Hidden Hardship in Aotearoa:

An Explorative Study of Older Adult Hardship

A thesis

submitted in partial fulfilment

of the requirements for the degree

of

Master of Social Science in Psychology

at

The University of Waikato, Te Whare Wananga o Waikato.

by

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THE UNIVERSITY OF
WAIKATO
Te Whare Wānanga o Waikato

2021

Abstract

Poverty remains one of the most urgent issues in modern times (Lister, 2004). One fifth of older New Zealanders report hardship (Ministry of Social Development 2018), yet little is known about the daily experience of living in hardship as an older adult New Zealander. Financial hardship in older adult populations is strongly associated with increased mental health concerns, limited social resources and deteriorating physical health. To exacerbate matters, New Zealand is an aging nation, a factor which leads to increased strain on services that are already under considerable pressure. The situation for this demographic can be compromised by limited savings, the need to care for grandchildren and escalating living costs, which means this demographic is more vulnerable. To examine older adult hardship in New Zealand, I undertook a qualitative study that involved in-depth interviews with four participants about the challenges of living in hardship as an older New Zealander. Specific challenges experienced by the participants in relationship to their hardship included self-perceived and externally perceived illegitimacy to receive help, and the requirement to portray themselves as valued members of society. Analysis revealed that the participants' narratives reflected the challenge of interacting with the shame and stigma promoted by wider neoliberal social narratives about ageing and the poor. Agentive strategies actioned were tactics such as delegitimization of dependency, positive fatalism, humour, othering and withdrawal from society. These strategies result in the hiding and minimization of their experiences of hardship, which can perpetuate the issue of older adult hardship.

Acknowledgments

Special thanks to the Māori and Psychology Postgraduate Research Group for their scholarship. Thank you for your support of the research, and for your assistance in making it possible for me to explore this seminal topic.

Special thanks to the Hope Foundation, a charitable trust dedicated to sponsoring research on ageing and the effects in New Zealand communities. Your financial contribution to the research has helped make this thesis possible and your support has provided encouragement that the topic is of importance to those working in the field of older adult care.

Very special thanks to my supervisor, Dr. Ottilie Stolte, for your wisdom and insight. Thank you for modelling a role in academia that is community orientated and seeks action for societal matters and inequalities in New Zealand. I am forever grateful and appreciative for the direction, guidance and encouragement that I received from you during this research.

Special thanks to participants for your experiences and willingness to get involved in a research topic that is so personal and pertinent for you. This research would not be possible without you.

A test of a people is how it behaves toward the old. It is easy to love children. Even tyrants and dictators make a point of being fond of children. But the affection and care for the old are the true gold mines of a culture.

Abraham J. Heschel

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Chapter One: Introduction

New Zealanders are becoming more likely to experience some form of hardship during retirement. New Zealand's older adult population is growing, and increasingly older adults are moving into hardship within our communities. Throughout this thesis, the term 'older adult' will be used to refer to individuals aged 65 years and over. This is the age group commonly used to define older adults in New Zealand within the national census, statistics, media and academic research (Statistics New Zealand, 2019). Unlike other age demographics, older adults have very little opportunity to escape poverty, and the conditions of their hardship only worsen with time. Older adult New Zealanders are particularly vulnerable to economic insecurity, with limited options to improve their situations financially. It is difficult for them to continue generating income, and many must rely instead on assets built up over their lifetime, and on superannuation. Older adults with fewer socioeconomic resources experience consistently higher rates of disease and impairment, earlier loss of functioning, poorer physical capability and higher mortality rates (Barrett, Twitchin, Kletchko, & Ryan, 2006; Kim, Richardson, Park, & Park, 2013; Foverskov et al., 2019; Lynch, Kaplan, & Shema, 1997). Studies show that lower socioeconomic standing can impact older adults the hardest, and that the lifetime effects of poverty often take their toll in older age (Stephens, Allen, Keating, Szabó, & Alpass, 2020). Despite this, older people are a significant neglected minority in Western nations (Zaidi, 2008), and are thus often absent from poverty discussions, research and policy (Stephens, Burholt, & Keating, 2018). As a result, the reality of their hardship can be hidden or overlooked.

As older adult populations increase, older people are more commonly becoming identified as a problem by society in New Zealand (Parr-Brownlie, Waters, Neville, Neha, & Muramatsu, 2020). Within social narratives, older adults and the process of ageing are constructed through notions such as deterioration, dependency, and being a burden (Stephens

& Breheny 2018). Instead of recognising that circumstances are as much a consequence of social and structural inequities, older people with inadequate incomes and poor health are frequently blamed for their situation. Responsibility for outcomes in later life is therefore placed solely on the older adult themselves.

As future younger cohorts enter the 65+ years age bracket traditionally associated with retirement, a continual rise in elder poverty in New Zealand can be expected, especially when taking housing costs into account. Many will feel forced to continue paid work in order to maintain a minimum standard of living (St John & Dale, 2019). By 2035, New Zealand is likely to see new retirees less prepared financially, less healthy, and with less security of housing tenure.

In order to address and understand the increasing risks of older age poverty and associated issues, an attempt must be made to close the knowledge gap in research (Stephens, Burholt, & Keating, 2018). Previous studies, both in New Zealand and globally, have briefly explored experiences of older adults, going so far as to identify many of the factors involved with experiences of hardship, yet less is known regarding the real and ongoing impacts and challenges that economic hardship has on everyday life experiences. In addition, little is known regarding how older adults navigate these experiences, and how they express agency in the midst of challenges with the resources they have available (agentive strategies).

The research underpinning this thesis sought to explore older persons' experiences of poverty in New Zealand, and to provide further understanding of the challenges and agentive strategies involved throughout lived hardship at a later stage of life. This introduction chapter provides a brief overview of the issue of older adult hardship and emphasizes the focus and relevance of this research topic. The research aims of the study are then discussed, followed by an overview of the methodology conducted, and finally a summary of each chapter within the thesis.

Background to the Study

Older Adult Hardship

Living in hardship is a daily reality for many New Zealanders. The increasing levels of hardship in communities across New Zealand (O'Brien, 2013) shows that many are finding it progressively more difficult to function on a daily basis (Dale, O'Brien, & John, 2014). For growing numbers of people, life is becoming progressively insecure and stress-inducing, due to the increasing struggle for work, mounting living expenses, low incomes and the scaling back of public services (Hodgetts & Stolte, 2017). The Ministry of Social Development Household Incomes Report (2019) and the companion Non-Income Measures Report (2019) use non-income measures to illustrate that an estimated 682,500 New Zealanders are in hardship of some kind. Similarly, the non-income measures from the Household Economic Survey indicate that 12% of New Zealand's population is living in material hardship. Using income measures (set at 60%, and 50% of relative income after housing costs), 23% and 16% of New Zealand, respectively, experiences income poverty (low income).

In March 2020, Rosa Kornfeld-Matte, an appointed United Nations expert on the rights of older people, conducted an official assessment of the human rights of older persons in New Zealand. Kornfeld-Matte wrote in her assessment that although the government expresses an intention to improve the lives of older New Zealanders, in reality many are living precarious existences of poverty and desperation, especially older Māori (United Nations of Human Rights, 2020). Kornfeld-Mattes' assessment of the situation for older New Zealanders is confirmed and further demonstrated through New Zealand studies and reports. In the New Zealand Living Standards Survey, eight percent of older New Zealanders reported themselves as living in hardship (Perry, 2013). The most recent statistics from Perry's overview of the Ministry of Social Development report (2018), indicate that five to 23% of New Zealand's older adult population is experiencing hardship. Using the After-Housing

costs 60% threshold (as used by the European Union) in the year to June 2017, 23 percent of the older adult population in New Zealand, were assessed as living below the poverty line. The proportion of older people living below this threshold according to the Material Wellbeing Index (non-income) measure was five percent. Further self-reported survey data also indicates increasing adversity. According to the 2014 New Zealand General Social Survey, 71% of older adults reported having 'enough' or 'more than enough' money, leaving 31% of the represented population as having 'not enough' or 'only just enough' to live on (Webb, 2017). Reports also show that pensioners are increasingly turning to Work and Income for help to pay for essentials like food, power and housing. Figures from the Ministry of Social Development show that between the years of 2013-2018 there was a 50 percent increase in the number of hardship grants being handed out to over-65s. In 2018, Work and Income issued nearly 56,000 grants, up from 36,000 in 2013 (Ministry of Health, 2018).

Evidence from the non-governmental sector also indicates that poverty for older age groups is growing. An increasing number are reaching out and accessing financial support, which may suggest that there are more older adults living in hardship than recent research has reported (St John & Dale, 2019). Auckland City Mission data shows a concerning trend of increased monthly demand for food parcels by people aged 60 and over. Wellington City Mission also report a steady increase in other support required for this age group over the 2017-2019 period. Budgeting services and foodbanks report increased demand for food parcels for older adults, and the budgeting centres report many in the older adult client group need assistance with food costs (St John & Dale, 2019). These trends are compelling evidence of growing hardship and need among older people.

Contributing Factors

Older adult hardship is a topic that is of crucial importance in New Zealand. Whilst child and youth poverty have been significant areas of research in recent years, older adult

poverty has had very little attention. Older adults make up a smaller number of those identified as living in hardship in comparison to other demographics. Yet, with the added factors associated with older age in New Zealand, this demographic requires additional consideration. There are multiple factors that are recognised to be involved in the increase and rise of hardship in New Zealand's older adult population, and the following paragraphs discuss these factors.

An Ageing Society. The number and proportion of the older adult population is growing rapidly worldwide, and, like many other nations, New Zealand is becoming an aging society. Older New Zealanders currently make up 15% of the population (700,000) (National Population Projections, 2020). According to Statistics New Zealand, the number of older persons in the population has doubled in the last 50 years and is expected to double again in the next 50 years. By 2026, it has been estimated that people aged 65 and over will make up approximately 20% of the population of New Zealand (1,050,000) (Statistics New Zealand, 2005; National Population Projections, 2020). It is likely that there will be 1.32–1.42 million people aged 65+ by 2043, and 1.62–2.06 million in 2068. The largest growth is occurring between 2011 and 2037 as the baby boomers move into the 65+ age group (Statistics New Zealand, 2005; National Population Projections, 2020). This demographic trend reflects international trends, and calls for reconsideration and attention to older age issues (Stephens, Alpass & Towers, 2010). New Zealand's rapidly aging population signifies the necessity to understand and address poverty in the later stages of life. Although individuals may be living longer, they are not necessarily living better lives. While increased longevity is a bonus for some older adults, it may be accompanied by chronic health conditions, social isolation, and resource scarcity for others (Shu, 2018). Longer life increases financial strain and reliance on health or social support systems, leading to increased strain on services that are already under

considerable pressure. The economic status of individuals within this population may affect the access that they have to healthcare management and quality of care.

Increasing Housing Costs and Decreased Home ownership. One of the main factors involved in the rise of older adult hardship is the increased cost of housing, and the decrease of home ownership. Much of current New Zealand policy, including the superannuation, is premised on high rates mortgage-free home ownership (St John & Dale, 2019). Although freehold housing tenure is relatively high among the current cohort (72%) (Ministry of Social Development, 2019), there are strong indications that such housing security at older age is rapidly declining. A recent report regarding the sustainability of New Zealand superannuation found that home ownership in New Zealand is decreasing (St John & Dale, 2019). People of all ages, except those over 80, experienced declining rates of home ownership between 2001 and 2013. These rates can be expected to continue into lesser rates of home ownership for older adults in the years to come (St John & Dale, 2019). As a result of the shift in homeownership, it will become rarer for people to reach 65 with a mortgage-free home. In addition to providing security of tenancy, personal home ownership avoids escalation in rent costs. Rental market inflation of prices means that many in the retired age bracket will be facing high weekly payments. The rising numbers of older renters, often living alone on low incomes and in poorer health, will have important implications for future health and housing policy. The rising proportion of older New Zealanders paying a mortgage is a potential concern, as it increases the number of people with inadequate after-housing-costs incomes. Declining mortgage-free home ownership for the cohorts coming through to ‘retirement’ suggests that poverty and hardship rates will continue to rise, unless this impact is mitigated (Ministry of Social Development, 2019).

The New Zealand Superannuation. New Zealand pays the same gross pension (adjusted for marital status and living arrangements) to everyone who qualifies on residency

grounds. The superannuation payment of NZ$350 a week is crucial for a large number of older New Zealanders, and many depend solely on the payments for income.

Living on the New Zealand Superannuation without secure home-ownership and without any additional income is a life on the edge of poverty, making a large group of people very vulnerable to any changes in policy or economic circumstances. Rising housing, food, energy and fuel costs impact older people critically and the New Zealand superannuation is not adequate to lift many older people out of poverty. A research report authored by St John and Dale (2019) was designed to facilitate discussion of the intergenerational impacts and sustainability of the New Zealand Superannuation. This report outlined that an increasing number of super-annuitants require additional support in the form of the accommodation supplement (now 42,000 total per year) and public housing rent subsidy (now 14,241 total per year). The authors note that earlier research indicates that preparing for a healthy retirement, which allows for participation in society, requires an additional income stream of around $10,000-$12,000 per year (St John & Dale, 2019). This data suggests that the current pension level with no or little other income is not enough for a quality life and social belonging. To achieve a desired standard of living in retirement, most New Zealanders are being encouraged to make provision for additional retirement income in addition to what the New Zealand Superannuation can provide (Matthews, 2019). Yet, saving for retirement is becoming a lot harder, and entirely unfeasible for some, given rising living costs, increasing debt levels, and the extent of wealth and housing inequality in New Zealand. Further, one’s capacity to save and achieve financial security in older age can also be significantly compromised by unexpected life events such as health, relationships or family issues.

Necessary Employment. The employment rates for older adults in New Zealand have increased and participation in paid work by older people is high, second only to Iceland

among the OECD nations (St John & Dale, 2019). Paid work is conducted as a necessity to survive. A recent Commission for Financial Capability survey (2016, as cited in St John & Dale, 2019) revealed that the main reason 54% of older adults remain in the workforce is due financial necessity for survival, while a third (36%) work mainly for satisfaction and value.

Increased Care of Dependents. In New Zealand, the role of older adults is shifting. Many more grandparents and older relations are becoming primary caregivers to children, placing an increased strain on personal funds, time and resources (Families Commission, 2009). According to the Families Commission, nearly 10,000 grandparents are becoming full-time parents in New Zealand. Grandparents are having to step into this role due to broader societal changes. These include increased drug addiction, high rates of domestic violence, an increase of solo parenting (with the need for single parents to work to survive), increased incarceration of family members, high crime and suicide rates, severe ill health, and gang activity (Families Commission, 2009). For parenting grandparents, the idea of a 'retirement' is an unfeasible dream. Research conducted by the 'Grandparents Raising Grandchildren' organization, found that grandparents find the caregiving role stressful, tiring and financially and personally difficult (Gordon, 2016). The study revealed significant social and economic challenges faced by over 1,100 grandparents. Results from the study highlighted the difficult and often catastrophic situations under which grandchildren come into grandparents' care, such as: conflicts arising within the family; falling incomes from reduced employment or other causes; housing issues; stress; and the needs of children who may come into care with a wide range of issues and disabilities. Grandparents do not always receive governmental support for the care of the children and many (50%) are still in work to support themselves. The survey revealed that state benefits and financial support is not being comprehensively offered to grandparents on their first approach to Work and Income New Zealand. Just 15% of grandparents surveyed were told they may be entitled to support. This low number reflects

the issue that qualifying for support requires proof that the parent-child relationship has broken down irretrievably, and that the grandparents have cared for the child(ren) for at least a year (Gordon, 2016). Both aspects of evidence can be hard to document, especially if the family has not already come to the notice of social workers or agencies.

Significance of the Study

Previous studies internationally and in New Zealand have identified the challenges involved with experiences of hardship, and studies have briefly explored experiences of older adults, yet little is known regarding the impact that economic hardship has on everyday life experiences, or what agentive strategies and challenges are involved for older adults living in hardship. Older people have long been rendered invisible in medical and social research (Stephens, Burholt, & Keating, 2018). Holmes (2006) states that, in order to promote optimum wellbeing among older people, it is best to ask older adults themselves about older adult issues. Holmes' recommendations for further research are echoed by other academics writing on poverty. Flyvbjerg, Landman and Schram (2012) state that those experiencing hardship have valuable intimate, practical and experiential understandings of their situations that other people lack. Similarly, Walker (2014) claims that academics and policymakers have been slow to listen to the accounts of people with direct experience of poverty about their lived experiences. Hodgetts and Stolte (2018) write that it is difficult for those who have not experienced poverty first-hand to imagine or fully comprehend the continuous stresses, struggles and dilemmas that people with direct experience face. Lister and Beresford (2000) argue for grounded theory in research, where the theoretical driving force of the research is developed at least in part from the research participants' perspectives. They claim this approach could reinvigorate poverty research and better inform poverty debates. If research was guided by, and incorporated the views of those who have experienced poverty, this would strengthen the position of anti-poverty action (Kwan & Walsh, 2018; Lister &

Beresford, 2000; Lister, 2002) and challenge the top-down initiatives that are often invalid for the lived realities of target populations.

In addition to understanding the experiences of hardship, Hodgetts and Stolte (2017) state that to fully understand lives led by people experiencing poverty we need to consider the broader societal forces and narratives at play. Hodgetts, Stolte, King, and Groot, (2019) draw on a dialectical understanding of human experience, describing how both personal and societal exist concurrently throughout everyday life, and how the general becomes entangled within the particular. From this approach, each individual act is combined to forge the nature of our social environments, which in turn solidifies broader societal structures. This dialectical orientation is shared by the social constructionist perspective, where each single act, interaction and social resource reproduces societal and individual relationships of power (Burr 2015, as cited within Stephens & Breheny, 2018). By paying attention to how powerful broader societal structures are reflected in individual experiences, information about the relationship between general and particular can be revealed (Breheny, & Stephens, 2019). When particular practices are analysed in the context of their broader relational configurations, their societal significance becomes evident (Hodgetts, Stolte, King, & Groot, 2019). Therefore, to understand contextual lived experiences of poverty for older adults, we need an approach which will include understandings of socially available narrative forms, documenting how the general and societal is reproduced in the particular, or individual (Stephens & Breheny, 2013; Hodgetts, Stolte, King, & Groot, 2019). The majority of studies examine old age poverty under a macro lens and as generalised populations, whereas poverty should be understood through both generalized and particular contexts (Kwan & Walsh, 2018). Homogenous and traditional conceptualization and measurements of poverty have been critiqued (Kwan & Walsh, 2018; Breheny et al., 2013). Instead, emphasis is placed on

the importance of creating new research on old age poverty, which integrates "participatory research approaches and qualitative data-collection methods" (Kwan & Walsh, 2018. p. 16.).

Collectively, the studies presented within the following literature review chapter outline that although there is a vast amount of research and literature on each of the separate phenomena of ageing and poverty, the specific focus on poverty in older age is less often covered (Kwan & Walsh, 2018; La Grow, Neville, Alpass & Rodgers, 2012). These studies highlight the critical role of qualitative research among older adult populations. Although statistical measures and surveys indicate that increasing numbers of New Zealand's older adult population are living with hardship, we lack deeper understandings of what the experience of poverty as an older person involves. Specifically, there is little information available about the challenges involved with hardship for someone in their later stages of life, and the agentive strategies that are applied. Existing literature does not appropriately address the needs of New Zealand's older adults living in hardship, it has not identified specific challenges for experiences of hardship whilst in older age, nor provided an in depth understanding of the function of agentive strategies applied by older adult populations whilst experiencing hardship. In summary, the voice and lived experiences of older adults living in hardship is missing from literature. A limitation of previous research is that it ignores the voices of aged and impoverished people, those who know first-hand about the experiences of hardship and old age. In this explorative investigation, I sought to focus on participant narratives about experiences of hardship in order to explore the lived experiences of older adults in poverty. This thesis offers important insight and contribution to the knowledge of how poverty is experienced by older people living with material hardship in New Zealand.

Research Aims

The nature of this study was predominately explorative. There were two research aims, and one ethical research design aim. The primary aim was to explore the lived

experiences of older adults living with hardship. Within this context, specific attention was paid to exploring the challenges arising from a life of hardship at a later stage of life and how participants applied agentive strategies in the midst of hardship and made sense of their experiences. The secondary aim was to develop an understanding of older adult experiences of hardship with reference to broader social narratives on poverty and aging, and within the particular context of New Zealand. The ethical aim of this study was to include older adult participants as stakeholders within the research. By focusing this study on the inclusion of people's lived experiences of poverty, I hoped to counter the dominant deficit-orientated perspectives of those who are 'poor' and 'old', which arose as dominant themes in the literature, review (See Chapter two).

Research Procedure

This research was carried out using qualitative research methods and semi-structured qualitative interviews with four volunteer participants from the community. This study was exploratory and interpretative in nature. This thesis follows a case-study design, with in-depth analysis of participant narratives. Participants were recruited through contact with community organizations that specialize in older adult health and wellbeing, due to their strong knowledge base of issues for this demographic and existing relationships with participants in the community. Participants' accounts were analysed using an integrative form of narrative inquiry and analysis.

Research Overview

Chapter one provides a brief contextual overview of older adult hardship in New Zealand, and associated issues, followed by a description of the research aims, research methodology and an overview of following chapters. Chapter two provides a literature review of research regarding poverty, ageing and the combination of older adult hardship. The chapter is divided into three sections. First, there is an overview of experiences of poverty in

New Zealand and details about the measurement, impacts, perceptions, stigma and agentive responses of poverty and hardship. Second, I provide an overview of experiences of ageing in New Zealand with reference to dominant negative social narratives regarding old age. Third, I review academic literature about poverty and older adult populations, and include a discussion detailing the gap in literature. Chapter three is divided into two sections. Section one provides the justification and process used to design the research methodology. Section two describes the method procedure of recruitment, interviewing, transcribing and analysis of data. Chapter four outlines the narratives of the four participants in the structural context of four case studies. Each participant's narrative of hardship is analysed and discussed in reference to wider social narratives and literature. Chapter five contains further discussion of key findings, conclusions and a review of the study with implications and recommendations for the future. The final chapter draws on the findings derived from the participant narratives and makes reference to broader societal narratives evident in New Zealand regarding the shame and stigma of poverty and ageing, and the apparent minimization of everyday experiences of hardship.

Chapter Two: Literature Review

Introduction

Chapter Two is divided into three sections and forms a review of relevant national and international research and literature regarding poverty, experiences of older adults, and older adult hardship. Although I had assumed a review of available literature would illustrate a gap in research, I was surprised by the scarcity of literature available within the discipline of psychology. In order to gather the appropriate material to understand concepts of older adult life, ageing, and poverty, I included sociological, social policy, geriatric, nursing, and business studies literature to construct a comprehensive overview of the presenting issues.

Section One: Conceptualising Experiences of Hardship

Although this study focuses on older adult experiences of hardship in particular, it is important to understand the broader implications of poverty in general and how the issue sits within the wider context of poverty and Aotearoa New Zealand. Section one is an overview of poverty in New Zealand, and details the measurement, impact, perceptions and stigma of, and research about agentive responses to experiences of poverty and hardship.

Hardship and poverty are emotive terms which are frequently used in public discussion, political campaigns and charity publicity (Dean, 1992). Poverty and socioeconomic status have long been neglected in the psychological literature, both theoretically and methodologically (American Psychological Association, 2019). Likely due to the obscurity surrounding social class within psychological thought and practice, researchers in psychology have helped elucidate some aspects of class and poverty while leaving others largely unexamined (Smith, 2010). This lack of representation creates a significant issue as poverty related variables, and experiences of poverty have been identified as the greatest threat to physical and psychological wellbeing (Swinnerton, 2006). Further, it is crucial to train psychologists to recognize the impact of income inequalities on individual

clients (American Psychological Association, 2019). Given that extensive literature already exists discussing definitions of poverty and associated constructs, it is beyond the scope of this thesis to do a full review of the existence, study, and character of poverty. Therefore, the following section is a brief overview of how poverty is defined and measured, who is impacted and how, and a summary of how the notion of poverty is understood in this research.

Defining Hardship in New Zealand

Currently, there is no official definition of New Zealand poverty (Wilkinson & Jeram, 2016). Internationally, the term is used in poverty-reduction policy and official documents in a way that reflects a degree of consensus about a low standard of living, and what can be construed as a violation of human rights to the extent of lacking even a rudimentary capacity to partake successfully in society and maintain human dignity (United Nations, 1998). Inevitably, ‘poverty’ then becomes an awkward word, in part because of conceptual and definitional issues, but also because whatever else poverty is understood to be it is in its essence an unacceptable state-of-affairs. Using the term therefore carries an implication and moral imperative that something should be done about it (Piachaud, 1987). Globally, those who go without sustenance and shelter for necessary needs are said to be living in absolute poverty. In New Zealand, poverty is most often referred to as 'relative poverty' (Haigh, 2018), and the poor are identified in relation to other people, or by incomes and standards of living which are considered far below that of the rest of society (Holman, 1978). Nonetheless, New Zealand’s high numbers of homeless people illustrate that extreme hardship does exist on our streets for many people, as one could argue they clearly lack in essentials such as shelter, drinking water and nourishment (Groot, et al., 2008).

New Zealand is a highly disparate society, given that the wealthiest 1% own 20% of the country’s net worth and the top 6% own 60% (Rashbrooke, 2014). The divide between

the wealthy and everyone else has grown faster than in any other OECD country (Rashbrooke, 2013). Yet, there is still much debate as to whether 'real' poverty exists in New Zealand, since the same word is used to describe incomparably more desperate material hardship in majority world countries. Nevertheless, statistics available for review in New Zealand, demonstrate that grim hardships do exist in our communities to a significant degree, regardless of attempts at 'semantic niceties' (Wilkinson and Jeram, 2016, p. 1).

The Maxim Institute (2017) suggests that New Zealand poverty should be defined as a situation where a person or family lacks the material resources to meet their minimal needs as recognised by most New Zealanders, and importantly a lack of resources to change the situation (Maxim Institute, 2017). This definition reflects the relationship between needs and resources. It also highlights that poverty is both absolute in that there are universal human survival needs, and relative in that different societal or historical contexts can impose different needs across groups of people. Although no definition can perfectly encapsulate the character of poverty, the working terminology offered here attempts to capture the complex and contextual nature of poverty and hardship. Consequently, when referring to hardship in New Zealand in this thesis, I am referring to the individuals and families who are compulsorily forced to go without the resources required for a minimum standard of living in New Zealand. However, I also want to acknowledge that globally many people live without basic necessities required for life and exist in hardship which is far below the New Zealand poverty line.

Measurement of Hardship

Before beginning to explore experiences of hardship, it is important to outline how hardship and poverty presents itself in a New Zealand context. That said, it is impossible to discuss a clear description of the nature of hardship and poverty, without considering the contentious discourses surrounding measures used to compare and classify hardship (Alcock,

1998). Research and public deliberations provide numerous and often conflicting viewpoints about the assessment and measurement of hardship in New Zealand. As New Zealand social development analyst, Bryan Perry, (Ministry of Social Development, 2015) states regarding the measurement dilemma in New Zealand:

> There is no clear delineation between the poor and the non-poor that science can identify independent of judgment … What is crucial in discussing poverty rates and trends is to be aware of the different rationales for and pictures presented by the different measures. (p. 78).

As is reflected in the comment above, poverty is difficult to measure in relatively affluent nations because there is no international agreement about the criteria to distinguish between the poor and the non-poor. Prevalent global measures of hardship and poverty generally confound two overlapping, but distinct concepts; these include the 'Level of Inequality', those in the population with a relatively low level of material wellbeing or income, and secondly, the 'Level of Hardship', the proportion of people constrained by their material circumstances from achieving a minimum 'decent' level of wellbeing.

In New Zealand, income measurement and measurement of material hardship are largely used to determine the level of poverty experienced by the population and to analyse trends. Income poverty is defined as that which is experienced by those with an equivalised income below 50% or 60% of the median income (Perry 2009). Material hardship is defined as those reporting an enforced lack of basic items, and this definition of poverty is also often used in measurements employed by the Ministry of Social Development. The level of material hardship or deprivation is determined by the number of responses showing an enforced lack of items (Perry 2009).

The Problematic Nature of Measurement. The guidelines used to measure hardship are based on necessary simplifications of a complex condition. While measures are important

for policy analysis, it is impossible for any one measure to fully comprehend, assess, and identify hardship across a diverse population. Poverty is multifaceted, and this complexity needs to be reflected in attempts to develop and utilise multi-dimensional measures (Lister, 2004; Maxim Institute, 2017). There is general agreement that when assessing and describing poverty status it is vital to study non-income measures alongside income-based measures, and to recognise that factors other than income can also significantly affect material well-being (Ministry of Social Development, 2018).

Further, in addition to both income and hardship measures of poverty, there is increasing recognition of the importance of taking a wider view of the elements that contribute to an individual's living standards. For example, the New Zealand Treasury (2012) identifies material determinants, but also non-material factors such as human capital (skills and health), social capital (institutions and trust) and natural capital (climate, biodiversity and water). Lister (2004) argues that there is no single or solid way to define or measure poverty since it is not a distinct or fixed category, but rather a dynamic phenomenon that is infused by history, place, and politics. Individuals and families can move in and out of hardship, and their experience of hardship also changes shape over time, presenting itself in different ways at different points in a lifetime (Lister, 2004).

Essentially, no single measure is sufficient alone as different measures tell different stories, serve different purposes and have different strengths and weaknesses. Some, like median income thresholds, provide an overall benchmark. Other measures, like deprivation and outcome indicators, provide insights into the lived experience, causes and consequences, and identify which groups are most at risk of poverty (Maxim Institute, 2017). Hodgetts and Stolte, (2017) highlight the importance to extend beyond debates of various measures or definitions of poverty, and to instead advance a more engaged and participative way of

extending our understanding of people whose life situations are impoverished, and are thus impeded from flourishing.

The efficacy of living standards in poverty assessment for older people is debated (Breheny et al., 2013). There is question as to whether measures provide accurate accounts of older adult hardship. Older people are less willing to report that they cannot afford items and are less likely to report financial strain (Groffen et al., 2008 as cited in Breheny et al., 2013). In addition, there is growing evidence that measures of living standards developed from research with younger populations are interpreted differently by older people, and thus do not provide reliable scores for comparison across age groups (Halleröd, 2006; McKay, 2004; Smith, & Hancock, 2004, as cited in Breheny et al., 2013). In response to critiques of contemporary living standard measures for analysing older adult hardship, Breheny et al. (2013) developed and validated a measure of living standards for older people based on Sen's (1987) capability framework using thematic analysis of 143 interviews with older adults in New Zealand to develop domains for standards of living. This novel measure takes into account people's different patterns of material expectations as well as different social customs regarding reporting of disadvantage. As a result of this information, the new measure, which builds on Sen's capability framework, shifts attention away from the ongoing preoccupation with determining the exact material conditions of life, to instead focus on people's opportunities for choice and autonomy enabled by commodities and resources (Sen, 1987). This approach illustrates the need for living standards to reflect differences in opportunities, economic resources, autonomy and in social participation, rather than measuring specific material belongings.

Ramifications of Hardship

Being in poverty means not having the same choices and opportunities as more affluent people. The lifelong implications of poverty and hardship were considered by

Graham, a British sociologist and social policy academic who wrote in the introduction of Understanding Health Inequalities (Graham, 2000):

> How well and how long one lives one's life is powerfully shaped by one's place in the hierarchies built around occupation, education and income (p. 3).

This statement eloquently describes the concomitant impact that income and resources, or lack thereof, can have in an individual's lifetime. Poverty has been acknowledged as the greatest threat to health (Swinnerton, 2006; Saiito, Kondo, Oshio, Tabuchi & Kondo, 2019), and in New Zealand low socio-economic status is one of the foremost factors contributing to illness, disease, and disability (Hodgetts & Stolte, 2017). The known impacts of hardship are multifaceted, indefinite and can last lifetimes, even impacting future generations (Gupta, de Wit & McKeown, 2007). Socio-economic status is an overarching social determinant of health that shapes all aspects of an individual's social environment such as housing, education, occupation and income, which in turn affect health and human wellbeing (Braveman & Gottlieb, 2014; Stolz, Mayerl, Waxenegger & Freidl, 2017). The generalised and predominant known consequences of living in hardship and poverty include complications related to health, nutrition, mental wellbeing, housing, life expectancy and education (Smith, 2010). Adults and children who live in poverty have been found to experience profoundly negative outcomes along every imaginable dimension. Those who are impoverished are also more often exposed to stressors and lack access to health care and other protective resources (Kim, Richardson, Park & Park, 2013). Wilkinson and Pickett (2010) show that there are increasing social and health impacts as inequality increases. It is well documented that relative deprivation is also a significant determinant of ill health and has a major impact on the health of a society's population (Swinnerton, 2006). The literature is resoundingly conclusive that poverty is detrimental for people's mental wellbeing and is highly associated with mental illness such as depression (Kim, et al., 2013). In addition, when

exploring experiences of hardship, the psychological human needs that are endangered by poverty, such as a sense of security, dignity, social belonging and purpose or meaning, can be considered to be as important to survival as having common necessities (Hodgetts & Stolte, 2017).

Perceptions of Hardship in New Zealand and Neoliberalism

As previously noted, poverty is frequently labelled as a determinant of health, both physical and psychological, yet there is little description of psychosocial impacts for the older adults, or how these present during experiences of hardship. The primary focus of this research is the lived experiences of older adult hardship. Reference will be made to the wider social discourse surrounding poverty and current policy because this remains crucial for generating broader understandings of personal experiences of poverty. Hodgetts and Stolte (2017) comment that to fully understand lives led by people experiencing poverty we need to consider the broader societal forces at play. The following paragraphs describe neoliberal ideological concepts of poverty, and the related dominant hegemonic beliefs held toward those who are in poverty in New Zealand.

Neoliberalism and Hardship. Neoliberal narratives dominate constructions of poverty in New Zealand, and the hegemony of this neoliberalism framework within society has decreased the social rights and public participation of citizens living with poverty (O'Brien, 2013). Neoliberal-based belief systems in society have gradually shifted the responsibility for the social wellbeing of the citizen away from the state and onto the individual, serving to divide and exclude groups in society. Present political economic frameworks construct individuals as being self-responsible and pitted against others in a competitive battle for resources and survival. Individualism and competition are fetishized over interconnectivity and cooperation (Hodgetts & Stolte, 2017). Within neoliberal reasoning, the causes of poverty are framed as personal deficits in morality and motivation.

This framing thus positions people experiencing hardship as the perpetrators of their own situations, whilst broader structural processes and societal systems that impoverish are ignored (Hodgetts & Stolte, 2017). Narratives of self-responsibility (responsibilization), are pervasive in neoliberal oriented contexts and engender normalised feelings of shame and failure amongst those affected by poverty (Thomas, Wyatt & Hansford, 2020). The agenda of neoliberal ideology is to position people in need as being different from, and inferior to, citizens that are more affluent. In the process, neoliberal narratives characterize members of less affluent groups in ways that erase or dismiss their lived experiences as illegitimate (Graham, 2017). The neoliberal narrative construction of people as either legitimate or illegitimate citizens thus perpetuates inequality and upholds injustice that causes rising disparities and harms public wellbeing (Hodgetts & Stolte, 2017; Labonté & Stuckler, 2016). Hall (2011) asserts that neoliberal ideology has promoted two contrasting figures in society, the hard-working man, and the lazy welfare receiver. He explains that these promoted roles are regulated and maintained through dominant narratives which are not accurate representations, but consequentially impact people who must engage with these social narratives, and who then act accordingly throughout their daily lives. Resultantly, social divides, poverty rates, homelessness, inequality, poverty and insecurity-related stress levels increase (Schrecker & Bambra, 2015; Labonté & Stuckler, 2016).

Public Perspectives of hardship. Neoliberal social narratives surrounding poverty are mirrored within wider public narratives. The resulting tendency towards internal attributions for poverty consequently increases the magnitude of stereotyping and negative treatment of those who are poor. People are often quick to attribute poverty to internal causes and generalisations about poorer people's perceived inadequacies. This leads to people more readily viewing most poverty as being self-inflicted, and accepting stereotypes and labelling of those who are poor (Bolitho, Carr, & Fletcher, 2007). Evidence from Westernized

countries shows that public deliberations, while moved by severe and genuine need, are intolerant of those people whose poverty might be held to be avoidable. Research has found that negative attitudes towards those who are poor depends on whether they are presumed responsible or not for their situation (Lindqvist, Björklund & Bäckström 2017). As individuals are often assumed to only have themselves to blame (Bolitho et al., 2007; Hodgetts & Stolte, 2017), this can lead to welfare recipients frequently being perceived as criminals who are presumed to be taking advantage of welfare systems (Underlid, 2005).

Because poverty is often considered to be the result of individual failure, and because the poor fail to meet the neoliberal ideals of being a 'legitimate' hardworking citizen, Walker (2014) states that the experience of poverty becomes replete with possibilities for shaming. Shaming backed by the power of the state, such as political discussion describing poverty as a problem, becomes stigmatization (Walker, 2014). In the same manner that feeling ashamed is partly a product of being shamed, felt stigma is a response to the social stigma conveyed by others. In the context of poverty and receiving welfare, social stigma is frequently underpinned by attitudes towards need, deservingness, and personal responsibility that are coupled with other traits, which have come to be perceived as negative. Negative perceptions towards those in hardship are identified extensively throughout international studies. Common and widespread beliefs include the views that those who are poor are irresponsible, having not internalized a culture of savings (Bertrand, Mullainathan, & Shafir, 2004; Mullainathan & Shafir, 2009), and are dishonest, spending welfare money on drinking and drugs (Bullock, 1999; Underlid, 2005). The stereotypical view of those who are poor includes unfavourable individual properties, such as having low intelligence, being lazy, and not being interested in self-improvement (Bullock, 1995; Cozzarelli, Wilkinson, & Tagler, 2001; Kreidl, 2000; Lott, 2002).

Likewise, the supposition exists in New Zealand that those in lower socio-economic groups do not exhibit effort to help themselves, and that their lifestyle choices are what keeps them in poverty (Hodgetts et al., 2011). Specifically, studies have found that New Zealanders express little empathy for those who are poor, and results show that blame is placed on the individual for hardship experienced. According to a report by the New Zealand Ministry of Social Development conducted in 2011, two-thirds of those surveyed believed people were poor because of personal deficits, and survey respondents were not in favour of any increase in government assistance to the poor (Carroll et al., 2011). Another study based on New Zealanders' perspectives of poverty found that participants within the study distanced, racialised, stigmatised and construed poverty as an 'othered' state of being (Bourke, 2013). Participants' perspectives highlighted the perceived importance of personal effort, paid employment, and work in order to belong to society in New Zealand (Bourke, 2013). Following her analysis of public participant narratives collected, Bourke (2013) emphasizes that perceptions of self-management and responsibilization are prevalent throughout language used by New Zealanders participants to describe the situation of poverty, and that the onus for poverty is most often attributed to the individual experiencing it.

Agentive Responses to Neoliberalism and Dominant Narratives of Hardship

Of particular interest to this research is the experience of hardship for older adults, the challenges involved in hardship at a later age and the ways in which those in poverty apply agentive strategies whilst experiencing hardship. The following paragraphs describe how dominant narratives regarding poverty are accepted or resisted by individuals who must interact with them, and what the impact of this engagement is for those living in poverty.

Internalization and Engagement of Public Neoliberal Perspectives. The perspectives and narratives about responsibilization and delegitimization surrounding poverty highlighted by previous studies have implications and consequences for those in poverty. As

Bourke states in response to her findings regarding New Zealanders' negative narratives of poverty, individuals in poverty are both forced to acknowledge rampant negative appraisals of the poor, and engage with these narratives (Bourke, 2013):

> Discourse has something of a reality… outside of the individual actors who participate or create it. Just as someone can 'know' about racist discourse and therefore must engage with the social effects of it, so too does a person engage with a very *real* discourse surrounding poverty, and must contend in some way with the effects of that experience. (pp. 229-230)

Internationally, a review of social inequity and shaming factors by Peacock et al., (2013) also highlights that individuals who experience hardship and poverty must face negative narratives and reject or accept them throughout each part of their daily lives. Not only are those who are poor subject to these narratives, they must also bear the impact of this interaction. Lister (2004, p.7) describes the psychosocial impacts of poverty caused by social narratives surrounding poverty and the poor in the following extract:

> Poverty has to be understood not just as a disadvantaged and insecure economic condition but also as a shameful and corrosive social relation … [a] lack of voice; disrespect, humiliation and assault on dignity and self-esteem; shame and stigma; powerlessness; denial of rights and diminished citizenship' … 'stemming from people in poverty's everyday interactions with the wider society and from the way they are talked about and treated by politicians, officials, the media and other influential bodies.

Similar to Lister's description, Walker's model of poverty (2014) also vehemently argues that the shame and stigma experienced by people in poverty leads to social exclusion, limited social capital, low self-worth, and a lack of agency that could all serve to prolong poverty. Examples of the impact of poverty shame and stigma are common in those who have a low

socioeconomic status. A study by Hans et al. (2015) also found evidence of notions of internalized inferiority in an individual's psychological makeup as a result of felt social inadequacy and shame. Similarly, Thomas et al. (2020) conclude that social narratives regarding poverty have inflicted, sustained and exacerbated mental distress and suffering, and have become naturalised and normalised by individuals experiencing poverty themselves and organizations seeking to support them.

Underlid's research (2005) suggests that individuals who are poor often feel undervalued, and feel that others, especially by those in the health and social sectors, think of them in a negative manner. For participants within Underlid's research (2005), social interactions often led to experiences of devaluation, with the majority of the respondents feeling they were devalued in moral integrity, treated as inferior, considered helpless, and blamed.

Agentive Strategies and Experiences of Hardship. One of the primary aims of this research was to explore how older adults apply agentive strategies throughout experiences of hardship. A result of the dominant negative narrative about poverty in New Zealand is that individuals who live in poverty hide their everyday realities from public scrutiny and engage in social practices in an effort to reduce experiences of stigma, oppression, and social rejection. Research by Graham, et al., (2018) draws on interviews with five householders who source and provide food for their respective families. The householders in the study utilized strategies to navigate the shame and moral accusations associated with poverty. Correspondingly, Rua et al. (2019) found from experiences of Māori living in poverty that participants resisted and challenged the stereotypes about them and their lives during their daily activities. Participants drew on a wide range of skills to both navigate times of uncertainty and to ensure their own dignity was maintained when faced with a dehumanising welfare system (Rua, et al., 2019). A large number of studies indicate that resources are

drawn upon to protect oneself from derogatory social narratives regarding hardship. In addition to the aforementioned responses to social narratives of poverty there are some commonly utilized strategies within experiences of hardship that have been identified in recent literature. Fatalism, positive speech, 'othering', and the idea of 'no legitimate dependency', are agentive strategies of relevance to this study and will be discussed at detail in the following paragraphs.

Illegitimate Dependency. As previously stated, neoliberal narratives are shown to construct people as either legitimate or illegitimate citizens and characterize those who are poor in a manner which dismisses their lived experiences as illegitimate (Graham, 2017; Labonté & Stuckler, 2016; Hodgetts & Stolte, 2017). Not only is the illegitimacy of those who are poor expressed through neoliberal narrative, it is also adopted by those who are poor themselves as a form of protective, agentive strategy. Peacock, Bissell and Owen, (2014) conducted a study exploring inequality, specifically regarding mental health, and investigating how neoliberal ideology shapes accounts and experiences of hardship. The research found that low social status participants articulated frequently what the researchers termed to be 'no legitimate dependency'. This term refers to when participants incessantly disavowed, or refuted any form of dependency during their hardship, inferring that responsibility was undeniably to be assumed by oneself for their situation. Peacock et al. (2014) propose that this strategy is a 'partial and problematic' internalisation of neoliberal narrative, which has become both 'naturalised and unquestioned at the individual level' (Peacock et al, 2014, p. 1). By using this strategy throughout their narratives, participants are able to adopt a moral and socially defensible neoliberal position, protecting themselves from guilt or the fear of being seen by others as shirking one's duties. Unfortunately, for those with scarce resources, this removes the legitimacy of seeking support, (welfare or social), thus the neoliberal narrative perpetuates inequality and upholds responsibilization blame for the

individual, causing further harm to wellbeing (Peacock et al., 2014; Labonté & Stuckler, 2016; Hodgetts & Stolte, 2017).

Social Withdrawal, 'Othering' and Separation.

Chase and Bantebya-Kyomuhendo (2014) illustrated in their multi-national research (India, Norway, Pakistan, China; Beijing, Korea, and Britain) that the social consequences of poverty are perpetuated, in part, because individuals who are poor withdraw from social interaction to avoid such inevitable negative narrative and stereotypes. This process results in a dynamic interaction of internally felt inadequacies and externally inflicted judgements. Participants thought that the ability to participate in society as a full and recognized citizen was largely contingent on having the material resources deemed as being normal for that society. When such means were not available, the common agentive response was to save face by withdrawing from society, thus limiting opportunities to exit poverty and perpetuating its cycle. Walker's (2014) review of international research on stigma and shame effects of poverty summarised that in order to deal with the perceived and felt shame of their situations, people would generally engage in similar strategies to those found by Chase and Bantebya-Kyomuhendo (2014). According to the qualitative studies he reviewed, participants also reported a strong sense of need to maintain appearances, whilst striving to make ends meet. In order to do this, they would conceal problems, depict their situation as satisfactory and avoid situations in which their true circumstances were exposed, seeking to withdraw from social engagement.

Walker (2014) also found that participants who were living in poverty made efforts to distance themselves, separate themselves, to reflect blame and to 'other' similar others also living in poverty. This strategy was also evident in research by Peacock et al. (2014), and they encountered many participants that used 'othering' as a response to shield themselves from some of the stigmatised identities created by neoliberalism (Peacock et al., 2014).

Fatalism. Fatalism, the resigned expression of deterministic attitudes, is a construct used in research and commonly applied in the narratives of individuals in adverse situations including health and financial hardship (Drew & Schoenberg, 2011). In relation to psychological theory, fatalism is considered as an expression of an external locus of control, implying that life's outcomes are controlled and determined by external forces such as powerful others, fate or luck in comparison positivism to an internal locus of control (Bandura 1977; Judge & Bono, 2001). Fatalism is defined as a philosophical doctrine and psychosocial phenomenon that impacts how people develop explanatory systems about everyday experiences, in that they attribute their situation to causes beyond their control, and have resignation or belief that a situation has a decided unalterable outcome (Drew & Schoenberg, 2011; Martín-Baró, 1998; Whelan, 1996) Although initially a central framework for understanding the psychological processes in cultures with pronounced collectivism, fatalism now also accompanies the life of people from individualistic cultures, who live in a highly developed, or even in opulent, economic contexts (Blanco & Diáz, 2007). High indices of fatalistic expression are pervasive, frequently apparent, and disproportionately identified when examining traditionally underserved populations, minority populations, poor communities, and individuals in poverty (Cidade, Moura, Nepomuceno, Ximenes, & Sarriera, 2015; Drew & Schoenberg, 2011; Mayo, Ureda, Parker, 2001; Straughan & Seow 1998; Bernard, Dercon, & Taffesse, 2012), making this an important area to study in regards to poverty experiences.

Understanding how fatalism can be useful for individuals in these situations, or why it is applied in narratives is important to understanding life, death, coping and survival (Perfetti, 2017). General agreement is that fatalistic narratives serve a function for the individual and do not simply represent a chosen lack of understanding of causal factors (Keeley, Wright, & Condit, 2009). Research indicating the personal and social functions that fatalism serves for

an individual vary, but fatalism usually appears in the midst of difficulty of some sort. Fatalism can be understood as a socially situated phenomenon by focusing on the functions for which lay individuals use fatalistic talk. Specific functions of fatalism within narratives of hardship include uncertainty management, sense and meaning making, identity maintenance, social maintenance, negotiating power differentials, construction of balancing worldviews, and as a mechanism to reassert individual autonomy, or express individual agency against responsibilitization of hardship (financial and health) (Drew & Schoenberg, 2011; Keeley, Wright & Condit, 2009; Sharf, Stelljes & Gordon, 2005; Heyman, Swain, Gillman, Handyside & Newman, 1997; Balshem, 1991).

In summary, fatalism offers a way for a person to make sense of a situation, and to hold the social narrative, their own narrative and their context in a more balanced way enabling functioning and greater resilience and agency in one's situation. People in adverse situations use fatalism as a mechanism to explain their adverse reality. Although fatalism serves the purpose of meeting an individual's need, researchers have long held that fatalism (the belief in a lack of personal power or control over destiny or fate) constitutes a major barrier to participation in positive behaviours and, subsequently, can lead to adverse outcomes (Drew & Schoenberg, 2011). As this literature review shows, fatalism is not a total apathy regarding the world (Cidade, Moura, Nepomuceno, Ximenes, & Sarriera, 2015) and fatalistic statements co-occur pervasively with beliefs endorsing the efficacy of behaviour and change (Keeley, et al., 2009).

Rather than fatalism being a barrier to individual level change, it more accurately reflects the barriers to change at the collective, structural or societal levels. Fatalistic talk is rooted in an awareness of power relations and differing material constraints to action, and in its strictest meaning reflects that everything has an appointed outcome which cannot be altered. This reflects a characterization that neither needs causal explanation nor allows any

room for proactive behaviour, especially collectively, thus fatalistic ideology can remove the potential moral incitement to deliberately foster change. Fatalistic expression in hardship narratives supports the spreading of the collectivist side of fatalism, characterized by passive acceptance of an inevitable fate established by natural or supernatural powers (Blanco & Diáz, 2007). Collectivist fatalism can then lead to a risk of dissemination of passiveness and conformism due to disbelief in the potential of action for changing something that seems unreachable.

Jahan, Mamun-ur-Rashid, and Wahab, (2015) found that those in extreme hardship often used faith, and fatalism to construct their world views. The authors state that a fatalistic construction of their situation made individuals in poverty appear resilient within a context of deprivation, enabling them to function and adapt to a certain degree to the changing conditions of life. These authors highlight that the perceived resilience of the poor can then become overstated and such understandings exclude consideration of the personal costs and ill-health generated by crisis coping. Fatalism when applied to a poverty context, works as a strategy of maintenance of the status quo. Attitudes of pessimism, hopelessness, belief in luck, and fatalism work together to preserve a perspective of immutability of the adverse way of life. It is significant and concerning that people in extreme poverty are the ones who exhibit the most extreme indices of fatalism, and perceive themselves and the world around them in a manner that entrenches an adverse, unequal, reality with resignation (Cidade, Moura, Nepomuceno, Ximenes, & Sarriera, 2015).

Positive Thinking. The expression of the power of positive thought and proactive action to create change, is a common agentive concept applied in the narratives of individuals in adverse situations including health and financial hardship (Drew & Schoenberg, 2011). Interestingly, although fatalism suggests a lack of agency in a situation and a lack of perceived external control, its use is often found to be often interwoven in narratives that

advocate the utility of behaviour to mitigate poverty or poor health. The voiced importance of positive thinking or statements referencing thoughts of internal control, or individual positive behaviour are frequently simultaneous with fatalistic summaries (Keeley, Wright, & Condit, 2009).

In an analysis of accounts of control over health amongst lower socioeconomic status groups in England and New Zealand, Bolam et al. (2003) found that participants' narratives of hardship and health issues contained the interweaving of two contrasting positions regarding control over health; fatalism and positive thought. The authors constructed the term, 'positive fatalism' to describe the combination of fatalism and positive optimistic language woven within participants' narratives. Participants invoked a fatalistic lack of control by making statements such as, 'Whatever will be will be . . .', whilst also describing a positive sense of control and ability to respond to illness, by using to concepts such as 'The power of positive thought . . .' (Bolam, et al., 2003 p. 22). To understand this seemingly contradictory narrative element within their data, the authors drew on the work of Billig, as a central theoretical resource. Billig (1996) argues that everyday knowledge is dilemmatic, and consists of dilemmas between competing, contrary standpoints around which people work to make sense out of their experiences and reach workable or tentative conclusions. Viewed from this perspective, an individual's sense of control within their situation is not a single, static state but an inherently discursive and dynamic phenomenon, rooted in the narrative and experiences of everyday life. Bolam et al. interpreted the participants' narratives as attempts to partially resolve the tension between viewing achievement of wellbeing as being beyond the control of the individual and viewing wellbeing as existing within the realm of personal agency and responsibility. These two positions are expressed as contradictions within accounts of control and wellbeing, but do not operate in simple opposition. By placing agency primarily within the person and, more specifically, within the psychology of the

individual and locating control within the person's worldview, participants construct a psychological account of control. This account presents control over health not only as within the realm of individual agency but also as indicative of the quality of one's character. Positive talk results in an individualistic position that locates control over health within the attributes of the individual. However, such an interpretation is limited in that it overlooks the moral and ethical dimensions of talk about thinking positively. The participants constantly shifted between voicing a fatalistic lack of control and a positive sense of personal agency regarding health, demonstrating the interaction between individual agency and structural restraint. The use of these concepts within narratives illustrates the widely held recognition of the need to engage in health-enhancing behaviour, whilst the blame and responsibility echoes health-promotional rhetoric emphasizing a moral imperative for the individual to take responsibility for their own wellbeing (Crawford, 1984 as cited in Bolam, et al., 2003). An interweaving of the two is therefore functional in that it recognizes the uncontrollability of health, and excuses people from their personal responsibility for all illness, whilst avoiding the presentation of the person as a passive victim of circumstance (Bolam, et al., 2003). People living in relative material and structural disadvantage that causes ill health can thus present themselves as recognizing limitations to their control over health whilst asserting agency in resisting adversity, remaining positive and voicing the benefits of a healthy outlook. This study illustrates an analysis of the fundamentally social character of accounts of control over health and how lower socieconoimic status groups navigate dilemmas posed by their social positioning.

Both positive thinking and fatalism share common features, in that they are agentive idioms, which enable a construction of a functional sense of self to be made from one's situation. Both provide a sense of control over the situation and work to provide agency for the individual. But, they differ in that fatalism reflects a situation as being outside of one's

control and hence one is resigned to the situation, defying neoliberal responsibilitization. In contrast, positive thought works to establish an individual's perceived ability and duty to maintain a positive mindset, placing change fully within their realm of responsibility and control. Although conveying differing accounts of control, both idioms serve as a way of reasserting individual autonomy, fatalistic expression through the rejection of responsiblitization hegemonic narratives (Perfetti, 2017), and positive thought as a means of asserting a perceived sense of self ability or control in the face of the uncertainty (Pollock, 1993, as cited in (Bolam, et al., 2003). In summary the assembly of the two idioms into the notion of positive fatalism, can be viewed as an agentive method for people to make sense of challenging situations arising within neoliberal societies. However, expression of and engagement with these idioms or cultural understandings can be detrimental (Friedli, & Stearn, 2015; Wilkinson & Kitzinger, 2000; Bernard & Dercon, & Taffesse, 2012; Jahan, Mamun-ur-Rashid, & Wahab, 2015), as it can hide the lived realities of poverty and inequalities, such as the adverse lived experiences of homeless people (Stolte and Hodgetts, 2015). With its insidious links to neoliberal responsibilitization of health care and poverty, individuals engaging in these felt necessary idioms may believe that their situation is within their own realm of responsibility. They may also come to accept their fate as it is. Both outcomes are deeply problematic and insidious aspects of neoliberalism. Although the statements based on positive fatalism offer agency and a sense of control, the fact that they are invoked as a necessity to meet normative expectations is an injustice to one's experiences of adversity.

Positive Thinking as Moral Injunction. Positive phrases and fatalistic statements are widely used conversational idioms. Idioms are not an expression couched as individual beliefs, or experiences, but rather present themselves as anyone's knowledge, and as part of the stock of ordinary taken-for-granted common-sense we all share. A significant feature of

idioms is that they are ambiguous and vague, used as a mechanism to summarise narrative, and work to convey the overall substance of what has been said, but without details. Idioms shift the conversation from the "personal" to the general and reinforce conversationalists' sense of belonging to a common culture in which certain ideas such as the desirability of 'thinking positive' are widely shared (Coulmas, 1981). Use of positive terminology within narratives portrays one's viewpoint as consensus, or taken-for-granted common sense, which is therefore difficult to refute. Many analysts have shown that idioms are particularly resistant to question or contradiction and are likely to attract agreement and endorsement (Edwards and Potter, 1992, Sacks, 1995). This is both due to their vagueness, and because to contradict an idiom is to run the risk of challenging the shared cultural membership on the basis of which conversation is assumed possible. People introduce positive statements into the conversation at a point where they are looking for affiliation. The production of positive speech is done with less concern about providing an accurate report of their situation, and instead reflects greater concern about seeking support and agreement from others (Wilkinson & Kitzinger, 2000).

Regarding positive thinking and hardship Wilkinson and Kitzinger, (2000) refer to positive thinking as a moral injunction. Through their research, they illustrate that the concept of thinking positive is not just a reflection of an internal cognitive state, but it also serves as a conversational idiom and meets a socially normative moral requirement. These authors note that people in dire circumstances often talk about the importance of developing and maintaining a positive attitude, and that positive thinking is usually considered evidence of the individual's coping style during hardship. However, the authors argue that within narrative analysis, positive talk does not function as a cognitive process such as a coping strategy for oneself, but instead as a form of social action designed for its local interactional context. Positive speech features an element of deontic modality, as something required, or

having to be done. The authors found linguistic evidence for this in the use of imperatives, injunctions and exhortations. Moral exhortations within the narratives pointed to the existence of a moral order, and the expectation that the individuals should be thinking positive, that it is the correct and required attitude if they are to be seen as proactive and prosocial. The authors conclude that given the documented power of idioms to attract reinforcement during conversation, any apparent challenges or digression to thinking in a positive manner, however tangential or muted must be taken very seriously, or noted with significance.

In research specifically oriented towards financial hardship and poverty, Friedli, and Stearn (2015) illustrate that positive thinking is used as a form of psychological coercion against welfare beneficiaries. The authors state that unemployment is seen as a personal failure and psychological deficit, and hence positive thinking and approach is considered the solution. Those persons who do not exhibit a positive mindset towards their situation and future ability must undergo conditioning or face having their financial support removed. Here, unemployment is directly linked to psychological deficits, which means that the experience and effects of social and economic inequalities is erased, and structural factors are ignored. Bolam (2003) identified that due to their lower socioeconomic status, participants avoid presenting themselves as helpless victims of adversity by using positive talk to take responsibility for their health and therefore present themselves as morally worthy. Cromby and Willis (2013) found that unemployment and receiving welfare has increasingly become constructed as a psychological deficit requiring testing and that the neglect of societal structures is promoted. Through this practice, people on welfare benefits are pushed towards acceptance and internalization of neoliberal concepts, precepts and fundamentals, illustrating how neoliberal norms and power are transmitted through stigmatizing systems and policies (Cromby & Willis, 2013).

Section Two: Conceptualising Experiences of Ageing in New Zealand

The following section highlights features of older adult life circumstances within New Zealand society that exacerbate hardship and increase barriers for assistance or support. In addition to poverty, it is important to understand the ways in which New Zealand's older adult demographic are already in a vulnerable situation due to limited resources, the expectations of 'successful' ageing standards, social isolation and stigma.

In most Western societies, older people are generally relegated to less powerful positions, and are considered burdens, in contrast to other historical periods (Simmons, 1945). Recently, the representation and role of older people has changed, and they have become illustrated as 'contenders', a group of social outsiders who increasingly compete for scarce resources with younger and more deserving people (Hudson & Gonyea, 2012, pp. 274-277). Older people are, as a result, frequently treated with contempt and neglect (Butler 2009 as cited in Stephens & Breheny, 2018), are identified as a problem to society and are constructed as subjects of deterioration and dependency (Stephens & Breheny, 2018).

An individual's older adulthood and how it is experienced is dependent on numerous factors. Elements of a person's life such as physical and mental health, personality, previous life experience, social support, financial status, access to medical care, and housing impact the manner in which they can grow old. Those who are older adults are faced with numerous physical, psychological and social role changes that can challenge their sense of self and capacity.

Ageism

Kornfeld-Matte noted within her assessment of New Zealand older adults' rights that within New Zealand, "ageist rhetoric portraying older persons as burden is pervasive and contributes to negative attitudes to ageing and older persons" (United Nations of Human Rights, 2020, para. 39). Ageism has become deeply ingrained and seen as normative within

Western culture. The term is best described as a difference in one's feelings, beliefs, or behaviours towards someone based on the person's chronological age (Levy & Banaji, 2002). New Zealand and many other Westernised nations can be readily described as youth dominated. Young people are seen as the embodiment of all that is valued, whereas aging is associated with repulsion. Older people are thus seen to represent failure, a lack of profit to society, and decreased capability or ability. This disapproving view of aging is culturally reinforced and supported, and negative characteristics are attributed to older people simply because they are old (Chonody & Teater, 2018). Aging norms and narratives are reinforced by an anti-aging movement which dictates that physical signs of aging should be hidden. The costs of anti-aging products to hide what are considered to be age-related flaws are estimated at $114 billion per year in the United States alone (Crary, 2011). The disproportionate marketing of these products is often unnoticed (Nelson, 2002), and 'anti-aging' is a very common label for commercial products in New Zealand. Social messages repeatedly tell us that aging is unattractive and should be avoided at all costs. This message is often believed without question (Nelson, 2011). It is odd indeed as Nelson (2002) pronounces, that we live and engage in a society that actively supports prejudice against a group to which we all hope to belong to one day.

As a result of the stigma and negative narratives surrounding ageing, many people dread old age. Aging was once seen as something natural, but now it is viewed as both a social and personal problem. Today, ageism is likely the most socially accepted form of prejudice (Nelson, 2002). These ageist beliefs are dangerous because they promote differential treatment of older people by individuals and organizations (Chonody & Teater, 2018). Myths and stereotypes have a direct, negative impact on older people in terms of receiving services or opportunities within society. Negative self-perceptions of old age influence health through increased stress, which in turn weakens the immune system and

increases the likelihood of illness (Chonody & Teater, 2018). Furthermore, stereotypes, prejudice, stigma and fear of ageing in New Zealand often result in discrimination and neglect (Braithwaite, 2002; Nelson, 2002).

Successful Ageing and Neoliberal Narratives

In response to the rapid increases in older populations and increased life expectancy, social policy and recent research have shifted towards a focus on positive, or successful ageing and towards addressing factors that affect wellbeing in older age (Stephens, Alpass, & Towers, 2010). Successful ageing has become an important concept to describe the quality of ageing. It is a multidimensional concept, and the focus is on how to expand functional years in a later life span (Urtamo, Jyväkorpi, & Strandberg, 2019). According to Rowe & Kahn (1997), successful ageing is defined as high physical, psychological, and social functioning in old age without major diseases. Terms such as healthy ageing, active ageing, productive ageing, and ageing well, are also used to describe the successful ageing concept (Urtamo, Jyväkorpi, & Strandberg, 2019). Narratives of successful ageing perceive hardship to be a consequence of individual choice and lack of character quality, rather than as a consequence of social and structural inequities or the vagaries of becoming older and ill health. Responsibility for outcomes in later life is, therefore, shifted from the collective to the individual, thus labelling older people as responsible for their situation (Stephens & Breheny, 2018). Aspects of the social production of success associated with responsibilitzation and wellbeing is evident within ageing social narratives. The promotion of individual responsibility, alternatively termed responsibilization, is central to the rationality of neoliberalism.

The ability for an individual to classify themselves as ageing successfully is contingent on their physical, material, and social resources (Breheny & Stephens, 2019). However, the literature on the concept of successful ageing does not differentiate and

amalgamates all older people together, enforcing the expectations of achievement upon both the privileged elite minorities, and the disadvantaged and poor (Stephens, Breheny & Mansvelt, 2014; Stephens, 2016). The concept of successful ageing determines what is viewed as success or failure by society. The admirable persons in society are those who follow health messages and remaining healthy. Whereas, the unhealthy persons or unheeding are responsible for their health issues, thus implicating a moral imperative to assume accountability for one's wellbeing (Pond, Stephens, & Alpass, 2010). This moralizing in relation to older age has an impact on how we understand the character of the individual in society (Somers and Block, 2005 as cited within Breheny, & Stephens, 2019). As a result, negative unsuccessful ageing identities and stereotypes must be negotiated and avoided in order to be considered a virtuous individual (Stephens, 2016). In order to negotiate the positions of being successful (and thus responsible) or irresponsible, older people construct identities and understandings of their own situation through social narratives. In this way, people negotiate their identity through everyday talk by using shared language and social resources. Accounts of independence, health and experiences are not detached elements of older adult life, but rather, events constructed in a specific context so people can present themselves and their situation in a certain way, making meaning of their identity and experiences with reference to social ideals (Stephens, 2016). Older people attempt to position and portray themselves in terms of a 'self-reliant, independent and virtuous actor' (Holstein & Minkler, 2003; Laliberte & Rudman, 2006, as cited within Breheny, & Stephens, 2019. p. 356). As a result, it is problematic for some older people to even imagine becoming dependent as they age, let alone have the ability to seek support and ask for help (Robertson, 1999; Smith et al., 2007; Ranzijn, 2010, as cited within Breheny, & Stephens, 2019). Emphasis on the ideals of independence and successful ageing has negative consequences in terms of care, support and encouragement of help-seeking (Breheny, & Stephens, 2019).

A Canadian study regarding older adult athletes offers insights into the socially constructed nature of successful aging under neoliberalism (McGowan, 2013). Such research highlights a trend whereby health and aging are responsibilized as successful personal endeavours, rather than as the outcomes of determinants largely outside the control of any one individual. The author argues that the neoliberal discourse of successful aging promoted in Western societies is problematic because it advances idealized and largely unrealistic notions of old age. These notions contribute to the responsibilization of health and aging by idealizing the defiance of aging through individual effort and minimize the contributions of class-based structural determinants to healthy aging. Assumptions of autonomy ignore structural factors, such as socioeconomic status and are integral in the normalizing and promoting of individual responsibility. As the neoliberal health discourse is taken up by targeted populations and health care providers, attention is shifted away from social, environmental, and structural factors perpetuating health problems. For neoliberal governments seeking to scale back public expenditures, responsibilization is thus an economically efficient tactic (McGowan, 2013).

Neoliberal notions of responsibilization have been circulating for some time. During the 1980s, Crawford (1984) identified that proactive health related behaviour is viewed as a moral duty and illness as a moral failing. Success in the area of health is considered to be representative of positive personal attributes and economic productivity, whereas failure in health is confirmation of negative personal attributes and weakness. Crawford argued that this victim blaming approach to personal responsibility for health disguises the social production of bad health, undermining public rights and claims to healthcare (Crawford, 1984 within Lawrence 1986, pp 108-109). The public narrative and propaganda associated with successful ageing and neoliberalism, places the individual as responsible for achieving successful ageing. This is harmful for those who will not age successfully, and they conclude

that the dangerous ideology of successful ageing implicitly sets up a two-class system of older adults, those who are able to age successfully and those who are not (Rubinstein & de Medeiros, 2015).

Traces of personal responsibility for wellbeing and successful ageing are also evident within the narratives of older adults (Crawford 1984, Rubinstein & de Medeiros, 2015). Pond, Stephens, and Alpass (2010) found that older adult narratives include a moral dimension within discussions of health, as individuals exhibited a sense of achievement and control when able to achieve good health, but guilt and anxiety when health expectations could not be achieved. Older adults were also seen to resist successful ageing and personal responsibility at times by referencing ageing as inevitable and beyond their control.

In New Zealand today, ideal ageing tends to align with six common values; physical comfort, social integration, contribution, security, autonomy and enjoyment (Stephens, Breheny & Mansvelt, 2014). Further, the financial ability and freedom to achieve these values is a priority for older persons, regardless of their physical health and wellbeing. Using older adult New Zealand participants' experiences and perspectives, Holmes (2006) conducted a similar study involving older adult people and their concepts of what constitutes a good life. Her primary critique is that the definition of success in old age is not based on the views and real-life experiences of older people, but instead, on the academic expertise of those who have yet to experience the decline and losses normally associated with old age. As a result, a large proportion of older adults do not meet the requirements for the best possible old age. Holmes found a significant difference between the concept of successful ageing in literature, and the views of New Zealand older persons. Despite this difference, the participants had their own views of what made for a 'good old age' or determined quality of life. Her research demonstrates an incomplete fit between the theoretical concept of the promoted successful ageing paradigm, and participants' experiences of the best possible old

age. Whilst the literature promotes the expectation of delaying and avoiding disease and disability, participants simply sought to enhance wellbeing despite the physical decline that is a normal aspect of older age. In their view, it is concepts such as spirituality, a sense of place, belonging to the land, having safe and good quality housing, an adequate income, and having respect and being of worth, which makes their lives significant and creates wellbeing. As a result of the contrasting expectations of ageing well, Holmes concludes her research by noting the importance of the experiences, views and values of elders themselves in order to promote optimum wellbeing among older people (Holmes, 2006).

Stigma and Withdrawal

Pertinent to the experiences of older adults in New Zealand are issues of stigma and social isolation. With advancing age, people tend to lose connections with their networks and can find it more difficult to initiate new friendships and to belong to new networks (Singh & Misra, 2009). Perhaps as a direct result of the widespread ageism, and due to other factors, older adults have become a group that is frequently alienated from society in New Zealand and in similar Westernised nations. Even in societies that have a stronger cultural tradition of recognising and including older citizens, there appears to be a growing experience of ageism and alienation. For instance, a qualitative study in China, found that older adult participants held a growing perception of alienation between older people and society (Wong, Chau, Fang, & Woo, 2017). Focus group participants perceived insufficient care for older people, a growing distance between themselves and society, and their disintegrating identity in society to be primary sources of societal alienation. In response to these perspectives, older people in the study adopted a more passive lifestyle, they attributed marginalisation and inequality to old age, and they developed negative feelings towards ageing, such as vulnerability, helplessness, and anger (Wong, et al., 2017).

Similar issues regarding marginalisation from society have been found in the accounts of older adult participants in New Zealand research regarding elder abuse (Peri, Fanslow, Hand, & Parsons, 2009). Participants within the study from both abused and non-abused groups expressed the view that older people are fundamentally undervalued and not respected in New Zealand. For some, this is linked to the fact that older people are no longer in paid employment, which was seen as a reflection of social and cultural norms about productivity, where only those who are earning an income are seen as contributing to society. Other participants reported that the societal view of older people is so commonly linked with images of loss of health, income, and physical and mental competence that older people themselves expect that this is how their lives will be.

Goll, Charlesworth, Scior, and Stott (2015) conducted a qualitative study in England regarding barriers to social participation among lonely older adults, analysing the influence of social fears and identity. Half of the participants claimed they enjoyed spending time alone, yet all participants who claimed to value solitude also described strong desires for more interaction. In summary, it appeared that participants were unsatisfied with their isolated lives, but they also demonstrated a strong fear of losing their independent identity and thus avoided social opportunities due to the fear of others' perceptions of them**.** In order to respond with more agency to the delegitimising neoliberal narratives of hardship, participants made frequent attempts to distance themselves from other 'old' people, describing such others in very negative terms, whilst describing themselves as youthful. Almost all participants emphasised independence as a valued and honourable aspect of their identities. They also equated help-seeking with dependency, incapability, or wrongful behaviour, because in their eyes it involved misusing the kindness of others. Importantly, participants saw accessing community services as a maligned form of help-seeking that would threaten their independent identities. A similar mindset was identified in older adult populations by

Cahill, Lewis, Barg and Bogner, (2009) where the fear of being a dependent burden to society, or to family and friends, kept individuals from reaching out for support.

Section Three: Experiences of Older Adult Hardship.

The following section provides a review of academic literature that provides insights into the experiences of living in poverty at an older age, and includes a discussion detailing the gap in literature. Due to increasing levels of wealth inequality, some people have comfortable and even luxurious retirements, while for others hardship increases or becomes more entrenched over their lifespan (The Madrid International Plan of Action on Ageing, 2002). A study by Chandola, Ferrie, Sacker and Marmot (2007) showed that, in the United Kingdom, the economic inequalities and their effects on mental health are amplified for people in early retirement. In this manner, inequality that develops throughout life will materialize greater in old age, and a lifetime of poverty tends to result in an old age of further deepening poverty. In New Zealand, it is reported that older women are either more likely to be in hardship, or are more likely to seek outside help (St John & Dale, 2019). Women in particular are at greater risk of inequality as they age due to discriminatory educational opportunities, lower wages, greater responsibility for caregiving roles, and longer life span (Stephens et al., 2020; Shu, 2018). Inequalities in a person's access to resources across the lifespan shape their health and wellbeing as they age, amplifying across the life course and widening inequalities in old age (Melo, Guedes, Mendes, 2019). Health and wellbeing in older age is predicted by long-term cumulative inequalities in socio-economic status, ethnicity and gender, which often begin in childhood (Stephens, Szabó, & Breheny, 2020).

Internationally, research specifically orientated towards understanding the experiences of poverty in older age is rare and limited. A comprehensive recent international literature review by Kwan, and Walsh (2018) conducted a thorough scan of global peer-reviewed research involving old age and poverty. Through their extensive literature review, the authors

sought to outline current empirical research on old age poverty, to delineate knowledge gaps, and to provide recommendations for future research. The inclusion criteria selected 1,141 peer reviewed empirical research published in the period 2007 to 2017. In total, 56 articles were selected as relevant for understanding of older adult hardship. Of these 56 studies reviewed, 51 of the studies were based on quantitative research designs. Only three studies utilized qualitative approaches with semi-structured interviews, and two studies employed mixed methods. Only six of the 56 studies sought to specifically include lived experiences of hardship, the challenges of older persons living each day in poverty, and the strategies and strengths utilised by participants to survive (Kwan & Walsh, 2018). The remaining 50 studies sought to understand risk and protective factors resulting in older adult poverty, examine how factors influence each other, and to calculate estimated poverty rates, and the likelihood of experiencing old age poverty.

Of the six studies that specifically explored lived experiences of hardship, five focused on the challenges of living in poverty as an older person and only one sought to understand agentive strategies and strengths. From the five studies focusing on the challenges of old age hardship, the following were identified as key themes: social isolation, a lack of social support, social stigma, labelling, rejection and homelessness (Adeyanju, Onasoga, and Edoni, 2015). Unsurprisingly, Kietzman et al. (2012) found that for low-income older adult participants, experiences of ageing were severely limited as a result of their low income. High housing costs (Ryser & Halseth, 2011a), over-reliance on family-support (Ryser & Halseth, 2011b), and barriers to physical activity participation (Plow, Allen, & Resnik, 2011) were also cited as being common challenges. Across all of these studies on old age hardship, there appears to be an underlying assumption of old age as a problem.

Only one study adopted a collaborative, non-deficit-based approach to an understanding of the experiences of older persons living in poverty. Onolemhemhen (2009)

conducted an exploratory study of the lived experiences of older women living in poverty in Detroit, USA. The researchers identified personal strengths and strategies, such as resilience, spirituality, involvement with church, managing limited economic resources, attentive family members, and being close to resources and accessing government benefits were drawn on by older adults in hardship.

Kwan and Walsh's (2018) comprehensive review, identified the knowledge gaps and recommendations were offered for future research. These authors emphasize that the majority of research focuses on "pathology, deficits, problems, abnormality, victimization, and disorder" of hardship (Kwan & Walsh, 2018. p. 17). They indicate that future research should investigate impoverished older person's experiences to determine both the challenges and strengths, and to inform constructive interventions that address barriers and issues and capitalize on possibilities.

In New Zealand, there is little local research available that specifically seeks to understand the lived experiences of older adults living in hardship. Quantitative studies have found that for New Zealand older adults, hardship is both independently related to mental health and also contributes to diminished opportunities for social support. A study conducted in New Zealand analysed social integration, health and quality of life for 3,311 older adult participants (Noone & Stephens, 2014). Findings from the study showed that an older adult participant's economic living standards contributed to the amount of discrimination they experienced. Those reporting the highest level of discrimination reported significant socioeconomic disadvantage. These findings suggest that economic disadvantage is a significant barrier to social integration. The authors concluded that understanding the buffering effects of social integration is of vital importance for future research, particularly for older adult cohorts transitioning into retirement. Social participation and activities often

cost money and may be denied to older people on low incomes who live with constrained social networks, as they do not have the resources to participate (Stephens, et al, 2010).

In the New Zealand General Social Survey, loneliness amongst older people has been strongly linked to low income (Statistics New Zealand, 2010; Stephens, et al., 2010), and one in five older New Zealand adults report they are significantly lonely (Jamieson, Gibson, Abey-Nesbit, Ahuriri-Driscoll, Keeling, & Schluter, 2018). Older adult economic hardship has a strong impact on an individual's social support, loneliness and mental health issues, such as anxiety, depression, dementia and psychiatric disorders (Stephens, Alpass, & Towers, 2010). In New Zealand, older people are the most at risk of suicide and self-harming behaviour, but very little research focuses on this demographic (Cheung, & Casey, 2014). Not only are they at more risk of attempting suicide, but older people who self-harm have a stronger wish to die, use more lethal methods and have a higher likelihood of subsequent deaths (Hawton and Harriss, 2006; Dennis et al., 2007). Given the increased risk of older adult suicide and substantial evidence of a strong relationship between hardship, loneliness and depression in late life (Heflin & Iceland, 2009; Galea, Ahern, Nandi, Tracy, Beard, & Vlahov, 2007; Kahn & Fazio, 2005;), experiences of hardship as an older adult should be considered a priority for research.

One New Zealand study of pertinent relevance was conducted by Breheny and Stepehens (2010) with the aim of understanding the qualitative experience of ageing in the context of the material constraints in people's lives. Critical realist discourse analysis was applied to 48 interviews with older adults aged 55 to 70. The authors examined how rhetorical and discursive accounts of ageing were grounded in the material circumstances of participants' lives whilst also being shaped by the societal demands on older adults to age well and positively. The findings demonstrated that socially positive ageing narratives were used by participants, to demonstrate a positive attitude in order to construct a version of 'self'

within New Zealand context. Poorer participants worked hard to situate themselves in terms of a discourse of successful ageing. Regardless of suffering, accounts of ageing focussed on remaining relentlessly positive. Throughout their narratives, participants' experiences of older adult life were constructed to present a virtuous self. The authors ascribed this behaviour to the demands of a neoliberal environment (Breheny & Stephens, 2010).

Literature Review Summary

Chapter Two, the Literature Review, comprised an overview of the relevant research regarding poverty, ageing and older adult hardship. Section One began by presenting how hardship is identified and measured in New Zealand. It then continued to discuss the challenges of living in hardship, with specific attention paid to dominant neoliberal narratives about hardship involving shame and stigma. This section highlighted the significance of shaming and stigmatising narratives of poverty, because of the consequences in the lives of those who must face them. Agentive strategies utilised during experiences of hardship to defend oneself from stigma and shame such as delegitimization of dependency, 'othering', withdrawal, fatalism, and positive speech were then identified and outlined. The consequences of each agentive strategy with regard to propagation and exacerbation of hardship were also briefly discussed. The second section covered research about the experiences of ageing in New Zealand, and associated challenges faced by older people that exacerbate experiences of ageing, especially regarding neoliberal narratives of successful ageing and ageism, as well as perceived stigma and social isolation. Throughout Section One and Two, deficit-orientated neoliberal narratives about those who are poor and those who are older adults arose as dominant themes, emphasizing the social stigma that can be associated with belonging to each category in New Zealand. The third and last section of this chapter was a compilation of the limited international and New Zealand literature researching lived experiences of hardship for older adults. This section demonstrated the connection between

low socioeconomic status, loneliness, social isolation, and how those who experience hardship in later life may struggle to meet social demands and participate in society. The following chapter describes the methodology used in conducting the present research study. It also describes the rationale for the development and selection of the techniques and tools applied to explore the aims of this study appropriately.

Chapter Three: Constructing an Appropriate Methodology

Introduction

This chapter builds on the foundations of the published literature and outlines the theoretical orientation and constructed methods used to understand the perspectives of the participants' experiences of hardship. Ethical and process issues taken into consideration for this research are explained to provide a rationale for the procedures conducted. I then explain the narrative approach taken, research procedure, interview format, and levels of analyses.

Research Approach

My approach to this research was informed by social psychology literature arguing for the need to rediscover human experience rather than quantification or overly technocratic conversation analyses to discuss poverty (Hodgetts et al., 2013; Hodgetts & Stolte, 2012). The sensitivity of the topics involved was also an important factor in selecting an appropriate method. Poverty is shown to evoke feelings of shame and being an older adult is conceptualized as an adverse situation and a repudiated demographic in Westernized New Zealand society. The sensitivity of this topic and the vulnerability of proposed participants required the research to be conducted in an ethical manner with strong reference to dignity, respect, partnership, and confidentiality. The ethical aim of this study was to include older adult participants as stakeholders within the research. By focusing this study on the inclusion of people's lived experiences of poverty, I hoped to counter the dominant deficit-orientated perspectives of the 'poor' and 'old', which arose as dominant themes in the literature review.

In regard to theoretical perspective, I approached this research while drawing on principles of a humanistic psychology perspective. The key tenets behind this approach are valuing the experiences of research participants, developing non-reductionist research methods, and focusing on the role of meaning for individuals, such as meaning-seeking and meaning-making (Wong, 2017). Rather than concentrating on dysfunction, a humanistic

perspective strives to fulfil potential and maximize well-being of those concerned. Humanistic research is research that gives prime place to human beings, human meaning, and human actions in research through a pragmatic, down-to-earth approach. (Lewis-Beck, Bryman, & Futing Liao, 2004).

Qualitative Methods

There are very few studies on the experiences of everyday life in hardship as an older person. Hence, a qualitative method was considered the most appropriate means to fulfil the research aims. A qualitative method enables understanding the perspectives of the participants in depth and it allows for the exploration of relational and experiential dimensions of poverty, within the wider context and societal narratives (Lister, 2004). Qualitative, small-scale, in-depth studies are important to capture the diversity of ageing experiences. These in-depth studies are appropriate when answering questions about the ageing experience, when critiquing assumptions of the broader population, or when reaching marginalized groups and minorities within populations (Stephens, Burholt, & Keating, 2018). Older people do not respond well to quantitative methods, and in order to conduct coherent studies, the data collection process should be carefully considered (Palonen, Kaunonen, & Åstedt-Kurki, 2016; Herzog & Rodgers, 1988). Qualitative interviews provide participants time and a platform to share and explore their views, giving power to respondents so that in a sense they become co-researchers and contributors (Miles & Gilbert, 2006). Consequently, participatory, qualitative research is able to produce a method of empowerment, allowing older people control over the research process and the production of knowledge (Stephens, Burholt, & Keating, 2018). A more humanistically orientated research process is a respectful way to approach a sensitive topic as it allows for rapport and relationship to be established before disclosure of information. Qualitative research places emphasis on understanding phenomena in their own right and context. Observations are not

restricted to certain pre-existing categories, meaning inquiry is flexible and adapted to the individual informant's particular experiences and communicative rote (Miles & Gilbert, 2006).

Hodgetts et al. (2020) raise issues relating to the generalisability and validity of social science research. They summarize Polklinghorne's (1983) statements on dynamic truth by stating that: "…social psychologists can never produce truly objective and universal knowledge of the social psychological processes we study"… but instead, "…produce contextually located interpretations that are at once useful, uncertain, modifiable and imperfect… providing the best available explanation we have at a given point in time" (Polkinghorne, 1983 as cited in Hodgetts, et al., 2020, p.86). In summary, qualitative research methods, especially those which explore social issues, are concerned less with the representational nature of the case and more with the usefulness of the data to facilitate a deeper understanding of what is happening in a particular context and what might be helpful in addressing people's concerns, needs, and the improvement of their condition (Hodgetts and Stolte, 2012).

Participatory, Respectful and Relational Research

Stephens, Burholt, and Keating (2018) identify three clear principles in their chapter 'Collecting Qualitative Data with Older People' (2018) that have provided a useful guide for this research: being inclusive, challenging assumptions of homogeneity, and recognising that ageing occurs in a social context. Hegemonic research methods within psychology are known to often result in the disruption of the everyday lives or of our participants with little offered to them in return (King et al., 2015; Hodgetts & Stolte, 2012). For many people in poverty, everyday life is often already characterized by disruption, prejudice, exploitation, and repression. It was thus a priority for me to attempt to minimize such disruptions to participants' everyday lives and to also compensate them for time and insights shared. I also

wanted to conduct what King, Hodgetts, Rua, and Whetu, (2015) identify as humanising research, or meaningful listening, in contrast to dehumanising research, which can be considered as simply data harvesting.

Yanchar, Slife, and Warne (2008) emphasise the importance of research that incorporates relational values such as dialogue, care, and respect. Research in psychology often pays little regard to relationships between researchers and participants, leading to hasty research whereby researchers delve into people's lives, collect valuable, sensitive information, and leave (King et al., 2015). In order to counter this intrusive mainstream method, my meetings with participants were characterized by a case-based methodology, featuring closer and more engaged relations between researcher and participants than is typically evident in psychology research (Hodgetts & Stolte, 2012). The interviews were designed in a flexible manner that would fit into the everyday lives of the participants, and I spoke with the participants in a respectful, conversational manner, letting them take the lead.

It was also essential to bear in mind that the chosen demographic was in the older adult age range, a demographic rarely interviewed in studies. Old age is a personal, intimate, and private matter. Research shows that even when social support and relationships are good, it can be difficult for an older person to communicate the honest realities of old age and ageing to another and especially younger person (Kosberg, 2005; Vincent, 2003; Holmes, 2006). Given that I was initially a stranger to these participants, I needed to be mindful of the boundaries and delicate subject that I was requesting participants to discuss, thus letting participants decide what topics and experiences they wanted to talk about and what they did not. To guide my practice as a researcher, I found it helpful to draw on three key ideas from existential-humanistic psychology for engaging with older adult participants: presence, spirituality, and the importance of meaning for those who are growing older (Suri, 2009).

Whilst preparing to engage with participants, I was aware of the gravity of the topic of older adult hardship and the importance of conducting research with meaning that sought to generate change. Because poverty is itself an injustice and erodes human rights and dignity, Walker (2014) claims that it is unethical to conduct research on poverty that adds to the stigma of poverty, or is detrimental to those involved. Throughout my engagement with participants, I prioritised the importance of partnership and meaningful engagement. A participatory approach to poverty research involves making a choice to use the research as a form of engagement by involving those who experience hardship in the research process. The idea that people are participants in the research rather than simple objects of research or observation is essential.

The concept of whanaungatanga informed my approach to engagement with participants and treatment of their narratives. The Māori cultural value orientation refers to the engagement of respectful relationships between individuals and groups that enables a sense of belonging, responsibility, and obligation (Nikora, 2007). The phrase ‘Soa Bono - I see you’, illustrates supplementary values I endeavoured to incorporate throughout my data collection. The meaning of the African greeting is common to several cultures and conveys the meaning of being present and connected when working alongside another person. Clearly, it would not have been necessary or appropriate to speak to the participants in African. Instead, this African greeting was a silent reminder, for myself as the researcher, about the importance of acknowledging others and seeing value in the present moment, appreciating the interconnectedness of people, and the importance of each person’s inherently sacred value (Caldwell & Atwijuka, 2018). From a research perspective, the expression served as a reminder to not simply view participants in terms of the data and information they provide, but rather to make efforts to see and understand who they really are and what their

experiences have been. This involved making sure the participants were valued as human counterparts rather than as research matter or subjects of poverty.

Case Studies

General social systems exist and are reproduced in specific situations. For a social scientist, the specific elements of a situation are crucial in order to understand phenomenon. However, the specifics of a situation are only able to be understood within context, and with reference to the interaction of the specific individual case and general context (Thomas, 2010; Flyvbjerg, 2001). Research into everyday life and lived experiences focuses on lives in context and provides the basis for theoretical developments and social change initiatives (Hodgetts et al., 2010). The ordinary, typical, repetitive, mundane and shared fabric of an individual's life can provide a deeper understanding of personal actions, shared rituals and the reproduction of sociocultural structures (Hodgetts, et al., 2010; Hodgetts & Stolte, 2013).

In order to illustrate specific older adult experiences of hardship in a humanised and contextual manner I decided to present participants' narratives through the format of case studies. Case studies exist in contexts, which allow for the detailed study of the local, whilst also exploring the connections to the broader society and its dominant narratives. A key task for case-based research is to link the two domains of specific and general, which are enmeshed in each other within everyday life (Hodgetts, Drew, et al., 2010). Analysing participants' lived experiences and narratives through a case-by-case process enables observation of both the context and the nuanced, practice-orientated knowledge that many other measures miss out (King et al., 2015; Stolte & Hodgetts, 2015). Delmar (2010) refers to this research practice as 'doubleness', since in each social situation, it is possible to identify both unique and typical characteristics. Thus, the functioning of societies and larger social groups can be explored within a case (Hodgetts, Stolte, et al., 2010). Case studies can provide a framework for linking the general and specific through the production of 'context-bound

typicalities' (Halkier, 2011, p.788), involving generalisation to theoretical propositions (Radley & Chamberlain, 2011).

In addition to understanding the local or specific in relation to the general and society, using case studies of individuals is a technique to exemplify societal processes in concrete everyday life events, and to prioritise stakeholder experiences (Hodgetts & Stolte, 2012). Using case studies also allows us to conduct more in-depth and less exploitative research engagements with research 'participants' rather than on 'subjects' (Hodgetts, Drew, et al., 2010). Within case-based research, scholars can document, understand context, and address issues by working with those affected. From a participative action research standpoint, this method of data organization offers reorientation towards engagement and relevance, bringing marginalised voices back into societal dialogues.

Narrative Research

Narrative research was selected as the most appropriate method for understanding experiences of older adult hardship in New Zealand. Narrative research focuses on the experiences of individuals and how their experiences are woven within narratives. This form of inquiry is about how the participant tells and understands their experiences, and how the researcher finds connections to the society, culture, and institutions that have shaped the retelling of participant experiences. The experience itself is not the entire focus of analysis, but the manner in which people make sense of their experience by encoding it in narrative. This method takes into account the broader socio-cultural aspects that influence people's thoughts and ways of being within that society, and links to social representations (Flick, 2006).

Research on narratives is particularly useful for understanding the relationship between social processes and individual experiences. Narratives function at both deeply personal, and broader societal levels, each influencing and shaping the other dialectically

(Murray, 2000). The stories that people tell are constructed and influenced by broader socio-cultural dominant narratives and by their own interpersonal contexts (Mankowski & Rappaport, 2000). It is through their narratives that individuals make sense of and convey their experiences, in relation to broader dominant narratives (Stephens & Breheny, 2013). In doing so, individuals reveal something of the structure of our social world and broader ideological assumptions about the way things are or should be which pervade all aspects of everyday life (Murray, 2000). Through the sharing of their stories, people construct a mutually intelligible world and in doing so, a dialectical interplay occurs between the storyteller and their world within the narrative (Murray, 2000). Mankowski and Rappaport (2000) reference two versions of narratives. The first are culturally dominant stories that are repetitively told over a lifetime in socialization through institutions, such as mass media, education, health systems and policy. The second are the stories that individuals hold about themselves. The two types of narrative are considered to be intertwined, and marginalised groups can internalise and believe the dominant cultural stories about them, reflecting them in their stories; which may have positive or negative implications for individual identity and maintenance of the narrative (Mankowski & Rappaport, 2000).

Bruner's approach to narrative research emphasizes the roles that narratives serve for different individuals (Bruner, 1991). This is considered a functional approach to narrative analysis because the emphasis of the analysis is focused on how the narratives serve to help individuals make sense of their lives. Narratives shape chaotic and disordered events into a coherent account that makes life events easier to handle by giving them meaning and organization. Bruner argues that accounts people tell provide insights into the specific cultural rules for how we should interact and react and who we can be. The focus of this form of analysis is on the interpretations of events related in the narratives by the individual telling the story.

Lister (2004) states that an integral aspect of socially responsive, and anti-poverty research is finding ways to distinguish, resist, counter and extinguish harmful and oppressive societal narratives regarding poverty and those who are poor. Narrative research enables observation of narratives of those who are poor themselves, within their societal context. As Graham et al., (2018) found during research on food insecurity in the lived daily habits of New Zealanders, participants' micro narratives are a lived reflection of macro narratives, the larger processes and policy reform that are played out in the everyday lives of people experiencing hardship. In areas such as New Zealand where dominant cultural narratives fail to adequately represent the lived experience of individuals, community and individual narratives become crucial psychological resources for understanding accurate accounts and experiences of poverty (Mankowski & Rappaport, 2000).

Narrative Analysis Approach. Stephens and Breheny (2013, p.17) describe three intertwined analytic levels within narrative analysis:

> The personal story (the story that an individual is telling about their own experience), the interpersonal (the co-creation that takes place between the narrator and their audience), and the public narrative (the publicly available shared narratives of social life which include positions for moral and social identities).

The organization of these three analytic narrative levels is similar to Murray's (2000) commonly used levels in that the approach reflects the importance of social structure in the production of personal accounts and draws upon broader theoretical reference. Thus, narrative analysis considers the interplay between the personal stories that people tell, the dialogical relationship between narrator and audience, and the larger narrative social context as referred to by Mankowski and Rappaport (2000). A multi-level approach to analysis is not done to deconstruct or separate out levels in order to observe how narratives are hierarchically structured, as all levels are always present simultaneously. Instead,

approaching an analysis through levels enables identification of the presence of narratives formed at different levels, and observation of their interaction with one another (Murray, 2000). Rather than focussing on one or other of the levels of social psychological analysis in narratives, analysis of these levels together constitutes an integrated approach to understanding participant narratives and an understanding of how the levels work together for a wider narrative analysis of the data set (Wong & Mary, 2018). As a result of this approach, it becomes possible to identify and understand the roles and function that personal, interpersonal and public narratives play for individuals as they construct meaning from their experiences, as is inferred by Bruner's (1991) functional approach.

Given that the aim of the present research was to explore lived experiences of hardship within the social context of the participants life, I decided to use a multi-level approach for narrative analysis. As outlined at the beginning of this section, my analysis of participant narratives was based on the three intertwined analytic levels described by Stephens and Breheny (2013). Accordingly, through narrative analysis of each case study I could achieve a sensitive method through which I was able to make explicit the sociocultural assumptions permeating society, and to reference or illuminate the larger discourses surrounding poverty and ageing (Murray, 2000; Tuohy & Stephens, 2012). Through investigating the narratives of participants, and by integrating personal and social stories, it is possible to develop deeper understanding of people's experience of everyday issues. This method situates and locates the participant within their wider social context, within social narratives and use of their own understanding of their experiences. As a result, a wide-ranging understanding of how experiences of poverty are constructed is possible, which in turn provides knowledge about specific concerns such as agentive strategies with challenging experiences (Stephens & Breheny, 2013).

Semi-Structured Interviews. Based on the reviewed literature, ethical components of the topic and supervision, a semi-structured interview schedule was selected as the best method to use during information-gathering. The rationale for this decision was to avoid creating a simple agenda or checklist to derive information, but rather to encourage a communal conversation, so that the participant was not treated as psychological subject of interest, but an equal being with valued knowledge on the topic. Additionally, when researchers question older people's own experiences or preferences, asking older people directly in interviews is considered the most straightforward method (Stephens, Burholt, & Keating, 2018). A semi-structured interview approach was also more adaptable and less formalised than structured interviewing. Through using semi-structured interviews issues of interest to the research could be identified to facilitate the research aims before engaging with participants, whilst still empowering participants to tell their narratives from their subjective views (Flick, 2006). This orientation takes into account subjective theory, which means that participants come with their own knowledge about the topic.

Research Procedure

Population Demographic

The chosen study population demographic identified were older adults aged 65+ who had experienced material and financial hardship during their older age stage of life. There is no global classified age which defines being ‘old age’, but those over 65 years old are commonly referred to as older adults throughout New Zealand policy, pension claims, health services and media (Statistics New Zealand, 2019).

Ethical Approval

Prior to commencing the study, ethical clearance was sought from the University of Waikato’s School of Psychology Ethics Committee (see Appendix A: Research Ethics

Application). Ethics approval for this research was granted by the Human Research Ethics Committee (Health) of the University of Waikato under HREC(Health)2019#60.

Participant Selection

Following ethical approval, I contacted public agencies and community groups with a letter describing the research and advertising for participants (see Appendix B: Agency Contact Letter). Each agency or community group was also sent a digital research flyer advertising the study (See Appendix C: Research Flyer), and a participant information sheet detailing information about taking part in the study (See Appendix D: Participant Information Sheet). The agencies community groups selected for contact were nongovernmental organizations that already worked closely with the older adult demographic and provided support to those in need; The Salvation Army (older adult segment), Grey Power, Elderly Concern, Elder Net, Aged Concern, and local church older adult support programs. These organizations have prior understanding of the needs of older adult citizens and would be able to distribute the research material and sensitive matter to people they supported with expertise, rapport and respect. Several agencies responded with interest and wrote to notify me that they were passing the information to relevant connections.

In total, four participants responded to the advertisements and participated in the research. Three of the participants were female and one was male. The participants identified as of Indian, New Zealand European, European, Chinese and Māori ethnicities. All participants were over the age of 65 and the oldest was 87. Participants lived in Auckland and Waikato regions, and all were New Zealand citizens known to be experiencing hardship by community organizational and agency staff.

Participant Contact and Consent

Each participant was contacted on the phone for a preliminary introduction to the research and researcher. Following the phone call, I arranged a meeting with them following

the phone call in a safe space of their choosing. The spaces used for interview were public cafes near the participants' homes and one community agency room. I provided each meeting with food and coffee funded by the research, and the participants were aware of this before attending, so as not to cause pressure in question of payment. During our first meeting together the purpose of the study and use of data collected was reiterated, and a consent form to sign was given to each participant prior to beginning audio recording and interview content (see Appendix E: Participant Consent Form). I emphasised that participation in the research was based on personal choice and that the participant could withdraw from the research at any stage or take a break. Participants were advised that they could contact the researcher in the two weeks following their interview to remove their data from the study if they wished. Some of the participants asked for my personal rationale for undertaking the study. This interaction emphasised the importance of a dual relationship throughout the field work, and that it was important to engage in a humane manner, rather than simply complete a data collection procedure. I noticed a difference in our engagement after this discussion. Once participants knew that I was personally invested and interested in the subject matter, the stories and disclosure expanded, and narratives were told in an eager and personal manner.

Narrative Interviews

Following the preliminary literature review, and identification of rationale stated within the previous Research Approach section, a semi-structured interview schedule had been developed with reference to literature reviewed and supervision (See Appendix F: Semi-Structured Interview Schedule). The general themes covered in the interview included each participant's life history, current circumstances, understanding and experiences of hardship, associated challenges, strategies applied, support received and suggestions (See Appendix F: Semi-Structured Interview Schedule for detailed questions).

Interviews were conducted between March 2020 and July 2020. Each semi-structured interview consisted of open-ended questions and lasted approximately two hours. Although semi-structured interview methods were used and an hour appointment was scheduled, participants needed to take their time in telling their own stories. Participants informed me that some of the experiences they disclosed they had never spoken out loud before or considered in such depth, thus they often took time to construct sentences and recall events. Furthermore, as a result of the open-ended question design of semi-structured interview, the participants had the space to share what they wished. Resultantly, each participant spent a considerable amount of time sharing their life details regarding personal history, relationships, children, family members, mental health, concerns and heartbreaks. Although these dialogues were not always centred on the material and financial hardship they had experienced, their tangents and storytelling provided contextual data for their narratives as well as enabling myself as the researcher to step briefly into their lifetime history of events. Potential risks or discomfort to participants were considered. For participants there was a possibility of risk due to discussing personal experiences in the interviews. When participants spoke of experiences that elicited strong emotions, I offered to take a break from the interview. These participants did not want to stop and explained to me that this was part of their processing of the memories and experiences.

Following their initial interview, participants were invited to attend a second interview if they recalled aspects of their narrative that they wanted to share or discuss. Two participants had a second interview, lasting approximately two hours. I conducted a brief follow-up phone contact with each participant and posted them a grocery voucher as koha. All interviews were audiotaped. I ensured that participants' information was confidential. Each participant was given a pseudonym for use throughout the research and aspects of their stories that may be identifying were removed or altered. All records, consent forms, data and

transcript files were kept in a locked office room, or digitally with password protection. The participants' case studies and narratives elements about hardship vary in length and depth. There are a couple of reasons for this. Firstly, some of the participants spent longer in interviews, and remembered more that they wanted to discuss as time went on. Secondly, some participants, such as Paul, found it difficult to discuss aspects of hardship, and would often talk in a tangential manner as a form of self-censoring. Thirdly, given the different experiences, each participant had varying amounts of information and related experience.

The Coronavirus 2019-2020

The coronavirus reached New Zealand in March 2020. Older adults are identified as at high-risk from infection of the virus (Mueller, McNamara & Sinclair, 2020), and are considered to be at more risk of adverse effects during general emergencies and disasters (Tuohy & Stephens, 2012). The worldwide virus outbreak had brought unprecedented challenges and threat into older adults' lives, relationships and well-being (Chee, 2020). All participant interviews were conducted either prior to the first major outbreak and nationwide lockdown, or after the first outbreak, as the country returned to level one. After the nationwide level four lockdown beginning in April 2020, and additional Auckland lockdown for two weeks in August 2020, all remaining participants were contacted with the options to either cancel their interview and participation, to continue with a phone interview or to meet face to face in a safe environment. Relevant precautions and procedures for Covid19 contact tracing were completed during interviews.

Transcription

Audiotapes were transcribed manually to ensure records of nonverbal cues, emphasis, humour, irony and expression. Excessive detail such as transcribing every 'uh', 'uhm' and 'ah' was not always included as these can distract from the readability of a transcript. Non-verbal behaviour and actions were noted, such as when a participant paused for any length of

time to reflect and when they laughed or cried. Noting non-verbal behaviours was important for interpretation of context and conveying of conferment from the participant. Quotes from interviews with participants were italicized to distinguish each participant's words from my own and the literature.

Analysis and Interpretation

I relied on the analytical method of narrative integrated analysis. Data from the participants' transcripts was analysed to develop an understanding of the meaning participants give to themselves, to their surroundings, to their lives and to their lived experiences of hardship. Components of the participants' narratives that were interpreted were content-related phenomena (conflicting explanatory models, idiosyncrasies, irony, sarcasm, humour, use of optimism and colloquial terms, etc.), as well as elements of speech itself (hesitations, pauses, laughter, restarted dialogue, emphasis, tone and word choice). I did not restrict analysis only to accounts that met all the structural requirements of a formulaic story, as this would neglect particularly poignant or tense stories that participants struggled to finish. It was also valuable to examine stories that were started, abandoned, the re-introduced, as brief accounts are also revealing of social life within narrative research (Wong & Breheny, 2018).

Elements of participants' narratives that involved their experiences with hardship, or responses within their situation were selected as significant for further analysis. Special attention was paid to the participants' narrative discussion of barriers, challenges and agentive strategies during experiences of hardship. A particular focus was on reflections or representations of the challenges involved with being an older adult and poor, and the ways that individuals produced, or resisted with these challenges, in addition to what the underlying societal concepts were that expressed these challenges and agentive strategies.

These featured elements of the narrative were then interpreted through a societal level of analysis using plotlines, thematic structures and scholarly references.

Finally, interpretations of participant narratives and making meaning of their experiences was connected and assembled around key interpretations that were indicative and reflective of the influence of wider societal dominant narratives. Organisation was not done simply with the quantification of raw phrases and notations from the participants, because, as will be discussed later, this method would have been problematic, inaccurate, and untrue to the core of the issues of older adult hardship. Instead, I categorized the interpreted meanings throughout participant narratives in reference to preponderant societal narratives discussed in the literature regarding older adult stages of lived and experiences of hardship. The emerging themes were organised in relation to the way in which the narrative served to make sense to a participant, as a response, or with reference to the wider societal narratives. Themes that emerged were used to understand experiences amongst participants in relation to their broader societal context and helped to refine and identify relevant information to the study. The emergent themes representing participants' responses to wider narratives were then illustrated in light of the context of established previous research and literature with reference to the nuances of the retelling of participants' experiences.

Reflexive Summary

According to Kim (2016), a narrative inquirer does not stand outside from research in a neutral, objective position simply analysing spoken words. Rather, narrative inquiry is a collaboration between participant, context, interpretation and the researcher, there is no separation; only a 'dance of entanglement'. Narrative research necessitates qualitative judgement and researcher interaction with the data set, and I was aware that, whilst strong themes emerged, there were various ways to interpret the information that I had gathered. Reflexive research requires ongoing consideration and review of assumptions and practices

(Yanchar, Slife, & Warne, 2008). As I did not want to simply appropriate data to fit my philosophical orientation, nor misconstrue what participants had said, I sought to continually reflect on my own assumptions and lack of knowledge, and to make explicit my own theoretical understanding and lens with which I approached the research as a young Pākehā female.

Chapter Four: Narrative Experiences of Hardship

Introduction

This chapter presents an analysis of four accounts from New Zealanders that have experienced hardship as older adults. The four participant narratives are each an inimitable, original description of how hardship is experienced within four different lives with the common experience of poverty in older age. My overall intention in this chapter is to present insights into participants' lived experiences of hardship. As is noted in the introduction to this thesis, analysing participants' accounts of poverty provides understanding of the experiences of older adult hardship by analysing the manner in which they shape and retell their experiences. To understand contextual lived experiences of poverty for older adults, we need an approach which will include understandings of socially available narrative forms, documenting how the general and societal is reproduced in the particular, or individual (Stephens & Breheny, 2013; Hodgetts, Stolte, King, & Groot, 2019). In order to achieve this, the integrated levels of narrative analysis offered by Stephens and Breheny (2013) previously discussed within the methodology chapter (Chapter Three) were utilised as a device for exploring participant experiences. This chapter is split into four sections, with each section containing the case study and context of a participant's narrative. The lived experiences of each participant are explored, with particular attention paid to challenges and agentive strategies applied, which are understood in reference to wider societal narratives and research.

Louisa: Participant One

The following section contains Louisa's narrative. Louisa identifies as being of Māori and Chinese heritage. She was 87 years of age at the time of her involvement as a participant. There are some details from Louisa's narrative that I have not placed within this analysis as they are too sensitive and identifying to be shared publicly. I have included some generalised

aspects of these details since these are important for context and understanding her experiences. I was given Louisa's contact details through older adult support services, where she currently receives food packages and is involved in community programmes. The programme director reported that Louisa struggles to make her money stretch through a week, and to meet payments for rent, necessities, and food. She currently rents accommodation for herself. During our first meeting together, Louisa described struggles with mental health issues after a difficult divorce. From the timeline Louisa shared, it appears that Louisa's hardship began following her divorce and a mental health crisis. As a result of her partner leaving, and her daughter's death at age 68, Louisa became the sole caregiver for two of her grandchildren, ages two and five, whom she raised to adulthood.

Louisa's grandchildren (Louisa considers them to be her children, having stated "they call me 'mum', and I call them my sons") had left home at her time of participation in the study. During Louisa's interview, she shared experiences of severe hardship in the past (when she had care of both the children), as well as her current concerns and struggles whilst living on her own.

Louisa's account primarily focusses on the function of felt shame and stigma whilst experiencing poverty, in tandem with experiences of ageing and a desire to retain an independent, socially endorsed and youthful identity. Louisa's narrative and descriptions of her experiences allude to her efforts to maintain her identity, and the great lengths that she had to take in order to support herself and her grandchildren. The challenges of meeting housing and food costs, means Louisa has to settle for substandard housing and source food from what would normally be considered rubbish in order to survive. She utilizes strategies of responsibilization, delegitimization, positive fatalism and humour to explain her experiences. It is these challenges, and agentive strategies that I sought to explore further throughout her narrative.

Themes of poverty responsibilization (Hodgetts & Stolte, 2017) appear early on in Louisa's narrative. Louisa described the beginning of her experiences of hardship in the following manner.

> **Louisa:** "When (my husband) left me I had saved up a little cash but because of the (paused), because it wasn't the children's fault that this happened, and I just didn't think it was right that they should be stripped of everything they'd been to …. So I carried on paying for everything, and courses", and uhm mm, (paused) "Got to this stage where I couldn't afford it any longer, but then I had a big cry and all that and I thought how stupid I was".

Despite the fact that Louisa had been left by her partner (who been the main source of income for the family), had tragically lost her daughter, had a mental health crisis and had taken over the care and financial duty for two young children, she still perceived herself as being 'stupid', thus blameable or responsible for her situation. In reality, Louisa's financial situation was precipitated by a range of traumatic events outside of her control.

In order to feed herself and her grandchildren Louisa spoke with me about how she would prepare food for the family. Louisa shared that she was careful with her food and would make resources stretch. Obtaining food grants or food packages was a last resort. To this end, Louisa had adopted food sourcing strategies, such as collecting the cast away outer leaves from greens at supermarket bins to make meals last.

> **Louisa:** "Oh that's the story I didn't tell you, my Christmas chicken".
>
> **Researcher:** "Oh yes?"
>
> **Louisa:** "Everyone laughed about it, I laugh too now, I didn't then, I had this chicken and I made it last three months … and I happened to go to (support service), go and they said "Nice to see you! You can come in for coffee, on Wednesdays and Fridays and for food parcels." I said, "What do you mean, I already have a food parcel" (laughed). They said, "Have you still got some food?" I said, "Well no, not really, I've still got that chicken." He said, "But it's three months what do you mean you've still got the chicken!" I said, "I don't eat it, I don't like chicken, I said the boys got them, one piece, two pieces some vegetables". They used to have Chinese food (in food packages given out by community charities), yumyum noodles (instant noodles) and I'd just boil them up and strain them and then use them for stir fry, you know with

> vegetables, one packet would do us all because I'd bulk it up with vegetables, and uhmm (hesitated) this is awful but in the old days they used to have bins that you used to put out, and you weren't allowed to take anything out of the bins but I used to go through them like cause of it was really good stuff".

The incident Louisa has described with a chicken lasting three months is a part of her narrative that she regards with humour. This experience is possibly a practiced narrative that she tells with some pride at her ability to make food stretch and still manage when things were very difficult for herself and the children. Her ability to laugh at what was a grim situation could be viewed as pushing aside the severity of her experiences and making light of the matter through communicative humour to demonstrate that she had overcome the situation, or that it had not scathed her. In reality, and when not encased with humor, or retold as a funny story, the event of having to make one chicken last three months when feeding one adult and two growing children is poignantly tragic. Yet, the severity of this event is masked in humor throughout Louisa's narrative of the experience. I clarified at this point in the conversation what 'bins' she was referring to, and she replied:

> **Louisa:** "The bins that they strip off in the shop, I think 'woooah' you know. Uhmm, (mimed hesitating) and 'let's have a look', but you could eat it…. I hated, (sudden halt in conversation) no, no! I didn't hate it. I didn't have time for hate, I just had to think of ways to make everything work, you know. I made sure the boys still had good lunches, cause I didn't want them to be embarrassed."

Louisa's spoken alteration in perception during talk of the rubbish bins is a reflection of her emotions at the time, and the agentive strategy she employed to push through the negative experience of sorting through rubbish scraps in the supermarket isle, placing aside her concerns around shame in order to meet the necessity for food to survive and feed the children. Her use of 'you know' carries the assumption that the experience has a shared meaning with others, meaning she interprets her experience as a normalized situation. In reality, the majority of New Zealanders would not 'know', what the experience of needing to scrounge for food is like.

Louisa's comment about lunches inferred her acknowledgment or nod to the shame involved with her grandchildren not having a decent lunch to bring to school and eat with peers. She took care to act to make sure that the children could maintain appearances that they were not struggling. This finding reflects the common need to navigate the shame and moral accusations associated with poverty. From the contextual details, it was evident to me that Louisa did not have a lot of food in the home during this stage of life, when she took on the care of her grandsons. Hence, it was highly likely that she had been going without food herself in the past in order to ensure that her boys had enough food to eat, or at least to display at school.

As the interview progressed, Louisa shared more about her current living situation. I had assumed she lived alone due to her descriptions, but Louisa confided to me in a quiet voice that she had recently taken on a boarder so she could afford her rent. She spoke quietly since this is not permissible with her tenancy:

> **Louisa:** "I have a boarder (chuckles)"
>
> **Researcher:** "And does that work well for you?"
>
> **Louisa:** "Not really (laughs), the church found me him cause he was around and they said he'd be alright, I'd never had anyone I was all like '(makes an aggravated noise)' I could do with the money though, I said yeah-yeah okay. So uhm, he's okay. I'm just not used to sharing my life".
>
> **Researcher:** "Is it just a one-bedroom house?"
>
> **Louisa:** "No no, he's got his own room, he's got mine because I gave up mine, walk in wardrobe, big one and um a shower."

Louisa's need to welcome a boarder and sacrifice her own bedroom, is a reminder of the precarious access to basic shelter that other members of society often take for granted. She no longer has the privilege of privacy, nor ability to choose who to live with and the option of declining her own room to a stranger. Due to Louisa's rental price for a house in her city, she cannot afford to live alone, and the costs necessitate that she must sub-let to live

somewhat independently. This reflects national research on the matter of rising rental costs impacting older adult hardship (St John & Dale, 2019). When we talked about rent payments Louisa mentioned difficulties.

> **Louisa**: "It hasn't been easy… I've gotten a temporary accommodation supplement, well they call it temporary, but it hasn't been temporary, it's been 8 or 9 years now, (chuckles) for rent."
>
> **Researcher:** "And does that help fully cover your rent?"
>
> **Louisa:** "Not quite".

From further discussion, it became evident that for Louisa, her weekly payments are a challenge. I asked Louisa if she had any concerns about her living situation. She told me that her house has flooded due to lack of maintenance by her landlord, and Louisa has been asked to move on so that they can tear it down and complete renovations. Louisa has lived in the same rental for the past eight or so years. Her current home is not up to standards required for rental accommodation, and she described that some things are broken and out of code. Louisa explained that cords and electrical connections were not safety-approved and that her kitchen fan and heating elements did not work. The recent flooding had caused significant water damage to the building. Although the house is not ideal for her, but reportedly 'shitty', she stated that she had a deal with the landlord that he would not raise the price or change the tenancy, so long as she does not complain to the Tenancy Tribunal. This part of Louisa's narrative, although pitched in a cheerful manner, represents the restricted safe housing options available for her as a result of her financial hardship, and the discomfort she must endure to afford her house and security. The situation also reflects that rental housing laws and renters' rights offer little protection for those who are the most vulnerable in tight housing markets. Louisa later said that she is concerned about being able to find another living situation that she can afford and that will enable her to keep her pets.

> **Louisa:** "I will have concerns about my home next week, they're saying everyone is wanting rentals. A lot of people are coming in (to the community

> support group she belongs to) because they can't afford a rental and food you know, here I am an old lady getting help, why the hell can't you. You know, uhm, (she paused), I'm okay."

Louisa's insinuates herself to be of less importance than others because she is an 'old lady' with the assumption statement that others should be able to receive more assistance easier than her. Her wording and emphasis ('why the hell can't you') stress the strength of this comparison between herself and what she sees as being other more legitimate or deserving recipients of help (Peacock et al, 2014).

I asked Louisa about the times she had needed to ask for support, and how her help seeking had been received. Louisa talked about her first experience of asking for help when she had approached an organization for monetary support. The experience was entirely negative for Louisa, and she showed some emotion and anger as she retold the story. Louisa recounted how, upon arrival, she was required to show her bank statement and was asked to leave as a result of small savings she had kept together. The screening staff member told Louisa, in a voice loud enough for other people to hear, that she did not need support or help from the organisation. Louisa insisted to me that the small amount ($2,000) in her bank account was all that she had saved, and was scrupulously set aside for them in the case of an emergency.

> **Louisa:** "I stood there, and I wanted to cry, (pause) I wanted to yell… I went home, and I cried, I ah, I didn't know what to do … It was a while a before I tried again. I didn't want to, but I had to.… And after a lot of trouble (the governmental organization) decided they would help, and I got so much (gestures to a small amount using fingers) for the children and a little bit for myself".

I could tell from the fluctuation of the volume of Louisa's voice and her demeanour during this stage in the conversation that she was embarrassed and angry about some of what she was saying. This was not an isolated incident since she shared how she had sought

support at different organisations and had been rejected. We talked about other ways she accessed help now and Louisa expressed that she still finds it hard to ask for help.

> **Louisa:** "I've gotten used to it and I know what to do ... but even now I sort of just ask when I really (emphasis) have to you know, I have to swallow my pride and just do it".

It is evident throughout Louisa's description that help-seeking has been, and still is, a very difficult experience for her. Louisa's experiences are similar to that which Thomas et al. (2020) found to be prevalent. Within their study the participants' experiences featured unceasing reminders from service providers and statutory organisations that they were fortunate to receive anything, which is an assertion that served to continually reinforce their failure. Receiving state welfare or other forms of more localised support such as foodbanks, carries with it a substantial burden of shame and stigma, particularly when people are constantly made to feel that they are undeserving of this support. As a result, people become reluctant to involve themselves in the welfare system, even when they were entitled to receive support. Thomas et al. (2020) state that this form of denial functions as a form of self-preservation in which people attempt to dissociate themselves from the stigma of poverty and help seeking.

Louisa frequently expressed to me that she was 'blessed', regardless of her experiences throughout the interview. One example of this description is the following section:

> **Louisa:** "I'm blessed you know, I'm happier now, without anything, as long I've got friends that are supportive, I've got a roof over my head, for now anyway (laugh) I've got my animals, I've got people that love me, and I've got food in my tummy… Mind you, see, it will be nice when they [the government] boost things [welfare benefits] by an extra twenty-five dollars [per week]".

Louisa's references to being blessed is somewhat incongruent with her actual life situation. The community organization who had suggested Louisa as a participant for this

research had done so due to their understanding that she lives in significant hardship. Hence, it appears that Louisa is taking an overly optimistic view of her situation, concentrating on what she sees to be the good. Her final comment regarding the extra NZ$25 of assistance that will be 'nice', grounds her situation in a more solemn manner. Louisa's anticipation of relatively modest increase (from a middle class perspective) in her weekly budget reveals the financial constraints she experiences despite her frequent references to being blessed. Similar agentive strategies were evident in Breheny & Stephens (2010), where poorer older adult participant narratives of suffering remained relentlessly positive, demonstrating a positive attitude in order to construct a successful version of their experiences and self.

Towards the end of Louisa's interview we spent some time chatting about the experience of aging, and Louisa offered up her perspectives.

> **Louisa:** "The biggest trouble with old people, is they know they're old and they act old. I don't really care. I think 'argh, get used to it', all they can talk about is what is painful. I think get over it you know, if you're going to die, you're going to die. And they act old, and they wear sombre colours and sensible heels, I wear stilettos and things like that, I still like to do things that are young. I will wear colours, I will wear playsuits, I love colour I love fashion. People know that. I've got just as many things wrong with me, but I do it. Do something, don't give up on life".

> **Louisa:** "I see them coming and I'm thinking what, how old are you. (pause) Yes, they give up on themselves".

Louisa outlines the behaviour she engages in, in order to remain and retain a sense of identity and youthfulness whilst still belonging to a group of others that she considers act 'old'. Those who do not engage in more youthful conduct are considered as having 'given up on themselves'. This element of her narrative also indicates how she constructs her social identity, and portrayal of life and youthfulness. Here, Louisa reveals an important element of meaning to her narrative of ageing. She describes the importance of maintaining a youthful engagement with life, or one that defies negative aged perceptions of aging and dying. She describes that this behaviour is an important part of her identity, one that people know her

for. She also attributes accepting negative views of ageing as giving up on life. A process she relates to consequential death itself in her later statements.

Louisa spent time talking about her physical health, and how she had spent time in hospital recently, and was considering asking for additional monetary assistance with costs related to ongoing health concerns.

> **Louisa:** "I want other things I just have to put my name down. I don't like to do that. I would like to have a disability thing (weekly disability grant), but I haven't got it yet, because I feel others need it more. Although some days I think arghh. So many people have so much wrong with them it's unbelievable, unbelievable. I owe the government so much, because I've [got] pacers, a transplant, stents put in, had a jawbone. I didn't know any of this before…I feel that I'm really blessed".

Even when referring to the serious physiological health conditions she has experienced, Louisa's account still contains references to her felt illegitimacy to receive help. She has mentioned several health concerns she has had, and likely even one of them could mean she is eligible for medical social welfare, yet she does not see it as being evident proof she is able eligible or worthy to receive assistance, instead seeing others as needing the benefits more. This is ironic given her medical history and material restraints. Such a picture shows an illustration of the felt illegitimacy by older adults to receive help, even in the midst of hardship (Breheny, & Stephens, 2019).

> **Louisa:** "I've had (life threatening disease). I've learnt to manage it myself. You hear the word, and you think you're going to die, and you do. One thing I've noticed, a lot of people, white people (points at researcher) tend to ignore their elders, so that they're left with no friends and all they want to do is send them off to a rest home".

There are several themes to unpack in Louisa's final comments about ageing. Her narrative includes a form of positive fatalism, where she attributes a positive mindset regarding old age and illness as a protector against death or succumbing to age. Here, she exercises agency within her narrative, viewing her health and life stage as within her realm of control. Yet, earlier Louisa also intertwines a fatalistic view to death and ageing, stating

previously that, ‘if you’re going to die, you’re going to die – get over it’. Hence, she acknowledges that death is not something that can be avoided or put off. This contradicts her views about control and positive thought (Bolam, et al., 2003), and resisting successful ageing. Yet, this apparent contradiction also indicates that she is well aware of the incongruities of her agentive strategies, but her positive fatalism strategy serves the function of preserving a sense of self in a situation of hardship.

In summary, Louisa’s narrative provides an illustration of the everyday experiences of poverty as an older New Zealander, including specific challenges and agentive strategies utilized. The extent to which she went to hide her hardship and desperation, and the impact of shame, embarrassment, and stigma on this decision is evident throughout her experiences. The difficulty in seeking support, and judgement experienced once doing so is a concerning element of her experiences.

From the events within her narrative, it is clear that Louisa experiences hardship and difficulty, yet she also expresses seeing herself as being illegitimate in regard to seeking help. Louisa’s retelling of her experiences is overlaid with humour, elements of fatalistic resignation and references to herself as blessed. Her narrative also includes a deliberate act of positioning herself as someone who resists against aging narratives, and as able to avoid succumbing to appearing old, or as having ‘let go’. To summarise, Louisa’s entire narrative illustrates her efforts to mitigate the shame arising from her situation of hardship, and she voices active resistance to the negative norms, depiction or acceptance of what old age entails. Her case constitutes an exemplar for the emplaced sacrifices and actions required to sustain a home of her own. Her experiences also speak to the difficulty of caring for grandchildren and the stigma, frustrations, and vulnerability involved in seeking financial help. The narrative of her difficult situation is characterised by optimism and humour that she employs to shape meaning and retell her experiences. When deconstructed and understood in

relation to her context, the details of her narrative reveal a bleak image of the severity of hardship experienced by older adults in New Zealand.

Judith: Participant Two

The following section contains Judith's narrative. Judith is proudly of British descent but considers herself to be a New Zealander. She was 69 years of age when I met with her. I was given Judith's contact details through an older person's community support service, where she currently receives food packages and is involved in community programmes. The programme director reported that Judith lives 'week to week' with some assistance and has minimal resources. Judith was born in the United Kingdom and moved to New Zealand with an ex-partner. Judith spent time working in community programmes as a volunteer, before requiring assistance herself from support programs.

In common with the previous section on Louisa, Judith's section also has a focus on the shame involved for older adults seeking assistance whilst experiencing hardship. Judith's narrative highlights the felt need as an older person to express independence and the ability to cater for one's own needs in order to place themselves within successful ageing and non-dependency narratives. Judith's discussions of hardship are predominantly focused on the distanced experiences of others, and tended to illustrate her own experiences through theirs. Through this use of 'othering', and both positive and fatalistic expressions of her own situation, the challenges of stigma and delegitimization are evident. It is these challenges, and agentive strategies that I sought to explore further throughout her narrative.

At the time of her participation in the research Judith often had care of one grandchild. Her grandchild was experiencing wellbeing concerns that meant that she often must miss attendance at school. Throughout her interview it was apparent that Judith has concerns about her daughter and grandchildren, since there is a history of wellbeing concerns for her family. Judith's daughter is a single mother, and thus Judith says she feels she needs to be there for them, and is frequently involved with childcare. An example of her involvement is in the following statement:

> **Judith:** "You just have to (help out), they're your family, but sometimes it's a lot for me".

Judith's comment foregrounds the difficulty of taking care of her grandchildren, but also the imperative to do so.

Judith is very careful with her food preparation, and she took great detail to tell me how she makes her budget work, which shops she uses, and how she utilizes bargain deals. Judith also repeated some of her recent recipes to me, telling me how she had been able to divide her prepared meals and freeze them to make one large meal last ten servings. Our interviews took place at a café, and during one of our visits Judith pointed out the senior discount to me. Judith then described how she would look for cafes that provide a coffee and muffin for the lowest Gold Card price (New Zealand Senior Discount Card). making a café visit more affordable for herself and her friends.

Judith lives alone in a Housing New Zealand [the state housing agency] complex and has lived there for the past ten years. During our first interview, Judith shared that she was very happy with where she was living and felt at home. In her current housing, Judith pays a subsidised rent, and can afford to save a little for emergencies.

> **Judith:** "You know I've always got, so, y'know I've always got a thousand in my bank, so that when my pension goes in, I save some, and I'm living quite comfortable on that. Gas for the car and everything … I've got a book and I write down whenever I buy anything, and I have the $1,000 safety net, that is it. If I had to pay [nonsubsidised market] rent it would all be gone".

Judith's comment about her finances and how she keeps herself from running out of money is stated in an easy going and factual manner, which can cloak the harsh truth that she has only NZ$1,000 available in the case of emergencies. Given her finances, her situation is evidently precarious. As Judith mentions, should she need to make extra payments or move into a non-subsidized rental, she would run out of money very soon. Her narrative about this situation portrays how delicate the line is between living in extreme hardship and barely

surviving. This element of her narrative also illustrates how limited the amount of superannuation she receives is in regard to living standards and security for someone who is not a homeowner.

During our second interview Judith brought up recent events that she had experienced at her complex. She stated that at times she was concerned and sometimes frightened, feeling threatened in her living situation due to disruptive and violent behaviour of some of the newer residents. At times, the noise of yelling, swearing and fighting keeps her awake at night.

> **Judith:** "Swearing and fighting going on since 2018 … there was a fight, police came ... we've reported to Housing New Zealand, but they have done nothing about it … One day there was an open fire on the grass. There were flames coming up toward my place, it was windy. … my glass was smashed during a fight, and people were throwing things… I do feel shaken at times, as it disrupts my sleep".

During discussion of these events Judith became quieter and said:

> **Judith:** "I should stop complaining, I could have it worse, if this is all I have to worry about then that's okay you know".

Judith described the situation within her housing complex, which made her feel unsafe and had impacted her sleep and sense of security. Given Judith's position in state housing and her financial limitations, she has few other options for accommodation. After spending time detailing the negative aspects of her living circumstances she concluded with the statement: 'if this is all I have to worry about then that's okay you know'. By framing her experience in this way, Judith minimizes her distressing situation. Not only does this comment downplay her situation, but it also references a form of fatalistic resignation to the expectation that because things could be worse, her situation is something that she should deal with, and not complain about, and that she should perhaps even be happy that it is not worse for her.

When I spoke with Judith, she shared that she had thought about moving places, but was sure that she would be sitting on a waiting list, would not find a place to live for a long time, and that the situation may end up being worse than before. Judith also stated that her home is her community, where her and other older adults living there feel a sense of camaraderie, friendship and support from one another.

Judith took a lot of pride in her independence and resilience at an older age, expressing comments throughout her narrative which reflected these abilities.

> **Judith:** "In a way I think I'm self-sufficient."

> **Judith:** "I think to myself, 'there's no point in worrying, or making a fuss', 'there's nothing I can do to change bits and pieces', and I just carry on".

If the researcher did not have a contextual understanding of Judith's experiences of hardship, her comment regarding self-sufficiency could infer that she is comfortably able to provide for her needs and would not benefit from assistance. This is evidently not true for Judith. Yet, comments about being 'self-sufficient' or 'not making a fuss' are commonly expressed by individuals experiencing hardship. These comments are functional since they allow people like Judith to actively resist dominant narratives as a protective mechanism, to create a portrayal of a self-affirming identity which fits the neoliberal narrative of success. This portrayal provides people a sense of control and solidarity, but also means that they are alienated from systems that are able to support them (Thomas et al., 2020)

Although Judith is demonstrating her ability to survive well, she is also indicating a sense of fatalism towards her situation, stating that she is powerless over her situation. Keeley, Wright, and Condit (2009) found that this manner of fatalism is expressed for stress relief, uncertainty management, sense making and face-saving within narratives of physical hardship. The authors identified that fatalism functioned for participants as a means of avoiding stress and uncertainty, where individuals had decided that it was better overall for their life and health to accept the future rather than worrying about it. Similarly, Sharf,

Stelljes and Gordon (2005) found participants used fatalistic attitudes as a mode of coping with uncertainty about impending events. Keeley, et al., (2009) also identified fatalism as a form of sense-making for participants, where fatalistic statements were used to summarise situations where outcomes seemed likely to be negative due to past behaviour.

Throughout Judith's narrative it was evident that she constantly felt the need to express her ability to function well, despite her limited resources. An example of how this was portrayed can be viewed in the following statements that appeared in conversation that were not prompted by a question from the researcher.

> **Judith:** "I'm not taking medication for anything. Never been on any. One time a nurse at A&E (a New Zealand accident and emergency clinic) said I had good blood pressure. I've never had blood pressure problems, I've never had heart problems, I've never had I've never had any cholesterol problems, I'm not [on] medication."

The spontaneous elicitation of this personal medical information illustrates that Judith felt the need to portray herself as a successful and healthy older adult. She has a verbal list of the issues and complications that she does not experience, indicating that this is a form of achievement for her. This agentive strategy within her narrative is congruent with findings by Breheny and Stephens (2010), where positive ageing narratives were used by participants as a sense of achievement in meeting the societal demands on older adults to age well and positively. The authors found that participants who were poorer worked hard to situate themselves in terms of a discourse of successful ageing (Breheny & Stephens, 2010), in order to comply with the neoliberal moral imperative to be accountable for one's wellbeing (Pond, Stephens, & Alpass, 2010).

When discussing hardship, even though the objective of this interview was to discuss her own experiences, Judith found it easier to discuss the hardship of those around her. In this manner, Judith was able to talk about her own concerns fears and struggles in accessing help, but was able to do so through stories about the distant figure of a neighbour or friend. I found

that our conversations revolved around what other older adults may experience, think or feel, and what hardship may look like for them. Judith's reluctance to reflect her own experiences shows how hard it is for Judith to portray herself as poor regardless of the severity of her situation, or intent of the interview. Judith's use of 'othering' serves to both position the self in a safe and defensible space. Research shows that this strategy throughout narrative has a protective function as it enables stigmatised identities to be managed and to be pushed away from the self (Bourke, 2013; Thomas et al., 2020).

We spent some time discussing Judith's neighbour's situation of hardship, and how he, an older man, had found it hard to ask for support when he had entirely run out of food during a Covid19 government-directed lockdown. Even when he had nothing left to eat, Judith said it still took much encouragement and convincing for him to begin asking for support.

In regard to asking for help, Judith said that a predominant barrier she saw for older adults to ask for support was:

> **Judith:** "The fact that it's their first time asking, they've never had to have help before and that makes it difficult to ask".

Researcher: "What could make it easier for older people to start seeking out assistance?"

> **Judith:** "I think it would have to be somewhere without families or younger folk who don't have enough money (pause) … There's a lot of people wanting food".

Judith has described how it is hard for those who are older to go to centres and ask for support, and to be considered in the same space as families and younger people. She observed that an older person would feel out of place here, and as if they were taking up the space of someone more deserving, more needy, or hungry. Here, Judith refers to the notion that older adults can find it difficult to perceive themselves as legitimately able to receive help, perceiving themselves as contenders for limited resources which 'should' be given to more

deserving people, such as families and those who are young (Hudson & Gonyea, 2012).This aspect of her narrative illustrates how the shame and stigma about receiving help as an older person when it is known that younger people also need help can affect an older person's help seeking. The pervasive construction of older people as contenders in society for limited resources is evident within her narrative and that of her friends.

We spoke further about what is involved for an older adult when they have to ask for support. Judith mentioned that it was hard for people to make a call, and to answer questions about what they needed, saying that it would be better if older people had a designated phone line, where the receiver would primarily ease their concerns and tell them it was acceptable that they needed some help. Judith also mentioned that she thought for 'other' people, it may be helpful for them to be reassured that their strife or hardship is not their own doing or fault, but rather due to situational circumstances, out of their control and did not mean anything about them or what they had done.

> **Judith:** "I would prefer that they (older people) have their own person who just a bit older and they could go there, and say we know you're not used to it and it's not what you wanted, it not because you haven't gotten the money it's just the circumstances".

Judith's comment above illustrates a similar experience to what Peacock et al. (2014) found, where disproportionate amounts of personal responsibility were assumed during experiences of hardship, thus preventing the individual from feeling able to seek help for what is considered to be their own fault. Judith's comment reiterates and reinforces the fact that she and other older people do not feel that it is acceptable to seek help.

In summary, a key thread throughout Judith's narrative, is the challenge of felt stigma, and the agentive strategies she employs in response. This is evident during Judith's discussion of her physical wellbeing, 'self-sufficiency', and independency, ensuring that she is seen to be responsible for herself, fitting within successful ageing narratives, and illustrating her rejection of dependency even whilst clearly struggling with very limited

resources. Evident within her narrative is also fatalistic commentary, where she has resigned herself to her living situation, and delegitimizes any sense of being unhappy with her situation with statements such as, if this is as bad as it gets, I shouldn't complain', and 'I can't change anything by worrying so I just continue on'.

Judith also raises some interesting points regarding the difficulty that older adults can experience in seeking help. Her comments are supported and similar to what is described in other scholarly literature (Stephens & Breheny, 2018; see also Chonody & Teater, 2018; Nelson, 2002) where those who are older feel that they are a burden to society and others. Additionally, Judith's use of othering to discuss hardship is a safe manner to discuss a situation about shame, given that through doing so she is able to distance herself from the situation, and protect herself from what others may think of her and the neoliberal narrative of responsibilization (Peacock et al., 2014; Walker, 2014).

Paul: Participant Three

The following section contains relevant details of Paul's experiences. Paul identifies as of Indian and British descent, and considers himself a New Zealander. He was 66 years of age at the time of his participation in the research. I received Paul's interest in the research through a community church older person's programme. Paul and his church reported that he had experienced financial hardship in recent years. Paul moved to New Zealand as a teenager, and he finished his schooling in New Zealand. Paul worked in information technology, and experienced three redundancies during a short period of time in his 40s and 50s. Paul currently lives in a housing complex for older citizens, and as of recently receives the superannuation as his only source of income.

When discussing the use of a pseudonym, he asked to be called 'Paul' as this is how he identifies himself with his love of music. Throughout our interview it was clear that music,

and engagement in singing and making music with others has been important to him throughout his life.

Paul's narrative illustrates the difficulty of reaching retirement whilst on a low income, and the difficulties of practical challenges such as meals, as well as seeking support during this period. Paul had not received paid work since he was 50. He spent a significant amount of time during our interview talking about his working years, and detailing each redundancy, demonstrating his felt need to legitimize receiving the New Zealand job seeker's welfare benefit. When reflecting on the hardship he had experienced, Paul emphasized that the years just prior to receiving the superannuation were the hardest for him. His experiences are an illustration of the difficult transition older adults can experience shifting into retirement whilst also not having secure employment to create a smooth transition into retirement.

Paul described that before he turned 65, it was necessary for him to skip meals entirely during the week in order to pay his bills.

> **Paul:** "I struggled at times, but that's how I managed, managed to keep going. sometimes too when I was, emrrm, you know I had to go uhm I went without meals sometimes, but it was good for me sometimes for me too y'know, to cut out one or two or few meals otherwise eating too much and put-on weight and all that" (laughter – and patting his stomach area).

When describing how he managed with limited financial resources, Paul discussed that although it was essential for him to remove meals, it was an experience he has reframed as a positive one. The reality of missing nutrition frequently is detrimental for one's wellbeing, but he has encased this detail in humour and given it new meaning as a health behaviour that benefits his wellbeing. In this manner, Paul takes a detail illustrating the severity of his hardship and turns it into an indication of his behaviour for physical wellbeing thus aligning himself and his experience in terms of successful aging narratives and also putting a positive lens on an aspect of his experience that is ultimately negative. As a result,

his experience is masked and used as a way to engage in conversation, making his story appropriate to be heard by others. This is also evident through his uses of the words ‘you know’ following his comment about missing meals being good for one’s body. His use of this term suggests that he is referring to a shared notion which the listener can recognize and relate to. Yet, in reality, it is highly unlikely that the majority of New Zealanders would know what it is like to have to skip meals regularly due to unaffordability. Here, Paul normalizes his predicament and downplays the hardship experienced.

Paul’s narrative about the health benefits of skipping meals is analogous to that found by Stolte and Hodgetts (2015) in a New Zealand case study, regarding wellbeing and hardship. Similar findings featuring positive fatalism were evident throughout their participant’s case study. Their participant expressed the dismissed reality of his situation, referring to elements of rough living and decreasing health in a positive, but fatalistic manner. The participant referred to his homeless situation both with humour and an element of resignation. He referred somewhat ironically to homelessness as being ‘good’ for his mental health, as it required him to rise early and move about. Here, Stolte and Hodgetts’ (2015) participant made light of his situation, jesting about the ‘positive’ implications of a detrimental and extremely negative situation. The participant also outlined the daily routine he completes to keep himself healthy whilst living in a state of extreme poverty. His narrative statements regarding his situation reflected a moral positioning of himself as an individual who is responsible in terms of poverty, with an emphasis on positive orientated personal lifestyle factors. His humour and stoicism reveal his efforts to salvage something positive out of a distressful living and health situation, as is often typical for those who reside in unhealthy and maligned places (Wakefield & McMullan, 2005 within Stolte & Hodgetts 2015). Similar to Paul, this participant’s account reflects his moral positioning as someone who is compliant with dominant health discourses by actively pursuing health despite

experiencing severe hardship. Stolte and Hodgetts (2015) conclude that such positioning provides people suffering hardship with a means of restoring a positive sense of self.

Although Paul states that the superannuation made things easier in comparison to his life beforehand, he reported that he still needs to be very careful around how he uses his pension. Paul gave examples of how he makes a budget for his shopping trips and must still prioritise what he eats, and purchases. When discussing how he had accessed help, or received support when it was necessary, Paul stated that it felt bad to ask, and that to 'ask your mates' for help was not a good feeling, but that he did once things were at 'their worst' and had no other options available to him. When asked what this experience was like for him, he described it in the following manner.

Paul: "Difficult at the time, embarrassing perhaps is other word".

In this statement, Paul labels the experience as embarrassing, indicating that a certain level of shame was associated with requesting help from friends. He continued on to describe that before appointments for services he would worry about his requests and often get frustrated at his lack of material resources.

In summary, Paul's section, and subsequent narrative of hardship emphasize the difficulty for older New Zealanders to discuss details of their hardship, and the felt need to legitimize, or cloak their circumstances. Paul integrates humour and elements of fatalism throughout his experiences in order to reframe his narrative in a socially acceptable manner.

Ngawini: Participant Four

The following section contains Ngawini's narrative. Ngawini identifies as being of Māori and New Zealand European descent. She was 73 years of age at the time of her participation in the research. I received Ngawini's contact details through a community group that knew of Ngawini's financial situation. Ngawini was born and raised in New Zealand and she currently lives in a rental flat in a large city.

Ngawini's section explores how daily practices are constructed in order to escape, avoid and reject the stigma associated with living in hardship, and her narrative also illustrates the challenges of this lifestyle. Ngawini has several children, many grandchildren and several great grandchildren. As a result of her children's drug use and incarceration, Ngawini's grandchildren and great grandchildren often live with her. At the time of her participation in the research project, Ngawini had shared care of three of her grandchildren. Ngawini works part-time at two jobs to pay for her required bills, enabling her to care for the children and herself. During her the interview, Ngawini shared about times in the past where she has struggled, as well as more recent times related to her current situation. Our interview began with Ngawini's experiences and recent events as outlined in the following text.

> **Ngawini:** "I never really had money because (ex-partner) was quite tight, and my benefit would go into his account, so I was always back struggling again when we broke…. So I moved out and was renting a place just down the road, my son was 14. I found that a struggle. I ended up having to get two boarders, then my older son lost his baby. Him and his partner come to live with me, that was dreadful as there was no money, so struggling again... I was paying the rent and buying the food so I found that really hard, that's why I don't eat meat, I'll eat chicken because that's cheap, or cheaper and I just cut out eating meat, buying op-shop clothes, make at home food, uhmm. (paused) Broke from one pay to the next (at age 65)…. So that's how I live even today (at age 73), op-shop clothes, I buy specials, I ah, (paused) you've got to think ahead all the time, like my car needed the rego, and the warrant, but through the lockdown I skimped and saved so it was lucky I had it. You know, you've got to plan. You're looking for specials all the time, I've got grandchildren now that I'm looking after".

Ngawini's description of her situation is filled with explanations of the steps she takes to ensure she can survive with limited resources. Two of the mentioned ways that Ngawini removes cost from her lifestyle is by purchasing op-shop clothes and becoming vegetarian. Although second-hand store shopping and vegetarianism are becoming trendy and constructed as socially endorsed in current times (Cassidy & Bennet, 2012; Nezlek & Forestell, 2020; Noon, 2011; Pribis, Pencak & Grajale 2010) for Ngawini this is not a fashionable choice but a necessity. Cutting out meat for her is not a healthy option, as a low-income diet denies the accessibility and affordability of nutrient pills and expensive fresh vegetables that other vegetarians can supplement their lifestyle choice with.

In addition to cutting out meat and new clothes, Ngawini must also take agentive steps to avoid spending money in everyday social settings and activities. Ngawini chooses to withdraw socially to avoid letting her friends know that she usually does not have the funds to participate.

> **Ngawini:** "I found that hard, but you manage, my friends they'd say let's go have a cup of coffee and I'd make an excuse, because I couldn't get out, I couldn't allow it. Because I think, with coffee, comes food aye? you eat, and if you're the odd one out… (paused) a couple of times I've said na I don't really feel like a coffee I just yeah… (trailed off)".

Ngawini's description of her avoidance of eating out with friends is consistent with Graham's (2017) findings that those living in hardship learn to hide their everyday realities from public scrutiny and engage in social practices in an effort to reduce experiences of stigma, oppression, and social rejection (Graham, 2017), further driving these experiences from public view and increasing their distance in the widening gap of social inequality and community participation.

In addition to budgeting and avoiding social expenses, Ngawini works two jobs part-time to help provide for her family's needs. One of the jobs is a caring job that pays NZ$10

an hour, which she finds very frustrating, but ‘needs to the money’ and feels ‘loyal’ to the paying employer.

It was clear throughout our discussion that Ngawini strongly feels the need to help out with other family costs, and shared that this is why she works extra, so that she can stretch her meagre funds to help. During our interview she took a phone call to confirm a purchase of a bed for her grandson from a nearby second-hand store, and then commented the following to me.

> **Ngawini:** “See she’s solo, and she doesn’t have the money to pay for that, so just as well I work for (cleaning job), I can do those things now … that’s what grandkids are about to be able to buy them things, and I don’t smoke or drink”.

Ngawini’s expression of her need to work to provide for her grandchildren is increasingly common among New Zealand grandparents, as found by Gordon (2016).

I asked Ngawini about her current living situation and if she had concerns in her day-to-day life, and she described feeling stress over the future wellbeing of the children she currently fed and clothed, once she was unable to take care of them.

> **Ngawini:** “Oh yes, actually when I think about my life, you know, when I was thinking about doing this with you, and uh, (pauses), I think I’ve been really blessed through my life, I’ve had cancer, that’s about the worst thing that happened to me. I think that it’s the stress over my family that did that. I do stress a bit now, see I’m 73, my great grandchildren that I’m now looking after, get their clothes and that for them, I think what’s going to happen to them when I die, that stresses me, what’s going to happen to them”.

Rather than reporting worry about her own situation she is concerned with the needs of her family and feels responsible for their wellbeing given her role in their life.

Without prompting, Ngawini began reflecting on her outlook on life in the recent years. She looked to me for confirmation and agreement with her statements, finishing each sentence with a questioning ‘aye?’ aimed in my direction.

> **Ngawini:** “I think I’ve been pretty lucky, since I had cancer that’s how I get through life, every day is a good day, even if it’s a crap day, we’re here, we’re

> healthy, we are breathing, aye? So out of the negative, look for a positive, aye? That's you know… I've looked after people and I think when you do that, you get things back. You know you've got to make the best out of a bad situation…".

Ngawini's comment is explicit with pervasive positive ideology. 'out of the negative look for a positive, aye, you know?' is a rhetorical question which assumes relativity and acceptance of the concept of looking for good, and it also expresses the necessity of doing so, explicitly in her comment 'you know, you've got to make the best out of a bad situation.' Her narrative regarding her experience contains positive fatalism, and the moral imperative or injunction to maintain positive mindset and action within her situation. Positive thinking fits within the neoliberal narrative of placing the onus on the individual to respond well to their circumstances in the midst of hardship, and demonstrates how those in need of support are induced to work on themselves in ways consistent with the ruling neoliberal ideology of responsiblitization, (Cromby & Willis, 2013). The strong moral imperative for the individual to take responsibility reflects the predominantly individualistic ethos of contemporary Western health policy and systems. Even when one experiences arduous life circumstances, one has a moral duty to try and retain control. The blame, and emphasis on 'improving attitudes', is detrimental to people's mental health, since it means that those in unfortunate situations feel that they must ordain themselves to a positive perception of their hardship (Friedli, & Stearn, 2015; Cromby & Willis, 2013). I discussed with Ngawini her experiences receiving extra support.

> **Researcher:** "How did you find processes of getting support?".
>
> **Ngawini:** "When I had my grandchildren, Friday night to Monday morning, I couldn't get help, I never got help, I asked once for a food parcel, because I had them. I asked for a food grant so you know I could feed them properly, and with children you need to feed them well with good food … You know when you go into WINZ it all depends of the personality of the server, whoever you're dealing with. Sometimes they make you feel like you're a bludger, sometimes you would think it was their money that they were

> handing out. I have a daughter in law on her own with six children, and she's come out crying".

Ngawini's narraritve regarding help-seeking tells of the uncertainty involved with seeking help and speaks to the attitudes of those offering help, indicating that at times, she has been made to feel unworthy an illegitimate when requiring assistance, meeting negative responses to her help seeking. Towards the end of our interview time together Ngawini discussed the grandchildren in her care, stating her felt responsibility towards them as their grandmother.

> **Ngawini:** "But you know, as I say, these children didn't ask to be born to dysfunctional parents and so I couldn't live with myself if they went into care of CYFS (now Oranga Tamariki), no way. Even if I was 80 years old, I would still do it … Whats going to happen when I die, you know? What's going to happen? That stresses me…".

In summary, Ngawini's narrative of her experiences demonstrates the felt need to utilize positive thinking about her situation, and examples of withdrawal from social settings and removing of necessities in order to maintain a standard of living where she can help support her family and avoid comparison and shame in social environments. Her experiences also speak to the difficulty of caring for grandchildren and the stigma, frustrations, and vulnerability involved in seeking financial help.

Narrative Discussion

Practical Challenges

Narrative analysis of the participants' personal stories enables us to explore experiences of ageing and being poor in New Zealand. Analysis of participants' narratives, along with broader narrative and social structural analysis show how the participants' experiences are situated in neoliberal and dominant narrative contexts regarding the old and poverty, which have shaped their experiences and the way they make sense of their situation. Throughout the exploration of each participants' narratives practical challenges of living in hardship were illustrated. In addition to financial hardship alone, associated practical

challenges reappeared throughout each narrative**.** Participants faced everyday struggles, such as housing, caring for grandchildren, affording food, and being taken seriously when seeking support. The following paragraph explores these challenges further.

Grandchildren and family concerns were a large, but accepted weight in three of the participants' lives. Judith, Ngawini, and Louisa's experiences as caregivers are indicative of the pressures placed on precariat families and challenges for those in their wider family such as grandparents. In order to care for grandchildren whilst poor, participants' experiences involved picking up work to cover costs, salvaging food in scrap bins, and going without meals themselves. All of the participants described challenges with food. Some could not afford three meals a day, others could not afford to eat out with friends at a café, and all struggled to purchase nutritious ingredients and food items consistently. In order to navigate these challenges participants applied agentive strategies. These strategies consisted of food rationing, seeking food in unconventional manners, and removing meat from their diet. In addition, participants removed themselves from social events to avoid embarrassment, picked up insecure and underpaid work and lived in substandard and unsafe housing. Housing was an issue mentioned within all of the participants' narratives. For those participants not living in state housing, finding an acceptable affordable rental was impossible. In order to afford accommodation participants reported strategizing by moving to an area high in crime, taking on a border, a co-living situation with a stranger, picking up low-paid work or settling for a substandard unhealthy dwelling.

Shame and Stigma

The following section will explore the participant experiences in relation to broader social narratives on poverty and aging, and the particular context of New Zealand as proposed in the aim of this study. Considered together, these cases reflect the way in which participants have constructed their experiences of hardship through narrative. What is said by

the participants draws upon current New Zealand constructions of ageing and poverty and it is these broader narrative concepts that each speaker uses to construct meaning within their own experience of hardship. In doing so, they construct their identity and experience in relation to ideological imperatives within society. The most pervasive available narratives of ageing in New Zealand are those of dependency, burdening and the requirement to age successfully (Braithwaite, 2002; Butler 2009 as cited in Stephens & Breheny, 2018; Chonody & Teater, 2018; Hudson & Gonyea, 2012; Nelson 2002; Simmons, 1945; Stephens & Breheny, 2018), and the most pervasive narrative of poverty is that of responsibilization and illegitimacy (Bourke, 2013; Bolitho et al., 2007; Carroll et al., 2011; Graham, 2017; Hodgetts et al., 2011; Hodgetts & Stolte, 2017; Walker, 2014). Thus, participants' experiences were shaped to either align with or to resist and justify incongruities with these dominant narratives. Evident in each participant's narrative was the reflections of broader neoliberal narratives in New Zealand surrounding poverty and ageing. It was apparent that participants were subject to the stigma of being old and what that stage of life involves, as well as the projected shame and contingencies of being poor. All four participants responded to experiences of felt shame and stigma in some manner or form throughout their narratives.

In order to manage the challenge of shame throughout daily life, participants utilized practices and agentive strategies to navigate and mitigate shame and perceived accusations associated with hardship, especially at an older age. The four cases of the participants exemplify the ways in which individuals reframe their narratives in order for their experiences to be acceptable to society according to the demands of publicly shared narratives. As a defence mechanism to avoid the connotations of shame and stigma that accounts of an older adult life in hardship entail, participants constructed narratives for themselves about their situation to position themselves within or resist idealised ageing and negative poverty narratives.

Poverty and Shame. Participant narratives referenced the challenges of internalization of and interaction with common negative perceptions about poverty in New Zealand, such as responsibilization, blame, dependency, inadequacy and perceived illegitimacy to receive help (Walker, 2014; Bourke, 2013; Carroll et al., 2011; Bolitho et al., 2007). This was evident by their expressed hesitancy to seek help, an unprompted felt need to describe and justify their circumstances, and the repetitive use of positive thinking, humour and fatalism to describe their experiences in order to avoid the shameful connotations of neoliberal narratives of hardship.

Participants constantly made reference to the need to think positively about their situation, or retold hardship stories in a positive or lightened manner. Participants also used humour to turn their sad stories into funny anecdotes. Similarly to Breheny and Stephen's (2010) research, regardless of the severity of suffering, participants' narratives of hardship included, focused or ended in relentlessly positive summaries and reflections. Examples of positive speech in the participants' narratives featured an element of 'deontic modality' (Wilkinson & Kitzinger, 2000), as something required, or having to be done. Participants frequently made statements such as, 'you've got to think positive', 'you know, you have to look at the good', '[you've got to] just carry on and enjoy …it', 'it's good to miss meals you know'. These phrases include the use of imperatives, injunctions and exhortations, evidencing the imperative to maintain a positive outlook on life (Wilkinson & Kitzinger 2000). Evidence of similar tactics were also found in the accounts of participants during adverse situations in Bolam, et al., (2003) and Stolte and Hodgetts, (2015), where participants created and extenuated the positive of a negative situation. As detailed earlier within the literature review, Bolam et al., (2003) writes that 'positive thinking' ideology places agency primarily within the person and, more specifically, within the psychology of the individual, locating control within the person's worldview and responsibility. This account presents

control over health not only as within the realm of individual agency but also as indicative of the quality of one's character (Bolam et al., 2003). Participants' engagement in the positive retelling of their situation, and the stated necessity of looking at things in a positive manner is rhetoric set in social contexts to present a sense of self that is responsible and actively engaging in behaviour to help one's own situation. Positivism serves as a means of asserting perceived sense of self ability or control in the face of uncertainty (Pollock, 1993, as cited in Bolam et al., 2003). Therefore participants' statements serve as a way of reasserting individual autonomy, with the use of positive thinking allowing them to present themselves as not simply victims of circumstance, but as having resilience and character (Bolam et al., 2003).

Participants made fatalistic statements regarding their situation in a matter-of-fact way, saying things such as, 'If this is all I have to complain about it's okay', 'we're all going to die anyway' and 'you've just got to go with the flow'. As discussed, such statements and other analogous comments are expressed for a multitude of reasons. Although they suggest a sense of resignation to a situation being beyond their control, they also exemplify resistance to a social shame by the rejection of the shame-provoking responsibilization neoliberal narrative. Fatalistic talk invokes the idea that there may be no escape from adversity and this therefore limits one's responsibility. In this way, participants are able distance themselves from ongoing judgments and blame towards those in poverty (Heyman et al., 1997; Perfetti, 2017). The participants' fatalistic comments may appear to reflect a lack of agency in the sense of them 'giving up', but such comments can also be seen as a way to demonstrate their felt helplessness to overcome barriers and proactively modify their position (Davison et al., 1992; Dercon, & Taffesse, 2012).

Each narrative also showed evidence of delegitimization of their situation, and 'othering'. Peacock et al. (2014) proposed that this strategy is a 'partial and problematic'

internalisation of neoliberal narrative, which has become both ‘naturalised and unquestioned at the individual level’ (Peacock et al, 2014, p. 1). By using this strategy throughout their narratives, participants are able to adopt a moral and socially defensible neoliberal position, protecting themselves from guilt or the fear of being seen by others as shirking one’s duties.

Ageing and Stigma. Successful aging expectations, social rejection and being considered a burden are social perspectives that are inescapable for older adults within New Zealand society (United Nations of Human Rights, 2020; Breheny & Stephens, 2019; Stephens & Breheny, 2018; Stephens, 2016; Peri, Fanslow, Hand, & Parsons, 2009), and ageism itself is the one of the most socially acceptable forms of prejudice (Nelson, 2002). The participants’ narratives referenced internalization of and interaction with negative perceptions of older adults, and socially entrenched successful ageing ideals.

As illustrated by Breheny, and Stephens, (2019) and an earlier Breheny and Stephens study (2010), the participants within this study situated themselves in narrative of successful ageing, by realigning their experiences in order to conform with this narrative. The participants did this by pre-emptively describing their wellness, status of health, and independence. Participants’ experiences of older adult life were constructed in their narratives using social rhetoric to present a portrayal of a self-reliant, independent and successfully ageing identity. This illustrated the dominant recognition of the moral imperative to engage in health-enhancing behaviours and blame and responsibility, echoing the neoliberal rhetoric that emphasizes the need for the individual to assume responsibility for their wellbeing (Pond, Stephens, & Alpass, 2010; Crawford, 1984).

Participants delegitimized their legitimacy to receive help for themselves and their situations frequently. Participants also directly discounted themselves as needing things, considering others to need support more, by stating things such as, ‘others have more wrong with them’, or talking about not wanting to compete with young families, therefore not

seeking help. These comments in their narratives reference the role of the 'contender' (Hudson & Gonyea, 2012) whereupon older adults are seen as a burden, draining resources meant for others. This is also an example similar to that of the behaviour found by Goll, et al., (2015), where participants equated help-seeking with dependency, incapability, or as misusing the kindness of others, and saw accessing community services as a form of help-seeking that would threaten their independent identities.

Minimization of Hardship

A common factor among the agentive strategies actioned by participants throughout hardship is that they are conducted in order to fit within neoliberal narratives, or to avoid and resist shame and stigma associated with ageing and poverty in New Zealand. This study did not aim to appraise these mechanisms, but rather to identify and explore them in relation broader social narratives on poverty and aging, and the context of New Zealand. Whilst the narratives show how participants actively realign themselves or resist dominant narratives as a protective mechanism, and as a means of creating an accepted identity, these strategies also result in a minimisation and perceived acceptance of their severe situations. The following section will describe how participants' agentive strategies perpetuate and exacerbate experiences of hardship.

Fatalism and fatalistic comments can create a barrier to structural change (Blanco & Diáz, 2007). As a result of combined individual expression of fatalism, collective fatalism can lead to dissemination of passiveness, thus removing moral incitement to deliberately foster change, and discouragement to even try. Fatalistic reflections of one's situation can also result in people's resiliency being overstated, and make their situation thus ignorable, with little done to help them (Jahan, Mamun-ur-Rashid, & Wahab, 2015).

Regarding positive thinking and hardship, Wilkinson and Kitzinger, (2000) state that positive thinking is a moral injunction and represents the need to meet a socially normative

moral requirement. Phrases and ideology which endorse positive thinking demonstrate how those in need of support are induced to work on themselves in ways consistent with the ruling ideology of responsibilization, ignoring wider societal and structural issues (Cromby & Willis, 2013). Older adults in hardship thus express these statements as they feel they must dispose themselves to a positive perception of their hardship (Friedli, & Stearn, 2015). Positive thinking fits within the neoliberal narrative of placing the onus and the responsibilization on the individual to respond well to their circumstances in the midst of hardship and actively seek to better themselves.

The use of delegitimization, responsibilization and othering throughout narratives, although protective against stigma, removes the legitimacy of seeking support, (welfare or social), for those with scarce resources. In this manner, adherence to neoliberal narrative can perpetuate inequality and upholds responsibilization blame for the individual, causing further harm to wellbeing (Peacock et al., 2014; Labonté & Stuckler, 2016; Hodgetts & Stolte, 2017).

Neoliberal narratives and public perspectives promote self-reliance and feelings of shame and personal inadequacy. Expression of fatalism, positivism and delegitimization or othering within hardship narratives, although serving a function for the individual, removes the necessity for structural change, which maintains the status quo. Expression of these agentive strategies within narratives can hide the significant suffering and hardship of a situation, portraying a perspective of immutability to the adverse situation experienced (Stolte and Hodgetts 2015). With its link to neoliberal responsibilization of ageing and poverty, individuals engaging in these idioms may believe their situation is within their own realism of responsibility, but also feel the need to accept their fate as it is, both of which are problematic and reflections of neoliberalism ideals regarding individualism, responsibility and disregard for structural blame or change. Although these statements offer agency and a sense of control,

the fact that they are invoked as necessity to meet normative expectations is an injustice to one's experiences of adversity.

The combined impact of undergoing both hardship and older age in New Zealand has a collective effect on the experiences of the participants. The synthesis of the societal shame and stigma within the participants' narratives conceals and impacts hardship more so than for other demographics that are not as equally vulnerable to these narratives. Experiencing hardship, and older age thus marks them as unable to escape from one's imposed neoliberal perception of failure. Given the lack of options, older adults turn to these narrative forms of agentive strategies in order to restructure their experiences so as to fit with what is viewed as a successful and responsible life.

Each element of neoliberal reference within their own narratives recreates a world they live in which reflects the ideals of neoliberal ideology regarding responsibilization, blame, shame and stigma. Essentially, by reproducing these ideologies within their everyday engagements, a adherence to neo-liberal framework occurs, which consequently masks the unfairness and inequality of many older persons' lives. By building identities, lives and meaning from these ideals, participants are unable to acknowledge the extremity of their hardship and find it difficult to seek help, thus, making experiences of older adult hardship even more hidden in New Zealand society and perpetuating the shame of their hardship.

Chapter Five: Concluding Comments

The following chapter will discuss key findings from the research study. The next section is composed of a research review and concluding section. The significance of this research and how these findings can be applied in various contexts will be discussed next during implications, and is followed by recommendations for future research. The chapter will finish with final comments.

Research Study Review

This is the first known study of older adult New Zealander's experiences of hardship in an exploratory and qualitative manner within the past decade. This research has documented accounts of daily life for older adults in hardship and the entanglement with shame and stigma in everyday interactions. The analysis of each participant's narratives facilitates a deeper understanding of older adult hardship and adds depth and context to broader deliberations regarding societal narratives. Studies have seldom used the concept of agentive strategies to understand experiences of poverty, especially in regard to older adult experiences of hardship. This research offers new insights to understand how the agentive strategies applied by those in poverty function as a buffer to the shame and stigma of neoliberal societal narratives. The impact of these agentive strategies is drawn on to demonstrate how minimization is formed within narratives of poverty. The pertinence of this study and findings are substantiated by analytic generalisation through connecting single cases to key themes, theories and other academic scholarship and theoretical concepts.

The present research methodology provides means to explore personal experiences beyond the boundaries of a questionnaire or survey. What was found through the in-depth narrative interviews would have been missed in quantitative studies. It was important to record how participants conveyed the meaning of their experiences, in their own words, in order to better comprehend their situation. A simple thematic word analysis may have picked

up the positive and fatalistic terms such as ‘I’m blessed’, which occurred frequently throughout narratives. However, relying simply on the frequency of such responses without including more understanding of the broader context of the participants’ account and their life situation, could lead to a researcher missing the various levels of meaning that can occur between what is spoken and what is happening in their lives.

It is important to note that the participants I interviewed throughout this research were contacted through my approaches to older adult support organizations, meaning that they had been receiving some form of social or material assistance from these agencies. Although the participants’ situations are severe, it likely that there are even more severe forms of older adult hardship in New Zealand unattended by aid organisations, which are not reflected within this research.

Although Covid-19 disrupted my research timeline and limited participant recruitment, it enabled me to ask about experiences of lockdown during follow up or delayed interviews. In addition, lockdown highlighted the vulnerability and exposed the lack of resources available to older adults, as well as barriers to accessing support. The international crisis of the Covid-19 pandemic has disrupted daily routines and has highlighted the vulnerability of older persons.

The nature of this study was predominately explorative. The primary aim was to explore the lived experiences of older adults living with hardship in New Zealand. Within this context, specific attention was paid to exploring the challenges involved with hardship at a later stage of life and how participants applied agentive strategies in the midst of hardship. The secondary aim was to develop an understanding of older adult experiences of hardship with reference to broader social narratives on poverty and aging, and within the particular context of New Zealand.

Key findings of the study revealed that participant narratives were framed by dominant neoliberal references. Critical challenges that arose throughout the narratives were experiences of shame and stigma about ageing and hardship. Analysis of experiences illustrated that the combination of older age and hardship created increased difficulties for participants.

In response to perceived shame and stigma regarding their circumstances, participants applied agentive strategies in order to situate themselves in relation to neoliberal dominant narratives. Agentive strategies utilised such as delegitimization, othering, withdrawal, fatalism and positive thinking resulted in the minimization of their own hardship and needs.

The findings from this explorative study show that for older citizens the challenges of hardship are likely exacerbated by the added restrictions and stigma of ageing. This is predominantly impacted by neoliberal narratives that are currently dominant in the New Zealand ethos. This research demonstrates how neoliberal narratives about poverty, ageing and responsibilization are naturalised and normalised within participants' narratives. As a result of minimization, stigma and societal expectations, older adult hardship tended to be actively or passively hidden. In turn, this concealment means that the participants' critical realities of poverty can be overlooked. The exploration of participants' application of agentive strategies enables us to understand how older persons accept, resist, and wrestle with these dominant narratives throughout their own experiences.

The research has also demonstrated how narratives are employed by older adults to develop an understanding of their experiences, and how they draw on existing representations by wider social norms and narratives in New Zealand. In addition to exploring the specific hardship experiences of the participants, the research also provides insights into the influence and character of broader narratives of poverty and ageing in New Zealand. By analysing the participants' narratives from a micro lens, I was able to uncover macro, broader societal

forces and narratives at play (Hodgetts and Stolte, 2017; Breheny, & Stephens, 2019; Hodgetts, Stolte, King, & Groot, 2019; Stephens & Breheny, 2013). The concepts of shame and stigma within narratives, which are representations and reflections of the larger societal narrative currents towards those who are poor and older adults were central to understanding the older adult participants' experiences of hardship in New Zealand. From this wider understanding, I have been able to gain insights into the general experiences of hardship as an older New Zealander to better understand lives of hardship (Hodgetts and Stolte, 2017).

Implications and Recommendations

Theoretical Implications

This thesis offers insight into the experience of hardship as an older New Zealander by recognising that those who experience hardship must come into contact and engage with the social effects of negative dominant narratives surrounding poverty. I argue that on the basis of this study, neoliberalism and neoliberal discourses play a considerably greater role in framing older adult hardship and experiences than previous public reports on poverty anticipate or has been considered in New Zealand literature. The recognition of the breadth and impact of inequalities of current cohorts of older adults requires attention to narratives in New Zealand about being poor and an older adult. Public responses to this issue must recognize the impact that responsibilization for poverty has on those already discriminated against when seeking help. Care should be taken so that damaging effects of neoliberal narratives regarding ageing are not reinforced by present policies, practices and media, which expect every older person to strive to achieve 'successful ageing' (Stephens and Breheny, 2018). Critically, it is apparent that narratives portrayed in academic research, media, and social policy shape what older people feel they can express, how they can act, and what support and resources they can legitimately claim. These findings suggest the importance of

changes in social attitudes and social policy to build shared social narratives in which older people are valued and supported both economically and socially.

Each of the participant's experiences materialise, ground and exemplify the reality that misfortune can befall anyone. Their precipitating factors of hardship were everyday commonplace events, which included job loss, deaths, divorces, and mental illness. Each participant described the careful financial management that they engaged in with the limited funds that they had. This element to their narratives contradicts responsibilization neoliberal conceptions of older adult poverty being a consequence of individual inaction, individual blame, or as an outcome of individual deficits, given that these situations and associated factors could occur to anyone. In reality, even if older adults have been able to save, unexpected things can happen which erode their financial security. Further, saving for retirement is becoming increasingly difficult for growing numbers of New Zealanders due to low wages, the rise of precarious jobs, a punitive welfare system, rising living costs and outrageous house prices. If one were to assume individuals themselves as responsible for a comfortable retirement, as supported by neoliberal ideology, the evidence suggests that careful financial management and hard work does not guarantee older adults can live well. Such points then offer a counterargument to the responsibilization of the individual arguments for retirement, implying the need for a stronger safety net in older age. Regarding the state-funded pension, as is reflected in the narratives of Louisa, and Ngawini, literature is increasingly showing that the superannuation is not enough to survive well on in New Zealand, especially for those who rent (St John & Dale, 2019). This fact suggests that the superannuation policies ought to seek to create changes and develop recommendations for a form of assistance which meets the basic needs of all New Zealanders.

Research Recommendations

New Zealand's ageing society accentuates the importance of awareness that older adult poverty is a harsh reality facing many today and is likely to impact many more. The largest increase of older adults in New Zealand is currently occurring (National Population Projections, 2020), emphasizing the urgency to initiate research which seeks to consider older adult issues and inform better practice (Stephens, Alpass & Towers, 2010). Given the combined effect of older age and hardship on experiences, this specific pairing should be given more academic attention. As is so persistently called for within psychological literature, the requirement for more in-depth qualitative studies is crucial for the support of our older generations (Holmes, 2006; Hodgetts & Stolte, 2018; Flyvbjerg et al., 2012; Stephens, Burholt, & Keating, 2018). Surveys and statistics do not capture the severity and nature of their experiences because older persons are less likely to openly state their degree of hardship. Qualitative research is intimate, sensitive to the participant, able to pick up idiosyncrasies in accounts and to analyse context. In order to gather an accurate depiction of older adult experiences it is important to include older adults in research, and to conduct research in a way that is sensitive and accurately reflects hardship. Future studies regarding older adult wellbeing should endeavour to focus on the issue of hardship. One way forward in understanding how to support older adults in hardship is to make older adult agentive strategies and strengths more central to our understanding of people and their experiences, given the implications that these can have on minimization and portrayal of needs.

In New Zealand today, older adults' ideals of ageing has been found to align with six common values; physical comfort, social integration, contribution, security, autonomy and enjoyment (Stephens, Breheny & Mansvelt, 2014). Further, the financial ability and freedom to achieve these values is highly valued by older persons, regardless of their physical health and wellbeing. Given that these are important ideals for optimum older adult life in New

Zealand communities, it would be beneficial for further research to understand how accessible this lifestyle is for older adults in hardship to achieve, and explore how we can best prepare to support those for whom this is unattainable.

Clinical Recommendations

Looking to the future there are many risks that need to be recognised now, because decisions taken now will have extensive compounded effects in the future of older adult cohorts. Any alleviation of older adult poverty would need to be cognizant of several observations to make change happen. Chiefly, as a result of minimization, stigma and societal expectations, older adult hardship tended to be actively or passively hidden. Primarily, older adult hardship needs to gain awareness as existing, before it can be assisted. This is important to note for measures and assessment of older adult hardship, policy development, and support work. As has been highlighted in the present research and in similar studies, older adults do not want to be seen as a burden to society or their families. Consequently, older adults who are poor are likely to reveal the severity of their hardship and are less likely to access support. Relatedly, due to the actively hidden characteristic of older adult experiences of hardship through minimization, it is likely that numbers of older adults living in poverty are likely larger than assumed by official measurement. The increase of older people beginning to access help through non-governmental organizations supports this suggestion (St John & Dale, 2019) as does the vastly increased need for hardship grants (Ministry of Health, 2018).

In regard to measurement of older adult poverty, this research provides support for Breheny and colleagues' critique of measurement (Breheny et al., 2013), and their subsequent alternative measure. Surveys are known to fail to identify context, but when necessary for policy development they should be altered to be broader reflections of individual need and not just rely on income measures for indication of hardship (Hodgetts & Stolte, 2017). Given that it is difficult for this demographic to indicate hardship, and the severity that they are

experiencing, surveys which involve more capability, or ability-based criteria to reflect financial status may be more successful, and receptive. Less deficit-based measures would likely be better able to accurately identify what form of living standards older adults are experiencing. Survey designers should draw more on the insights from qualitative research. This could entail a more accurate account older adult hardship, better preparing policy to meet rising needs.

One of the participants in the present research, Judith suggested that having an avenue to access help which was specifically made for older adults would make asking easier. Her reasoning for this suggestion was that in order to ask for support from the majority of organizations (governmental or non-governmental) an older person has to compare themselves to younger families and single parents as competition for resources. As a result, those seeking help would feel stigma about being a burden and contender for resources when other people are portrayed as needing help more. If older people had several access points available for specific older assistance, this could make it easier for them to approach support seeking, as well as normalise and validate their need for help. Furthermore, for clinicians who work with older adult populations it is relevant to rethink how older adults are assessed for support. Fatalistic and positive statements such as, ‘I’m blessed’, or ‘I’m doing okay’ should not always be taken at face value, but rather, be seen as a reflection of the narratives older adults are subject to, as this expression is a result of the felt need to minimize one’s experiences. This research has shown how these statements are not used to simply reflect a mind state, but to align oneself with societal expectations in order to avoid stigma and shame. According, it is important for clinicians to be more attuned to an older person’s seemingly positive talk and the broader context of that person’s life. Additionally, because of the powerful hold of neoliberal ideals and idioms used to fit in to society (Coulmas, 1981), when individuals do discuss details of their hardship and ageing, and seek assistance it is important

to take notice. These instances should be taken seriously, given the immense effort required to diverge from exhorted narratives. In order to care for the welfare of older adults in an informed and effective manner, it is crucial to be conscious of these barriers for accessing help and the common concerns for older adults (Stephens, Burholt & Keating, 2018). Furthermore, it is important to train future and current psychologists to recognize the impact of income inequalities on individual clients and on the organizational structures that either facilitate or restrict their access to services (American Psychological Association, 2019).

Final Comments

In this thesis I sought to contribute towards a wider understanding of the everyday lived experiences of older New Zealanders in hardship. I conducted in-depth qualitative interviews with four older adult participants about their experiences of hardship. The experiences that participants constructed in their narratives were then analysed by drawing on relevant academic research, theories, and the landscape of a wider New Zealand context. Locating this thesis within the participants' narratives allowed for an accessible exploration of their experiences, which facilitated valuable insight and understanding of the realities of hardship for New Zealand's older population.

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Appendix A: Research Ethics Application

Research Ethics Application

Human Research Ethics Committee
Postal Address: The Secretary, Human Research Ethics Committee
Private Bag 3105
Hamilton 3240
E-mail: humanethics@waikato.ac.nz

THE UNIVERSITY OF WAIKATO
Te Whare Wānanga o Waikato

Before applying for approval applicants must familiarise themselves with the Ethical Conduct in Human Research and Related Activities Regulations in the University Calendar http://calendar.waikato.ac.nz/assessment/ethicalConduct.html.

Use this application if your research project involves the collection, use, and/or reuse of human data. This form is to be completed by staff and students doing research **prior to** the collection of any data from human participants.

Upon completion of this form please submit to/or email to your Faculty/School Human Research Ethics Committee [HREC]. Health Research and Health, Sport & Human Performance applications should be submitted to the central HREC (humanethics@waikato.ac.nz).

Checklist

A positive answer to one or more of the questions below indicates the need for review by the University of Waikato Human Research Ethics Committee (Health), which is accredited by the Health Research Council. Health Applications should be submitted by email to humanethics@waikato.ac.nz.

y	Are you investigating a topic that concerns health, disability or well-being?
n	Are you using an instrument intended to assess health, disability or well-being?
n	Is referral to a health service provider anticipated as a potential outcome of participation?
n	Are participants being recruited in their capacity as DHB employees?
n	Is the researcher intending to collect tissue samples (e.g. bloods, saliva, urine) from healthy individuals?
n	Is the researcher intending to utilize interventions related to exercise and nutrition?

Submit this application form when the checklist and the Application Cover Sheet is complete and has been signed.

Research Ethics Application – Cover Sheet

Human Research Ethics Committee
Postal Address: The Secretary, Human Research Ethics Committee
Private Bag 3105
Hamilton 3240

THE UNIVERSITY OF WAIKATO
Te Whare Wānanga o Waikato

E-mail: humanethics@waikato.ac.nz

Name of Principal Investigator:	Rebecca Jex-Blake
School / Faculty / Institute:	Faculty of Arts and Social Sciences
Email address:	
Phone number:	
Office:	
Student ID (if applicable):	
Proposed start date of field research / data collection:	August 2019
This is an application for approval of: (indicate all that apply)	n Staff research project n PhD Research Y Masters Research n Other
Name of degree / paper (if applicable):	Master of Social Sciences/PSYC594-19C
Supervisor's name (if applicable):	Ottilie Stolte
Supervisor's approval (signature):	
Funding sources:	n/a
Project sponsors (e.g. equipment sponsors):	n/a
Research locations (if not within University of Waikato facilities)	University of Waikato facilities.
Associated Applications (provide the associated application code and title):	n/a

I request approval for this research or related activity and attach all relevant documentation necessary for evaluation under the Ethical Conduct in Human Research and Related Activities Regulations.
http://calendar.waikato.ac.nz/assessment/ethicalConduct.html

I have read and complied with the University's Ethical Conduct in Human Research and Related Activities Regulations.

Principal Investigator's signature:	
Date:	3/09/2019

Project Overview

Please provide us with basic information about your project.

1. Project Title:
   Elderly experiences with hardship in Aotearoa
2. Briefly state the **research topic, research questions** and/or **research objectives**.
   Elderly hardship.

The aim of this proposed study is to document the everyday experiences of aged New Zealanders that live in hardship and to address the practical challenges of living with hardship at an older age with reference to public social policy.

3. What specific research activities are you planning to undertake? Respond to this question with a list of research activities. You will be asked to provide further details under Q.18.
    - Individual interviews with 5-10 participants.
    - Qualitative, semi structured interviews (audio recorded).
    - Participant photograph collecting and self-description.
4. To justify your project, provide a summary of the research, its methods, anticipated academic benefits, value and/or contribution to the field.

Elderly economic hardship is an issue of importance, as it is found to have a strong impact on an elderly individual's social support, loneliness and mental health issues, such as anxiety, depression, dementia and psychiatric disorders (Stephens, et al, 2010). For my thesis research I would like to conduct a qualitative study regarding the personal experiences of New Zealand's aging population that live in hardship. Using the 60% threshold (as used by the European Union) in the year to June 2004, 6.4 percent of the older population (above 65) in New Zealand, were assessed as living below the poverty line and 12% self-reported as living in hardship (Ministry of Social Development, 2007). In the New Zealand Living Standards survey, eight percent of older New Zealanders self-reported themselves as living in hardship (severe, significant or some) (Stephens, et al, 2010).

The social position of older people in New Zealand society puts them at risk for both poorer economic well-being and lower social support. Elderly hardship is likely to increase due the increase of pressure on systems that cater to the needs of older adults (Stephens, et al, 2010). Although the ageing population has sparked public interest regarding the well-being of elders in New Zealand, stereotypes, prejudice, stigma and fear of ageing (Braithwaite, 2002) often result in discrimination and neglect (Nelson, 2002). Consequently, elders tend to be a neglected minority in western societies (Cann & Dean, 2009). In New Zealand, the role of elderly adults is shifting and many grandparents have become carers well into old age. The Families Commission (2009), reports that, due to issues with drug and alcohol use, mental health or incarceration, many more grandparents and older relations are becoming primary caregivers to children, placing an increased strain on their personal funds.

Social support is understood to be a fundamental aspect of wellbeing for all population groups (Ashida & Heaney, 2008). Yet, older adults are shown to be particularly at risk for isolation and social exclusion. Regarding the impact of hardship on social support and loneliness, adults experiencing economic hardship are more likely to experience social vulnerability and exclusion, with lower perceptions of social support (Stephens, et al, 2010). Moreover, social participation and activities often cost money, and may be denied to older people on low incomes who live with constrained social networks, as they do not have the resources to participate (Stephens, et al, 2010). In New Zealand studies, lower living standards are independently related to mental health, and decrease opportunities for social support. This suggests the need for changes in social attitudes and social policies to ensure older people are valued and supported both economically and socially (Stephens, et al, 2010). Holmes, (2006) comments within her research that when conducting research in New Zealand with elderly populations, it is important to take note of the experiences, views and values of elders themselves, in order to promote optimum wellbeing. Holmes states that the greatest failing of existing research is the tendency to ignore voices of aged people, those who know first-hand about health and well-being in old age. Previous quantitative studies in New Zealand have identified the rate and degrees of hardship experienced by older adults, yet little is known regarding the impact that economic hardship has on everyday lived experiences, or the challenges that may be involved for elderly individuals living in hardship, regarding social support, mental well-being and physical health.

The proposed research will be carried out using qualitative research methods and will involve semi-structured qualitative interviews with volunteer participants from the community. Data will be collected via two semi-structured interviews per participant, and photo-elicitation. Participants will be recruited through contact with community organisations. Initial interviews will take approximately one hour and will be conducted in a place that the interviewee feels comfortable in, such as their own living environment, a public space such as a café or a private university room. This first meeting will be a collaborative process in which participants are encouraged to share their stories, lived experiences, understanding of hardship, current situation and the coping strategies they use. The structure of this interview is attached within the appendix (Appendix D).
During this meeting, if the participant feels comfortable, they will be provided with a disposable camera to document elements of their day-to-day living. The final interview, which will occur one to two weeks later, will involve discussions about support available, how they identify that their needs could be better addressed, and their explanations of images taken. The structure of this interview is attached within the appendix (Attached D). Participants will be offered a koha ($40 voucher) for their participation, shared experiences and valuable time.

Implications of this research are further exploration of a topic that is not frequently addressed in the field and will provide a deeper understanding of the impact and challenges involved with living in hardship as an older adult. Potential benefits from this proposed research, include recommendations for policy change and developments in access to support.

The Researcher(s)

Please tell us about your research team.

5. List all members of the research team and briefly describe their roles within the research project.
   Rebecca Meyer (Masters Student)
   Ottilie Stolte (Supervisor)
6. Outline your qualifications to undertake this research. Include such things as prior experience, training in relevant research methods, and/or personal knowledge of the subject.
   - Alongside my masters thesis, I am also studying clinical psychology in the programme at Waikato. I have studied the code of conduct, and core competencies through the programme, and have also completed an observation placement at Corrections. These experiences have extended my knowledge of psychology, mental health, and the role of ethics in research and practice.

   - I currently work part-time as a mental health support worker and work predominantly with vulnerable populations. My current role involves youth in crisis and high-risk situations, but I have previously worked with elderly individuals with disabilities and young children with the organizations Community Living Trust and Emerge Aotearoa. These roles have given me experience working with sensitive issues, mental wellbeing and privacy.

   - In the previous year I have completed an honours dissertation conducting quantitative research on 250 High-school teacher participants from the community. The topic of my previous research was interpretations of self-harm among children, and from conducting this research I have gained experience regarding sensitive topics and the appropriate method to describe, discuss and provide support for issues that may be triggering to participants

involved. I have experience using statistical analysis to investigate findings, which I have built on throughout my undergraduate studies, but ran independently during my dissertation.

- During my previous four years of university study I have completed the following papers regarding research methods.

- PSYC307 Research Methods
- PSYC337 Psychological Measurement
- SSRP202 The Practice of Social Science Research
- PSYC208 Psychological Research: Analysis, Design and Measurement

7. What, if any, discipline-specific codes of ethics or professional standards will guide your research?
The proposed research will be guided by the Ethical Conduct in Human Research and Related Activities Regulations, and the Code of Ethics for Psychologists Working in Aotearoa/New Zealand.

The Participants

Please provide the following information about your potential participants:

8. Broadly, who will your participants be? (Indicate the population, not the names of participants) How many participants will there be? Provide an estimate if you are unsure of exact numbers.
There will be 5-10 participants. Participants will be adult individuals aged 65 years and older, that self-identify as living in financial hardship.
9. How will you recruit participants? Summarise your process.
Recruitment will be conducted through organizations that specialize in area of older adult health and wellbeing, those that have a strong knowledge base regarding issues involved for this demographic and existing relationships with participants in the community. I have contacts within organizations such as Aged concern and the Salvation Army (Senior Services), and there are also other organizations which would be appropriate to contact for this purpose (Communicare, Seniorline, Eldernet and the Selwyn Centre (St Andrews, Glen Eden). Recruitment will only be conducted by word of mouth through organizations which already work to support the elderly. Organizations will be contacted to pass on information, and flyers regarding the research to individuals that they think are appropriate to take part. I will seek to gain official approval from the appropriate organizations once I can let them know that the research has been given formal ethics approval and is safe for participants. All participation will be voluntary. Participants will be invited to reply to the flyer by phone contact or by email.
10. How will you inform them about the project and their part in it? Summarise your process.
Primarily the participants will be informed through the flyer. Upon response to the flyer they will be posted or emailed an introduction sheet which contains the information about the research project and states their role as a participant (Appendix B). The organizations involved in recruitment will also have access to information sheets, and will be able to pass this on if requested by potential participants.
***Attach** a copy of the information sheets for participants. Ensure that the content of the information sheet is written in language suited to the relevant participants.*
Appendix B
***Attach** a copy of any recruitment emails, posts, posters or similar.*
Appendix A
11. Are the participants vulnerable?
If yes, then:

In what ways are they vulnerable?
Why do you need to involve them in your research?
How will you protect them from harm?
The participants are likely to be living in hardship, or have had previous experiences with hardship, which may make them vulnerable in regard to the impact of their economic status on their well-being, and make them potential susceptible to exploitation. In regard to point two, there is currently limited research on this topic that documents in detail the first-hand experiences of older people facing hardship. Thirdly, in order to eliminate distress, prior to the interview, all participants will be introduced to the topics that will be covered (See information sheet). Once the participant has joined the project, they will have the opportunity to withdraw from the research at any point without a given reason. Following the interviews, the participants will be provided with appropriate support organizations should they need to seek further help.

12. Will you select participants on the basis of their ethnicity, iwi, culture, gender, sexuality, religion, ethical belief or disability?
No
If yes, then specify the basis for selection, and state how you will tell participants about the selection criteria.
n/a
Are your participants likely to be from a particular ethnic group or other distinct population even if you are not selecting them on that basis?
All participants will be selected from an aged population (65+). Poverty and hardship affects some groups more than others, so it is possible that this will be reflected in the participants who take part. For example, there could be more Māori, Pasifika and disabled people amongst the participants.
What cultural and other competencies do you have to work with your selected participant group (e.g. language, membership, professional training)?
I currently work part-time as a mental health support worker and work predominantly with vulnerable populations. My current role involves youth in crisis, but I have previously worked with elderly individuals with disabilities and young children through Community Living Trust and Emerge Aotearoa. These roles have given me experience and professional training regarding sensitive issues privacy, and cultural responsibility.

13. Do you have any type of relationship with your participants already (e.g. employer/employee, supervisor/worker, personal relationship)?
No
If yes, then you will have a dual role in the research, both as researcher and, for example, as friend or family member. How will your pre-existing relationship affect your role as a researcher?
No relationship present
Consider potential ethical issues associated with your pre-existing relationship. How will you address these issues in your project?
No pre-existing relationship

14. Will participants receive any form of compensation or incentive for participation? (See guidelines on compensation, and note that reimbursement for travel expenses can be stated, but does not need justification.)
Yes
If yes, what will they receive? (e.g. vouchers, prizes, shared refreshments, course credits etc.)
$40 Grocery voucher as a token of appreciation for their time an effort in taking part in the research. Participants will receive the $40 voucher at the end of each interview. There is no mention of the $40 voucher on the information sheet.

Consent

Please provide the following information about consent processes:

15. How will you gain informed consent from your participants?
Written and stated consent
Who will gain consent from participants? Note that where dual roles exist (Q.13 above), coercion to participate may be avoided by asking a third party to undertake the informed consent process.
The primary researcher (Rebecca Meyer)
When will participants give their consent?
The participant will be asked for stated consent over the screening phone call prior to meeting the researcher and written consent will be recorded at the first interview, prior to recording.
How will you record their consent?
Consent will be filed on paper in the form of a signature.
Attach *a copy of the consent forms for participants. If you intend to seek oral consent, include a procedure sheet to describe the process by which consent will be negotiated.*
Appendix C
If vulnerable, are your participants able to give informed consent?
If no, then:
How will you obtain consent from their proxy?
What steps will you take to ensure that their participation is voluntary at all times?
N/a, they are able to give informed consent.
16. With the exception of participants who are anonymous to the researcher, participants have the right to withdraw entirely or in part from the research. Please provide the following information:
How long will participants have to withdraw? (e.g. three weeks after data collection, or receipt of a transcript)
The participants will be given three weeks following receipt of transcript and recorded information to withdraw themselves from the study.
How will they withdraw? (e.g. by informing the researcher)
Participants will inform the researcher. Considering the nature of the study, all participants will be provided with an envelope and stamp to write their withdrawal to the researcher, should they desire to do so.
17. Data collection activities may be planned for off-campus locations. Please list all off-campus location where you will engage in data collection.
The following choices will be provided to participants for data collection. Aside from the participants home, (which may be most appropriate for some participants), the amended choices are within a public space, but allow privacy for the participant, along with the lessened pressure to provide and the opportunity for the researcher to bring or provide food and hot drinks to share.

- Local Café of their choosing and accessibility.
- A library local meeting room.
- Their specific community organization building (Recruitment).
- A local church or faith gathering place.
- A room booked for use at University either within the Library or FASS. (I do not think university should be the sole extra option as it is quite an intimidating space, especially for older generations that have not attended tertiary study).
- The participants home (important for those who may experience limitations regarding mobility and or social and public confidence).

Do you need consent or permission from any organisation, community representative, and/or anyone other than the individual participants? If yes, list all the required permissions, consents, and/or approvals.
Recruiting will be completed through the community organizations. Approvals will be required from these organizations to pass on information regarding the research to potential participants that the organizations come into contact with.
How and when will you gain these permissions, consents and/or approvals?
Once ethical approval for the research has been granted, correspondence will be entered in to with the organizations. They will be provided with a brief proposal, introduction the research, and the supervisors contact details.
Attach *any statements, letters, or emails of permission or approval that have been secured in advance of your application to the Human Research Ethics Committee.*

Research design

Please tell us about what you will be asking your participants to do.

18. What will participants be doing and how long will each activity take? Please provide these details for each of the items on your list in Q.3 above.
The participants will be interviewed twice, with a 1-2 week gap between each interview. Each of the two interviews will take between 1-2 hours, depending on the interviewee's availability and the amount of information shared.
If the participant states that they are interested to continue past the first interview, they will be provided with a disposable camera to take photos to discuss at the second interview. The photograph taking will occur during their own time and will happen when they decide to document an image. Limited film will be provided (30 images).
Attach *all research instruments that you intend to use to collect data. (e.g. interview schedules, questionnaire/survey items). Indicate whether the research instruments are drafts or final versions. The final versions of research instruments must be lodged with the committee prior to data collection.*
Appendix C
How will participants benefit from their involvement in the research?
Participants will benefit by sharing their knowledge and feeling that they can take part in research that is about an important topic which impacts elderly people. They will also benefit by receiving a koha for their involvement.
19. Could participants be harmed in your research?
If yes, please describe all potential harms to your participants.
This research involves low-risk activities, as all I will be asking participants to do is to tell their stories and to take photos. Participants are only expected to take photos of what they are already encountering and doing in the course of their everyday lives, and are not expected to take photos of any places or happenings that involve risk.
During the interviews it is possible that participants will talk about personal topics or the challenges they face, which may lead to some distress.
How will you minimize the risk of these harms occurring?
During the interviews, I will draw on my experience of working with vulnerable groups and my studies in psychology. If I notice the participant becoming restless, tired or emotional I will suggest we pause the interview and ask the participant what they want to do – have short break and refreshment, or stop the interview. At the end, I will also provide information about support services and counselling should the participant have issues they want to discuss further.

What will you do if a participant is harmed? Describe your processes in detail.
As soon as the participants show any sign of distress, I will pause or stop the interview and employ the strategies above to reduce the potential for harm. These safeguards should ensure that the participants will not be harmed by this research.
Is it likely that concerns could arise regarding the health and wellbeing of your participants, through their participation in your project? How will this be managed?
Ethical concerns that may arise are the potential digression of information which is sensitive, but legally demands follow-up. The Privacy Laws of Aotearoa New Zealand mean that confidentiality may only be breached if there is an imminent risk of harm to the individual or a member of the general public. Any other disclosures will be treated with confidentially and my first step will be to discuss the disclosure with my supervisor.

20. How will you analyse the data that you collect from your participants?
Narrative analysis and thematic analysis of the semi-structured interview transcripts.
Narrative inquiry is a means by which we systematically gather, analyse, and represent people's stories, and descriptions of experiences, as told by them. This type of analysis provides an option to explore personal experiences beyond the boundaries of a questionnaire, providing insight into decisions involving treatment, screening or various health practices, which can help guide how health care services are developed and provided (Overcash, 2003). I will begin with the identification of specific themes in the participant's accounts and images. I will then read each participant's data-set multiple times to familiarise myself with what they have communicated. This will lead to me developing a synopsis or 'story' of that participant's experiences that makes sense within the person's context/lifeworld and reflects the person's social positioning. I will examine the explicit content and context of the story. The next step is to explore the latent and implied meanings and subtleties (such as irony, metaphor, intensity and ambiguity).

Will your research involve comparing one group to another?
If yes, then explain how the comparison will be done.
How are the participants categorized into specific groups?
Why is it important to do this?
N/a

21. Does your research involve any deception of participants?
No
If yes, then describe the deception.
Why is it necessary to deceive participants? How and when will participants be told of the deception?
N/a

22. Will the true identity of the researcher(s) be concealed from participants at any time during the researcher? (Such research is called 'covert research'.)
No
If yes, then describe the concealment.
Why is it necessary?
How and when will participants be told of the concealment?
If never, then, explain why the concealment will not be disclosed to participants.
N/a

Cultural safety

Te Whare Wānanga o Waikato, the University of Waikato, through its official *Charter,* has an explicit commitment to partnership with Māori, to kaupapa and tikanga Māori, and to the interests of New Zealand- born and Island-born Pacific people.

Through the *Ethical Conduct and Human Research and Related Activities Regulations*, researchers are required to respect the **cultural, social** and **language preferences** and **sensitivities** of participants. When applying for ethical approval, researchers should demonstrate an awareness of social and cultural difference, consult advisors regarding the appropriate conduct of their research, and present the outcome of consultation in their ethics application.

Two resources that are particularly relevant to research at the University of Waikato are *Te Ara Tika – Guidelines for Māori Research Ethics* and the *Pacific Health Research Guidelines.*

23. Does the research project have particular relevance or potential implications for Māori, or for other social and cultural groups?
    Older Māori have lower living standards that non-Māori (Cunningham, et al., 2002), thus the research is of relevance to Māori.
    If yes, then please provide the following information about your consultation processes:
    Who are the stakeholders? (That is, whom do you have to consult?)
    What are the results of your consultation with them so far? (e.g. describe advice taken on appropriate procedures and approaches to research, decisions made about appropriate ways to return research findings)
    There are currently no stakeholders. There is the future potential for organizations, such as Age Concern and Eldernet to be stakeholders, should they wish to advise on the research once ethical approval has been given. Consultation has not been conducted thus far.
    Do you have at least one cultural advisor for this project? Please provide their name(s) and specific role(s).
    Ottilie Stolte who is a Principal Investigator for the Māori & Psychology Research Unit (MPRU) at the University of Waikato. Ottilie has worked in Māori research settings in a reciprocal manner for over a decade. This means she can draw on the expertise of the other MPRU Principal Investigators for further cultural advice and input for this research project as required.
24. Describe how you will show respect and sensitivity towards participants (e.g. having support persons present during interviews, having an interpreter if you are not fluent in the language, being vouched for by elders, using appropriate gestures, dressing inoffensively, or participating in cultural ceremonies or rituals).
    I will show respect and sensitivity by conducting the research and my engagement with participants in the following manner.
    - At the start of each interviews, participants will be asked how they wish to begin, and will be offered the option of opening our meeting in the way they feel comfortable, and culturally safe.
    - Participants will be informed on the information sheet that they are welcome to have support persons present during interviews if they desire.
    - As the primary researcher I will dress during interviews in a manner that is modest, respectful and inoffensive.
    - Should I feel that my knowledge is not adequate regarding appropriate cultural behaviour for interviewing a client, I will seek cultural supervision.
25. How will the identities of participants (and their communities and/or organisations where relevant) be represented in the research?
    Identities of participants will not be named, or specifically described within the research.
    Is it important to maintain the confidentiality of participants (and their communities/organisations where relevant) in the research reporting?

Yes
If yes, how will you preserve confidentiality?
Confidentiality will be preserved by anonymising personal names and the removal of specific, identifying information from transcribing.

26. In addition to the lead researcher(s), who else will see information provided by the participants? Will any of the shared information be linked to the participants' names, or will it be anonymised before sharing?
All data will be anonymised before sharing. All information will be kept secure and only I will handle raw data collected for this research project. Once transcribed and analysed, audio recordings from interviews will be deleted. Photographs will not be used if they include any identifiable images. No one will see the original shared information unless the researcher is informed of any potential harm to the participants or to other people.
It may be appropriate to ask additional parties (e.g. student researchers, transcribers) to sign a confidentiality agreement. ***Attach*** *the confidentiality agreement that you intend to use.*
N/a

27. How and where will the data be stored and protected **during** the research project?
Data will be stored electronically, on a password protected private laptop and backed up on university password protected storage. Data will also be stored by the supervisor, for the period of five years, and deleted after.

Research Reporting

28. List all the anticipated research outputs for the project (e.g. thesis, conference papers, journal articles, other sorts of presentation, book, media release, pedagogic materials).
120-point thesis and potential public presentation.
What provision is there to provide participants with information about the outcomes of the research?
Participants will be offered a copy of the final key findings, upon completion of the research.

29. Research data must be stored for a minimum of 5 years after the completion of a research project. Where and how will you store your data after the project has been completed? Supervisors are responsible for storing research data on behalf of their students.
The supervisor will store the data once the project is complete.
If archiving is appropriate for your project data, where will you archive the data and under what conditions?
Archiving is not appropriate due to the nature of the intended study.
If you do not intend to store your data indefinitely, how will you ensure that your data is safely destroyed?
Data will be destroyed by the supervisor by digitally deleting all copies of the recordings and transcripts. All information will be kept secure and only I will handle raw data collected for this research project. Once transcribed and analysed, audio recordings from interviews will be deleted.

Legal Issues

30. Ownership of Human Research Data
    It is usual to state that participants own the data that they provide, and that the researcher will use the data for the specified purposes, with the consent of participants. Please explain any variation from this arrangement.
    There will be no variations from this stated arrangement.
31. Copyright
    The researcher's ownership of scholarly publications and other forms of research outputs is governed by the University of Waikato's Intellectual Property Rights Policy. Crucially the policy states in Clause 8 that*, "the University recognises and endorses the traditional academic freedom of staff to publish research and scholarly documents and to produce creative and artistic works without restriction; the University does not assert ownership of copyright of such works (e.g. books, journal articles, conference papers, art works and musical recordings) unless specified in clauses 12-18 of [the] policy."*

    Please explain any variation from this policy.
    There will be no variations from this policy.
    Clause 9 states that, *"When dealing with intellectual property that includes Mātauranga Māori, and in the context of the WAI262 claim report, the principles of Te Tiriti o Waitangi will be applied by the University".*

    Please indicate if intellectual property is subject to the principles of Te Tiriti o Waitangi.
    Although the research project is subject to the ethical understandings of the principles of Te Tiriti o Waitangi, the intellectual property recorded through interviews is not specifically subject to the principles.
32. Other legal or ethical issues
    Describe any other legal or ethical issues related to this project. Consider particularly relationships between members of the research team, and project funders, sponsors, or other stakeholders.
    Ethical issues that may be prominent are the potential digression of information which is sensitive, but legally demands follow-up, as previously mentioned, the indication of harm to oneself or others.

Appendix B: Agency Contact Letter

Tēnā koutou,

My name is Rebecca Jex-Blake, I am conducting a study of elderly experiences of hardship in Aotearoa towards my master's degree while training in Clinical psychology at The University of Waikato.

The social position of older people in New Zealand society puts them at risk of poorer economic wellbeing and lower social support. Moreover, in New Zealand, the role of elderly adults is shifting, since many more grandparents and older relations are becoming primary caregivers to children, placing an increased strain on personal funds (Families commission, 2009). According to Ministry of Social Development (2007), 6.4 percent of the older population (above 65) in New Zealand, were assessed as living below the poverty line and 12% of individuals self-reported as living in hardship. Elderly economic hardship is important, as it is found to have a strong impact on an individual's social support, loneliness and mental health issues, such as anxiety, depression, dementia and psychiatric disorders (Stephens, et al., 2010). In New Zealand studies, lower living standards are related to mental health, and decreased opportunities for social support. Previous research indicates that it is important to take note of the experiences, views and values of elders themselves, in order to promote optimum wellbeing. Quantitative studies in New Zealand have identified the rate and degrees of hardship experienced by older adults, yet little is known regarding the impact that economic hardship has on everyday experiences, or the challenges that may be faced by elderly individuals living in hardship, regarding social support, mental well-being and physical health.

<u>The aim of this research is to explore the everyday experiences of elderly New Zealanders who have experienced hardship and to address the practical challenges of living amid hardship at an older age with reference to public social policy and dominant narratives related to ageing and older citizens.</u>

The research will be carried out using qualitative research methods and will involve semi-structured qualitative interviews with volunteer participants from the community. Data will be collected via two semi-structured interviews per participant, and a photo-elicitation exercise.

Initial interviews will take approximately one hour and will be conducted in an environment in which the interviewee feels comfortable. This first meeting will be a collaborative process in which participants are encouraged to share their stories, lived experiences, understanding of hardship, their current situation and strength based coping strategies that they initiate or may access in the community around them. In order to eliminate distress, prior to the interview, all participants will be introduced to the topics that will be covered. During this meeting, if the participant feels comfortable, they will be provided with a disposable camera to document elements of their day-to-day living. The final interview will involve discussions about support available, how they identify that their needs could be better addressed, and their explanations of images taken. Participants will be offered a $50 grocery koha voucher for their participation. The sensitivity of this topic requires that the interviews will be conducted with strong reference to privacy and cultural respect, with the ongoing support and supervision of cultural supervision and primary supervisor.

Our research is designed in strength based and participant-led a manner that will lead to further exploration of an important topic not frequently addressed in New Zealand fields. The data provided will enable a deeper understanding of the impact and challenges involved with living in hardship as an older adult. Older adult hardship is a topic that is of crucial importance for research in New Zealand. In addition to the presentation and dissemination of the research at Psychology conferences, academic settings, and in subsequent journal reports, as a result of the research, we expect to develop recommendations for policy change and advances in older adult access to support.

If appropriate, would you pass on our recruitment material to potential participants experiencing hardship that your organization might come into contact with? *The information collected*

throughout this study will be kept anonymous and all participants will have the opportunity to withdraw from the research at any point without a given reason from the study at any stage.

Attached is a recruitment flyer for participants and an information sheet containing the details of the research and interview topics.

I'm happy to be contacted if you would like to discuss this research further or if you have any questions about my research. Please feel free to contact me by replying to this e-mail.

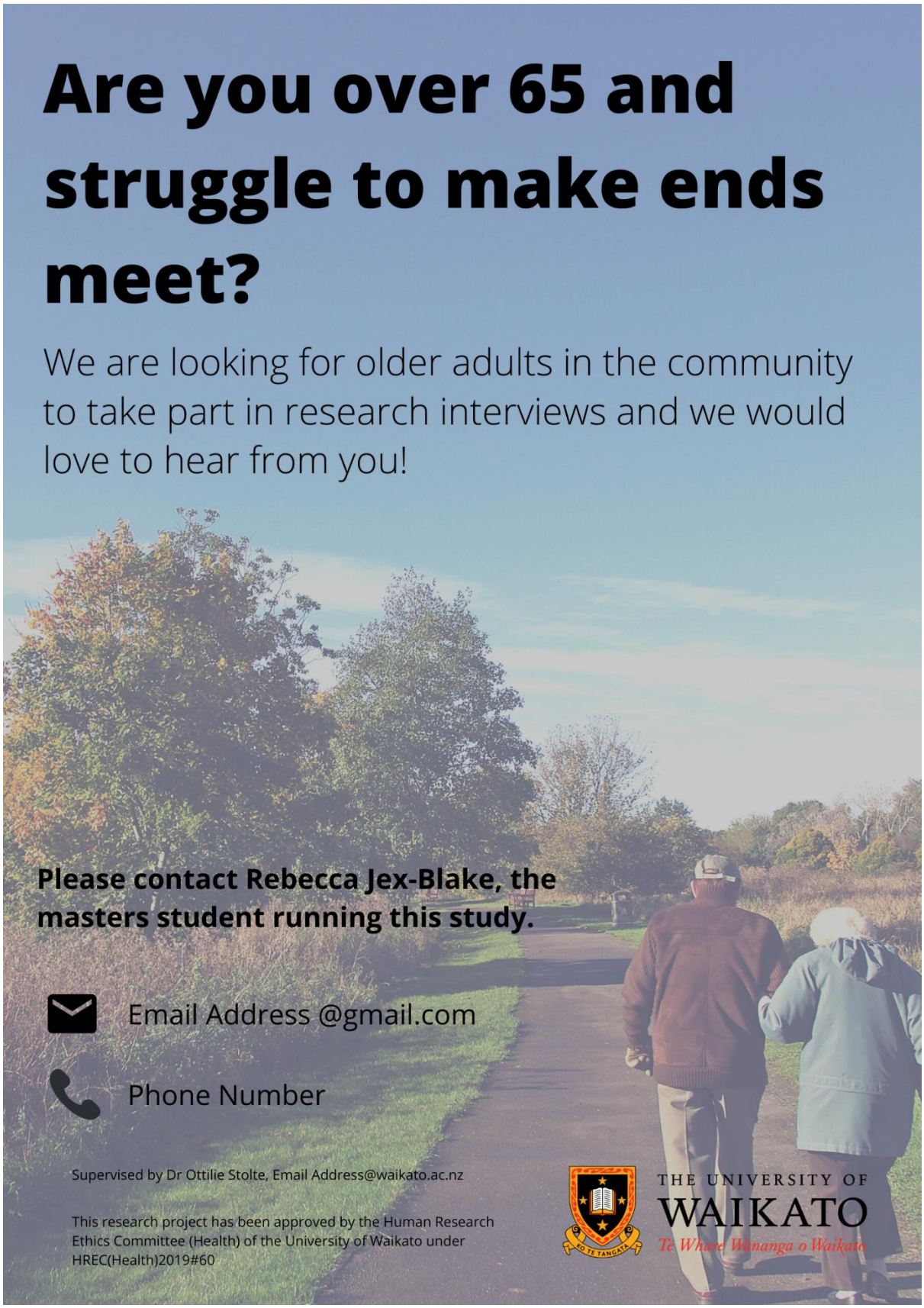
My supervisor throughout this research is Dr Otillie Stolte, and she can be contacted at:

This research project has been approved by the Human Research Ethics Committee (Health) of the University of Waikato under HREC(Health)2019#60. Any questions about the ethical conduct of this research may be addressed to the Secretary of the Committee, email humanethics@waikato.ac.nz, postal address, University of Waikato, Te Whare Wananga o Waikato, Private Bag 3105, Hamilton3240.

Ngā mihi nui,

Rebecca Jex-Blake

Appendix C: Research Flyer



Appendix D: Participant Information Sheet

Information sheet
Older people's experiences of hardship in Aotearoa.

Kia ora, my name is Rebecca Jex-Blake and I am completing a Master of Social Sciences at the University of Waikato. I am carrying out research for my thesis regarding the impact of hardship for older New Zealanders.

Elderly hardship is a growing issue in New Zealand's aging society, and research shows that 8% of people aged 65+ report that they live in some degree of hardship. The aim of this research is to document the everyday experiences of aged New Zealanders living in hardship at an older age. I hope to provide a deeper understanding of the impact and challenges involved with living in hardship as an older adult.

What does it mean to be a participant in this research?
Participation in this project is completely voluntary. As a participant, you will be asked to take part in two interviews at an agreed location that you feel comfortable with. Interviews will take roughly one hour each and will be audio recorded, with your permission. You will also be given the opportunity to use a provided disposable camera or your personal digital device to take photos of anything that you feel will help to explain your everyday life, things you enjoy and challenges you may face. These photos can be taken in your own time and photo-taking can take as long or as short a time as you like. (See separate attached sheet) I will use the information provided in the interviews to create my research for my masters thesis. If you like, I can send you a copy of the final thesis for you to read after I have finished my study.

What will we talk about in the interview?
I am interested in hearing about your ordinary everyday experiences as an older adult and about the challenges that you may have faced. In the first interview, I will ask you about your background and personal experiences with hardship. We will talk about your current situation and discuss some of the challenges you may have experienced. In the second interview we may talk about include the support available to you as an older adult in New Zealand, about how you feel your needs could be better addressed, and how your circumstances impact on your own wellbeing. If our discussions raise any issues or feelings that cause you distress, or you feel the need to discuss these areas further, I will place you in contact with local services that can help. You are also welcome to have a support person attend the interview with you.

Will my privacy be protected?
Your privacy and confidentiality are a priority for me. To protect your identity, you will be given a pseudonym (fake name) and identifiable details will be anonymised. Your photos will not be used in my thesis unless you have given me permission to do so. I will also take care to ensure all your information is kept secure and confidential. You are welcome to review your interview transcripts and make changes as needed within three weeks of doing the interviews. Consent forms and data will also be kept confidential and stored securely at the University of Waikato for five years, before being destroyed. Only my supervisor and I will have access to your data, any personal identifying information you might provide will be disposed of as soon as it practical.

What are my rights as a participant?
Please be aware that you have the following rights when taking part in this research:
· The right to refrain from answering any question(s) and to pause the interview at any time.
· The right to ask questions about this research while you are participating.

· The right to withdraw any of your information from this research, up until 3 weeks after your interviews.
· The right to withdraw from the project, up until 3 weeks after your interviews.

What if I have more questions?
Please feel free to speak with me or my supervisor, Dr. Ottilie Stolte. You are also welcome to contact the convenor of the Ethics Committee if you have further concerns or complaints. Contact details are listed below.

Where will the interviews take place?
As a participant in our research, we want the interview to take place in an environment that you feel safe and comfortable, the following options are places that we are able to meet with you, at your discretion.
• Your local café of your choosing.
• A library meeting room.
• The community organization that you received our details from.
• Your local church or faith gathering place.
• A room booked for use at The University of Waikato.
• Your home or living space.

How can I become a participant?
I appreciate your interest in taking part, and value your knowledge about this topic. If you would like to participate in this research, you can contact me on the details below and we will arrange a time to meet that suits you. Before we begin, you will need to sign a consent form agreeing to participate in interviews. I will support you through this process when we meet.
Kind regards,

Rebecca Jex-Blake
Contact details:
Rebecca Jex-blake (Researcher)
Dr Ottilie Stolte, (Supervisor)

This research project has been approved by the Human Research Ethics Committee (Health) at the University of Waikato as *HREC(Health)2019#60*. Any questions or concerns about the ethical conduct of this research may be sent to the Secretary of the Committee, email humanethics@waikato.ac.nz, postal address, Human Research Ethics Committee (Health), University of Waikato, Te Whare Wananga o Waikato, Private Bag 3105, Hamilton 3240

Appendix E: Participant Consent Form

PARTICIPANT CONSENT FORM – INDIVIDUAL

An exploration of elderly experiences with hardship in Aotearoa.

I have read or have had read to me in my first language, and I understand the provided Information Sheet. I have had the details of the study explained to me, any questions I had have been answered to my satisfaction, and I understand that I may ask further questions at any time. I have been given sufficient time to consider whether to participate in this study and I understand participation is voluntary and that I may withdraw from the study at any time.

1. I agree/do not agree to the interview being sound recorded.
2. I wish/do not wish to have my transcribed recordings returned to me.
3. I agree to participate in this study under the conditions set out in the Information Sheet.

Declaration by Participant:

I _____ [print full name]_____ hereby consent to take part in this study.

Signature: _____ Date: _____

Appendix F: Semi-Structured Interview Schedule

Semi Structured Interview Schedule

Interview 1. Background information and personal experiences with hardship

Introduction and consent

- Personal introductions. Ask participants how they feel comfortable to open the interview, begin as such.
- Thank participants for their time and interest.
- Discuss research aims, give an introduction to the interview topics and participant rights.
- Give time for questions and comments.
- Conduct consent process and sign form.
- Begin interview

Interview schedule (general themes):

Background information (as participant chooses to share):

- Heritage/ethnicity
- Age
- Occupation/livelihood
- Family/Marital status
- Current living/housing arrangements
- Health & disability concerns
- Your experiences with hardship (as the participant chooses to share)
- What is your understanding of what hardship is?
- What hardship/challenges have you experienced, or are you experiencing currently?
- If you are comfortable in sharing, by what means do you pay for your expenses?
- Can you describe your current housing situation? (if appropriate, take a tour of house)
- Physical conditions/heating/lighting.
- Can you tell me about your neighbourhood. What do you like or dislike about where you live? If you could choose your ideal home to live in, what would this be? Where would this be?
- Can you describe your current relationships, what do your social networks look like, who do you have contact with?
- Where do you go throughout your week?
- Can you describe the way you prepare your meals, and what some of your usual meals are.
- Can you tell me ways that you look after yourself and your health? What things can
- make it harder for you to do this?
- What are some of your biggest concerns about your situation? (Eg: impact on family/own health, social isolation, food, lack of money for necessities, uncertainty of tenancy).
- Do you have any examples of when your concerns became real?
- What kind of effect did this have on your wellbeing?
- What do you see as the main challenges to overcoming this hardship?
- How do you feel when you come up against these barriers?
- If you could choose your ideal situation for growing older, what would this be?
- In this interview, we have been mostly speaking about hardship, but to close, what do you like about being older and what do you think older people can (and do) contribute?

Closing:

- Summary of interview – check understanding of the participant and ask if there is anything they would like to add.
- Arrange time for next interview.
- Close meeting.

Interview 2. Perceived support, and suggestions

Opening:

- Recap of last interview.
- Opportunity for questions.

Photo Elicitation Task Discussion – Cancelled.

Experiences of asking for help and support:

Do you ask other people for help? What kind of things do you need help with?
Who do you approach and for what kind of support?
Are they willing to help?
How did you feel about asking?
What impact did this have on you?
What kinds of barriers have you faced in trying to access support?
Can you share any examples?
How do you think others view you when you ask for support?
Aside from reaching out for support, what other strategies might you use?

Suggestions:

- What do you think needs to be done to help support older adults in your situation? Is there enough help available?
- What are your hopes for your future?

Closing

- Summary of interview – check understanding.
- Is there anything you would like to add?
- Thank the participant for their time and effort.
- Give koha.
- Provide contact details, and postage should the participant wish to withdraw.
- Arrange contact with local organization if applicable.