



Narrating Future Selves: Perspectives on Ageing from a Scottish Cohort Born in 1936

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Abstract

In this paper we investigate the perspectives individuals take on their future at a particular chronological age, the late 70s. We seek to provide insights into the diverse ways that older people incorporate narratives about possible future selves into their decision making and planning for the future, and how this supports wellbeing. This paper is based on detailed analysis of qualitative biographical interviews conducted with 33 men and women who were all born in Scotland in 1936. These individuals were chosen because they formed part of a longitudinal cohort study called the '6-day sample study' that was initiated in Scotland in 1947. The material we draw on enables us to examine individuals' biographical narratives as recounted in a research interview alongside insights into individual capacities and wellbeing derived from more structured quantitative questionnaires. We are interested in the presentation of the ageing self in the context of an ethnographic interview, and how these presentations may complement or conflict with insights from the structured quantitative data collected in the study.

Keywords: Scotland; cohort; narrative; future; generativity; planning

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...a good definition of marking the ageing watershed? That moment when you realize - quite rationally, quite unemotionally - that the world in the not-so-far-distant future will not contain you: that the trees you planted will continue growing but you will not be there to see them.

From William Boyd's *Any Human Heart* (2002)

Introduction

In the conclusion to his novel, *Any Human Heart*, William Boyd skilfully explores one of the central dilemmas for the ageing individual: it is surely better to die *before* one loses physical capability and is no longer enjoying life. However, at this stage of the life course one may not yet feel ready for it to end. William Boyd's epic novel centres on the life of a fictitious British writer (Logan Mountstuart) born in 1906 and living through the Twentieth Century, and explores wider societal themes through him. The present paper focuses on the experiences of a single generation, now in the last decades of life, all born in Scotland in 1936. These are individuals whose parents' early lives were often marred by the First World War, but who themselves benefited from the improved educational opportunities and health care of the 1940s and 1950s.

In this paper we explore the perspectives and orientations to the future of these individuals using the lens of narrative gerontology (Kenyon, Clark, and de Vries 2001). This approach views the self in terms of a story that one seeks to develop continuously. Narrative has been conceptualised as a mechanism through which individuals can understand themselves as having a self that endures over time without being immutable or rigid (Ricoeur 1991; Bruner 1987). This interweaving of constancy and change may have particular salience in the study of ageing, as individuals strive to maintain a "good strong story" about themselves and their lives in the context of loss of physical capability (Carpentieri and Elliott 2014). Narrative gerontology emphasizes the importance for wellbeing of avoiding 'narrative foreclosure' (Freeman 2000; Bohlmeijer *et al.* 2011), that is, the sense that one's life story has come to a conclusion, that there are no further opportunities for individual development and growth, and that one has therefore moved into "epilogue time" (Morson 1994).

Our analysis is underpinned by an attention to the narratives within interviews as a way of understanding the meanings that individuals make of their experiences of growing older, and specifically their thoughts about the future. However, we do not seek to impose a normative expectation that everyone should have a coherent narrative encompassing the whole of life (Strawson

2004). Indeed, we are as interested in the 'small stories' that individuals recount about events and episodes as in the 'big stories' of their life course (Phoenix and Sparkes 2009).

Linked to the potential threat of narrative foreclosure, for those nearing the end of life, is the notion of a feared future self who lacks autonomy and capability. The psychologists Markus and Nurius (1986) conceptualise 'possible selves' as including the ideal selves that we would very much like to become, the selves we *could* become, and the selves we are *afraid* of becoming. The range of possible selves available have a narrative element in that they "derive from representations of the self in the past" (1986, 954). In narrative terms, the maintenance of a meaningful existence towards the end of life may thus be seen as involving the continued pursuit of goals, and the ongoing development or unfolding of one's life story, even in the presence of physical decline and other losses (Andrews 2009). Through the selection and construction of possible selves, individuals can be viewed as active producers of their own development.

Although an individual has the freedom to create their own possible selves, the "pool of possible selves derives from the categories made salient by the individual's particular sociocultural and historical context" (Markus and Nurius 1986, 954). Possible selves thus shed light on the individual, but also on society's opportunities and constraints. For example, Lassen and Moreira (2014) examine the ways in which, over the past two decades, the concept of 'active ageing' within policy has informed what is seen to constitute a 'good late life.' Indeed this policy focus, which could be understood as aiming to improve the experiences of older people by removing 'structured dependency' (Townsend 1981), can also be interpreted as imposing a normative expectation about individual responsibility to stay both physically and socially active and engaged. As Higgs and Gilleard (2014) have argued, there is a sense in which the frailty which was historically associated with later life has been banished to the very end of life - a 'Fourth age' of decline and dependency, which should be postponed for as long as possible. Following retirement, individuals are therefore expected to desire and strive towards an active and engaged 'third age' of self-actualisation and investment in the community and family life.

In our analysis we therefore aim to attend to the possible future selves that are presented by the individuals we spoke with. These provide insights into the way that these individuals seek to foster their wellbeing in later life and make plans for the future. The concept of the 'feared self' also chimes with work by Facchini and Rampazi (2009) on the problems of uncertainty through the life course. Arguably, increases in longevity can be seen both as a welcome addition of years to life, but also as a site for anxiety as the individual fears decline and dependency. In our analyses we are therefore particularly interested in how individuals express these fears and the narrative strategies they use to discuss their future death and their potential future frailty. As Kaufman has discussed, whereas sixty years ago medicine was characterised by waiting, today it is characterised by risk calculation. And for those in later life, this results in the need for '*reflexive longevity*' (Kaufman 2010). When "augmenting time left seems always to be a possibility" (2010, 233) greater responsibility is placed on the individual to decide how to value 'more time' and to face the risks of lack of capability and a diminished quality of life. In other words, individuals are expected to perform informal cost-benefit analyses of their own remaining time, taking account of the risks of lack of capability and diminished quality of life. Whereas Kaufman's focus has been on exploring the experiences of individuals in the context of the medical setting, our interviews were with individuals living in their own homes and therefore in a community setting.

The idea that a person has the capacity for individual development at all stages of the life course can be traced back to the work of Erik Erikson (1963; 1982). Building on Erikson's conceptual framework, Villar (2012) argues that in later life personal development can be understood as taking a tangible form by

using the concept of generativity. This is defined as encompassing, “helping and supportive activities which people develop as parents, grandparents, friends or mentors, at the same time as accepting the help of others and expressing their interest in perpetuating and transmitting knowledge and values to the next generation” (2012, 1096). Two main types of generativity have been distinguished: communal generativity - focused on nurturing and caring for others, and agentic generativity - focused more on the strengthening of the self through leadership and creative activities (Kotre 1995). The key elements in both cases are the opportunity to act in a prosocial way and contribute to wider society. As Kotre summarizes, “In generativity, an investment in life is transferred from the self to something that has come forth from the self” (1995, 37).

The benefits of a focus on a cohort

Whereas many studies of ageing draw on the experiences of individuals from a broad age range, we focus on a purposively selected subsample of 33 Scots all born in 1936. In previous analysis of these interviews, our use of this cohort has allowed us to draw on quantitative data collected as part of the larger cohort study (Carpentieri *et al.* 2016a, 2016b). In this paper we investigate the perspectives individuals have on their future in their late 70s—a time well after the state retirement age in the UK. It is a stage when many adults may be in transition between an active retirement, marked by opportunities for independence and self-actualisation (often termed the ‘Third age’ [Laslett 1989]), and later old age characterized for many by physical decline and growing dependence on others (which has been termed the ‘Fourth age’). We seek to provide insights into the diverse ways that older people incorporate narratives about possible future selves into their decision making and planning for the future, and how this supports wellbeing.

In this paper we therefore use a three-pronged approach to explore the meanings that individuals make of their lives and their futures. First, we provide a brief summary of the study and document the diversity of cohort members within it. Second, we focus on two case studies in detail. Third, we pull back again to provide an overview of key themes and sentiments regarding future planning across all the interviewees.

Mixed methods informed by ethnography

An investigation into older people’s hopes and fears for the future will necessarily have interdisciplinary features. The perspective here is led by ethnographic considerations of how people make sense of their lives in social context, and specifically in an interaction with the researcher. However, as discussed above, it is also informed by the work of psychologists and narrative gerontologists, who highlight the links between wellbeing and the ability to construct a positive and coherent narrative about the self. In turn, this work draws on the philosophy of the self and debates about whether the self can indeed be understood in narrative terms (Strawson 2004). The nature of the material we draw on for this paper enables us to examine individuals’ biographical narratives as recounted in a research interview, alongside insights into individual capacities and wellbeing derived from structured quantitative questionnaires. It is of interest to consider how individuals portray themselves using these different vehicles for self-expression. There is no single account of how later life is experienced, rather individuals may construct different accounts depending on the context. Within a medical interview an individual may understandably be motivated to stress the difficulties they are experiencing, whereas in a social conversation may wish to minimise them.

The Scottish Cohort

This paper is based on detailed analysis of qualitative biographical interviews conducted with 33 men and women who were all born in Scotland in 1936 (see Appendix 1 for key characteristics). These

individuals were chosen because they formed part of a longitudinal cohort study called the “6-day sample study,” initiated in Scotland in 1947¹. The existing quantitative data allowed for purposive sampling to ensure a group of interviewees with heterogeneous experiences of ageing, but with slight oversampling of those with low physical capability. The interviews were conducted by Carpentieri and a research colleague.

Each interview was carried out in an informal setting, usually over a cup of tea in the interviewee’s home. The length of interviews varied considerably from one that lasted forty minutes to one that lasted over three hours. Interviewees seemed relaxed and welcomed the opportunity to talk about their lives. Although the main focus of each interview was on the life experiences of the cohort member, in a few cases a spouse was present—so at times the interview became a three-way conversation. A set of open-ended questions, grouped into six main themes, was used to guide a conversation with each interviewee. The design of the 6-Day Sample study, including the development of the qualitative strand of the project, is described in Carpentieri *et al.* (2016a).

The interviews aimed to elicit narratives and concrete descriptions of individuals’ lived experiences (Hollway and Jefferson 2000; Chase 1995) on topics such as health, physical capabilities, interests and activities, and plans for the future. In keeping with an ethnographic, narrative approach we avoided abstract questions. The aim was for respondents to view the interviews as discussions of their lives and experiences, rather than investigating their attitudes on the topic of ageing. We aimed to take a phenomenological approach to the understanding of ageing from individuals’ subjective perspectives (Kaufman 1988). The questions asked were designed to allow us to focus on the autobiographical work done by interviewees as they sought to present themselves in the context of the interview. The narratives elicited were not assumed to be pre-existing descriptions of individuals’ life experiences but rather co-constructed in response to the open-ended questions that formed the topic guide (Frank 1979).

Of particular relevance for this paper, alongside questions about future plans, the topic guide included questions about what individuals were *looking forward to* in the future, whether they had any *worries* about the future, and any *plans* they had made for the future. The flexible, conversational nature of the interviews meant that there is not complete consistency in the questions asked. All interview transcripts were anonymised, and all cohort members were given pseudonyms (see Appendix 1)². The semi-structured nature of the biographical interviews allows for some systematic comparisons to be made but, as will be demonstrated below, it is important to understand a response to an individual question in the context of the whole interview.

A particular strength of the current study is the ability to examine how cohort members portray their experiences in these interviews alongside the more structured (quantitative) elements of the study. Indeed, the more quantitative information acted as a lever for analysis in allowing us to identify two individuals with particularly low levels of physical capability for more in-depth analysis as case studies. In addition, qualitative biographical interviews allow for tensions and ambivalences to emerge, which are often obscured by a more quantitative approach (Carpentieri and Elliott 2014; Neale 2019). These are most likely to become apparent as we conduct analysis which focuses on individual cases in detail. The analysis which follows therefore attempts to look both across and within cases to form a picture of the resources and strategies that individuals use to make sense of their life in their late seventies.

The heterogeneity of older people and ageing experiences

Our focus on a specific cohort, all born in 1936, allows us to examine the heterogeneity of people’s experiences of ageing despite sharing a year of birth. Whereas some older people are “lucky agers,”

who suffer minimal physical decline, the majority of older people must adapt to physical loss in order to maintain wellbeing (Kahana, Kahana, and Lee 2014, 469). Quality of life and health status can be understood as distinct constructs. It is well established that it is possible for those with poor health and poor physical capability to have a high subjective quality of life (Farquhar 1995; Smith, Avis, and Assmann 1999). Similarly, those with physical impairments or specific disabilities should not necessarily be designated to the 'Fourth age' (Higgs and Gilleard 2014), as they may be able to manage activities of daily life autonomously and have a good level of health and capability. Within our group of 33 individuals there were perhaps six of these "lucky agers" with high physical mobility and few health problems. In contrast, eleven individuals reported substantial physical decline and were in the lowest 25% of the total sample for a measure of physical capability.³ For example, Agnes, (P005) in a joint interview with her partner, said that she already has a stair lift, but tries not to use it to get upstairs, most of the time. She explained:

As long as I can hold on to something, I go up one [step], one, one, one, I can't do it any other way, I come down the same way. But as long as I've got a bar to hold on to, to pull myself up. But I'm starting to lose the power in my muscles, I can't open a can now, you know, I can't open a bottle and I'm getting lots of cramp, oh, my whole body, every night I'm awake with cramp for half an hour and it's so painful.

Agnes also explained that she had a hip replacement and two knee replacements and cannot hear without her hearing aid. However, when asked about the age that she feels she gave a more equivocal response:

I'll be 78 on Wednesday and I certainly don't feel it in myself, you know, I feel I could still get up and do things but my legs are stopping it and my hands, you know, I've got no power in my hands. And when I see myself as I get out the shower and everything I'm frightened 'cause I think I look like somebody out of [Auschwitz] I've never been like this.

The effort Agnes vividly describes can be interpreted in terms of identity construction and maintenance. She drags herself upstairs despite the pain because she does not want to be a person who is dependent on a stair lift. This level of dependency would represent an identity shift that she is not yet willing to accept. In the quantitative survey, Agnes reported having slow walking speed and that her health was worse than a year ago. This data also suggests that her wellbeing is low, but her satisfaction with life is above average. There is therefore a tension between the version of herself that Agnes constructs in her interview narratives and the picture that emerges from an examination of her questionnaire.

The efforts to remain mobile described by Agnes represent a level of stoicism which echoes in the accounts of other individuals. This perhaps is someone navigating, negotiating, and indeed fighting against what others have termed the transition from the Third Age to the Fourth (Laslett 1989; Higgs and Gilleard 2014). In this paper we do not seek to classify individuals as belonging within the Third or the Fourth age, and arguably these are not life stages with clearly delimited boundaries. However, all interviewees were still living independently within their own homes and had not reached a stage of physical decline where they had become completely dependent on others for their care. As reported above, around a third of the sample had experienced a substantial loss of physical capability and could potentially be described as in process of transition from the Third to the Fourth age.

In the next section of the paper we look in detail at two individuals, who are also in this group with particularly low levels of physical capability. We focus on the narratives they use within the interviews

to make sense of their lives and of their orientations to the future. Following discussion of the case studies we turn to the analysis of the larger group of 33 individuals. This enables an exploration of how individuals with very different levels of health and capability conceptualise the future - the ends of life.

Two Case Studies: narratives and future orientations of individuals with low levels of capability

Case study 1: Eleanor (P036)

Carpentieri interviewed Eleanor in the living room of her one-bedroom ground floor flat, for just over an hour and a half. Throughout the interview her statuesque cat looked on. Once the recorder was turned off, Eleanor explained how she had always been a dog person and roamed far and wide with him, but now that it is so difficult to get around she had adapted to having a cat. Several times through the visit, Eleanor used her handy tablet to show Carpentieri photos of her extended family, enjoying a Burns' night supper together, and at a family wedding. Like many other interviewees, Eleanor wore comfortable slippers, but strikingly did not change out of her slippers, even when kindly driving the interviewer back to the station.

Eleanor appeared relaxed and engaged in conversation. She readily explained that she had discovered at fourteen that she had been adopted by her grandparents and that one of her sisters was actually her mother. However, rather than dwelling on her relationship with her sister/mother, or on the potential scandal around her birth in the 1930s to a young unmarried mother, Eleanor focussed the narrative of her early life on her 'wonderful' father (i.e. her biological grandfather) As she explained:

My father--, my adopted father's family had all been boarded out in Glasgow during these early days, and he came down from the farms to go to war at 17 and lost the arm and leg then. So he was completely disabled but during the Second World War he worked in the fire services and was in the fire services for 23 years, so he did very well, he did all his own decorating and everything in the house, he was a wonderful person really....very, very clever man.

Eleanor went on to explain that her father had died in his mid-sixties of a cerebral haemorrhage but had managed to work for more than two decades despite his debilitating wartime injuries.

Eleanor worked as a hairdresser in her early adulthood and married at 22, but divorced just six years later as a result of her husband's alcohol problems and physically abusive behaviour. By briefly recounting how she left him, she skilfully establishes her strength of character at an early age: "The first time he lifted his hands I just walked, that was it, simply. So, I went north to my aunt in [Scottish Northern town]."

Eleanor then moved to Ireland where she worked in a hotel and met a chef whom she married. However, just after their second child was born, she was widowed. Once again Eleanor underlines her resilience in the interview explaining:

Eleanor: "And that was it, I've just made my way ever since."

Researcher: "Without remarrying after? Raising the kids on your own?"

Eleanor: "No, I just brought them up myself. I decided when I--, you know you kind of lose your place for a while and then when you come round you say, 'Well I really don't want anybody else to rear my kids,' so you just do it yourself."

Eleanor explained that she had taken work in a school in order to be able to work as a single mother, and also emphasised that both her son and daughter have had successful lives. In addition, for many years she has had a very close friendship with a slightly younger woman and helped her to bring up her two children after her divorce. Through the interview, a vivid picture is painted of an extended family who enjoy travelling, eating, and celebrating together. During her middle years Eleanor has supported the next generation and now they visit often and provide company for her.

For example, Eleanor responds to the question about what she is looking forward to in the future by saying:

Well [Friend] takes me over to Ireland, she's been adopted by my family, I'm adopted by her family, that is her first niece being married there, that was the first of her family that's been married. I said, "Well you've a long way to go to catch up with us, [Friend]!" You know, and she has, you know, we've got these great grand nieces and nephews and honest to goodness, it's such a big family.

A first reading of this indicates that a visit to Ireland is planned. However, further reading in the context of the whole interview suggests that the present tense or 'habitual' formulation "takes me over to Ireland" is suggestive that the question is being avoided. Eleanor skilfully provides an example of what has been a highlight in the past, but may not necessarily happen again in the future, due to her mobility difficulties. In the early stages of the interview, at the end of a section explaining the strength and extent of the family network, Eleanor explains: "My sisters and my sisters in law and my friend [name] who's been adopted into the family, and I go back and forward to Ireland with [name]"

The use of a visit to Ireland as that which is 'looked forward to' could therefore be seen as a symbol of connection to a network of family and friends. It is perhaps employed to reinforce Eleanor's overall satisfaction with her life and sense of self rather than necessarily being a planned future event. Interspersed with Eleanor's narrative of resilience, characterised by generativity and sociability, is a more troubled narrative about her considerable pain and mobility difficulties. The first elements of this second narrative appear about a quarter of the way through the interview:

Eleanor: "I can't walk very far, I can't get about, the arthritis is in my hands and in my feet, it's like walking on glass all the time."
 Researcher: "Does it hurt or is it difficult?"
 Eleanor: "Yes, it's very painful. I've got a new knee, which is wonderful. The shoulder was done—that wasn't so well done, I can't get the arm up anymore because the tendon had snapped, so that's a bummer [laughs]. But no, I'm fine, I'm all right."

It is striking here that Eleanor ends her response about her health by stating that she is 'fine,' she is 'all right.' However, this second narrative of health-related loss and decline resurfaces throughout the rest of the interview. Eleanor vehemently explained how frustrating it is that she can no longer go swimming because she cannot get into the pool and does not want the indignity of using the winch. Also, it is frustrating that she cannot open a can of food because of her arthritic hands, and no longer drives on the motorway because it is too busy for her.

In addition to weaving together these two narratives about generativity and age-related decline, Eleanor is reflexive about her approach to life. She positions herself as someone who is resilient in the face of adversity, who can always adjust to difficult circumstances, and who plans for the future:

I've always had to think ahead for the family, with being left on your own you have to think ahead. So, I thought, well I'd best get something I can cope with, so I've got my one bedroom flat and at the moment I'm still coping, so that's fine.

Asked what she would do if she could no longer drive, Eleanor provides a further example of her adaptability and good-humoured resilience: "Well I would just adjust again, I've got my tablet and I can order my shopping through the Internet and that kind of thing, you know, there's always a way round [laughs]."

When asked about any worries that she has for the future Eleanor skilfully introduces her friendship with an older woman (her close friend's mother). By describing this ninety-year-old's fear of dying, Eleanor allows herself indirectly to speak of her own fears without allowing them to overwhelm her, or to disrupt her presentation of self within the interview as resilient and rational.

- Eleanor: "Yeah, I know from my friend who's 90, she's afraid at the moment, she's frightened."
Researcher: "Frightened of what?"
Eleanor: "Frightened of death. [Yes] Because you do have to do it on your own."
Researcher: "What do you mean, do it on your own?"
Eleanor: "Well you have to die alone. [Yeah] There's no one can do it for you. We do get a bit of help nowadays but there's no one can do it for you. You come in and you go out, and as you get nearer that time I think things could play on our mind, you just don't let them."

When she is asked about whether she has any plans if her health declines, Eleanor responds:

I've already organised that I'll be here in my flat for as long as possible and I have my money saved for the funeral of course, and I'm having either fish and chips or steak pie, that's typical Glaswegian--, we always loved fish and chips and steak pie, so that will be available. I've already spoken to my husband's brother about that, he's doing that for me, I've made him Executor.

It is striking that Eleanor moves so quickly here from the notion of health decline to a discussion of her careful plans for her funeral. As we will discuss below, this was a strategy across many interviews, namely, to avoid dwelling on potential decline. As raised in the opening discussion of Boyd's novel there is a common desire for the end of life to precede debilitating physical decline.

Case Study 2: David (P024)

David was one of the very few individuals who was not interviewed in his own home. Due to his wife's poor health he opted to be interviewed in an office at the University of Edinburgh. The interview was one of the longer interviews, lasting nearly two and a half hours: David was keen to provide lengthy stories about incidents relating to his health and his career.

From the structured questionnaire data, David was definitely not a "lucky ager." He had the lowest score for physical capability and the highest score for health problems of those interviewed (see appendix 1). He described his health as "fair" rather than good or excellent, and also said that his health was worse than a year ago. His walking speed was slow and he had a low score on the Warwick Edinburgh mental wellbeing scale. He had high levels of anxiety and depression (on the HADS) and

scored low on the satisfaction with life scale. David lived with his wife, who had a serious stroke three years before, and their unmarried son, who was in his mid-fifties.

In the early part of his interview, David described how his three sisters and his father had all died in their fifties and sixties. Like Eleanor's father, David's father had been badly affected by the First World War. He had been gassed and had serious emphysema. David emphasized that these early family deaths had not made him worried about his own mortality. Instead he said: "That's what life is, it's a lottery really," and went on to describe how his grandfather had lived to be 99, and then had died as a result of an accident rather than old-age.

Despite severe health problems with angina and arrhythmia and two stents in his heart, and in contrast to the way he had responded in the structured questionnaire, throughout the interview David was keen to emphasise his physical capability. About a third of the way through the conversation he was asked about his own health and stated:

David: Well the way I feel I think my health's pretty good.
Researcher: Pretty good?
David: For my age, aye, as far as I'm concerned I can still do things, I can still do the garden, I can still do painting in the house and I can still do the cleaning and the cooking and all that so I mean I'm capable of carrying on the way I'm doing, I'm not finding it a stress.

When then asked explicitly about changes in his health, David replied: "Well I would say it hasn't changed, it hasn't really changed much, but I feel younger as I go along rather than older, yeah."

In the first half of his interview David talked mainly about his career and physical capabilities. This included a vignette about how he had managed to move a heavy sack of concrete from the front of the house the previous week. He also explained how to Hoover without causing any physical strain. Through his narratives, David invoked the perspectives of others, such as co-workers and management, to establish himself as competent and resourceful. This first section of the interview included extended narratives about how he had excelled at work and been promoted from labouring roles to supervisory roles and had received bonuses for doing well as a mature student at college.

About halfway through the interview, David explained how he liked to keep his mind active by learning new things and moved on to develop a second key theme - his abilities as an artist, specifically a painter. David recounted how he had attended an Art Class when he retired:

I mean I just started painting and before I knew where I was I was doing portraits of animals and children, yeah. Landscapes, just about everything that you could think of, you know, I'm painting a river scene at the moment, I've just got to put a fisherman into it, casting his line and it's finished.

The conversational style of the interview gave him the opportunity to provide extended narratives demonstrating that his artistic skill was appreciated by others. For example, David explained how he had once been commissioned to paint a portrait of a local bank manager and been surprised to be paid nearly £400.

Indeed, when he was asked what he was looking forward to in the future, David avoided the question, but instead provided a narrative about his regret over missing the opportunity to do an Art degree

when offered the chance by a tutor who was impressed with his work. One interpretation here is that David's low levels of wellbeing (as recorded in the structured data) are consistent with his inability to look forward to a desired future. However, an alternative reading is that David was determined to complete his narratives about being an artist and was not interested in engaging with the specific questions asked by the interviewer.

Despite the positive tone of his interview, David also discussed the difficulties he and his wife were facing as they aged. For example, when asked about the disadvantages of being in his late seventies he explained:

David: "The other thing is we cannot always go to the places we want to go to because we cannot--, we're at an age where you cannot sort of depend on each other for to do it by yourself, you know."

Researcher: "Yeah, so like what sort of places?"

David: "Well if you were going on holiday, you wouldn't go too far if you had to travel, you know, by the car or that. And if it was maybe just shopping or something like that there is certainly a restriction you get with the fact that you've got to go around and you cannot carry too much."

This response contrasted sharply with the positive answer to a question about any advantages about his current age, to which David replied:

The main advantages, well ... oh I think just looking back on my life, I feel like I've had a fantastic life, I've done that many things that a lot of people couldn't do, you know, I'm quite happy with having done them all and the things I could do at the time, you know, and I've not been horrifically changed to make it miserable for me to finish my life off, I feel I'm satisfied because I've done more than I thought I could have done, you know, been better at things and done things.

When he was asked about any worries he had for the future, David responded candidly by explaining that he was worried about losing his sight:

I wouldn't like to lose my sight, I've had a few occasions when I've had an ark on each eye, a bright ark that comes up and it really brings--, you lose the clarity of the things around about you, and it's almost like going blind, and I wouldn't like that to come to a point where it just switches off, you know, because my life is based on everything I see and everything I do, you know, I'm really--, I love to go out and see a beautiful sunset or gardens ... So, I would say that would the worst thing to lose would be my sight.

Of course, loss of sight would also mean losing his artist identity. One way of interpreting this interview is that the main identity David narratively constructs for his past is of a physically capable and strong 'Jack of all trades,' whereas now his identity centres on being a painter and well-regarded mentor. Taking up painting in midlife seems to be an excellent strategy for identity development in the face of physical decline. As the physical capability part of his story recedes, another (the artist) grows. Rather than holding onto old chapters and stretching out those chapters to avoid narrative foreclosure, David has a new chapter (painting) that (as long as he maintains his sight and a bit of dexterity) he can continue to develop.

In the context of these biographical interviews then, Eleanor and David, while among the least physically active and healthy of those in the study, were both able and eager to portray their lives as successful and having meaning. Just as Eleanor used two main narratives (generativity and physical decline) linked by an overarching narrative of adaptability in her interview, David's narratives centred on physical capability and painting with an overarching theme: being held in social regard. Neither were well-educated or had professional careers and both had retired in their fifties due to ill health. However, there is a quiet dignity in the way they interacted with the interviewer and appeared eager to share narratives about their experiences. Both seem to rely on a self-conception as capable, resilient, and appreciated by others, to help them through any difficulties ahead - neither takes the opportunity to talk in detail about plans for the future. A key trope in each of these case studies therefore is that of stoicism and resilience. Despite the indignity of losing mobility, independence, and strength in later life, dignity can be preserved by forging a narrative of self that is able to withstand the difficulties that life brings.

However, this trope is emphasised in the qualitative interview encounters much more forcibly than in the collection of the quantitative, structured data. For both Eleanor and David, therefore the fear of a future self who might have even more severe health problems and lack of capability is occluded by a vivid portrayal of the established self from the past. Eleanor's ability to foster relationships with others and to remain resilient in the face of domestic violence and early widowhood exemplifies 'community generativity.' Whereas, David's skill and prowess at work and then as a painter forms the foundations for his secure sense of identity and exemplifies 'agentic generativity' (Kotre 1995).

We now turn to explore the theme of future orientations across all of the interviews. Specific questions about the future will be discussed, before moving to a broader exploration of orientations to the future.

What are you looking forward to in the future?

About half-way through the interview, respondents were asked, "is there anything you are looking forward to in the future?"⁴ There were four main themes in the strategies that individuals used to respond. The most common was for individuals to focus on their relationships with their children or grandchildren. This is suggestive of the previous discussion that shows 'generativity' to be a key element in the positive wellbeing and identity of older people (Kotre 1995; Villar 2012). Nine respondents employed this theme. Some gave a brief response e.g. "Getting to know grandchildren better" (Edward, P069). While James (P117) explains his goal is to be able to dance at his granddaughter's wedding. She is ten years old and James also talks extensively about regularly caring for her each week and spending many hours together.⁵

Another very common response was for individuals to talk about looking forward to going on holiday, or going abroad to see family and friends, especially if they had a major trip planned. For example:

Holidays. We go every year. I'm going away on holidays in a few weeks, actually, a golfing holiday. Er, and {wife} and I will probably go away over the winter, we usually do over the winter. (Brian, P006)

Of the seven individuals who responded in terms of travel, five had mid or high levels of physical capability. However, two of them (Eleanor and Irene) had low levels of physical capability. Further analysis of these interviews shows that, as discussed above, in Eleanor's case it is not completely clear whether a specific trip to Ireland is planned. In Irene's case the likelihood of a further major trip was also far from certain:

Well I don't think about it very much, I don't, I don't know, you know, god willing we'll still be able to have maybe just one more trip to New Zealand, but if we don't we've had a lot of--, my daughter and my son will come over and see us, you know, I know that. (Irene, P059)

This demonstrates the way that individuals have socially acceptable strategies for talking about the future, but that these do not necessarily map straightforwardly onto concrete future plans.

A third, frequent, response was to explain that there was nothing major was anticipated, but that the individual was contented with life and looking forward to continuing as they are. This could be interpreted as a way of denying narrative foreclosure by keeping the current chapters going. There were seven individuals in this grouping. For example: "More of the same [laughs], and a bit more....you only get one kick at the ball" (Colin, P022).

What is striking in this group of responses is that they are not overly positive or optimistic but in avoiding the question about a specific hope for future they are also keen to emphasise contentment with life. This contrasts with the strategy employed by the final nine individuals who responded that they weren't really looking forward to anything, or appeared to avoid the question altogether. For example, "No, nothing" (Rosemary, p145); "No, Not really" (Fiona, p046). Another individual, Grace, seemed to ignore the question by offering more coffee, but then went on to say: "Well we've just finished the building and doing no more" (Grace, P055).

One way to read this response is that Grace is content with a completed project, and looking forward to no further disruption from building work. This major renovation had taken twelve years and resulted in a major rebuild of the house. Clearly someone at any stage of the life course could respond to a question about the future by discussing a completed project. But, in common with the other responses discussed above, this is reminiscent of Freeman's notion of narrative foreclosure (2000).

Strategies for discussing future worries

Towards the end of the interview individuals were asked if they were worried about anything in the future.⁶ The majority of individuals appeared keen to stress that they were not unduly worried using phrases such as: "No, no worries no, things usually sort themselves out" (Doreen, P028); "No, many people have, I just haven't let it bother me" (Edward, P069); "I let the future take care of itself" (Martin, P167).

Eight individuals provided a consistent answer that they had no real worries. However, a further nine gave a slightly more equivocal answer, stating they had no real worries but then hinting at concerns over dying or their spouse dying, or future ill health. For example, as Linda (P038) said:

I don't have any worries, I just expect it to continue the way it is just now, which is all lovely, not really. I think the thing that you think, when I think about the future is, I cannot believe that I will actually die. I can't believe that it's possible that I could actually die [laughs], it's a really strange, me, you know, it can't happen to me!

Of the nine individuals who did talk more candidly about worries for the future, three focussed their response on their children rather than concerns for their own future (Helen (P057), Joyce (P119) and Kenneth (P156). For example, as Joyce said: "Yeah. Well, when I think about the future, I'd like to know that my daughters were fine and they were going to have a good life when I go. I worry about my youngest daughter."

Two individuals said they were worried about death or about dying before a spouse (Grace, P055 and James, P117). Only five individuals focussed their answer on worries for their own future capability; as discussed above, David spoke about losing his sight, two spoke candidly about their concerns about dementia (George, P098 & Len, P159), while two spoke of their concern about losing their independence and capability and not being able to continuing to live in their own home (Rosemary, P145 & Sylvia, P146). Sylvia responded: “No, apart from having strokes and horrible things like that, not really. And just being able to live in our own house as long as we can. We hope we don’t have to go into a care home.” An interpretation of this *lack* of focus on decline in answer to the question about future worries is that older people are reluctant to reveal the ‘feared self,’ which is the self that has so lost its capability that it loses its identity. For several interviewees this was expressed briefly as not wanting to end up in a care home.

Planning for the future

During the interview, individuals were encouraged to discuss any future plans, and in particular what they might do if they, or their spouse, experienced health decline. It was striking that, in line with the responses discussed above, there was an avoidance of dwelling on the possibility of loss of capability. Indeed, several interviewees joked that they were deliberately not thinking about what might happen. For example:

- Rosemary: Well, I just don’t want to think about it [laughs]. I just . . . I do think about it and I think, oh, I don’t know what will happen to me, and then I think, oh, what will be will be and that’s it. I don’t know.
- Researcher: So, you do think about it but don’t sort of do concrete plans.
- Rosemary: No, I don’t. Well, I’ve got--, you know, I’ve got arrangements for power of attorney and things like that. I’ve done that. I think business wise I’m alright, you know. I’ve done what I can do.

In Rosemary’s case and as noted in relation to Eleanor, individuals appeared much more comfortable talking about having made a will (20 individuals) or their firm funeral plans (nine individuals) rather than discussing plans for any deterioration in their health. Whereas everyone knows about the inevitability of death, physical decline is much more uncertain, and it is this uncertainty which threatens the integrity of the self (Facchini and Rampazi 2009). This reluctance to discuss potential decline and responses to it, may stem from avoidance of conceptualising the dependent incapacitated self as a possible future self because of the fear it invokes.

This also chimes with Higgs and Gilleard’s conceptual work on the, “othering of the Fourth age” (2014). They suggest that this final stage of life represents ‘a state of unbecoming. The result is a location seemingly stripped of those forms of agency most valued by contemporary consumer society namely choice, autonomy, self-expression and pleasure’ (2014, 13). These insights are also consistent with those from a previous study of twenty chronically-ill housebound individuals living in the United States (Carrese *et al.* 2002). Their research suggested that for those in the last stages of life there are three distinct future phases. First, there is an uncertain future that may be accompanied by chronic and serious illness, which they are reluctant to consider. Second, it is a time when death is near and certain, which they are somewhat more likely to discuss and plan for. Thirdly, there is the inevitability of death, for which many have made concrete arrangements. As can be seen in the interviews discussed above, the ability to talk about funeral plans, and wills allowed individuals to convey a rational ‘plan-full’ self while still resisting discussion of the uncertain ‘decrepitude’ of the Fourth age.

Conclusions

It is clear from this study of older people in Scotland that there is considerable heterogeneity in the experiences and capabilities of older adults (even when they are almost exactly the same age). For those with low levels of measured capability, some tensions and disparities can emerge between the sense of self established in a qualitative biographical interview and that portrayed via more structured quantitative data. This is not to argue that either version of the self has greater veracity, but that the self in later life can be experienced in different ways. For example, Eleanor and David, individuals with low physical capability and low scores on an established measure of wellbeing, both do a very effective job of portraying themselves as living lives rich with meaning and ageing successfully. To accomplish this there is a strong reliance on narratives of their former physically competent selves. In both cases the quantitative data tells a different story from the qualitative data –within the biographical interview the priority is to present a self that is stoical and in control, however within the structured questionnaire an appropriate presentation of self may be understood to be more aligned with reporting physical capabilities and medical conditions as accurately as possible.

It is noteworthy that all of the interviews discussed above were more focused on the past than the future – it is unusual in British culture to talk to those in later life about the future, and yet important if we want to respect older people’s wishes in helping plan future services or individualised care. The tendency in interviews is to demonstrate competence with respect to the future by talking about arrangements that have been made for funerals and wills but not to voice concerns about physical decline or dependency. The fact of dying is perhaps easier for many to plan for because it is guaranteed. In contrast, the possibility of frailty and/or the loss of physical or mental capability is all the more challenging because of its uncertainty (Facchini and Rampazi 2009).

In order to demonstrate competence in later life and present as a ‘good old person,’ individuals in our study tended to talk in rational, un-emotional terms about the plans they had made for their death but were not comfortable discussing the losses they might experience in the next few years. In line with earlier British work, and Traphagan’s work on ageing in Japan, individuals in our study were keen to stress that they did not feel old and that they did not wish to become dependent on family or to go into a care home (Thompson, Itzin, and Abendstern 1990; Traphagan 1998). This may in part be influenced by larger cultural narratives about, and conceptualisations of, successful ageing. There are parallels here with the ‘two-pathways’ conceptualisation of ageing advanced by some researchers, and which have been criticised for contrasting ‘successful’ ageing with ageing which involves multi-morbidity, frailty and care needs (Tesch-Romer and Wahl 2017; Katz and Calasanti 2015). Under this two-pathways model individuals hope to remain independent throughout later life; inability to do so is seen as failure. However, as Tesch-Romer and Wahl persuasively argue, “It is very likely that both facets of aging (aging in good health and aging with care needs) are consecutive segments in the *same* course of life,” therefore the concept of successful ageing needs to be broadened to include frailty and dependence supported by good provision of care (2017, 313). Arguably this broadening needs to take place both within the research community and within broader society. However, in our own study, individuals were more comfortable talking about death than decline and future care needs – it would appear that for them the *end* of life is easier to contemplate and to narrate than the *ending* of life.

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Notes

1. The 6-Day Sample of the Scottish Mental Survey 1947 follows a cohort of individuals born in Scotland on the 1st day of the even-numbered months of 1936 (SMS1947) (Scottish Council for Research in Education, 1949; Deary *et al.* 2009). The study first ran from 1947-1963 as a study of education; following a lengthy period of abeyance, the study was relaunched in 2012 as a study of ageing. Of the 1208 original members of the 6-Day Sample, extensive quantitative data have been collected from 171 individuals, (Brett and Deary 2014; Deary and Brett 2015). The structured data included measures covering key domains frequently cited as constituting successful ageing (Depp and Jeste 2006). 1) Physical functioning was represented by a capability score based on 6 physical capability questions in the SF-36 (Ware and Sherbourne 1992). 2) Social engagement was represented by a derived variable based on cohort members' responses to a range of questions regarding the frequency with which they saw friends and/or family and engaged in a range of social activities. 3) Wellbeing was represented by the Warwick Edinburgh Mental Wellbeing Scale which incorporates affective-emotional aspects, cognitive-evaluative dimensions and psychological functioning (Tennant *et al.* 2007). The structured questionnaire data also included a satisfaction with life scale and a 24 item attitudes to ageing scale (Laidlaw *et al.* 2006).
2. These names are consistent with those used in other papers using the same interviews
3. Physical functioning was represented by a physical capability score based on six physical capability questions in the SF-36 (Ware and Sherbourne 1992). The survey did not include an explicit question about disability or identifying as disabled, but did have a series of questions about serious health conditions including diabetes, arthritis, heart problems, cancer, stroke, and dementia. The survey also asked about joint replacement.
4. The aim was to ask this consistently in each interview, and in practice it was asked of 31 of the 33 respondents.
5. Interestingly he was one of the few individuals who was wearing running shoes for the interview.
6. Due to the conversational nature of the interview and sensitivity around the interaction, this question was actually only directly asked of 26 of the 33 individuals.

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Appendix 1 - Cohort member scores on key measures

Pseudonym	Physical capability	Psychological growth	Self-rated health	Wellbeing decile (1=lowest)
Alan	High	Medium	High	5
Agnes	Low	Medium	Low	2
Brian	Medium	Medium	High	10
Brenda	High	Medium	High	10
Colin	High	Medium	High	8
David	Low	Medium	Low	2
Catherine	Low	Medium	Medium	10
Doreen	Medium	Medium	High	7
Neil	High	Medium	High	8
Eleanor	Low	Medium	Low	3
Linda	Low	Medium	High	5
Owen	Low	Medium	Low	9
Fiona	Medium	Low	Medium	6
Grace	Medium	Low	High	9
Helen	Medium	High	High	9
Irene	Low	Medium	Medium	2
Peter	Medium	Medium	Medium	7
Edward	Medium	Medium	High	7
Margaret	Low	Medium	High	4
Francis	Medium	Medium	High	3
Norma	Medium	Medium	High	7
George	Medium	High	High	9
Hugh	Medium	Medium	High	10
Patricia	High	High	High	10
Ian	Medium	Medium	Medium	3
James	High	Low	High	10
Joyce	Medium	High	Medium	1
Rosemary	Low	Low	Low	3
Sylvia	Medium	Medium	Medium	1
Kenneth	Low	Low	Low	2
Len	Medium	Medium	Medium	6
Kathleen	Low	Medium	High	9
Martin	High	Low	Medium	4