This paper describes a program designed to help preretirees and retirees prepare for retirement. The program explores the needs, stereotypes, dilemmas, challenges, and satisfactions of retirement. An exercise to explore personal values is described in which previous program participants rank ordered 10 top-priority concerns of income, health, housing, emotional adjustment, consumerism, leisure, employment, legal issues, transportation, and education. An overview of each area is provided to develop an awareness of the issues related to retirement planning. The Retirement Fantasy Exercise presents a technique in which participants fantasize about being 70 years old in order to reduce their anxiety about aging. A reference list of pamphlets relevant to aging is appended. (NRE)
PLANNING AND PREPARATION FOR THE NEW LIFE

Leilani Doty
University of Florida
A Perspective Toward Maturity

American society is oriented toward youthfulness. Magazines, television, and movies portray the common person as young, energetic, and unwrinkled—flawless in beauty. With continued sophistication in medicine and technology, one's expected life span increases (Toffler, 1971).

Ecological conscientiousness values population control. Many family plans include energy efficiency (and a small family size). The decreased birth rate was evidenced in September, 1980, when 750,000 fewer students enrolled in the United States public education system (grades 1-12) (Johnson, 1980). As time passes an ever larger sector of people join the retirement population (Wiggins, 1979). Curtin (1972) noted that in the U.S.A. 20,000,000 people are older than 85 years, and that 15,000 people are older than 100 years. Gerontologists believe that after traditional retirement, people now have one-third of their life left to live. To meet the abundant needs of the growing retirement population, society must divert its focus from perpetual youthfulness to the perspective of maturity.

Few significant signposts in society alert people to their personal aging. Most people, inattentive to the gradual changes of time, find themselves suddenly facing maturity. Many people are already retired before they face the need to adapt and accommodate to aging.

Ageism

Age stereotypes may be problematic for many people. Schlossberg (1977) discusses the stereotypes of ageism in the terms of age.
restrictiveness and age distortion. Ageism includes negative attitudes toward any age group, but is used most frequently in reference to older persons. Negative attitudes include viewing those over 55 years as gloomy, rigid, eccentric, and used up--and for those 80 and older--waiting to die. Age restrictiveness sets arbitrary or inappropriate age limits for any behavior. For example, 55-year-old grandmothers are too old to disco roller skate. Age distortion, however, includes misperceptions of characteristics of an age group, such as 21 year olds get college degrees; 80 year olds rock in chairs on the front porch. People fulfill their negative age stereotypes in retirement rather than realistically assess their resources and plan for their own best living.

Neugarten (1968) stresses that social expectations and circumstances influence an individual's behavior more than biological change. Having believed in the stereotypes of agism, adults are frustrated by the conflict between society's expectations and their personal wants, desires, capabilities, and interests. Their confusion with the transitions of adult stages further frustrates them. They believe that "adultness represents a state of saneness and sameness." (Schlossberg, 1977, p. V). Stress and confusion have not disappeared with the teen years as they anticipated. When they experience stress and confusion as older persons, they feel different, bewildered, and isolated. Caught in the myth that adulthood represents placidity and stability and too embarrassed to share their feelings, distressed adults may become depressed or psychotic. A counselor may help concerned adults explore personal feelings, de-mythologize confusing age stereotypes, and prevent severe mental health complications.
Variety and Flexibility

The confusion of transition introduces another need for counseling. The accelerated advance of technology changes the human environment so rapidly that preretirees and retirees need help in adaptation (Hohenshil, 1976). People need to develop variety and adaptability (1) in group/team as well as single activities, (2) in active and sedentary interests, (3) in self-fulfillment and helping others, (4) in short term and longer term projects, and (5) in extrospection as well as introspection. A retiree may thus participate in softball, tennis, golf, Scrabble, piano playing, the Foster Grandparents Program, meditation, or whatever seems appealing and rewarding. With variety comes flexibility and the development of multiple resources, rather than the singular focus so typical of many career-minded people. Aware of different innate resources, a person may find new life and purpose as he/she contributes to changing society and self in a different, significant way. As retired teachers in elementary school remedial reading programs, budding authors in creative writing classes, or politically active vote getters in neighborhood or community issues, retirees expand their sense of purpose and contribute significantly to changing life around them.

Many people need assistance in the shift from extrospection to introspection. The work-ethic believer may be humiliated by his/her changing role as a non-wage earner in retirement. The active career person may experience great difficulty finding challenges within the home or within himself/herself. Working at a different pace, a retiree may need help in learning how to be instead of how to do. A professional helper may guide the discovery of personal values,
such as personal respect for self and others, or the wisdom that accompanies age.

Many older persons develop anxiety as they approach retirement because their dreams of younger years reemerge. With regret and sadness they see the discrepancy between their actual achievements and early dreams (Kalish, 1975). As they face the immediate future and the negative limitations of agism, they feel physically, socially, and psychologically wasted. They ignore their developed skills, experience, and perspective, sit in a rocking chair, and await death.

On the other hand, aware of the needs, limitations, challenges, and excitement of retirement, informed preretirees prepare easy entry into retirement with realistic expectations for satisfaction and fulfillment.

Retirement Values

Personal Values Exercise

To explore personal values, the following exercise, “Which is More Important?” is introduced:

Materials:
1. Chalk and blackboard or large sheet of paper (about 30 inches X 20 inches) and a magic marker for the leader to tabulate priority words for participants.
2. 26 index cards (3 X 5) labeled as follows:
   boredom
   getting taken
   death
   transportation
   aging
   leisure time
   adjustment to change
   education
   safety (from violence)
   health
   bills
   legal issues
housing  self-maintaining
getting to stores  insurance
being ignored  broken machines/tools
wills  someone to help
work  hobbies
loneliness  income
wealth  learning

Directions:
1. Randomly distribute 2-4 labeled cards to each audience member.
2. Ask each person to prioritize from first (most important, most valued, or most concerned about) to last (least important, least valued, or least concerned about) the items written on the cards.
3. Each person shares in turn the ranking of his/her cards. The leader records the first priority of each member on the blackboard.
4. The group prioritizes the words on the blackboard by common (verbal) agreement from the first (most important) to the last (least important) ranked item.
5. Allow time for open discussion and personal sharing of the two highest-ranked values.

Discussion

The groups that have participated in this program have ranked income and health as top-priority concerns. Typically, income and health vie for first place with men placing income first and women placing health first.

The following ten vital areas of retirement are presented in the ranked order of the group's interest, determined by the previous exercise, "Which is More Important?" The information is written in outline form with occasional elaborations in prose as a simplified
introduction-overview of retirement considerations with a list of
readings and resources in Appendix A. The following is intended
to provide sufficient cursory information for people to become aware
of the areas to include in planning and preparing for the new life
(retirement).

TEN VITAL AREAS OF RETIREMENT

1. Income

Income includes money in and money out (NRTA Guide for Retire-
ment Planning, 1978; Pryor, 1978). Money in, or resources, is the
money that comes into the pocket or budget and is available for
spending. Money out, or expenses, is the managed money that leaves
the pocket or budget to buy services or resources.

Money In--Resources for Income Planning

Income includes steady income, taxable and nontaxable income,
changing social security, or retirement benefits. Income should be
planned and assessed every five years to keep up with trends and
environmental changes.

Consider the Various Retirement Plans:

1. social security benefits,
2. company or institution plans, and
3. insurance plans.

Assess Personal Resources:

Changing Times (Nov., 1978) listed the following resources to
be considered:

1. life insurance--over/under/gaps in coverage,
2. annuities,
3. stocks, bonds, and mutual funds,
4. real estate--rentals and undeveloped land,
5. personal savings,
6. public old age assistance,
7. personal properties such as antiques, jewelry, etc., and
8. tax advantages.

Establish and Maintain a "Nestegg":
1. maintain savings or other easily liquidated assets of $10,000 for emergencies, before considering investments;
2. estimate basic needs such as food, shelter, utilities, etc.; and
3. consider desires--important extras or morale builders such as entertainment, appliances, toilet articles, etc.

Look into Special Services for Senior Citizens:
1. food stamps,
2. health care benefits,
3. fee waivers,
4. public transportation benefits, and
5. movie and theater ticket discounts, among others.

Plan Together with Spouse (if married):
1. explore financial attitudes,
2. compare needs and desires, and
3. review the retirement plan together every five to ten years.

Money Out--Expenses, Financial Management

The NRTA Guide for Retirement Planning (1978) and Pryor (1978) give guidelines and information in this area. The typical person over 65 is not working, has inadequate income, has social security as the only income, spends most of the income on housing, and has
no savings (Curtin, 1972). Financial planning should take into account that inflation increases at a minimum of 6% per year. There is also a risk because of company corruption or bankruptcy which may result in no retirement benefits.

Keep an Accurate Record of Funds:

Changing Times (Nov., 1978) suggests the following—

1. keep accurate data—money amount, name and location of institution, name under which registered, earning rate, and liquidity,

2. check investment advisors—free services versus billed services at banks and investment companies, and

3. look into both long and short term investments.

Before 1975 investments seemed to follow a four-year cycle. The investment rule is buy when down, sell when up. Remember:

bulls make money,
bears make money, but
pigs never make money.

Evaluate Professional Help:

Weigh the worth of guidance costs, bearing in mind that do-it-yourselfers need to spend time to keep well informed.

Estimate Expenditures:

1. Fixed expenditures include food, house payments, car payments, and insurance.

Changing Times (Dec., 1978) gave the following warning concerning payments under health insurance:

Group plans usually have an 80% - 90% loss ratio. The greater the loss ratio, the higher are the benefits paid to the customer.
A checklist for a health insurance policy includes examining pre-existing conditions for payment, maximum benefits, waiting periods, renewability, age limits, conversion from group or from family at the death of one's spouse, inside limits, duplication of benefits, deductibles, premiums, and contingencies. For example, one might need to pay the first $200 of each family member's costs within any given year and then receive only up to the limit of $500 on a stated policy. The potential benefits must be suitable to individual or family need to be worth the health insurance policy premium investment.

2. Flexible or unfixed expenditures include essential flexible expenditures such as utilities, gasoline, clothing, and savings for an emergency, as well as discretionary expenditures which are the little extras one buys as money permits.

Do and Don't List:

1. Don't prepay bills.
2. Do use credit cards to extend buying power. Use, don't abuse.
3. Don't incur interest charges.
4. Don't accumulate idle cash.

2. Health and Longevity

Daily activity now is tomorrow's best health insurance. Daily exercise is fun at 20, challenging at 40, but a necessity at 80.

Aging

There are two items to consider here, the wear and tear theory and the autoimmunity reaction.
Causes of death in rank order are:

1. heart attacks, strokes,
2. cancer,
3. flu, pneumonia,
4. arteriosclerosis,
5. accidents,
6. diabetes, and
7. bronchitis, emphysema, and asthma.

The aged are less afflicted with acute (infectious) diseases; they are more afflicted with chronic (disabling) diseases. Asthma, hayfever, and diabetes are relatively stable after 45 years of age. Arthritis, rheumatism, heart problems, and hypertension increase after 45 years of age. Vision, hearing, and teeth degenerate greatly at this phase. As the socio-economic level of an individual decreases, chronic illness and disability increase.

Three processes affecting the aged are:

1. Homeostasis—the self-regulating equilibrium mechanism slows down.
2. Metabolic wastes accumulate. Collagen, a fibrous protein, forms in some tissue slowly and is resorbed more slowly, if at all. It interlaces with the strands of protein resulting in wrinkled skin and slow healing of wounds.
3. Lipofuscins build up in nerve cells with age and give rise to pigments in these cells, which slows the normal cell function. A defect in calcium metabolism and the shift of calcium from bone to soft tissue are conducive to
brittle bones, eye cataracts, calcium deposits in arteries, and wrinkled skin.

**Intelligence**

When tested for intelligence levels, older people had norms that were superior to the young on vocabulary and verbal intelligence. They showed a slower response time. Whenever there was evidence of social or environmental loss or if the subject were depressed, response time would be very slow (Granick & Patterson, 1971). Adjustment seemed to depend on personality, not on aging. Greater organization of daily behavior and not smoking related to increased longevity.

**Stress**

Women should be more concerned than men about retirement, because women live longer than men. 175 women to every 100 men are between 75-80 years old. As women become more professional, their stress factor will increase along with an increased heart attack rate, an increased stress-related disease level, and an increased death rate (Streib, 1979).

**Life Expectancy**

Genetic and environmental influences are important factors in aging.

3. **Housing: Security, Safety**

**Needs of Older Americans**

Curtin (1972) outlines the housing needs as including the following areas:

1. physical,
2. social, and
3. psychological. There are also needs for
4. security, and
5. safety.

Private home ownership may be a status or success symbol, according to Curtin.

Relocation After Retirement

According to Changing Times (March, 1979), low-cost housing is an important element. The questions to consider regarding relocation include:

1. What is available?
2. Who is eligible?
3. What is the cost?
4. Will there be problems with emotional adjustment?
5. Are there any physical considerations?

The above article reported on a survey of costs of living in various areas across the country. It was found that taxes, transportation, and housing determine the cost of living. The cheapest metropolitan location in America at the time of the survey was Orlando, Florida; the most expensive location was Los Angeles, California.

Available Options

A continuum of housing exists from complete independence to complete dependence. The development of an independent-dependent balance is recent. Examples of complete dependence include nursing homes, mental health care, and incarceration. Examples of a balance between the two are living in a single room only, retirement hotels, boarding homes, cooperatives, and share-a-home plans.
4. Emotional Adjustment

Intellectual and spiritual growth may never stop (Pryor, 1978). Some factors relating to emotional adjustment include:

Personal Concepts of Retirement
1. Personal interests
2. Attitudes and stereotypes
3. Cultural prejudice

Objective Information
1. Personal research
2. Professional guidance

Planning
Decide what you want to do and then take positive steps, along with a positive attitude, to do it:
1. Do your own career, activity, and retirement planning.
2. Seek out resources guidance.
3. Couples--plan as individuals and plan as people together.

Adjustment to Change
1. Be flexible to change in the community, neighborhood, climate, diet, budget, etc.
2. Focus on the positive, on resources rather than on handicaps.

Attitudes
Stay alert, efficient, flexible, loving and helpful.

Actions
Take risks, make new friends, and try new activities.
5. **Consumerism**

General information about buying and owing can be found in Pryor (1978) and Harrison (EHE 166, 500, 501, 503, & 509). Some of the areas discussed include:

1. supermarket assertiveness—"The customer is always right",
2. payments—loans, installments, or cash,
3. guarantees and warantees—read labels and pamphlets before purchasing,
4. repairs,
5. store policies,
6. advertisements—watch for hidden meanings, and
7. legal entanglements—read before you sign and read before you pay.

6. **Leisure**

Pay attention to fantasies. Ask yourself the question, "What have I always wanted to do?" (Guitar, 1964)

**Considerations**

1. Health
2. Environment
3. Climate

**Activities**

1. Hobbies expanded for retirement
2. Individual and group interests
3. Handwork
4. Sports, both competitive and recreational
5. Travel (look for senior citizen discounts)
6. Vocational interests
7. Volunteer (professional, service, political, etc.)
8. Adult education
9. Pets

Available Resources
1. Cost
2. Public and private
3. Directories, information and referral services

7. Career: Employment

You may never completely retire. Some people are always employable (Harris, 1978; Pryor, 1978). Combat inflation with income, both unearned and earned.

Assess Personal Skills
1. What do I like to do?
2. What do I do well?
3. Who needs my services?
4. What are acceptable compromises?
5. How can I put my best foot forward? (interview procedures)

Run Your Own Business

Buy a current business or a dead or weak business. Information you need to know includes:

1. Management and business skills
2. Risk of failure is high. 90% of new businesses fail in the first year, 5% fail within the next 5 years, and 5% survive the first year.
3. Financial backing is important. You need a reserve of funds to carry the business for the first two years. Loss recovery potential decreases as the age of the
business increases. Financial exposure is high when starting a new business; there is less money exposure risk in buying a used business.

Operate a Low Exposure Business Within Your Home

1. Accounting, typing, etc.
2. Catering, sewing
3. Telephoning
4. Tutoring
5. Delivery
6. Home repair
7. Gardening
8. Selling
9. Physical therapy

Exploit Vocational Interests

1. Part-time working professional
2. Consultant
3. Author—autobiography of professional and/or personal experiences

8. Legal Issues

Useful information for this area can be found in the NRTA Guide for Retirement Planning (1978) and Pryor (1978).


1. Note social security changes.
2. Note benefits when an institution changes—how are worker's benefits protected or lost?
3. Remember that your legal status changes with the death of a spouse or with remarriage.
A legal will is the foundation of estate planning. Without a will, a person may be subject to state (death) taxation laws. Changing Times, (Sept., 1978). Women are often unprotected without a will. Some things to look into:

1. Language of wills
2. Legal assistance
3. Types of wills (Do Your Own Legal Work, 1978; Changing Times, 1978): Nuncupative (oral)--weak in court
   Holographic (hand written)--stronger in court
   Witnessed--almost impossible to invalidate in court
4. Varied state laws

9. Transportation

Some of the things to consider in this area include:
1. private or public,
2. convenience versus cost-fee waivers for senior citizens, and
3. change of recreational or travel activities to accommodate the budget.

10. Education: Personal, Public

Fee waivers are sometimes available for senior citizens. There are degree-granting institutions, as well as continuing education programs such as the Elderhostel which has summer, residential, academic programs for older adults for intellectual stimulation and physical adventure (Elderhostel, 1979). Degree-granting institutions may be either public or private, religious institutions being an example of the latter. Not to be overlooked are museums, art centers, cultural groups, and concerts.
Retirement Fantasy Exercise

The next part of the presentation, "Retirement Fantasy," involves a personal visit into retirement. After taking a few minutes to stand up and stretch, the group will sit in relaxed, comfortable positions and, under the leader's guidance, fantasize about being 70 years old.

Retirement Fantasy

Directions to leader:

Have the group stand up, stretch, and take some deep breaths for about three minutes. Then have them sit back in their chairs or on the floor in a comfortable position with their eyes closed.

**Step 1:** Have the participants reflect about the ten different vital areas of retirement just discussed. They should focus on the areas of interest and concern to them. They may reflect on how they see these areas affecting their retirement. (3 - 5 minutes)

**Step 2:** Have the participants imagine older persons, how they appear and act, the different roles they play in the community, etc. (3 - 5 minutes)

**Step 3:** Have the participants imagine themselves at 70 years old. Take about three minutes to follow that fantasy and find out what being 70 may feel like.

**Step 4:** Ask participants to open their eyes slowly and return back to the present time. Allow 20-30 minutes for processing the group experience.

**Discussion:**

Many "Retirement Fantasy" participants are pleasantly surprised at the experience, which seems to decrease their anxiety about aging.
In their fantasy they note that they retain much of their present identity. Their change involves adaptation to aging, such as changed hair color and skin tone, decreased activity rate, but continued activity, and, especially, making more choices about preferred activities. The activity may represent a role rehearsal (Kolish, 1975), a diffusion of anxiety and (agism) myths, and, consequently, allow the reality of being older seem less threatening.

Looking Ahead

After people explore the information involved in the ten vital areas of retirement, they understand the need to plan and prepare for the new life. They often initiate immediate retirement planning, such as in health, legal affairs and income. Following the advice of many retirees, preretirees realize that immediate health maintenance promotes later physical fitness. Immediate income planning and management make the gradual transition into retirement much easier. Awareness of current legal affairs helps people adopt updated measures to ensure later well-being. Implemented through gradual, long-term planning, retirement then acquires the perspective of a link in the nexus of life.

Within the nexus of life exist many stages. Together they represent the unity of life. Inception, birth, and growth, even death—the final resolution of life are parts of the wholeness of life. As older persons understand and accept themselves, they gain insight into the meaning of life and, therefore, the meaning of death. With the support of special interest groups, consciousness raising groups, and a community of close friends, older persons explore the resolution of life and develop the concept of death with meaning.
Giving death dignity and meaning enhances the significance of life as well as death. With perspective older persons courageously introspect to discover their core beings (Pryor, 1978). Enriched, they reach out to help others uncover similar hidden resources of individuality. Older persons, thus valuing themselves and others, become more caring, assertive, self-sufficient, and independent. They take risks in new experiences and new friendships. They care about themselves and others. They are immersed in new life fully and understand the nostalgic sweetness of "The Road Not Taken."

The Road Not Taken
By Robert Frost

...Two roads diverged in a yellow wood,
And sorry I could not travel both...
I took the one less traveled by
And that has made all the difference.
Bibliography


Correu, L.M. (Ed.) These days. Lancaster, Pa.: United Church Publishing House, 1979, 9(1).

Correu, L.M. (Ed.) These days. Lancaster, Pa.: United Church Publishing House, 1979, 9(3).


Johnson, E. (Ed.) "In new school year, there are fewer students, higher costs." Gainesville Sun, 1980, 105(66), 1.


1. Your retirement anticrime guide.
2. Your retirement consumer guide.
5. Your retirement information guide.
7. Your retirement legal guide.
8. Your retirement money guide.
10. Your retirement food guide.
11. Your retirement psychology guide.


Winograd, E. *Pre-retirement program for the state of Florida*. Tallahassee, Fla.: Division of Aging.
Relevant Pamphlets

Are you over 40 and looking for a change? Gainesville, Fla.: Univ. of Fla., 1978.


Crime victim advocate program. Gainesville, Fla.: Alachua County Board of County Commissioners.

Direct deposit of your social security check. Gainesville, Fla.: First Fla. Savings and Loan Assoc.

Florida retirement system. Tallahassee, Fla.: Division of Retirement, 1979. (a plan description)

Gotta gripe. Tallahassee, Fla.: Dept. of Agriculture and Consumer Services for the Fla. Inter-Agency Consumer Committee.


Harrison, M.N. Credit card regulations. Gainesville, Fla.: C.M. Hinton, Publication Distribution Center, EHE 503.


Savings. (Power use and energy conservation.). Keystone Heights, Fla.: Clay Electric Cooperative, Inc.

Seeing to the needs of Florida’s blind. Tallahassee, Fla.: Division of Blind Services.

State agencies on aging and regional offices. (HODS 72-20283). (Directory of agencies)


Tel-Med 378-0007. Gainesville, Fla.: Alachua General Hospital, Inc. (Medical information tapes by phone)


The widowed to widowed program. Gainesville, Fla.: Alachua County Crisis Center.


Pamphlets available through the Florida State Employment Service, Florida Department of Commerce, Division of Employment Security, Tallahassee, Fla.: Fact sheet for job interviews. (PA-08)

Preparing for civil service tests. (PA-12)


Estimating your social security retirement check. (HEW Publication No. SSA 78-10047)


Higher social security payments. (HEW SSA 78-10324).

History of social security. (HEW SSA 79-10011).

Home health care under medicare. (HEW SSA 75-10042).
If you work after you retire. (HEW SSA 79-10069).

Planning for retirement. (HEW SSA 78-20074).

The Privacy act and your request for a social security number. (HEW SSA 76-10034).

Recent changes in medicare for people with permanent kidney failure. (HEW SSA 78-10081).

Right to appeal supplemental security income. (HEW SSA 76-10281).

Social security benefits for widowed fathers. (HEW SSA 75-10367).

Social security survivors benefits. (HEW SSA 79-10084).

SSI for the aged, blind, and disabled. (HEW SSA 78-11000).

SSI for the aged, blind, and disabled in Florida. (HEW SSA 77-11184).


You can work and still get social security checks. (HEW SSA 77-10092).

Your right to question the decision made on your SSI claim. (HEW SSA 77-11008).

Your social security. (HEW SSA 79-10035).