC. In those instances where there was only one variable at the end of the first stage, there was no need to proceed with stage two. Stage three was then implemented.

In the third stage, the residual deviance of the final model was examined to determine whether a good fit had been achieved, and then the final model was examined to determine whether the retained variables had a significant effect on the binary response. This was necessary because, as noted by Venables and Ripley (1994), the use of the AIC "is similar to conventional stepwise selection ... with an F test value of 2. As this is smaller than conventional F values, step tends to be cautious in pruning models ..." (p. 175). To test whether a variable has an effect on the binary response, the residual deviance with the variable included is compared to the residual deviance with the variable excluded from the model. For variables with two levels the difference between the deviances is, under the null hypotheses, that $\beta_j = 0$, a chi-squared random variable with 1 degree of freedom. For variables with more than two levels (e.g. 3 levels of income), the linear and quadratic (and cubic when appropriate) terms are both dropped and the deviances compared. The difference follows a chi-squared distribution with 2 degrees of freedom, for variables at three levels, and 3 degrees of freedom, for variables at four levels.

Finally, a power analysis was performed on two of the multiple logistic regression findings: one where there was a significant finding and one where there was not. This type of analysis was done to determine if the study had sufficient power to accurately make decisions about whether or not to reject the null hypotheses (Cohen, 1988). To calculate the power, the probability that a noncentral χ^2 distribution exceeded the critical value of a central χ^2 distribution was determined. For binary variables such as *retirement choice* the appropriate degrees of freedom is 1. The noncentrality parameter equals

$$k\beta^2$$

where β is the co-efficient of the variable examined in the logistic regression equation and k is determined from the S-Plus multiple logistic regression output (using a matrix formula given by Brown, Lovato, and Russell 1995, p. 4) and depends on the number of subjects, the estimated co-efficients of the other variables in the model, and the variances and co-variances of all the model co-efficients.

How the Interview Data Were Handled

As noted earlier, the tapes from the interviews were partially transcribed. This typed material was entered into the NUD•IST computer program. In order for the NUD•IST program to be able to search this typed material, an index system had to be established—just as the contents of a filing cabinet are best searched knowing how the system of filing is ordered. The designers of the NUD•IST program use the term 'index tree' to describe the indexing system—much like a 'family tree' concept—where themes or concepts branch off

from each other. The NUD•IST indexing system was established before the interviews were conducted, during the review of literature stage. The themes that emerged from the interviews were cumulatively added to the index tree. Figure 2 provides a depiction of this strategy in relation to pre-retirement life satisfaction.

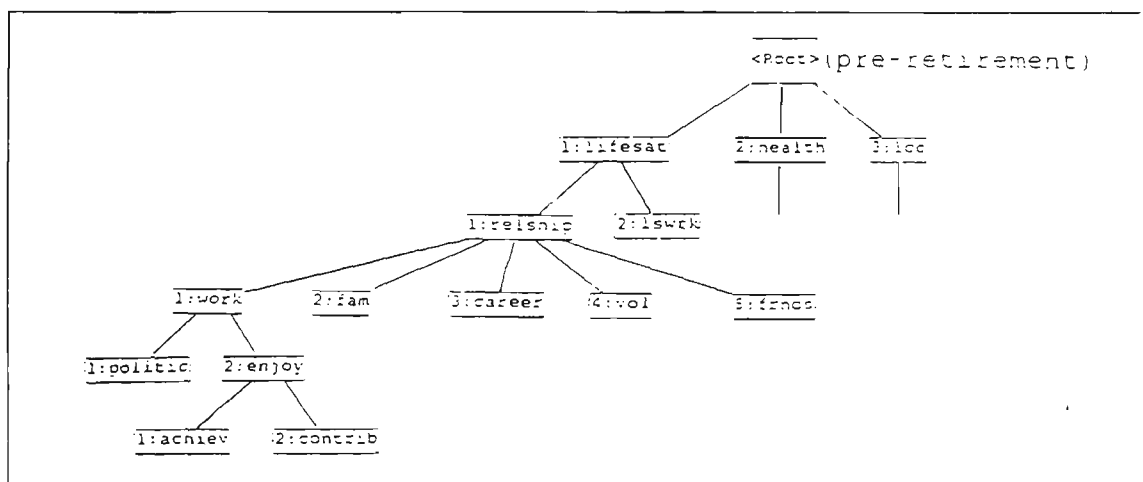


Figure 2. A segment of the index tree taken from one point during the analysis stage. The branches of health and locus of control are not shown due to limitations of space.

A tentative index tree was created while the review of literature was being written, and then, as the interviews took place, the indexing system was refined and enlarged. To decide which parts of the interview to transcribe and enter into NUD•IST, data from the tape-recorded interviews were isolated, and more specifically, considered against the study's questions, documentary evidence (literature, newsclippings), archival records (census material, histories of organisations and associations), and observational evidence (by the researcher visiting, in most instances, 'the site'). As a result of these analyses concept

categorisation charts (Coffey & Atkinson, 1996; Miles & Huberman, 1984) were created. An example of one can be seen in Appendix J. A contact summary sheet (Miles & Huberman, 1994) was completed following each interview (see Appendix K). This process helped to trigger questions that proved helpful in subsequent interviews and thus allowed the interviews, to build upon each other (Miles & Huberman, 1994). These sheets also proved useful in helping to refine the NUD•IST indexing system which included database information such as age, country of birth, country in which most education was completed, car ownership, and income level.

Once the fieldwork was completed, the answers to the open-ended questions on the questionnaire were transcribed and entered into the NUD•IST program. This allowed two additional processes to be carried out with the qualitative data. Firstly, it meant that the answers to the open-ended questions within the questionnaires could be incorporated into the interview material, thus adding to the 'depth' (Denzin, 1989) of the women's stories. Furthermore, it ultimately allowed a partial verification or check to be made, to see that what was said in the interview 'rang true' (Miles & Huberman, 1994) with the written comments of the researcher's observations or documentary evidence. This represents a form of triangulation (Duffy, 1987), and adds to the validity of the given narratives (Miles & Huberman) and the study in general (Strauss & Corbin, 1990; Yin, 1994).

One of the ways in which reliability in this study was increased was by using data to establish a "chain of evidence" (Yin, 1994, p. 98) or a path (Strauss

& Corbin, 1990). An example of one path analysis can be found in Table L1 (Appendix L). This is somewhat akin to what is done in criminal investigations. The NUD•IST index assisted the means by which the researcher established the chain. Also, from this source, pattern-matching and explanation-building were developed. These strategies further added to the internal validity of the study (Yin, 1994). Pattern-matching enabled common experiences, themes, or trends to be identified by the researcher. Explanation-building highlighted links in and between the individual participant's contributions.

These modes of data analysis enabled the investigator to make inferences and develop theories that addressed propositions put in this study. External validity of the study was strengthened through interview protocol replication across sites and with the multiple participants. Literal replication occurred when, from amongst participants, similar results were able to be established (Yin, 1994). That is, from many of the stories that were provided, it was often apparent that the essences of specific experiences were the same. The issue of replicability ought not to be conceived in positivist terms (Miles & Huberman, 1988). Instead the point is, as Miles and Huberman argue, "we need to be confident that the conclusions are not unreasonable, that another researcher facing the data would reach a conclusion that falls in the same general 'truth space'" (p. 226).

These convergent and divergent findings from the quantitative and qualitative data were then compared and contrasted from the perspective of each research paradigm. In essence, the researcher was attempting to integrate the findings from the qualitative component of the study with the quantitative

outcomes. As Fetterman (1988) notes "quantitative data can validate or be validated by qualitative observations" (p. 54). Moreover, Miles and Huberman (1988) state" ... more and more studies include not only quantitative but also qualitative data" (p. 223). In employing both research approaches the intention was to build on the strengths of what each research paradigm offers in order to provide a fuller depiction of aspects of retired professional women's lives. The implications of these findings for retired professional women were broadly reviewed from a critical gerontological perspective, and more specifically appraised from a political economy standpoint.

CHAPTER IV

RESULTS AND DISCUSSION

Demographic Characteristics

One hundred retired professional women completed the questionnaire. Figure 3 (see next page) shows the geographic distribution of the participants. From this group, 84 were interviewed. The questionnaire provided the information for the quantitative component in particular, and to a lesser extent, the qualitative component of the study. The age of participants ranged from 50 to 87 with a mean age of 65.8, a median of 65, and a standard deviation (*SD*) of 8.3. The greatest number ($n = 38$) of the participants retired when aged between 60 and 64 years. Twenty women retired when aged between 55 and 59 years. The balance of participants either retired at 65 or more years ($n = 24$) or between the ages of 45 and 54 ($n = 18$). The partner status of participants in this study was as follows: married ($n = 42$), single ($n = 29$), divorced ($n = 17$), widowed ($n = 10$), and, separated ($n = 1$). One participant did not indicate her partner status.

The occupations represented in this study were artists ($n = 3$), general managers ($n = 10$), health diagnosticians ($n = 20$), legislator ($n = 1$), managing supervisors (other business) ($n = 4$), miscellaneous professionals ($n = 13$), natural scientists ($n = 2$), teachers ($n = 35$), teachers (other) ($n = 7$), and social workers/counsellors ($n = 5$).

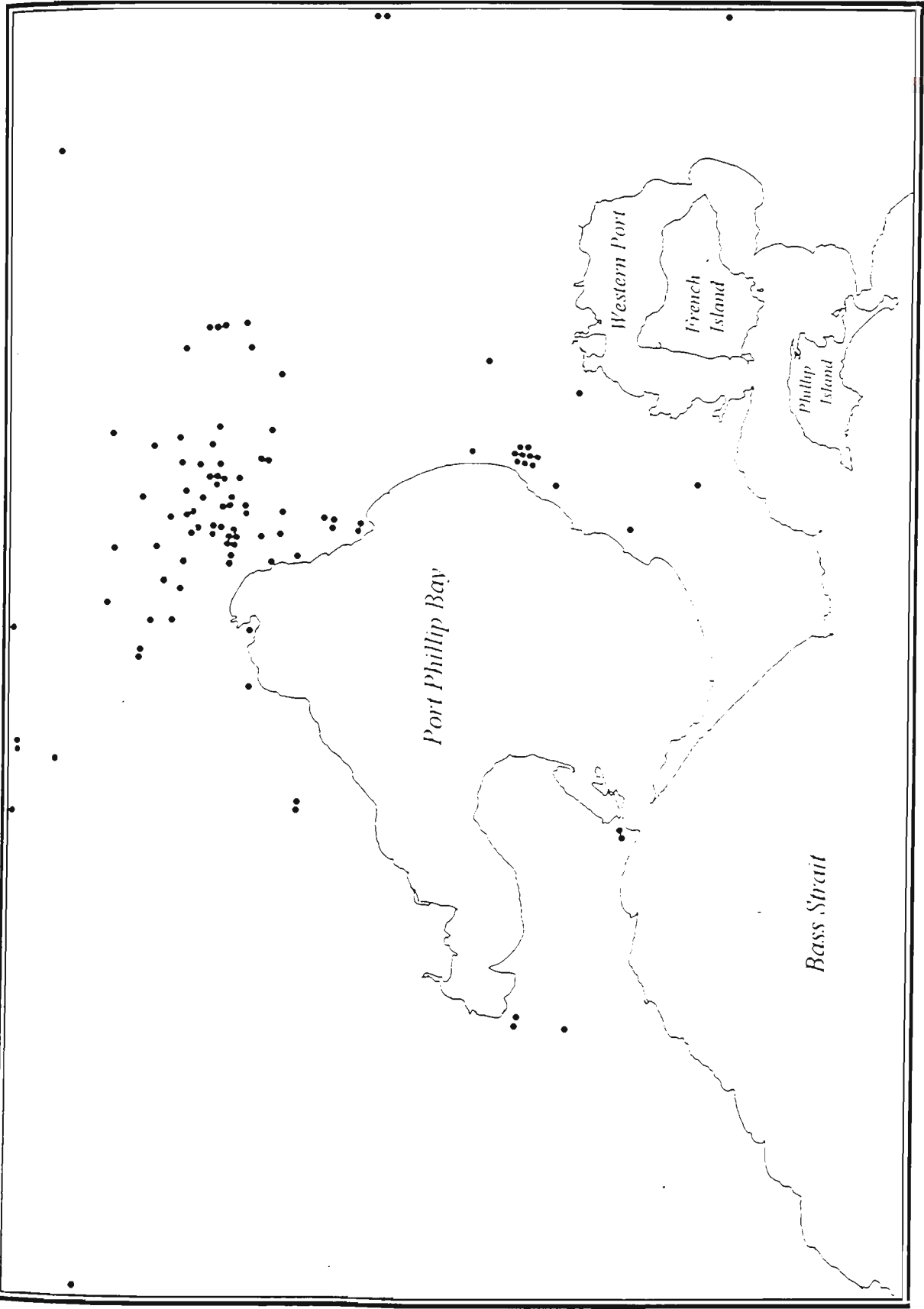


Figure 3. The distribution of participants throughout Melbourne and surrounding districts.

The gross (pre-tax) household annual income which formed a single spending unit from which the retired professional women was able to access money, is shown in Table 5 together with partner status.

Table 5
Gross (pre-tax) Annual Income and Partner Status of Participants

Annual Retirement Income ^a	Partner Status (n)				
	Married	Single	Divorced	Widowed	Separated
\$5,000 or less per year	1	—	—	—	—
\$5,001 - \$8,000	—	—	—	—	—
\$8,001 - \$12,000	2	1	6	—	—
\$12,001 - \$16,000	1	4	1	3	1
\$16,001 - \$20,000	2	3	5	1	—
\$20,001 - \$25,000	4	1	2	1	—
\$25,001 - \$30,000	2	6	1	1	—
\$30,001 - \$35,000	6	3	1	—	—
\$35,001 - \$40,000	7	2	—	—	—
\$40,001 - \$50,000	7	3	—	—	—
\$50,001 - \$60,000	2	1	—	1	—
\$60,001 - \$70,000	3	1	—	1	—
\$70,001 +	5	1	1	—	—
Total	42	26 ^b	17	8 ^b	1

Note. ^aGross (pre-tax) household annual income in dollars which formed a single spending unit from which the participant was able to access money. ^bMissing data = retirement income (6), partner status (1)

Forty-six women indicated that they principally relied upon one source of income in retirement. For half of these women ($n = 23$) this was in the form of superannuation, life assurance and other retirement schemes. Twelve women depended exclusively upon the profits from their investments for their income. Six relied solely upon a pension and five were financially dependent upon someone else. When participants relied upon multiple sources of income, most commonly ($n = 32$) it comprised either superannuation and investments or both together with one other. Most frequently ($n = 18$) this combination was with a pension. One person did not indicate her sources of retirement income.

Ninety of the one hundred participants held tertiary qualifications. Amongst these there were holders of postgraduate degrees ($n = 41$), bachelor degrees ($n = 28$), and diplomas and certificates ($n = 21$). Six participants had completed qualifications through private colleges or in work-based settings. One finished her formal schooling at the end of her matriculation. Three participants did not answer the question. Ninety-one women completed most of their formal education in Australia. The balance ($n = 8$) undertook most of their schooling in other Commonwealth countries. One person did not answer this question.

Ninety of the participants were born in Australia, nine were born in other Commonwealth countries and one failed to answer the question. No participants identified as Aboriginal or Torres Strait Islanders. All women in the study were white. Four of the participants are currently engaged in tertiary education studies.

Of the one hundred participants, 91 owned a car; nine did not. Ninety-three participants had a driver's licence and seven did not. Two licensed drivers did not own a car. Three participants rented their residential accommodation; ninety-seven did not.

A single reason for retirement was given by 52 participants. Of the 52, seventeen retired because they wanted more leisure time; 15 had reached a compulsory retirement age; nine had gained an early retirement package; and the balance retired due to their own ill-health ($n = 5$), wanting part-time work ($n = 3$), or for family reasons ($n = 3$). Forty-five indicated that there were between two and five reasons involved in their decision to retire. Amongst those who cited multiple reasons the most frequently selected were combinations that included "wanted more leisure" ($n = 17$) and "no financial need to work" ($n = 9$). Three participants did not complete the question.

The Three Dependent Variables

Life satisfaction

The mean LSI-A score for the 100 participants was 31.4 with a standard deviation of 5.9, out of a possible score of 40.

Health Status

Table 6 shows how 99 women rated their health in response to the question "In general would you say that your overall health is excellent, good, fair, or poor".

Table 6
Self-rating of Health Status

Rating	<i>n</i>
Excellent	31
Good	54
Fair	12
Poor	2
Total	99

Table 7 lists the eight most common long-term health conditions for women aged 45 and over in Australia (ABS, 1993b). The number of women who indicated that they had a single condition are shown beside the respective health condition. In the second part of the table numbers of women with multiple health conditions are shown.

Table 7
The Number of Women in the Study with Long-term Health Conditions.

Condition	Age in Years	
	45 - 64	65+
Arthritis	5	5
Hypertension	4	5
Hayfever	—	1
Back Trouble	—	2
Asthma	—	1
Eczema/Dermatitis	—	1
Migraines	—	—
Sinusitis	—	1

(table continues)

Table 7 (continued)
The Number of Women in the Study with Long-Term Health Conditions.

Condition	Age in Years	
	45 - 64	65+
Multiple Health Conditions		
Arthritis combined with 1 or 2 others from the list	12	7
3 or more others	—	6
Combinations of 2-3 conditions not including arthritis	1	5
No Health Conditions ^a	12	13
Total	35 ^a	46 ^b

Note. Dashes indicate that there were no participants in this category.
^aThe participant may have had other health conditions. ^b Missing data = 19 (16 not interviewed; 3 data not useable).

Locus of control

Table 8 shows how the women scored on the three scales within the locus of control measurement instrument.

Table 8
Locus of control scores

Sub-scale	SD	Mean	Median	Range	Frequency
Internal	6.43	37.68	39.0	20-47	91
Powerful Others	8.31	13.60	13.0	0-34	89
Chance	9.13	15.55	13.0	0-37	91

In relation to each of the dependent variables, participants were invited to comment upon any similarities or differences they perceived between pre-retirement expectations and their actual retirement experience. Fifty-nine women chose to write a comment about the similarities or differences in their health status. Seventy-three referred to similarities or differences in their life satisfaction and 55 reported on their locus of control similarities or differences. These open-ended comments were incorporated into the qualitative data gathered in the interviews and as such the interpretation and analysis of those comments can be found in the latter part of this chapter in the qualitative results section. The second open-ended question on the questionnaire asked the women if there was anything in general that they wanted to say about, respectively, life satisfaction, health status, or locus of control. Fifty-seven wrote a response to the open-ended question with regard to health status, 68 commented on their life satisfaction and 58 wrote about their locus of control. As with the previous open-ended question, those comments were incorporated into the qualitative data. What follows is a report on the hypotheses that were tested in this research project.

Retired Professional Women: A Predominantly Internal Group

Hypothesis one proposed that *predominantly internal participants would have greater life satisfaction, health status, and locus of control than those whose locus of control was predominantly powerful others or chance*. The second

hypothesis to be tested was the supposition that *predominantly internal participants would more accurately predict, in pre-retirement, their life satisfaction, health status, and locus of control in retirement than those whose locus of control was predominantly powerful others or chance*. Hypotheses one and two firstly sought to categorise the retired professional women into one of Levenson's (1974) three locus of control groups—*internal, powerful others, or chance*. Once it was determined which predominant orientation each woman had, a comparison was to have been made between the three orientation categories. However, all but two of the participants in this study had an *internal* orientation. Of the two women whose scores were not *internal*, one woman was *powerful others* and the other was *chance*. The consequence of this unexpected finding was that hypotheses one and two could not be tested.

That *internality* characterised so many participants is, in one sense, understandable, and in another sense, revealing. Levenson (1981) has acknowledged that when her scales are used with individuals from most Western societies, there is a likelihood that the dominant cohort of a sample will be *internals*. Levenson attributes this *internal* propensity amongst citizens of Western nations to enculturation. Irrespective of gender, Levenson suggests that the culture of Western democracies emphasises personal control and individual contribution. Moreover, other studies have shown, in general, highly qualified professionals to be *internal* (Mitchell, Smyser, & Weed, 1975; Szilagyi, Sims, & Keller, 1976). Despite these

reports, none of the available literature from Levenson's investigations, or other studies which have employed her scales, report finding such a strong weighting of *internals*.

In an earlier study, Levenson and Miller (1976) claimed, in respect of *internality*, that "ability and effort are perceived as internal determinants of success and failure ..." (p. 206). On this basis of interpretation, it appears that, overwhelmingly, retired professional women have understood their achievements as being largely a product of individual endeavour. Thus, in accounting for such a strong showing of *internality*, it seems that whilst most participants acknowledged that *chance* and *powerful others* played a part in the achievements of life, their individual contributions explained the essence of their success.

Levels of Congruence Between Remembered Pre-retirement Expectations and Current Perceptions of Life Satisfaction, Health Status, and Locus of Control

The remaining five hypotheses (numbers 3 through to 7) are listed below:

3. *Older professional women's pre-retirement expectations of life satisfaction, health status, and locus of control in retirement were predicted to be more accurate than younger retired professional women's expectations.*

4. *It was predicted that the level of congruence between retired professional women's perceptions of life satisfaction, health status, and locus of control in retirement with that which was anticipated during pre-retirement would be greater for those women with greater educational attainment and occupational status.*

5. *It was predicted that the level of congruence between retired professional women's perceptions of life satisfaction, health status, and locus of control in retirement with that which was anticipated during pre-retirement would be greater for those women who retired by choice than for those who were forced to retire.*

6. *The level of congruence between retired professional women's perceptions of life satisfaction, health status, and locus of control in retirement with that which was anticipated during pre-retirement was not predicted to be influenced by partner status.*

7. *It was predicted that the level of congruence between retired professional women's perceptions of life satisfaction, health status, and locus of control in retirement with that which was anticipated during pre-retirement would be greater for those women who had a greater retirement income.*

The statistical analyses of these hypotheses addressed the influence of seven independent variables on the probability of choosing a particular level of congruence for the three dependent variables: life satisfaction, health status, and locus of control. Level of congruence referred to the similarity or difference between pre-retirement expectations and current perceptions of life satisfaction, health status, and locus of control. The seven independent variables and their respective codes were: age in years (*age*), highest educational attainment (*hed*), income group—low, medium, high (*ingrps*), occupational status (*occstat*), partner status—had a partner/no partner

(*partnered*), retirement choice—forced to retire/chose to retire (*retchoice*), retirement time—had been retired from 1-5 years/retired more than 5 years (*retime*).

The data used to determine the retired professional women's levels of congruence were derived from respective responses on the research questionnaires. The women were asked to indicate a level of congruence for life satisfaction, health status, and locus of control respectively by ticking one box from a choice of *very similar*, *similar*, *different*, or *very different*.

The two most frequently chosen responses for all three dependent variables (life satisfaction, health status, and locus of control) were *very similar* and *similar*. Table 9 presents the frequency of responses for each of the four possible categories used to determine levels of congruence. While the results in Table 9 are for the entire sample in this study, for the logistic regression analysis only 79 complete cases were considered due to missing data on one or more of the dependent and independent variables.

Table 9
Frequency of Similarities/Differences in Life Satisfaction, Health Status, and Locus of Control in Retirement Compared to Remembered Pre-retirement Expectations

Response to Question	Life Satisfaction	Self-rated Health Status	Locus of Control
Very similar	31	42	44
Similar	32	35	33
Different	26	13	17
Very Different	10	7	6
Total	99	97	100

Health Status Levels of Congruence

The purpose of the first stage of the multiple logistic regression analysis for the health status levels of congruence was to determine which variables appeared to contribute to the explanatory power of the model. In other words, which variables contributed to the retired professional women choosing *very similar* to describe the similarities or differences between their pre-retirement expectations of health in retirement and the reality of their health status in retirement? The code for the variable was HSD1VR meaning 'health similarities and differences, group 1 (those who chose *very similar*) versus the rest (those who chose *similar*, *different*, or *very different*). Table M1 in Appendix M shows the order in which each of the independent variables was eliminated in this process. Table 10 shows the details of the final multiple logistic regression model for this analysis that looked at which of the seven independent variables seemed to have an influence on the dependent variable health congruence—*very similar*. The fitted model was

$$\log_e \left(\frac{P}{1 - P} \right) = 0.27 + 0.98 \text{ IngrpsL} - 0.57 \text{ IngrpsQ} - 0.71(\text{Retchoice})$$

The goodness of fit test resulted in a residual deviance of 93.68 with 75 degrees of freedom ($p = .07$), thus indicating that the model adequately fitted the data—that is, the disagreements between the actual data and the predictions according to the final

model are explainable by chance. The *retirement choice* variable coefficient of $-.71$ was clearly significant ($\chi^2_1 = 8.04, p = .01$) while the *income groups* variable was not quite significant at the 5% level ($\chi^2_2 = 5.91, p = .05$).

Table 10
Summary of the Final Logistic Regression Model for Health Similarities/Differences, Group 1 Versus the Rest—Those Who Chose Very Similar (HSD1VR)

Variable	β Estimate	SE	χ^2	df	p
Intercept	0.27	0.26	—	—	—
Income GroupsL ^a	0.98	0.49	5.91	2	—
Income GroupsQ ^b	-0.57	0.41		—	.05
Retchoice	-0.71	0.26	8.04	1	.01

Notes. ^a Linear term. ^b Quadratic term.
 Residual Deviance = 93.68 (75 df, $p = .07$)

The results of the power analysis shown in Figure 4 indicate that there is approximately a 7.5 in 10 chance of finding a statistically significant *retirement choice* co-efficient of -0.71 if this analysis were conducted on data gathered from another group comprising the same sample variables. While this is a good result it would probably have been stronger with a larger sample population.

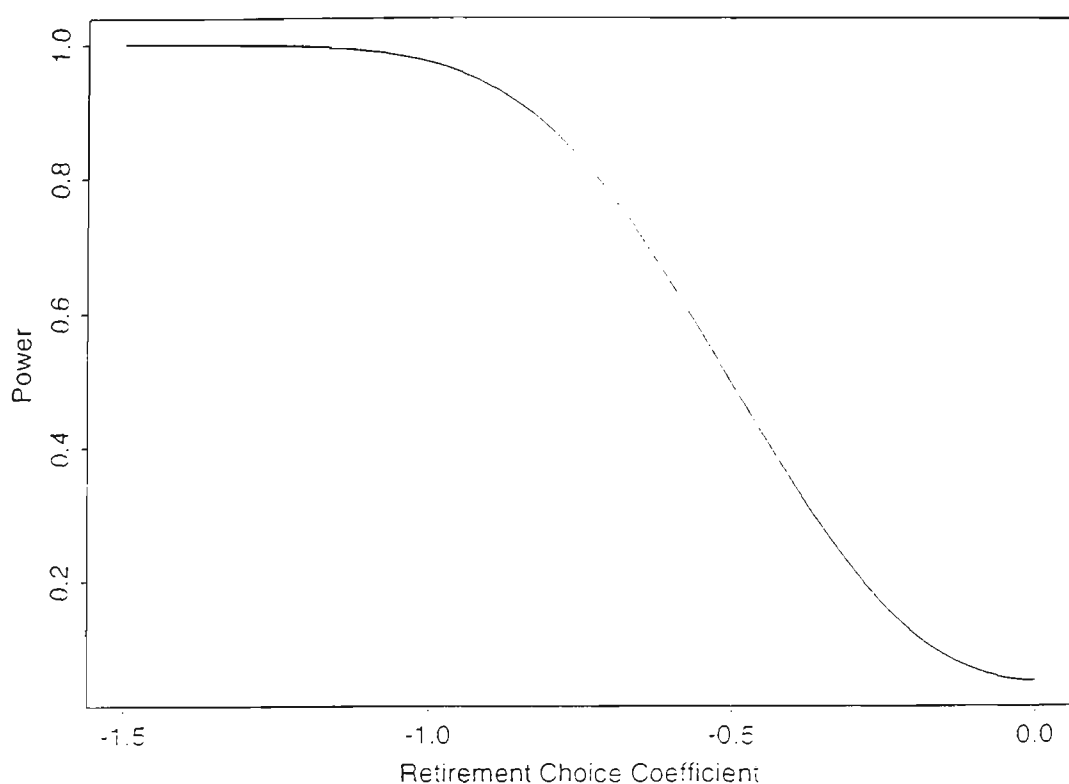


Figure 4.

Power analysis for multiple logistic regression test on those women who chose *very similar* to describe their expectations regarding similarities/differences in health between pre-retirement and retirement (HSD1VR).

Figure 5 shows a clear difference between those who retired by *choice* and those *forced to retire*, with those who retired by *choice* being much more likely to have *very similar* levels of congruence than those who were *forced to retire*. In addition, Figure 5 shows that the medium and high income groups indicated *very similar* to describe their pre-retirement perceptions of their expectations for health in retirement while the low income group were much less likely to have chosen *very similar*. Some caution is necessary when interpreting these findings in relation to income. Whilst *income groups* were retained in the multiple logistic regression

model, they were not significant, as shown in Table 10. Thus, income was not a significant factor contributing to the women's ability to accurately predict health status congruence. Nonetheless, a clear pattern in the data emerged to suggest that, irrespective of *retirement choice*, the medium and high income groups were more likely to choose *very similar* to describe the level of congruence between pre-retirement and retirement health.

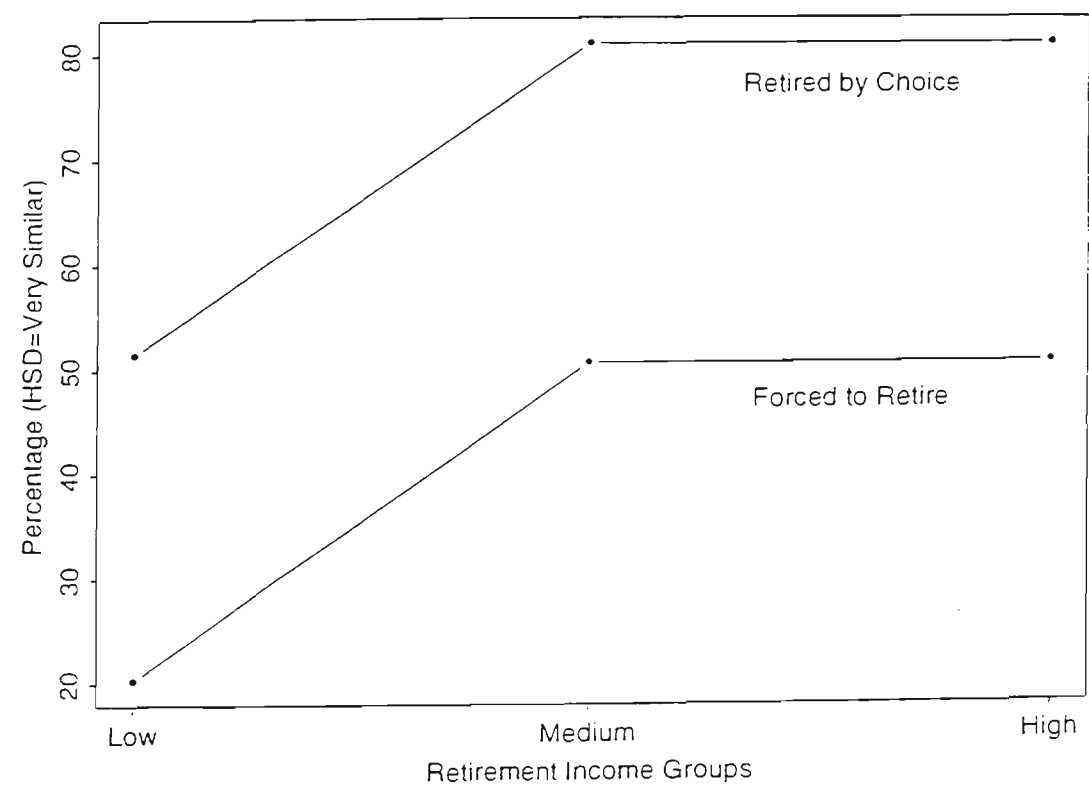


Figure 5.
The percentage of women (as predicted by the final logistic regression model) who chose *very similar* to describe their expectations regarding similarities/differences in health between pre-retirement and retirement, and the two variables that appear to be linked to that choice (HSD1VR).

From amongst those whose pre-retirement expectations of their health in retirement proved to be *very similar* ($n = 42$), twenty-nine chose to retire. All but

one of this group had excellent or good health. Compulsory retirement age was the principal reason for retirement in this *forced* to retire group ($n = 13$). Of the participants who were *forced* to retire three did so due to ill-health. The remaining two were respectively *forced* to retire because of caring responsibilities and the expiration of a contract. Of the three who retired due to ill-health, one retiree rated her health as fair. Somewhat paradoxically, the remaining two ill-health-retired participants respectively indicated that their health was excellent and good. These latter two ratings require a brief explanation. One retiree claimed her health in pre-retirement was excellent and she maintained this was so in all but one respect in retirement. Her ill-health retirement was due to a disabling accident. The other retiree rated her pre-retirement and retirement physical health as good. Her case for ill-health retirement was due to a temporal mental health problem.

Thus, from the group of 42 whose pre-retirement expectations of their health status in retirement was *very similar*, only three were ill-health retired. This point provides a useful perspective from which to consider the finding that *retirement choice*, that is whether a retiree was *forced* to retire or *chose* to retire, appears to have some influence on whether *very similar* was selected to describe health status similarities or differences between pre-retirement expectations and the actual retirement experience.

Research by Kimmel, Price, and Walker (1978) and subsequently by Price, Walker, and Kimmel (1979) showed that the health of retirees who *chose* to retire,

was better than those who were *forced* to retire. Somewhat by contrast, Novak (1985) found that poor or inadequate health was usually taken into retirement, rather than being a condition which developed in retirement. Moreover, studies by McGoldrick and Cooper (1989) and Peretti and Wilson (1975) suggest that those who *chose* to retire have more positive views in retirement. Also, Bandura's (1977) investigations suggest that individuals who are positive in their outlooks are usually efficacious. That is, efficacious people usually are capable of producing an intended result. In this study, it appears that a majority ($n = 42$) of participants expected to at least maintain their existing health status in the transition from pre-retirement to retirement. This was overwhelmingly so amongst the *very similar* cohort. Moreover, the proportion of those who succeeded in so doing was greatest amongst those who *chose* to retire.

Amongst the *very similar* group who were *forced* to retire, the existence of excellent or good retirement health in all but one individual may provide suggestive evidence that most of those who were compulsorily age-retired, may not have perceived themselves as developing any noteworthy health problems as a result of their *forced* work-force exit. Matthew and Tindale (1987) argue, on the basis of research by Health and Welfare Canada, that mandatory or compulsory retirement is often welcomed by retirees, when for example, the prospect exists to have good health in retirement. In addition, research by McGoldrick and Cooper (1989), which showed that, amongst 1208 *forced-choice* and voluntary retirees, those who *chose* to

retire were better prepared for retirement and had a more positive outlook. These results appear to have some application to those in this study who were designated *forced* choice retirees in addition to those who *chose* to retire.

As 41 of the 42 *very similar* cohort regarded their health as either good or excellent it appears that such robust states of health render likely the prospect of accurately anticipating—during the last 5 years of pre-retirement—what health status will be achieved in retirement. This is especially so if an individual subsequently chooses to retire, rather than be *forced* to retire.

This finding also provides some support for Novak's (1985) contention that, in the main, health states are taken into retirement, rather than simply occurring upon retirement. Kimmel et al.'s (1978) finding has not been challenged by this result concerning retired professional women. However, as with Novak's stance, it appears to add weight to the view that what is ultimately found in respect of health status in retirement has strong links with what existed in pre-retirement.

Table 11 shows the details of the final multiple logistic regression model for health similarities/differences group 2 (those who did not choose *very similar*). The code for this (second group) variable was HSD2VR. The fitted model had a residual deviance of 50.84 with 42 degrees of freedom ($p = .16$) indicating that the model adequately fitted the data. The only two variables left in after the model selection process were *income groups* and *partner status*. However, as shown in Table 11

neither coefficient was significant. For *income group*, ($\chi^2_1 = 4.34, p = .11$) while for *partner status* ($\chi^2_2 = 1.95, p = .16$)

Table 11
Summary of the Final Logistic Regression Model for Health Similarities: Differences, Group 2 Versus the Rest—Those Who Chose Similar (HSD2VR)

Variables	β Estimate	SE	χ^2	df	p
Intercept	1.22	0.46	–	–	–
Income GroupsL ^a	1.40	0.82	4.34	2	.11
Income GroupsQ ^b	0.74	0.65			
Partnered	-0.53	0.39	1.95	1	.16

Notes. ^a Linear term. ^b Quadratic term.
 Residual Deviance = 50.84 (42 df, $p = .17$)

Whilst *income groups* and *partner status* were not significant, their presence in the final model is noteworthy. Treas and Spence (1994) claim that "marriage is the most important family relationship for most older married people " (p. 420). In this study, most of the husbands of retired professional women were also retired, making possible the chance for both partners to spend time in, for example, health-promoting leisure activities. This may have been a contributory factor in explaining why *partner status* remained in the final model. Further, many of the married women combined

their incomes to form one household income. Despite the combined monies having to be used by two individuals, women who were part of such an arrangement were often better off than they would have been had they only to retire on their own source of income. This was often due to differentials in the retirement incomes of each partner. This also may account for the strong showing of income group in the final model. Palmore and Luikarts's (1972) study identified a strong relationship between health and life satisfaction and, to a lesser extent, income. Given that the life satisfaction of most women in this study was substantial and most women rated their health as either excellent or good, it is feasible that women would have reasonably accurately anticipated a *similar* health outcome in retirement to that which eventuated.

Life Satisfaction Levels of Congruence

Table 12 shows the details of the multiple logistic regression model which arose from the analysis of those that chose *very similar* to describe the similarities/differences between remembered pre-retirement life satisfaction and their life satisfaction in retirement (LSSD1VR). After stage one of the fitting process, *occupational status*, *retirement time*, and *retirement choice* were retained.

Retirement time was significant ($\chi^2 = 6.77, p = .01$). The interactions between *occupational status* and *retirement time*, *occupational status* and *retirement choice*, and *retirement time* and *retirement choice* were then considered in Stage 2 of the fitting process. Only the interaction between *occupational status* and *retirement*

choice was retained. A test of the combined contribution due to *occupational status*, *retirement choice*, and their interaction was conducted and this was significant ($\chi^2_2 = 11.67, p = .04$). However, a test of the interaction between *occupational status* and *retirement choice* was not quite significant at the 5% level ($\chi^2_2 = 5.55, p = .06$).

Table 12
Summary of the Final Logistic Regression Model for Life Satisfaction Similarities//Differences, Group 1 Versus the Rest—Those Who Chose Very Similar(LSSDIVR)

Variable	β Estimate	SE	χ^2	df	p
Intercept	-1.22	0.47	–	–	–
Occupational StatusL ^a	-1.57	0.89	4.56	2	.10
Occupational StatusQ ^b	0.02	0.58			
Retirement Time	-0.90	0.39	6.77	1	.01
Retirement Choice	-0.38	0.27	2.10	1	.15
Residual Deviance = 89.79 (74 df, p = .10)					
Intercept	-2.08	2.56	–	–	–
Occupational StatusL ^a	-3.73	5.40	–	–	–
Occupational StatusQ ^b	-0.60	3.19	–	–	–
Retirement Time	-1.21	0.54	–	–	–

(table continues)

Table 12 (continued)
Summary of the Final Logistic Regression Model for Life Satisfaction Similarities: Differences, Group 1 Versus the Rest—Those Who Chose Very Similar(LSSDIVR)

Variable	β Estimate	<i>SE</i>	χ^2	<i>df</i>	<i>p</i>
Retirement Choice	-1.75	2.55	—	—	—
Occupational StatusL ^a X Retirement Choice	-1.27	5.40	5.56	2	.06
Occupational StatusQ ^b X Retirement Choice	-2.07	3.13			

Note. ^a Linear term. ^b Quadratic term.

Figure 6 shows clearly that, with the exception of those *forced to retire* in the low *occupational status* group, those who have *retired less than 5 years* were much more likely to have *very similar* life satisfaction than those who *retired more than 5 years* ago. For those who *retired by choice*, women in the high *occupational status* group accurately anticipated, in pre-retirement, what their *life satisfaction* would be in retirement. Women in the low and medium *occupational status* groups were as likely as each other to have anticipated that they would achieve a *very similar* life satisfaction in retirement. However, those in *low* and *medium occupational status* groups were less likely to anticipate *life satisfaction* in retirement as being *very similar* to their pre-retirement expectations than those in the *high occupational status* group. For those *forced to retire*,

there was very little difference between the middle and high *income groups'* life satisfaction.

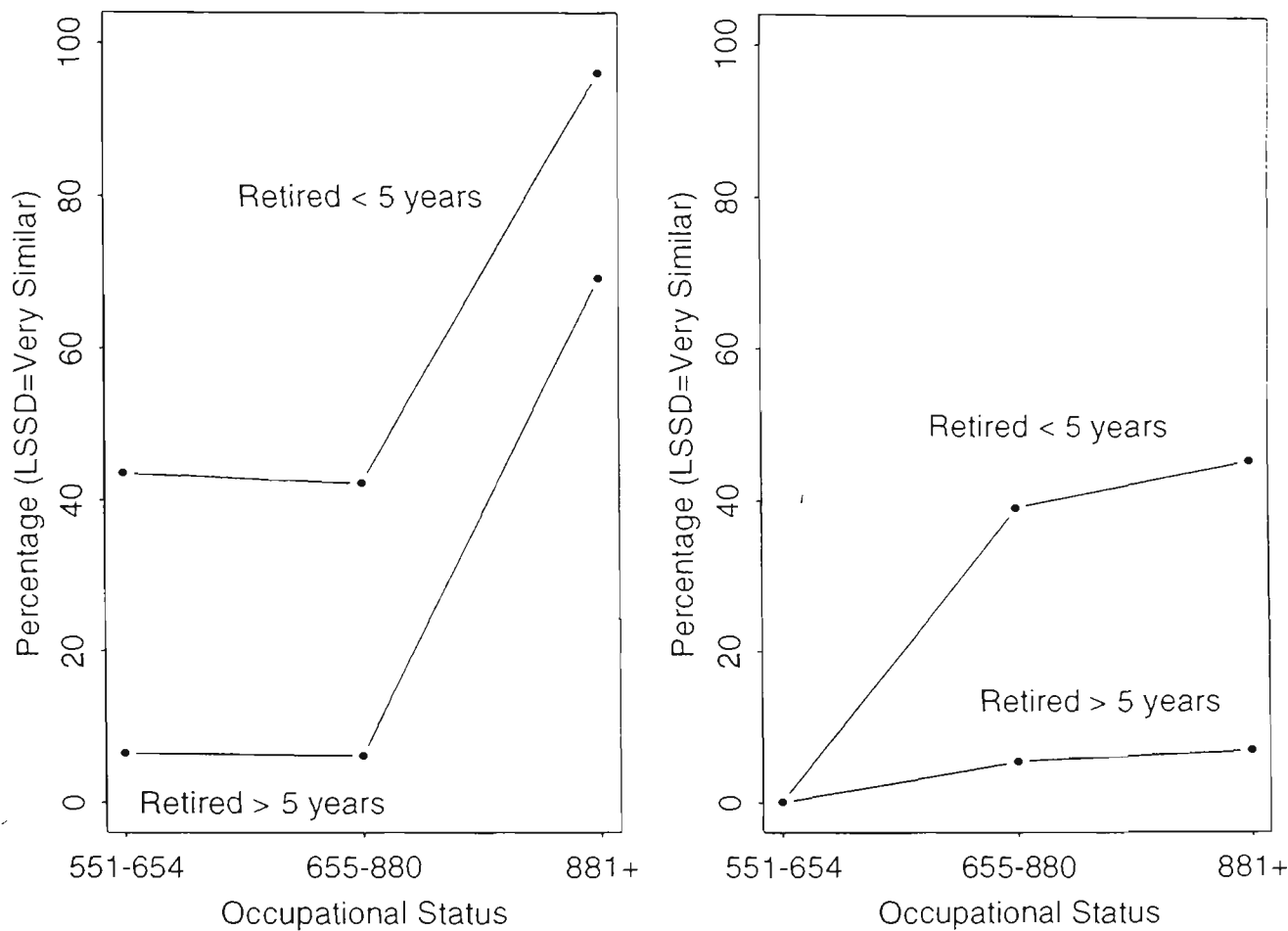


Figure 6.
The percentage of women (as predicted by the final logistic regression model) who chose *very similar* to describe their expectations regarding similarities/differences in life satisfaction between pre-retirement and retirement, and the three variables that appear to be linked to that choice (LSSDIVR).

The fact that participants from the *high occupational status group* would have most accurately predicted in pre-retirement their retirement life satisfaction is not surprising. Cohorts from this group earned more than other participants during pre-retirement, and this usually remained so in retirement. Although speculation, it

seems reasonable to posit that, in general, participants in the *high occupational status group* would have entered retirement with larger retirement lump sums or 'nest eggs'. Being comparatively well placed financially, both in pre-retirement and following their work-force *forced exit*, it would appear likely that members from this cohort would be best placed to fund their many retirement interests. Whilst it cannot be assumed that all of those who have experienced a *very similar* retirement life satisfaction to what they expected, enjoy considerable life satisfaction, it can be argued that most do. Results from participants' Life Satisfaction Index–A suggest this to be so for most retirees.

If this is so, it further adds weight to the view that this study's higher-earning retirees were able to fund their retirement living in ways that were satisfying.

Dorfman and Moffett's (1987) study of retired married and widowed rural women in the United States underscored the importance of perceived financial adequacy to life satisfaction. The study also reported the importance of social participation and engagement to retirees, and in particular widowed women. Taken together, these findings are indicative of a need for women retirees to be able to finance those life satisfying retirement interests which entail cost.

In another way, the enhanced capacity of cohorts from the *high occupational status group* to accurately anticipate their level of retirement life satisfaction also coheres with the findings by Prentis (1980). His study of 1,235 white-collar women

in the United States reported that a majority of participants were looking forward to retirement.

In this local study, few women indicated a preference to remain in full-time employment beyond when they did. Thus, the favourable disposition of women—including many of those from the high occupational status group—may have been both effective and complementary to those women who were best placed to fund leisure and other retirement outlays. The fact that the *low* and *medium occupational status* groups less frequently experienced *very similar* retirement life satisfaction, compared to what their pre-retirement expectations were is not surprising given the likelihood of their reduced financial standings. Seccombe and Lee's (1986) investigation of 1530 men and women retirees found that "...higher-status workers appear to be more satisfied with retirement because they have higher incomes and better health" (p. 437). Given higher-earnings during their careers, it is reasonable to posit that many women would have had better purchasing power to, amongst other health-promoting behaviours, maintain balanced diets. This quite reasonably may have had long-term life satisfying benefits, particularly given the primacy of health as a contributor to life satisfaction.

In this finding, it is also clear that women, who had been *retired for less than 5 years*, were more likely to accurately anticipate in pre-retirement their retirement life satisfaction than women who were retired for *more than 5 years*. Several reasons may explain this. Firstly, retirees are more likely to enjoy better health in

their earlier retirement years. For women retirees who have partners, it is also generally more likely that their partner will be alive in the early years of their retirement. For example, if a married woman retires at age 65, her husband, who typically is about 2 years older than his wife (ABS, 1993b), is likely to be alive at age 72—that is, in the first 5 years of her retirement. Given that a white Australian male's longevity is 74 years (Australian Institute of Health and Welfare, 1996), the chances of the professional woman becoming a widow increase greatly. The deleterious impact which widowhood can have on life satisfaction has been outlined by Matthews and Brown (1987) and Rosenman (1994). In this study, widows' life satisfaction may have diminished due to the loss of a partner. This may partly explain why those who had been *retired for longer than 5 years* were less likely to have to have experienced life satisfaction in retirement that was *very similar* to their pre-retirement expectations. Moreover, money matters that were not problematic in the first 5 years of retirement may have become so in the years which followed. Minkler (1991b) believes, for example, that the 'oldest old' or those who were aged 85 years and over are highly vulnerable to impoverishment. Minkler further believes 'oldest old' women are particularly at risk. Whilst in this study some women who had been retired for *more than 5 years* were considerably younger than the 'oldest old', the attrition of savings with the passing of time still appears to hold. With the onset of age, and particularly in instances of where health problems began to appear, some

women had to rely on paid assistance to do a range of domestic tasks that they once did at no financial cost.

Finally, in this finding there was a pattern which appeared and is noteworthy. In contrast to those who *retired by choice*, participants who had been *forced to retire* were less likely to report that their pre-retirement expectations of life satisfaction in retirement were *very similar* to what eventuated. Perkins (1992) has pointed to the negative consequences of women's forced retirement, which include loss of social contact and income. Given the importance of both of these factors to women, it is not surprising that *involuntary retirement* variously impacted on *life satisfaction*, and in particular, the chances of such retired professional women accurately estimating what their retirement life satisfaction would be.

Table 13 shows the details of the multiple logistic regression model for the analysis of those that chose *similar* (that is, they did not choose *very similar*) to describe the similarities/differences between remembered pre-retirement life satisfaction and their life satisfaction in retirement. The code for this variable is LSSD2VR. Both *age* and *retirement choice* were retained in the model. The residual deviance of 64.24 with 49 degrees of freedom was not significant at the 5% level ($p = .07$) indicating that the model adequately fitted the data. The coefficient for *age* was significant ($\chi^2_1 = 5.90, p = .02$) while that for *retirement choice* was not ($\chi^2_2 = 2.45, p = .12$).

Table 13
Summary of the Final Logistic Regression Model for Life Satisfaction Similarities Differences, Group 2 Versus the Rest—Those Who Chose Similar (LSSD2VR)

Variable	β Estimate	SE	χ^2	df	p
Intercept	-6.19	2.77	—	—	—
Age	0.09	0.04	5.90	1	.02
Retirement Choice	-0.50	0.33	2.45	1	.12
Residual Deviance = 64.24 (49 df, p = .07)					

Figure 7 shows that *older women* who were not *very similar* in their life satisfaction level of congruence, were more likely to report *similar* life satisfaction, than were younger women. Similarly those who *retired by choice* were more likely to report *similar* life satisfaction than those *forced to retire*, although as previously indicated, this was not significant.

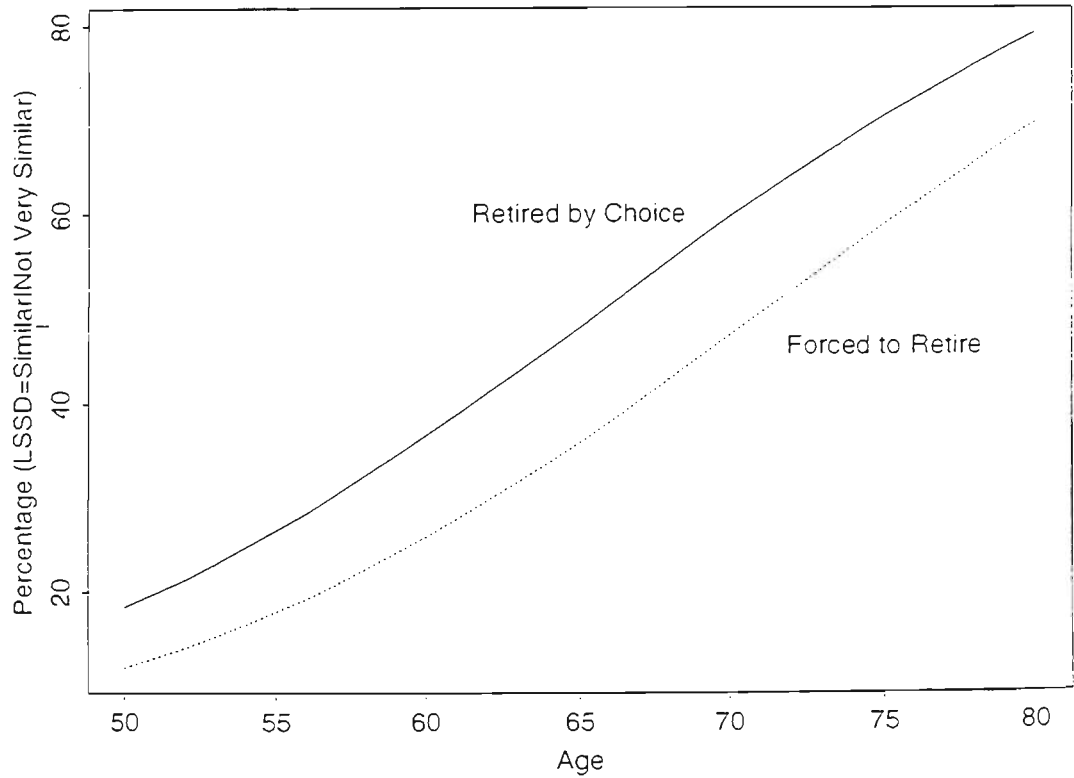


Figure 7.
The percentage of women (as predicted by the final logistic regression model) who chose *similar* to describe their expectations regarding similarities/differences in life satisfaction between pre-retirement and retirement, and the two variables that appear to be linked to that choice (LSSD2VR).

Figure 8 shows the power analysis for this model. It indicates that there is approximately a 3 in 10 chance of finding a statistically significant *retirement choice* co-efficient of -0.50 given a similar sample of retired professional women. This is probably a reflection of the sample size, remembering that once the *very similars* had been examined they were not counted again, thus reducing the number of participants being examined and hence the degrees of freedom.

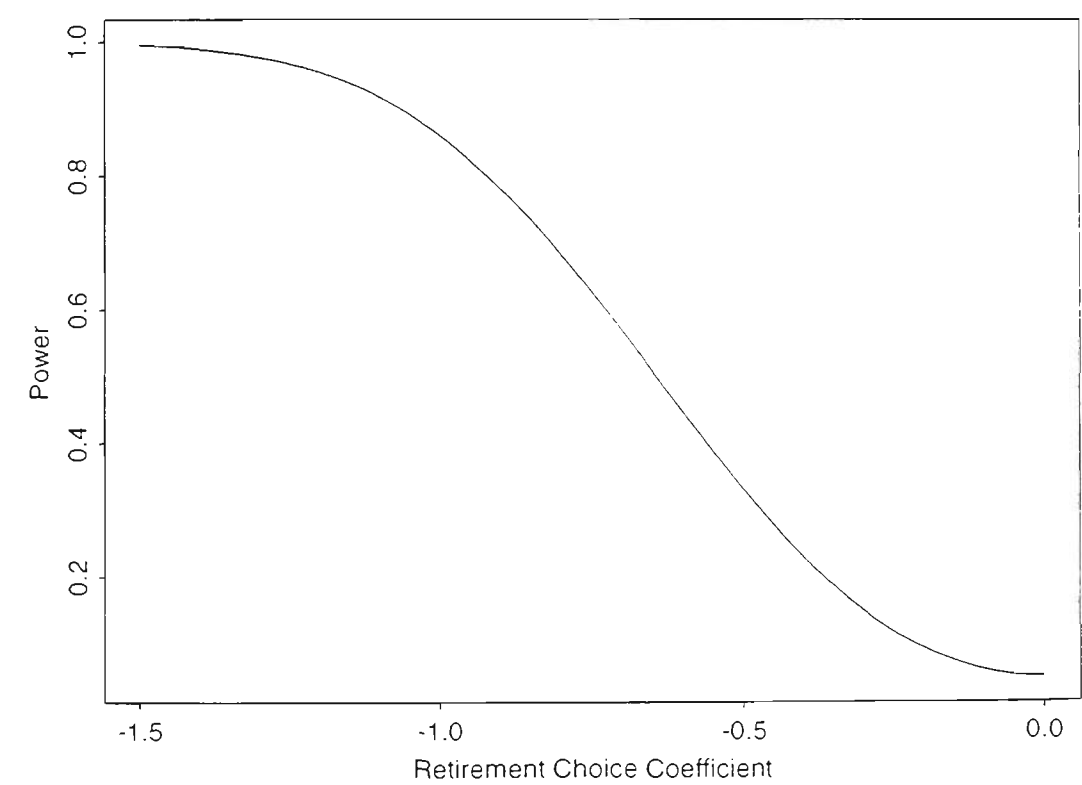


Figure 8.
Power analysis for the multiple logistic regression test on those women who chose *similar* to describe their expectations regarding similarities/differences in life satisfaction between pre-retirement and retirement (LSSD2VR).

In this finding, older retirees' propensity to report that their pre-retirement expectations of life satisfaction in retirement were *similar* to what eventuated can be

understood from several standpoints. It is reasonable to again speculate that, with older age, retirees who had chronic health problems found them to be more wearing. Johnson and Williamson (1987) acknowledge the existence of reduced energy levels amongst retirees due to health problems. They also claim that most of these were in existence, if not evident, in pre-retirement. Atchley (1976) found that, overwhelmingly, problems in retirement relate to health, loss of spouse, or finances. Given the importance of health, spousal companionship, and income in retirement, it is possible that combinations of these factors may have calibrated many older retirees' life satisfaction. Travelling, which has been noted as a popular retirement activity (Johnson & Williamson, 1987) may be done less often due to health, financial concerns, or no longer having a close companion. Where good health, adequate income and companionship prevail, Johnson and Williamson suggest individuals are well-placed to achieve a totally positive retirement.

Added to the increasing likelihood of widowhood in respect of older married retirees, finances as well as companionship can become problematic. Widowhood presents unique economic implications for women, because women are less likely to remarry (ABS, 1993b) or they take a long time prior to remarrying (Holden & Kuo, 1996). Arendell and Estes (1991) believe the loss of a spouse often threatens the financial well-being of widows due to earlier family responsibilities and labour market inequities having shaped women's income accumulation.

In terms of this Melbourne study, despite retired professional women having held relatively well-paid careers for extended periods of time, the analysis by Arendell and Estes may be apt. No married women retired on the (relevant) maximum superannuation even if they had left the work-force force on a 'full' superannuation. Thus, in respect of married women, the data provided by them suggested that access to joint incomes made a difference in terms of retirement.

Further, a number of women ($n = 9$) had already become widows, all of whom were over 65 years of age, suggesting that widowhood may already have calibrated retirement life. Responses to an open-ended question on the questionnaire showed that many women regarded with deep regret, the loss of their partners. Thus, it would appear that for many women, who had positive expectations for their life satisfaction in retirement, their subsequent experience of life satisfaction retirement was diminished by widowhood.

For other older women who were divorced or on an inadequate income, a similar explanation may apply. In this cohort, one in four women relied on an annual income of less than \$20,000. For the six women who listed their main source of income as being an Age Pension, the capacity to engage in leisure and other life satisfying activities which involved financial costs would be clearly circumscribed. Thus, for many older participants, the achievement of a *similar* retirement life satisfaction to that which was anticipated in pre-retirement is understandable given the temporal contexts of their lives.

Locus of Control Levels of Congruence

Table 14 shows the details of the multiple logistic regression model for the locus of control levels of congruence (LOCSD1VR). The residual deviance of 105.09 with 76 degrees of freedom was significant at the 5% ($p = .02$) indicating significant lack of fit. Attempts to improve the model were unsuccessful.

Table 14
Summary of the Final Logistic Regression Model for Locus of Control Similarities/Differences, Group 1 Versus the Rest—Those Who Chose Very Similar (LOCSD1VR)

Variables	β Estimate	SE	χ^2	df	p
Intercept	-0.28	0.27	—	—	—
Retirement Time	-0.39	0.27	2.10	1	.15
Retirement Choice	-0.34	0.24	2.04	1	.15
Residual Deviance =105.09 (76 df, $p = .02$)					

Table 15 shows the details of the multiple logistic regression model for those that did not choose *very similar*, that is, the results from the analysis of participant responses that indicated that *similar* best described the similarities/differences between remembered pre-retirement locus of control and their locus of control in retirement (LOCSD2VR). The residual deviance of 52.62 with 41 degrees of freedom was not significant at the 5% level ($p = .11$) indicating that the model

adequately fitted the data. The only variable retained was *retirement choice* which was significant ($\chi^2_1 = 4.15, p = .04$). Of those who did not choose *very similar* to describe their pre-retirement expectations of their locus of control in retirement, the percentage who had a *similar* locus of control was 84.6%, if they had *retired by choice*, and 53.3% if they were *forced to retire*.

Table 15
Summary of the Final Logistic Regression Model for Locus of Control Similarities Differences, Group 2 Versus the Rest—Those Who Chose Similar (LOCSD2VR)

Variables	β Estimate	SE	χ^2	df	p
Intercept	0.91	0.42	—	—	—
Retirement Choice	-0.79	0.42	4.15	1	.04
Residual Deviance = 52.62 (41 df, $p = .11$)					

Retirement choice seemed to be the variable that attached to retired professional women's judgements of *similar* in respect to this finding. The fact that women's pre-retirement expectations of their locus of control in retirement were *similar* to what eventuated can be understood in several ways. It is not surprising that in respect of the nature of women's exit from their places of work more women who retired by *choice* recorded *similar* on this issue.

Streib and Schneider's (1971) longitudinal study of retirees showed that those who retired voluntarily benefited in retirement from having made the decision. Those

who retired involuntarily—due to laws, ill-health, business closures or any other imposed reasons—often suffered diminished life satisfaction in retirement.

Williamson, Rinehart, and Blank's (1992) study of 115 (mostly white-collar) men and women in the United States reported that the key finding from participants related to their sense of control in relation to retirement preparation. The authors also noted that, amongst those who freely chose when to retire, there was clear relationship with the subsequent achievement of life satisfaction in retirement.

Participants in the study by Williamson et al. (1992) indicated that, when retirement had been a voluntary decision, some time had been made to ensure that money matters had been appraised. In addition, any health concerns and plans for leisure had been worked through. By contrast, employees who were forced to retire often had short notice of their change of status, and often found themselves in retirement having not organised their finances or plans for time-use. Feelings of control marked the prime difference between those who *retired by choice* and those who retired as a result of a factor outside of their control. The investigation by Williamson et al. (1992) highlights the negative effect on the self-image of retirees that imposed retirement can have.

Palmore and Luikart's (1972) study of a middle-aged cohort of United States citizens found that Internally-oriented women in particular experienced greater life satisfaction due to considerable measure to feeling they controlled their lives. In respect to this Melbourne study, it would thus appear that women who self-

determined when they would retire had done so after having done adequate—if minimal—checks concerning their expected financial circumstances and their time-use in retirement. Given the highly *internal* nature of this study's sample, it can be argued that many participants would have expected that any unforeseen retirement circumstances could be satisfactorily responded to, if they subsequently arose. Added to this, data concerning the retirees income show that many participants accurately adjudged their accessible retirement incomes would be sufficient for most of their purposes.

What many women may not have been able to fully control for were developing health conditions in themselves or others which arose despite any health-conscious habits and partner or friendship losses due to death. These may have been influential in women achieving a *similar* (rather than a *very similar*) sense of control in retirement, compared to what they had anticipated when in pre-retirement.

Linking the Life Satisfaction, Health Status, and Locus of Control Levels of Congruence Back to the Hypotheses

Many studies which examine life satisfaction, health status, and locus of control in relation to ageing individuals, do so by either measuring these quality of life indicators or establishing links between them. This study was particularly oriented toward examining the congruence between participants' pre-retirement expectations and retirement experiences in relation to life satisfaction, health status, and locus of control. Because of the frontier-like nature of such an investigation, it

was decided to statistically analyse the relationships between the independent and dependent variables in concert with each other (multiple logistic regression) in order to ensure that the possible influence of these variables on each other was not lost. As indicated in the discussion of methods (Chapter 3), had the option of examining the independent variables on an individual basis been taken, any possible influence of the other variables would not have become evident.

Given that the multiple logistic regression analyses examined all of the independent variables together, a breakdown of how the preceding complex findings relate to each of the hypotheses (3 - 7) is provided below. In addition, Table 16 provides an overview of the noteworthy findings in relation to the dependent and independent variables in hypotheses 3 - 7.

Hypothesis 3 *was supported in respect of life satisfaction—that is, older professional women's expectations of life satisfaction were more accurate than younger retired women's expectations. No significant findings were evident in respect of health status or locus of control.*

Hypothesis 4 *was not supported. However, it should be noted that occupational status was left in the final multiple logistic regression model (as noted in Table 16).*

Hypothesis 5 *was supported in respect of health status and locus of control. Retirement choice emerged in the final model for life satisfaction, but was not significant.*

Hypothesis 6 *did not have any statistically significant findings. A pattern emerged between health status and partner status, as evidenced by the appearance of partner status in the final model.*

Hypothesis 7 *produced no statistically significant findings. A pattern emerged between health status and income, as evidenced by the appearance of income groups in the final model.*

Retirement time was a variable which was added to the study once the second group of women (retired for more than 5 years) were added to the sample. It is noteworthy that there was a statistically significant finding between retirement time and life satisfaction.

Table 16
An Overview of the Independent Variables From Hypotheses 3 - 7 Showing Which Ones May Have Some Influence Over the Dependent Variables in Relation to Pre-retirement Expectations for Retirement

Independent Variables	<u>Dependent Variables</u>		
	Life Satisfaction	Health Status	Locus of Control
Age	*	—	—
Educational Attainment	—	—	—
Occupational Status	fm ^a	—	—
Retirement Choice	fm	*	*
Partner Status	—	fm	—
Income Groups	—	fm	—
Retirement Time	*	—	fm

Notes. ^a Appeared in the final model; in other words the last variable to be eliminated.
 * Statistically significant ($p < .05$).

Quantitative Results Summary

The findings concerning women's life satisfaction, health status, and locus of control provided valuable insights into these retired professionals. For a majority of participants, these measures indicated that there was considerable life satisfaction and excellent or good health being enjoyed in retirement. The fact that only two women were *externally* oriented underscores the extent to which these women, as a group, believe they largely control their lives.

The demographic information which participants provided was both helpful to the study, as a whole, and useful in itself. Details provided which pertain to annual incomes, partner status, and main sources of income make clear the still-unsatisfactory nature of women's retirement incomes. In view of the highly-placed positions that these professionals formerly held in the work-force, it is a matter of some note that so many have ended up in retirement with inadequate incomes. An issue for many women, who were on adequate incomes, was not being guaranteed adequate income in perpetuity should the death of the key income provider occur. This renders them vulnerable in the future.

These results should be considered as a helpful but preliminary contribution to frontiering studies which are designed to explore the relationship between pre-retirement expectations of subsequent retirement life satisfaction, health status, and locus of control. Taken as a whole, they provide support for investigations which

have identified the importance of life satisfaction and health status both during pre-retirement and retirement. The results also underscore both the benefits and limitations of an Internal locus of control orientation. *Internality* provides women with a propensity to turn situations to their best possible or desired advantage. However, the high degree of *internality* recorded in the scores of many women were, in many cases, not matched by high retirement incomes. For those whose retirement incomes were perceived by themselves as low or problematic, the life satisfaction scores were usually at the lower end of the range. In turn, variables that were linked to money, often showed themselves to be significant in respect of women's retirement expectations in regard to life satisfaction, health status, and locus of control. Occupational status, retirement time, income groups, partner status, and retirement choice are distinct independent variables. However, in the lives of these women, they all had in common monetary implications. The types of professions in which these women were once located influenced their career and retirement incomes. The amount of time that they had been retired impacted on income expenditure and, for many, on the source and quantum of income. Receiving an income of \$8,000 per annum, as some retired professional women did, was substantially different in meaning to an income of more than \$70,000. Markedly different qualitative concerns are invoked for those who earn very low retirement incomes to those who perceive themselves to be on adequate incomes. Partner status also illuminated income issues. Widows were the poorest cohort. Married women's (usually) shared

income was better than single women's income. Single women were the cohort that had the greatest number of superannuants who lived off only their own retirement income. Retirement choice, in practical terms, pertained to money matters for many women because the decision to retire by choice (in contrast to being forced to retire) almost invariably meant that women had adjudged that they were financially in a position to be able to afford to retire.

In sum, the quantitative results have shown most professional women to be life satisfied, healthy, and in control in retirement. Income—in varying guises—underpins many women's 'ways of being' in retirement. Although most women recorded that their annual incomes were adequate, one in four women received less than \$20,000 per year. Some of these women shared this income with a partner. In general terms, these findings contribute to an understanding of why, in respect to life satisfaction, health status, and locus of control most women in pre-retirement were able to accurately predict that, in retirement, these variables would be either *very similar* or *similar*.

The responses to the four (qualitative) research questions now follow. After that, a summary of the qualitative results and then a look at the combined contributions of the quantitative and qualitative results.

QUALITATIVE RESULTS

Introduction

This section of the chapter considers the prominent themes which emerged from retired professional women's responses to the four qualitative questions. Initially, the themes which pertained to the first qualitative question, are discussed:

How and why did life satisfaction, health status, and locus of control in pre-retirement contribute to these domains in retirement?

Achieving key life preferences and priorities in pre-retirement provides professional women with a sound basis for maintaining substantial life satisfaction and their control orientation in retirement. Usually, as occurred in this study, such a middle-class, successful cohort of women can expect to take a favourable health status with them into retirement. Participants' responses show how the event of retirement usually complements their previously well-developed life satisfaction, health status, and locus of control. This section also looks at the most prominent exception and outlier to emerge from the data. As Miles and Huberman (1994) suggest, the outlier or extreme case "...can strengthen the basic finding...and...build a better explanation" (p. 269). Pre-retirement life satisfaction in particular, was a casualty in the lives of many divorced professional women. Control and health were often jeopardised by divorces which happened under specific circumstances. When insubstantial levels of life satisfaction, health, and control were then taken into retirement, the retirement experience for these

women was diminished. In noting the outliers' stories, the importance of achieving key life preferences and priorities is underscored.

Pre-retirement Life Satisfaction and Locus of Control: Foundations for Retirement

Most women considered that their lives—prior to retirement—had provided them with considerable satisfaction. For many women, the satisfaction was a measure of much of their life experiences having turned out as desired. Frequently women spoke of having been lucky or fortunate in life. Some had set goals or loosely expected to do particular things in life, for example, get married. Others had not set many priorities for their experiences and preferred to respond to opportunities and events as they arose. For most participants, close friendships, partnerships, and families had provided considerable life satisfaction throughout their adult years. Most women acknowledged work as having significantly contributed to their life satisfaction. On this point, there was considerable agreement as some typical commentaries suggest:

Work gave me a great deal of satisfaction. I gained terrific pleasure from work because I was there for me. Prior to that I was at home for the kids or as my husband's wife, which I had also enjoyed. But that was for them. To go to work was doing something for me, and it was great, as it was before I had the family.

I never had a job that I didn't thoroughly enjoy putting myself into, so that gave me a great deal of satisfaction. Having enough money to belong to the health club, to go to saunas and so on, that gave me a lot of enjoyment—that gave me a great deal of get-up-and-go. Going to the theatre, that was very satisfying. Work, work was wonderful, and I've had such variety. There's something in everything you try. When I went into the armed forces I found that I was me, that I had something to contribute. Until then I was pretty docile [laughter].

I had a very, very demanding job. Doing a difficult job well gave me enormous satisfaction. I got a lot of satisfaction from developing an organisation from scratch. It was a robust place. The people on staff derived great satisfaction from their jobs and that was a source of satisfaction. They delivered a high quality service. Having been brought up to see a woman's role was to get married and have children, I was pleased that I was allowed to have an education. That was due mostly to my mother. My mother was keen for me to be educated. My father tolerated it. But my mother was extremely upset when—once I was married and had had children—I returned to work full-time. I stayed in the education sphere because I had a philosophical position about education always being available to people who can't afford things. Over the years I held various positions. Then I started going for promotion positions. I often got nominated, and then knocked off on appeal. Always by guys. But in the end, I got a couple of positions, on my merits. So there was satisfaction at work and satisfaction in other spheres. The family has been an enormous source of satisfaction. I was very fortunate, my kids were very supportive of me working. And things now are enriched by their presence and their partners, so that is very rich. Home and family are now number one, which is great. They're diverse and lively, which is lovely. Friends from prior to retirement we still have, and we dine together, or play sport, and do lots of great things together.

I had a job which was, I felt, just about one of the best jobs anyone could have. It gave me a huge amount of satisfaction. I wasn't a workaholic but I was absorbed in it, and loved it, and considered [laughter] I was good at it. Also, I continued to learn so much in the job, right until the end. So I'd really had a great deal of satisfaction from my work. Because I was single, and up until the last five years prior to retirement, I had looked after my elderly mother, and had a lot of friends from work and others, so we socialised, plus the garden and living here. I was exceptionally fortunate, particularly in the last few years of work because to be able to travel—and I enjoy travel—as part of the job, was great. When I was filling in your questionnaire it made me feel a bit sad for people who felt they haven't had opportunities because I've just had so many. Since I retired, I've been overseas twice which has been very enjoyable.

I miss the classroom situation very much. However, I still have a continual interest in members of my family—children and grandchildren, classical music, travel, and meeting people. I'm very fortunate.

Now perhaps there is total contentment, just about. I just keep bowling alone [laughter], so life satisfaction is very good. Mind you, if someone close to you is not entirely satisfied, that's a worry, and that applies to me.

But life is richer than ever. I have to work with [relative who is finding coping difficult]. Perhaps it's confidence now, I suppose. Perhaps earlier courage has transferred to confidence. It's a continuum, isn't it? It is important to face up to life and be curious. I notice my confidence is getting stronger and stronger [laughter]. I don't think about the end anymore. It comes from a profound sense of appreciation for this gift of life ... sitting outside the circle, as Emerson says. Now that I'm not in a job, I ask myself more questions—there's more mental time—reflection. Because, you can make a mess or a masterpiece of it.

Prior to retirement I really enjoyed the job and helping people, so a lot of my satisfaction came from that and handcrafts and reading. Now I'm pretty busy with lecturing and some tutoring part-time. And I'm slower [laughter]. I haven't started any new hobbies, never was into that. Even as a kid I only ever stuck with collecting stamps for a couple of weeks [laughter]. What was wrong with me [laughter]! Overall, life is very enjoyable.

As a senior professional, I could give girls a role model—so, in many ways, I've been able to have an influence... that's where I get my enjoyment from—enabling and promoting women and young girls alike, and giving them some strength, that they can stand up and be counted. I still get my enjoyment in retirement from that. It is known in this area [locality] that I stand firm on women's issues [laughter].

My life satisfaction has been very good—I was very good at work and enjoyed it. In my retirement it's a sort of hedonistic [laughter] life style—I don't have to eat at a certain time or have a sweet dish. And I also choose when I help others—family or people in the community. I do that although I've learnt to say no—I've got better at that. In the helpful area, I found I was doing too many things and so I've learned to keep my obligations and not fill-in for others who aren't keeping up theirs. With the family I sometimes look after the grandchildren. I've told my children, it doesn't mean I always will say yes, but sometimes I'm happy to help. I worked until I was 65 because I enjoyed work. Around 60 I started to reflect on the prospect of retirement, and I was frankly terrorised at the thought of it. It was things like time use, and thoughts of elderly citizen clubs, and gardening, which bores me. That was terrifying. Also, what of the money—would there be enough? But as it has turned out, it has been very good.

I really enjoyed my work... I worked hard and consistently well. I wasn't the best principal, but people respected me because of that. I can't recall a

day in my career when I wasted time. When I became a principal some people who knew me, wondered whether my friendliness would be a problem. I thought, that won't be a problem. I avoided a lot of the principal stresses because of how I dealt with people. I find it very easy to forgive—some people may hurt you, but I can forgive. The hurt, to me, isn't the biggest issue in life.

The job that I did gave me life satisfaction. I was also involved in an old collegians club. As a principal, I didn't find there were too many spare moments at that time. I went to concerts and travelled during holiday periods [with parents]. Much the same things have been kept up in retirement [laughter]. I have an old friend now whom I help and we do things together. We go to garden exhibitions and so on. That's very enjoyable.

The nature of changes in many occupations during the 1990s, resulted in many women reflecting upon the purposes of their vocation. The changes were interpreted by many government-employed women in particular as being disadvantageous to colleagues, professional practice or the people to whom they were oriented. Eleven of those who were interviewed, indicated that the changed nature of work had been, in part, the reason for them accepting an early retirement package. This view was particularly so amongst many teachers, principals, and nurses. What had originally drawn them into public service, or maintained their commitment to the job, was challenged by many work place developments. The changes which threatened their 'ways of being' in the job were not incremental, for example, as in the increasing sophistication of work place technology. Instead, it was altered ways of managing in the job which the women regarded as being contrary to the best interests of others and selves. Many teachers and principals were sceptical about the benefits which children would gain as a result of substantial financial cuts to public education. Less personnel at

the school level, translated into less benefits for children in public schools, according to these retirees.

For nurses who were attracted to the caring of patients in the course of entering and remaining in such a profession, reduced personnel and increased patient numbers made some of their continued efforts at caregiving less effective. For highly motivated professionals, this resulted in less job satisfaction and sometimes stress, due to their perceived inability to deliver a service in a way that accorded with embedded views of what constituted appropriate practice. The extracts below capture some of these perceptions from women who spoke overall of having had extremely satisfying careers:

I didn't intend to retire but the opportunity was there and, if you don't take opportunities, you'll be left wondering forever and stuck in a rut. I'd been off and done some things away from schools so I was lucky... and with my [parent's] health failing and I'd been very close to [parent] and with the change of Government and school closures, my prospect was going back to school to start dismissing staff and declaring people in excess. I looked at that, and at me, and life in general and said, hang on [laughter] there are more important things than this, and your own life style and peace of mind is one of them. So I took a package... so I hadn't planned for retirement. Because of the change in school administration—in Victoria—I don't miss those things I may have when I first retired, but I certainly don't, and it is so interesting, whenever I catch up with colleagues how all of us, with one voice, say aren't we glad we're out of it, and that's sad. But I don't miss it [laughter].

One of the reasons I decided to retire was because I was sick of meetings, bloody meetings, and I thought, there's more to life—I'm only on earth once—my health was fine, but I just spent all my time at work. In general I usually managed to do things the way I wanted to. However, the one thing that really annoyed me about the way the job had gone was the interminable meetings. And not just the meetings, but the fact that most of the time, despite getting their minutes ahead of the meeting, they would come to the meeting unprepared. In the end I realised that [committee] they came for a whole variety of reasons—they wanted to air their opinions. But when it was an after-hours meeting, I liked extra efficiency.

But one always had to be polite and professional, and that was a big source of frustration especially when, at 10 o'clock, people would keep moving extensions of time, and so they would continue, extension after extension. Typically, as a principal, I had either a tremendous amount of control or else so little. Some people expected you to be in their pocket. We had so many meetings. I'd get out of bed at 7 o'clock and be at school for a meeting at 8 o'clock and not get home until 8 at night. It would be ridiculous. I could have had fewer meetings, but you would have paid for it in other ways. But no one is indispensable. I didn't want to be the best principal in the cemetery [laughter].

While I was working, the budgetary constrictions came in. There were nursing restrictions, lots of them in terms of how we worked. The need for statistics and time sheets [laughter] and really, as a consequence of the changes I found I was working less hours because I was doing less time—there was no question of overtime. Whereas before you just worked until the job was done, and you still put 9 to 5 on the work sheet, regardless of how much more you'd done, but if you wanted to sometimes have a two hour lunch, you could. Under the new system, that didn't happen, and so they didn't get any more value, they got less value. I think that happened to all of us [nurses]. I don't think they realised that...so even though I could have stayed on, I retired. I'd had enough.

If the work [nursing] situation hadn't altered, I would have kept going...the job had changed to such an extent that I wasn't enjoying it. And so I started to think about other things, and there were other things in life I enjoyed more, so I retired.

I didn't feel as much in control just prior to retirement because of the politics of the place. Basically, I was off work because of an operation. When I came back, someone else had been appointed to my job. In essence, what they were saying was that, after 30 years we don't really want you to be in charge. They said we've appointed someone with a different degree to yours, and so you can, in effect, go and play [office-holder position in a large professional organisation] until you retire. The person whom they had appointed then said he wouldn't be taking up the position for another six months. At that point I was then told to get back to my job—to go and get on with it. That was very upsetting. As it turned out, the person they appointed was as crazy about our particular field as I was, and we got on very well. After I retired I went to work for him [in his business] later on [laughter]. So, as far as my work was concerned, things didn't suffer, but it did upset me. In the end I got tired of the politics and they largely contributed to my decision to retire at 60 rather than 65. It makes a difference retiring early that way. For me, it

was the difference between receiving 25 per cent of my retirement salary at 65, and what I got instead, which was 20 per cent as a pension. I worked out that I could manage eventually on that. But I'd have kept on if it had been something more satisfying.

Most of the women in this study evidenced an Internal locus of control orientation. Controlling life, rather than being controlled by life, was a fundamental way of being for most women, as these extracts suggest:

I'm a bit of a fatalist at heart [laughter]. If good luck and good management and opportunities come your way, well, if you're successful—fine, and if you're not, well there's always something else around. And mostly you manage to be successful. Certainly on the positive side, sometimes you don't have control in a public education setting and other times you do. Sometimes you'd think, hold on, this is my school—I'll make this decision and take what comes of it, and tough luck! So it's a balance of working between those two parameters. Within the state school system there were things you could do to make the system work for you, but certainly there were things you couldn't do, and limitations. When I first started as a principal I had a terrific sense of control and power and whatever else it might be. I think I did some reasonable things. I was also frustrated by some red tape, but I think you think, yes you've made it to that stage and you're not into twenty years beyond and disillusioned ...but then I didn't know about staying in a school where I would have to possibly close it down. So I took a package and it was good ...so I maintained control in all of that.

I've always had excellent control—I'm very adaptable and get things in hand. My husband could become unwell. And that could become a problem. My husband retired at 60, while I stayed on until I was 65.

There wouldn't be any area of our lives where we haven't had choice. It's very much a focal point of our lives. We meet regularly to discuss change and developments, and we always collaborate. When I became a Sister [in an Order] I was in my early twenties—a long time ago, so in those days I would have given up my control of my life, because obedience was seen as God's will coming through Superiors. But now we've been questioning the wisdom of that—normally that worked very well because our Superiors were mature women. Plus we were fulfilling needs in society that nobody else could meet in education and hospitals. But times have changed—we have got older. Now the key word perhaps, is discernment. Not being told. Not being controlled. But trying to work with very

competent people to work out where the Lord is calling you to be—so it has been a change of emphasis through developments in religious life. And also, in [religious] schools the parish priest is very much the manager. Which, as an educator, didn't satisfy me in the slightest [laughter] because he wasn't necessarily an educator. And the male—female things were always very strong...and of course we [the females] always looked as though we had it all together, and we knew where we were going. It must have made it very difficult for many males. It isn't very easy to get collaboration with some of the male clergy because they are single men and they haven't had a woman to help knock the rough edges off, and that is a bit of a pity. That's the control thing I see. Also, I haven't good skills in patiently working through a process with them. I'm more likely to do my best to achieve what I want, and then give up and quietly go my own way [laughter].

Up until 1993, I had good control over everything, both work and home. In a professional sphere a problem arose due to the change of leadership...I'd never had trouble working with anyone before. That was pretty difficult to deal with and I think I'm still recovering from that. You do your best [laughter]. You try to make the most of the cards you are dealt. In one sense some things are out of control, but in another sense, I can always say no [laughter]. I think I have enough control.

My locus of control over events has been, and is very strong. I control my life. Nobody else is going to move me into doing something that I don't want to do. My grandmother and mother were both very strong women, and I'm like them. I suppose what I didn't expect was getting married.

I didn't let work control me to the extent that I got too stressed. In my job everyone tended to look out for each other, so that helped. I always took myself seriously on the job, but my role as a parent came first.

Like almost all of the women in this study, one woman saw her control capacities as strengths. It may be that her now ex-husband did also. She was physically beaten by him regularly. She wondered whether her level of control was a problem for him:

I've been able to control things pretty well. I was trying to control the family situation and trying to get enough money to keep the family

together, when my husband was retrenched. It's amazing actually, I have often wondered if I hadn't been so in control, would my husband have been more so. But then I think, that sort of person, you can't stop really.

When women decided to exit their work place—with or without any monetary incentive to do so—or a violent relationship, they were effectively maintaining the control that characterised much of their lives. Whether the catalyst had been reflecting about the nature of work, quality of life concerns, philosophical, moral, or ideological issues, or simply tiredness, the initiative of women to exit evidenced a temporal maintenance of control on their part. It also signalled a way of maintaining—or regaining—a reasonable level of life satisfaction.

For those who were, in essence, forced to retire due to ill health, caring responsibilities or an organisational closure, the exit occasioned a challenge to their control. It also provided little likelihood that their life satisfaction would be enhanced by the imposition of retirement. Many women's lives were taken up with caring roles in the latter part of their careers. In the following extract some perceptions are provided from one of many participants who gave up full-time work in order to care for a parent. Her decision to voluntarily exit full-time work, she believed, maintained her control of life:

When I reduced my full-time work to part-time work to help my mum when she was very ill, it was my choice, and that made a difference—I didn't have to do what I did.

However, a development within the participant's family circle shook her view that she was in control:

With a difficult mother-in-law who became very ill, I realised she couldn't live with us and it took a lot of working through, on my part, to try and come to terms with the fact that I couldn't cope with having her live with us. And say so. I feel that has made me stronger, because I haven't always been assertive—more a bit of a softie.

An additional development within the participant's household challenged her control further. Her husband joined the ranks of the unemployed, for the first time in his life. In speaking of this development, the participant reflected:

I tend to think I have no control over my life anymore. I've thought lately, things were beyond my control, but that's probably not fair [laughter].

Although this retiree had no control over the health of her two relatives, nor the redundancy, her ability to choose how she cared for her mother enabled her to feel she remained largely in control. With the diminishing health of her in-law, she exercised control—with difficulty—by establishing space between the in-law and herself, as the carer. She was, however, challenged by the difficult personality of her mother in-law. Her husband's redundancy represented a further erosion of this woman's locus of control. Whereas in her current carer role she was able to maintain a physical distance between herself and her in-law, this couldn't be done with her partner. No such boundaries could be established, as his day-to-day base was now home. She was unclear about the future implications of the development.

One retiree who is no longer a carer, reflected upon her experience in terms of what it might mean—in the future—for her friends and herself. She particularly does not want any loss of control, on her part, to alter the lives of those close to her:

When my mother died, I was very upset. When my father died, I wasn't. Why should I be? He was 80, and he'd lived a great life. And I'm beginning to realise now that there is only one other of my close, inner-circle of friends who doesn't have a carer prospect hanging over them. They all have elderly mums, and they are all concerned in greater or lesser degrees. So I don't want that for me—to be a problem for someone else.

Pre-Retirement Health Status Is Taken Into Retirement

About 88 % (74) of the interviewees regarded their health as being either excellent or good in pre-retirement. Most of these women indicated that their health status in retirement was about the same as or better than it was in pre-retirement:

My health is much the same now as it was prior to retirement. When I was working I had a particular type of arthritis diagnosed. I continue to take medication for that plus a back problem, brought about by the arthritis, and that necessitated an operation about three years prior to retirement.

[Prior to retirement] I was always a basically very health person. Within a year of retiring, I developed [cancer]. I've been very fortunate in that I have—according to the doctor—been cured, but I have regular checks and so forth. You get a bit nervous during the checks, but you also think, gosh I'm lucky that I'm not having to postpone meetings which I would have had to, had I been working. I feel very well overall and I really like the fact that I don't have to push myself. If I'd been at work I don't think I would have felt so good about having to deal with a few of these health things.

On the whole my health has been quite good. I became principal at [school] and had two troublesome teachers, so it wasn't an easy time. They [and other staff] went on strike. All of that upset me. The mother's club, Education Department, and parents were wonderful and I got through it...overall it was a wonderful experience. Now I walk a great deal and play tennis with some women who are less than half my age, twice a week. I also play table tennis twice a week with the girls here.

I don't think there's been much change.

Retired in 1993. My back problem flared up in early 1994. I had high blood pressure when I was working. In the end, with my back problem, I had an operation because I could hardly walk. Now I have to rest when I get tired. It does limit me. It's a matter of trying to manage it. I used to walk a lot and swim. I'm still allowed to do both, but only short walks...in myself I feel fine. I've had bad bouts with the back, but it tends to come good, so it's a matter of managing it. Overall, I don't think I've got too much to complain about.

No it hasn't changed much. Some of that is my faith. My earlier fitness has been a help, I think. My diet is excellent and balanced—plenty of choice.

Overall, good health. Most of these chronic things I had before I retired, some, such as my back problems, I've had since I was in my thirties.

I think my state of health was good, and is still generally good. I'd been doing fitness exercises for about ten years prior to retirement and I've kept them up. Overall, my nutrition is good. I figure if I don't look after my diet, nobody else will. As well, I have to function well, and the only way I can do that is to eat well.

Overall my health status was pretty good, and this is so in retirement. This is due to my seeing health as a whole—I like to have a positive frame of mind, and to get on top of things, and to have a good understanding of where things are at.

I didn't worry about my health status for the future when I was at work, except that I thought it would get better. And it has.

My health changes have all been for the better [laughter]. Because I don't have to push it the way I did. I have a much more relaxed life style. I felt the years were getting away from me. I wanted my grandchildren to have some wonderful experiences with me. I have such lovely memories of my grandmother. So I do that with them now. They tell me stories, and I tell them stories, and they draw pictures for me, so it's lovely. Five years before I retired my health was very good. But the job was high pressure and tiring. Twelve hours a day—particularly if I was standing all day—was physically tiring. Also, it was mentally draining because of the concentration required. I thought about my health longer term, and discussed it with my family and the company. The company promised me two days work a week. That plus wanting to spend time with my

grandchildren when I was in my early 60s, was important, so I retired early at 60.

I've been pretty healthy for most of my life. I think I'd finished my career with about 400 sick leave days. But in the couple of years prior to ending, I was getting much more tired. Mother's health was going down and I was having to do much more at home and at school it was just at the time when communities were getting involved in schools. Principals' jobs were starting to get more demanding and there was much more to do. There were committees running after school, then I'd dash home for a meal and go back to school for another meeting. So after about six months I started to find at principals' meetings that I no longer knew those who began turning up. Principals I knew so well were retiring at 55 and so I then decided I would be too, at the end of that year. Now I've taken up golf and am feeling a lot less tired. I play golf twice a week, once with a club and the other time with friends. I still care for my father, and his health is deteriorating. It's very interesting to sit with principals at the principals' annual dinner. Usually you're sitting with women—mostly single, and almost all of them are looking after their elderly mothers who are in their 80s or 90s. I don't begrudge it at all. But sometimes I still overstretch myself and get a bit tired.

The event of retirement for another woman created opportunities that were not available, or considered inaccessible, whilst raising children or in paid employment. At her instigation, she and her husband separated early on in her retirement. She expected her time for leisure would also increase so as to enable her to take on leisure pursuits that previously had not been considered viable, due to competing demands. Although she continues to have poor health, which requires daily medication, she believes her health has improved since she retired. One woman's health status had declined dramatically following retirement:

My state of health before I retired was terrific—very good indeed. I taught for 20 years prior to retiring, having done other jobs before entering the teaching profession. In those twenty years, I had only about five days away for health reasons. When I retired my health seemed to fall apart...all sorts of problems...blood pressure, shingles, bronchitis, and so on. Since then my health has been so so. Having a period in my life when

I was very well, it [the health problems] came as quite a shock. Obviously I should never have stopped [laughter].

For several women, the poor health which characterised their pre-retirement years, usually accompanied them into retirement. Poor health in itself was a concern for retirees who were so affected. Their retirement experience seemed to be shrouded by dissatisfaction if, in addition to a poor health status, participants had been retired due to ill-health, or divorced at the instigation of their respective husbands.

Major Life Events

Major life events that had not eventuated as expected, calibrated the life satisfaction of several women. Divorce was the most extensively referred to event which was associated with diminished life satisfaction. For a number of women, the separation from their husbands was traumatic for a few years. For some women the implications of the loss remained on a permanent basis. In this study, 18 women indicated that they had been divorced. One woman from this cohort had been divorced twice.

For most of those women who had married and/or had children, their life satisfaction had been enhanced. When a decision to exit the marriage was made principally by the husband, the loss of the wife's life satisfaction was dramatic. Usually the decision was conveyed to the wife by (a husband) verbally broaching the matter. In three instances in this study, the husband's departure had been effected prior to him notifying his wife of the separation. In another two instances, where domestic violence characterised the marriage, the women were

ultimately pleased to be divorced. One such woman indicated that it was she who initiated the divorce proceedings. The other woman did not indicate who took the initiative. The woman who spoke of having finally put an end to nearly twenty-five years of beatings mentioned, with a sense of pleasure, the elaborate and ultimately effective way in which she established proof of her husband's brutality towards her. Both women were divorced at a time when their children were young adults.

However, for most divorced mothers, the prime responsibility fell to them to raise their children. The loss of husbands resulted in the affected women having to deal with such a loss on the home front and in public settings. Perhaps predictably, children were distressed at the loss of a loved parent and the replacement of previous household arrangements. The time use of wives who had become separated or divorced, changed considerably. Shared parenting, even though sometimes unequal, was an early casualty, leaving wives to operate multiple roles in and outside homes. In retrospect, several of the women have held to their views of disillusionment and frustration at the failure of their husbands to provide adequate—or in some instances any—fiscal maintenance.

The loss of income (the husband's salary as well as little, or no maintenance) made the earnings of most women particularly vital during the first decade following a husband's exit. The precarious nature of one woman's role as chief breadwinner was noted by her employer, and used to (his) advantage.

I've been in a position as a sole parent. Where I worked at one stage, they did do things to me knowing I had to have the work, that I didn't have that independence, in essence, working under a threat because I had to have the money...

For other women, the loss of income required them to remain in, or re-enter, the labour market unexpectedly or in desperation.

When I started teaching I thought I wasn't really cut out for teaching. I was too reserved, particularly on a one-to-one basis. But the experience of shifting around a great deal as a child and prior to marriage, was one of those things in life which left me—like many women and girls—with not a lot of choice. When my former husband said he wasn't coming back and only supporting us very little, I felt pretty cross that I more or less had to keep on with teaching, something that I virtually had to do, and wasn't very good at. Certainly my heart wasn't in it [laughter].

When I resumed work it helped get things financially under control. I didn't feel I had so much of a handle on the job, though.

Whilst the continuance or unexpected resumption of work provided a needed source of monetary support to the household, it also provided some women with an opportunity to redirect thoughts or share conversations which, to some extent, were cathartic.

The interactive nature of the job became vital to me, because of what had been happening. Talking with people, sharing.

I was in the work force when he left, I was doing an administrative job at [place] and I quite enjoyed that, and that kept me sane really. If I hadn't had the job, I think I'd have gone quite nuts with the emotional strain of it. But I had people, I had support—colleagues at work, and you could talk to them. I had an incredible urge to talk about it [laughter].

When the marriage broke up, it helped to talk about it with some of my friends at work.

For another woman, spending time with family and taking on a leisure activity assisted her in dealing with the divorce:

The grandchildren were probably a lifesaver when the divorce was going through. I'm still young enough to enjoy them. That's where most of my

pleasure is really. I still do yoga. Began that when my divorce was going through. That probably saved me from being put in an institution [laughter].

Women who resumed work hastily sometimes found themselves in untenable jobs that—despite being unsatisfying—had to be endured. Three women linked their difficult work arrangements to the development, or exacerbation, of serious health problems:

When I returned to work, it was in a stressful setting. I wasn't doing well but I didn't have much choice.

I loved work but it became very stressful and my health deteriorated—there was a lot of pressure and my health was going down the drain. I became ill. If it hadn't been for my health, I would have stayed at work...being retired is the pits—it's really awful. Well I suppose it depends on your circumstances, but I'm a single woman, and my family is scattered, and I'm on an Age Pension.

I went back school teaching when my children were approaching their teens. It was a government school. It was hell, un-mi-ti-gated hell, ...there was just no discipline ...I had large classes of students who didn't have a hope of achieving ...I put up with it for six and a half years because I had the children to bring up, and very, very little maintenance. Practically no maintenance, and a mortgage to pay off and life was hell, unmitigated hell, so I gave up when I was too ill to go on further.

In the end, the health status of five women (who did not initiate their divorce proceedings) necessitated early exits from the work force. One had superannuation, buttressed by investment earnings. Three had inconsequential superannuation coverage, one a nominal level of benefit, and the other had no coverage. One is superannuated, two now receive the Age Pension and two a part-pension. The perceptions of four of the five women concerning their ex-husbands' financial prosperity being robust (in the medium and long-term

following the separations) were made on the basis of reliable sources of information. Three of the ex-husband's had risen to occupy extremely senior public servant positions, the other was a highly successful businessman. In the case of one woman, her husband of twenty years left her at a time when she had three young children, one of whom had enduring, and serious health problems. She remained at home with the children until they were young teenagers and then got a job. The job helped with costs toward a modest home and child-rearing. It was maintained until her health could no longer stand it. This was done with only occasional and minimal financial support from her ex-husband. Although she accepted that separations and divorces are part of life, she regarded some of the practical consequences of such events with a degree of concern. In her view, she received nothing of her ex-husband's superannuation policy. Whilst he lives in affluence, she is unable to afford to have her weatherboard house repainted:

Now, financially, I could get into debt, I have practically no capital—I just remain afloat by being very strict and I sometimes get a bit annoyed when I recognise the fact that my ex-husband has a million dollar property which he shares with his new wife and I don't get any share of his superannuation and I don't get any assistance whatsoever from him. I do sometimes feel I haven't got my finger on the control of finances—if things had somehow worked out differently—but I can manage, I don't get to as much theatre as possible but I do go to the libraries and to my courses. But I sometimes worry if there was a major disaster, how would I cope then...things like the winter concessions on electricity and gas are essential...

Her questioning of equitable financial dissolutions and managing the raising of her children on her own however, are weighed against other considerations, both past and present:

I got great satisfaction from being a mum. I really felt I was doing the right thing...I realise now that I did make a tremendous sacrifice because I had to free [husband] from them [children] so that he could [do his arts interest]...I didn't get a chance to play the piano or have my own friends, which I do now. As far as life satisfaction is concerned now, I'm positively purring. My greatest life satisfaction in life now is my music and literature ...I have lots of interests ...films, theatre ...I belong to seven different societies, attend classes, and life is very rich and full and delightful ...hope I'll have forever ...like to travel more but health and money limit that.

This woman also gained considerable life satisfaction from her children and their children. This affection is tinged with one qualification, which itself appears to be accompanied by a modicum of guilt. In describing one thing she doesn't do for her children she noted:

I don't baby-sit my grandchildren. I'm being perfectly selfish, and I'm not burdened as a lot of grannies are, with baby sitting.

She believes her locus of control, which suffered when family life and work were not working well, is now very much of her making:

I feel now I'm very much in control, I control my own health, own finances, own [extended] families [laughter].

This heightened control is, however, diminished if the health of her chronically ill (adult) child significantly impacts on the child's—or others'—well-being. Under such circumstances, the woman, who is aged in her seventies, and still has considerable responsibility for her unwell child, indicated that:

My life satisfaction, health, and locus of control all reduce dramatically if [child] doesn't have the medication and treatment needed to keep [child] under control.

According to the details provided by the ex-wives, all but one of their husbands remarried. The one who did not remarry became terminally ill shortly after his departure. None of these women remarried.

What these retired professional women now have in common, is a shortage of financial resources. None of the retired professional women regretted spending their income on (the raising of) their children. With one exception, in respect to their ex-husbands, they consider that such actions subsidised the living standards of their former partners and at the same time denied themselves the chance to freely spend and/or build up resources for their old age. The one key asset which each of these women secured through their re-entry into the labour market was a family home. Each woman hopes to remain in her home for as long as possible—preferably until death. Although modest in every instance, all but one woman indicated with some sense of pleasure, that she hoped to leave the property to her children.

The women believed it was preferable to have provided children with two home-based parents, rather than one. To be left with the entire responsibility—as some women were—for raising as many as five children, was a testing, and at times, isolating experience. Sole-parenting had not been in the early life expectations of any of these women. Instead, they had envisaged an enduring partnership. The need for affiliation and affection was initially ruptured by the husband's decision or action in exiting in all but a few instances. For one of the few women who initiated a separation, the decision had worked out well:

It's just me now. I only have to be me now, not a wife, not a mother, just me, and it's great. I'd only have dogs if I had my time over. I had to leave

work when I got married, and, when the kids left, I did my training to become [a professional], from then until I retired. So I had about 15 years of work history and I was temporary initially, and, as you weren't allowed to have superannuation and I wasn't able to take a full super package, I had to take a lump sum because I hadn't contributed enough. But I'd always managed the [joint] money. I wasn't going to see it frittered away. So I invested it in property and so, in the 80s, we did well. I'd always looked to the future when I was young regarding finances, because my husband was hopeless at it, hopeless. So it's worked out in that sense, we each have a house to live in now and he's got his superannuation policy and next year I'll be able to get a part-pension, which will be good.

The separation resulted in greater life satisfaction in retirement. It also placed into context an understanding of her locus of control prior to retirement and in relation to the partnership she once shared:

My locus of control at work was pretty much under control. It was really at home that it was a problem. I think if I was born in this age, I don't think I'd get married or bother with having a family. In those days there was a lot of pressure to get married...there are a lot of women who aren't natural mothers and I'm one of them. Society is very hard on those people and I think it's very wrong. People should be able to say I'm not maternal. But I don't think women are able to say that. Still, it is changing. There are a lot of people who know that they shouldn't have had kids, but it isn't talked about because it's not acceptable.

Forms of connectedness with other adults were not resumed in the short term for most divorced women because of a complex of practical factors. Having to deal with the individual effects of the separation and, in addition, having to care, and provide for their children were prominent explanations.

Thus, the desired life journeys—or those viewed as preferable—were not achieved by these women, as had once been expected. The fathers of the children, many women sceptically observed, had resumed their life satisfying journeys, following a mainstream approach. Such an approach was underpinned

by a new wife, substantial property, financial standing, and outwardly impressive careers. In the public arena, the husband's contributions were well rewarded. The public efforts and images however, did not—in the eyes of the retired professional women —camouflage the private realities of their ex-husbands' lives:

I get very bitter about my ex-husband, he remarried at 42—to a girl aged 20. He lives near the grandchildren, so he sees them all the time and it gives me feelings—bitterness, jealousy...I'm not sure what. I try to suppress them. I think, you rotten sod, you were rotten to your own children and now you have the benefit of the grandchildren...

In a similar vein, another woman reflected:

Here is a question which is not often embraced but it is very, very real and very much concerned with myself and other woman in similar situations. How—as in my case—can I have survived twenty-five years without a husband, a partner, after having been happily married for twenty-two years with a family, children. I know all about the love business. How does one do without the love business and remain sane and not bitter and jaundiced and over self-concerned? ...it's a question that concerns me very much ... we older women need to find an avenue of expression which will counter and help with this very real question—how do I survive? I'm not sexless, I've had a rich sexual experience in my marriage ... for so long I've had to keep to myself ... how does one remain same? It's not addressed ...

In the eyes of these retired professional women, the failure to at least ensure that the redundant family's arrangements and members had been provided for, suggested an individual and societal deficiency. The shock and disillusionment at the loss of their marriage partners was made worse by the failure of ex-husbands to recognise legitimate costs associated with child-raising. The failure of the professionally-employed husbands to contribute adequately also may have implied that, to them, the tandem responsibilities and roles (which their ex-wives took on subsequent to the separation) counted for little. Ebaugh's

(1988) study of individuals who divorced shows that following separation, many affected individuals experience feelings of anxiety and worthlessness. The overcoming of these feelings, Ebaugh suggests, evidences an effort to develop and adapt to a new role. The perspectives of retired women in this study, concerning past experiences, shows that they were particularly adaptive. However, the divorce experience and role loss were retrospectively viewed in an essentially similar—if subdued—way to their reactions at the time of such events. Thus, whilst there was a shifting of foci and new or altered roles were achieved, women's beliefs about the primacy of some life priorities and preferences did not change when being scrutinised in terms of life satisfaction.

The initiative of the husbands who left their wives and children, in effect, provided the men with expanded opportunities and freedom. For the women who were left with the chief and often exclusive responsibility of the children, opportunities and freedom were constricted by the dissolution of the partnership. In this group of husbands and wives, the act of separation represented an altered life stage for all. For all but one husband, the loss of a partner was transitory and temporary. For these ex-wives, it was a life period marked by no such close interpersonal associations. As such, for most of these divorced participants, they entered retirement essentially 'on the back-foot'. With the exception of two women, monetary and identity losses which resulted from the termination of the marriage contract were not recouped prior to retirement.

Unexpected or unwelcomed separations or divorces can impact considerably on the life satisfaction, health status, and locus of control of many who have been so affected. The comments that follow underscore how devastating life events, such as divorce, the loss of children, poor health, or all three, can be when it occurs against a person's wishes. They also highlight the enduring impact that not achieving key life priorities can have on an individual. As one woman indicated:

Basically I'm a pretty healthy person and I probably came from pretty good stock. Up until 1982 I didn't have a doctor, so I didn't have any health problems. The only time I saw a doctor was to get a shot to go overseas. Then an enormously catastrophic, tragic and stressful event obviously had a tremendous effect on my health. I immediately—with shock—lost about a stone and a half weight...I was in physical shock...I wouldn't have believed it could happen, except it was happening to me. They say stress can kill, well, believe me, it can. I have a bit of trouble handling it myself but I don't have much choice [laughter] I really have nothing to live for, except some tasks that I might set for myself. Nothing really to look forward to. No...my life is virtually over. So as I see it, it is over.

For this woman, the loss, prior to retirement, of her partner of nearly three decades and the subsequent break-up of her family left her with little that was positive and substantial:

It is also extremely liberating because there is nothing more that can happen to me that hasn't already happened. There are no more disasters. I haven't got anything left to lose. My health can deteriorate, but I'd probably sort of opt out at that point because I'm a decisive person. So that all of the things that most people in life fear—you know, you fear what if anything happened to my husband or my children or my grandchild—I have absolutely none of those. I've got no more [laughter] hidden skeletons in the cupboard to fall out [laughter] so for that in itself, I can be grateful [laughter]. I've survived the illness, I've survived everything that can possibly happen. I enjoy life on a superficial level. I

suppose my life ended in 1982. What I've done since is reconstruct myself from the ground up. It's almost like having that blank wall there and you've got to paint it. And I became very aware of the fact that every morning when I woke up, I had 24 hours in a day, and what I did with those 24 hours was entirely, entirely up to me. If I wanted 24 hours of happiness, walking in the garden or arranging flowers or whatever, I needed to put every minute of happiness together. If I put minute by minute by minute together, I'd end up happy that day and if I could do it the next day [laughter], I realised, you've probably got a happy life, but every minute virtually had to be created, deliberately, and consciously. That's a bit tiring but [laughter] like anything else, you get into the way of it. I'll tell you, one of the words of wisdom in my life situation is that it's not how much you have, that makes you happy, but how much you enjoy. Now I can enjoy walking through the rain or looking at a beautiful tree...looking at some books about people. I often wonder, were they happy? I guess what I'm saying there is that the secret of well-being in life is not to concentrate on you, but to concentrate on the outer things. If you keep putting yourself in the centre, if I ask myself, am I happy? No I'm dead miserable [laughter]—I mean why don't I slash my wrists [laughter] so I don't ask myself that, [instead I think] gee I've got this to do today and I'm very busy so that I live outwardly a lot. So I enjoy a lot of things, I have a great life, superficially. I have a lot of friends. I go to the Melbourne Theatre Company with a girl friend, I like the theatre, I used to go to the ballet and opera but I found I couldn't afford that just lately but...one of these days. I still enjoy them and still love listening to music...read...study, I do a lot of voluntary work, so up here [pointing to her head] I lead a really rich life.

The loss of a husband through a divorce was an extremely stressful event for another woman, after fourteen years of marriage. Certainly her life satisfaction, health status, and locus of control were altered by the trauma which was associated with the divorce. More profound, however, was the loss of her children. This woman's ex-husband successfully fought for the custody of them, in what she described as "a very acrimonious situation". Prior to her marriage she had been a teacher:

My career was interrupted because I got married. I went back as a temporary when my daughter was at kindergarten, because there was a shortage of teachers, but one of my children's school hours, and my work

hours [because of the distance between the two schools] couldn't be reconciled. I couldn't get there to pick [the child] up on time, and that didn't go down well at [the child's] school. So I again stopped teaching. I'd only been allowed back as a temporary because of being married. When the marriage broke up I returned to teaching and taught for twenty years. I eventually got permanency, although my health was a bit questionable because of the acrimonious goings on and losing the children.

The poor health that this woman had was accelerated early in her marriage and remained with her throughout her working life:

I retired on health grounds from the Education Department when I was 54 and there were a lot of changes going on, and it was very unpleasant, and I'd had enough. I just couldn't take any more. It was a bit of a business going for medicals and so on, but I thought, I've done enough and I wasn't enjoying it.

In earlier working periods demands of school distracted briefly from the loss of her children. When her supportive principal left the school, the newly-appointed principal was keen to make changes that removed much of the satisfaction this teacher gained at school. Her exit from the teaching service happened in a comparatively short time:

I hadn't thought about or planned on retirement, it was a very quick thing—the decision to retire. I'd been very happy with the previous principal. [With the new one] I just thought, I've got to get out of here or I'll go bananas, I was very glad to get away from teaching.

Retirement for her has meant a cessation of the workplace pressures, but also a loss of social contact with several valued colleagues and her association with students:

I miss the day-to-day contact with people. Also, when I was teaching, I got a lot of love from the students. Neighbourliness is pretty dead around here. People don't communicate with the people around them. The friends that I made when I was first on my own are all younger than me.

They're still working and have got their own families, so I don't see or hear much of them, though I have contact with one of them.

In terms of her life satisfaction in retirement, what particularly appeals is:

The chance to just be able to do things when I want. If I feel good, I'll do something. If I don't ...[shrugs].

Retirement for this professional woman also has been characterised by extreme disappointments and surprises:

My daughter, who is 41, I haven't seen her [pause] since she was quite young. She's very successful, I know that. But I've never seen my grandchildren. She's got 3 children and I've never seen them. It's hard when you're mixing with women of my age and they are talking about their grandchildren and—it sets me apart. I'd love to see my daughter and grandchildren. I'd love to see what they look like. But my son made contact with me a few years back. He turned up one day. I don't think we'll ever have that sort of closeness, because there were years when I didn't see either of them. I wouldn't pull or push my children round when they were young, but my son is a very nice young man and very well educated. It was out of the blue. He just turned up here one weekend, and he contacts me from time to time. He came to see me last Christmas with his girl friend. Yes, yes, it was a big breakthrough but, as I said, I haven't seen him for 24 years since he was 10. He's very nice to me. I don't think anything will ...[pause] when I had a minor operation last year he and his girlfriend came to visit me in hospital, which was lovely. But I don't think anything will ever make up for those years. And, but, he just must have decided to make contact with me. But I can't ... It's not like people who have grown up with their mother. It'll perhaps get closer as ... but I don't like how every time—you ... know how older mothers contact their children if they want help with anything—I can't bother him. I don't want to be that poor pathetic women who is a bit of a nuisance [laughter] because he has got his own life and work. But it's not like ...[pause]at least one of them—I can ring him any time and leave a message on his answering machine. I'm getting to know his girlfriend a little bit better. I don't know if anything will come of it, he's had a procession of live-in girlfriends [laughter]. I accept all that. I don't know whether he'll ever settle down, perhaps in his fifties [laughter]. That relationship [with the son] is wonderful—nearly bowled me rotten [laughter]. When this great big man came to the door this young man said "I'm [son's name]". I had to have a good look at his eyes to be sure...

Pre-Retirement: A Platform for Achieving Life Preferences and Priorities

The most satisfied retirees in this study were women who—in retrospect, and in the present, had developed identities, roles, and 'ways of being' that coalesced with the achievements of their life preferences and priorities. Most mothers and career women had, prior to adulthood, identified themselves as having these future roles. Both were seen to be viable life options although it was accepted that the requirements of each (role) sphere may vary at times. Most women took time off from their careers whilst their children were young.

Temporarily withdrawing from the labour market for family purposes was often less problematic for these women than it was for some employers, colleagues and labour market legislators. Such a physical absence was often regarded as indicative of an incomplete commitment to the work place. Professional women viewed their decisions to withdraw for child-bearing and rearing purposes primarily with qualitative concerns. Despite the loss of material rewards (for example, superannuation entitlements) for adopting their parenting role, women, in the main, were highly satisfied with their achievements in terms of families and careers, prior to retirement. Thus, women who both valued and 'succeeded' in marriage, having their own children and a career, were usually able to enter retirement with substantial life satisfaction, and an Internal control orientation. If health—a facet over which women did not have complete control—had been robust prior to retirement and essentially remained so once in retirement, the prospects for continued life satisfaction and a continuation of their locus of control augured well.

A similar scenario was evident amongst most women who had not married. Their decision—usually made in early adult life—to not marry, blended with their preferences and priorities for life. They were not decisions taken by default. Thus, almost all of the single women chose their life style and achieved considerable, lasting life satisfaction as a result of that decision. One single woman regretted not having children. The regret came to her once she was beyond her child-bearing years. Other single women were quite content to enjoy the company of children in work settings such as in schools and hospitals, or through neighbourhood networks or family links. For a majority of single women, links with nieces and nephews remained a source of much life satisfaction.

Almost all of the single women achieved at work in ways that satisfied their preferences and priorities concerning occupational forms of engagement. Most of the single women in this study achieved a continuous work history. Many of them had mothers and/or fathers living with them at varying times, when they were working. These women often experienced differential treatment to men in job settings. Promotions and other forms of recognition were usually given to these women less frequently. Generally, however, they advanced within their careers more quickly than married women.

The stalling of opportunities for all women, irrespective of partner status or any allied institutional explanation, was understood by single women. The consistent—and unappreciative—nature of employer and organisational responses to women's efforts in pursuing careers, may have made individual rebuffs easier to

deal with. In such instances, the control of women—often influenced more by powerful others than personal efficacy—may have remained fundamentally intact, so far as their Internal orientation was concerned. In comprehending promotion delays and other disappointments, many women understood that the context rendered differential their reward prospects in comparison to those of most men colleagues.

The capacity and preparedness to dedicate themselves on a long-term basis to their profession (in the case of most single women), or a series of jobs, evidenced a fulfilling of one of the unwritten rules of the labour market. The norm of a continuous work history is sometimes used to explain why women generally, or women who are young or married, are passed over when job determinations are announced. Such an achievement (of continuity) did not always effect an equitable consideration of single women in the labour market. However, in itself, it constituted another achievement by single women who identified strongly with their chosen professional roles. In one sense, such an identity needed to be robust, because their status as 'permanently' single women was less sanctioned by society than those of single women who were temporarily single (prior to marriage).

The preparedness to commit oneself to a career on a continuing basis although not necessarily acknowledged by others, thus, provided single women with life satisfaction. It also reinforced their Internal control orientation and belief that they could make an effective contribution and place for themselves in the labour market. With few exceptions, the health status of single career women

provided them with the necessary energy and fitness to undertake a lifetime of paid employment. Thus, the experiences of single women—whilst evidencing particular disappointments—reflected little disparity between early and/or revised life plans and their subsequent achievements. Most had been oriented to a profession. Many came from family settings where independence and achievement were emphasised, usually despite, rather than regardless of gender. These two factors encouraged the development of identities which were harnessed to ambition and advancement. Ambition was not understood in purely personal terms, but in concert with making societal contributions. Whereas married women often conceived of such contributions as being the reproduction of families as well as careers, single women identified diverse options as a means of contributing to self and others. Not being married was less problematic to them, in comparison to married women.

For almost all women in this study who married, subsequently divorced (at the husband's initiative), and did not remarry, their life satisfaction prior to retirement was diminished. It was less substantial than that of the married and (never married) single women. The status of divorcee—although still less socially sanctioned than, for example, a married person—does not adequately explain the differential life satisfaction of participating cohorts. Rather than partner status per se explaining the reduced life satisfaction of women who (mostly) identified as divorced, and (subsequently) single, the failure to have satisfied prized life preferences and priorities in pre-retirement provides a basis for understanding.

The consequence of role loss as wife and/or mother was profound for most of these women.

At heart, with the women who lost roles as wives, were often deeply felt resentments about the nature and circumstances of the role loss. Of critical import was being denied any effective control in the matter. The discontinuance of a husband's role (by her partner) created two powerful factors with which each woman had to deal. Firstly, the husband had refused to continue in his role, creating a husband-less household. Secondly, his actions also denied the wife her role. Thus, her identity as wife—which had, in most instances, been cherished and in itself valued as an achievement—had been effectively pulled from under her. Two challenges to control operated in these circumstances. The failure of the husband to reconsider—or be convinced of the worth of reconsidering—his decision to relinquish his status and identity as husband, was something over which the women had little or no control. This result then rendered irreversible the loss of each woman's role as wife. Thus, as in the circumstance of forced (rather than freely-chosen) retirement, life satisfaction and control orientations were manifestly challenged.

In the instances where children were a product of the marriage, there were further implications and considerable upheavals for the women. All such instances of divorce (in this study) involved children. The departure of a husband did not extinguish the role of father. Inevitably he exited from the home that he previously shared with his family. However, for some fathers, their on-going involvement and association with their children was reported as being minimalist

in spirit, and in terms of any presence being provided on a continuing basis. A few fathers maintained regular contact with their children. Common to all but one of these families was an apparent reluctance amongst the fathers to provide reasonable and sufficient maintenance for the children. This action in itself was another instance which fell largely out of the control of the children's mother. It also further implicated her time use. Caring for children, needing to get or keep a paid job, securing a house, attending to household requirements solo, and so on, were involved. Thus, whilst the departure of the husband extinguished the role of wife, it did not necessarily deny the children access to a mother and father. However, it almost invariably dictated the ways in which a woman's other roles—as mother and professional employee—were played out.

For women who lost not only a husband, but also their children, the consequences were devastating and engulfing. Identities, roles, life satisfaction, control, and often the health of women were shattered by these experiences. They suffered from being, in effect, repositioned—no longer cast as wives. Of greater consequence to these women was the altered concept of their roles as mothers. Their children were alive and yet absent. The children had been absented without the women's approval, creating an almost decentring effect on them as mothers. Feelings of inadequacy, guilt, remorse, and anger had been some of the responses to the loss of the children. Given the primacy of their identities as mothers, the passing of (up to) decades of time (in one instance) dimmed, rather than extinguished, memories associated with the original loss event. The passing of time did not exhaust a desire to establish some connection

with the children. There was, however, no belief that, in the unlikely event that they were reunited, anyone involved could return to ordinary mother-children relationships.

For these women the circumscription of motherhood calibrated their lives at home and in public places. Work, to some extent, had been helpful—a distraction initially, a source of some satisfaction at varying times, and a source of income. It was not however, an adequate substitute for the gutting of their identities as mothers and overall life satisfaction. At earlier life points these women believed their mothering roles, and way of life would continue unabated.

The loss of their living children and the redefinition, rather than complete loss of their roles as mothers, was in one sense, more problematic than if the loss of children had been by death, with a consequential role loss. Societal responses to the latter are usually supportive and sympathetic. To the former, doubts are often raised, sources of blame canvassed, and questions of integrity and reliability implied. Socially, there are institutionally sanctioned ways of publicly grieving such death losses. This is not so for women who lose custody either with or without the support of the legal system. These women understood that their resultant status (as mothers), in terms of the outside world, often invoked bewilderment and caution. Mothers living apart from their children are incompletely understood by society. If a question of the mother's mental health enters any such consideration, it appears to disqualify any apparent entitlements on the part of the mother. It also provides a catalyst (to friends and other members of society) for moving away from further comprehending the whole

issue. Thus, it can be argued that mothers who lose custody of their children are almost invisible in our society. If mental health suspicions are added to the picture, it virtually erases these mothers from the public arena. In so doing, they are diminished—as is their life satisfaction and locus of control—by, as mothers, having to retreat to a private world. In their private worlds, it seems (given the dimensions of their feelings) that they can only find a degree of sanction.

In the next section, attention will be directed toward the participants' perceptions which respond to the question "How do professional women retirees explain the similarities or differences between pre-retirement perceptions of life satisfaction, health status, and locus of control?".

Valued Differences and Vital Similarities

This section of the chapter examines the responses of retired professional women in relation to the second qualitative question:

How did professional women retirees explain the similarities or differences between pre-retirement and retirement perceptions of life satisfaction, health status, and locus of control?

Whilst consensus existed amongst retirees about what comprised key similarities and differences, their meanings were often individualised. Having extra time, for example, was named by most interviewees as a welcomed and prime difference between pre-retirement and retirement. However, whereas for most retirees this difference ultimately contributed to enhanced life satisfaction, for some it did not, due principally to how the additional time was used. Thus, not all differences—or similarities were interpreted as being advantageous or

deleterious to life satisfaction, health status, and locus of control in pre-retirement and retirement. However, at least some similarities between pre-retirement and retirement are necessary if life satisfaction, health status, and locus of control are to be maintained or enhanced once a retired professional women exits the full-time work-force.

Where sufficient similarities exist between pre-retirement and retirement, continuity (in terms of the three variables) can be achieved. The privileges which accrue to retired professional women come from having choices in pre-retirement. Frequently in this study, it was apparent that participants' capacities to make choices in retirement, were not as great as they had been prior to retirement. What was especially vital in many situations which involved making choices was income. Having sufficient income enabled women in retirement to make choices which, in turn, impacted upon life satisfaction, health status, and locus of control. Continuing to attend theatre gatherings and entertain were often-mentioned examples of long-standing interests of many women. These interests, like others, required money. Those who had to severely curtail their interests because of limited financial resources, usually felt their life satisfaction in retirement was less than desirable. For those who mostly did not have to limit choices because of monetary concerns, life, health, and control in retirement usually provided considerable satisfaction.

Proactive and Reactive Routes to Life Satisfaction in Retirement

Most participants in this study had occupied careers in which they were required to be proactive. Some of them applied this specific way of being to their

private lives. Planning and anticipation helped those retirees clarify—whilst still employed—what their goals in retirement would be. When these plans were effectively executed, either by the time they exited from employment, or once in retirement, there was considerable satisfaction noted. For one woman, a major purchase was involved in the successful implementation of her plan:

When I bought this house prior to retirement, I wondered if I should, because all my friends were buying units, but it is great...I love the garden.

Her work life had given her considerable life satisfaction. In large measure, her retirement is satisfying:

My life is quite full, I travel regularly overseas. Not so in control now because I have arthritis—means I can't do the garden like I used to, and I've given up tennis because of it, but now I play cards and I've got a new set of friends. I'm also in a professional women's club and meet a number of people there. I'm particularly grateful to card-playing for a new circle of friends—we have dinner, lunches and so on.

Another retiree shifted to a major retirement complex. Presently she lives there independently. However, her original plan to live in the retirement setting took account of the possible need to have a 'staged' plan. Such a plan provides further choices of living arrangements within the one property—independent living, hostel, and nursing home:

Ultimately I'll have to go into one of the fully-serviced apartments. Cooking, even preparation, is increasingly difficult. My sisters are wonderful cooks but I'm not interested in cooking. It's a chore. At the moment I feel quite well, although I can't do too much. My life satisfaction is very good. That was how it was when I was working. Also, I play the piano. I do that a little bit now, except it is on an organ, not a piano. I enjoy the garden and living here. Helping people has been a wonderful thing for me. I can still do that here. When I was a doctor it gave me great joy to help people, particularly children. Saving a very ill

child, for example, was a very special source of satisfaction. I enjoyed that, and moments like that.

Planning was valued by several other women, as noted by these comments:

Planning helped to ensure that my retirement is working out the way I wanted it to.

It is important to plan and live within your means, and stay in touch with people.

Prior to retirement, I reflected about things and worked out what I wanted to ensure it was a happy retirement.

I planned for a balanced life in retirement and that is how it has turned out.

For another woman the achievement of plans effectively made way for the goals which she wished to pursue in retirement:

My husband and I divorced shortly after I retired, which has given me considerable freedom.

This divorce, in itself, she claimed, contributed to an enhanced life satisfaction:

The divorce resulted in changes to some friendships, but they've all been good changes. I've only just begun to see that, for the first time, I'm content now, so I often think gee you're lucky because I can just enjoy the now, whereas before I'd always be thinking of the future or the family or always living for something else. Now I'm just living for now. You wake up each day and it's great, whereas before I couldn't have cared if I woke up at all [laughter]. I could have gone in the middle of the night [laughter]. Oh its lovely and there are no routines and, also in terms of the divorce, when you think I've got maybe 25 years ahead of me, why should I spend 50% or more of that time doing something somebody else wants to do? I see this with some of my friends who are still together. The arguments that go on over this—its just terrible. I think gosh I'm glad I don't have that now. I always felt when I was young that my older years

would be the best years of my life. I don't know why, but I always had that feeling, and it's turning out to be that way.

Retirement was seen as a time in which her control was improved. It was also an event identified as a means of taking further control, in contrast with earlier times in life:

Becoming retired, that was the ultimate sort of control. I was lucky because I could stand at work and get round my back problem that way, and so dealt with it. I think the marriage put more stress on me prior to retirement. If I was able to come home like a man, and sit down, and that was it for the rest of the day, fair enough. But you came home after you've done shopping on the way, and then when you get home, you're still on your feet. My husband retired before me and he was involved with a hobby, and he would come in whenever it suited him, and, once I'd sat down and stiffened up [with arthritis] it was hard to get up again. And then to get up and get his tea for him really, really irked me, because he felt he'd retired and didn't need to keep to any hours and why should he fit in, and that caused a lot of distress while I was still working, but that's all gone now and it's lovely.

In contrast to these "ways of being", detailed forward planning for retirement wasn't done by most employed women. What remained similar between pre-retirement and retirement for many women was a capacity to effectively operate within situations that presented themselves. The following extracts show how three women interpreted their situation:

I was too busy to really plan for retirement. I was either working, studying, or looking after my parents. Also, I guess I've always thought I could handle whatever situation I was in.

I don't think I ever planned for much, I just fell into things. Retirement just sort of happened. What am I doing? I think in retirement, this is one of the questions you keep asking. What am I doing all day? And the answer is, I entertain myself. At the moment I'm doing something voluntary, which I'm quite enjoying, it's satisfying. Domestic skills don't count, and I haven't many except cooking skills. I am quite a good and interested cook, otherwise anything domestic-like leaves rather cold. Life

satisfaction for me centres around my children, and in that sense, retirement hasn't made much difference. My husband and I continue to go to films and theatre. Also, I do that with a friend who is a widow...often to films. Plus, I get some satisfaction from having a meal with any of my children.

I've always believed that, in life, I'd always cope, whatever life threw up at me. In the five years prior to retirement, I enjoyed good health, I was very happy, but I was getting a little bit weary. Three months prior to when I was going to retire, principals were offered packages. I decided to take one. I would have been silly not to, because it was worth over \$50,000. Sometimes I've reflected and thought, it would have been nice to go the full term, but it was such a lot of money.

Retirement had not been expected to occur when it did for another woman:

Retirement came as a bit of a shock because I wasn't quite ready for it. We had to leave the business quickly because of my husband's health, and we were just setting up home, and [husband] died.

However, the support of her children and resuming an earlier job, as well as a leisure interest provided a basis for continuity between pre-retirement and her newly-found retirement:

When my husband died I didn't know what to do, so I went to a local ballroom dancing club...I'm extremely lucky, I've got an extremely strong daughter—I've got a good relationship with my daughter, which helped...losing my second husband was traumatic. Divorce is traumatic. Death, you have to accept, because it is taken out of your hands. Divorce—you've got to make a decision, or the other partner makes a decision for you, or whatever, and that partner is always around, especially if he is the father of your children. So you never really lose that—you've sort of got two lives—that earlier sphere, and then the other, and they are different. Now I do part-time work, which I'd done years ago.

The experience of losing her husband did not convince this retired professional women that any further planning was needed:

As for retirement planning, no. I'll probably do it one day. Many young people are worried about what they are going to end up with money-wise

in retirement. I don't think you need a lot of money in retirement. You absorb more in retirement—take in more life. I hope I can be like my aunty—very strong lady. She made a very big impression on me. She didn't have any children. She gave me her car keys the day she turned 90! We were very close—she was my model, for my entire life. She was before her time really. If I could keep going like she did, I'd be pleased.

An unexpected loss through the death of someone who was close, was felt deeply by several other participants in their retirement. None of these women expected to lose their partner at such an early point in their retirement:

I lost my special friend.

I enjoy life very much, but I expected to be enjoying retirement with a husband.

Most of all, I miss my partner.

I retired from working when I was 65 years old. Six weeks later, both my husband and best friend of forty years, died.

I find retirement very pleasant and full of interest and activity. There is a wonderful lack of pressure. My black spot was the loss by death of a very dear friend and companion.

Health Status From Pre-retirement to Retirement: A Story of Continuity

Seventy-three (87%) of the women who were interviewed regarded their health status in retirement as being either good, or excellent. When this finding is paired with the result concerning how women judged their pre-retirement health, it appears that for most women, the health status from pre-retirement to retirement was similar. Whilst this is so for almost all women, it was not the case for every woman. In the interviews, a couple of women referred to differences between their pre-retirement and retirement health status. That is, this sample

includes instances of women who enjoyed better health in pre-retirement or retirement and poorer health in the other.

For the majority of women, their continuing good health was attributed to a range of factors. It was generally believed that hereditary factors played a prominent part in explaining their good health. Others believed that combinations of hereditary factors, attention to diet, exercise, and other health-promoting experiences in life explained their health status:

Part of my good health is due to genetics. My parents lived into their 80s and a [relative] to 101 [laughter]. I've no desire to live to 101 whatever, 90 is my limit [laughter]. I think the 90s [age cohort] are a bit over the top anyway [laughter].

Good diet, moderate living, and a good foundation. My mother gave me a good diet and exercise when I was young.

I've always been very fit and healthy except for one bout of problems, but that is now back to normal, and I'm looking forward to a healthy old age. All of my family have been octogenarians and nonagenarians [laughter] so I'll be right, I think. I lead a very active life—walking and dancing regularly, in particular. A combination of genes and good diet throughout my life has given me such good health.

I've always been extremely healthy and had no worries about my health until 3 years ago, and for the first time I seriously came to grips with the fact that I wasn't going to live forever. I suddenly found I had heart problems... my good health is attributed to hereditary longevity, simple, quality foods, and exercise—I walk daily—always have, and yoga. Hope to continue that for as long as I can. Plus writing and reading—reading, reading, and reading.

I've always been healthy and happy. Not that I haven't had my ups and downs, but I've been able to ride through situations. Perhaps thanks to my mum, I've inherited a few of her qualities. I just love people and life, and simple pleasures. I never get bored.

When my old friends see me, they say you're just the same. People say to me, you never get depressed. That's true. There's no boredom, no depression. Every day is an adventure. No, if I was ever to get depressed, I'd do something about it. I've always swum or walked, and now, once a week, I do aerobics. I'm into health foods. I don't eat meat. The kindness to animals is the idea there. The trip to the abattoir, then smelling the blood and so on. I rode a bike until I retired from teaching. I rode to work and back. I had a car and just used that for long trips. So the health is great—a big tick, and that's how I think I'll stay. I do yoga daily plus exercises to keep things mobile. It's been a privilege to stay alive.

A happy marriage, diet consciousness, non-smoking and not being big alcohol consumers has probably helped with my health status as well as exercise and being very active. Plus holidays and walking—overall a pretty healthy lifestyle.

I'm careful with what I eat—lots of fruit and vegetables. Sensible rather than fanatical. Moderation is important, as it is in most things.

Eleven of the women who were interviewed believed that their health status was inadequate, or less than good. Whilst most of those women who perceived their health status as inadequate generally had the same level of health prior to retirement, that wasn't always so, as the following three comments suggest:

Although I have a reasonable degree of life satisfaction, my health now limits my involvement in many sports that I enjoyed [playing], which is something that wasn't an issue until I was in my sixties.

I didn't expect to have chronic health problems in retirement.

The [disabling] car accident was unexpected, and the consequences have changed my life. Up until then I had excellent health, and apart from the consequences of the accident, my health is fine.

Mental Health

Mental health is often regarded in a way that is different to how physical health is understood. Whereas many physical health problems may be viewed in unproblematic terms, frequently this is not so for mental health concerns. Mental health problems, eight women in this study indicated, had been part of their lives. Poor mental health did not necessarily mean that their overall health was poor, although none of these women described their general health status as being excellent. Three of the women were married and five were divorced. These health problems had been sufficiently serious for them to be understood at the time, or in retrospect, as requiring attention. For two women this basically meant attending to the health problems themselves. Others sought support from family members, and/or health professionals. One of the eight women reported that she had suffered "seven major breakdowns". Several of her breakdowns required prolonged hospitalisation and on-going therapy.

Depression was the most commonly identified mental health problem which characterised much of these women's adult lives. Depression was often difficult for women to deal with. However, it also seemed difficult for particular husbands to cope with. For several women who battled with their long-standing depression, they did so mostly alone. One woman regarded her husband's departure, at a time when she required support, as further "contributing to my burden".

Another woman, who had a supportive husband throughout the thirty five years during which she had had periods of depression, appreciated his assistance:

He has been fabulous ... [I felt so] isolated when depressions became a problem. I'm sure it will sort itself out eventually, but at the moment it is awful.

For four of the eight women who experienced significant periods of depression, life satisfaction throughout much of adulthood had been low. In the course of the interviews it did not become clear as to which, or indeed whether, series of events triggered these bouts. It was clear, however, that the support and understanding which often attend other health problems were mostly in short supply when these women needed them most. Six of the women continue to receive professional assistance in dealing with their mental health. At least four of these retirees hope that the assistance will eventually contribute to enhanced life satisfaction.

The Dimension of Time: A Welcomed Difference for Retirees

Retirement from full-time work provided most women with an opportunity to review how their time was used. For many women it also provided additional 'free' time. This additional time was able to be directed to several ventures, such as food preparation, household organisation, caring for others, leisure interests, and civic activities, as the following extracts suggest:

We eat rather well. When I was working, quite often I'd have a left-over casserole or something like that in the night, due to arriving home late from work. Now we have a good nutritious meal, probably because there is a bit more time. When I was working, I was certainly conscious of not always eating a balanced meal, because things were so rushed. Now meal times can be more social.

Most of the hobbies I had before retirement, I've kept. But now it is more pleasurable because you can do it when you want to, so that's better. You don't have to do everything in the school holidays—which were never long enough. Now it's very much a matter of personal choice. Whereas

at work, it wasn't personal choice. You had to do things. There wasn't that freedom that comes with personal choice. I almost feel I've got myself too busy. I joined all of these organisations, some of them do charity work. I help at the Church. I try to make it varied, and to meet people. I do voluntary work for a local organisation plus an exercise class once a week.

I believe women should work, and [daughter] had had her child and had the chance to go back to work. So I said, I'll look after the little one because, I have this thing—women should have an interest out of the house—I don't think the biggest decision in your life should be whether you curry your sausages or grill them [laughter]. So that's a very personal thing. I have friends who didn't work, but I could pick them [those who didn't work]. So I did that for a few years until [child] went to school. Then I made an assessment of my skills and talents, and then looked at various voluntary organisations and then I settled on [three organisations], which is great, but it takes a lot of time.

When I was working, I still tried to keep an interest in gardening, craftwork, theatre, and reading, plus the job. Towards the end of my career, I didn't like teaching, but I enjoyed the reading and preparation for the teaching and, at the back of my mind, was retirement and my plans. Now I can spend the weekend on gardening whereas when I was teaching, it could only be an hour, because I would have to go in and mark essays or do other work. Now I can choose how I use my time. And I do lots of reading that is determined by my choice, rather than having to do something because of a syllabus. Now I've got plenty of things in life that provide life satisfaction. There is no shortage of things to do around the place. I don't have to go out looking for things to do. But I still go to the theatre and do other things and I'm pretty satisfied.

I was working 50 or 60 hours a week and anything I was doing, was within the framework of work. Now, since I've retired, I'm heavily involved in the community. I do some voluntary work at a local hospital and some assistance with public planning and fund-raising for another local organisation. Also, I'm one of a group of 20 people who are honorary consultants for the Commissioners in local government. Plus I'm on the Board of Management of two [Care] facilities. So I'm happily doing these things because they require the skills and talents that I developed at work. They are satisfying, but I haven't gone looking for them.

It's nice to be able to do what you want to, because it's not a freedom that you have on the job. But I have no routines, none. And I certainly don't feel guilty about that. This is my time, and I'll do what I like with it—that's one of the joys of this time—to be able to do what I like. If I want to waste it, I jolly-well will! Also, I do think it is good for people to be able to sit down and dream, or just think.

There's no doubt about it, my time use is much more flexible now. This is most evident in the fact that I can have much more control over my comings and goings.

For most women who lived with husbands, some of the available time was spent with their partners. These occasions provided considerable life satisfaction and often were regarded as beneficial in terms of health:

We have been able to enjoy gardening together since we [husband and retired professional woman] both retired ... also now we have a dog which brings us a great deal of satisfaction. Growing vegetables, fruit, flowers, and making jams—very domestic [laughter]. I was never very domestic [laughter] didn't have time to be. Now I do [laughter].

[Husband] is very easy going, hard to have an argument with [laughter]. We do a lot of things together now—go shopping, sailing, to the races, or go out for a drive. Sometimes we do things separately, but generally we get along well together.

For a few women, the extra time that came with retirement and the changed situation in the matrimonial home, (wives and husbands at home with each other daily) was not without problems:

What you need is your own space, as well as doing things together, either before or in retirement. I think our kids have got it all over us [laughter]. They do their own things more—they are pretty lucky. I'm trying to get to that [laughter].

I do a lot more things together with my husband, which can be a blessing, but it isn't always a blessing, in that I don't make a lot of friends. And I don't do things independently. He likes to be a companion and has dropped some of his friends, although he still rings some of them. Doing things independently causes tension, so I have to live in the status quo, rather than to force an issue and spoil what I've already got. So what is

perhaps a dream for independence might have to wait until later on. I think some of my girlfriends see this closeness between us. My girlfriend across the road sees it. So it's like wanting to be wanted elsewhere, and trying to keep the balance.

Caring commitments were accepted by many retired professional women. This was particularly so amongst single retirees. Although these undertakings reflected both the generosity and affection of retired professional women, they were a task that was, in terms of time, costly, as this woman's comments show:

Now I am involved with full-time caring of my mother. Because of that, all of my retirement plans are on hold. My time is taken up in caring responsibilities...I regret not marrying.

A Later-life Chasm: When Retirement is Radically Different

In a few instances, women's long-held expectations for retirement did not eventuate. The upheaval which accompanied the failure to achieve a satisfactory retirement, particularly dominated one participant's life, and it peppered the many responses she provided in the interview:

I was married happily for 28 years and 19 days with two beautiful children, beautiful home, estate in the country, (husband) successful businessman. I thought I had the world sewn up. In the space of one weekend I lost my entire family. No explanation, which makes it worse. I was 47 when it happened.

In the course of attempting to deal with the loss of her place and the identities she had known as mother and wife, she was, fourteen years later, still attempting to make sense of, and give comprehension to, the events and some prospect of personal survival:

Monumental stress situation since 1982—it is amazing that I'm still here [laughter]...when something serious happens to you, how you process it and handle it is very important. And meaning out of suffering. Its important to get some meaning out of it, and to acknowledge it and come

to accept it—the three As acknowledge, accept, and appreciate, that's all that stands between you and disaster.

The trauma which arose from the estrangement of her family impacted on her life satisfaction, health status, and locus of control. When asked about her life satisfaction in retirement, her response was:

Zilch [laughter] absolutely zilch [laughter]. If there was a button on this table that I could press to opt out of life, I would probably use it.

When asked about any differences or similarities between her locus of control in pre-retirement and retirement, the answer given suggested that the loss of family, rather than the event of retirement was pivotal:

I have absolutely no control. Its been a tremendous learning experience [laughter] I realised I was totally impotent. Now, I'm a fairly decisive person, I'm a person who had no trouble making decisions. I know who I am, and where I'm going. But to be suddenly rendered totally impotent is terrifying when you're not that sort of person. And you have to come to realise that there is absolutely nothing that you can do about the situation that you find yourself in. The only thing you are in control of, is how you deal with that [laughter]. The ball is definitely in your court—but that's the only control you have. It's a bit like a game of cosmic cricket, God keeps bowling them up and I keep batting them back. I might write a book about it one day.

She also said her health status triggered the decision to retire:

Retirement was precipitated by my health. When my back goes, I'm virtually immobilised and I was under stress, it was a pretty stressful time... I took a package and so I went. I had things I wanted to deal with, that I couldn't do while I was working full time, there was my health and a temporary (organisational) amalgamation which would have led to dissension and so on, so it was the right decision. As a result, my health is generally pretty good [laughter] I try to control stress. I'm not on medication... earlier I became involved in wholistic medicine... I know a naturopath and take supplements, watch what I eat ... I have a distinct feeling that if my life satisfaction ever resolves, I will be a new woman I know. I will be psychologically, because it will alter who I am.

The people-contact and connections which women usually found to be satisfying in the work place didn't have an equivalent replacement in retirement for three women. As some of their comments indicate, the difference was noticeable in terms of their life satisfaction. For two of these women, their satisfaction in retirement was very low:

I'm not as satisfied now as I was when I was employed. I think that loneliness has a lot to do with it. I've always been involved in the community and children's activities... and in terms of work, I miss the patients and the contact with them. It is terrible—a sense of isolation, that I now feel. It was to do with not being someone in my own wright. At work I was. In retirement I felt like Cousin Id initially [laughter], with everyone dumping on me [family member has a long-standing, mental health problem], now I'm finding it a little bit better. So I feel things are getting better, but it was very disorientating, especially with time. At work everything was time oriented, whereas in retirement, it is so unstructured. That was hard to deal with...but the real thing that was so different, was the contact with people—that was the thing.

I enjoyed working more than I enjoy retirement. I liked that commitment to having to do something. I miss that, and the engagement between colleagues.

I get bored sometimes, I only long for someone to have a reasonable conversation with...

For many women, minor differences between the experiences of pre-retirement and what could be done in retirement, did not fracture life satisfaction. The two extracts below typify the views of many retirees and show that a core of women's life satisfiers remain in-tact, between the career period and retirement:

Sport is the main thing I miss, plus work. I still go to theatre and travel. Travel has been wonderful. The transition for me has been gradual and smooth. I'm still doing basically the same things that I did 40 years ago—still got a lot of those friends. I thought I would really have a hard time when I had to give up tennis, but I got on top of that. I believe you should use your mental strengths to deal with that. I'm still very satisfied

because I chose to retire, and once you decide something, I think you make a success of it.

I got plenty of job satisfaction when I was teaching, perhaps more than I did as a principal. There were good bits, and bad bits, but overall I really enjoyed teaching. When you retire, you've entered a new chapter if you like, and that's the end of the last. I've enjoyed retirement. The travel, craftwork, and just being your own person. Having your own freedom and not being tied to somebody else's schedule. I travelled and did craftwork before I retired. But now, I'm not confined.

Problematic Differences: Regrets

Overall, participants' conversations referred to relatively few regrets. For most retired professional women, this is not surprising in view of their perceptions of their pre-retirement and retirement life satisfaction. Nonetheless, some women had at least one regret. Thwarted identities and role loss were significant sources of regret for many divorced women. Custody losses and disenfranchisement from children were also matters of deep regret.

Ending up with, or enduring an inadequate level of health was regretted by many such affected retirees. Health was often viewed in its most utilitarian sense when it deprived a person from taking part in an activity in which they would like to be involved. In such situations the nature of the health obstacle and the attractiveness of regaining the involvement in an event were sometimes weighed in the course of resolving how to deal with the situation. Some individuals in this study resigned themselves to lowering their expectations for involvement. Women with severe arthritis often resigned themselves to no longer playing golf, despite having planned to do so in retirement. Heart conditions similarly tempered many involvements in leisure activities such as gardening and

bowls. Some women were able to modify their existing involvements, such as by doing only that gardening which required little expenditure of physical effort.

These changes were often sources of disappointment and regret.

Three women regretted some of what young people may have inherited from the older generation:

I feel so sorry for the young people today. I think we had a golden time. My heart aches for young people. They seem to have nothing much [pause] and I think the 'technological age' has something to do with this. A loss of being able to use their senses, and their humanity. I feel so sorry for them.

Actually I feel sorry for people (who are) my children's age and my grandchildren, because today you've got to plan. In my day you'd never even heard of financiers and having to save for retirement.

Personally I'm fine, but I'm distressed at what the state and federal governments are doing and what it will mean for young people.

Having to move from one geographic region to another due to diminishing health in later life, was a cause of considerable disappointment and regret for another participant. This was compounded by a lack of money which may have made, at least brief, return visits possible. The desire to return to where she shifted from, was heightened by the fact that one of her [children] and grandchildren continued to live there:

If I had more money I'd hop on a plane and see my family or get into the car and just drive somewhere but it stops you—just stops you dead in your tracks. Not getting to see much of the grandchildren because of the geographic distance and a lack of money—not being able to afford to see them is something I regret. My grand children are [geographic location] and they may as well be on the moon, for me. And my other two children are in [geographic locations] and the one son who is in [a nearby suburb], I rely on him terribly and I tell him things I wouldn't tell even my closest friends. He is generous to a fault. It's nice to have his company—he's

wonderful. I can't see any future for me. I can't live where I'd dearly like to [near family], because of my health. So I just don't know. I look back and I've done a lot more than my mother or father did. I've seen more of the world, but at the same time, I'm not fulfilled. And I guess that's how I will always be feeling—fears, many things out of control... everyone wanted me to leave school and get a job—there were jobs galore lined up, but there was no way I was leaving just because I was a girl. I won a scholarship to [prominent] school and I can tell you, out of [inner city] primary school, there were only two girls and a couple of boys in 1942 who went to high school. These days, of course, everyone goes on to secondary school. Nursing didn't allow you, in the early 1950s, to stay on once you got married. I don't regret that. I'm glad I got married. I don't think I would have enjoyed my life as a matron or whatever, had I not got married. Okay, you have all these heartaches if you get married, and you certainly do go through a lot. But I think that's better than not going through anything. I think that's where I'm at a stalemate at the moment. I'm not getting involved in life. I'm just existing day-to-day, not existing with anyone—cruising along, but to what?

Numerous women spoke of the now practical, and often difficult implications of having inadequate superannuation coverage. This woman regretted not understanding or being informed about the rules of the scheme, when she was in the work force:

I had a very small amount. Initially I was working part-time and had no idea of the superannuation penalties that were attached to that. Although I did 15 years at [hospital] I only had eight years of superannuation benefit, due to not having done sufficient hours per week. I was only short a couple of hours each week when I was doing part-time work. If I'd been told, I would have easily upped my hours. Once I was divorced I started to work full-time. The kids had left home and so I was able to build up a few savings. When we split up, I didn't think about retirement—there were so many other things to think of. I was in my fifties and could have worked until I was 65.

In this study, the first casualty when retirement finances required budgets to be reduced, or required essential-spending items to be given first priority, almost invariably was travel:

I'd like to travel...but I don't think I'll ever realise that dream.

This was viewed with disappointment by many, and irony by one participant who noted "with travel, the irony is you have the time for it in retirement and not the money". For another participant who had spent many of her work-era holidays overseas, travelling was a key source of life satisfaction. It was nonetheless readily sacrificed for what were regarded as more important considerations and sources of greater life satisfaction:

We've helped out financially with one of our grandchildren who has been seriously ill and has required a great deal of medical attention. So we don't travel now—we thought we might see more of the country—because we've run out of money ... we [laughter]. We don't feel deprived due to being short of funds. We're very satisfied with life. That doesn't mean we wouldn't like to dash off to wherever, but it isn't vital.

Thus disappointments and regrets which, to some degree, have been influenced by a reduced nett income, have also been understood in the context of providing assistance to cherished family members, gaining life satisfaction from generosity, and knowing that the money is well spent. For another woman, the satisfaction gained from being generous outweighed a tinge of regret concerning past experiences:

At 50 I was flat broke, without money or a house, and freshly out of a marriage. Now, 17 years later, I own my own home, a flat, and I can [financially] help my children.

Finally, for one woman who viewed her life, and in particular her [paid] work, as having provided her with considerable satisfaction, a modicum of doubt remained over the extent to which her contribution made a difference and how things might have been had she attended a university:

I sometimes think in my life, could I have done something when I could have had an influence? I would have liked to have gone to university—maybe it wasn't meant to be. I guess I'll never know [laughter].

Retirement Income—A Utilitarian Life Satisfier

Retirees in this study who had adequate income tended to be quietly appreciative of their circumstance. They all valued the enabling capacity of money—often allowing them to travel, join clubs, purchase leisure items, and so on. Money was appreciated for its utility value. Such a view was also taken by those retirees who had inadequate incomes. Their funds could not provide the leverage that they deemed preferable.

For those who were dependent upon an Age Pension [or part-pension], finances and expenditure patterns were usually tight. On the other hand, superannuants and self-funded retirees generally found their situation to be more closely allied to their pre-retirement income circumstance. Nonetheless, the burgeoning and much-hailed field of superannuation was found, in this study, to have more than a few shortcomings for professional women.

Superannuation. For some participants, superannuation has provided them with an adequate source of income in retirement. This has also enabled some women to maintain a pattern of life style and expenditure that is similar to (those of) friends who previously were in similar senior professional positions, and with whom they still associate:

In one group I meet with, everyone in the group is married. I am the only one now without a mate. But we all say thank God for superannuation, and we all do the same things. For example, we had lunch here [Melbourne] and afterwards we all headed off in our own directions. But half a dozen of us, all individually turned up at the ABC Bookshop. It

was just incredible. You relate to people with the same sorts of backgrounds.

Superannuation was the greatest saving—for me—I would have been hopeless if it hadn't been for the superannuation scheme. I would have been sweeping the gutter, hoping for pennies [laughter]. Of course I never married, and so didn't have those hiccups that the married girls had. The fact that we [participant and friend] are not miles better off than we are is totally our own fault [laughter], not circumstances at all. As I said earlier, we were always rather feckless.

Almost all of the women in this study indicated that they had either, experienced first-hand the effects of differential work rewards, or knew of women who had been rewarded less because of their gender or gender-linked expectations. None of the women endorsed work-based inequities which were grounded in gender differentiations.

Differential rewards at work were evident when the 'rules of the game' resulted in particular sections of the labour market achieving a predominance of some facet of work or reward. In essence, such rules gave some people 'head starts'. This was evident, for example, within the education professions. Many of the women in this study were career educationists. They identified themselves as having been dedicated, in one or multiple ways, to the field of education over many years. Most of the participants had been in paid work during the 1960s and 1970s. In school education, such an era saw the perpetuation of labour market inequities based on gender and gender-role expectations. Despite the field of education representing, arguably, an enlightened sector of the work force, the proclivity of central education authorities for enacting discriminatory rewards amongst men and women, and between women, remained. This was noted by

women in respect to their income, promotion, and superannuation. In general, women were disadvantaged, and in particular, married women were quite disadvantaged by the assumptions upon which the reward system was based:

Although I [school principal] worked throughout my teaching career, I had to go out of the superannuation when I got married, even at my [late marriage] age. A few years later they changed the rules on that, and I went back in.

Although I [divorced executive] didn't get full, or an extra long-term superannuation scheme, I'm now grateful for the superannuation being compulsory. In terms of the superannuation and marriages breaking up, it's a rather sad story, how some women are left.

When I [married teacher] went into teaching in a [religious system], they had no provision for superannuation. After several years—after pressure from the staff—they got involved with a superannuation scheme. But it was only two and a half per cent from me, and two and a half per cent from the system putting in, which, in the end, was only minimal. It didn't do me much good [laughter]. When I finally left and got the money, I gave it to my son, who needed it for a house deposit. That gave me a great deal of pleasure, although it wasn't much.

In terms of most women's work histories, superannuation became a national 'issue' at late points in their careers. It has only recently been acknowledged as an equity issue (Scutt & Graham, 1984; Rosenman & Winocur, 1989). This inadequate and recent development of superannuation has left many women with poor benefits in retirement. Such a circumstance leaves many women concerned about a range of monetary concerns, including superannuation. This woman's story captures many of these concerns:

I always said when I had my family and they were young children, I was never going to be a working mother! My husband and I disagreed about their education and so I decided to get a job to help pay for their education. I wanted them to have a church school education. So I suddenly found I was a working mother [laughter]. Almost all my

earnings went into their education. When my husband left, he continued the mortgage payments for the house, but it meant changes in terms of the children's education. At that point I was extremely grateful to have a job because my confidence had been eroded, and I don't know that I would have been very successful if I'd then had to go out and get a job. Then, where I worked was amalgamated, and we were allowed to take the superannuation that had started to build up. At that stage also, my husband had remarried and he wanted the family home sold. So I got half the proceeds of that, and so, with the super and the proceeds from the house I was able to buy a tiny, tiny unit. So I then set out to pay it off. I just finished paying it off, and then shifted to this unit which is closer to my children. So I haven't built much money up—only about seven years worth, since all of the other things happened... it tops up my pension a little bit. There's a different attitude to superannuation now. For a time there it was a real concern, particularly given my limited capacity to pay things off. Simple budgeting and day-to-day financial control should be taught in schools or universities. Still, if I'd had all the financial planning in the world, it wouldn't have altered the circumstances I was in. It was the other things that impacted on how finances were going, rather than a lack of guidance. That probably would have helped, but it wouldn't have altered the circumstances.

For many women who have remained married to men who themselves receive satisfactory superannuation benefits, future prospects have not depended upon the women personally having adequate superannuation, as these extracts suggest:

I don't have any—a few hundred dollars will come to me at 55 years of age. I resigned when I had my first child, which probably wasn't a good idea, but that was the done thing. You had to leave at four months [of the pregnancy stage]. We were living overseas [due to husband's job] and so when I came back, I did casual work. We then went interstate. I got permanent work. Then we came back, and I got permanent work a few years prior to retirement. My husband is well provided for in terms of superannuation. We never expected he wouldn't make it to 55. He'd originally wanted to work until 65, but hasn't thought that way in recent years. Ten years ago they [employer] started offering redundancies to people who were 50 years of age. That just stunned everybody, and frightened everyone. So you do have to plan because, we've realised, well, you're just not going to get to 65 unless you're right up at the top. We're fairly relaxed about it, we're quite well off with it and if we're careful, we'll be fine. My expectations in life have always been quite

simple. We've had better lives than our parents. We've sent our kids to private school. Our house is not fabulous, but it is pretty good. Really, material things don't matter. I suppose that is pretty easy to say when you are financially reasonably well off.

Four women relied solely on someone else's income. Nine women were in a situation where, in part, they relied on another person's income. Single women, almost invariably, had continuous work histories. By contrast, few women who had children or who married did so. Many single women were appreciative that they had avoided the penalties applied to employees who had discontinuous work patterns. They regarded the principles which underpinned such penalties as unreasonable:

I joined when I became a teacher and so I haven't had a problem. I now receive almost as much as I did as a principal. So far as I am concerned, it is fine. But it is different for married women.

Despite the fact that most single women benefited from continuous work records, they were not immune to other monetary disparities in the labour market, as one retiree explained:

I was on a very good salary of course, so I knew I'd have enough to live on. But being a woman—men who retired on the same salary as I did got a lot more than I did, because, until the early 1970s, I'd... being a woman, only got 75% of what a man got in pay, for the same job. Therefore, my superannuation wasn't as good as theirs. That's even though I didn't have a broken work record, having been employed since I left university. Therefore, my superannuation wasn't as good as theirs. That's the same for all women, I think. For women who have very ordinary jobs and don't get very big salaries, the current scheme seems absurd.

Retirement on an Age Pension. Becoming self-employed on a part-time basis means, for one woman, the difference between being able to travel and not. Both

she, and her friend whose health is failing, rely on a pension for the bulk of their separate incomes. On the matter of superannuation, she noted:

Never had any. You have to keep working on it. [Friend] and I saw a broker last week to see what was best for [friend] and so, guess who did all the follow-up phone calls [laughter]? Still, can't see people going down the gurgler while something can be done. Can't just let them drift. I try not to worry financially and ask advice—my mind doesn't work too well with figures. Sometimes it doesn't work too well at all [laughter].

Others who also relied heavily on a pension were not so lucky:

I had not realised how limiting living on an Age Pension would be.

We have money problems, which sort of casts a shadow over our retirement.

The money problem means no travel.

I didn't expect to have financial problems.

I'd like to get a little part-time work perhaps, but you'd never get a job—nobody would give you a job. I've got a lot of experience behind me but, as you get older, you lose your abilities in some way. With me, it is with memory losses and my ailments. You need much more money than you thought you'd need in retirement. Money—or the lack of it, controls everything I do now. Its terrible. When I first left work—and I had superannuation, I'd only been with the department for nine and a half years, but I got pro-rata long service leave. My super didn't add up to a great deal but I decided to take it as a lump sum because I needed a car and what I had left I invested, which was on about 8% interest on the balance, which was giving me about \$150.00 a month extra on top of my pension. Now it is getting less interest and is down to \$120.00. Some other money I had, \$10,000 has dwindled down to \$4000. And that's just on everyday living, and I'm starting to get concerned. I'm not extravagant and it is starting to concern me, and stops me from visiting friends and doing other things. Money didn't worry me when I first left work because I had \$10,000 in the bank and I was going to do this and that and the other. Now I've discovered I can't. My dog went to the vet last week and it cost \$56.00, she had a lump. Now I've discovered she has another lump on her stomach and I'll have to take her to the vet again—you can't go to

the vet under \$40.00. That's a lot out of your Age Pension and you can't ask your vet to go on Medicare [laughter]. I mean, I can go to the doctor for nothing, yet the dog costs a fortune. Thank God I'm in Australia, given my health in terms of Medicare and pharmaceutical benefits. I was 20 years in the work force but it was broken service. I was on super at the [work location] and took it in a lump sum, which was good. It wasn't a lot but allowed me to travel overseas for a brief period when I was healthier than I am now. I am a bit ambivalent about that in some respects. It gave me money that I would never have had otherwise, because I was a sole parent and enabled me to go overseas to places I'd always dreamed about going to, and that was good.

Given that this retired professional woman is aged in her fifties, it is quite understandable that her \$4,000 bank balance is a source of considerable concern. Her monthly interest monies may only cover her yearly council rates, and possibly some of her annual water rates. Despite her health problems, she may need the \$4000 to provide for up to twenty or more years of cost of living "extras". In practical terms, if the \$4,000 is staggered over such a time-frame the retiree can spend approximately four dollars weekly on such "extras".

Protecting Retirement Incomes—Self-funded Professionals. In this study, doctors and medical specialists were the professional cohort which evidenced a long-standing practice of self-funding their retirement incomes. Most of these professionals financially prepared for their futures well before superannuation became a universal initiative within Australia. Most of these professionals were self-employed. Two health professionals offer their impressions:

I did all my investments—nobody ever told me. As far as superannuation was concerned, for much of the time when I was working, it really wasn't in, and then, I worked at [hospital], it [superannuation] was in, but it was a mere pittance. And now I'm part-time, it's very, very, nominal. So I've never invested for superannuation, it's never been of any interest to me. I've lived on my investments. Most women were brought up without any knowledge of finances—dreadful.

Quite good—I'm a self-funded retiree with several sources of income, but of course, nothing is sure and some things haven't gone well because of the economy, but so far things have generally been good. I did the rounds of the banks when I got my package [laughter] and I was pleased with one bank in particular—it was okay for the time, it all worked out, but not for the long haul. Some things haven't worked out well, so I moved out of that and I've managed things with advice.

The experience of one of the many divorced retirees whose income was less than satisfactory, underscored the need for Superannuation and Family Law provisions to more fully account for actual marital work and retirement arrangements, rather than merely being steeped in self-funding and/or contributory principles:

On the matter of superannuation, my husband said, don't worry darling, I'll support you in older life, but he went and married one of his colleagues [laughter] ...it is a bit of a concern, finances are the one area which are a problem.

Planning for the future in terms of finances is something this woman took on as a result of unsatisfactory experiences with some financial experts. Her reliance on others proved to be costly in several respects. She hoped her costly lessons may assist others to at least avoid some of the traps that she fell into:

Something that I think is important for women, that I've found, is the appalling lack of good financial planning—both before and after retirement. I think that applies to not only women, but to men too. But particularly women. Even though I'd been teaching part-time during my marriage, I had virtually no superannuation at all. We were later given the option of joining a superannuation fund. In retrospect it was valuable to an extent ... to start with, when I was only working part-time, prior to the divorce, there was little going into the superannuation fund. When my former husband got the divorce and so on, I discovered that he'd—he'd been working at [university] for 15 years before he went [overseas to a university]—taken all of his superannuation with him, so I've had mighty little superannuation at all. So I felt I had no option but to work full-time. When I first started at [institution] there was no superannuation coverage. After about four years we were given the option of joining. Up until then

I had been trying to save and put money into a private superannuation scheme. This is where there are great big gaps in the system. I went to [advisors] but I thought they were pushing their own barrow. One of the superannuation investments that the advisors put one sizeable amount of my funds into, didn't do well. After nine years, the six thousand dollars remained at that level. I didn't think much of that. In the other fund, things didn't work out well, the money was in the share market and [a bank] was managing it. The crash of the market cost me thousands of dollars. There's an enormous lack there. I now manage my shares myself. Some of the financial advisors' reporting is very close to dishonest. An enormous lack. I learnt the hard way [laughter]. Things are pretty appalling. The reporting is nearly dishonest. [Fund] reports their performance—they use the word performance and they quote figures like 15, 16, and 17%, but my monthly statements show the fund was losing money. After five years, there would have been no money left, once the accounting charge had been taken out. I'd say that is a negative performance—now, how do they get away with it? Sound advice is necessary, but where do you get it?

Continuity and Choice as a Bridge Between Pre-retirement and Retirement

In drawing together participants' perceptions concerning the second question in this study, several points warrant a further review. Most participants believed that their pre-retirement perceptions of life satisfaction, health status, and locus of control were similar to their perceptions of these factors in retirement. In effect, how life satisfaction, health status, and locus of control figured in the lives of participants prior to retirement, cohered with how they turned out once the women retired. The similarity between the two life periods was explained by participants in terms which suggested themes of continuity and choice. Income was the practical requirement needed in order to enable continuity and choice to be fully enacted.

For most women, a high life satisfaction and an Internal locus of control in pre-retirement were commonly buoyed by a favourable health status. These

characteristic features of the professional women's lives were usually carried into retirement with them. In essence, they represented fundamental similarities between the stages. Time was identified as being more plentiful in retirement. Also, to a much greater degree than in pre-retirement, time was associated with freedom to make choices about its use. This was positively implicated with a reduction of pressure, enhanced satisfaction and control. As such, time represented a major difference in the lives of retirees compared to their pre-retirement lives.

Also carried into retirement by most women was the same partner status. All but one of the single professional women remained so in retirement. Only two participants divorced once they were retired. Eight women became widows (up to the time of the interviews) in retirement. Thus, for most women, their partner status—and one of their key identities—remained constant between pre-retirement and retirement. Nonetheless, some of the aspects of life which provided, for example, a high life satisfaction, changed to some extent between pre-retirement and retirement. Clearly, in pre-retirement, all 84 of the interviewed women were active participants in the labour market. Once retired, except for eight who then held occupations on a part-time basis, women ceased their work force involvement. What had provided a key source of life satisfaction in pre-retirement, no longer was available in retirement. This however, can be understood from another stand point. Work played a vital role in the lives of women, principally because of what it enabled them to experience. The experience of work provided opportunities to contribute, share, connect, initiate,

determine, achieve, and so on. For most participants, the type of profession that they occupied for anything up to nearly sixty years, shaped their 'ways of being'. Thus, being able to share, connect, and otherwise contribute, were effectively intrinsic 'ways of being' amongst this cohort of women.

When these embedded 'ways of being' were, more or less, able to be carried into retirement, women perceived their life satisfaction as substantial. An Internal locus of control was maintained—or sometimes perceived as having increased—when such ways of being were not undermined by inadequate health and/or a level of income that was perceived as insufficient. Thus, when women were able to exercise initiative, make selections, and determine the extent of their involvement in a particular retirement activity, whether it be in the form of volunteerism, leisure, or other activity, they often felt satisfied and essentially in control. When women were unable to exercise choice, satisfaction particularly, plus control, were diminished.

Having sufficient financial resources to undertake an activity was also linked to the level of control many women felt in retirement. Whereas prior to retirement most women earned relatively high incomes, almost invariably in retirement their level of income was reduced. In pre-retirement, most women lived within their (financial) means. However, it also is argued that they expended (money) to the extent of their means. Whittaker (1987) believes that people on higher incomes often have as much difficulty saving money as they had when they earned lesser incomes. This, Whittaker suggests, occurs because people adapt to their increased liquidity and spend more! Tastes are able to be

catered for—standard-model items can be passed over for prestige, or top-of-the-line models.

For most women in this study, the task of maintaining the essence of that pre-retirement standard and way of living was achievable. For the balance of participants, considerably modified expenditure and life style patterns were required. More than one in four of the women who were interviewed lived on annual incomes less than \$20,000. Most of these women earned more than twice this annual amount when in employment. Where a reduction in income interfered dramatically with a woman's life style, life satisfaction suffered. Many women spoke of money issues effectively controlling some of their plans. In instances where women's retirement incomes were considered (by them) to be manifestly inadequate, costs were minimised by, for example, reducing the amount of heating and lighting that was used in the home. Amongst this cohort of participants, overseas travel was not an affordable proposition. Interstate travel was seldom possible, particularly if the journey required paid accommodation. For one woman, holiday travel was restricted to that provided by the annual free, intrastate rail pass (for pension-holders). The mediation of some women's choices by financial constraints thus was magnified in retirement because of reduced incomes.

However, most women's incomes were not so severe in retirement as to inhibit the essence of their long-standing 'ways of being'. This meant that almost all of the women who owned a car could afford to operate it, and that recreation and leisure activities that had been part of their work life, could usually be

continued indeed, expanded in retirement. Attending theatre, participating in University of the Third Age, purchasing outfits for exercise, and pet ownership were able to be afforded by most women, if desired. Most women took long-standing interests such as reading and attending concerts into retirement. Some purchased fewer books, borrowing more from the library instead, and attended fewer concerts. These actions, even if modified slightly, effectively operated as life satisfaction and locus of control anchors. They enabled continuity to be achieved in the transition between pre-retirement and retirement.

Differences between the pre-retirement and retirement perceptions of life satisfaction, health status, and locus of control were explained by women in several ways. For many women, the onset of poor health or the increasingly debilitating effects of chronic health conditions explained reductions in life satisfaction from pre-retirement to retirement. An operation, due to having a health problem also had the potential in retirement to calibrate life satisfaction. A hip operation was frequently acknowledged as improving health and adding to retirement life satisfaction. The need for such an operation may have been apparent when women were employed. However, the operation was postponed so as to take account of the expected life of the replacement hip, and avoid the prospect of a second such operation in later life. When such health interventions were deemed to be successful, they were usually noted as differences (between pre-retirement and retirement) that were unproblematic. Perhaps not surprisingly, operations which were not effective in their intended purposes often meant the original problem remained and/or further health complications had to be endured.

Most women, for example, who had gall bladder operations regarded them as having been unsuccessful due to the complications that were triggered in other health conditions they had. By contrast with effective health interventions, unsuccessful treatments of mental health or other serious health problems attenuated life satisfaction. Depression, cancer- and heart-related problems that were unable to be fully controlled, usually impacted significantly on women's life satisfaction.

Partner loss, through death, also changed the life satisfaction of women who, when working, enjoyed substantial life satisfaction from their partnership. Locus of control in this situation was sometimes altered if the loss impacted upon the woman's financial standing in retirement. However, the essence or basic orientation of a woman did not appear, on the basis of the details provided, to change. In the instance of a partner death, the pension or superannuation was reduced to either nothing, or up to five eighths of the husband's former income. If, in such an instance, the woman was a pensioner, the loss of the dual income arrangement often resulted in her expenditure having to be directed toward essential cost of living items. Usually this left little else for contingencies or discretionary spending.

In short, professional women generally took with them into retirement a favourable health status, an Internal control orientation, and considerable life satisfaction. This was usually achieved by maintaining continuities between pre-retirement and retirement. Continuities were complemented by the maintenance

of choice. Being able to exercise choice and continuities, once retired was dependent upon an adequate income.

The perceptions shared by retirees in the course of answering the second question in this component of the study suggest they are being sold 'short'. Many women provided around twenty years of labour market involvement and raised children only to end up on a retirement income of less than \$9,200 (namely the Age Pension) a year. This cohort—as a whole—represents, and emerged from the most privileged sector of the (female) Australian work force. That more than one in four is struggling financially suggests that fundamental inequities remain in how citizenship, child-rearing, and other forms of contribution are valued. Money matters were a genuine worry for many participants. Their perceptions and realities arguably imply some disturbing prospects for less privileged employees.

Looking Back: Moving Forward

This section focuses on the responses provided by participants in relation to the third qualitative question:

In the five years prior to retirement, what actions did professional women retirees take that may have contributed to their life satisfaction, health status, and locus of control in retirement?

The five years that preceded retirement was a period when most women did little active planning for their retirement. Nonetheless, many of the actions that were ordinarily taken by them during that time provided life satisfaction. The predominantly Internal locus of control orientation of most participants was often

challenged during late-career periods by, as women frequently attested, having too much to do.

However, the control orientation was not fundamentally threatened by the hectic nature of most professional women's lives. They were usually in job situations which reinforced actions that the women took. The jobs themselves generally provided ample opportunity to develop actions that reflected the characteristics of an Internal control orientation (such as initiative and self-responsibility). The professions and positions which these women occupied were, overall, regarded as contributing to the good of society. Their occupations and jobs also provided the women with a substantial source of satisfaction, status, identity affirmation, and income.

For most participants, the demands of work life were manifold, and often spilt into their private lives—due to a preparedness or felt need by women to commit extra time to the job. Being employed—for many women in this study—was a matter of choice, rather than necessity. For others, who viewed employment as necessary for financial viability, choices in the labour market were perceived in a similar way to women who did not have to work for purely income purposes. Thus, most women's labour market engagements were marked by preferences to work in particular fields. In short, few women in this study took any job, simply because it placed or maintained them in the labour force. These well-qualified professionals spent most of their lives in a period of Australian labour market history when such choices could usually be fully enacted. High rates of employment and relatively good levels of remuneration together with, for

example, an active public sector, enabled most women to choose where, how, and for whom they worked, with considerable discretion.

Satisfying Leisure Interests Maintained Despite Time Constraints

Although most participants held jobs which, particularly in the five years prior to retirement, left them with relatively little leisure time, they were nonetheless able to choose relatively freely, the types of activities they wished to pursue. Adequate financial resources enabled most women to pursue recreational or leisure activities which were comparatively expensive, if they so desired. Many women found various combinations of theatre, ballet, concert, and film attendances to be particularly satisfying. These were usually done after work or on weekends. Travel—especially overseas—was also done, although it was usually reserved to prolonged holiday periods. Leisure activities such as swimming, walking, yoga, reading, and gardening were also popular amongst participants in the last five years of their careers. Because, in most instances, women have maintained these interests in retirement, such leisure pursuits have continued to provide life satisfaction:

I had a very busy work life and was involved in professional bodies as well as studying. Also, because I thought it was important to maintain some balance, I went to the theatre, dancing, opera, ballet, and concerts. I still enjoy the theatre, dancing, and so on.

In the last three years I was pushing it. But I didn't realise how much I was pushing myself when I was working. Really, my life was often working and reading. Now I can do more. I walk twice a week now. I didn't realise I was so tired when I was working. Now I don't get so tired.

I would garden and try to go for a holiday somewhere in the Pacific. We've had a holiday home for years and I used to try and get down there over summer. Bit of sewing, and that was about it when I was working.

Since retirement I got very involved in craft stuff, spend a lot of my time on that now. I've done some voluntary lessons at a local community venue and a couple of community clubs. And again, I've got the gardening. I like to entertain, go out, and I adore reading.

One woman's perceptions of her life satisfaction in the last few years before retiring showed that sport, the arts, and mixing with people was purposeful. In the year preceding her retirement, she and her husband divorced. The divorce triggered her decision to retire. Both the divorce and the retirement have improved her health status:

Before my injuries [from domestic violence] prevented it, golf was my life, almost my life. Golf and teaching were my very existence, then of course, the children. I also loved classical music. I used to go to symphony concerts and enjoyed reading and talking to people. Interaction with people—human beings. I found people very therapeutic I suppose. The difference now is that I've got the time to do all these things [laughter]. We save all these things up—we save them for when we are retired and then we realise we need about three more lifetimes to do all the reading, writing, and all the things we want to do.

Preserving Health-promoting Strategies and Internality

A balanced diet was maintained by most women in pre-retirement, and this approach to eating was continued once women retired. The incomes of most professional women, especially when in employment, enabled this aspect of their lives to be typically characterised by the consumption of a wide range of fresh foods. In essence, participants were able to maintain a very middle-class diet throughout this period. Although numerous participants indicated that their interest in, and attention to, many domestic duties was cursory, the matter of diet was an exception to that position. In almost all instances, the professional women were the main (household) purchaser of foods. Likewise, the cooking of meals

was chiefly done by these women. Most women acknowledged that they were skilled at cooking, both for the family and social occasions.

Many chronic ailments, which had the potential to overwhelm or detract from life satisfaction and control capacities, were, if not effectively responded to, controlled variously by diet, medication, and exercise, both in the five years prior to, and following retirement. Actions which inflamed or exacerbated chronic health problems were avoided during this period. Undergoing recommended health screenings, which most women did, also represented a pro-active response to health maintenance. Once health conditions had established themselves, actions taken evidenced a desire by women to control unwanted life conditions and experiences. Most women believed that their health status in retirement was favourable, regardless of whether they had several specific health problems or not. Thus only severe health circumstances jeopardised life satisfaction. Chronic or serious personal health problems, or the inadequate health of other family members, had the capacity to calibrate the life satisfaction of retired professional women, both prior to, and in retirement. One woman responded to her radically changed health circumstance by retiring 'early':

About five years before I retired I had a [health condition] the result of which I lost the use of my arm. It took about six months to get back to work, and I was exerting myself during the final couple of years, so I was delighted to retire. My department was made redundant [laughter]. I guess I could have gone into administration, but I was more a hands-on person, so I guess the health factor ... when this happened ... it was great [to retire].

This action has improved her retirement satisfaction and buttressed her health status. The consequences of her health situation however, challenge her Internal control orientation:

Since I've retired my life style is governed by my health—some days are good, some bad. Overall, it has been pretty much the same. My health has been a pretty dominant part of my retirement. I swim a great deal and I've taken up [a sport]. I don't play squash or tennis anymore. I've always swum. It began when my friend had a bad shoulder and I started going swimming with her. I'm as good as gold. Prior to the [health condition] there was no health problem. Really, now it is just the consequences of the health problem. I have no intention of giving up smoking [laughter], or dieting [laughter] although I probably should do both [laughter]. A lot of my control is controlled by health, which it wasn't when I was at work. I'd like to climb [mountain], but I don't see that as a great possibility. I'd be better off in Sweden or Canada. So there is a sort of health component to it. Now I have people taking my blood or doing something every two weeks, whereas that didn't happen prior to retirement. I felt quite in control of my life when I was working. In other ways I have control over things—I choose what I do. I don't have control over doctors and specialists—who are never on time—and so I always have to wait, even though I'm on time. By taking a book to read I try to deal with it—control it a bit, but you're limited. I'm punctual and always have been. Yet I always have to wait when the tests are done. My circumstances—if I lost my health, my control would be limited and I guess that is at the back of my mind all the time. I have no intention of losing it, but there is a fair chance it could happen. And I don't intend to have another [episode of the health problem]. If I did, I'd like it to be a big one and die—I think it would be a rather nice way to die. The other [health problem] isn't a nice thought, so I don't think about it too much in that respect.

The action of retiring early, for another woman, helped in terms of the difficulties which had become part of her work situation. Her health had deteriorated in the five years prior to her retirement and the cessation of work initially acted as a circuit breaker in terms of her diminishing health:

My job gave me a lot of job satisfaction until the last four or five years when this stress problem arose. I used to bring work home and mix with teachers—if you mix with colleagues socially, you know everyone you go out with thinks their school's the best. The challenge had gone because the

satisfaction wasn't there and the job had become terrible. It was all vandalism and smashed up toilets and keep the yard clean... I came out [retired] on ill health, on psychological grounds—my health was very low, it was due to the job, and two family members' health. I was at a low point and agoraphobic. I had panic attacks. I started to get panic attacks on the way to work. By the time I got to work I could barely get out of the car. The medication I was given worked to some extent, but not completely. I was still unable to cope with all three things. I couldn't get rid of [family member] or [another family member], so I got rid of the job. So I had never planned for retirement. I had thought I would retire at 55, but I didn't have any plans in terms of what I'd do. That was on the back burner. I was a career woman, I was happy. I'd got my promotions—got where I'd wanted to be. There were tough times and good times, and you could ride them out—no [retirement] was just to be somewhere down the track, no, no planning, no expectations. When you get to the stage when you wake every Monday and wish it was Friday, and you wake at the beginning of each term, and wish it was the end, and wake at the beginning of February and wish it was December, you know there is something wrong. I just said, I'm wishing my life away, this is ridiculous. My symptoms were physical manifestations of psychological problems. It was just so horrible having the health problem. I had no self-esteem, no self confidence. I could no longer speak in front of a group of people. I couldn't even sit in a group of people who were talking—I couldn't even stand hearing them talk—the hum.

Whilst this retiree's action in retiring early appears to have been a preferable one, it has only had a modest impact on her retirement satisfaction:

You've got to rebuild your resources until you can go back and face the enemy so-to-speak [laughter]. For about nine months I was a mess. I had guilt feelings, I had been quite scathing of people who left because of health grounds. I was lost, because I had no plans. No self worth. Didn't know many people who were retired. I tried to do voluntary work at a local place. But I found that boring. So I tried another place—no go. In the end, I did some voluntary work at [an education facility], and that was good for me. That gave me a lot of satisfaction. Also, I got involved in some research, but we never heard what happened to that. But it all helped to rebuild my confidence. I've built up my health. I still have my health problems and my specialist says they'll probably remain, but I'll have fewer of them. Physically I think I'm right, yes, no problems. I just hope I maintain what I am, how I'm going to cope with things as they come up. I'm not a patient person so [laughter] there are times when I get to a screaming point where others who are more placid, would probably plod along. It's silly for me because I'm the one who suffers in the end and gets

the headache or upset stomach or indigestion because I'm trying to eat a meal straight after I've [pause]. But I need to do something about relaxation. Physically, I'm well. Before my health problem, I was in control—yes, very in control of everything. I was well organised. I can't be not organised, or I couldn't be in those days, unless something unforeseen happened. If it was in my control, it happened. I set realistic goals and it would be done in the time. Now it is quite lovely in the morning, I get up and think, I'll do 'a, b, and c', and if I get 'a' done [laughter] I think, oh I'll do 'b and c' tomorrow. But that is one of the joys of retirement, from what I gather, talking to people. My [family member's] health restricts us—sometimes I think I'd like to shift north but I can't because of needing to care for [another family member]. Yes, I'm in control because—I had trouble answering this on your questionnaire—my [family member's] health stops a lot of things being done. I have to control the finances, write any letters, fill in forms, and so on ... my [other family member] has [health problem], so between them, it is pretty challenging. But there are times when I'm okay and times when I get a bit down with it, a bit short tempered. It's draining. Of course, everyone says 'look after yourself, because there is no one else around to look after them'. So yes, I'm in control—because I have to be. But there events that intervene, that I have no control over, that limit me.

By accepting a voluntary departure package and retiring early, another public servant found her action to be preferable to the prospect of implementing a job prescription that did not impress her. This action has resulted in her substantial pre-retirement life satisfaction being maintained in retirement:

I had planned to work for another couple of years at least. But when the Kennett Government came in, they were so anxious to get rid of people from the Education Department, that they were even prepared to offer inducements to people like myself who were over 55 and eligible to be superannuated. So when they offered me a package, I said righto, even though it was three years before I planned to go. The other issue there was, I was principal of [suburban school] that was involved in amalgamation plan [laughter]. Of course as soon as Kennett got in, they pruned the plan and there would have been too many principal class personnel. There was no pressure on me to go, but I wouldn't have been a principal any longer. I would have virtually been demoted to a vice-principal position and the likelihood of me, at my age, and being female [laughter] and getting the new principalship were ... [laughter] so I said, I'll go. Prior to the package I was busy dealing with the huge numbers of staff that we had to shed, and the difficulty of that and ensuring that some

of the programmes we prized would be maintained and that the people were losing—some of them very good—were supported and given guidance. The offer came to me during the school holidays [laughter] so I was very, very fortunate, very lucky. I went back to the school in the holidays and helped the remaining principals, but apart from that, I just packed my bags [laughter] and left.

Several similar experiences were noted by other retired professional women.

Maintaining or Reclaiming Life Satisfaction

For one former public servant, her commitment to public service has not altered with her retirement. However, her life satisfaction has. Her action in retiring early has effectively maintained her long-standing way of being—a way of being that was temporarily dampened by job 'repositioning':

Teaching was a wonderful source of satisfaction to me but then, when you become a principal, you get to teach less and less and being a principal is not nearly as satisfying as being a teacher. And thank God I'm out of that game. I lost an enormous amount of job satisfaction when the school amalgamated—which I was a driving force in getting done—but then the man who was the principal of the other school got the [amalgamated] principal position and I became campus principal which was boring. I only lasted one term [laughter]. There was nothing to do and nothing of the challenging, outward-reaching things that a principal does. It was all very internally focussed inside the school, and there's a limit to how much you can do inside a campus, with [number] kids and [number] teachers and anyway the system was changing and Schools of the Future was becoming a great threat, and I was just not the sort of person they were looking for to be the aggressive marketer, the tough staff manager and all the rest of it. I could get a certain way along the line but I just wasn't a School of the Future principal, which suited me fine, I was ready to get out. I happened to be turning [age] and I'd get no more superannuation benefits by staying on—and just look how I'm living [laughter].

In retirement, this ex-principal has found a sector of her community, where her skills and talents (which were fully used prior to the school amalgamation) are appreciated. This inclusive and welcoming response from her

fellow citizens, in a different place to where she worked, has been reciprocated by the retiree, in the form of active community assistance:

When I retired I was a very complacent ordinary citizen who never bothered about government affairs. Then we heard about compulsory competitive tendering, and so it just led from there. Had it not been for the commissioners, I'd be sewing [laughter], which I love doing and spending more time on handicrafts, which I enjoy. I did those things when I was working. My leadership skills, including public speaking from the past, and I suppose my ability to work with people, is why I keep being elected to leadership roles within so many local organisations. I'm involved with U3A—and enjoying it—there are some terrific minds there. Don't get as much time to go there at the moment because at the moment my focus is on trying to prevent the destruction of the [municipality] by the commissioners before they get out in March. They've done some really, really destructive things. Every time they put anything out to compulsory competitive tendering, the contract goes out of the municipality. So there is work that was being done in the area, going outside it. In one instance, it means that the planning for our municipality is being done in another city! So somebody in [city] is doing our planning! So there are some really serious issues to contend with there. So that requires a lot of reading, checking, and so on—at the moment I've got a stack of by-laws material to read through. In short, I've learnt heaps. Because I knew nothing about local government, it's really been exciting. I think teachers and principals don't have time to get involved in local issues. I'm really interested in this local government stuff—if we could only do something. The Office of Local Government won't listen to us. We've just saved [local landmark] and now we are trying to save [local school]. I'm getting an enormous degree of satisfaction from that as well as getting an enormous challenge from having to learn it all, so I'm pretty busy, I've got enough. I don't intend to stop just because I've retired. I may stand for Council next year—I'm deciding on it now. I wouldn't do it if I didn't think it would be satisfying.

Some women found that part-time employment provided a basis for enhanced life satisfaction in retirement:

Working part-time in the years prior to retirement helped a great deal. There was a gradual slowing down and easing off over a period of several years. It made me realise that I was wise in retiring at 60 rather than going on. It confirmed in my mind that I was losing rapport with young teenagers and I'd found full-time teaching a bit harder, and there were

many changes in senior personnel. And so I thought it was time for me to go, so the part-time work was a great idea.

I've always been remarkably energetic at work. I value it. Sometimes it drives people mad. I don't apologise for it, I've always been very energetic. Now there is more variety—there are more options. I now enjoy the change of the tempo. In this job I have many responsibilities, but it is nothing like what I had in the full-time job. I appreciate the flexibility that I now have to stop and think. In my full-time job, sometimes it [the nature of the job] would be interfered with what you thought was going to be, or had planned. That was the nature of the job. Whereas now, I can negotiate which days I'm working—and it's more flexible, which is what I enjoy. In the full-time job, it was six days a week.

I have thoroughly enjoyed life...liked the helping profession I was in, and I'm now involved in [counselling part-time] others. It has been quite interesting. The amazing courage of some people...people who have had major problems...I've had to slow down on my social life to keep up with necessary reading. Prior to retirement, from time to time, I gardened and that has been periodic in my life. At the moment I'm not doing it. I get someone to do it. Whereas when we were at our previous property I did a tremendous amount and established a garden there. But at the moment I'm too busy. At the moment I don't feel deprived if I can't get out into the garden.

For one woman, her observation about her job prospects, plus reflection, in the last twelve months prior to exiting work, helped her to psychologically prepare for retirement:

Being competent at the teaching that I was doing was quite satisfying—and demanding. I was working casually last year teaching [humanities] and that subject was going down the gurgler, and so the job doesn't exist anymore. So, without intending it, I find I've retired. So I don't suppose there was any decision on my part regarding a finishing time. I vaguely thought I might get some work this year but I sort of knew it was unlikely. I saw the way the wind was blowing, so it was a gradual process of getting used to it. There was no sudden demarcation line. I don't know if that makes any difference—I sort of drifted into retirement.

Continuing to Care—A Double-edged Reality

Several women indicated that caring responsibilities were often taxing in pre-retirement. Upon the death of the cared-for family member, this caring responsibility ceased. For the following women, this commitment ceased either in the last two years of their careers or in the first couple of years of retirement:

When I was working, I had my mother living with me for a long time, and that was pretty stressful. Since then I have been able to travel. Travelling has been something I've done since retiring which I enjoy very much...don't expect to travel as much now because I'm slowing down [laughter] and because of finances.

I have a fair sense of control in terms of what I do for me. But in other terms I think—this is not actually my life. My husband died five years ago. We were married 47 years and I don't remember a conversation that went between us, of more than three sentences. He was that kind of a husband. If I regret anything now...it's not keeping in touch with my friends. Because I didn't keep up with them. My husband didn't acknowledge my friends and we didn't socialise as a couple, because my husband socialised in men's clubs and I stayed home. That, for me, now is a problem in retirement. I chose to dedicate myself to my family and my work, which was important. My work made me happier, so that was that, really. In terms of work, I had control, but it was control that had to be fought for, [with her husband, concerning her right to be in paid employment] and if you've got to fight for it, it hardly seems like control. My husband was absolutely astounded that anybody paid me to do anything. I didn't ever think I'd had control, but looking back, I think I did, because I wouldn't have fought him [husband] for 47 years. If you become a single entity as I now have, it's very hard. You don't have the serenity of the professional women I meet, who have been single all their lives or widowed very young. They've got a very much better idea than me, of how to be just themselves. Much better idea.

Travelling helps my health because there is always something to look forward to, to plan, and so on. I always wanted to travel, but I couldn't do that much because I had my mother with me until she was 97. Just before she died, she said to me [when retiree was 65 years of age] 'now you know what you've got to do—you've got to travel'. From then on, it's been every second year. I didn't get to travel when I was working, because in the May holidays I'd look after my father so that my mother could go away for a short break, and then in September, I'd go

somewhere locally for a brief break. Nothing overseas. In other free time, I studied.

When my mother was really ill, she was wanting me to be with her [in another location, 70 minutes away by car]. But I couldn't, because I was on my own, as a parent working and with dependent kids. Physically and financially I couldn't do it, and [in retirement] there's all this guilt...

I suppose for almost all of my [employed] life, with [caring for] my mother, I was unable to travel. Then after my mother died, I was free, and travelled extensively. In effect, getting the travel bug out of my system. Now I am so content [in retirement] here that I have no desire to travel.

Children, and/or partners, and friends remained key priorities in pre-retirement and retirement, for almost every woman. Considerable satisfaction was derived from activities that were linked to children, partners, and friends as the extracts below suggest. Both commentaries underscore most retired professional women's view that very few additional actions were taken in the five years prior to retirement that had not already been part of their earlier lives:

Always the children [laughter]. Always I particularly enjoyed being a mother when the children were young—even before the career—always the children were put first. I didn't work when they were young, for a few reasons. I didn't believe in it. I've changed my mind now—you have to move with the times, but ... they're number one, absolutely. Another reason is we've moved around a lot with my husband's job which has been really good, and really given us more pleasure in life. We're not inclined to take risks and the shifts have forced us to take risks. Also, holidays have been good, mainly because everyone is so relaxed. Reading has always been something I've enjoyed. Being involved in some of the kids' recreation activities... theatre also is something I've always enjoyed. Now [in retirement] with my husband being made redundant, I've been thinking gosh, I haven't even had my space yet. How are we going to handle it? For me, I've always enjoyed being at home. My husband says he'll cope, be fine, but I don't know that he knows what it will be like. There's a lot more now for women to do, which is great, and a lot of those things don't cost much money. Can't wait to be grandparents—nobody [children] is planning for any yet and that's fair enough, but I think it will eventually be

good. Travel is very important, also to keep up the social life, to find things that are interesting and challenging—not to vegetate.

Almost of all of the things that gave me satisfaction when I was working have come through to retirement. I don't miss work all that much. I did initially, and I suppose my purpose in life was somehow lost, but it wasn't a source of worry to me. From time to time I was assailed with slight feelings of guilt that I wasn't doing anything useful like volunteer work, but now I think, I worked for forty-one years [laughter], let somebody else do it, so I don't feel guilty now about doing very little. I do a little bit of housework. I did a brief course. We still go to the theatre, enjoy a good film, and I do a lot more reading which I enjoyed previously. Then I didn't have the time—or the mental energy—to read, so that's great. We travel overseas every couple of years [laughter]. We enjoy the travel more once we get there, rather than the journey, it is so long [laughter]. Good wine, good food, we've always enjoyed. We still entertain, not quite so much as we did [laughter]. When I look back I wonder how I had time to go to work [laughter]. I felt a bit flat this year because we're not going anywhere [laughter]. I miss the fellowship of colleagues and the work, but otherwise, not much.

More of the Same: A Recipe for Retirement Success?

A number of points can be made concerning the pattern amongst retired professional women to have initiated relatively few new actions during the last five years of full-time work which contributed to their life satisfaction, health, and control in retirement. At first glance, the apparent failure of participants to adopt specific initiatives in preparation for retirement seems at odds with the ways of professional women. In the work setting, these women typically were proactive, reflective, and detailed planners. Yet, these very features of this cohort may in fact help to explain why, in most instances, no new initiatives were taken.

Overall, women had made an assessment, if cursory, of their circumstances—up to five years prior to retirement and, concluded that few additions or changes to

their existing 'ways of being' were needed. Thus, the features of proactivity, reflectivity, and planning which operated in these women's public domains had been applied, in a limited way, to their private lives. The outcome was essentially a decision to maintain the status quo. The following points provide some perspectives on why this was the conclusion of most women.

Firstly, for a majority of women, their levels of life satisfaction, health, and locus of control were such that, in their view, they did not require adjustment. In other words, an absence of substantial concerns in respect of these variables meant that their attention and energies could be diverted to other matters. Secondly, all but a handful of women expected to take their existing partner status into retirement with them. Based on this assumption, most women considered their retirement income to be unproblematic. They were able to anticipate what their income was likely to be, and where it would be sourced from. Never-married women, by and large, had adequate retirement incomes awaiting them. Usually this was in the form of superannuation. Married women, more often than not, had either superannuation, a pension, or their husband's superannuation pending as a retirement income.

Thirdly, these women took with them well-established professional identities that had attracted considerable status, relative to non-professional employees and poorly-regarded professions such as politicians and journalists (Morgan Poll, 1996). These ways of both seeing themselves and being themselves, had in the main, provided a substantial foundation for exiting the work place. Almost all women believed that they had made worthwhile—if often

unrecognised—contributions in the work place. Overwhelmingly, they were pleased, if not proud, to have been part of their particular profession. For many, the pace and pressure associated with their jobs appeared to be increasing the closer they got to retirement. Whilst the women didn't resile from this, many were pleased to be free of these aspects of work, in retirement.

Fourthly, in the last five years of their jobs, the relative lack of recreation or leisure time was accepted with a degree of pragmatism. This cohort of women understood that the pace, and often the place of work life, had changed, demanding more of employees. This shortage of private time was also considered in the context of performing socially valuable work roles. Mostly, women were able to find time for interacting with immediate family members and close friends. These were often prized sources of satisfaction in pre-retirement. They were also, to some extent, health-promoting engagements.

Those women, who did not enjoy good health, or life satisfaction during the last five years of their careers, may not necessarily have desired a continuation of their circumstances in retirement. However, they, like those who hoped for the pre-retirement status quo to continue in retirement, took relatively few different actions in the last five years of their careers. For most of these women, many of whom had partnerships that had terminated unsatisfactorily and/or inadequate retirement coverage, the problems had been long-standing. In the main, these problems had been in existence for time periods greater than five years and, it can be argued, often may have required time frames well in excess of five years to adequately deal with them. Moreover, whilst this specific cohort of participants

may have experienced lower life satisfaction and poorer health, it seemed from their comments that their control orientation was essentially Internal. The difference between the more highly satisfied and poorly satisfied participants in this respect may merely have been the frequency with which each cohort had their control orientation tested.

In sum, during pre-retirement most women were in living and employment arrangements that effectively complemented their Internality. Most women perceived that they had 'succeeded' in the most important or valued domains of their lives. Usually this meant that they felt they had variously fulfilled roles as dedicated professionals, mothers, daughters, wives, carers, aunties, friends, and good community-members. Therefore, as they approached retirement, most believed that there were few 'gaps' that needed 'filling'. For these reasons, most women determined to continue to take pre-existing actions that maintained the momentum of their highly satisfying lives. It appears that those retirees who enjoyed considerable life satisfaction, good health, and control in the five years prior to retirement accurately adjudged that few new actions were necessary in order to calibrate their life satisfaction, health status, and locus of control in retirement. For those who did not enjoy such a level of satisfaction or good health, they too rightly perceived the magnitude of their 'problems' to be such that five years was not a realistic time frame in which to effectively remedy them prior to retirement. The common response amongst participants to adopt very few new actions in pre-retirement resulted in 'more of the same' being experienced in retirement. Whilst for a large number of women, this meant retirement could be

welcomed as a vibrant, further life chapter; for a small number of women, the new chapter was a constrained one.

New Path—Changed Pace, Same Style

This section focuses on the perceptions of retired professional women given in relation to answering the fourth qualitative question:

What actions do women retirees believe they are likely to undertake that may contribute to their life satisfaction, health status, and locus of control in the next five years?

Most women believed the essence of their past and present ways of being in retirement would not need significant alteration over the next five years. The life satisfaction of these retirees was, by and large, so substantial, that relatively few wished to implement many changes. Alterations that were put forward usually amounted to only one or two modest changes. The foundation provided by existing life satisfiers was more than adequate for most women and thus warranted little adjustment.

Health status figured as the most likely of the three dependent variables to require attention over the next five years. Yet it was usually canvassed in terms of possibility only, rather than inevitability. Again, the robust nature of most women's health may explain the confident—though open—stance taken on this matter. Confidence in their likelihood of reaching much older ages in essentially good health, was apparent. For those who already have inadequate health, there was an absence of confidence. Fear of the unknown—but possible—implications of their health status characterised some comments. Irrespective of their specific

health status, many women feared the prospect of ending their days in a nursing home. This invoked issues of dignity, sovereignty and selfhood.

Nursing homes were not regarded by any woman, as a preferred destination in old age. When these efficacious retirees spoke of control in terms of the next five years, the dominate theme associated with control was health. In particular, women were conscious of the possibility of their mental acuity particularly, and also their physical health, resulting in diminished control. Because such prospects are, at this stage, hypothetical, the women believe the best course of action is, having loosely established their own parameters concerning possible responses in such an event, to basically follow their existing paths. In retirement, extra time and an enhanced capacity to attend to quality of life concerns has enabled most women to give more attention to food preparation and diet, exercise and other leisure activities. This calibrated, rather than radical difference in these women's lives has proved to be successful. Because of this and no felt need to unduly magnify hypothetical possibilities, most women considered that maintenance of existing actions was basically sufficient to contribute to their life satisfaction, health status, and locus of control in the next five years.

Future Life Satisfaction: Building on the Past and Present

For most women, the activities which have been in the past, and currently are life satisfying, are those which will be continued over the next five years:

I see a continuation of things and also, seeing my brother, who is a couple of years older than me, and his family. We all keep in close contact with each other. Plus travel. I expect to keep that up and to continue to go overseas regularly.

I hope I can continue with the things that keep me happy these days.

I always went to Melbourne Symphony Orchestra and always contemplation and prayer, so it's more of a development, rather than a change. There wouldn't be any area of our lives where we [Sisters] haven't had choice. It's very much a focal point of our lives. We meet regularly to discuss change and developments—we always collaborate. And this will remain so.

I certainly want to continue painting and to do more reading—serious reading. My involvement in [a professional women's organisation] will continue into the foreseeable future, that is tremendous. Also, I'd like to do more reading in philosophy and possibly study.

I can keep quite occupied, although I think I should read more. I've always read, but because of work, not during the day.

I've got plenty to keep me going—I wouldn't rule out travel. You've got to see what you can cope with. I've got enough embroidery and knitting work to see me through [laughter]. I've always done embroidery, knitting, and sewing. After my mother died, I didn't have to worry anymore because nobody was dependent upon me any longer.

Travel—that's the main thing, plus theatre, and reading. Pretty much the same as now.

I'm hoping to remain as active and amongst active people for as long as possible, and very much involved at the community level. I would like to maintain my impetus as a religious person. That word religious—it is about somebody who is committed to the whole well-being, spiritual, and physical and their relationship with the Lord, and each other. That will be my focus and I'd like to be involved as long as possible with people, even if I couldn't get around.

For one woman, a serious health problem has resulted in an altered 'pace' in retirement, so far as taking on life satisfying activities are concerned:

I'm developing a changed approach. The thought that I will go on living for another twenty years, seems to be much less likely now, so instead of thinking things will wait until some day, I'm starting to do things now. My health has been a shock. Still, I've been supported by my family and work colleagues, and other, so that has been important.

Stepping Out: New or Resumed Interests Buttress Control and Satisfaction

Some women expected that by developing new, or resuming old interests, their control and satisfaction in the next five years would benefit. As shown below, most of the interests nominated were leisure or recreational. For one woman however, her preparedness to remain open to learning opportunities provided part-time employment for her. Over the next five years, it is expected that this will enable the control of finances to be less problematic. It will also allow for further outlays on life satisfying pursuits:

Financially I'm not as well off as I'd like to be because I was out of the work force for a period and so hadn't worked with [employer] for as long as I needed to, in terms of superannuation, but I've stubbornly resisted trying to make do, so I retrained and work part-time.

At aerobics I've met a fabulous group of ladies and we have lunches which is great and I do that about twice a week—[laughter] I get more enjoyment from their company and the chatter, than what we are there for, and supposed to be doing. We sometimes try hard to concentrate on what we are supposed to do [laughter] but it's really the company...and the luncheon gatherings.

There are little things that I'm trying that I didn't do like, having a massage, which I'd never had before, and line dancing. In the line dancing group I'm in, they're very caring people. Also I'm involved in doing some (art) craft works and going to Melbourne Theatre Company productions.

I gave up the ballet because my [ex] husband didn't like it and since then [divorce] I've started to go. I am also doing more listening to music—Handel particularly.

Once I got married, and especially when I became a mother, I didn't get a chance to play the piano like I had when I was single. Now I've resumed, although whilst I've now got the time, my health limits the amount I can do. When I was young I used to do five hours a day. Now I can only do half an hour. In the past I won significant prizes in university studies for my playing.

As a pair, we belong to a book group which is good. We choose a book and everyone takes a turn at leading the group with the book. And we take turns at having the group in each person's house for the gatherings.

Doing things with U3A, and other courses in philosophy. I've done a little bit of tutoring but there are so many things I want to learn, so I've limited the tutoring to some extent so that I can do some courses myself, such as appreciation of art and music.

Future Health: A Possibility Rather Than Inevitability

Some women had canvassed in their minds—or with others—the prospects of altered health with the further onset of age. Such considerations were regarded as possibilities rather than inevitabilities, and therefore were responded to with the development of a tentative plan, and subsequently put to the side:

Well I know I'm [this retiree currently travels extensively by car] not going to become immobile [laughter]. I would just imagine that I'll just go on being healthy [laughter]. My mother did, my aunty did, my grandma, and my father did [laughter]. I haven't any fears for my health in the future. When I can't drive, I'll move back [to the location]. I love living here but there is not enough to keep me going as an active person, so if the eyesight goes, or the reactions go, then I'll shift.

This is very much connected with health and fitness. We [good friend and self] have thoughts of what will happen if we get too old or unable to do the garden or a lot of things. We have made plans—we're very much aware of this but we haven't made any concrete plans, because you don't know how much you will be affected or afflicted.

Most women did not expect to significantly alter their present life style so far as maintaining health was concerned. The excellent or good health status of most women was not interpreted as needing attention or actions that were much different from the status quo, as the comments below indicate:

Keep doing what I'm doing, walking and dancing regularly.

I can see I'll get slower, but I think much of that is very much in the mind. I've played golf with women who were in their seventies, and so I do think it is largely dependent on being sensible and your attitude. So far, I'm not restricted—I've only got a few aches.

In one sense you can't help being fearful, in another sense you can't help being realistic, because the one thing certain in life is death. But what one does about it depends on how well you feel and how you can cope with it...I feel just fine and I have all the usual health scans and hormone replacement therapy.

It's not when you go, but how you go. But you've got to think about other things [laughter], otherwise it can be quite grim. Some of us have been discussing euthanasia, but it's controversial. I'd like to go quietly, keep my dignity. Don't like the issue that much.

I see no point in being concerned about it. I take each day as time that is to be had at the moment. So why waste time and worry about what might be?

Hopefully I'll be able to cope if the mind doesn't go. Now I take the view that, if there appears to be anything—a lump or anything—I go and have it checked right away. That's a bit of a change. Previously I would have felt fear and panic.

I do quite a lot of walking and exercises. When I get to a point where I think I am not able to contribute to the community as much, because of my health, I'll probably spend more time in the garden—love the garden and presently I'd like to spend more time doing that.

I think things will pretty much continue because I'm much more in control. If I'm tired, I can go to bed, which is something I couldn't do when I was working. When you've been as ill as I was, at one stage, every other day becomes a blessing. That view is probably due to my Faith, but it's true. Every day is a blessing.

Want to maintain my walking for as long as possible. Otherwise not into exercise. Don't expect to do anything radically different. In terms of big expenses like my teeth, I made the decision to not do anything about it—the costs are so expensive.

If something happened so that I didn't have enough money to live on, or if I got sick to the point where I couldn't control my life, I wouldn't want to be a burden on my younger relatives. I don't believe in euthanasia—that's not for me. It's got overtones of just get rid of those you don't want, or those who are a burden. If you talk to older people about it, actually very few want euthanasia. It's mostly young people who are more enthusiastic about it, because they can't envisage their own old age or ageing [laughter]. On the other hand, I would hope to be able to make sufficient arrangements so as to not be a burden on my relatives [laughter].

I'm optimistic, my mother died at 85 and my father at 81. Both were in full possession of their faculties. So I expect to be travelling well until I'm in my eighties. I think my state of health is good and won't change very much.

I'm trying to walk regularly. And now I'm walking the grandchildren to and from school. My daughter is a very conscientious [professional], so while I'm available—and it's not a forced arrangement—I do that. They're terrific kids, I enjoy their company. I try to walk five days a week. Sometimes I swim and cycle and I'm careful about my diet. My intention is to stay healthy.

I sort of subscribe to the view that if you enjoy life, you don't get colds—if I'm down, I get either a cold or the symptoms of a cold, and so I say, hold on—change the orientation, be positive, and the symptoms go. I meditate daily—it conserves your energy.

Some women had health conditions that required life style modification, so as to maximise their health over the next five years. Most of these women made the changes—others initiated actions with mixed success:

Before I retired there were conditions that were developing, that have developed since, particularly the [health problem] which is a blooming nuisance. I was overweight four years prior to retirement and went on a low-fat diet, exercised, went to gym and lost heaps of weight and started to feel a bit better. I was smoking heavily when I was working. In the first year of retirement I felt okay, but nothing spectacular, and kept going to the gym, four days a week. Last year I had an operation and I should never have had it. I should have persisted with naturopathic medicine and a very low-fat diet, and maintained my fitness and health. Because after that, it seriously affected a [health] condition that was sort of latent and

that connected with the other [health problem]. It means that my exercise tolerance has collapsed absolutely and it appears that the [health problem] will persist forever and so I've been advised not to exercise [laughter]—except for the gym—which is a real blow. Because I'm getting stiff and uncomfortable, and I feel much, much better when I go to the gym. I'll go back to the gym.

My health was one of the main reasons why I decided to retire. Also, my mum having [health problem]. I miss the children and my colleagues but—if I could have had an office-based job, I would have stayed, but they didn't have those types of jobs available. And so it was easier to leave. I try to walk so that I can do something about my weight, so I have to keep doing that, particularly because of my family history. My dad died when he was young from a heart problem. I believe I really have to look at my health, losing a friend because of a heart attack. My father's genes also I need to note, and so I need to be careful. With all the illnesses of others that I've been involved with, and with having to deal with all these other changes in life, I guess in the last little while I've got stronger. It is important to make a little space for yourself. My mother tended to make me feel guilty if I did, because I wasn't playing wife or mother first—so I've become stronger from that, and I try to find some space for myself.

My health has changed dramatically and when retirement began, I didn't appreciate that it had deteriorated until I ended up in hospital. Blood pressure, blackouts, and several other problems. My hearing is a problem. I've been to all of the hearing clinics and done everything I can there. Sooner or later I might have to get a hearing aid, that's a bit of a concern because of my other health condition. But it's also maddening to, for example, be in a theatre and miss the laughs—everyone else in the theatre is laughing and you've missed it, you can't help it, and everyone's laughing [laughter]. I've got to get myself right healthwise. I'm going to give that a good try. Otherwise it's a different future. I picked up a book *Learned Optimism*. Since I've been ill, they think I'm depressed, and I do not want to take their anti-depressants. I only got a little way in on the book and they said I'm pessimistic [laughter]. I'll accept what they're saying this far and see what goes from here. My doctor lent me the book.

[Health over the next 5 years] it's a worry. It's only really worried me in the last twelve months—now I can't control my diabetes. I'm on two injections a day, so hopefully it will come under control. Originally it was able to be controlled by diet and I was very active, then I had to go onto medication but eventually I had to go off the medication. It made me so ill. But doctors—I'll tell you something funny—I've seen five diabetic specialists and I must be getting very aggressive in my old age, because I

ask these questions. And they get very threatened and they don't like it [laughter]. The last one I went to, I was questioning him and what he was saying because I thought he was wrong. And he was wrong—that's been confirmed by another doctor. I was questioning the specialist and he said to me *I'm* the doctor[laughter]. Now I've got a sensible, caring doctor. Many of the doctors treat you like you're a stupid old woman.

For a few women, future health prospects are weighed against the need for house maintenance, renovations, or living in a dwelling which is better suited to these retirees, as these comments suggest:

In the end, I realise we will have to shift from here [house too big to maintain] I don't like it, but it's at the back of my mind, and we'll have to shift—it's got to happen. So I don't think this can go on forever, much as I'm so happy with it.

Not really clear. My husband's health is a bit of a worry. If I was sensible, in terms of the maintenance, I'd sell the house and buy a unit. But that's a big change and I think I'll be perverse and keep it, because I like the house very much.

I have had a couple of problems, but overall, I'm pretty healthy except for arthritis. I have a full understanding of what I should be doing, but we'll get there. I had hoped to be walking more—I still will get to it—so far I haven't had the time, because of my husband's business. Apart from that, it will be a case of wait and see. We hope to live here for at least another ten years.

For two women, renovations to the bathroom were considered to be important. Renovations would be done so as to cater for the health circumstances that they might find themselves in at some future stage:

Having the bathroom renovated so that I have grip handles to use, and the toilet door will be altered to open outwards. There is an old lady who lives in this street who I help, and I've seen her floundering on the toilet floor, so you think, that's going to happen to me one day, so I'd better get ready for it.

I want a bathroom that has heating and good lighting [laughter]. That's a source of contention [laughter] because at some stage or other my physical health will deteriorate, and I want to live in a degree of comfort because, chances are, I'll be living alone.

A Future Which Includes the Need to Care

Women who were involved in caring for others usually were not free of health problems. However, in relative terms, they were healthier, or more independent, than those for whom they were caring. These women were conscious of the need to care for their own health. Their own health was however, sometimes jeopardised. The comments below show how many of them are morally, and interpersonally drawn to inclusive ways of being:

Unfortunately the arthritis has set in on my injuries and so on, which were to do with marital violence and so that was hard to accept when the arthritis set in. But generally speaking, the health is now good. I was on antidepressants until I realised I didn't need them to help me sleep because I had no fear anymore. So I was determined I wasn't going to take them ever again, and got onto herbal tea [laughter] and I've been on it ever since [laughter]. It might be in the mind, but as long as it works. My neighbour's health problem is a concern—sometimes not knowing things, dealing with her mood changes and so on, which I gather are to be expected. It is getting hard to deal with my neighbour's health, having to adjust to it.

I haven't made any definite moves about the future, except moving in here [new house], it's got to be rethought. We'll see how things work out with [friend] and me. I very much doubt they will work out, given the way things are going with [friend's] health. Well, [friend] can't help the way [friend] is going and the way I want to go, ... and no matter how much the doctors say to me don't take everyone's worries on, let go for a bit ... still if you are a plucky sort of person, I suppose it's nice to have someone to worry about, even if you're growling about them. So I'm not thinking I'm going to sit around here in winter and just do nothing—haven't got to that point yet—I just keep moving around hoping that we'll drop in our tracks doing something we enjoy and not just nodding around at home like I've seen various relatives—it's a big question mark, the planning. I don't know if you can build any safeguards there.

I ended up buying a second house and shifting to the second house because of a very, very difficult neighbour at my first house. He was yelling at my mother [who lives with daughter] regularly and doing other things that were very, very distressing. He is quite horrible, so that is why I am paying off two houses [laughter]. I don't go to theatre or concerts as much at the moment because of my commitments [laughter] so instead, I enjoy painting and joined a painting group. That has been great. I've done a lot more reading since I retired, plus continuing to exercise. I like a challenge—I have had enough role models—one grandmother lived to 97 and was extremely active and another grandmother was 85 and active.

One woman spoke of an eight-year ordeal she had had, involving her health status and members of the health and medical industries. In essence, her requests that further tests be conducted to clarify a health concern that she had detected, went unheeded by diagnosticians and allied specialists. Instead she was encouraged to partake in annual check-ups for her particular concern. Eight years after her initial medical review, the problem suspected by the woman was diagnosed. An operation was performed on her the next day. She is now actively involved with a support group for other women who are concerned about or have the same problem:

Feel really good. I had cancer in the last decade, so there is always a question mark about my health there. I was a bit too trusting of their tests. When you thought you were doing the right thing and when you thought they were doing the right thing...it shook my confidence in the medical profession. I think stress had a lot to do with it. Of course the doctors discount stress [laughter]. In my case they refuse to say when they think it started. I felt I'd been through 15 or so years of extreme stress, beginning probably around the late 70s. My husband was a university lecturer and went overseas to do research. In the following year he wrote to me saying he was going to divorce me, and began proceedings from overseas. Sometimes I didn't think I'd get through. I was upset and he was upset. My parents had died in the previous year, one of my children was involved with a no-hoper and there was a pregnancy involved. I was working, which was extremely stressful, because the work was very different to what I had done and I wasn't good at it. On religious grounds I thought marriage should be for life. My ex-

husband did help with some expenses—about fifty-five dollars a week—which, for a family of four children and myself, given the length of the marriage and so on, and the fact that he was on a pretty high salary overseas at the university, was all pretty hard to take. It was a great stress for practically fifteen years. Sometimes I get fairly angry about the way I've been treated, and the way in which women in general are treated. But I think if I can use that anger to do something constructive, it won't be entirely wasted [laughter].

The research and organisational skills that this retired professional women possessed were put to active use in assisting possible sufferers of a health problem about which she was knowledgeable.

Nursing Homes: An Unappealing Prospect

Nursing homes are places that most of the participants knew about, some of them visited, and none of them hoped to live in—although many realised that it could become a reality. The notion of becoming a nursing home resident variously evoked thoughts of dependence, restriction, and indignity. A fear of reduced mental acuity was a particular concern of some women. Symbolically, nursing homes—when viewed in terms of the prospect of residency—represented loss. Loss of freedom, sovereignty, and an essence of selfhood were attached to thoughts of nursing home placements. Whereas the possibility of becoming physically infirmed was unappealing, many women evidenced a degree of pragmatism at the thought. An envisioning of their own diminished mental dexterity however, represented a more disturbing picture. Sometimes the canvassing of nursing home residency and related concerns, by the women themselves, also upset others. For some women, the idea of pursuing any such avenues of thought was an unwelcome one. In addition to fearing the

implications and imagery associated with nursing home residency, life satisfaction with their present circumstances was something few wished to bracket for very long:

I really haven't any thoughts of the future ...haven't any family here ...I'm in touch with my family, but why should I burden them? Every time I've been ill my family has helped—we're all still good friends...but beyond that, in terms of the future, I just can't tell. But I'm damn lucky to be 73 years old and in my own home and have no financial worries at all. I just hope I can stay here [in own home], but one just doesn't know. At 73 it's a bit hard to look forward and plan [laughter]. But I know I should.

One could go 'round the bend if one thought about money and the future, in terms of nursing homes. I've raised the issue of nursing homes with one child and it was obviously distressing for [child]. I realise I have to stay here for as long as possible. I have no other plan, actually. The thought of a retirement village doesn't appeal.

Couldn't bare the thought of not being able to get around freely. I'd like to stay in my own home for as long as possible. Might end up in a retirement village with one of my relatives—we've talked about that. But I'll just keep going for as long as I can with my volunteer activities. Apart from that, we'll just have to wait and see.

Several nonagenarians I visit each week ...you know, the amount of money they want for some of those nursing homes is wicked—it's not the on-going costs but the up-front monies...it's great, some of the conversations are terrific. I really look forward to it, that's marvellous. For me it's a question of continuing, it's an increasing thing not so much a plateau. My only fear is if I get senile dementia—you're not sufficiently gone, but you can't get your mind around something. I've seen it in the patients, and I think that's terrifying. My father's health was similar—he couldn't do the crosswords the way he used to, and I think he knew things weren't quite working right—if you've used your brains so-to-speak, for a living, it seems to be especially bad. You think about it before, sure, but when it comes along, things will become clearer ...if I got into difficulties, I've got two god-children that would come to the party and get me sorted out [laughter].

I'm often reminded of the prospect of a nursing home because of living in this area. It upsets me sometimes when I can hear some of the people in

the nursing home nearby calling out [laughter], and so I move into a different part of the house, so that I can't hear them. It doesn't happen very often, and then I worry, thinking—the poor old things, they are probably sedated so much they can't ... so I hope I don't get to a point where I have to go into a nursing home.

For another woman, the issue of the perceived bleak prospects of a nursing home residency were coupled with concerns about wanting to share her most valuable financial asset with her children, rather than with a public or privately-owned institution:

I fear nursing homes ... [and the prospect] that I'd have a stroke and have to go to a nursing home. I've worked very hard all of my [adult] life and, although this house is not worth very much, I'd like to leave it to my children. I don't want it to eventually have to pay for me in a nursing home.

Future Locus of Control and the Primacy of Health

Future control was considered in the context of (self or others') health by many women:

Anything to do with physical or mental well-being would be a concern.

Although I'm not letting this disease control my life, it will govern a fair amount of what I do. Hope to be able to travel a bit next year. Don't want to impose myself, or become a burden, on others. I'll continue to keep tabs on my financial situation. It was much easier when [laughter] your pay just paid for everything. Now, although I still have sufficient to do what I do, what is different is the way I need to monitor and manage it. That's funny—very different.

At the moment I'm quite happy with the status quo. If the situation changes, I'll have to make some adjustment and meet it. I don't fancy going into a retirement village. I've been here for about 45 years.

Osteoarthritis or an accident might prevent it, but I like a challenge, so I'd try and get around it. It would be a case of, well, what's next—I'd do

something, that's the way I am. So far, I've been able to control things pretty well.

If I lost my husband—I know I'd be able to cope—but it would be more difficult. I'd probably be put off balance more. Probably be a bit unstable in terms of the whole family for a little while. At the moment, I feel we are living a really good life, able to do most things we like to do. Sometimes I'd like to feel I could spend more money on theatre, concerts, and so on, whereas I guess I feel I have to choose carefully.

I can't see that there'll be much change unless it is forced on me financially, or health-wise.

Many women viewed future control prospects as being similar to past and existing ways of orienting themselves:

My life has been, and is very much in my control. The plan is to just go on as much as I can [laughter]. I've got to keep going, for example, to a conference overseas in three years time.

I'm not too daunted by the future. If things don't continue 'as is', I'll have to do something about it.

For other participants future control prospects were linked to lifelong journeys:

Well I'm sure there are lots of things that will challenge me. Firstly I think we just don't ... I feel we are created for a purpose. I'm not sure what my purpose is, but if I can see through that purpose, that will be my aim. My other aim is to lead a good Christian life and that will be my model. And on we go on that journey! If there are obstructions maybe I can jump over them, perhaps I won't jump over them—maybe I can go round them. I've had success with that. I'm always trying.

Control in the sense of being able to make decisions is a very positive thing. Control that popularises ideas is very inhibiting. I prefer to be open to opportunities—living by the view that if an opportunity arises take it [laughter] it's being open and flexible and not feeling lost and grounded by whatever decision you make. Life has always been very tied up with activity that I can't guarantee. To modify it in terms of your

physical and mental capabilities. As one door closes another door opens. As long as you're aware and open to it. You don't talk about losses. You see it in terms of gains.

I manage life more than it manages me. Because I believe in reincarnation, many of the things you deal with have been laid down in previous incarnations, and so from that point of view, the events that are being brought up that you have to deal with. Your locus of control is in how you deal with them when they come up, not so much whether you deal with them now, but how you cope and your attitude as to whether you're in control for what you have to deal with.

Continuing the Journey on a Fresh Trail

The outlook for the next five years, according to most participants, is an optimistic one. These retirees expect to live their lives in ways that are similar to how they do so at present. Thus, for most women, few new actions will be instituted with a view to contributing to their life satisfaction, health status, and locus of control, in the next five years.

For women who do not have substantial life satisfaction or good health, there was some concern for the immediate future. These women, like more satisfied retirees, wished to remain active and engage in leisure activities that they enjoyed. In many cases, the problem of insufficient income and/or inadequate health loomed as a likely impediment to continuing the pursuit of such activities. As these women were Internally oriented, and generally preferred to control fundamental aspects of their lives, to be limited in this way, was disheartening. This may also explain some of the low life satisfaction which this cohort experiences in retirement.

Of the three variables, health was viewed by almost all women as potentially the most likely to be a concern in the future. Whilst seriously diminished health was regarded only as a possibility by most women, it nonetheless was generally accepted that it could not be completely discounted. Reduced mental acuity was viewed as potentially more worrisome than physical infirmities.

Nursing homes were regarded with an almost universal view—they were not places in which any of these women wished to live. Most women preferred to remain in their own homes. A few conceded that they may need to shift or renovate their residential accommodation. A retirement village was perceived by a few women as a possibility—but more in terms of it being a preferred destination to more restrictive institutional living. In other words, retirement villages, in comparison to nursing homes, represented the better of two unappealing options.

In short, the essence of most women's ways of being was expected to continue over the next five years. Well-occupied lives would continue to be lived at a slower pace. Whilst women were no longer engaged in full-time work, other interests in the community (particularly through volunteerism), the home, leisure, and recreation have enabled substantial life satisfaction to remain. The health of most retirees continues to function in a complex of ways to both underpin and complement their life satisfaction. In a similar vein their locus of control, as an enabling factor, also adds to life satisfaction. For those who are unable to fully or sufficiently control their health and/or their income, few changes, and thus few

actions, were envisaged as being efficacious in enhancing their life satisfaction, health status, or locus of control during the next five years. How inadequate health and income will be 'played out' in the lives of these women appears unclear to those so affected.

Given the ages of participants, their general well-being, and the fact that, for most of them, the experience of retirement was relatively new, their confidence in largely continuing with their 'ways of being' appears to be soundly-based.

More than one in four interviewees in this study indicated that their annual income was less than \$20,000. For some of these women, this figure represented a total household annual income, thereby effectively reducing further the amount of money some women live on. Most of the women who had annual incomes of less than \$20,000—regardless of whether or not it was shared with someone else—considered that it was a limiting factor in retirement.

Whilst this amount enabled basic cost of living items to be paid for, key 'extras' had to be minimised or relinquished. Overseas travel—a popular life satisfier—was a common casualty when retirees didn't want to, or couldn't, use savings as a basis of funding such 'extras'. These inadequate levels of retirement income, understandably, were a source of dissatisfaction to many retirees. The control capacities of those women whose incomes were below \$12,000, were often challenged in retirement.

Several of the women who had individual and joint earnings of between \$20,000 and \$30,000 annually also spoke of the difficulty of being able to live as

they wished on their retirement incomes. Given this circumstance that many retirees find themselves, what can be made of this information?

Overwhelmingly, participants in this study were in well-paying positions during their careers. Almost invariably high salaries enabled these professionals to enjoy a very middle-class standard of living. The failure of these levels of income to 'follow' women into retirement has happened, in almost all instances, because women's 'working' lives have been too short. That is, for the married women who have ended up in retirement with a nominal superannuation income, their circumstances can be traced back to broken employment histories. These were usually compounded by having monetary penalties assigned on the basis of gender and (held) partner status. Superannuation benefits were generally structured in such a way as to provide reduced benefits if the contribution did not follow a (then) male work pattern. Anything short of 40 years in the labour market risked later-life superannuation losses. Higher salary earners reaped the greatest benefits from the scheme.

Lower salary earners and 'incomplete' contributors were penalised by the structure of their superannuation scheme, and subsidised those who benefited most from the scheme. The Senate Select Committee on Superannuation (1995) argued that married retirees continue to receive a range of benefits which are denied to single retirees. One example of this, the Committee asserted pertained to single retirees being debarred from nominating a surviving beneficiary for their lump sum or their pension. Mothers were also in a similarly disadvantageous position. For example, where a woman withdrew from the work force in order to

have a child, the employer was not required to continue to pay contributions into the scheme if the woman was not contributing. Yet, even if the woman had been prepared and able to continue her contributions, these were disallowed.

In 1989, national superannuation legislation was passed to make employee and employer contributions possible during any period when a person was temporarily (up to two years) out of the work force (Winocur & Rosenman, 1992). For the women in this study, this welcome change, occurred at a time which was too late in their careers to provide any substantial benefit. The current superannuation scheme continues to be predicated on principles of continuous labour market engagement and substantial pay-as-you-earn contributions (Olsberg, 1995; Office of the Cabinet, Queensland 1995 as cited in Parliament of the Commonwealth of Australia, 1995). Unless relevant federal legislation is altered, it appears that future cohorts of retired professional women will contain significant numbers within their ranks who will experience retirement on inadequate incomes.

Indeed, Winocur and Rosenman (1992) believe this will be a likely prospect of the majority of Australian women. This future scenario may be much worse for women who experience a breakdown of marriage. Given that nationally, the 1991 rate of divorce was 2.6 per 1,000 (ABS, 1993b, p. 24), whilst the marriage rate in 1991 was 6.6 per 1,000, it appears that one in three marriages continues to end in divorce. In this study divorced women who did not remarry, usually ended up with low retirement incomes. Their work histories were broken due to child-bearing and -rearing commitments which resulted in inadequate

superannuation coverage and benefits. The retirement income of this cohort was generally much lower because of several factors. During the period when they were divorced and had dependent children, their career incomes were usually geared toward costs associated with raising a family. Due to inadequate or no maintenance, they were unable to build up valuable assets (except for a home) or substantial savings. Perhaps most significantly, because of the Family Law era in which most participants were divorced, these women did not gain—upon a dissolution of their mostly lengthy marriages—a share of their ex-husband's superannuation. The Family Law Act 1975 made possible, at the discretion of the Court, partner claims on superannuation.

Yet a Senate Committee (1995) which investigated superannuation and broken work patterns reported that, on the basis of a review undertaken in the mid-1980s by the Australian Institute of Family Studies, it was evident that "superannuation was not taken into account in the settlement in 60 per cent of divorce cases and in three quarters of those cases, people were not advised about its relevance" (p. 135).

According to this Senate Committee, forthcoming superannuation legislation will not mandate the Court to recognise superannuation as property of a marriage. Thus on this basis, the experiences of the divorced women in this study look set to be reproduced by the current and perhaps future generations of professional women.

Qualitative Results Summary

In the qualitative component of this study most retired professional women spoke of having considerable life satisfaction. Usually this was complemented by either an excellent or good health status and an Internal control orientation. The foundations of this level of life satisfaction, health, and Internality were, almost invariably, established in pre-retirement.

Pre-retirement, for a majority of participants, was a period in which key life preferences and priorities were achieved. For almost all women, work represented one such priority. This finding coalesces with Onyx and Benton's (1996) study of senior women professionals' retirement. Being married and raising children was an additional, and often prime, priority for most women. Remaining single was pivotal in the lives of other career women.

The selection of partner status, for most participants, calibrated many of the ways in which their lives were subsequently lived. Career women—as most study participants were—often juggled work and family responsibilities. For those whose family involvements included motherhood, children often represented a major life focus. Never-married women's lives frequently included familial caring roles. These were satisfying, demanding, and restricting. Usually the person being cared for was a parent; sometimes it was both parents. The commonplace role of single women in particular, in the area of parental caring, has been documented by Rubenstein (1994). Gilligan's (1982) research on women's development highlighted the care played in their lives. These

developmental characteristics were most evident in the familial roles which participants in this study fulfilled.

Whilst work assumed a priority position in the lives of almost all participants, it occupied an especially important and lengthy place in the lives of never-married women. This finding coalesces with Keith's (1989) review of the literature on the work lives of never-married women. In the main, whether single or married, women led busy work lives and maintained active familial and friendship associations. Most of the recreational and leisure interests which they pursued were relatively passive and aesthetic in nature. Gardening, walking, reading, travelling, theatre, and concert attendances were commonly chosen leisure activities that spanned much of their career lives.

When one or more key life preferences were not achieved, women's life satisfaction and health suffered. Whilst it does not appear that their control orientation was changed, it is clear that women's control capacities were challenged. This finding supports Lachman's (1986) view that Internal orientations are stable over time. In extreme cases—those where women's key life preferences and priorities were routed—the lives subsequently lived represent a vivid contrast to the ways in which most professional women experienced their adult years.

Whereas one cohort of women lived without substantial life satisfaction and robust health, a large number of women found their life satisfaction and health status maintained or enhanced as they progressed in adulthood. This, for the latter cohort, provided a strong foundation for retirement. When professional

women retired, continuing involvements with families and friends, plus leisure interests, reinforced their life satisfaction and health. Such actions also affirmed the Internality of most women. To enable such continuities and choices to be enacted, adequate income levels were necessary.

In pre-retirement, some of the popularly-chosen leisure interests were able to be easily afforded, at least in part because of the salaries most professional women earned. For almost all participants, the onset of retirement resulted in reduced annual incomes. Similar findings were reported by Onyx and Benton (1996) concerning retired professional women's income. When the reductions were so great as to require spending constraints on highly-valued leisure interests, life satisfaction often suffered. Choices which had to be limited because of insufficient funds, thus calibrated the life satisfaction, and sometimes the health of many women retirees.

When choices required little or no limitation due to monetary factors, women usually continued to be satisfied with long-standing leisure interests. In retirement, when leisure activities could be pursued without (any financially-imposed) restriction, women were often able to do so in a less pressurised context. Many retired women—particularly those with volunteer and caring commitments—indicated that, despite no longer being in careers, they continued to lead very busy lives. Nonetheless, they also appreciated that the compulsion to be both deadline- and time-driven (which characterised a great part of their work years) had diminished. These views on time and pressure are similar to those expressed by other retired professional women (Onyx & Benton, 1996).

The altered amount of time, and the freedom which was available to most women to be able to choose how to use the time, meant for many, that favourite life satisfying activities could be done more often. Alternatively, sometimes the same activities could be done more slowly. Meal preparation, for example, which for many had been rushed throughout much of women's pre-retirement years, often received extra time in retirement. Thus, health-affirming behaviours plus the core of these women's life satisfiers—with the exception of their careers—remained with participants following their retirement. Only a small number of women would have preferred to be in full-time employment, rather than retired. For most retirees, the talents which they used in the work setting were put to use in a range of volunteer or charity activities. This 'giving something back', as retired women so frequently termed their actions, was a source of considerable satisfaction. Again, it suggests that most professional women located themselves in purposeful, worthwhile undertakings.

The intention of most women, over the next five years, in relation to actions that could enhance their life satisfaction, health status, and control capacities, was to continue as they were. A similar view was held by professional women in Onyx and Benton's (1996) study. The past actions of women in this study had proven to be successful and thus were not in need of alteration. For the most part, they were the actions that were ordinarily taken in the five years which preceded retirement. In the main, these professionals maintained middle class lifestyles with which they were content. Being educated, and, during pre-retirement, being in satisfying, well remunerated and 'worthwhile' careers enabled

almost all women to both afford fresh foods and consume balanced meals for much of their adulthood. Many of the leisure interests nominated by participants were those which required high disposable incomes, for them to be afforded. During their careers, most women were able to afford expensive leisure pursuits. When participants were in partner status arrangements that substantially fitted with their preferences and priorities, as well as being buoyed by favourable health, and income, women viewed themselves as being very satisfied and fortunate. This composite of factors explains why few wished to radically alter their ways of being

In sum, this cohort of women was mostly characterised by substantial life satisfaction robust health, and an Internal locus of control. Achieving life preferences and priorities made likely a very satisfying retirement, provided adequate health and income remained. Internality characterised most women, irrespective of health or income. When favourable health or key life satisfiers were beyond the reach of professional women, their Internality was tested rather than reoriented. In most instances, shortcomings in life were interpreted as problematic and capable of control. This may help to explain why some women were characterised by ongoing achievement, and others never relinquished hope.

The Combined Contributions of the Qualitative and Quantitative Components of this Study

The use of both a qualitative and quantitative approach in this study provided disparate, yet, in the main, complementary findings. As Fetterman (1988) suggests, such contrasting paradigms can often assist research endeavours. In what follows, consideration is given to how each paradigm has informed the other.

In the interviews women's accounts of their experiences made it clear that most had substantial life satisfaction, a favourable health status, and a belief in their capacities to control their lives. The findings from the questionnaire supported these qualitative results. The Life Satisfaction Index-A (Neugarten, Havighurst, & Tobin, 1961), self-rated health measure, and Levenson's locus of control scale provided quantifiable data.

Whereas in the interviews and subsequently from the transcripts, it was apparent that a large majority of women believed they had considerable life satisfaction, good health, and an Internal orientation, the quantitative instruments provided numerical indices which arguably represent a more precise outcome. The use of Levenson's locus of control scale was revealing in a way that the interviews could not be. Results from Levenson's scale showed that only two of the participants were External in their orientation. Whilst Internality was expected to be common amongst this sample of women, the extent of the occurrence was both surprising and noteworthy. Such a result could not have been achieved through using an interview technique alone.

Somewhat by contrast, the interviews identified that money mattered in terms of life satisfaction and health, particularly for retirees on annual incomes of less than \$12,000. Women's stories, which for the greater part evidenced references to having adequate incomes, indicated that they were conscious of their earnings and expenditures. Whilst for the most, money was an effective utilitarian item which enabled most wanted purchases to be made; this was not exclusively the case. Accounts from women which told of having to minimise the

use of heating and electrical items in winter, not being able to afford travel, and having to restrict car usage to emergency-only situations, revealed data that quantitative measures alone would have been unable to produce.

Being able to observe, for example, dwellings which were not painted, decorated, or gardened in ways which coalesced with their owners' preferred ways of presenting, provided additional insights. These perspectives are often difficult to obtain, if a purely positivist stance is pursued in an investigation.

The questions and measures used in the questionnaire effectively forced the decision-making or selections which participants could make—often offering them a choice between, for example, four responses. 'Bounding' in this manner is helpful, in the sense that it produces discrete data for the investigator. In this study however, it was found to be helpful to have the additional detail which backgrounded or clarified such choices. The richness of the interview data, it is hoped, has been pivotal in enabling readers to grasp an empathetic understanding of participants' worlds (Morse & Field, 1995).

Taken together, the quantitative and qualitative results provide strong evidence that this sample of retired professional women enjoyed considerable life satisfaction, good health status, and an Internal locus of control. These life satisfaction results support findings from other investigations concerning retirees (Dorfman & Moffett, 1987; Palmore & Luikart, 1972; Williamson, Rinehart, & Blank, 1992). The health status of most participants was shown to be the equivalent of excellent or good and is suggestive of an especially healthy cohort. The finding that such a middle-class cohort enjoy good health supports the results

from several studies (Riddick, 1982; Riddick & Stewart, 1994; Kimmel et al., 1979; McGoldrick & Cooper, 1989; Onyx & Benton, 1996; Peretti & Wilson, 1975; Price, et al., 1979).

In both components of this study, the dominance of Internality locus of control orientations surfaced. No other studies could be found which, for example, used Levenson's scale and resulted in so few of their sample being External. Nonetheless, the general direction of findings resonate with much of Levenson's (1974, see also Levenson & Miller, 1976) investigations, those of Lachman (1986a, 1986b, see also Lachman et al., 1982), and O'Brien (1981). Viewed as a whole, the study portrays a sample comprised of women who, from their childhood years, performed well scholastically and entered a strand within the Australian work force that fewer than one in six women occupy (ABS, 1993b). Further, most of the studied sample lived and worked in ways which reinforced their control capacities. Thus, although the sample is heavily weighted with Internals, class, status, educational achievement, and other factors associated with these women, may, in combination, provide a basis for explanation. Internality in this sense may be representative of the cumulative effects of achievement, choice, and privilege.

In relation to participants' retirement expectations and what actually eventuated in retirement, the findings from the combined paradigms remain incomplete. In the interviews, women often spoke of having found each of the three dependent variables (life satisfaction, health status, and locus of control) in retirement to be similar or very similar to what they had expected while in pre-

retirement. The quantitative results for this domain did not prove to be particularly illuminating. One explanation for this is that as Morse & Field (1995) suggest, qualitative methods are especially useful for studying topics about which little is known.

In brief, the combination of methods has produced clear evidence concerning the life satisfaction, health status, and locus of control of participants. The results underscore the importance of having adequate income in retirement. Both methods showed that health problems, which could at best be controlled, rather than resolved, calibrated the life satisfaction of retirees. When money and health problems were part of retirees' lives, the diminution of life satisfaction was apparent. Usually the factors of money and serious health problems were associated with a partner status that was not desired.

In what follows, some reflections concerning this study are canvassed.

Researcher's Reflections

In keeping with Taylor and Bogdan's (1984) view that researchers should provide some report on their personally-held impressions concerning the study, the following is provided.

The original purpose of this study was twofold; firstly, to describe retired professional women's perceptions of their past, current, and future life satisfaction, health status, and locus of control. Secondly, to posit explanations concerning how and why these three domains, together with demographic variables, influence the lives of retired professional women.

As the study was both quantitative and qualitative in dimension, life satisfaction, health status, and locus of control were at differing times, distinctly defined or opaque, the latter form taking account of participants' "ways of knowing" (Belenky et al., 1986) and the former relying on established scales and measures.

This purpose did not change over time. However, in the course of undertaking this investigation, it became apparent that the depth and richness of the qualitatively-derived data was especially valuable. In the field, it appeared that most of the participants had similar views on matters raised by the research questions. Several women indicated that they regarded the interview as a more informative means of conveying information than the questionnaire, despite the fact that their opinions were not canvassed directly on this matter.

Visiting participants' homes provided one effective means of contextualising individual circumstances. Sometimes there appeared to be physical surroundings that corresponded with the stated income levels of particular participants. In the case of women whose retirement years have been marked by a constant need to be restrained in their expenditure, it is difficult to bracket thoughts of equity, justice, and fairness.

In only a handful of instances did I gain an impression of impatience, on the part of participants, towards women who were regarded as less fortunate than themselves. This was heartening, particularly given the present propensity amongst many politicians to locate disadvantage with individual failure and personal responsibility. Additionally, in respect of a large number of participants,

their financial affluence is hinged to the income brought in by a partner, rather than a measure of an equitable superannuation scheme or individual financial efficacy. Whilst relative affluence is preferred to relative impoverishment, such a (dependency) circumstance is risky. It is conditional upon the husband not dying. This, therefore, means that in many instances, a woman's financial situation is linked to the husband's longevity. It would seem preferable that all individuals had access to a retirement income that affirmed their self-hood and enabled a standard of living above the poverty line to occur.

All of the interviews were valuable experiences. The generosity of participants was evident throughout the period of fieldwork. Some women displayed a consummate love of life. Others shared profoundly moving and sad stories about life events and experiences that went awry. These were some of the very 'silent' as well as largely invisible women members of professions in Australia.

All of the women were articulate and keen to share with others. Humility characterised this cohort. A substantial capacity for reflection also was evident, together with a degree of satisfaction with the quality of their contributions to the Australian community. These aspects of the study combined to make the investigation an extraordinarily meaningful and satisfying experience.

It is to be hoped that the findings will not be interpreted as pitting one cohort against the other—whether it be male or female, married or divorced, or other such combinations. Rather than participants' perceptions being understood in terms of any dominant cohort being advantaged or superior, an invitation exists

to identify ways of enabling the gross disparities to be removed. This is in everyone's interests. It also helps to move any consideration of the issue from an exclusive to an inclusive foundation.

Finally, numerous perceptions which participants shared in the course of the study were unable to be retained in the body of the thesis. This was due to constraints of space. Nonetheless, a selection of informative and brief comments have been compiled on a stand-alone basis. Whilst they lack context and details concerning each participant, it was considered that many of the contributions could be of interest (see Appendix N).

CHAPTER V

The experiences of this study's participants affirm the claim by social commentators that retirement is a key concern (Parliament of the Commonwealth of Australia, 1992; Sax, 1993; Seedsman, 1994a). This investigation captured some of the perceptions of a cohort of Melbourne-based professional women concerning life satisfaction, health status, and locus of control. In so doing, it has made a modest contribution to the vacuum of knowledge concerning Australian women's retirement. In what follows, consideration is given to the summary, conclusions, implications, and recommendations arising from the study.

Summary of Procedures

One hundred retired professional women who resided in metropolitan Melbourne completed a questionnaire which was comprised of three instruments and several questions. The Life Satisfaction Index-A (LSI-A) by Neugarten, Havighurst, and Tobin (1961) was used to measure life satisfaction. A self-rated response to the question "in general, would you say your health is excellent, good, fair, or poor?" was used to measure health status. Levenson's (1974) Locus of Control Scale was employed to measure locus of control. Participants were asked to indicate how similar or different their pre-retirement expectations (of retirement life satisfaction, health status, and locus of control) were, in comparison to what eventuated in retirement. Closed and open-ended questions were used for this component of the questionnaire.

Participants were also invited to indicate whether or not they were willing to be interviewed on matters pertaining to life satisfaction, health status, and locus of control in retirement. Eighty-four retired professional women agreed to be interviewed. One-off interviews were then conducted at a location nominated by each woman. In almost all instances, this was in the women's homes. Interviews lasted between fifty minutes and four hours, with most being about one and a quarter hours. They were semi-structured in nature. Each interview was audio-taped.

Two computer programs, SPSS Version 6.1 and S-Plus Version 3.3, Release 1, were used in the analysis of the quantitative data in this study. NUD•IST was used to assist with treatment of the qualitative data.

Summary of the Findings

The quantitative findings showed that, overwhelmingly, retirees had high life satisfaction and either excellent or good health. All but two women were internal in their locus of control orientation. The data also produced concrete evidence of a large number of retired professional women not having adequate and independent sources of income in retirement. Single women emerged as the most likely cohort to be able to provide for themselves financially in retirement. Widows and divorced women (who did not remarry) were the cohorts who, in the main, had the lowest retirement incomes.

Findings concerning the congruence between women's pre-retirement expectations of life satisfaction, health status, and locus of control in retirement

and their subsequent experiences suggest that most women predicted accurately that these (dependent) variables would be similar or very similar. Multiple logistic regression was used to determine which of the following independent variables may have influenced the women's choice of very similar or similar: highest level of education, occupational status, retirement income, partner status, whether a woman was forced to retire or not, whether she had retired one to five years ago or more than five years ago, and her age. The latter three (retirement choice, retirement time, and age) were found to be significant. Undergirding these three variables which were found to be significant was the factor of income.

In this respect, the quantitative component of the study provides support for related Australian and overseas studies (Arber & Ginn, 1991; Onyx & Benton, 1996; Rosenman & Winocur, 1989; Rosenman & Winocur, 1994; Perkins, 1992; Szinovacz, 1982; Weller & Harvey, 1991) in relation to the inequitable income situation which women face in retirement. In a more general sense, the quantitative element echoes earlier studies which have long-recognised a link between older women's life satisfaction, health status, and locus of control, and adequate income (Block, 1982; Palmore & Luikart, 1972).

Several findings emerged from the interviews. Most retired professional women perceived themselves as having substantial life satisfaction, robust health, and an Internal control orientation. These features were carried from pre-retirement into retirement. Achieving key life preferences and priorities during pre-retirement contributed to woman's favourable life, health, and control

capabilities. Common amongst the key life preferences and priorities which contributed to life satisfaction and, to a lesser extent, health and control capacities, were women's partner status and careers.

Those women who actively preferred to remain single in adulthood reported considerable life satisfaction. Familial and friendship links provided single women with significant satisfaction. A similar view was expressed by those who preferred to be, and remained married. Usually married women, at some stage, became mothers. They derived great pleasure from associations with their family. Careers provided women with opportunities to engage with others and contribute purposefully to an organisation. Women also gained considerable status from their positions, which were usually well-remunerated. Their pre-retirement incomes enabled women to live middle-class lifestyles. Women's work and their salaries shaped much of their ways of living, which, for most women, proved to be very satisfying.

When key life preferences and priorities were not able to be achieved in pre-retirement, life satisfaction and health suffered. Women's control capacities were also tested in these circumstances. However, women's control orientations do not appear to have been changed as a consequence of the failure to achieve key life preferences and priorities. In instances where key life preferences and priorities were not achieved during pre-retirement, the prospects for enjoying substantial life satisfaction in retirement were unlikely. On the one hand, the achievement of key life preferences and priorities underpinned the achievement of

substantial life satisfaction. On the other hand, the absence of such a bedrock in pre-retirement helped to explain the less than optimal levels of life satisfaction in retirement that some women experienced. Serious and/or long-term health problems that had established themselves in pre-retirement, similarly were carried into retirement. In such instances, women's control capacities continued to be challenged. Indeed, sometimes in retirement, they were additionally challenged if income became inadequate or health problems deteriorated dramatically.

When substantial life satisfaction, robust health, and Internality characterised the pre-retirement experience of women, the essences of these were taken into retirement. Familial and friendship associations as well leisure interests that were satisfying during women's careers were sources of satisfaction in retirement. The make-up of these satisfiers may have changed, that is family memberships, friendship networks, and the frequency of participation in leisure activities usually altered over time and from pre-retirement to retirement, but their essential attraction to retirees did not. Furthermore, volunteerism—which was extremely widespread amongst this sample of retirees—provided women with a source of satisfaction that was similar in nature to that previously gained through their employment. Women volunteers were able to use their manifold talents in endeavours which they judged to be worthwhile. In so doing, they regarded their efforts as "giving something back".

In order for continuities between pre-retirement and retirement to be fully realised, choices needed to be available. Being able to entertain, travel, or attend

theatre concerts were popular leisure interests of women. They were most satisfied when they were freely able to choose how, when, and to what extent they engaged in these leisure, or indeed other, pursuits. In a few instances their own health or the ill-health of close family members or friends calibrated the choices which could be made. Overwhelmingly, however, the most prevalent influence on pre-retirement life satisfiers being enacted in retirement was income.

At least one in four retirees lived on less than \$20,000 per annum. Many women relied on the Age Pension and (usually) modest savings. Annual incomes under \$12,000 sharply circumscribed many choices. Overseas travel was not viable, pet ownership was made problematic, and theatre attendances were minimised for women on low retirement incomes. Thus, for continuities and choices between pre-retirement and retirement to be effectively enacted, women's income needed to remain at a viable level. Almost all women recorded a drop in their annual incomes in the shift from pre-retirement to retirement. However, dramatic changes reduced their chances for making choices about how to live in retirement on the basis of what was life-satisfying or health-promoting. If money problems were a serious concern, money factors often prevailed as the determining factor.

In the five years prior to retirement, women made few changes to their existing 'ways of being', in relation to preparing for retirement. Because most women were very satisfied and healthy in their latter pre-retirement, few actions were undertaken with a view to retirement. The Internality of most women was

such that they believed in their capacity to adequately handle most problems, including those which might arise in retirement. For most women, particularly those in the first five years of retirement, there continued to be a held-view that few actions were necessary to contribute to their life satisfaction, health status, and locus of control over the next five years. In the main, women did not believe adjustments or proactivity, beyond what was already being done, was necessary. Women acknowledged the possibility of health-induced changes occurring. Loss of mental acuity was the most worrisome of any hypothetical health problems that could arise. No woman wished to live in a nursing home.

For those women who were in circumstances where inadequate income or serious health problems were expected to calibrate at least part of the next five years of retirement, participants were unclear about what further actions could be taken. Strict fiscal budgeting and ongoing medical guidance were part of these retirees' regular regimes. Because most of these women were also Internal in their locus of control orientation, they remained committed to doing as much as they could, in the context of the circumstances which prevailed.

In brief, achieving life preferences and priorities during pre-retirement provides an effective foundation for life satisfaction, health, and control capacities in retirement. Few women, who, in pre-retirement experienced low life satisfaction, reported a dramatic upsurge in their retirement life satisfaction. Substantially life satisfied women in pre-retirement usually were endowed with robust health. Most women's work- and home-based lives affirmed their Internal

control capacities.

Being able to take the essence of one's life satisfaction, health status, and control capacities into retirement enabled the prospect of continuities and choices to prevail—what was important in pre-retirement was able to be continued in retirement. Hence, having an adequate retirement income is necessary, if continuities and choices are to operate. Overall, this highly satisfied, healthy, and internal cohort of retired professional women believe that the next five years should essentially mirror the successes of their many earlier years.

Conclusions

Based upon the findings and within the limitations of this study several conclusions can be drawn. Overwhelmingly, this is a very satisfied, healthy, and Internally oriented cohort of retirees. To date, retirement has been particularly positive for most professional women because of what they brought with them from pre-retirement and their strategy of continuing to apply their long-standing 'ways of being'. Because of women's past experiences, as well as their general confidence for the future, it seems that for most participants, the five years ahead will continue to be similar to that currently experienced.

Divorce or widowhood create specific social and emotional upheavals irrespective of whether they occur in pre-retirement or retirement. For many professional women, divorce or widowhood, labour market differentials, and inequities in superannuation resulted in them living on inadequate retirement incomes. Labour market differentials and superannuation inequities continue to

be perpetuated by governments (and other relevant stakeholders) in the face of women's increasing labour market contributions. If, amongst the most affluent section of the female work force, at least one in four professional women are unable to retire on an adequate income, the prospects—and realities—of other retirees and soon-to-retire individuals must be a cause for concern. This study shows that the accurate anticipation and achievement of substantial life satisfaction, health, and control capacities in retirement needs to be buttressed by adequate income.

The findings from this study suggest that having an inadequate retirement income is not necessarily a product of inadequate planning or (earlier) imprudent behaviour. The industrial relations underpinnings and social welfare tenets which restricted white Australian women's involvement in public life in the earlier parts of this century remain embedded in revised laws and legislation. These rules and regulations, in large measure, explain why more white Australian women than white Australian men end up with inadequate retirement incomes.

The results from this investigation also show that although many married women appeared to be in receipt of adequate retirement incomes, in a large number of instances, the incomes were provided by their husbands. Many retired husbands of participants received 'full superannuation', whilst some husbands continued to be in full employment. This result again underscores the potentially risky and vulnerable financial circumstances in which some professional women find themselves in following their exit from the work place. Given that some

pensions and retirement benefits 'extinguish' upon the death of the direct beneficiary, the situation warrants further attention by government, and other key stakeholders in the retirement industry, in order to avoid placing retired women in financial jeopardy.

Implications of the Study

In an ideal world, it would seem less likely that sectors within a society would be identified as 'advantaged' or 'disadvantaged' on the basis of gender, age, educational attainment, or class. The findings from this study serve as a reminder that we live in a 'real', rather than ideal, world. In this sense, the study also underscores the need for work force education. Retirement planning which begins when individuals enter the labour market may, for example, productively inform women and men of possible implications and pitfalls of superannuation in respect of discontinuous work histories. Both men and women need to be informed about potentially important retirement concerns. Whilst this study has shown that women are disadvantaged by their often inadequate retirement incomes, so too must be those men who are their partners. At one level, inequities that impact differentially because of gender stratification are a serious concern for women. At another level, they ought to be a concern for husbands, fathers (of daughters particularly), single men, indeed, the community as a whole. Issues of justice and equity are involved as are matters pertaining to public and private purses.

Taken as a whole, the study is cause for celebration. Some extraordinary

insights have been shared by some extremely talented, yet unrecognised, members of Australian society. Retired professional women have portrayed and shared insights concerning on the one hand, 'ways of being' which can result in substantial life satisfaction, health, and Internality in retirement. On the other hand, readers have also been privy to those experiences which are likely to rupture the prospects of achieving such a satisfying retirement.

Recommendations for Further Study

Several recommendations follow, which, in varying degrees, pertain to aspects of this study:

A similar study which involves retired professional men may highlight different concerns or 'ways of being' in respect of life satisfaction and health. In view of the current proclivity of some employers to 'create' early retirement for sections of middle management, such forced-choices may produce additional knowledge from the standpoint of men's control capacities.

A study which takes account of Australia's present and possible future position on the provision of retirement incomes may be valuable. It may be useful for such a study to take account of intergenerational views toward the issue. Within the same study, the opinions of key stakeholders and agencies such as the government and welfare agencies could also be considered. Will future retirement incomes be predicated upon earlier life 'contributions' to the work place and superannuation schemes? What are the implications of such principles when, currently, full employment appears unachievable? What moral and possibly social

implications apply to such laws which, at the outset, may exclude a lifetime's contribution? Has Australia's compassion and inward generosity in respect of collective social provision altered in face of the global market? Exploring these questions may be particularly worthwhile in terms of young Australians, some of whom may never break into the labour market.

If the nature of work changes to make shorter working lives common—with employees commonly retiring between 50 and 55 years of age—what then? An exploration of the practical implications which could flow to those affected, and other sections of the community, may prove valuable. If, for example, 'blue-collar' workers, who tend to be on low wages, typically spend only thirty years in full-time work, can the utilitarian purposes of wages still be achieved? Can such workers provide for children, purchase a home, and at least partially self-fund their retirement? Future financial retirement modelling needs to reflect diverse rather than merely narrow or affluent pockets of the Australian work force.

What provisions are we making, as a society, to assist young people (employed and unemployed) to understand the ramifications of having to provide for their superannuation? How are our educational institutions helping people of all ages to gain the knowledge and develop the skills necessary to act responsibly in regard to their present and future financial situation? How are we helping those who are made redundant or facing the prospect of taking a voluntary departure package, to see what might lie ahead? An exploratory investigation into these and related concerns may assist public, social, and welfare planners. In

a small way, it may contribute to needed community discourse (Cox, 1995).

Have older workers become the newest 'burdens' in the Australian labour market? Does employing a young person require an older employee to 'get out of the way'? Are there qualitative insights as well as quantitative imperatives that can be canvassed in a study which seeks the views of young and old employees, as well as employers? At a temporal point in Australian history when it seems that problems are more readily pointed to, ahead of possible solutions, studies which seek to illuminate greater understandings may be helpful.

Recasting retirement may need to be considered if sizeable proportions of the Australian community increasingly spend fewer years in jobs or full-time work. If individuals retire for lengthier periods than they work, what might this mean in terms of time-use or developmental life courses? Are (any) existing understandings of retirement likely to apply or be relevant to employees who, for example, have spent less than ten years in full-time employment? By contrast, when increasing numbers of Australians are being encouraged to consider retirement at earlier ages, what does it mean for the 65 year-old employee who wishes to remain in full-time work? A study which examined the attitudes of employees, employers, and public policy makers toward these matters could be beneficial.

A study by Aborigines— concerning Aborigines' later life experiences— may also be beneficial to both the black and white populations of Australia. This suggestion is made with some caution given the history of white involvement in

Aborigines' lives and the dangers of appropriation (Brady, 1994). Nonetheless, an 'insider's' (Fetterman, 1989) examination of 'retirement' experiences of Aborigines may produce valuable insights about how indigenous Australians understand later life.

A study which is similar in design to this investigation could be undertaken with, for example, women clerks. One in three Australian women employees is classified as a clerk (ABS, 1993b). Clerks are classified as para-professionals and, typically, women clerks earn about the equivalent of the mean income of all Australian women employees (ABS, 1993b). Such a study may expand what is known about the extent to which women in retirement have to adapt their 'ways of being' in order to accommodate restricted financial circumstances. A study of this type could also include an examination of the differences between women clerks in country locations as compared to those in urban centres.

Finally, as few investigations into these issues appear to presently be underway, it is argued, as do others (Kratwohl, 1993; Miles & Huberman, 1994; Morse & Field, 1995), that qualitative studies would likely develop greater insights—at least initially. Qualitative studies also provide an effective means of highlighting multiple realities (Bogdan & Biklen, 1992). These might then act as a catalyst for either further studies which employ a quantitative design or a dual-paradigm frame.

APPENDIX A

THE RESEARCH QUESTIONNAIRE

1.The Life Satisfaction Index A*

Here are some statements about life in general that people feel differently about. Would you read each statement in the list, and if you agree with it, put a tick (☑) in the space under "AGREE". If you do not agree with a statement, put a tick (☑) in the space under "DISAGREE". If you are not sure one way or the other, put a tick (☑) in the space under "?".

Please be sure to answer every question on the list.

	Agree	Disagree	?
1. As I grow older, things seem better than I thought they would be.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I have had more of the breaks in life than most of the people I know.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. This is the dreariest time of my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am just as happy as when I was younger.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. My life could be happier than it is now.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. These are the best years of my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Most of the things I do are boring or monotonous.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I expect some interesting and pleasant things to happen to me in the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. The things I do are as interesting to me as they ever were.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I feel old and somewhat tired.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I feel my age, but it does not bother me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. As I look back on my life, I am fairly well satisfied.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I would not change my past life even if I could.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Compared to other people my age, I've made a lot of foolish decisions in my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Compared to other people my age, I make a good appearance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I have made plans for things I'll be doing a month or a year from now.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. When I think back over my life, I didn't get most of the important things I wanted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Compared to other people, I get down in the dumps too often.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I have got pretty much what I expected out of life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. In spite of what people say, the lot of the average woman is getting worse, not better.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(a) How similar or different were your pre-retirement expectations of what your enjoyment of life would be like in retirement, compared to how it actually has turned out in retirement?			
<input type="checkbox"/> Very similar <input type="checkbox"/> Similar <input type="checkbox"/> Different <input type="checkbox"/> Very different			
(b) Are there any comments you would like to make about this similarity or difference?			

(c) Are there any other comments you would like to make about your life satisfaction in general?			

* Designed by Neugarten, B.L., Havighurst, R.J., & Tobin, S.S. Reproduced from Neugarten, B.L., Havighurst, R., & Tobin, S. S. (1961). The measurement of life satisfaction. Journal of Gerontology, 16, 141.

2. ABOUT YOU

Please write your answer or tick (☑) your response, whichever is appropriate.

(a) Age at 30 June 1995 ☐☐

(b) Age at retirement ☐ 45-49 ☐ 50-54 ☐ 55-59 ☐ 60-64
☐ 65-69 ☐ 70-74 ☐ 75-79 ☐ 80+

(c) Country of birth _____

(d) Are you an Aboriginal or Torres Strait Islander? ☐ Yes ☐ No

(e) Country in which most of your formal education was completed _____

(f) What is the highest educational qualification that you have obtained? (Please tick one box only.)
☐ Postgraduate degree or diploma
☐ Bachelor degree (pass or honours)
☐ Undergraduate diploma
☐ Other (please specify) _____

(g) If you are currently studying for a qualification please name the qualification. If you are NOT go to question 'h'.

(h) How would you describe your partner status? (Tick as many boxes as you wish.)
☐ Divorced ☐ Married ☐ Separated
☐ Single ☐ Widowed

(i) Are you able to drive a car? ☐ Yes ☐ No

(j) Do you have a car? ☐ Yes ☐ No

(k) In general would you say that your overall health is:
☐ Excellent ☐ Good ☐ Fair ☐ Poor

(l) How similar or different were your pre-retirement expectations of what your health would be like in retirement, compared to how it actually has turned out in retirement?
☐ Very similar ☐ Similar ☐ Different ☐ Very different

(m) Are there any comments you would like to make about this similarity or difference?

(n) Are there any other comments you would like to make about your health in general?

(o) Retirement Income
In this section please consider 'income' to mean gross (pre-tax) household annual income which forms a single spending unit, and from which you can access money. What is your annual income?
☐ \$5000 or less per year ☐ \$30001 to \$35000
☐ \$5001 to \$8000 ☐ \$35001 to \$40000
☐ \$8001 to \$12000 ☐ \$40001 to \$50000
☐ \$12001 to \$16000 ☐ \$50001 to \$60000
☐ \$16001 to \$20000 ☐ \$60001 to \$70000
☐ \$20001 to \$25000 ☐ More than \$70000 per year
☐ \$25001 to \$30000

(p) Do you rent your accommodation? ☐ Yes ☐ No

(q) Which of the following provide your main source of income now?

☐ Superannuation, life assurance, other retirement schemes

☐ Pension: Invalid pension, age pension, sole parent's, widow's pension

☐ War disability pension, repatriation, service, war widow's pension

☐ Sickness benefits, special and other benefits

☐ Rent, farm, business, property

☐ Investments, interest, stocks, debentures, etc.

☐ Savings, sale of assets

☐ Part-time work

☐ Someone else's income

☐ Other (including accumulated leave and compensation)

(r) Tick the occupation which most closely identifies the position you occupied for at least 2 years in paid employment. If there is more than one box that you could tick please tick only the one which applies to the position which you held closest to your time of retirement.

☐ Artists and related professionals

☐ Building professionals and engineers

☐ Farmers and farm managers

☐ General managers

Additional categories in next column

☐ Health diagnosis and treatment practitioners

☐ Legislators and government appointed officials

☐ Managing supervisors (other business)

☐ Managing supervisors (sales and service)

☐ Miscellaneous professionals

☐ Natural scientists

☐ Other teacher and instructors

☐ School teachers

☐ Social professionals

(s) Would you say that you planned to retire when you did?

☐ Yes

☐ No

(t) Which of the following best describes your reason for retiring?

☐ Had reached compulsory retirement age

☐ Lack of interest in job

☐ Own ill health or injury

☐ Wanted to give others a chance to be employed

☐ No financial need to work

☐ Wanted more leisure time

☐ Wanted to work part-time

☐ Family/caregiving reasons

Employment reasons:

☐ Employer considered me too old for retraining

☐ Retrenched

☐ Early retirement package offered to me

☐ Other (Please specify)

3. Locus of Control*

Below are a series of attitude statements. Each represents a commonly held opinion. There are no right or wrong answers. You will probably agree with some items and disagree with others. I am interested in the extent to which you agree or disagree with such matters of opinion. Read each statement carefully. Then indicate the extent to which you agree or disagree by circling the number following each statement. The numbers and their meanings are indicated below:

- If you disagree slightly: circle -1

If you disagree somewhat: circle -2

If you disagree strongly: circle -3
- If you agree slightly: circle 1

If you agree somewhat: circle 2

If you agree strongly: circle 3

First impressions are usually best. Read each statement, decide if you agree or disagree and the strength of your opinion and then circle the appropriate number. If you find that the numbers to be used in answering do not adequately reflect your own opinion, use the one that is closest to the way you feel. Thank you.

* Designed by Levenson, H.

	Disagree Strongly	Disagree somewhat	Disagree slightly	Agree slightly	Agree somewhat	Agree strongly
1. Whether or not I get to be a leader depends mostly on my ability.	-3	-2	-1	1	2	3
2. To a great extent my life is controlled by accidental happenings.	-3	-2	-1	1	2	3
3. I feel like what happens in my life is mostly determined by powerful people.	-3	-2	-1	1	2	3
4. Whether or not I get into a car accident depends mostly on how good a driver I am.	-3	-2	-1	1	2	3
5. When I make plans, I am almost certain to make them work.	-3	-2	-1	1	2	3
6. Often there is no chance of protecting my personal interests from bad luck happenings.	-3	-2	-1	1	2	3
7. When I get what I want, it's usually because I'm lucky.	-3	-2	-1	1	2	3
8. Although I might have good ability, I will not be given leadership responsibility without appealing to those in positions of power.	-3	-2	-1	1	2	3
9. How many friends I have depends on how nice a person I am.	-3	-2	-1	1	2	3
10. I have often found that what is going to happen will happen.	-3	-2	-1	1	2	3
11. My life is chiefly controlled by powerful others.	-3	-2	-1	1	2	3
12. Whether or not I get into a car accident is mostly a matter of luck.	-3	-2	-1	1	2	3
13. People like myself have very little chance of protecting our personal interests when they conflict with those of strong pressure groups.	-3	-2	-1	1	2	3
14. It's not always wise for me to plan too far ahead because many things turn out to be a matter of good or bad fortune.	-3	-2	-1	1	2	3
15. Getting what I want requires pleasing those people above me.	-3	-2	-1	1	2	3
16. Whether or not I get to be a leader depends on whether I'm lucky enough to be in the right place at the right time.	-3	-2	-1	1	2	3
17. If important people were to decide they didn't like me, I probably wouldn't make many friends.	-3	-2	-1	1	2	3
18. I can pretty much determine what will happen in my life.	-3	-2	-1	1	2	3
19. I am usually able to protect my personal interests.	-3	-2	-1	1	2	3
20. Whether nor not I get into a car accident depends mostly on the other driver.	-3	-2	-1	1	2	3
21. When I get what I want, it's usually because I worked hard for it.	-3	-2	-1	1	2	3
22. In order to have my plans work, I make sure that they fit in with the desires of people who have power over me.	-3	-2	-1	1	2	3
23. My life is determined by my own actions.	-3	-2	-1	1	2	3
24. It's chiefly a matter of fate whether or not I have a few friends or many friends.	-3	-2	-1	1	2	3
(a) How similar or different were your pre-retirement expectations of your ability to control events in retirement, compared to how it actually has turned out in retirement? <input type="checkbox"/> Very similar <input type="checkbox"/> Similar <input type="checkbox"/> Different <input type="checkbox"/> Very different						
(b) Are there any comments you would like to make about this similarity or difference?						
(c) Are there any other comments you would like to make about your sense of control in general?						

Thank you very much for the effort and time you have so generously given to complete this questionnaire.

APPENDIX B

INTERVIEWEE CUE SHEET WITH BRIEF DEFINITIONS OF THE THREE KEY VARIABLES

HEALTH STATUS

- state of health; how well you feel.

LIFE SATISFACTION

- enjoyment of life; feelings of contentment with life.

LOCUS OF CONTROL

- whether you feel in control of events in your life or whether events control you.

APPENDIX C

CHECKLIST OF CHRONIC HEALTH CONDITIONS

Closed-Ended Health Questions to be Asked in the Interview

Please note: The researcher completes the form below as participant responds to questions.

- Do you have or get any of the following conditions?
- Did this condition exist prior to retirement?
- Which of them have you had on-and-off or continuously, for more than 6 months (at any time)?
- Which of these are either mild or moderate conditions?
- Are any of these conditions so severe when they occur that you are stopped or restricted from doing other things?
- Which ones?
- How are you restricted by this condition?

Condition	Yes	No	Did this condition exist prior to retirement?	Have had the condition for more than 6 months.	Mild	Moderate	Severe	How are you restricted?
Arthritis								
Hypertension								
Hayfever								
Back Trouble								
Asthma								
Eczema/dermatitis								
Migraine								
Sinusitis								

Based on ABS, 1993b, 1991a.

APPENDIX D

ORGANISATIONS INVOLVED IN THE STUDY AND AN EXAMPLE OF ONE PROFORMA LETTER OF INVITATION SEEKING AN ORGANISATION'S INVOLVEMENT

Participating Organisations

Arthritis Foundation Victoria

Association of Independent Retirees

Australian Nursing Federation (Victorian Branch)

Australian Retired Persons Association

Council on the Aged

Country Womens Association

Department of Health and Community Services (Senior Citizens Week)

Probus

Retired Primary Principals Association

Soroptimist International (Victorian Region)

Union of Australian Women

University of the Third Age (U3A)

Victorian High Schools Past Principals Association

Victorian Medical Women's Society

Women in Retirement Association

PO BOX 14420
MCMC
Melbourne
Victoria 8001
Australia
Ballarat Road
Footscray

Telephone
(03) 9688 4000
Facsimile
(03) 9688 4069

Footscray Campus
Department of Human Movement,
Recreation and Performance
Telephone
(03) 9688 4470
(03) 9688 4473
Facsimile
(03) 9688 4891
International
61 3 9688 4891

14 November, 1996

Ms.[name]
[address]



Dear Ms. [name]

As part of my doctoral studies at Victoria University I am undertaking research into the retirement experiences of women aged 45 and over who have held professional positions in the work-force. More specifically the research is intended to gain key insights into the life satisfaction, health status and feelings of control of retired professional women. The title of the research project is *Retired Professional Women's Past, Current and Future Perceptions of their Health Status, Life Satisfaction and Locus of Control*.

In view of the nature of your organisation, the prospect of me locating participants was discussed at a [club name] (Club Presidents) meeting held earlier this year. Generously, your organisation's representatives at that meeting indicated a preparedness to notify other members about the study so that individuals could consider whether or not they would like to take part in the study.

This letter therefore, provides some attached literature which explains, to potential participants, noteworthy aspects of the project. It would be appreciated if this letter of request and the attached materials could be dealt with at your next meeting.

Additionally, and importantly, one matter pertaining to the study should be drawn to your members' attention: One component of the study has been expanded to enable the participation of (professional women) retirees who have been retired for more than 5 years. Until recently, and as notified at the [club name] Club Presidents meeting earlier this year, the project focussed on those women who had been retired for less than 5 years. For reasons of research rigour I was unwilling to amend that criteria. Yet numerous retired women, who otherwise would have been eligible to participate, have indicated that they also have a wealth of experiences to share with others—both the retired and those yet to retire.

In response to these views and their generosity and willingness in being prepared to offer insights into their later life experiences, I have expanded the study and

will now add, as a distinct group, those formerly professional women who have been retired for more than 5 years.

Therefore, should you have in your branch, retired professional women who meet the criteria listed on the attached sheet I would be most pleased to hear from them.

The Ethics Committee at Victoria University has given its approval to this research project. Information provided by the participants will be kept in locked storage at Victoria University and will be used only for the purposes of this study. Participants will be informed of the voluntary nature of their participation and their rights to withdraw at any stage or not answer any questions that they consider to be inappropriate or unwelcome. At the outset of each interview the researcher will outline these ethical protocols again. The decision by any retiree to withdraw at any time, or to either not participate, or not answer questions will be respected.

Should you have any queries please do not hesitate to contact me through either of the numbers below:

Home: (03) 499-7081

An answering machine will take a message if I'm not in.

University: (03) 688-4432

Ms. Karen Seidel-Davis, my Supervisor's secretary, will pass a message on to me.

I am often at disparate locations during the day but I will endeavour to return your call as soon as possible.

Thanking you in anticipation.

Yours sincerely,

Helen J. Mahoney

APPENDIX E

NEWSPAPER ARTICLES AND PUBLICITY SHEET ABOUT THE STUDY

Uni. studies new retirees

VICTORIA University and feelings of control that would like to talk to recently retired professional women about their retirement work and life experiences.

Professor Tony Seedsman, head of the university's department of physical education and recreation, said retired women had a wealth of information which could help governments, businesses and community organisations to address their needs in retirement.

"While there is a great deal known about the retirement experiences of men, comparatively little is understood about the challenges and problems women find in retirement," Prof. Seedsman said.

"Research being undertaken at Victoria University is examining the life satisfaction, health status

The research is also exploring whether women's enjoyment of life and health were different when employed. The university is interested in finding out why these aspects of professional women's lives change or stay the same once they retire."

Prof. Seedsman said many former professional women lived on the Mornington Peninsula.

"They have valuable impressions to share that have been amassed over a long period of time. We welcome the opinions of these retirees," he said.

Participants will be asked to fill out a questionnaire and have the option of a one-on-one interview.

For more information contact 9688 4432.

Victoria University of Technology Research on Professional Women's Retirement Experience.

If you have been retired for a minimum of one year, are 45 or older and have worked as a professional such as a lawyer, doctor, social worker, manager, health professional, teacher or in a similar profession, you are invited to participate in the research project.

Your involvement in this study would require completion of questionnaire and, for those interested, also an interview. The interviews will run throughout the months of June and July.

All ethical and confidentiality considerations have been confirmed with ARPA.

To participate or for further information, please contact ARPA's Executive Manager Brian Shakes at ARPA on (03) 9650 6144.

ARPA, Vol. 96, No. 2, p. 5.

THE VOICES OF RETIRED PROFESSIONAL WOMEN ARE BEING SOUGHT by the Victoria University of Technology in a research project which is examining the retirement experiences of retired professional women. In particular, the life satisfaction, sense of control and self-rated health status of this group of women is being explored. You can be involved in this study in one of two ways; either by completing a questionnaire (approx. 15 mins) or by completing the questionnaire and being interviewed in a location that suits you.

If interested ring Victoria University on 9688 4432 and either speak to Helen Mahoney or leave your name and phone no. with Karen and Helen will get back to you as soon as possible.

Union of Australian Women Newsletter, March 1996, p. 5.

Researching the views of retired professional women

RESEARCHERS at Victoria University are keen to contact retired women who, during their employment, held professional occupations.

According to Associate Professor Terry Seedsman who is supervising the research, the study aims to find out about the life satisfaction, health status and feelings of control of retired professional women.

So far participants in the study have included retired teachers, doctors, nurses, managers and business-women. "To date, their contributions have been impressive, supporting our expectations that the stories would be diverse and yet common in many respects," says Professor Seedsman.

Early findings suggest that the personal qualities which many professional women take with them into retirement assist retirees to achieve an enriching lifestyle even when, for example, external factors may be impacting on their standards of living. Professor Seedsman says that this suggests many retired women who formerly held professional occupations may not have robust financial resources yet can call on their budgetary and planning skills to maximise the use of their monies.

The researchers see their study as making a contribution toward redressing an imbalance in understanding about retirees. Previous research has concentrated on finding about the lives of retired men. "It is important that people not assume that the experiences and requirements of men in retirement transfer and apply to retired women," says Professor Seedsman.

"Again it ought not to be assumed that because many retired professional men are financially well-off, that the same story applies to retired professional women. Also, by contrast, the durability and adaptability of these women should not be underestimated. Indeed, retired men may have much to learn from these participants," he says.

Eligible participants are invited to complete a written questionnaire, with a further option to take part in a one-to-one interview at a venue of the participant's choice. Professional women who have been retired for at least one year, are aged 45 or older and are interested in participating in the study can find out more details by contacting Victoria University of Technology on (03) 9688 4432.

Retired Nurses

I would like to hear from Victorian nurses who retired between April 1991 and April 1995 and are not working full-time or intending on working full-time in the future.

If you are interested in contributing to a research project which is examining the retirement experiences of professional women please contact Helen Mahoney, Victoria University and leave your name and a contact number.
Tel: (03) 9688 4432,
Fax: (03) 9688 4539.

Australian Nursing Journal,
May 1996, Vol. 3, No. 10, p. 6.

APPENDIX F

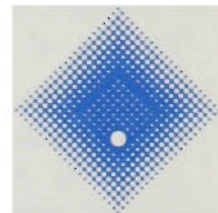
INFORMATION SHEETS POSTED WITH THE QUESTIONNAIRE

Bullard Road
Footscray
PO Box 14428
MMC
Melbourne
Victoria 3000
Australia

Telephone
(03) 9688 4000
Facsimile
(03) 9689 4069

Department of
Physical Education
and Recreation
Telephone
(03) 9688 4470
(03) 9688 4473
Facsimile
(03) 9688 4891
International
61 3 9688 4891

**VICTORIA
UNIVERSITY**



Dear Retiree,

Helen Mahoney is conducting a study as part of her Doctor of Philosophy degree to explore features of the lives of retired professional women. The study is designed to provide a snapshot of the experiences of retirement for professional women—a view that is often overlooked in retirement research. It should also be useful for agencies that serve women in retirement, those thinking about retiring or even young women wanting to plan ahead for their retirement. In addition, the study should provide information that will augment current educational curriculums of study in the area of gender, ageing and retirement.

We believe that you, as both a woman and a retired professional, can contribute valuable input to this research area. We ask if you would please take approximately twenty minutes from your busy schedule to complete this questionnaire. A response sometime in the next two weeks would be greatly appreciated.

Thank you for your cooperation and generosity in supporting this research endeavour.

Yours faithfully,

A solid black rectangular box used to redact the signature of the sender.

Associate Professor Terence A. Seedsman, PhD
Head of Department

RETIRED PROFESSIONAL WOMEN: A SURVEY ABOUT THEIR RETIREMENT

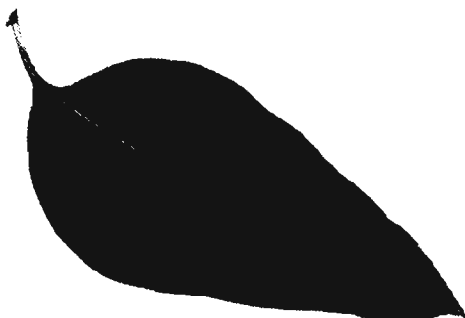
About this study

In this study, retirement is defined using many aspects of the Australian Bureau of Statistics' definition of retirement. This study is seeking the participation of any woman who meets **all** of the following criteria:

- Has ceased full-time paid employment for at least 1 year and no more than 5 years.
- Is currently not working full-time.
- Is not looking for full-time work.
- Does not intend working full-time in the future.
- At the time of retirement was aged 45 or more.
- Has spent at least 2 continuous years in the labour force.
- Was formerly a professional employee as defined by the Australian Standard Classification of Occupations (Australian Bureau of Statistics, 1993). See list of occupations in Section 2 (Question 'r').

The purpose of this study is to:

- Provide a better understanding of selected elements of the retirement experience for professional women; in particular, self-rated health status, life satisfaction and locus of control.
- Offer explanations concerning how and why these three spheres influence the lives of retired professional women.
- Provide useful information for agencies which serve women in retirement, those thinking about retiring and young women planning for their retirement.
- Provide information that will augment educational curricula in the areas of gender, ageing and retirement.



About this questionnaire

The contents of this questionnaire are strictly confidential. Any information linking your name or address will be detached by me immediately upon receipt and filed separately. From that point on, a number will be used to identify your questionnaire. Your name and address will not be available to anyone.

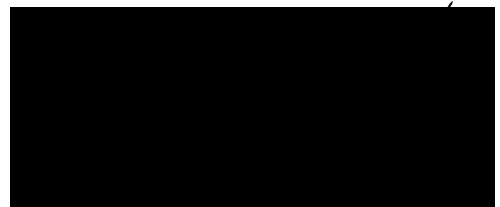
There may be some questions that make you feel uncomfortable and that you would prefer not to answer. If so, feel free to do so, however it would help if you would indicate your reason for not answering. The more complete the questionnaire is, the more valuable it will be. You are also free to withdraw consent and discontinue participation at any time.

Please complete the consent form on the blue sheet and return it with your questionnaire in the envelope provided.

I am also planning to personally interview thirty retired professional women. Please see the blue sheet enclosed if you are willing to be involved in that way too.

For more information feel free to call me at either of the numbers below. This project keeps me away from the telephone most of the time so if you would like to contact me please feel free to leave a message at either of the numbers below and I will get back to you as soon as possible.

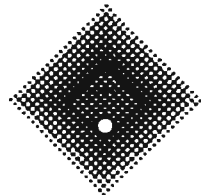
Your participation in this project is very much appreciated.



Telephone: (054) 27 0296
(03) 9688 4432

Postal
Address: Victoria University of Technology
Footscray Campus
Department of Physical Education
and Recreation
Helen Mahoney
PO Box 14428
MCMC
Melbourne Victoria 8001

CONFIDENTIAL



Questionnaire Consent Form

I, _____ of _____
 (Please print your name.) (Please print your address.)

certify that I have the legal ability to give valid consent and that I am voluntarily giving my consent to participate in the research project entitled:

"Retired Professional Women's Past, Current and Future Perceptions of Their Life Satisfaction, Health Status and Locus of Control"

(Abbreviated title: *"Retired Professional Women: A Survey About Their Retirement"*)

being conducted at Victoria University of Technology by Helen Mahoney.

I certify that the objectives of the research project, together with any risks to me associated with answering the questions in the questionnaire have been fully explained to me and that I have read and understood the information sheet supplied with the questionnaire, and that any questions I have asked have been answered to my satisfaction.

I freely consent to participate in this activity realising that I may withdraw at any time and that this withdrawal will not jeopardise me in any way. I have been informed that the confidentiality of information I provide will be safeguarded.

Signed _____

Witness _____
 (Other than the researcher.)

Date: _____

Are you willing to participate in an interview to discuss the three key areas of this study, that is, life satisfaction, health status and locus of control? It is expected that this would take approximately ninety minutes of your time. Please indicate (☒) below.

000071

YES NO

I would like more
information before
deciding.

I am willing to participate in an interview.
 (If you ticked the 'yes' or the 'more information'
 box please indicate a telephone number that you
 can be contacted at _____.)

☐ ☐ ☐

In order to obtain a summary of the research findings, please tick ☒ the box below. This page will be filed separately from the questionnaire immediately upon receipt to ensure your confidentiality is protected. ☐

000071

Interview Consent Form

I, _____ of _____
(Please print your name.) (Please print your address.)

certify that I have the legal ability to give valid consent and that I am voluntarily giving my consent to participate in the research project entitled:

"Retired Professional Women's Past, Current and Future Perceptions of Their Life Satisfaction, Health Status and Locus of Control"
(Abbreviated title: *"Retired Professional Women: A Survey About Their Retirement"*)

being conducted at Victoria University of Technology by Helen Mahoney.

I certify that the objectives of the research project, together with any risks to me associated with discussing my retirement experiences have been fully explained to me by Helen Mahoney and that questions I have asked have been answered to my satisfaction.

I freely consent to participate in this activity realising that I may withdraw at any time and that this withdrawal will not jeopardise me in any way. I have been informed that the confidentiality of information I provide will be safeguarded.

Signed _____

Witness _____
(Other than the researcher.)

Date: _____

APPENDIX G

SEMI-STRUCTURED INTERVIEW FORMAT

*Retired Professional Women's Past, Current and Future Perceptions of
Their Health Status , Life Satisfaction, and Locus of Control*

Interview notes for the four research questions in the qualitative
component of the study.

***Q 1. How and why do life satisfaction, health status and locus of control in
pre-retirement contribute to these domains in retirement?***

Q1. (Life Satisfaction Component)

Of the things that gave you enjoyment in life before you retired, which of those have you carried through with you into retirement?

What is it about those things that gave you so much enjoyment?

Are there any activities that you used to do before you retired that gave you enjoyment of life which you have not carried through into retirement?

What are the reasons for not carrying through with this/these activities?

Q 1. (Health Component)

What sort of health did you bring with you into retirement?

Why do you think your health was ...[*whatever she said it was*] before you retired?

What was it about you state of health when you were working that you think has contributed to your present state of health?

How do you think the health you've brought with you into retirement has influenced you now in retirement?

Q 1. (Locus of Control Component)

Now can we look at your sense of control in the workplace before you retired (say during the last 5 years). What would you say your overall sense of control was like in your work life?

Other possibilities: Did you feel that you had the ability to negotiate what you did and how you did it?
Did you feel you managed projects or did the organisation control how you did things?

Now—your home life. What was your overall sense of control like before you retired?

[If she describes a positive sense of control then possibly ask the following]
Can you tell me a little more about how you achieved this sense of control.

How is it now? Do you feel your sense of control has changed in any way? How has it changed and why do you think this has occurred?

Q2. How do women retirees explain the similarities or differences between pre-retirement and retirement perceptions of life satisfaction, health status and locus of control?

(Similarities and differences between pre-retirement and retirement.)

Q2. (Life Satisfaction)

You told me earlier that your life satisfaction in retirement now is (her words) and that this is (her words—much as it was before you retired; better; not as satisfying).

Given that that's how you find things now please try to think back to the time before you retired (say the last 5 years) and see if you can recall what you felt **then** [emphasis] about your life satisfaction.

Q2. (Health Status)

Earlier you were saying that your health was (her words) before you retired. That is what you are telling me **today** as you look back to that time before you retired. Can you recall what your **thoughts were when you were actually** working—about your health that is.

How would you explain these differences?

Q2. (Locus of Control)

Now, returning to your sense of control.

Can we look at how you perceived your overall sense of control **before** retiring and compare those perceptions with how you see your sense of control **now**.

(Highlight the similarities and differences. Remember, when discussing sense of control first, it was divided into s.o.c. in the workplace and s.o.c. in her home life—there is no longer a workplace so get general perceptions of overall s.o.c.—maybe no longer working has affected her s.o.c. in her home life and thus her overall s.o.c.—or maybe it hasn't had any effect.)

Q 3. *In the five years prior to retirement, what actions did women retirees take that may have contributed to their life satisfaction, health status and locus of control in retirement?*

(What did she do or what events happened—in the 5 yrs. prior to retiring—that influenced her retirement experience.)

Now, in the five years prior to retirement were there any specific things—thoughts, actions, ... that you had/did that were intended to, or have contributed to, your quality of life in retirement?

(Keep in mind what her answer means in terms of the three variables. Draw out anything which relates to health, life satisfaction, or locus of control.)

Q4. *What actions do women retirees believe they are likely to undertake that may contribute to their life satisfaction, health status and locus of control in the next five years?*

(Looking to the future.)

Looking ahead, say to the next 5 years, are there any things that you do now or plan to do which will maintain or enhance your life satisfaction?

What about your health?

And finally, what about your sense of control. Is there anything that you do now or plan to do which could maintain or enhance your sense of control over your life?

APPENDIX H

**TABLE H1. SPSS CODES USED FOR DEPENDENT AND
INDEPENDENT VARIABLES: INITIAL ANALYSIS**

Table H1

SPSS Codes Used for Dependent and Independent Variables: Initial Analysis

SPSS Codes for Questionnaire Questions.	Meaning of SPSS Codes
ID	Identification number of participant.
LSCOR	Life satisfaction score.
LSSD	Life satisfaction similarities/differences.
LSC	Life satisfaction comment about similarities/differences.
LSGC	Comment, in general, about life satisfaction.
AG	Age group.
AGE	Age in years.
BCT	Country of birth.
EDC	Country where most education took place.
HED	Highest education achieved.
ST	Qualification currently being undertaken.
PARTST	Partner status.
D	Able to drive a car or not.
CAR	Has a car or not.
RINCOME	Retirement income.
RENT	Rents personal accommodation or not.
INCSORCE	Main source of retirement income.
OCC	Occupation formerly held.
PLAND	Planned to retire or not.

(table continues)

Table H1 (continued)

SPSS Codes Used for Dependent and Independent Variables: Initial Analysis

RETRESON	Reason for retirement.
IN	Locus of control internal score.
PO	Locus of control powerful others score.
CH	Locus of control chance score.
LOCSD	Locus of control similarities/differences.
LOCC	Locus of control comment about similarities/differences.
CCG	Comment, in general, about locus of control.
NUMHC	Number of health conditions.
HC	Health conditions.
HPTR	Health conditions prior to retirement.
MMS	Health condition mild, moderate, or severe?
REST	Nature of restriction due to health condition.

APPENDIX I

**TABLE II. SPSS CODES USED FOR
THE BINARY VARIABLES IN THE
MULTIPLE LOGISTIC REGRESSION ANALYSES**

Table I1
SPSS Codes Used for the Binary Variables and Descriptions of Their Meaning

Code	Description
HSD1VR	Health status similarities or differences–group 1. That is, those that selected <i>very similar</i> (to describe how similar or different their pre-retirement expectations of their health in retirement were compared to how their health actually turned out in retirement), versus the rest. That is, versus those that did <u>not</u> select <i>very similar</i> .
HSD2VR	Health status similarities or differences–group 2. That is, those that selected <i>similar</i> versus the rest. That is, versus those that did <u>not</u> select <i>similar</i> .
LSSD1VR	Life satisfaction similarities or differences–group 1. That is, those that selected <i>very similar</i> (to describe how similar or different their pre-retirement expectations of their life satisfaction in retirement were compared to how their life satisfaction actually turned out in retirement), versus the rest. That is, versus those that did <u>not</u> select <i>very similar</i> .
LSSD2VR	Life satisfaction similarities or differences–group 2. That is, those that selected <i>similar</i> , versus the rest. That is, versus those that did <u>not</u> select <i>similar</i> .
LOCSD1VR	Locus of control similarities or differences–group 1. That is, those that selected <i>very similar</i> (to describe how similar or different their pre-retirement expectations of their locus of control in retirement were compared to how their locus of control actually turned out in retirement), versus the rest. That is, versus those that did <u>not</u> select <i>very similar</i> .
LOCSD2VR	Locus of control similarities or differences–group 2. That is, those that selected <i>similar</i> , versus the rest. That is, versus those that did <u>not</u> select <i>similar</i> .

APPENDIX J

AN EXAMPLE OF THE FIRST STAGES OF CONCEPT CATEGORISATION

Table J1
An Example Of The First Stages Of Concept Categorisation

<p>As soon as I got married I was made temporary.</p> <p>Four-fifths of the salary you got then ... once I became pregnant I was required to resign. I was always very aware that women were not being paid because of how they were seen in relation to their situation—that they were married and the men were supposed to be looking after them and therefore that you were damned lucky to get the job at four-fifths of the salary. If you got married then you didn't go on and then you had to resign and come back as a temporary ... in the end that changed.</p>	<ul style="list-style-type: none"> • ⇐ Broken work histories ◇ Having children • ⇐ Re-classifying women employees ◇ Marriage • Dependency • Progress/change
<p>The married women's fund existed but it wasn't very good in terms of the superannuation benefits ... part of the problem is that there weren't people with vision ... not sufficient vision.</p>	<ul style="list-style-type: none"> • ⇐ Visionless administration
<p>I used to advise women that neither of the super funds [available to women at that time] was brilliant but to go into them, because it gave them independence for later in life, and that was the vision I'd seen. I could see how important it was not so much for then but for later on.</p>	<ul style="list-style-type: none"> • ⇐ Second-rate benefits for married women ◇ Income for independence ◇ Looking at long-term needs

Notes.

- Government/employer policies regarding married women's pay.
 - ◇ Affirmation of selfhood.
 - ⇐ Past.
 - ↑⇒ Present and future.
- Private world—as opposed to public arena

(table continues)

Table J1 (continued)
An Example of the First Stages of Concept Categorisation

<p>I believe women have got to look very very carefully at the employment that takes them from the house and I believe the present Government is trying to push women back into the home more and more. And that's Howard and his family situation. I think what we've got to do is to begin to see women as individuals with individual rights rather than seeing them as the crux of the family with the man still seen as the provider and the power. This is a most important question—that we look at—this business of families and Howard trying to push women back in [to the home] and therefore they become dependent. Now, women have got to keep that independence. They must have resources that are theirs, and are seen as theirs. Dual purses can be good, but often with a dual purse, the husband seizes control anyway. And when you retire he [husband] still wants to say, well you can't go overseas this year. No-one was ever able to say that to me.</p>	<ul style="list-style-type: none"> • $\uparrow \Rightarrow$ Current situation for young women ◇ Valuing women • $\uparrow \Rightarrow$ Government policies affecting women's lives • \uparrow History repeating itself ◇ Sovereignty irrespective of partnerships ◇ Living according to one's beliefs
--	--

Notes.

- Government/employer policies regarding married women's pay.
- ◇ Affirmation of selfhood.
- \Leftarrow Past.
- $\uparrow \Rightarrow$ Present and future.
- Private world—as opposed to public arena

APPENDIX K

CONTACT SUMMARY SHEET

CONTACT SUMMARY

Contact type:

Location:

Visit

Contact date:

Phone

Today's date:

1. What were the main issues or themes that struck me in this contact?
2. Summarise the information I got or failed to get on each of the target questions that I had for this contact.
3. Any thing else that struck me as salient, interesting, illuminating or important in this contact?
4. What new (or remaining) target questions do I have in considering the next contact?

Source: Miles & Huberman (1994, p. 53).

APPENDIX L

**TABLE L1. THE PATH OF ONE PROFESSIONAL'S BROKEN
WORK RECORD: WHEN 43 YEARS REDUCES TO 20 YEARS AND
\$15,000 PER YEAR**

Table L1

The Path of One Professional's Broken Work Record: When 43 Years Reduces to 20 Years and \$15,000 Per Year.

Year	Events	Pay situation
1948	Enters university and completes a Bachelor of Arts plus Diploma of Education.	Receives unequal pay compared to equivalent man's salary.
1952	Professional woman enters labour market at 22 years of age.	
1955	Marries and immediately loses 'permanency' classification. Later resumes work as 'temporary'.	Receives further pay reduction ('temporary' earns 4/5ths of 'permanent' woman's salary ineligible for membership in professionals prime superannuation scheme.
1957	Pregnant, exits labour market for four years.	No superannuation benefits paid by either her employer or herself.
1961	Resumes work as 'temporary'.	On four fifths of permanent (woman) employee's salary.
1963	Pregnant, exits labour market for four years.	No superannuation benefits paid by either her employer or herself
(table continues)		

Table L1 (continued)

The Path of One Professional's Broken Work Record: When 43 Years Reduces to 20 Years and \$15,000 Per Year.

1967	Resumes work as a 'temporary' worker.	On four fifths of permanent (woman) employee's salary.
1970	Concept of equal pay awarded to teachers.	Married women teachers superannuation fund remains (reduced- benefits scheme).
1971	Granted permanency.	
1975	Promoted to assistant with responsibility.	Shifts to profession prime or 'full' superannuation scheme.
1980	Promoted to senior teacher.	
1995	Retires at age 55.	With effectively only 20 years (equivalent full- time superannuation) of superannuation amassed. Receives an annual retirement income of \$15,000.

APPENDIX M

**TABLE M1. SUMMARIES OF THE AKAIKE INFORMATION
CRITERION (AIC) SHOWING THE ORDER IN WHICH VARIABLES
WERE ELIMINATED DURING STEP ONE OF THE MULTIPLE
LOGISTIC REGRESSION ANALYSIS FOR LIFE SATISFACTION,
HEALTH STATUS, AND LOCUS OF CONTROL**

Table M1
Summaries of the Akaike Information Criterion (AIC) Showing the Order in Which Variables Were Eliminated During Step One of the Multiple Logistic Regression Analyses for Life Satisfaction, Health Status, and Locus Of Control.

<u>LSSD1V^a</u>				
Step		<i>df</i>	Residual Deviance	AIC
1	–	67	86.82	110.82
2	–hed	70	89.39	107.39
3	–ingrps	72	89.66	103.66
4	–partnered	73	89.72	101.72
5	–age	74	89.79	99.79
Final Model. occstat + retime + retchoice				
<u>LSSD2VR^b</u>				
Step		<i>df</i>	Residual Deviance	AIC
1	–	40	53.80	77.80
2	–hed	43	56.56	74.56
3	–ingrps	45	59.22	73.22
4	–retime	46	59.69	71.69
5	–partnered	47	60.45	70.45
6	–occstat	49	64.24	70.24
Final Model. age + retchoice				
<u>HSD1VR^c</u>				
Step		<i>df</i>	Residual Deviance	AIC
1	–	67	88.21	112.21
2	–hed	70	90.66	108.66
3	–age	72	91.73	105.73
4	–retime	73	91.73	103.73
(table continues)				

Table M1 (continued)
Summaries of the Akaike Information Criterion (AIC) Showing the Order in Which Variables Were Eliminated During Step One of the Mutiple Logistic Regression Analyses for Life Satisfaction, Health Status, and Locus Of Control.

<u>HSD1VR^c</u>				
Step		<i>df</i>	Residual Deviance	AIC
5	–occstat	74	92.46	102.46
6	–retchoice	75	93.68	101.68
Final Model ~ ingrps + retchoice				
<u>HSD2VR^d</u>				
Step		<i>df</i>	Residual Deviance	AIC
1	–	34	45.74	69.74
2	–hed	37	47.00	65.00
3	–age	38	47.03	63.03
4	–retime	39	47.14	61.14
5	–occstat	41	50.31	60.31
6	–retchoice	42	50.84	58.84
Final Model. ingrps + partnered				
<u>LOCSD1VR^e</u>				
Step		<i>df</i>	Residual Deviance	AIC
1	–	67	97.17	121.17
2	–hed	70	99.39	117.39
3	–ingrps	72	100.28	114.28
4	–occstat	74	102.24	112.24
5	–age	75	103.62	110.62
6	–partnered	76	105.09	110.09
Final Model. retime + retchoice				

(table continues)

Table M1 (continued)
Summaries of the Akaike Information Criterion (AIC) Showing the Order in Which Variables Were Eliminated During Step One of the Multiple Logistic Regression Analyses for Life Satisfaction, Health Status, and Locus Of Control.

		<u>LOCSD2VR^f</u>		
	Step	<i>df</i>	Residual Deviance	AIC
1	–	31	46.13	70.13
2	–hed	34	47.08	65.08
3	–ingrps	36	47.86	61.86
4	–partnered	37	47.87	59.87
5	–retime	38	48.13	58.13
6	–occstat	40	51.18	57.18
7	–age	41	52.62	56.62

Final Model. retchoice

Note. The same seven variables were entered into each of the above initial models: age in years (*age*), highest educational attainment (*hed*), income group—low, medium, high (*ingrps*), occupational status (*occstat*), partner status—had a partner/no partner (*partnered*), retirement choice—forced to retire/chose to retire (*retchoice*), retirement time—been retired from 1-5 years/retired more than 5 years (*retime*).

^a Life satisfaction, similarities/differences–group 1 (very similar)—versus the rest (similar, different).

^b Life satisfaction, similarities/differences–group 2 (similar)—versus the rest (different and very different).

^c Health, similarities/differences–group 1 (very similar)—versus the rest (similar, different, and very different).

^d Health, similarities/differences–group 2 (similar)—versus the rest (different and very different).

^e Locus of control, similarities/differences–group 1 (very similar)—versus the rest (similar, different, and very different).

^f Locus of control, similarities/differences–group 2 (similar)—versus the rest (different and very different).

APPENDIX N

IN SHORT: A SELECTION OF BRIEF COMMENTS MADE BY THE PARTICIPANTS

When you get older, you're not quite as important as when you were younger.

When people tell me all these things that are wrong with their health, I don't understand it, can't relate to it.

I make the effort to exercise now—you do need to exercise and you do need the time.

As a teacher, you start school at 5 and spend the next 55 years being run by a bell.

When you're in a situation where other people are dependent upon you, it becomes a different situation.

I'm beginning to see that if you don't have a lot of money, and you've got aged parents, that could be really difficult.

I've always worked in the helping professions.

In the long run, does anyone want you when you get older?

Privatising...things are changing...our sense of community is really changing...

You see all the other people who have the benefits of the pension and sometimes you get a bit angry.

Everything comes back to money.

I'd rather be on my own than have someone boring around.

We don't get together because they've all got their own families.

No, I haven't got control over all the events—but the ones I can control, I certainly set out to control.

Taxis here generally are good but sometimes they're ten minutes late—ten minutes late is not my cup of tea.

It will be very hard for women, with the pension age going up to 65.

I accept things gracefully now—that's much better for everyone, they know where they stand.

If the days were going as I wanted them to, why should I worry about when the plug was going to be pulled?

Never thought about retirement, never.

If your children are happy and safe—number one—second, third, fourth, after that, everything follows suit.

My only fear is how [husband] is going to feel being home seven days a week.

The more you travel, the more you want to see.

I'm only 57, only a kid—a baby [laughter].

Until I got my new hip, I didn't realise how wonderful life was going to be [laughter].

My father always said to me "plan for the future and make sure there's money".

At work I was always one for turning up—why stay at home when there's always work to be done.

If you did study men in retirement, do you think they would be honest?

You have to experience something before you can understand it.

Things happen and they are painful at times—but you can either turn them to something positive or let them destroy you.

People say "what do you do?" and I say "nothing, and I'm enjoying it!".

My car is vital to me—I use it every day.

At the moment we're living week by week because my husband is waiting to have an operation.

I'm sufficient enough of an individual, I think, to not enjoy a retirement village.

I'd like to die as soon as I deteriorate, but of course, you have no control over that.

I know I'm not immune from anything, but five or six years ago, I'd never have conceived of having diabetes.

It [work] was control then—it's more freedom now [laughter].

I'd love to do some study but the financial side of courses is a real issue.

If I don't do what I advise, I'm not a very good role model.

I feel very much out of control with what the state and federal governments are doing...

I, like everything else, am evolving, always becoming more.

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