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**PANEL DATA & OPEN-ENDED QUESTIONS:
UNDERSTANDING PERCEPTIONS OF QUALITY OF LIFE**

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PANEL DATA & OPEN-ENDED QUESTIONS: UNDERSTANDING PERCEPTIONS OF QUALITY OF LIFE

Abstract

This paper describes the burgeoning interest in quality of life studies and suggests that as well as expert definitions, we need to consider people's own perceptions of what matters. Using open-ended questions from the 1997 and 2002 waves of the British Household Panel Survey we analyse both quantitatively and qualitatively how perceptions of quality of life differ for men and women across the life course. Qualitative analysis reveals that key domains such as health, family and finances often refer, not to self, but to others. Longitudinal analysis demonstrates that people's perceptions of quality of life change over time, particularly before and after important life transitions. Thus our findings challenge overly individualistic and static conceptions of quality of life and reveal quality of life as a process, not a fixed state.

Key words: panel data, quality of life

Introduction: Quality of Life

When President Lyndon Johnson delivered his ‘Great Society’ speech in 1964 at the University of Michigan, Ann Arbor, he made the statement that there is more to the ‘good life’ than the acquisition of material wealth¹. While he did not actually use the term ‘quality of life’ in this speech, his discourse was part of a zeitgeist which inspired a generation of American social scientists to explore the concept in more detail and to begin the challenge of finding adequate ways of measuring quality of life (e.g. Campbell 1972; Szalai and Andrews 1980). Since the 1960s there has been a huge growth of quality of life studies throughout the world with a convergence of interest in the area by economists (Layard 2005; Sen 1993, Easterlin 2001), economic historians (Offer 2006), psychologists (Argyle 1996; Cummins 1997, Diener and Seligman 2004), philosophers (White 2006), political scientists (Lane 1996) and sociologists (Veenhoven 2000). However, there has not been much progress in reaching consensus on what we mean by ‘quality of life’. Do we mean ‘satisfaction’, ‘happiness’, ‘standard of living’, ‘well-being’ or some unspecified combination of all these things? Moreover, in what range of circumstances, individual and/or social, might these terms be applied?

There is an increasing consensus that assessment of quality of life requires both objective and subjective indicators. The distinction between objectivity and subjectivity is not an easy one to make, however, as even objective indicators can be subject to perceptual inconsistencies and give rise to reporting errors. Nevertheless there is a difference between objective indicators which can be assessed by someone other than the person

¹ <http://www.lbjlib.utexas.edu/johnson/archives.hom/speeches.hom/640522.asp> Accessed 16/7/08

whose life-quality is being measured and subjective indicators such as life satisfaction which can not (Andrews 1980). We would argue, however, that the separation of the two indicators in terms of the evaluation of quality of life is misguided.

Recent decades have seen some important advances in the way that quality of life is conceptualized. For example, Veenhoven (2000) identifies four qualities of life that span two conceptual dimensions. The first roughly corresponds to the objective - subjective distinction referred to above, but in this classification it is called 'outer' and 'inner' aspects of life quality. The second dimension distinguishes life chances and life results. The resulting typology can be seen on the left hand side of Table 1. In the upper half of the table we see two variants of the potential quality of life (life chances). The top left quadrant 'the liveability of the environment' denotes the meaning of good living conditions. The top right quadrant 'life ability of the person' denotes inner life chances i.e how well the person is equipped to cope with the problems of life. Life ability is quite closely related to Sen's (1993) more widely used concept of capability. Veenhoven defends his use of 'life ability' as being a simpler term that contrasts well with liveability. The lower half of the table is about quality of life results or outcomes. These outcomes can be judged by their value for one's environment and value for oneself. The external worth of a life or the 'utility of life' is clearly related to the inner valuation 'appreciation of life' but they are not synonymous.

*** Table 1 about here ***

A rather different typology is used to theorise the way that wellbeing is measured in the European Social Survey (ESS). The ESS is an academically driven survey designed to chart and explain the interactions between Europe's changing institutions and the attitudes, beliefs and behaviours of its diverse populations. The questionnaire has a core component that is designed to measure change and continuities in a wide range of socio-economic, socio-political, social-psychological and socio-demographic variables as well as a rotating module that allows an in-depth comparative focus on a particular academic and policy concern. In 2006 (the third wave) ESS fielded a new module on wellbeing (Huppert et al 2008). This module was the first attempt to operationalise a wellbeing index, as proposed by Diener and Seligman (2004). The measures of wellbeing distinguish four different aspects of subjective quality of life that are aligned along two dimensions. The first dimension distinguishes between feeling and functioning. This dimension has its origins in classical philosophy and creates a bridge between the more private realm of personal happiness to the more public issues of competencies, freedoms and opportunities. This distinction has been elaborated in the work of Sen (1999) which highlights the necessity of freedom and democracy in order for individuals to develop their capabilities and function effectively. The second dimension distinguishes personal and interpersonal, creating a two-by-two conceptual space for wellbeing measures as shown in the right hand side of Table 1.

While these attempts at typologies and the classification of quality of life serve useful analytical purposes, they are moving quite some distance from the way quality of life is understood by most people. The anthropologist, Clifford Geertz (1983) makes a crucial

distinction between “experience near” and “experience distant” concepts. He writes: “an experience-near concept is, roughly, one that someone – in our case an informant – might himself naturally and effortlessly use to define what he or his fellows see, feel, think, imagine and so on, and which he would readily understand when similarly used by others. An experience-distant concept is one that specialists use to forward their scientific aims” Geertz’s interpretive method is to listen to the experience-near concepts with which people express themselves, then connect these to theoretical (experience-distant) concepts meaningful to social scientists working to understand the world. Schuman (2003) suggests that survey researchers can also explore ‘experience near’ concepts by using open-ended questions that allow people to describe in their own words some aspect of their social world. Most contemporary surveys ignore this advice and avoid the use of open-ended questions. This is not surprising as such questions are time-consuming to collect and resource-intensive to process. However, verbatim responses to open-ended questions, used sensitively, can provide a window into people’s understandings that no “tick box” or pre-set response categories could adequately capture. In our case, the use of responses to open-ended questions can help us understand what people perceive as important for quality of life and also to track how perceptions change across the life course, something few other studies have done.

In this paper we examine what people perceive as important for their own quality of life. Because our data are part of an ongoing panel study - the British Household Panel Survey - we can make inferences about what aspects of quality of life mattered most to people in Great Britain in 1997 and 2002. We can also look at the way that people’s perceptions

differ across different sub-groups of the population; for example, it seems likely that younger people's perceptions will differ from older age groups, and that men's and women's perceptions will also differ. The huge advantage that a panel study has over non-longitudinal forms of data is that it allows us to monitor individual level changes and to give serious consideration to a life course perspective. Thus we can compare people's perceptions of quality of life before and after they experience important life course transitions such as the move into a new job, becoming parents or, retiring.

In the next section, we explore in more detail the advantages of longitudinal data analysis in general and panel data in particular. To illustrate the advantages that panel data offer for social inquiry, we briefly examine why men and women's perceptions of quality of life are likely to change across the life course. We then discuss in more detail the unique characteristics of the British Household Panel Survey, and the qualitative and quantitative approaches we use to analyse perceptions of quality of life and how such perceptions change over time. The final section of the paper discusses the implications of our study for future work.

Advantages of Panel Research

Monitoring and explaining social change is at the heart of much social inquiry and scrutinizing trends in attitudes, behaviours and experiences are extremely important for social scientists and policy makers. Europe is undergoing remarkable changes including population ageing, immigration, labour market change, and shifts in gender roles and family structures. How these changes affect the wellbeing of citizens in the different

nations matters enormously. However, surveys like the ESS are cross-sectional. Cross-sectional surveys can offer only a snap shot of what is happening at a particular time, in a particular setting. Repeated cross-sectional surveys, such as the ESS, do of course allow for the monitoring of trends, but only at the aggregate level because the samples are drawn afresh for each survey.

The huge advantage of the panel study is that the *same* people are interviewed at various points in time. This means that instead of looking at change at the aggregate level we can examine change at the individual level. This is like moving from a snap shot to a movie because we have a record of the way the life of an individual develops over time. With household panel data, we can also compare how important life transitions affect the different members of the household. As psychologists have noted, people tend to live their lives ‘in convoy’ (Antonucci and Akiyama 1987). What happens to one member of the household crucially affects the lives of other household members. Although in this study we shall focus only on the individual’s perceptions of their quality of life, even here we will see how this can be dependent on what is happening in the lives of significant others. By drawing on household panel data, future studies could consider how this individual-level perception is either shared or challenged by other household members.

The British Household Panel Survey began in 1991 and is a multi-purpose study whose unique value resides in the fact that it: a) follows the same individuals over time; b) it is household based, interviewing every adult member (sixteen and over) of the sample households on an annual basis; c) it contains sufficient cases for the meaningful analysis

of sub-populations groups. The first wave of the panel consisted of some 5500 households and 10,300 individuals, drawn from a proportionate representative sample of 250 postal areas in Great Britain (Taylor et al 2007).

An open-ended question is routinely included at the end of the individual questionnaire. In Wave 7 (1997) and Wave 12 (2002), the question asked about people's quality of life was:

“The final question asks you to think about things that are important to you. There is a lot of discussion these days about quality of life, yet that means different things to different people. Would you take a moment to think about what quality of life means to you, and tell me what things you consider are important for your own quality of life?”

The interviewer was instructed to probe each mention in more detail with the prompt: *‘In what ways is that important to you?’*

In the following sections of the paper we present our analysis of the verbatim responses to these survey questions. Although panel surveys and open-ended questions are not, in themselves, new methodologies, they are rarely combined, perhaps because of a continuing tension between the assumptions and techniques utilized by researchers from the qualitative and quantitative traditions (Brannen, 1992; Bryman, 2008; Hammersley, 1992).

The open-ended questions in BHPS provide insight into the subjective experiences of survey participants, thus yielding generalizable data from the same individuals across

time. Of course, the extent to which we can really access subjective experience through this approach is limited because we are working with information gleaned from the responses to just two open-ended questions in the context of an interview which is based largely on closed-question format. Thus, we are not suggesting that we have access to the kind of in-depth qualitative data comparable to ethnographic, participant observation or in-depth interview studies. However, we are suggesting that there is room for methodological advancement in panel surveys through the inclusion of at least some qualitative elements in questionnaires.

Our subsequent analysis of the data produced from this approach is also novel because it draws on both statistical and qualitative techniques. Again, much can fall under the general rubric of ‘qualitative analysis’ and we should emphasize that we have focused on a grounded approach which prioritises coding techniques, a method which has been criticized because of its tendency to fragment data (Coffey and Atkinson, 1996).

Nevertheless, given that the verbatim responses gathered here were often very brief, this is not a significant problem for the kind of data used in this paper. Our analysis was motivated by three main analytical questions. First, are there gender differences in what people mention as important to their own quality of life? Second, are there age differences? Third, how far do people’s perceptions of what matters vary over time and do people change their views on quality of life before and after important life transitions? In this study we focus on the transition to partnership and parenthood. Before we present the results of our analysis, we first need to describe the detailed coding exercise that was required to reach a descriptive understanding of people’s perceptions of quality of life.

Perceptions of Quality of Life

As we were manipulating thousands of responses, some initial coding of themes was necessary in order to aid the development of our qualitative analysis. First, a detailed descriptive coding scheme was developed by the first author which captured the full range of mentions across different domains such as health, family, finances, friends, home comforts, leisure, employment, freedom, time for self, environment and community. Each domain often had several sub-codes, for example, family is subdivided into four – partner/marriage, children and grandchildren, other family members and mentions of family in general. In all, the coding frame lists 77 substantive codes. Up to four mentions were coded in the verbatim responses. We then carried out extensive new qualitative analysis, using both the original verbatim responses and by re-grouping the pre-coded material to better reflect the main themes that people mentioned.

*** Table 2 about here ***

The next stage was to unpack precisely *what* things people considered to be important for their own quality of life. The descriptive results of our substantive re-grouping of the more detailed coding scheme are shown in Table 2. The 1st column and the 4th column show the responses people cited first in 1997 and 2002 respectively, with percentages adding to 100%. Thus, in 1997, 37% of people mention health as the first (or the only) thing they cite and in 2002 the figure was 39%. The 2nd column (on which the rank order of the table is based) and the 5th column show the percentage of the samples who mention

a particular response *at all*. Thus in 1997 53% of our sample mention health (the most frequently mentioned concern) whereas 47% (not shown) do not. Similar figures are found for 2002 with 53% again mentioning health. As up to four mentions were coded these columns do not add to 100%. We can see that three domains are mentioned by more than one third of participants: health (53% both waves), family (40% in 1997, 44% in 2002) and finance (38% in 1997 and 34% in 2002). There are interesting things to be said about other domains mentioned, like, for example, the relatively low mentions of environment and community, which the literature suggests is a more prominent concern (Rapley 2003). However this result may simply be due to the phrasing of the question. More people might have mentioned ‘environment’ as important to their quality of life if it had been suggested to them in the first instance. In this paper, therefore, we will confine ourselves to the analysis of the first three categories only, as these are clearly the domains which participants immediately defined as important for quality of life.

Having established the domains which were most important to our participants, we next began to unpack the way in which gender and age was associated with each of the key domains. In the section that follows our aim is to investigate similarities and differences in the range of meanings attached to each key domain and we draw on both the 1997 and 2002 waves for illustrative quotes.

Qualitative and Quantitative Analysis of Key Domains

Health

There is a large literature on preference-based measures of quality of life that focuses on health (e.g. Lenert and Kaplan 2000). In our study too, we found that the majority of statements in this domain showed a keen sense of the importance of good health as a foundation from which to build a reasonable quality of life and examples of this awareness can be found across all groups: ²Josh, 17, notes that *without health you're nothing*, likewise Lily, at 67 notes *If you've got your health that's all that's important*.

However, health is a more important factor for some groups than others in assessing quality of life. It is a particular priority from the mid-30s onwards which may reflect a growing awareness of decreasing energy levels as well as increasing functional difficulties. It may also, as we will discuss later, indicate that health becomes more salient for people when they have children themselves. While just under 25% of men aged 15-19 mention health, nearly 70% of women aged 56-65 report it as important for their quality of life. Indeed, in all age groups (except the over 75s) women are more likely to mention health than men.

While younger participants tend to discuss health in the generic sense outlined above, older participants are more likely to mention specific ailments or declines in cognitive functioning. Older people focus on having their 'marbles' or keeping their 'mobility'. Thus our data confirm an emphasis that is already well documented in health-related quality of life literature (Bowling, 1995). Joan, at 61, said: *I suffer from sciatica and high blood pressure so I know how much illness can affect my life and social activities*.

² For stylistic reasons we use pseudonyms when discussing quotations. To protect anonymity, participants can be identified only by a unique number in the dataset.

Similarly, Will, 76, tells us: *You need to have all your marbles; mobility is important and to have all your thinking facilities.*

However, while deterioration in the participant's own health becomes more pronounced in older age groups, another interesting finding was the way in which the role of the older person as the *carer* of a partner in ill-health also has a bearing on their assessment of their own quality of life. June, at 75 reflects on the impact of her husband's illness on her own quality of life: *I haven't got any quality [of life] at the moment as my husband has Alzheimer's.* Similarly, men in the caring role also note the importance of the health and well-being of significant others: Phillip, 63, tells us: *If Ann (participant's wife) was better it would help. Ann is still waiting for her operation.*

While the strains of being an older carer are well known, we find some examples of this *relational* aspect of health echoed by both women and men in all age groups. Jack, 20, notes the importance of *My family's health and well-being: including my own* to his quality of life. Sarah, at 38, answers *Children's health: because life is tough when they're not well – everything goes much smoother when they're well.* This 'other orientation' in the importance of health for wellbeing is something that is easily overlooked in the quality of life literature which tends to focus solely on the individual.

Family

Our next domain 'family' continues the theme of the relationship between self and other in understanding lay evaluations of quality of life. Some argue that demographic changes,

coupled with social and economic changes, such as geographical mobility, increased divorce rates, single-parenthood, women's increased involvement in paid work, and supposed increases in individualism make 'family' less important to people, both emotionally and materially, than in previous eras (Beck, 1992; Giddens, 1992). However, there is a significant literature which critiques and problematises these claims (Crompton, 2006; Duncan and Smith, 2004; Nolan and Scott, 2006; Williams, 2004). In our study, too, we find further empirical evidence of the continuing importance of family, particularly for women. We found women in all age groups are more likely than men to mention family as important for their quality of life (though we would not wish to over-emphasise the difference as family is clearly very important to men too). Interestingly, however, it is the under 46s who are most likely to mention family. Nearly 60% of women aged 26-45 mention family compared to around 25% of men aged 75+.

But what precisely do people talk about in relation to family and quality of life and what differences do we find between women and men in different age groups? Perhaps the first thing to mention is that, as with health, we find a common generic appreciation of family which echoes across gender and age groups: Paul, at 27, notes *The family's the most important part of my life* and June, 61, describes the importance of *Having family around you*. That said, however, there are, of course, differences in the *kinds* of support given and received by different family members across the life course and not surprisingly, in the under 25s we find reference to families as the *providers* of moral and material support: Edward, at 19, notes that family is important to his quality of life because: *My*

family looked after me for a lot of my life. Similarly Cindy, 21, values family because *They give me moral support.*

There were also some fairly gender stereotypical responses in relation to family and quality of life. In the 26-45 age-group, we find more women than men mentioning the importance of children's well-being and men more likely than women to link the importance of family to their role as breadwinners. There were, of course, occasions when women discussed the importance of their breadwinning role for their family and when men mentioned their concern with their children's well-being, but the following are typically representative statements of the members of this group: Amber, 28, for example, tells us that what is important for her quality of life is: *My children. How they are how they eat and dress. Their education.* And Luke, 41, notes that for him, quality of life means: *A secure job[which] enables me to buy things for my family.* We see further examples of this breadwinning theme as we turn to mentions of finance.

Finance

It is sometimes claimed that consumerism and lifestyle aspirations increasingly govern values and quality of life (Rapley 2003). However, while over a third of our sample mentioned finance-related matters as important for their quality of life, the key theme to emerge from our qualitative analysis highlighted the importance of 'not worrying about money'. We don't find people dreaming of winning the lottery nor do we find responses which emphasize the importance of buying luxury cars, designer clothes or other consumer goods to ensure a good quality of life. Rather, typical quotes include: *Not*

having to struggle financially (Duncan, 33); *To not worry about paying bills and have money for extra meals and holidays* (Mandy, 38).

Examining group differences in this category, men in all age groups are more likely than women to mention finance with over 45% of men aged 20-25 mentioning finance, compared to just 16% of women aged 75+. Interestingly, however, qualitative analysis shows that men in the 20-35 age range discuss finance in relation to quality of life in the sense of being free from debt. From 36-54, however, an additional theme emerges which illustrates, once again, the importance of the relationship between finance and breadwinning identity. Rhys, 43, discusses finances in terms of *Earning a decent wage; to support my family financially*. Likewise Roy, 38, notes *I would say not having to struggle. Being able to provide for the children and ourselves*.

It is important, however, to highlight the ways in which our core themes are interlinked. While counting the number of mentions of each theme provides us with a stronger base from which to make generalizations, this form of ‘chunking’ qualitative data can gloss over important information about processes. For example, our qualitative analysis shows that health is often important because individuals need good health to care for others, both financially and emotionally. To illustrate the point further, men in mid-life mentioned health as important for work, which, in turn, was central to their breadwinning role; as Sebastian notes, quality of life consists of *My health, so I can run my business and provide for my family*. Likewise Phillipa, when asked *why* her health was important to quality of life noted the importance of good health for fulfilling her caring roles *I need*

to keep my health to look after my mam and my husband. At 26, and following a divorce, Lily notes the importance of being healthy because she needed to be *able to look after the children by myself*. Similarly, Charlie, 39 and divorced, says *I need my health as I have 4 children to look after*. In the following section we examine the influence of a key life transition: family formation on perceptions of quality of life.

Family Formation and Changing Evaluations of Quality of Life

As indicated in the quotations above, the way people evaluate the wellbeing of *others* is central to their assessment of their *own* quality of life. This is something few other quantitative panel studies have investigated because, methodologically, they have not been able (or inclined) to use tools which allow for ‘bottom up’ concept development. In this section, we will focus specifically on how the transition to partnership and parenthood influences an individual’s perception of what matters for quality of life. This is principally because it is reasonable to argue that it is at this point in the life-course that ‘other orientation’ becomes more significant. Not surprisingly, however, we find that this transition is somewhat different for women and men.

There were fifty one women who were single and under forty in 1997 and who were living with both a partner and a child five years later in 2002. There are clear indicators in the qualitative data of the way in which family formation brings changes to evaluations of what’s important for quality of life. For example, in 1997, Olive emphasizes ‘financial security, health and peace of mind’. In 2002, however, while she still emphasizes financial security, she also notes the importance to her quality of life *that my son and*

immediate family are happy. Likewise, Sally mentioned financial and emotional security in 1997, but, in 2002, the first thing she discusses is *spending time with family at home*.

The change in definitions of quality of life brought on by motherhood can be illustrated by the following examples. Eleanor's priorities in 1997 were 'health and work': *giving up smoking, health generally, expanding my career, making myself money, my future generally*. In 2002 however, her concerns are: *my son and a good family life: that's all that's important to me*. For Mary her priorities in 1997 were 'happiness and standard of living'. In 2002, she emphasizes the importance of *the health of my child and family – they're my whole life, what would I do without them*. Similarly Carol, undergoes a shift from placing importance on 'good friends and a steady income' in her first interview to *being with family; see baby grow up and being with partner*.

Forming a family also changes the way in which men evaluate their quality of life. There were seventy nine men who were single and aged under forty in 1997 and in a couple with at least one child in 2002. Predictably, the way priorities change for men is often linked to becoming the 'breadwinner'. For example when Andrew was aged 26 what was important to his quality of life was that he could *go out and enjoy myself*. At 31, as a father, he now wants to be *comfortable, not struggling as we do at the moment. If I could get a better job, everything will be fine*. Billy, at 23, was interested in a *comfortable income, nice food, nice place to live, nice clothes, spending time with my girlfriend*. But at 28 he was focused on *making a living to keep us all happy*. Likewise, at 22, Martin noted the importance of *going to work, money is important, a stable family*; five years

later he defines quality of life as *providing for my family, make sure they are happy. If the family is happy, that's all we need.*

But the transition to family did not just influence quality of life in relation to the importance of 'providing'. The intimacy and companionship of family life were also now more salient to definitions of quality of life. At 29, Ian first described quality of life as *being able to go out and enjoy yourself*; later he focuses on *being with my family; they keep me happy; make me laugh*. Similarly, Darren, at 24, wants *money, friends, [good] neighbourhood, health, socializing and confidence*. At 29, he lists *my daughter, my wife, money, health: now Hannah and Vanda are in my life I couldn't be without them*.

Of course, there were both men and women who remained consistent in their views across the waves, or whose perceptions changed in ways which are not linked with their change in family status. Nevertheless, for most people the transition to partnership and parenthood brings different priorities and quality of life had become more 'other orientated'.

Methodological Lessons and Future Directions for Research

In this section, we draw together some of the methodological lessons that can be drawn from this study and consider how our analysis might help guide future research. We have shown how qualitative analysis from a panel study can help further our understanding of the way men and women interpret their subjective experiences. We have also demonstrated the unique value of panel data for showing how people's perceptions vary

across time. We have highlighted the virtues of using open-ended questions and while, in this particular study, we focus on perceptions of quality of life, the methodology is equally applicable to other domains.

Because our data are from a panel survey, with sufficient numbers to observe patterns of difference amongst different sub-groups, we were able to identify some important aspects of quality of life that have tended to be overlooked in existing literatures. First, people's perceptions of what is important for quality of life is highly gendered. Our analysis pointed not only to quantitative differences in what mattered to men and women, but also to qualitative differences in how men and women perceive the importance of things like family or finance. Second, we found that different age-groups differ markedly in terms of what they see as most important for quality of life. Third, we found that people's perceptions of what matters varies over time and both men and women tend to change their perceptions of what is important for quality of life when they make the transition to partnership and parenthood. This demonstrates that quality of life is a process not a fixed state, and future research is needed to explore what stays constant and what changes over the life course.

One of the most interesting findings to emerge from this research is the importance of the quality of life of others for an individual's own quality of life. This is different than the experts' conceptions of quality of life that are depicted in Table 1. The 'objective utility of life' (Veenhoven, 2000), although emphasizing others, focuses on the contribution the individual makes. The inter-personal emphasis (Huppert et al 2008) focuses on the

feeling or functioning of the individual themselves. What we find is that people's lives are intrinsically inter-connected and the quality of life of others affects one's own perceptions of what matters, irrespective of whether there is anything one can *do* or whether it changes the individual's own *feelings* about social interactions.

There are many questions for future research. How do people's perceptions of what matters to their quality of life relate to their subsequent choices and behaviours? Another issue to explore is how do perceptions of what is important for quality of life relate to people's subjective wellbeing, as reported in the standard measures of happiness or life satisfaction? However, qualitative responses and panel data can get us only so far – sociological imagination is needed to interpret people's views of quality of life in a way that does justice to the rich tapestry of inter-connected lives in the twenty-first century.

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Table 1. Conceptual classifications

Four Qualities of Life (Veenhoven, 2000):

	<i>Outer</i>	<i>Inner</i>
<i>Life chances</i>	Liveability of environment	Life-ability of person
<i>Life results</i>	Objective Utility of life	Subjective Appreciation of life

Four Aspects of Wellbeing (Huppert et al. 2008)

	<i>Personal</i>	<i>Inter-personal</i>
<i>Feeling (having, being)</i>	Satisfaction Positive affect Negative affect Optimism Self-esteem	Belonging Support Respect, fair treatment, Social progress
<i>Functioning (doing)</i>	Autonomy Competence Interest in learning Goal orientation Sense of purpose Resilience	Social engagement Caring Altruism

Table 2: Rank order of things which are important for your quality of life

Item	1997			2002		
	% first mention	combined %	combined n	% first mention	combined %	combined n
Health	36.6	53.1	4803	38.3	52.7	4361
Family	11.0	40.3	3646	15.4	44.2	3660
Finance	9.8	37.7	3414	8.2	33.9	2808
Happiness	9.9	28.5	2580	9.2	25.6	2116
Friends	3.6	20.5	1854	2.8	16.7	1379
Home comforts	5.3	15.7	1417	4.0	12.0	989
Leisure	3.1	15.4	1394	3.7	17.8	1474
Employment	4.2	14.2	1287	2.7	9.6	795
Freedom	2.8	7.3	659	3.0	8.8	730
Time for self	3.1	7.2	651	3.6	9.9	818
Miscellaneous other	1.9	7.2	648	2.1	8.4	693
Other material benefits	1.2	6.6	595	1.1	5.8	478
Environment, community	1.5	6.6	594	1.5	5.3	442
Other personal	1.8	6.4	578	0.7	3.3	272
Negative mentions	2.1	5.2	469	1.8	3.4	282
Spiritual, moral	1.2	4.6	412	0.8	3.6	300
Don't know	1.0	1.0	93	1.0	1.0	82
N	9,047			8,272		

Source: BHPS (with cross-sectional weights)