This paper presents a cautionary tale of one person’s experience of ‘retirement’. It is the author’s hope that, in telling his story, some or all of you will avoid making the same mistakes and certainly avoid being chased by the ‘black dog’ of depression.

I retired from the University of Queensland (UQ) School of Veterinary Science in January 2005, having made no plans whatever for retirement. I had signed a contract with UQ thirty two years earlier which stated that I must retire the day I turned 65. Fortunately, no such contract now exists at UQ, or indeed, at other universities in Australia.

My own father had retired at a similar age and died within four years of retirement. He suffered from depression in those four years and also succumbed to bowel cancer—no such thing as colonoscopies in the early sixties in Australia. But, and this is a big but, he had given everything up when retired, with the exception of working in his garden and being harassed by a not too happy wife.

I was determined not to go down my father’s path to an early demise (these days it’s called committing slow-motion suicide by failing to change certain lifestyle habits), but did I put any plans in place for retirement? No way. I always thought I would pick up some work somewhere or other, so I had made no plans whatsoever.

Fortunately UQ threw me a lifeline in early 2005 when, because of staff shortages, I picked up about 20 lectures in dairy cattle medicine and dairy husbandry in first semester 2005. Did I enjoy that? I loved it! We were also busy planning our second daughter’s wedding in late May 2005, and this turned out to be a truly joyous occasion. Come second semester 2005, and with very little teaching on offer and the wedding now behind us, I started to feel unwell. The symptoms were constant low back pain, frequent headaches, grumpiness and an increasing disinterest in the world around me. My wife had planned a trip to Western Australia in September 2005 and I simply didn’t want to go. I felt I couldn’t sit in the plane for that long and I was going to be thrust outside my comfort zone. Although I didn’t recognise it at the time, this was anxiety, a frequent bedfellow of depression. In fact, we went to WA and I loved it, particularly those wines around Margaret River. They were truly wonderful!

Back in Brisbane however, I started to feel bad again with constant low back pain, reduced appetite, increased irritability, frequent headaches and disinterest in the world around me. The only rubber I got to put on were rubber gloves when I washed the dishes. My wife had said in earlier, more virile days, that she had a ball-bearing dishwasher: her husband! I hope you are getting the allusion here to one of the symptoms from which I suffered: lack of interest in sex.

Anyway, towards the end of 2005, I went to the GP who diagnosed depression and put me on medication (Lexapro®) which started to make me feel better within about 7-10 days. I was less morose, started to take an interest in the world around me, even started to sing again.
By early 2006 I was on medication and feeling a lot better and started to learn Russian at UQ in March of that year. Why Russian? Because I had read a lot of Russian literature and it seemed a difficult and challenging language. How right I was! Anyhow, during the early part of the year, an energetic colleague at UQ ran his bike into a tree and nearly died. Terrible for him (he survived), but good for me as I picked up a fair amount of his teaching during both first and second semesters. Can you sense the complete lack of planning and reliance on fortune (or misfortune) in all this?

My wife and I travelled to New Zealand later that year and travelled around the South Island. We also went to a wine tasting day in Martinborough in the North Island. This involved travelling from winery to winery in buses provided for that purpose. My family wanted to disown me (our daughter was travelling with us) when I accosted a couple of Kiwis and the bus and told them the All Blacks were a bunch of wankers and perennial World Cup under-achievers. I was fortunate to get off the bus quickly before one of these Kiwis hit me.

2007, in my eyes, was a glorious year. The colleague mentioned above took study leave in first semester and I was made coordinator of his subject (Ruminant Medicine and Production) in the first semester. I also taught throughout second semester and it was heaven. The fourth year students at UQ in 2007 were a tremendous bunch and it was an absolute privilege to teach them. So I was back teaching up to three days a week and really enjoying myself. Note that I still wasn’t planning any retirement activities and, although my wife and I made a couple of short trips within Australia that year, it wasn’t the sort of travelling she had in mind and she started to notice a few ominous signs in my behaviour. I, of course, was blissfully unaware of these and would have denied them anyway. No languages studied at UQ that year, I was far too busy teaching.

2008 offered slightly less teaching, a trip to Perth and south-western Oz in association with the AVA Conference that year, plus a trip to North Queensland in late September-early October. I, of course didn’t want to go (anxiety), however we went out to the Undara Larval tubes, Mount Surprise and Cape Tribulation on the Daintree. We love north Qld and mourn for the cyclone damage so recently suffered up there.

My wife had noticed some subtle changes in my behaviour that year which I, as usual, denied. She particularly noticed an increased anxiety, even when we travelled over to Point Lookout on North Stradbroke Island (Straddie), where my wife owns a house. Fancy getting anxious about travelling to Straddie, an island paradise in Moreton Bay; but I was being taken outside my comfort zone.

And so we come to the “annus horribilis” of 2009! I was to give 15 lectures, mainly in first semester that year and somehow struggled through it. However my heart wasn’t in it at all.

For many years I had been an examiner in cattle medicine in the clinical segment of exams for overseas veterinarians seeking registration in Australia. These exams are administered by the National Veterinary Exams Board (NVE), a part of the overarching umbrella organization, the Australian Veterinary Boards Council (AVBC). Anyhow, I had been offered a position on the NVE Board in late 2008 and offered my letter of resignation in mid-2009 because of illness (fortunately for me, the letter was never acted on).
I was also re-elected to the AVA Board in May 2009, but had to resign the Board position in early July because of mental illness. This was indeed a bitter pill to swallow, as I was really looking forward to rejoining the Board and making a contribution.

By mid-February 2009 I had redeveloped chronic pain in my lower back (I was to learn later that depression intensifies pain and that these two ‘events’ share common chemical pathways in the brain), fatigue, weight loss, decreasing ability to concentrate, difficulty in getting to sleep, an increasing feeling of worthlessness and a lack of interest in doing anything that was pleasurable or enjoyable. Classical symptoms of depression:\(^1\),\(^2\).

These symptoms persisted and worsened through March 2009 when fortunately I was referred by my GP to a psychiatrist. The psychiatrist diagnosed acute clinical depression and started me on medication, plus regular assessment of my condition.

I became aware of the stigma associated with mental disease, especially depression (‘is there really anything wrong with you’ was a not infrequent question) and I had no idea of the effect it would have on my primary carer, my wife.

This depression was accompanied by anxiety (in fact, the two are frequent bedfellows), consequently I didn’t want to travel across Moreton Bay to Straddie because it was taking me completely outside my comfort zone. Anything different was completely taboo and I retreated further and further into some self-made shell (or should that be ‘hell’).

It was about this time that I started to contemplate self-harm (the euphemism for suicide).

I practiced various scenarios of how I would proceed with my suicide.

What stopped me ‘going all the way’?

I think, in retrospect, it was two things:

- The absolute shame it would cause my family and
- My elder daughter in Sydney who would phone me every day to check up on me and say “Dad, don’t do that, it doesn’t solve anything”

Yes, depression and suicide go hand in hand but, as Peter Symons from Western Australia says “suicide is a permanent solution to a temporary problem”\(^2\). These days I would call it anything but a solution!

So, by the grace of God I somehow didn’t go down that path and by mid-year my psychiatrist suggested I was ready to try some cognitive behaviour programs (CBT) run from Toowong Private Hospital (TPH).

CBT programs acknowledge that you have a problem like anxiety or depression and attempt, over a four week program, to give you strategies to cope with and ultimately come to terms with your problem. So I did the two programs, three days a week over eight weeks. I mixed with some desperately sad people in these classes and gradually got to know their stories. Some, like me, had severe depression and had spent up to ten weeks hospitalized in TPH. I don’t think I could have handled that.
However, doing these two intensive programs, plus regular interaction with the participants, gradually gave me some insight into what I was suffering and how, hopefully how, I might yet dig my way out of this Dantesian ’circle of hell.’

I started to keep a diary recording my mood throughout the day and any ‘pleasurable’ activities like having a coffee and/or speaking to a friend/neighbour. For the first three months of my illness I just sat in a chair all day and stared at the wall, lay on the bed and/or cried in the shower. Can you imagine the effect this has on a partner who feels normal and wants to get out and enjoy life?

My psychiatrist wanted me to start exercising, so I commenced swimming two or three days a week. I didn’t do many laps each time I went swimming, however it did cause a temporary mood improvement, possibly due to endorphin release.

I had also started to drink more frequently (alcohol simply depresses mood further) and found it very hard to cut back my drinking, particularly in a social situation. Can I just say in retrospect that I was very foolish in this area and suffered as a consequence.

Slowly, very slowly however things started to change and by March 2010, twelve months after the initial diagnosis, I started to feel better.

My daughter, her husband, and baby daughter had gone overseas to Lyon in January 2010, returning in early June 2010. My wife went over to join them in late March 2010 for five weeks but I wasn’t ready to make the trip. This was a most unpopular move on my part and has caused a lot of resentment. Could I/should I have gone?-I don’t know, but maybe I could have tried.

I was thrown another lifeline in March 2010 when Reg Pascoe asked me would I like to take over running the clinical exams for overseas veterinarians seeking registration in Australia. I said yes immediately and have found the position to be both challenging and interesting. Along with continuing involvement in the executive of the Queensland Division of the AVA as in Invited member, I feel I am still making some contribution to the veterinary profession.

Granddaughter number one arrived in early June 2009 and I was just too sick to get excited by this wonderful event. As I write, that granddaughter is now 21 months old, is an absolute treasure and was joined by granddaughter number two in January 2011, with a third granddaughter due in June 2011. The Reverend John Knox wanted to be protected from ‘this monstrous regiment of women’ however, I have to say, I just love being a grandfather. To be fair, we don’t babysit all that much, however my wife Margaret never had any family help with rearing our three children and we are determined not to let this happen with our own daughters.

To return to self-harm/ suicide: an article in the Weekend Australian Magazine for February 26-27, 2011 by Kate Legge titled “It’s time to talk” states that 2191 people suicided in Australia in 2008 and that for the past decade, suicide numbers have hovered around 2050 per year. This compares to an annual road toll of around 1400. According to Suicide Prevention Australia, an estimated 55,000 people attempt suicide each year, while many more contemplate it.
The veterinary profession is an occupational group with a documented elevated rate of suicide\(^3,4\) and it is stated that veterinary surgeons have a proportional mortality ratio for suicide approximately four times that of the general population and around twice that of the general population\(^4\).

It is also suggested that 75-80% of these suicides are related to psychiatric disorders, mainly depression\(^2,3\).

So we work in a profession where, because of stress levels, lack of support, exposure to euthanasia, access to harmful drugs and other factors, people take their own lives. The links between depression and retirement are very strong\(^1,5\) however, I could find no specific information on depression in retired veterinarians.

Why do retired males develop depression? It is primarily related to loss of status and self-esteem associated with being in the workforce, and also to boredom and being around one’s partner/spouse fulltime. There is an interesting syndrome described in Japan called “retired husband syndrome” where the wife develops symptoms of illness once the husband retires and is around the house fulltime. Researchers now feel that this syndrome is probably world-wide and I certainly saw my own wife develop signs of illness when acting as primary carer during my depression.

Anyhow, I now seem to have the ‘black dog’ tamed, or at least it runs obediently along behind me without worrying me at present. (\textit{I hope it stays there}). Also, I have put in place a potpourri of physical and mental activities designed to keep the black dog very much in its place. These activities include:

- Daily exercise- walking, swimming or once-a –week yoga
- I keep a daily diary where I record medication, mood and any special activities such as social outings, picnics etc
- I have enrolled for French 1 at UQ- a year-long course commencing 14 March 2011 (this is the mental activity)
- I now do minimal teaching- one lecture and four practicals for the year
- Attend weekly meetings of the local men’s health group- invited to attend by Neil McMeniman, former UQ Head of School
- Joined the Moggill Creek Catchment Group- a local group which does wildlife surveys in the area and aims to preserve/restore native vegetation in the catchment
- We offer to babysit the grandchildren on some regular basis
- I became a member of the Society for Growing Native Plants-western Brisbane branch
- We go to Stradbroke Island as frequently as possible; also a member of two island preservation groups (FOSI and SIMO)
- Look after my wife- take her to breakfast, lunch, dinner, pictures, theatre and go travelling together
I have become very interested in cooking (bit of a self-preservation thing really) and have started doing cooking courses at a place called the James St Cooking school.

A bit of part-time work: organise the clinical exams for overseas vets seeking registration in Oz.

Remain involved with AVA Queensland- invited member of the Executive; honorary historian, president of the southeast Queensland Branch.

I think it is important to be absolutely passionate about at least one thing that you do- I have replaced my passion for veterinary education (irreplaceable really), with a passion for native plants and animals and possibly cooking also. So I moved inexorably into the embrace of retirement, didn’t handle it and eventually ‘crashed and burned’.

All I can say in retrospect is, try your very hardest not to go down the same path- it is a very bumpy and most unenjoyable ride.

So, if you want to have a happy and fulfilling retirement, try and do some or all of the following:

1. Ideally, chose your own retirement time rather than having to retire on a set date as I did.

2. **Have enough money put aside to finance you for up to another 20 years**

3. Most importantly, plan for your retirement: work out what you want to do and how you want to spend your time. Some of my colleagues play golf or tennis 2 or 3 times a week, some go sailing and many travel regularly.

4. Offer to babysit your grandkids, they are a great joy, but don’t expect your kids to want to look after you too much, most of them are in the fast lane in life and are busy, busy, busy.

5. Try voluntary work, there are literally hundreds of areas to get involved in. My son and I joined the ‘people’s army’ during the Brisbane floods and it was an amazing experience.

6. Go to the library, join a book club, learn another language.

7. Join a men’s shed: there are 492 men’s sheds around Australia at the last count, and they specifically target men who are at a bit of a loose end.

8. Above all, look after your partner/spouse; take them travelling, regale them, feed them, dress them in finery-after all, they have looked after you for 40 years or even more.

9. Grow wine, go farming, rear some cattle, start making sheep or goat cheese.

10. Do some part-time work, maybe for one day a week, but no more!
11. Become a grey nomad, tow that caravan around Oz, go on a cruise, or simply fly to different countries.

I think the list is endless, but it comes back to planning, to realising that your life is going to change and to realise that this is a period of your life that is certainly taking a different direction and most of all, is to be enjoyed!

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**References**


