



written by Professor Gordon Parker

mind over matter

Retirement blues

Is retirement a cause of depression?

HISTORY

OSCAR, a businessman in his mid-60s, presented with a mixed picture, including anxiety, insomnia and non-melancholic depressive symptoms.

He relayed with pride how he had “battled” his way through life, leaving school in his mid-teens after a poor academic record to take labouring jobs.

By his late-teens, he was working 20 hours a day, seven days a week, and often only sleeping on the train when going from one job to the next.

He married and had a large family, leaving it to his wife to raise the children.

By then he was a millionaire employing a large staff.

From the age of 40, his life had a fairly consistent pattern. He would work 15 to 18 hours a day, with long lunches at which he would consume at least two bottles of wine. He was pleased to be recognised by politicians and influential businessmen.

He was aware that he was perfectionistic and that he set very high standards at work.

It is... difficult for ‘workaholics’ to change gears

When asked what it felt like when he failed, he replied: “It’s never happened, so I don’t know what I’d feel”.

In his early 60s he developed cardiac symptoms and decided to wind down, working only three or four hours a day and, for the rest, playing golf, enjoying his family and having coffee

with old friends.

His stress and depressive symptoms had started when he had “changed gear”, finding he was not particularly good at golf, while the walking brought on other physical problems.

Now at home for long periods, he had detected his wife didn’t particularly like having him around, his children accorded him only token recognition, and his tolerance for alcohol had diminished, with its effects evident after only one bottle.

RETIREMENT AND DEPRESSION

Retirement can bring on depression for relatively straightforward reasons.

A reactive depression is usually initiated by acute and severe events that strike at the individual’s self-esteem (e.g. the break-up of a relationship, unpredicted dismissal from a job).

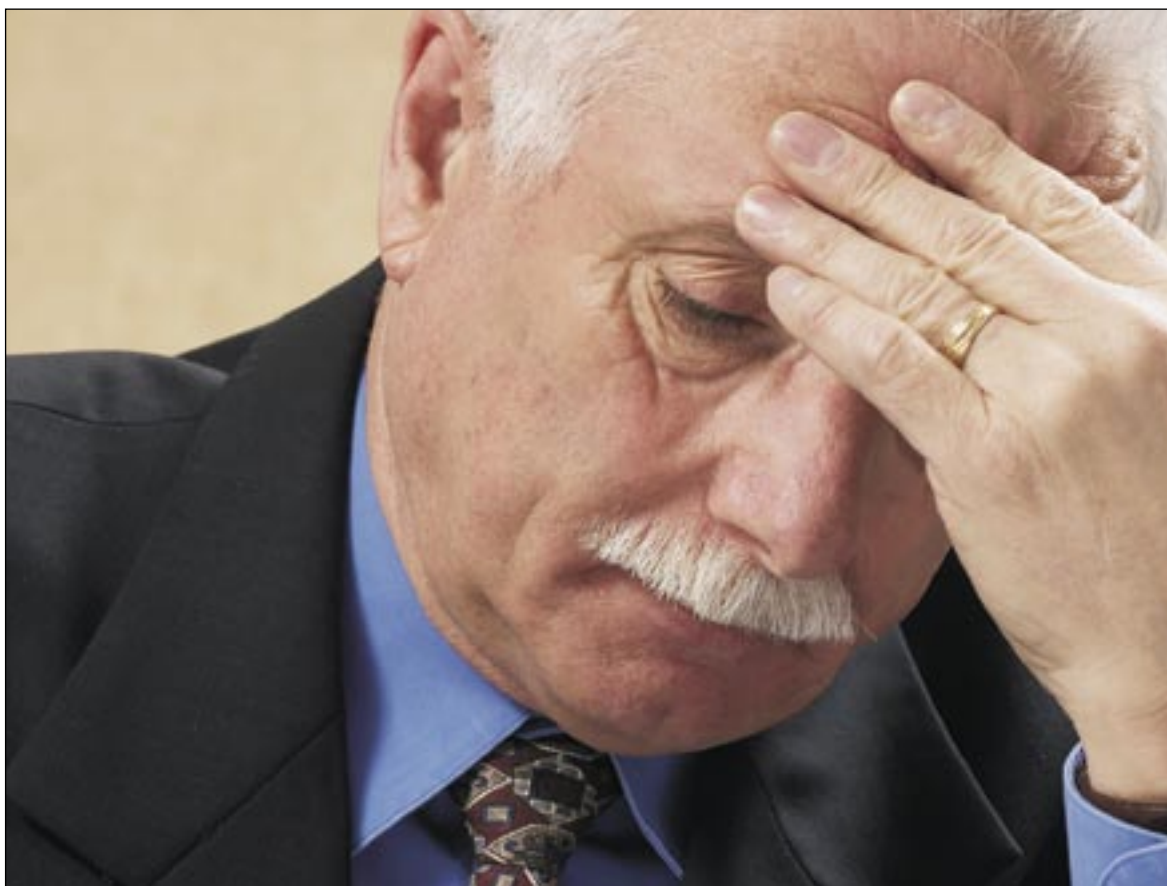
But retirement is usually a planned process, with the individual forewarned for years and able to work it through.

The model is akin to the ‘boiling frog’ principle, which holds that we adapt to most stressors that build slowly and incrementally, and that we experience more perturbation following severe and acute events.

Retirement can, however, initiate depression for self-evident reasons. Oscar’s story illustrates several.

Firstly, his personality. His perfectionism – which, in part, had compensated for his average intrinsic abilities, and reaped secondary rewards (building up businesses, financial success, approval from community leaders) – now rendered him vulnerable.

Secondly, and a related issue, it is generally difficult for ‘workaholics’ to change gears.



Many pick leisure time enterprises seemingly designed to fail or which lack the ingredients necessary for satisfaction. Others decrease their time and work commitment so distinctly that they feel purposeless.

Thirdly, if a post-retirement plan (e.g. mastering golf, having the perfect sea-change beachside apartment) doesn’t meet the fantasised expectations, depression is almost inevitable.

DELAYED MID-LIFE CRISIS

It was once common to see men around their 40th birthday having a mid-life crisis, viewing their days as grey and colourless, contemplating changing their job, and often leaving their wife for a younger woman – being dislocated across a range of domains.

Now we observe a similar syndrome occurring some decades later, around the once formal time of retirement.

Previously, retirement was decreed at 60 or 65, but now there is great flexibility.

Flexibility and choices can foster ambivalence. People used to directed lives – where they give the orders, select the outcomes and prefer the more distant intimacy of work relationships – and/or those who still feel productive, need to keep on working. Thus, a fertile breeding ground for both acute and chronic depressive syndromes.

MANAGEMENT

Such individuals either seek an antidepressant that will solve their problems or, as a consequence of their controlling

personality style, resist any antidepressant medication.

At best, medication may ameliorate depressive symptoms slightly. Letting individuals talk through their life story seems an obvious strategy and should be encouraged, but is rarely particularly beneficial.

Problem solving and counselling strategies (e.g. assembling options, considering the advantages and disadvantages to each) appear useful to many.

For most, the unspoken issue (as evidenced by Oscar, now ignored by his family) is the biblical question: What does it profit a man if he gains the world but loses his soul? **MO**

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