Imagine you are 60

A view of the next decade for 50-year-olds in the 1958 British birth cohort study as they enter the 'third age'

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Abstract

The aim of this paper is to provide a preliminary descriptive analysis of a sub-sample of responses to an open ended question that asked members of the 1958 British birth cohort, when they were surveyed at age 50, to 'Imagine you are 60...'. The focus is on the broad themes that are included in individual responses, and the vocabulary used by cohort members. The aim is to provide a descriptive overview of this resource and some suggestions for different approaches to analysis. The paper provides a more detailed focus on and description of what cohort members said about how they imagined their health to be in ten years time. It also provides an analysis of the patterning of responses in terms of cohort members' gender, social class and self-reported health status.

Introduction

'There is a principle which I believe we should adopt as we contemplate the facts of growing old. We have to conduct our lives as far as possible, not simply in remembrance of our former, but in the presence of our future, selves.' (Laslett, 1989, p.22)

Individuals' experiences of, and aspirations for, retirement have changed dramatically over the past fifty years. Retirement was once viewed as the loss of employment and as a time when an individual became dependent upon the state. However it is increasingly being understood as the *'*acquisition of leisure', and therefore as something to strive for (Gilleard and Higgs, 2000; Gilleard et al., 2005). Linked to this positive view of a stage in life after employment, the 'third age' has been conceptualised as a period when individuals are relatively free from the responsibilities of work and dependent children, giving them more time for leisure and 'self-actualisation'. It is defined in comparison to the second age – a time of adult life when careers are being established and children cared for – and with the fourth age, when health and capability has declined and the individual has become dependent on others (Laslett, 1989).

Given that the definition of the third age is dependent on an individual's freedom from employment and caring responsibilities for dependent children, but also on that individual still being physically capable, it is unsurprising that researchers use different chronological age boundaries in referring to this stage of life. For example, the broadest definition suggests that the third age can include middle age, 50 to 74 (e.g. Blane et al., 2007), whereas others use the much more narrow parameters of 65 to 74 (e.g. James and Wink, 2006). Gilleard and Higgs (2005) have stressed that the third age should be viewed less as a specific chronological age period, but rather defined as a cultural field determined by continued opportunities for participation in consumer society. Indeed Laslett (1989) repeatedly defines the third age as the age of fulfilment and personal achievement. Laslett argues that 'the ages should not be looked upon exclusively as stretches of years, and the possibility has to be contemplated that the Third age could be lived simultaneously with the Second Age or even the First' (Laslett, 1989, p.4).

In recent years there has been increasing research interest in the third age and the extent to which there is empirical evidence that the 'ideal' described by Laslett is, or can be, a reality for the majority of the population (Carr 2008). One motivation for this is the increasing numbers of the population who have reached this life stage due to the rise in fertility rates in the 20 years after the Second World War and increases in life expectancy. In other words, the fact that the baby boomers have now reached their fifties and sixties has led to a growth of research in this area (Gilleard and Higgs, 2007; Biggs et al., 2008; Phillipson and Higgs, 2008). In this paper the focus is on a sample from a cohort of individuals born in 1958, the second wave of the baby boom in Britain.

This is primarily a descriptive paper. I explore the responses to an open-ended question in a self-completion questionnaire, which asked individuals who were 50-years-old to 'Imagine you are 60' and write a few lines about their lives (further details of data collection and exact wording are provided on page 4 below). This paper also draws upon quantitative data from a structured face-to-face interview, conducted with the same sample of individuals from the

1958 British birth cohort study. A key question here, which relates to the concept of the 'third age', is to what extent cohort members expect themselves to be healthy and capable at age 60. Given the size and nature of the sample available for analysis, the aim is both to draw some broad conclusions to this question, based on the key themes and trends within the data, but also to examine how individuals' aspirations are patterned with respect to factors such as gender, social class and current self-reported health at age 50.

Following a discussion of the collection of data and approaches to analysis, the results are presented in two main sections. The first section summarises the types of responses provided by cohort members, with illustrative examples. This is provided together with an analysis of the main themes emerging in the answers to the open-ended question and an examination of how these are patterned by some of the key variables from the quantitative survey data. The second section focuses specifically on the theme of health and wellbeing. In addition to having a substantive focus on expectations about health, capability and wellbeing as individuals enter the third age, there is a secondary methodological aim, namely to demonstrate a possible approach to the analysis of a large sample of textual material in conjunction with quantitative data.

The methodology adopted here is an integrative mixed-methods approach. The main aim is to interrogate research evidence gathered using both quantitative (structured) and more qualitative (open-ended) data collection techniques in order to provide enhanced description and explanatory power that goes beyond what would be possible if a single approach was adopted (Castro et al., 2010). Elements of this methodological approach have been termed 'quantizing' – themes and topics within the qualitative text are coded so that they can be analysed using more quantitative techniques (Sandelowski et al 2009).

Given the quantity of textual material available for analysis, the initial investigative approach has been to code for key topics in the data. For example, does the cohort member mention work, family or health in his or her response. Arguably these are much broader categories than would typically be used in an approach such as grounded theory, and do not have much analytic power, or theoretical interest, in and of themselves. For example the following two responses from cohort members were both coded as including a mention of work. However whereas one writes specifically about continuing to work and building up his company so that his son can take over, the other cohort member says nothing about the nature of her current work but simply that she would like to be retired.

> *'STILL WORKING BUILDING MY COMANY UP SO MY SON CAN TAKE OVER, HEALTH OK. MARRY TO MY WIFE FOR 36 YEARS, LOVE HER TO BITS: KIDS HAVE FINALLY MOVED OUT. LIFE IS GREAT. NO MONEY PROB'S TRAVELLING ALOT.'* (N10215A)[i]

> *'Hopefully I will be retired, do a little voluntary work. Socialising with friends, shopping and enjoy lots of holidays in the sun! enjoying my grandchildren.'* (N10192L)

Coding for these key topics is therefore only a first stage in analysis. Given the large sample size it allows for a basic 'road map' to be created that describes the broad features of the data. This could be viewed as a prelude to focusing on a more detailed analysis of cohort members' aspirations within different domains, or as providing the foundations for work that focuses on sub-groups within the cohort that are of particular substantive or theoretical

interest. Given the quantity and rich nature of the data available, the aim of this working paper is to provide a top-level, descriptive overview of some of the key features of the data. This will then facilitate decisions about what further, more detailed, analysis is likely to be productive and of interest given the quality and nature of the data. The data described here has been anonymised and documented and is now available from the UK data service for other researchers to make use of this rich resource. The study number is SN 6978 and the direct link is: http://www.esds.ac.uk/findingData/snDescription.asp?sn=6978 .

This type of broad descriptive analysis also allows for subsequent analyses of sub-samples of data to be understood in the wider context of responses from across the cohort. For example, as will be demonstrated below, if the focus is on those with chronic health problems at age 50 and how they conceptualise the next ten years, their responses should be understood against the backdrop of the vast majority of cohort members who describe themselves as in good or excellent health and write in optimistic terms about their health and capability at age 60.

The data described here may be seen as lacking in detail and depth to researchers used to working with transcripts from unstructured or semi-structured biographical interviews. However a strength of the data is that they capture the 'voices' of such a diverse sample and that they can be understood in the context of a great deal of detailed structured data collected over a lifetime. The challenge therefore is to allow for these individual voices to be heard while not overemphasising the significance of any single response.

Arguably cohort members' responses to the invitation to 'Imagine you are 60' are interesting, not just in what they tell us about individuals' hopes and expectations for the future, but also because they reveal something of the strategies that individuals use to maintain a sense of identity over time. It is worth reflecting on the fact that this question is something of an unusual or provocative one in the context of a study that is mainly asking individuals about their current circumstances (job, housing, household members) or about the recent past (for example reason for house moves, dates of changing job or becoming unemployed). The question can be interpreted, or read, as a parallel to the question asked of the same individuals when they were eleven to 'Imagine life at 25' (Elliott and Morrow, 2007; Elliott, 2010). However, it seems less unusual to ask children about their aspirations for young adulthood than to ask adults in middle age about their aspirations for life in a decade's time, or as they begin to enter the third age. As I have argued elsewhere (Elliott, 2010), and borrowing from Ricoeur's work on identity (Ricoeur, 1988; 1991), these questions about future aspirations implicitly require individuals to construct an identity that maintains continuity, or permanence, over time while also displaying change and growth. In other words, in order to display competence, cohort members' responses need to demonstrate a degree of continuity with their current circumstances and sense of self while also suggesting how their lives are expected to change as they enter the next stage of the life course.

Methodology

Data collection

Those 1958 cohort members who were eligible to take part in the age 50 survey were sent a paper self-completion questionnaire by post and asked to be complete it in advance of their face-to-face interview. The questionnaire was A4 size and 16 pages long. It was estimated to take approximately 20 minutes to complete. Questions focused on how cohort members spend their leisure time, how they rate their health, and whether their health impacts on their daily life and overall wellbeing. The questionnaire also included a 50-item personality inventory (Goldberg, 1999). Where cohort members had not completed the questionnaire by the time the interviewer arrived, they were asked if they could spare the extra time at the end of the interview to complete it then and there. Where this was not possible, the interviewer arranged to return to pick up the completed questionnaire or left a free post envelope for the respondent to return it to the office themselves. In this way the response to the paper self-completion questionnaire was maximised. The fieldwork agency (NatCen) recorded that out of 9,790 productive interviews, 8,844 paper questionnaires were completed (90.3%) (Bhamra et al., 2010). There were no instances where a paper questionnaire was received but there was no main interview. However, analysis of useable data from the self-completion questionnaire suggests a slightly lower response rate with 8,788 completed questionnaires returned (89.8%).

The final question in the paper questionnaire was an open-ended question which asked respondents to imagine that they were 60 years old. The wording of the question was:

> *Imagine that you are now 60 years old...please write a few lines about the life you are leading (your interests, your home life, your health and wellbeing and any work you may be doing).[ii]*

As highlighted above, this question parallels one asked of the cohort members when they were 11-years-old, when they were asked to imagine life at age 25. In contrast to the question asked in childhood, which instructed children that 'you have 30 minutes to complete this', the 'Imagine that you are 60' question asked respondents to 'write a few lines'. Answering an open-ended question, particularly one of this nature, requires considerably more cognitive effort than answering the closed questions in the questionnaire. As one might expect, the level of non-response on this item was considerably higher than any of the closed items (16 per cent compared with the highest level of non-response to a closed item which was two per cent)[iii].

One question raised about this open-ended question is whether it would have been better to ask individuals to imagine their life at age 65 rather than at age 60. Many individuals will still expect to be working at age 60 (with a state pension age for men in this cohort currently projected to be 66). However, it could also be argued that a proportion of individuals will expect to take early retirement[iv]. There is also an advantage in asking individuals about their expectations in ten years time rather than fifteen years time because those expectations and aspirations will be more likely to be grounded in their current situation and therefore to be more realistic projections of current circumstances.

This type of qualitative data also has the advantage that it can simultaneously tell us something about individual hopes and aspirations for the next stage in the life course, but taken as a whole will also reveal something of societal expectations, or the current discourse, around the third age.

Approaches to analysis

The inclusion of an open-ended question as part of a structured (or 'quantitative') large-scale longitudinal cohort study opens up a great many possibilities for analysis. While some researchers will be interested in the content of cohort members' expressed aspirations about the future, others may be more interested in the form of their answers, the way that they express themselves, the syntactic structure of their responses, their grammar, spelling or even their handwriting.

In the current paper the focus is on the broad content of cohort members' responses and more specifically on their aspirations for their health and wellbeing at age 60. Rather than attempting a detailed analysis of the 7,383 responses received to the question, the approach in this paper is to conduct preliminary analysis of 500 cases.

Analysis of the data was facilitated by use of the software package Nvivo9 (Bazeley, 2007). This allowed for the textual responses to the open-ended question to be coded according to dominant topics. All the material related to a specific topic, or combination of topics, could then be retrieved for further analysis. Use of Nvivo9 also made it possible to export a simple rectangular dataset indicating the topics coded for each individual cohort member's response, that is as a set of dichotomous variables. This allowed for more quantitative analysis of how the topics within the textual responses were patterned in relation to other variables collected as part of the survey data. Further discussion of the use of Nvivo to aid analysis is included as Appendix 1.

At the top level, the coding scheme included nine main categories or topics:

- Health
- Work
- Family
- Interests and leisure
- Travel and holidays
- Money
- Housing
- Time
- Other.

Many responses addressed several themes, for example this relatively brief response was coded with the five topics: interests and leisure, work, family, health, and time:

> *'My interests would take up more of my time, work would be part time and I would be spending more time with my wife pursuing as many shared interests as possible I would expect a slight decline in my health but nothing to stop me from doing what I want to do.'* (N10066F)

Results

The nature of the data and key themes

The mean word length of all 7,383 responses was 57 words, but responses varied from just a few words to over 300 words. Ten per cent of the sample provided answers over 109 words in length. Many of the responses therefore consisted of two or three sentences, and a number of cohort members provided a short set of bullet points as a response.

A preliminary analysis of 500 cases was carried out and of these, 442 had completed the self-completion questionnaire and 370 (74 per cent of the total subsample) had written a response to the open-ended question 'Imagine you are 60 years old....'. In the discussion of the themes that emerged in the written responses, any percentages reported will be based on a denominator of 370 as this is the base of written responses. However, when analysis is undertaken exploring patterns of response in relation to variables in the quantitative data, the sub-sample of 442 who completed the other questions in the self-completion questionnaire will be taken into account. This is because when examining how, for example, gender or social class are linked to patterns of response it is also important to take account of those who chose not to respond to the open-ended question.

Initial coding of the main topics that recurred in the written responses revealed that the most dominant top-level topics were work (267 - 72 per cent), health (261 - 70 per cent), family (240 – 65 per cent), interests and leisure (217 – 59 per cent), and travel and holidays (142 – 38 per cent). Themes that occurred slightly less frequently included money (98 – 26 per cent) housing (88 – 24 per cent) and time (62 – 17 per cent).

There were a small proportion of cohort members (23 of 370) who did not address any of the themes suggested by the question wording, or any of the other common topics identified above. Approximately half of these wrote that they didn't know or it was impossible to say (13 of 23) while approximately half simply wrote that they expected life to be very similar to life now.

For example:

> 'I WILL TELL YOU WHEN I'AM 60. CANT READ THE FUTURE, BUT PROBABLEY THE SAME AS NOW.'(N10361K)

or

> 'I hope at 60 years I AM About the SAMe AS NOW.' (N10059G)

As can be seen from Table 1, there were a few differences in the topics covered by men and women in answer to the open-ended question. Women were significantly more likely than men to write about health, family, and travel and holidays. However it should also be noted that these differences were not particularly large and that for both men and women in the cohort the four main topics were work, health, family and interests and leisure. In other words there is a great deal of overlap in the topics that men and women include in their responses and in many cases it was not readily apparent whether a response had been written by a man or a woman.

For example, although women were significantly more likely than men to refer to their family (e.g. children, grandchildren, spouse or partner) in their responses (62 per cent vs. 47 per cent), there were still a substantial number of men who included expectations about family life at 60 in their responses. As can be seen in the four examples below, there was also a great deal of overlap in the ways that men and women wrote about their hopes and expectations for their futures in relation to their family.

> *'I IMAGINE I AM STILL DOING THE SAME JOB & AM HAPPILY MARRIED & STILL LIVING IN THIS AREA. MY HEALTH IS GOOD & I WILL STILL ENJOY SIMILAR ACTIVITIES & ENJOY A CLOSE RELATIONSHIP WITH MY CHILDREN, HOWEVER I WORRY ABOUT WHEN I WILL BE WORKING BEYOND 65. I WOULD MAYBE LIKE TO GET INVOLVED IN VOLUNTARY/COMMUNITY WORK IF TIME ALLOWS & WOULD LIKE TO INCREASE MY PHYSICAL ACTIVITIES.'* (N10636T –male)

> *'I hope I am in good health and my partner, children and grandchild(ren) are in good health. I would like to have been able to afford to retire an be enjoying spending time with my family and friends. I want to be gardening, reading and meeting up with new people if possible.'* (N10604K – female)

> *'Still enjoying life with hopefully good health. Looking forward to maybe some grandchildren! I still hope to be working part time. I would like to be doing some more travelling to more exotic parts of the world. Still hope to be enjoying a good social life and have lots of friends.'* (N10821S – female)

> *'HOPEFULLY STILL WORKING AND IN GOOD HEALTH. MY CHILDREN WILL BE 12, 16 AND 18. I HOPE I WILL HAVE HAD ENOUGH TIME TO HAVE HELPED THEM THROUGH THEIR EDUCATION AND BROUGHT THEM UP TO BE CARING AND KIND BUT TO HAVE ENOUGH CONFIDENCE TO PROGRESS IN LIFE.'* (N10727V – male)

It is striking that, at least at the broad thematic level the responses from cohort members at age 50 are relatively un-gendered. This contrasts with the use of gender as a resource in the essays written by the cohort members at age 11, when they were asked to 'Imagine you are 25' (Elliott and Morrow, 2007; Elliott, 2010). Further analysis would be of interest here to examine how, and whether, cohort members from different social class groups may use gender in different ways in their responses. More detailed textual analysis would also help to better understand the ways in which gender is deployed in these short descriptions of expectations about the future. In addition we have included categories of social position based upon NS-SEC scheme (Rose and Pevalin 2003) and self-assessed health (also used in many other longitudinal studies such as the National Survey of Health and Development).

Table 1: Topics included in response by gender

	Cohort member's gender					
	Male		Female		Total	
	Count	%	Count	%	Count	%
Work	138	62.4%	129	58.4%	267	60.4%
Health	115	52.0%	146	66.1%	261	59.0%
Family	103	46.6%	137	62.0%	240	54.3%
Interests and leisure	103	46.6%	114	51.6%	217	49.1%
Travel and holidays	58	26.2%	84	38.0%	142	32.1%
Money	55	24.9%	43	19.5%	98	22.2%
Housing	38	17.2%	50	22.6%	88	19.9%
Time	36	16.3%	26	11.8%	62	14.0%
Other	16	7.2%	7	3.2%	23	5.2%

Table 2 shows that there was clear patterning of individual's aspirations at age 60 by social class, with significant differences between the three broad social classes for six of the different topic areas. Those in managerial and professional occupations were more likely than the other two social class groups to write about work, interests and leisure, and money. In contrast, those in routine and manual occupations were most likely to provide a response coded as 'other' and much less likely than the other two broad social class groups to write about housing or the family. Once again there is a contrast here with the essays written about the future at age 11, which showed very little patterning by social class at the level of the broad themes that were included.

Table 2: Topics included in response by broad social class groups

	(Derived) NS-SEC analytic 3 class version - person level							
	1 Managerial and professional occupations		2 Intermediate occupations		3 Routine & man occ/long-term unemp		Total	
	Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
Work	141	70.1%	59	64.8%	60	54.1%	260	64.5%
Health	122	60.7%	52	57.1%	63	56.8%	237	58.8%
Family	121	60.2%	51	56.0%	49	44.1%	221	54.8%
Interests and leisure	118	58.7%	37	40.7%	45	40.5%	200	49.6%
Travel and holidays	77	38.3%	25	27.5%	32	28.8%	134	33.3%
Money	61	30.3%	20	22.0%	10	9.0%	91	22.6%
Housing	47	23.4%	21	23.1%	12	10.8%	80	19.9%
Time	37	18.4%	10	11.0%	13	11.7%	60	14.9%
Other	9	4.5%	1	1.1%	11	9.9%	21	5.2%

Vocabulary used by cohort members

Following discussion of some of the key themes that emerged in the responses given by cohort members, we now turn attention to the vocabulary used in responses. One very useful tool in the Nvivo software is the ability to do a 'word frequency query' that counts the words used across the whole body of textual responses. Appendix 2 provides a table listing the 200 most common words used, each of which was used at least 13 times[v].

What is striking is the very positive vocabulary that is used in response to the 'Imagine you are 60' question. For example the word 'good' appears 146 times, 'enjoy' 80 times, 'enjoying' 69 times and 'happy' 75 times, (in comparison 'bad' appears only six times and the words 'sad' and 'unhappy' do not appear at all in individual responses). Clearly simply counting word frequencies in this way is a very crude indication of the discourse used by cohort members, and there is a danger that qualifying terms such as 'less' or 'not' would reverse the meaning of these words in a specific context. However it is worth noting that the word 'more' is used 177 times and the word 'less' only 17 times (in this subsample of 370 responses)[vi].

Further examination of some of these very positive terms, in the broader context of individual replies, further underlines the optimistic and positive responses provided by the majority of cohort members. For example, of the 146 occurrences of the word 'good' in 136 separate responses (ten individuals used the word twice), the majority (92) used it in relation to their health:

> *'my health is good and I'm generally happy.'* (N10097N)

> *'I hope my health would be good.'* (N10140Y)

> *'I continue to live a happy and fulfilling life with good health and a supportive husband and family.'* (N10782C)

Another smaller group (13 of 136) made generic positive comments such as 'Life is good' or 'all in all we have a good life'. Cohort members also expressed an aspiration for good holidays (five), good social life (four) and good pension or finances (four). Only four individuals used the word 'good' to express their concern that life would *not* be good at 60. For example:

> *'hearing will not be as good'* (N10008)

> *'my health may not be as good'* (N10609Q)

This analysis therefore confirms that the majority of cohort members respond positively and optimistically when asked to imagine their life at age 60.

A further way to explore and visualise the vocabulary used by cohort members is the use of a tag cloud illustrated in Figure 1 (available in Nvivo and several other software packages). This provides a visual representation of the words most commonly used by respondents. The tag cloud displays up to 100 words alphabetically in varying font sizes, where frequently occurring words are in larger fonts.

As can be seen from the tag cloud below, the word 'still' occurs very frequently which could be interpreted as an indication that cohort members are expressing an expectation and hope of stability in their lives over the next decade. The fairly frequent use of the word 'continue' in responses (n=37) adds to this sense of stability. Further detailed analysis of the context in which the word 'still' is used suggests that one key theme was people writing that they would still be working (n=95), For example:

> *'Still working in the same job.'* (N10876H)

> *'I will still be working doing a similar job to that which I do now'* (N10921V)

> *'On occasions, I still teach but it is now, when I want to rather than having to.'* (N10932Y)

A majority of people did not give details of the work that they did or the hours that they would be working, but simply wrote that they would still be working. Further analysis could be undertaken to explore in more detail how different subgroups write about their working lives and expectations for the next ten years, although it should be remembered that, with a median length of 57 words, most responses are relatively short.

A further theme that was common in responses was cohort members writing that they would still be pursuing the same interests, including having good holidays (n=70). As is evident from the examples below, the current analysis has grouped very different types of hobbies and interests into a single category. Once again, more detailed examination of responses could make distinctions between those pursuing more sedentary activities and those describing a very active life, for example:

> *'My interest will probably be the same. Still supporting West Ham (& still awaiting for them to win something)'* (N10281L)

> *'I'll still be doing my crossword & sudoku puzzles (- but probably need stronger glasses)'* (N10926A)

> *'Hopefully I would be leading a full and active life. Still enjoying my horseriding and going to the gym also walking my dogs.'* (N10160C)

As highlighted in the introduction, the invitation to 'Imagine you are 60' requires cohort members to maintain a continuous identity over time while also demonstrating an understanding of the nature of ageing and the different stages in the life course. Use of the word 'still' can therefore be interpreted as a way for cohort members to assert their individuality and their stability of identity through time.

Figure 1: Tag cloud illustrating the 100 most common words in responses (excluding one and two letter words such as 'I' and 'me')

able about abroad active after age all also been being both can children continue daughter doing enjoy enjoying enough expect family feel few fit forward friends from full garden gardening going golf good grandchildren happy has have having health healthy holidays home hope hopefully house husband i'm interests job just keep left life like live living look looking lot love married may maybe money more much myself new now our out own part probably retired retirement same see still them things think time some spend spending travel very voluntary walking week well when which who wife work working would years

Health and wellbeing

Good health and health behaviour

Following initial coding for main themes, the 261 responses that specifically mentioned health were analysed in more detail. New, more fine-grained codes were developed based on the themes that recurred most frequently in relation to health in cohort members' responses. The two most dominant themes were first cohort members stating that they would be 'fit and healthy' or 'in good health' at age 60 (181 responses) and second cohort members writing about future health behaviour (65 responses). In the majority of responses health was just briefly mentioned, for example:

> *'Hopefully myself and all my family are still healthy and happy, and I am still fit enough to continue working.'* (N10174J)

and

> *'HOPE IN GOOD HEALTH, THINKING OF RETIREMENT SPENDING TIME WITH GRANDCHILDREN, MORE TIME WITH WIFE, LESS STRESS, NO MORTGAGE THINKING OF MOVING AWAY. BUT NEED TO BE NOT FAR FROM FAMILY & FRIENDS.'* (N10258M)

Although, the majority of those who wrote about having good health did not write about health behaviour, there was some overlap between these two categories so that 42 cohort members mentioned health behaviour and having good health. This meant that almost two thirds of those who wrote about health behaviour also wrote about being in good health, for example:

> *'I have an active life with interests such as yoga, line dancing, swimming, gym, ...My health is good and I hope to maintain an active life for as long as possible.'* (N10331D)

and

> *'My physical health is excellent, regular gym, pilates & yoga sessions (several per week) have led to this.'* (N10665Y)

It is also interesting to examine the relatively small group of 23 cohort members who are somewhat unusual in writing about health behaviour, but who do not mention having good health at age 60. For some of these, the emphasis was on active health behaviour as a leisure activity and the aspiration to have more time for this, but with no explicit mention of good health. For example:

> *'- PLAN TO STILL BE WORKING PART TIME. PLAN TO EXPAND MY INTERESTS AS MY CHILDREN WILL BE INDEPENDENT. @- PLAN TO USE MY ADDITIONAL FREE TIME TO DO MORE EXERCISE, ESPECIALLY OUTDOORS, CYCLING AND WALKING. @- PLAN TO GET INVOLVED IN VOLUNTARY WORK AGAIN. @- HOPE MY CHILDREN WILL NOT BE LIVING AT HOME BUT REASONABLY CLOSE SO WE SEE EACH OTHER FREQUENTLY. @- HOPE MY ASTHAMA WILL CONTINUE TO BE WELL-MONITORED AND I HAVE GOT MY WEIGHT DOWN!'* (N10027Y)

For another group, health behaviour was seen as necessary to maintain health or stop it deteriorating, but these individuals did not write about having good health at age 60. For example:

> *'I am interested in continued physical exercise to maintain ability in later life. @At home our children have now left and we are enjoying the change. @The main aim is to develop sufficient wealth to maintain life to a good standard, without working.'*(N10222Z)

Specific health behaviours

Further analysis of the vocabulary used by cohort members shows that the specific examples of health behaviour mentioned most frequently are: walking (44) and walks (11); exercise (16); gym (11); yoga (12); gardening (28); golf (24); swimming (9); dancing (13);

cycling (6). The words fit (43) and active (45) also occurred in many responses. Examples include:

'I am self-employed and run a business with my husband. We have been in business for nearly 20 years and have constantly been hard working and dedicated. @I have an active life with interests such as yoga, line dancing, swimming, gym, we have a good social life together with friends. @Both of our daughters have now left home and we are adjusting to life together again. @My health is good and I hope to maintain an active life for as long as possible.' (N110331D)

It is striking in cohort members' responses that the emphasis is on exercise rather than other types of health behaviour such as dieting, smoking or drinking less. This could be an artefact of the way that the question was posed – which perhaps encouraged cohort members to talk about leisure activities. It is noteworthy however that there were only a very few cohort members who mentioned other types of health behaviour, for example:

'I KEEP FIT CYCLING, WALKING AND SWIMMING, EAT HEALTHILY AND DON'T DRINK MUCH OR SMOKE AT ALL' (N10561R)

and

'I'M STILL WORKING AND KEEPING FAIRLY ACTIVE WITH SUCH THINGS AS PLAYING FOR MY LOCAL BOWLS CLUB AND GOING OUT FOR MEALS AND SOCIALISING IN GENERAL. I AM STILL TRYING TO GIVE UP SMOKING BUT FINDING IT HARD. I'M STILL MARRIED TO THE SAME WOMAN I MARRIED IN 1979. I AM EVER THE OPTOMIST, GLASS HALF FULL RATHER THAN HALF EMPTY, AND STILL ENJOYING LIFE.' (N10116Y)

Poor health

There were 63 cohort members who wrote about having poor health or specific health problems at age 60, For example:

'I think it will be as it is now still working in Residential Home. Married, my health may not be as good.' (N10609Q)

and

I WILL STILL BE LIVING IN THIS HOUSE MY HEALTH WILL GET WORSE. MAYBE BE IN A MOBILITY SCOOTER. GRANDCHILDREN WILL BE IN SECONDARY SCHOOL. MIGHT HAVE MORE GRANDKIDS. DEFINTLY WILL NOT WORK (N10512G)

Of these 63 individuals, there were 15 that were simultaneously coded as writing about being in good health and as having health problems. Although this may seem contradictory, it reflects the rather equivocal way that some cohort members responded about their expected health at 60, for example:

> *'Now that I'm sixty I hope for:- 1) my health still be good except for more aches and pains a few extra wrinkles and thinning grey hair. @2) still be in a happy, secure and loving relasionship with my current partner. @3) Doing parttime work, hopefully in a 'caring' position. @4) Still walking and with careful spending travel more.'* (N10374Q)

and

> *'At age 60 I am in good health, limited occasionally by a back injury from 10 years ago. I lead an active life , enjoying walks on Dartmoor and attending weekly dance classes and social events with my husband.'* (N10319H)

Clearly one facet of qualitative, or textual, responses to open-ended questions is that they are more able to reflect the uncertainties and contradictions in individuals' expectations about the future. These responses also underline the multifaceted nature of health such that the body may be seen as having specific failures, but as fundamentally still healthy.

Responses that included text about poor health could be further disaggregated, and the main themes which emerged were physical problems with mobility, etc. (26); having a chronic disease or condition (18); or having deteriorating health (17), that is having experienced a specific decline in health rather than just poor health.

Those with physical and mobility problems most often wrote about having problems with knees, general problems with joints, or arthritis. For example:

> *'My Arthritis will be worse but hopefully not curtailling too much activity'* (N10204X)

> *'HEALTH WISE EVERYTHING SEEMS OK, MY KNEES STILL PLAY UP OCCASIONALLY.'* (N10702L)

The specific health conditions mentioned by cohort members were quite heterogeneous, but among the 18 analysed here there were several mentions of diabetes and asthma.

A relatively small sub-group of cohort members (17) specifically talked about their health in terms of likely decline with age. These extracts provide examples of the type of statements made by these individuals:

> *'Expect to be doing the same job & living a similar life (interests etc) Health may have deteriorated and prevent me doing some of my activities but will continue where possible.'* (N10053A)

> *'My health will probably suffer as a result of the increasing age'* (N10273L)

> *'SAME JOB, NO CHANGE IN MY LIFE EXCEPT MY HEALTH GOING DOWN HILL'* (N10406F)

What is striking therefore is what a small proportion of cohort members wrote about their health deteriorating, in comparison with the large group who are positive and optimistic about their imagined health in ten years' time.

Table 3 focuses on the associations between cohort members' self-assessed health (as measured using a question with a response set of five categories in the main quantitative interview), and expectations about health at 60 as expressed in answers to the open ended question. It is important to note here that the majority of the cohort at age 50 rate their health as good, very good or excellent in the quantitative interview. Indeed only 16.5 per cent of cohort members (73 of the 442 who completed the questionnaire) rated their health as only fair or poor. In Table 3 significant associations are indicated using shading and it is reassuring that there is considerable correspondence between these two different types of data on cohort members' health. In particular it can be seen that there is a clear, almost linear, relationship between self-rated health and those mentioning good health in response to the open-ended question. In other words, among those with excellent self-rated health nearly 60 per cent mention expectations of good health at age 60 compared with only 20 per cent with 'fair' health and none with 'poor' health. In addition whereas no cohort members with 'excellent' self-reported health make mention of a chronic condition in their written answer to the open-ended question, this rises to over ten percent for those with 'fair' or 'poor' self-rated health, although it should be remembered that numbers are very small here.

Table 3: Self-reported health at 50 and health expectations at 60

| | Cohort member's self-assessment of health (at 50) | | | | | | | | | | | |
| | Excellent | | Very good | | Good | | Fair | | Poor | | Total | |
	Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
Health	57	64.0%	83	61.0%	85	59.4%	27	50.0%	9	47.4%	261	59.2%
Good Health	51	57.3%	65	47.8%	54	37.8%	11	20.4%	0	0.0%	181	41.0%
Health Behaviour	20	22.5%	17	12.5%	22	15.4%	6	11.1%	0	0.0%	65	14.7%
Poor health	4	4.5%	12	8.8%	25	17.5%	14	25.9%	8	42.1%	63	14.3%
Deteriorating health	1	1.1%	2	1.5%	4	2.8%	7	13.0%	3	15.8%	17	3.9%
Chronic condition	0	0.0%	1	.7%	8	5.6%	6	11.1%	3	15.8%	18	4.1%
Physical capability	3	3.4%	6	4.4%	8	5.6%	6	11.1%	3	15.8%	26	5.9%

Table 4 shows patterns of responses about health by gender, and significant results (using the Chi square test) are shaded. It can be seen that, in comparison with men, women are significantly more likely to write about their health and specifically about having good health in response to the 'Imagine you are 60' question. Women are also slightly more likely to write about health behaviour and having a chronic condition although the numbers are relatively small here and this does not reach statistical significance.

Table 4 : Gender and health expectations at 60

| | Cohort member's gender | | | | | |
| | Male | | Female | | Total | |
	Count	%	Count	%	Count	%
Health	115	52.0%	146	66.1%	261	59.0%
Good health	80	36.2%	101	45.7%	181	41.0%
Health behaviour	28	12.7%	37	16.7%	65	14.7%
Poor health	27	12.2%	36	16.3%	63	14.3%
Deteriorating health	9	4.1%	8	3.6%	17	3.8%
Chronic condition	5	2.3%	13	5.9%	18	4.1%
Physical capability	12	5.4%	14	6.3%	26	5.9%

Table 5 displays patterns of responses by social class. In this analysis there were no significant associations between class and cohort members' expectations about health at 60. Indeed, it is noteworthy that such a small proportion of those in routine and manual occupations mentioned having a chronic condition at age 60. One interpretation of this is that there is a selection effect operating, such that those with chronic conditions in manual occupations are more likely to be out of the labour market at age 50 and to be classified as short-term or long-term sick. Further inspection of the quantitative data showed that among this sample of 442 (who completed the questionnaire) there were 21 cohort members classified as out of the labour market due to poor health. Of these nearly a third (six) wrote about poor health and nearly a fifth (four) wrote about having a chronic disease or condition. Once again, due to the preliminary nature of this analysis, the numbers are too small to draw firm conclusions, but this is an indication that further work could be conducted focusing specifically on those who are out of the labour market due to ill health and how they write about expectations for life at age 60. Once the whole sample of 9,790 responses is considered, the subsample of those out of the labour market for health reasons at age 50 amounts to 382 responses, and of these, 233 returned the self-completion questionnaire and also respond to the 'Imagine you are 60' question.

Table 5: Social class and health expectations at 60

| | (Derived) NS-SEC analytic 3 class version - person level | | | | | | | |
| | Managerial and professional occupations | | Intermediate occupations | | Routine & man occ/long-term unemp | | Total | |
	Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
Health	122	60.7%	52	57.1%	63	56.8%	237	58.8%
Good health	90	44.8%	35	38.5%	45	40.5%	170	42.2%
Health behaviour	38	18.9%	12	13.2%	11	9.9%	61	15.1%
Poor health	27	13.4%	14	15.4%	13	11.7%	54	13.4%
Deteriorating health	10	5.0%	1	1.1%	4	3.6%	15	3.7%
Chronic condition	7	3.5%	4	4.4%	1	.9%	12	3.0%
Physical capability	11	5.5%	8	8.8%	5	4.5%	24	6.0%

Conclusions and discussion

In summary, the responses to the open-ended question 'Imagine you are 60' contain a few key themes that are repeated in many of the short textual answers written by cohort members. First there is a real optimism and positive tone in the majority of responses. Pleasure and leisure occupies the foreground as distinct to money worries and negativity, which is of particular interest given that the data was collected at the start of the economic downturn at the end of 2008. As documented above, this is evident in the frequent use of words such as 'good' and 'enjoy'. A second theme is that of stability. Cohort members thought that they would still be working, still pursuing the same hobbies and interests and still hoping to be healthy.

One advantage of the large sample of textual responses available for analysis is the ability to investigate the patterning of responses by key attributes such as gender and social class. What is striking here is that although there are some significant differences in the topics covered by men and women, aspirations for life at 60 are remarkably un-gendered. However there is much more evidence that responses are patterned by social class so that, for example, those in managerial and professional occupations are three times more likely to write about money than those in routine and manual occupations.

The evidence reported here suggests that the responses to the open-ended question at age 50 are in the majority of cases consonant with the quantitative or more structured survey data. For example, those who reported their health to be 'poor' in the survey were very likely also to mention poor health when imagining life at 60. However the more qualitative nature of the responses to the open-ended question also allows for more ambiguous or equivocal assessments of health. This is an important reminder that individuals cannot always fit themselves neatly into the seemingly mutually exclusive categories that we, as researchers, provide.

One limitation of the current analysis is that the focus is on a sub sample of just 500 cases. This makes storage and manipulation of the text in Nvivo9 more practical, and is appropriate for a preliminary descriptive analysis for core themes. However, in the descriptive quantitative analyses reported here, the small sample size increases the risks of making a Type II error, that is, of failing to reject the null hypothesis that there is no association between an aspect of the content of the responses and an attribute of the cohort members or other external variable. Further analysis could focus on a larger sample, but an alternative strategy would be to select a sub-sample that is of specific interest, or to compare sub-samples (for example two or more contrasting groups and ensure that there are sufficient numbers in each sub-sample to detect differences that are of substantive interest).

The aim of this paper has been to provide a descriptive overview of the type of responses provided by cohort members to the question 'Imagine you are 60...' in order to encourage further analysis of the qualitative data in tandem with the quantitative longitudinal data available from the 1958 cohort. The analyses reported above therefore in many cases raise more questions than they answer and it is hoped that other researchers will take up the challenge of examining and investigating this rich research resource in more detail.

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Appendix A: Using Nvivo to analyse large samples of open-ended questions

What is unique and challenging about the data analysed here is the combination of having textual responses to an open-ended question from so many (over 7,000) individuals. The aim of this appendix is to provide an overview of some key approaches to analysis in this context. The intention is not to provide detailed instructions for the use of Nvivo9. These can be found in the tutorials and online help at:

http://help-nv9-en.qsrinternational.com/nv9_help.htm

Importing data and setting up a project

There are two different ways of importing this type of data into NVivo9. Either:

1. Each textual response can be contained within a separate file (e.g. word, rtf, or a pdf) and each of the files can then be loaded into Nvivo. This allows for data on the attributes of each of the cases (in this case each cohort member) to be imported separately as a classification sheet.

2. The textual responses can be included as part of a simple rectangular database (e.g. Excel) with a column indicating the unique identifier of the case and a column containing the text of the response from the cohort member. When the data is imported in this way (i.e. as a dataset), it is important to specify which fields are classifying and which fields are codeable. As discussed below analysis of patterns of responses by attributes such as gender, health status and social class are possible by exporting a summary matrix where cases form the rows and nodes form the columns.

In this project the second option was followed. This had the advantage that only a single file needed to be imported into Nvivo and it kept the Nvivo project relatively small. The 500 cases analysed here created a project of approximately 24MB.

Coding for themes: Nodes

A key advantage of Nvivo is that it allows for portions of text to be coded by theme so that a section of text (or the whole of a brief response) can be highlighted and then have a code or 'node' attached to it. These codes can be developed 'in vivo' as each response or section of text is read or, as was the case in the current research, a subsample of 30 to 50 responses can be read so that a typology of key themes is developed based on frequently recurring topics, and then this typology is applied to the broader corpus of responses. A useful feature of Nvivo is that the responses, or sections of text, that have been coded using a specific node can easily be retrieved. These can then be coded with more detailed sub-categories of the main topic or theme. In the current research, for example, health was applied as a top level code or 'node' and then all of the 261 responses that included some mention of health were retrieved and additionally coded according to whether poor health, health behaviour, deteriorating health, etc. were included. Each section of text can be coded using multiple nodes so that there is no need to create a system of mutually exclusive codes.

Creating matrices to explore results

In Nvivo9 under the 'Explore' menu a 'matrix coding query' can be used to create a table showing the relationships between different patterns of results. For example it is possible to look at the inter-relationships between the key topics in the responses, coded as nodes. In the example below the nodes 'health', 'housing', 'Interests and leisure', and 'work' are tabulated with the nodes 'money', 'time', and 'travel and holidays'. It can be seen, for example, that there are 29 responses that mention both money and housing. One of the features of Nvivo is that by clicking on the number 29, the responses classified in this way would then appear as a separate sheet. This makes it possible to explore the data in lots of different ways and to focus on specific subgroups of responses that are of most interest.

nodes by nodes	A : Money	B : Time	C : Travel and ...
1 : Health	73	40	106
2 : Housing	29	15	44
3 : Interests a...	58	51	96
4 : Work	81	50	112

It is also possible to create a matrix where each row corresponds to an individual cohort member and each column corresponds to a topic/theme or node. This is accomplished by ensuring that each separate case in the database is allocated to a separate node when the data file is imported to Nvivo. There will then be a Node corresponding to the whole dataset and within it subnodes that effectively label each case.

The extract from a matrix below illustrates how this type of matrix differs from the node matrix shown above. Here, because each row is a separate cohort member's response, each node is effectively a dichotomous variable which takes the value 0 if the node has not been applied to the response and 1 if the node has been applied to the response. For example the extract below shows that whereas case N10001N has mentioned housing in his or her response, case N10008V has mentioned health and interests and leisure, but has not mentioned housing. This type of matrix can be exported from Nvivo9 into and further manipulated using software such as Excel, SPSS or STATA.

sample matrix for appendix	A : Health	B : Housing	C : Interests and Leisure
1 : N10001N	0	1	0
2 : N10002P	1	0	0
3 : N10007U	0	1	1
4 : N10008V	1	0	1
5 : N10009W	1	0	1
6 : N10011Q	1	0	0
7 : N10012R	0	0	0
8 : N10013S	0	0	0

Exporting data for analysis in SPSS

A matrix coding query can be used to create a rectangular dataset with cases representing the rows and nodes of interest representing the columns. This can then be exported for analysis in a standard statistical package such as SPSS. It is worth noting however that these matrix queries can take several minutes to run in Nvivo9. For example a matrix with 500 cases and six nodes took approximately five minutes to run. This makes it somewhat impractical to contemplate analysing all 7000 plus cases in Nvivo9. A more appropriate strategy is either to select randomly a subsample of around 500 cases for descriptive and exploratory analysis or to focus on specific subgroups within the cohort, defined by other variables or attributes measured in the survey. For example it would be possible to carry out analysis of the aspirations of specific occupational groups (e.g. teachers, doctors) in the sample or of those who rate their health as poor.

Word frequencies

One very useful tool in the Nvivo9 software is the ability to do a word frequency query that counts the words used across the whole body of textual responses. Appendix B provides a table listing the 200 most common words used, each of which was used at least 13 times[vii].

Tag clouds

A tag cloud provides a clear visual representation of the relative frequency of words in a body of text. In this case what is of interest is the dominant vocabulary used by cohort members in response to the question asking them to imagine life at 60. Nvivo 9 has a simple facility that provides a tag cloud. However if the data has been input as a single dataset with no classification provided for the attributes of cohort members, tag clouds can only be provided for the whole sample rather than for subsets of the sample which might be of substantive interest.

There is other software on the web that also allows for the creation of tag clouds. For example: http://worditout.com.

Appendix B: Word frequencies in responses to the 'Imagine you are 60...' question from the first 500 cases (370 written responses)

Table 1: Word frequencies ranked by frequency

Word	Count	Word	Count
I	1062	wife	62
my	661	holidays	60
still	379	friends	57
have	373	very	56
time	252	well	56
am	213	all	55
life	183	healthy	54
would	178	house	54
more	177	much	53
health	176	married	52
we	152	some	52
Good	146	job	51
Now	146	part	49
working	146	having	48
children	143	interests	48
Hope	139	looking	48
Work	131	out	48
home	109	probably	47
Like	93	active	45
60	90	from	45
hopefully	87	can	44
do	86	walking	44
doing	85	fit	43
years	81	spend	43
enjoy	80	when	43
our	79	also	42
happy	75	has	42
living	73	going	41
retired	73	live	40
grandchildren	72	go	39
family	71	see	39
me	71	things	39
enjoying	69	continue	37
husband	66	money	37
same	66	being	36
so	66	full	36
able	64	think	36
up	62	week	36

Word	Count
i'm	35
left	35
them	35
travel	35
maybe	34
who	34
may	33
an	32
after	31
feel	31
few	31
forward	31
both	30
daughter	30
enough	30
own	30
retirement	30
abroad	29
been	29
keep	29
gardening	28
myself	28
spending	28
garden	27
lot	27
10	26
age	26
voluntary	26
about	25
expect	25
just	25
look	25
love	25
which	25
golf	24
new	24
old	24
retire	24
together	24
travelling	24
local	23
playing	23
take	23
2	22

Word	Count
back	22
get	22
had	22
partner	22
regular	22
don't	21
financially	21
help	21
year	21
although	20
day	20
etc	20
helping	20
most	20
settled	20
similar	20
activities	19
days	19
perhaps	19
taking	19
two	19
visit	19
away	18
each	18
imagine	18
leisure	18
long	18
one	18
other	18
possibly	18
want	18
3	17
around	17
better	17
change	17
less	17
lots	17
nice	17
off	17
only	17
son	17
than	17
too	17
us	17

Word	Count
what	17
even	16
exercise	16
little	16
moment	16
mortgage	16
visiting	16
any	15
could	15
hours	15
involved	15
many	15
possible	15
reading	15
world	15
ago	14
business	14
comfortable	14
current	14
down	14
happily	14
moved	14
music	14
over	14
should	14
times	14
yrs	14
bit	13
country	13
dancing	13
future	13
getting	13
grand	13
hobbies	13
holiday	13
keeping	13

Table 2: Top 200 words in alphabetical order

Word	Count
2	22
3	17
10	26
60	90
able	64
about	25
abroad	29
active	45
activities	19
after	31
age	26
ago	14
all	55
also	42
although	20
am	213
an	32
any	15
around	17
away	18
back	22
been	29
being	36
better	17
bit	13
both	30
business	14
can	44
change	17
children	143
comfortable	14
continue	37
could	15
country	13
current	14
dancing	13

Word	Count
daughter	30
day	20
days	19
do	86
doing	85
don't	21
down	14
each	18
enjoy	80
enjoying	69
enough	30
etc	20
even	16
exercise	16
expect	25
family	71
feel	31
few	31
financially	21
fit	43
forward	31
friends	57
from	45
full	36
future	13
garden	27
gardening	28
get	22
getting	13
go	39
going	41
golf	24
good	146
grand	13
grandchildren	72
had	22
happily	14
happy	75

Word	Count
has	42
have	373
having	48
health	176
healthy	54
help	21
helping	20
hobbies	13
holiday	13
holidays	60
home	109
hope	139
hopefully	87
hours	15
house	54
husband	66
i	1062
i'm	35
imagine	18
interests	48
involved	15
job	51
just	25
keep	29
keeping	13
left	35
leisure	18
less	17
life	183
like	93
little	16
live	40
living	73
local	23
long	18
look	25
looking	48
lot	27

Word	Count
lots	17
love	25
many	15
married	52
may	33
maybe	34
me	71
moment	16
money	37
more	177
mortgage	16
most	20
moved	14
much	53
music	14
my	661
myself	28
new	24
nice	17
now	146
off	17
old	24
one	18
only	17
other	18
our	79
out	48
over	14
own	30
part	49
partner	22
perhaps	19
playing	23
possible	15
possibly	18
probably	47
reading	15
regular	22

Word	Count
retire	24
retired	73
retirement	30
same	66
see	39
settled	20
should	14
similar	20
so	66
some	52
son	17
spend	43
spending	28
still	379
take	23
taking	19
than	17
them	35
things	39
think	36
time	252
times	14
together	24
too	17
travel	35

Word	Count
travelling	24
two	19
up	62
us	17
very	56
visit	19
visiting	16
voluntary	26
walking	44
want	18
we	152
week	36
well	56
what	17
when	43
which	25
who	34
wife	62
work	131
working	146
world	15
would	178
year	21
years	81
yrs	14

Notes

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[i] The use of capitals or lower case in the extracts from individual responses presented here reflects the mode of writing with which individuals responded to the question.

[ii] This question had been piloted as part of the development work for the 2008 sweep of the study and was found to elicit more detailed responses than a retrospective question asking cohort members about the most important things that had happened over the past five years (Brown, 2008).

[iii] However, unlike overall levels of response to the questionnaire and high levels of item non-response, bivariate analyses revealed no significant associations between levels of response to the open question and sex, presence of partner, or qualifications.

[iv] Emerson and Tetlow (2006) analyse data from the English Longitudinal Study of Ageing and find that just 49 per cent of men and 31 per cent of women aged between 60 and 64 are still in work (in 2002-03).

[v] Note that stating a word has been used 13 times is not the same as saying that at least 13 cohort members used a word as clearly in some responses words will be duplicated. For example the word 'I' appears over 1,000 times even though there were only 370 written responses in total.

[vi] The word 'not' appeared 95 times in these 370 responses – inspection of the context in which 'not' was used shows great heterogeneity, making it difficult to summarise with a few analytic categories. However it is often used in the context of not working or not retired and is rarely used to reverse positive expectations.

[vii] Note that stating a word has been used 13 times is not the same as saying that at least 13 cohort members used a word as clearly in some responses words will be duplicated. For example the word 'I' appears over 1,000 times even though there were only 370 written responses in total.