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Exploring underexposed stories: the experienced lifecourse of financially excluded older adults

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Abstract

To gain insights into vulnerable lifecourses and give a voice to those often underrepresented in quantitative research, this study examines the life stories (past, present and future) of 19 financially excluded older adults using an adapted version of McAdams' life-story interview scheme. Although these life stories demonstrate an accumulation of many disadvantages and an uncertain future because of current financial situations, the stories also reflect the generativity, resilience, coping strategies and agency of financially excluded older adults. We demonstrate how the experienced lifecourse is built around both negative and positive turning points and transitions which go beyond the classical education–work–retirement triumvirate, and how socio-cultural life scripts are used as a framework to build one's own life story in order to achieve continuity. The discussion highlights the potential for deploying the life-story method as a qualitative resource for providing individualised care.

Keywords: life story; lifecourse perspective; financially excluded older adults; vulnerable lifecourses

Introduction

Studying health and wellbeing in old age calls for a lifecourse perspective, in which an individual's entire life is taken into account in its historical and societal contexts (Elder *et al.*, 2003; Arber *et al.*, 2014; Kendig *et al.*, 2015). Most lifecourse research focusing on later life is quantitative, measuring conditions like financial wellbeing (*e.g.* Dewilde, 2012), overall wellbeing (*e.g.* Vanhoutte and Nazroo, 2015), inequalities in health (*e.g.* Barban, 2013) and changes in social relations (*e.g.* Cornwell *et al.*, 2014). However, with some notable exceptions (*e.g.* Handel, 2000), little research has been done that qualitatively assesses the experienced lifecourse (McAdams, 2005; Komp and Johansson, 2015). When studying and modelling lifecourses, even less attention has been paid to lifecourses of vulnerable people (Gunnarsson, 2002).

In response to these gaps in the body of research, the present study analyses the life-story interviews of 19 financially excluded older adults. We first review

lifecourse theories and research as well as biographical research methods in order to more clearly show the gaps in current research, and we formulate our specific research questions. Next, we describe the data collection process, which starts with doing the life-story interviews of financially excluded older adults. We then describe the findings in terms of overall lifecourse, identified turning points and expectations for future life. We conclude by discussing our results' implications for policy changes and further research.

Lifecourse theories and research

Here, we review the lifecourse perspective in the fields of both psychology and sociology, and discuss some shortcomings of lifecourse research in general and the use of biographical methods in particular.

Lifespan psychology

The two main psychological theories of lifecourse are trait and lifestage-oriented theories. Trait theory considers personal traits to be the driving force of a lifecourse. Individuals differ according to their broad psychological tendencies or traits, which are considered to be 'consistent, stable, and pervasive over developmental time' (McAdams, 2005: 237). These personal traits influence life continuously, even if the context of life changes (McAdams, 2005). In the field of developmental psychology, different scholars have modelled the lifecourse to explain the psychological development of children (Gilleard and Higgs, 2016). Erikson (1963), who based his theories on Freud, was among the first to describe lifelong psychological development, taking into account differences among children, adolescents and adults. According to Erikson's lifecycle model, development occurs in eight stages. Childhood and infancy have four stages; adolescence, the fifth stage, can be seen as an orientation towards adulthood; finally, adulthood has three stages, namely young adulthood, adulthood and maturity (Erikson, 1963: 273).

All lifestage-oriented theories, like the Eriksonian model, aim to predetermine different stages of the lifecourse (Handel, 2000). Condensing the complexity of ageing into one predefined stage in a model makes the ageing process more understandable and, consequently, these models have been readily accepted and adopted in lifecourse research. However, this assumption of universal development is normative (Dewilde, 2003), ignores human diversity (Hermanowicz, 2016), and overlooks historical circumstances and social contexts (Biggs, 2006; Gilleard and Higgs, 2016). Forcing lifecourse narratives into predetermined normative stages might fail to capture valuable information about the life experiences of ageing.

Lifecourse sociology

Lifecourse research has long been neglected in sociology (Elder *et al.*, 2003), but societal changes, in combination with technological and methodological developments in data collection and analysis, have led to its recent re-emergence (Cohler and Hostetler, 2003; Bynner, 2016). Lifecourse sociology differs from traditional lifespan psychology in that it places a high value on external contexts like cohorts,

social roles and historical events. In this sociological perspective, lifecourses are thought of as trajectories that result from the interplay of individual agency and individual social structure or context (Dannefer, 1984; Elder *et al.*, 2003).

Recently, Dannefer and Settersten (2010) divided the lifecourse perspective into two broad categories, namely the personological paradigm and the institutional paradigm (structure). The personological paradigm focuses on how early life conditions influence later-life conditions (that is, it focuses on agency and individual change), whereas the institutional paradigm emphasises the social construction of lifestages (that is, it focuses on structure). Marshall and Clarke (2010) suggested that a 'duality of structure approach' combining agency and structure would best capture the complexities of ageing. Their approach recognises that individual lifecourses are produced not only by individual choices and actions, but also by the social context (institutionalised lifecourse), and by interactions with others within structural possibilities and constraints.

One of the basic concepts in lifecourse sociology is that of cumulative advantage and disadvantage (Crystal and Shea, 1990; Dannefer, 2003), first recognised in sociology as Merton's 'Matthew effect', which described accrual of advantages and the consequent success of those already successful (Merton, 1968). Similarly, the idea of cumulative disadvantage is that negative conditions can also accumulate, increasing the chance of future negative conditions. Over the course of individual lives in a given age cohort, cumulative disadvantage can result in increased inequality within that cohort as it ages (Dannefer, 2003).

Lifecourse research

Traditional lifecourse research has recognised three main lifestages, namely education (in youth), paid work (in middle age) and retirement/leisure (in old age) (Laslett, 1996; Giele, 1998). Like lifecourse developmental theories in psychology, such staged lifecourse models are easy to understand, and the simplicity enhances their popularity (Komp and Hoffmeyer-Zlotnik, 2012). However, this classical model has been much criticised. First, a tripartite lifecourse of education, work and retirement is typical only in industrialised societies (Fry, 2003). Second, this model is biased towards males, neglecting activities outside the (paid) workforce, such as the informal care often provided by women (Laslett, 1996; Corna and Sacker, 2013; Komp, 2013). Wall and Aboim's (2015) study, for instance, finds significant gender differences in lifecourse trajectories in Portugal. Third, this work-centred lifecourse model oversimplifies careers, as it omits common events such as career interruptions (Komp, 2013) and does not acknowledge the proportion of retirees remaining in the workforce, which varies in Europe from less than 5 per cent (in Greece and Spain) to almost 40 per cent (in Norway) (Eurostat, 2015). Fourth, the tripartite model simply does not account well for the observed diversity of lifecourse trajectories (Hutchison, 2005). One's vision of one's own lifecourse may simply differ from the model (Grenier, 2012), and people clearly experience their own individualised lifecourses (Marshall, 2005). These subjective experiences of the lifecourse should be elaborated (McAdams, 2005).

It should be pointed out that the longer and more active life of retirees in Western societies has necessitated new descriptions of ageing (Laslett, 1996), and

old age has recently been divided into two separate stages differentiating between the healthy years immediately after retirement (a time of personal fulfilment outside the workforce: the Third Age) and the final years of declining health (the Fourth Age; Laslett, 1996; Higgs and Gilleard, 2015). However, breaking old age into two stages does not solve the problems inherent to the tripartite model, and each of the criticisms outlined above still applies.

Biographical research methods

Biographical research methods are used in the disciplines of psychology, sociology, anthropology and gerontology to explore experiences over the lifecourse (McAdams, 2005; Kenyon *et al.*, 2011; Jindra, 2014). However, several shortcomings in these methods have been identified. First, especially in older populations, studies using these methods have tended to focus on the past (Cohler and Hostetler, 2003; Baars, 2013) or present (Thompson, 1992), with little consideration given to the future (Cohler and Hostetler, 2003; Baars, 2013; notable exceptions include Nilsson *et al.*, 2003; Clarke and Warren, 2007). Second, focus has often been placed on adverse life events and negative outcomes, even though research shows that adverse events might have a positive influence (Seematter-Bagnoud *et al.*, 2010), and that positive life events and their outcomes (which may be either positive and negative) tend to be neglected (Devanand *et al.*, 2002; Blonski *et al.*, 2016). Third, few studies have focused on financially excluded older adults and vulnerable lifecourses (Gunnarsson, 2002), despite the fact that these methods were developed specifically to gain insights into the lives of groups generally underrepresented in surveys and conventional documentary sources (Chamberlayne *et al.*, 2000). As van den Hoonaard (2005: 393) put it, there is 'much to be learned from interviewing members of stigmatized groups whose voices are often silent or ignored both by researchers and society in general'.

Research questions

The aforementioned psychological and sociological theories describe human development and clarify how individuals' lives change over time from different theoretical viewpoints. However, these theories do not provide any insights into an individual's experienced lifecourse (McAdams, 2005). We take the view that exploring how financially excluded older adults construct their own lifecourses is an important departure point that could lead to new insights. In particular, we examine the narrated future lifecourse of older adults (in addition to past and current lifecourse). Finally, we look at all turning points throughout life in order to evaluate both positive and negative life events. Our specific research questions are:

- (1) How do financially excluded older adults construct and narrate their lifecourse?
- (2) How do financially excluded older adults construct and narrate their future life?
- (3) What type of turning points do financially excluded older adults experience in their lifecourse?

Methods

Data collection and sample

The data used in this study are part of a larger qualitative study of the life stories of 44 Dutch-speaking adults aged 60–86 years living in Belgium. Data were collected between October 2015 and March 2016. Respondents ($N = 19$) were considered to be financially excluded if they were recruited to the study via organisations supporting poor older adults ($N = 18$) or if they indicated having difficulties getting by financially ($N = 1$, who was recruited, like the other 25 respondents in the larger survey, through the personal networks of various researchers, organisations for older adults, and services across Flanders and Brussels). The first author prepared the interviews with support from members of the Belgian Ageing Studies research team and trained MSc students. Interviews were organised by the first author and trained MSc students and lasted between 60 and 180 minutes. Respondents were free to choose the place of the interview. About half of the interviews took place at the respondent's home, while the remaining interviews occurred at the organisation from which respondents were recruited. Respondents were guaranteed anonymity and confidentiality, and they signed an informed consent form.

Table 1 provides the demographic data for our 19 respondents and a brief outline of their care needs. Participants' ages ranged from 60 to 81 years (average age 68.1 years) and most were men ($N = 12$). Most respondents indicated they had difficulties getting by financially ($N = 17$), although two respondents indicated no particular financial problems. All respondents were Belgian nationals and most had a secondary education ($N = 15$). The sample consisted mainly of private renters ($N = 8$), with two respondents living in sheltered housing for the indigent. The majority of respondents were divorced ($N = 8$). In general, few respondents needed help with daily activities; most help was needed in the area of administration ($N = 4$).

Interview protocol

Overall, our goal with interviews was to get participants to tell their life stories by identifying the main topics, life chapters, significant life events, challenges and future plans. To accomplish this goal, the first author collaborated with the Belgian Ageing Studies research team and trained MSc students to adapt the life-story interview guidelines of McAdams (2005, 2008; based on the narrative theory of Bluck and Habermas, 2001) in order to better fit the paper's aims. We followed the basic scheme of McAdams, but with the following modifications. First, we ask respondents to give one high point, one low point and one turning point in each life chapter, as opposed to one of each throughout their entire life-course. We added these questions because we wished to identify and understand the turning points that financially excluded older adults had experienced over their entire lifecourse, not only the three most notable turning points. The second modification was that we deleted all sections of the McAdams interview scheme that were least in line with our research questions (Castillo-Montoya, 2016). We did this because the McAdams interview can be very long, and we did not want to place a burden on our respondents by having lengthy or multiple interviews.

Table 1. The socio-demographics and care needs of respondents

	N
Age:	
60–69	11
70–79	7
80 and above	1
Gender:	
Male	12
Female	7
Education:	
Higher	1
Secondary	15
Primary	3
Marital status:	
Married or co-habiting	4
Widowed	3
Divorced	8
Single	4
Financial difficulties:	
(Rather) easy getting by	2
(Rather) difficult getting by	13
Very difficult getting by	4
Housing tenure:	
Owner	5
Private renter	8
Social renter	4
Temporary shelter	2
Care needs:	
Needs help with administration	4
Needs help with personal care	3
Needs help with housekeeping	3
Needs help with transportation	2
Needs help with mental and social support	1

Note: N = 19.

Specifically, we excluded some key scenes and challenges (e.g. wisdom event, religious, spiritual or mystical experience, health challenge) and the section on personal ideology. Third, in light of results from four pilot interviews and after

studying other life-story instruments used in gerontological practice (e.g. Huizing and Tromp, 2013), we added some additional questions. For example, we expanded on the future life section with questions about future social relations and respondents' legacies, and extended the question of a life theme (e.g. 'Looking back over your entire life story, do you discern a central theme, message or idea that runs throughout the story?' and 'What is the major theme in your life story?') with questions about respondents' life motto and life lessons learned (e.g. 'What learning experiences have you encountered in your life?'). Interviewers were trained to conduct face-to-face interviews and to use the interview scheme. Open-ended questions were used to encourage free narration. During the interviews, respondents were also asked about significant others and the environment in which they lived.

Data analysis

Interviews were audio-recorded and transcribed verbatim. After the transcription stage, the first author performed an immersion stage, in which the 19 interviews were reread several times, and then every life story was summarised with reference to the research goal. The qualitative data were subjected to both inductive and deductive analysis (Braun and Clarke, 2006; Vaismoradi *et al.*, 2013). The analysis had a deductive nature, because our labels (*i.e.* the names or categories given to life events, for the purpose of analysis) were derived from previous research focusing on life stories, life events and transitions (Thompson, 1992; Coleman *et al.*, 1998; Seematter-Bagnoud *et al.*, 2010; Zaidi, 2014). The analysis also included an inductive part, because new themes and labels emerged from the life histories during both the immersion and analysis stages. These labels were organised according to the interview scheme. Analyses were performed primarily by the first author, but feedback from the co-authors deepened and validated the analytic process. The life-story interviews were analysed with the MAXQDA 11 software (VERBI Software, 2014). The findings were then compared with the labelled interview fragments to identify illustrative quotes and to give a voice to the diversity of responses.

How do financially excluded older adults construct and narrate their lifecourse?

Life themes: content of the life story

Respondents used various themes to narrate and describe their lifecourses, and they did not limit themselves to the three commonly used lifecourse themes of education, work and retirement (Laslett, 1996; Giele, 1998). As themes for their life chapters, they also mentioned interpersonal relations (e.g. new social relations such as the birth of a child, or relationship problems such as divorce), social activities (e.g. volunteering, hobbies, giving or receiving informal care), the living environment, the deaths of relatives and friends, health (own health and the health of relatives and friends), their financial situation and imprisonment. In narrating their life story, it seems that people talk as much about transitions and life events as the specific stages of the lifecourse.

For instance, An, a 61-year-old widow with Crohn's disease, mentioned her own health and the health of others during the different chapters in her life:

In 2000, I had intestinal surgery; in 2008, I had intestinal surgery for the second time. I spent four months in hospital. There, I barely escaped death ... I have been in the hospital frequently ... My mother remained healthy until she was around 93–94 years old. Then, she started falling and falling, broke her wrist, broke her chest twice.

Some male respondents also mentioned military service as a separate stage in their lifecourse. In some cases, a specific event such as quitting drinking was mentioned as a chapter, as exemplified by Staf, a 60-year-old divorced man:

Throughout the years, I started thinking that I drank too much. I was 39 and struggling to quit. Then, my daughter brought home a leaflet [by Alcoholics Anonymous] from the doctor. She was about 12 years old. 'Here dad', she said, 'I have something for you.' I took the leaflet and I said to my daughter: 'You're going to tell your dad what I have to do, are you?' I ripped up the leaflet and threw it in the bin. The next day I woke up and my wallet was lying there with the leaflet on it, covered with tape. That morning, I took the leaflet and I did not drink the entire day. Nothing the entire day! When I arrived home, I said: 'Who put the leaflet on my wallet?' Nobody said anything. My wife did not say anything. 'I know nothing', she said. It was my daughter who did it. Then, I spoke to her in another room. She started crying like a small baby. Then, I said to my wife: 'Take the phone and call' and then it [the drinking] is over.

Certain stories identified chapters as absences of themes such as work or a stable living environment:

From that point on [after working in a factory] I became unemployed. And after ten years of unemployment, I was reclassified as disabled and therefore eligible to start working in a sheltered workshop. Working there resulted in the most beautiful moments. (Nancy, female (F), 71 years)

In most life stories, different chapters had different themes; however, in some, different chapters had the same theme. Rik (male (M), 75 years), for instance, constructed his life story by classifying his chapters by his different jobs, while for Elza (F, 61 years), most of her chapters described her various relationships and the people for whom she had cared. Some chapters did not focus on one theme, but encompassed multiple themes. Respondents, for instance, often linked their working life to the place where they were living at that time, or their financial situation.

Some life stories were built around a central theme or event that recurred, implicitly or explicitly, in different parts of the interview. These themes acted as *leitmotifs* in the respondents' lives. In the literature, the concept of *leitmotiv* is used to refer to a returning element. Staf's (M, 60 years) *leitmotiv* was drinking and quitting drinking. For Luc (M, 73 years), it was freedom. The time he spent 'wandering' (including periods in his life when he had no home) was very valuable and a 'beautiful time because he had his freedom and freedom comes first'. By contrast, he spoke about his time in sheltered housing as a negative period because 'they wanted to shape you too much'. Some respondents accelerated their life stories to arrive at

the most important theme or event, sharing their first chapters only briefly and then moving quickly on to the chapter that signified an important part of their life. For example, Leonie (F, 64 years) moved quickly to the death of her son-in-law and constructed her lifecourse around the impact of this event (*e.g.* her declining relationship with her daughter). For Roger (M, 64 years), being scammed by a friend and business partner, which led to debt and his divorce from his wife, dominated his life story. Such significant events not only appeared early in the life-story interviews, but those elements were also frequently mentioned more than once.

Vulnerable lifecourses

Many of the chapters (*e.g.* health, interpersonal relations and death) are not surprising and correspond with other research (*e.g.* Thomsen *et al.*, 2011), and rather traumatic life events were also shared. Challenges and disadvantages such as homelessness, unstable working careers, undeclared work, disability, bankruptcy, serious debt, lack of qualitative and supportive social relations, and (multiple) divorce(s) occurred throughout their lifecourses. Some also encountered psychological problems (*e.g.* recurring periods of depression and multiple suicide attempts). Taken together, the accumulation of difficulties made their lives vulnerable (Gunnarsson, 2002).

Respondents also often referred to their financial situations. For example, Maud (F, 68 years) said this:

From 2008, I could not keep my head above water. I always had to contribute and contribute, I could not pay social contributions anymore, I could not pay my social security either. I had an I-don't-know-how-big arrears for my pension. Then, I started drowning. But now I am almost through it.

Respondents also shared how they managed to cope. Coping mechanisms included saving before buying, being creative, doing volunteer work, comparing themselves with others in worse situations, saving on heating costs by burning free wood, buying cheaper meat and selling their car. These strategies can be seen as examples of individuals intentionally acting on their deprived situation (*i.e.* individuals demonstrating agency). Although difficult financial times were mentioned more often, wealthier periods were also related: '[When talking about having their first job and earnings] you felt rich and free. Free to do what you wanted' (Stef, M, 65 years).

Even with negative events, most respondents reported a positive view of their current life ('And now I feel perfect again', Jaak, M, 65 years). However, this was not the case for all respondents ('Everything is too much. I feel it that I am slipping', Elza, F, 61 years). Some respondents constructed their lifecourse as a series of setbacks ('I have always had misfortune', Nancy, F, 71 years), while others considered their life as consisting of both good and bad moments ('I have had good times and I have had bad times', Luc, M, 73 years).

Life-story construction

While most respondents started their life story *ab ovo* (*e.g.* their youth or birth), some initiated their life story *in media res*, focusing on events later in life such as marriage (Maud, F, 68 years) or graduation as a cook (Jaak, M, 65 years).

Jean (M, 71 years) even started with his future. Furthermore, the classic chronological order of education–work–retirement did not apply to all respondents' life stories. For example, Maud (F, 68 years) returned to school after her divorce to study languages, while Rik (M, 75 years) first worked in his parents' business as a waiter and only afterwards went to school to become a painter. For some, constructing their lifecourse was related to narrating the lifecourses of relatives. For instance, both An (F, 61 years) and Arthur (M, 65 years) elaborated on the lives of their sons, while Rik (M, 75 years) described the life of his current partner and her parents. This finding shows that lifecourses are not individual and isolated, but are connected with the lives of others (Elder *et al.*, 2003; Elder and George, 2016).

How do financially excluded older adults construct and narrate their future life?

Respondents often expressed the desire to live long and to see their grandchildren or even great-grandchildren growing up:

My goal is to become 90 and I'll wait to see what it will bring. My hope is that I might be able to see my great-grandchildren grow up. (Nancy, F, 71 years)

Some described their future life in emotional terms, like the desire to feel useful, feel meaningful to others, enjoy life and be happy:

What I would like in my life is to feel happy. That is the only thing. To continue living as a happy person. (Staf, M, 60 years)

In the majority of interviews, respondents indicated their desire to continue their current situation. Some respondents, for instance, wanted to stay in their current housing, in line with the wish to 'age in place' (Sixsmith and Sixsmith, 2008). Other future chapters consisted of remaining healthy, keeping their freedom and independence, continuing their current activities such as hobbies, helping others and maintaining social relations. Many future goals (*e.g.* staying active and being busy) reflected the busy ethic of Ekerdt (1986), in which retirement is legitimated as active and occupied, thus mirroring the work ethic:

I hope to keep busy. That won't take long anymore, because I will turn 66. I estimate that I will live another ten years, if I make it. (Arthur, M, 65 years)

In contrast, some indicated that they saw their future life as a time of peace and rest. In addition to continuing current activities, some respondents talked about quitting certain activities. Elza (F, 61 years) indicated that she hoped to stop helping others, as she found this work exhausting. Respondents also talked about the (new) things they wanted to do or engage with, such as starting university courses (Roger, M, 64 years), live in other (better adapted) housing (Rik, M, 75 years), find a new love (Staf, M, 60 years), travel with a close relative (Staf, M, 60 years) and publish a printed album of his online photo blog (Jos, M, 81 years).

The narrations of future lives also emphasised the precarious situation of this group of financially excluded older adults. Not all respondents were occupied with their future and some did not expect a lot from it:

I do not have many expectations left. For that [the future] I am afraid. You hear what happens every day. (Jos, M, 81 years)

Respondents stated that their financial situations prevented them from attaining the future they wished for or envisioned. Roger (M, 64 years), divorced and formerly self-employed, said his financial situation impeded him from taking university courses:

The financial aspect plays a role. On the one hand, I say, 'I am stuck due to the circumstances.' The financial part is difficult, very difficult. On the other hand, I can say now, 'Yes, my health enables me to do certain things.' It is not the case that I am not mobile; it is not that I cannot do anything. Then, you have to say you are happy with what you have.

In addition to financial means, respondents saw health and social support from others as enablers for the future:

My plans are mainly to have good health, because you cannot pay for your health. That is the most precious thing in my life. That is my plan. And if I have a plan for my health, the remaining will follow. The one follows the other. Because your health is most precious, what counts is your health. Because with a good health you can meet a woman who you want. (Rik, M, 75 years)

Generativity, that is, the primary concern of establishing and guiding the next generation (Erikson, 1963), figured prominently for some respondents, who constructed their future life by referring to the future of their relatives, such as their children and grandchildren:

I would like for my youngest [son] to have a job and also a girlfriend, so that he can start a family. If I can see him happy, then I am happy too. (An, F, 61 years)

What turning points do financially excluded older adults experience in their lifecourse?

Several turning points caused financial problems, both directly (*e.g.* bankruptcy) and indirectly (*e.g.* retirement):

If you are 65, you lose €800. Then, you have to reorganise your life. Then, you have to cut back on this, and cut back on that. (Jean, M, 71 years)

Financial problems were associated with additional adverse outcomes such as shrinking social networks and reduced participation in social activities, resulting in feelings of exclusion, as is reflected in the comment of one respondent:

I am not flaunting that I don't have money. But I miss my friends, I miss going out for a drink on a terrace, which I love doing. (Jos, M, 81 years)

This finding re-emphasises the vulnerable position of financially excluded older adults.

Respondents' life stories included more turning points than only financial-related events. Interviewees also shared turning points in social relations (*e.g.* marriage, divorce, the birth of a child, the death of significant others), education (*e.g.* getting a new degree), work life (*e.g.* starting a new job), leisure activities (*e.g.* volunteering), health (*e.g.* surgery) and retirement. Medical treatment and psycho(social) help were described as influencing events that enhanced courage and self-confidence, made respondents happier and empowered them. Instead of one fixed event, some respondents also indicated circumstances, periods in their life or an evolution through time as turning points. Jaak (M, 65 years), for instance, referred to the ageing of his body and decreasing physical capacities as a turning point that led to the loss of his job. Marie (F, 73 years) considered the way her mother treated her to be an influencing life event, causing an inferiority complex.

In different life stories, turning points also triggered other turning points, cumulating in a chain of adverse events. According to Roger (M, 64 years), being scammed led to debt and financial problems, which in turn ended his marriage and caused him to lose friends and participate in fewer social activities: 'But the others [friends], from one day to the next. They drop you like a hot brick!' (Roger, M, 64 years). Finally, Roger had to quit his business and resume working for a salary to get by financially, which led to deteriorating health. In other cases, turning points piled up:

That [his depression] all started with my divorce, followed by losing my job and [then there were] all those bereavements. Everything piling up in one year. (Jef, M, 76 years)

On the other hand, new turning points could also counterbalance financial difficulties and material deprivation. For some, starting volunteering influenced their feeling of usefulness and helped them cope with financial and material deficiencies. This fact was illustrated by the following comment from Mario (M, 61 years) who lived in social housing:

Last year, I was lucky because I ended up in a nursing home as a volunteer. I work two-and-a-half days as a volunteer. It is not paid, but I get my food there. And every year they have a barbecue and they also do a tombola [a raffle]. I was lucky last year that I also worked [at the barbecue], because I did not need to pay for food, but I needed to help clean the tables, *etc.* And I like to do that, I don't mind. Then, I won a washing machine at the tombola. What luck, because my washing machine had started to wear out.

From the life stories of these older adults, it was clear that turning points can have both short- and long-term effects. For Jos (M, 81 years), his bankruptcy

immediately led to a decreased social network, which affected his professional network and resulted in his divorce:

[Going bankrupt] was not funny. Your life is really shaken up. You end up in another world and you no longer count. My business employed 35 employees. At that time, my friends were architects, doctors and lawyers. But when the business went bankrupt, it all disappeared. It was all gone.

The long-term consequences included both financial difficulties in his current life (e.g. being unable to pay for his own funeral) and the psychological need to avoid things and places that reminded him of his former business.

Divorce was often mentioned as a turning point in respondents' life stories. Divorce can lead to financial difficulties, and it can also cause a feeling of failure and depression. Almost half of the respondents were divorced, and had stories like this one from Maud (F, 68 years):

The main problem for me was having little money at the time of the divorce. It was also denigrating. I was a proud woman and then you have to start again from the bottom of the ladder. You actually have to beg.

However, divorce could also have positive outcomes: 'The worst and best that happened to me is my second divorce' (Stef, M, 65 years). Some respondents said their divorce had positively influenced their lives in terms of feeling more peaceful, being free, doing what they wanted, not putting yourself in second place, having more courage and feeling more independent:

That's why I am so strong and so happy that I am alone. I would not want a third man. Now, I do what I want when I want. I go to bed when I want to, if I cook I cook, if I clean I clean. (Marie, F, 73 years)

Other events in social networks also influenced the lives of respondents. For instance, Leonie (F, 64 years) became the guardian of her grandchildren after the death of her son-in-law, which meant she had to stop her favourite leisure activities. New social relations also led to new life events. Thanks to his new partner, Jos (M, 81 years) went to social assistance to get his pension and seek additional financial help: 'The most positive [thing] is that I met [name of current partner]. She pulled me out of trouble.' Other types of existing social relations can also motivate individuals to get help. For Staf (M, 60 years), a note from his daughter saying that he should join Alcoholics Anonymous led to his participation in this group and him quitting drinking. Similarly, the health of others can act as a turning point. The deteriorating health of Luc's (M, 73 years) mother, for instance, led to him selling his parents' farmstead where he was working as well as living. This action led to the loss of his job and home, and caused some emotional disruption.

Discussion

To gain more insights into vulnerable lifecourses (Gunnarsson, 2002), this research examined the experienced lifecourses of 19 financially excluded Dutch-speaking

older adults living in Belgium, using the life-story interview guidelines of McAdams (2005, 2008). First, we examined how financially excluded older adults construct and narrate their lifecourse. Our study showed that they compose their lifecourse in various ways and do not only use the traditional themes of education, work and retirement to divide their life stories into different chapters (Laslett, 1996; Giele, 1998). Financially excluded older adults also refer to themes such as health, interpersonal relations and death, in line with the findings of previous research (e.g. Thomsen *et al.*, 2011). The extension of the lifecourse model by including health as an important stage (Laslett, 1996; Komp and Hoffmeyer-Zlotnik, 2011) has thus been shown useful, as including this factor allows a more accurate description of experienced lifecourse. Nevertheless, we must note that health aspects (e.g. own health and the health of others) are also mentioned earlier in the lifecourse (*i.e.* such aspects are not related solely to later life). Furthermore, our study's findings support the perspective of Laslett (1996), who considers that different ages (e.g. Second and Third Age) can be experienced simultaneously (e.g. by continuing self-employment activities despite being retired).

Most lifecourse research only divides the lifecourse into parts with common chapters (Giele, 1998), although in practice, older adults often consider several themes within a single chapter, and they can divide their life story into different chapters with different themes (Thomsen *et al.*, 2016). Some life stories have a *leitmotiv*, which is an event or theme considered to be important, valued and meaningful to their life story. In some cases, a life story is built entirely around this *leitmotiv*, such as quitting drinking or having freedom, instead of being divided into distinct chapters. Moreover, it seems that people construct the narrative of their lifecourse mainly around transitions and turning points rather than through entire lifestages. The fact that individuals experienced their lifecourses as a series of transitions and life events – whether they did so in a ‘traditional’ tripartite manner or not – led us to conclude that individuals build their own experienced lifecourse in the commonly accepted structure of the institutionalised lifecourse (Marshall, 2005). In other words, they use life events and transitions that are considered to be common and socially acceptable as reference points and to create a framework (Rubin *et al.*, 2009; Bohn, 2010) to which they attach or oppose their life events and transitions. In this way, their life stories are interwoven with life events and transitions that are common to most older people (e.g. health, interpersonal relations, retirement), but also to life events less common to non-vulnerable older people (events like e.g. homelessness, unstable working careers, undeclared work, disability, lack of supportive relationships, psycho-social difficulties). Parts of these life stories might be coherent, while others deviate from the accepted norm (Neugarten *et al.*, 1965; Rubin *et al.*, 2009). This, however, does not mean that respondents themselves experienced their life as incoherent; Habermas and Bluck (2000) point to other types of coherence in narratives. Coherence can, for instance, be achieved when a person perceives a connection between current life and past and previous life (Coleman *et al.*, 1998). In addition, in some but not all of the life stories, the non-normative and traumatic events became part of a coherent story, fostering continuity and identity (Atchley, 1999).

As our second research aim, we explored how financially excluded older adults construct and narrate expectations of their future life. Despite the difficult position

of these individuals, in general they wished to live long (like the older respondents in Clarke and Warren, 2007) and to feel useful, meaningful, helpful, free and independent (Nilsson *et al.*, 2003; Clarke and Warren, 2007). Their desires to stay meaningful to others and society (*e.g.* through volunteering) and to undertake or create new things (*e.g.* by starting a university course or publishing a photobook) can be seen as a part of generativity, which not only indicates concern about future generations, but also about the generation of new products and new ideas, which itself is closely related to identity development (Erikson, 1963). This finding is in line with what other researchers have suggested about the wishes of older adults to contribute to society (Kruse and Schmitt, 2015), and corresponds to the 'busy ethic' formulated by Ekerdt (1986) and the idea of personal fulfilment in the Third Age (Laslett, 1996). The idea that lives should be active and earnest not only justifies retirement and defends a workless life, but also defines the retirement role (Ekerdt, 1986). The aspiration to age in place (Sixsmith and Sixsmith, 2008) is also present in the life stories of many of these financially excluded older adults. Future plans correspond to different views on ageing: there can be a wish to continue with current activities (continuity theory; Atchley, 1989), but at the same time there can be a desire to withdraw from certain activities and roles (disengagement theory; Cumming *et al.*, 1960). New activities or chapters are also part of future plans (activity theory; Lemon *et al.*, 1972), where expectations of the future have a dual relationship with the idea of Active Ageing. On the one hand, some expectations are in line with the idea of Active Ageing (*e.g.* the wish to contribute, to feel useful and meaningful, to continue certain activities or start participating in new activities) (Zaidi and Howse, 2017). On the other hand, other expectations (*e.g.* the wish to withdrawn from certain activities, the idea that future life will be a time of peace and rest) seem more in line with the criticism that Active Ageing (and the 'active ageing index', which quantifies the activity level of older people) focuses too strongly on productive activities without paying attention to alternative choices and personal preferences, such as non-productive interests and activities (Timonen, 2016; de São José *et al.*, 2017). These different views of the future support the convergence model, which emphasises that the roles and activities of older adults do not necessarily only decrease (Fortuijn *et al.*, 2006; Van Der Meer, 2006).

In general, the process by which future life stories of financially excluded older adults were constructed showed many similarities to the process of non-financially excluded older adults, which might point to the use of a cultural life script to construct their future lifecourse (Rubin *et al.*, 2009; Bohn, 2010; Lucio *et al.*, 2016). It is, however, important to point out that these adults were uncertain about the possibility of fulfilling these envisioned futures, because of bad health, disability and lack of financial resources, which might be less of a concern for wealthier older adults. The wish to continue participating in socio-cultural activities and volunteering might be similar to other older people, but when looking at the details, certain differences appear. For instance, reasons for volunteering went beyond personal fulfilment, keeping active and being useful (Third Age and busy ethic); some of our respondents felt that such activities were a way to compensate for the help and support they were receiving or have received. Other respondents enjoyed and needed additional advantages (such as free food and activities) that made it easier to make ends meet (coping). The socio-cultural activities respondents undertook were not

always the ones that wealthier older adults did, because these activities were organised specifically to support and help people living in poverty. Participating in these activities meant that they were included in socio-cultural events, but at the same time they were excluded from 'mainstream' activities undertaken by their peers. Finally, not all respondents could envision their future, and some did not expect a lot from the future because of their difficult (current) situation.

When narrating their chapters, future life and turning points, financially excluded older adults often used the life stories of others ('vicarious chapters; Thomsen *et al.*, 2016) to help construct their own, and the lifecourse principle of linked lives could be discerned in various narratives. It might, therefore, be valuable to add the aspect of influencing lifecourses into lifecourse models.

Finally, the present study asked what turning points financially excluded older adults experienced throughout their life. Our respondents described various twists and turns, both negative and positive, in different aspects such as health, work life, education and social relations, which is in line with previous results (*e.g.* Leonard and Burns, 2006; Cappeliez *et al.*, 2008). Although negative events often lead to negative outcomes (Blonski *et al.*, 2016), it is clear from our study that negative events also led to positive outcomes. For instance, we found that divorce not only led to negative consequences such as mental, emotional and financial problems, but also had positive outcomes, which is supported by the work of Seematter-Bagnoud *et al.* (2010) who found that divorce can be associated with higher psychological wellbeing. Finally, the lifelong influence of certain turning points and life events found in quantitative research (*e.g.* Kraaij and de Wilde, 2001) is supported by our study, and turning points experienced by financially excluded adults had both short-term and long-term effects.

Although parts of the financially excluded older adults' accounts (chapters and life events) correspond with common themes and life events of most older people (Leonard and Burns, 2006; Cappeliez *et al.*, 2008; Thomsen *et al.*, 2011), cumulative effects in the lifecourses of our respondents were apparent, with serious events and conditions (*e.g.* homelessness, unstable working careers, undeclared work, disability, lack of qualitative and supportive social relations, bankruptcy, debt, divorce, depression, mental problems) permeating their life stories. These lifecourses are vulnerable because adverse events and circumstances have accumulated throughout their life (Crystal and Shea, 1990; Dannefer, 2003).

These vulnerable lifecourses can also be considered as stories of resilience, providing 'an alternative discourse to the rhetoric of low expectations and cycles of disadvantage' (Canvin *et al.*, 2009: 243) and revealing hidden capabilities (Popay *et al.* in Canvin *et al.*, 2009). Resilience is a multifaceted and multi-dimensional process with dynamic relationships between environmental stressors and responses and reactions to them (Clark *et al.*, 2011). In these responses and reactions, people use both internal and external resources (Clark *et al.*, 2011; Wiles *et al.*, 2012) to overcome adversities. The narrated lives demonstrate different elements of resilience that correspond with other research. Some financially excluded older adults evaluated their life as positive despite the multitude of adverse events they had experienced, which corresponds with the positive attitude as a key element of internal resilience found by Wiles *et al.* (2012). Several respondents showed positive adaptations to negative life events throughout their lifecourse (Luthar *et al.*, in Wild

et al., 2013) and engaged with service providers in order to deal with their experiences of disadvantage (Canvin *et al.*, 2009), and acquired new skills and attitudes to cope with other adverse situations (Canvin *et al.*, 2009; Richardson, in Wild *et al.*, 2013). Activities such as volunteering might not only serve as a way of coping with financial disadvantage (e.g. free activities and additional advantages), but can be seen as a mechanism for staying resilient by keeping busy and having a purpose. Resources from the social environment were credited for helping overcome disadvantages in the past and the future, which is in line with other results (Wiles *et al.*, 2012). For example, social relations gave support for seeking financial help and were mentioned as playing a key role in enabling their envisioned future. Furthermore, the narration of the life story itself might show elements of resilience, as '[i]ndividuals have control over their life story narrative in terms of what they include and exclude, which can be a form of coping in itself' (Browne-Yung *et al.*, 2017: 284). This form of resilience was clear in the greater focus on positive events in some life stories (Glück and Bluck, 2007) or in the presence of redemption narratives, in which negative events were not only associated with negative outcomes but also with positive outcomes (Browne-Yung *et al.*, 2017; Randall *et al.*, 2015).

Many respondents showed strong agency in coping with their status as financially excluded. An ability to cope with a bad situation might be regarded as evidence that the situation is not really so bad, or that the individual has put themselves in the situation. Attitudes that suggest that poor people are in some way a cause of their own situation (e.g. Cozzarelli *et al.*, 2001; Da Costa and Dias, 2014) stigmatise people in a financially difficult situation and do not acknowledge the structural forces behind income inequalities. Indeed, according to the critical gerontology perspective, later-life outcomes are not simply individual consequences, but also the consequences of a complex interrelation of structural, cultural and interactional processes. It therefore remains crucial to gain insights into how both social and political structures affect older people's experiences (Baars *et al.*, 2006) as well as their experienced lifecourses (Grenier, 2012; Marshall, 2005), especially at the intersection between poverty and old age, as both conditions face stigmatisation and discrimination (Reutter *et al.*, 2009; Rippon *et al.*, 2014). Giving financially excluded older people a voice could reduce their exclusion (Lister, 2007, 2008).

Our study presents a nuanced story about old age and financially excluded adults. The stories in this study counter the stereotypes of older adults disengaging from society, similar to what was found by Carr *et al.* (2013). Existing negative views towards the poor found by Cozzarelli *et al.* (2001) are opposed. Life-story work in care and intervention settings can combat ageist attitudes and assumptions (McKeown *et al.*, 2006), and we encourage the use of life-story interviews as both a source of research data (Chamberlayne *et al.*, 2000) and a driver of individualised and improved care (McKeown *et al.*, 2006).

Although this study gives a voice to financially excluded older adults (van den Hoonaard, 2005), it has some shortcomings that can be paths for future research. First, only home-dwelling older adults were studied (*i.e.* no older adults that live in nursing homes were included) even though entering a nursing home is an important life event that can have both positive and negative consequences. Cavalli *et al.*

(2007), for instance, show that social relations are mobilised rather than decreased when entering a nursing home, while Moreira *et al.* (2015) find that institutionalised older adults have a low quality of life. Second, all respondents had Dutch nationality and roots, and it would be valuable to examine the experienced life-course of (financially vulnerable) immigrant older adults as well (Warnes and Williams, 2006; Hacısoftaoğlu and Pfister, 2012). The population of older immigrants is increasing in Europe (White, 2006) and in Flanders specifically (Lodewijckx, 2007), and this population is subject to particular inequalities (Evandrou, 2000). Exploring aged migrant trajectories and their differences and similarities calls for a biographical and lifecourse perspective (Warnes and Williams, 2006). Third, cultural, economic, social, historical and psychological contexts all influence how biographies are constructed, and life stories are themselves subject to (social) change (Cohler and Hostetler, 2003; Jindra, 2014). For this reason, it would be interesting to run more interview sessions (Nilsson *et al.*, 2003) or conduct longitudinal qualitative biographical research (Leonard and Burns, 2006; Hermanowicz, 2016). Finally, comparing the life-story interviews of financially excluded older adults with those of wealthier older adults could give more insights into the similarities and differences between the narrated past, present and future lifecourses, which could allow new insights into the dynamics of social exclusion and inclusion throughout life.

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