Dispossessed and Disillusioned
A Constructivist Grounded Theory of Homelessness Among Older People In Yerevan, Armenia

Master of Public Health Integrating Experience Project

by
Zavi Lakissian MD

Advisors: Sarah Kagan PhD, RN & Dana Walrath PhD

School of Public Health
American University of Armenia
Yerevan, Armenia
2014

List of Contents

<u>Acknowledgements</u>

My deepest gratitude to the men and women who participated in this study and shared their stories with me. I am humbled by their courage, perseverance, and generosity of spirit.

I would like to express my sincere thanks to my advisors and professors for their insightful guidance, infinite patience, and understanding.

I have been incredibly lucky to have been a part of this program, to have had the opportunity to learn and grow surrounded by a wonderful, brilliant group of educators and peers.

Without their encouragement and support this would not have been possible.

Thank you.

List of Abbreviations

FEANTSA: European-wide Network of Homelessness Researchers

ETHOS: European Typology of Homelessness and Housing Exclusion

Bomzh (Бомж): без определённого мéста жúтельства: without a specific place of residence

Bich: бывший интеллигент человекі: formerly intellectual person

GT: Grounded Theory

CGT: Constructivist Grounded Theory

HCKF: Hans Christian Kofoed Foundation

IRB: Institutional Review Board

List of Tables, Figures & Appendices

Tables

Figures

Appendices

Abstract

Armenia is considered an aging, late reformer country, indicating that by 2025 almost ten percent of the population will be 65 years and older. Similarly, estimates indicate a global trend toward rising numbers of older homeless persons and aging occurs comparatively faster among this population given their harsher living circumstances. Homelessness is a complex, multifaceted, multifactorial phenomenon and challenging to define. Experiences and meanings of homelessness vary; however, its implications on physical and mental wellbeing are undisputed. This thesis presents a constructivist grounded theory of how homelessness is experienced by older persons in Yerevan, Armenia. Eleven in-depth interviews with participants aged 50 years and older were conducted in the nursing home in Haghtanak 4th village and the Hans Christian Kofoed Foundation Homeless Shelter in Vardashen. Three categories emerged (1) **pathways into homelessness** including *triggering events* such as relationship breakdown, loss of a parent or a spouse, imprisonment or alcoholism and *system failings* such as lack of support networks, bureaucratic hurdles and lack of accessible healthcare(2) **lived experiences of homelessness** highlights *meanings of the homeless* as perceived by the homeless, practices of *social exclusion, deteriorating wellbeing and, disintegrating self* (3) **traversing homelessness** shows how some have developed a *sense of belongingness* and other *feel stuck* in their circumstances**.** Participants' poor access and low usage of healthcare services and their experiences and interactions with healthcare providers are presented within the subcategories of lack of accessible healthcare and deteriorating wellbeing demonstrating both systematic and individual factors respectively contributing to their health status. The three categories informed the overarching theory that the homeless feel a sense of dispossession by those closest to them and by society and a sense of disillusionment about how circumstances and the system combined create a vicious cycle which makes it virtually impossible for them to see a pathway out of homelessness. The study offers insight and generates new knowledge in an otherwise unexplored phenomenon in Armenia.

1.   Introduction

In the Universal Declaration of Human Rights adopted in 1948, the assembly stated that "everyone has the right to a standard of living adequate for the health and well-being of himself and his family, including food, clothing, _housing and medical care_ and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, _old age_ or lack of livelihood in circumstances beyond his control." (United Nations, 1948: Article 25(1)). More than half a century later, the United Nations estimates that one billion people globally live under conditions of inadequate shelter or homelessness (Tipple, 2005; UNCHS, 2000). The persistence and increase in homelessness suggest that there is systematic failure in mitigating the pathways to homelessness and protecting the basic rights of one of the most marginalized and socially excluded groups of society.

Recent reports indicate demographic factors such as the anticipated growth of the elderly population as baby boomers turn 65 years of age and increases in the number of homeless aged 50 to 64 will lead to a dramatic increase in the older homeless population by 2020 (Sermons, 2010). According to the World Bank, Armenia is an aging, late reformer _(post-soviet)_ country; the percentage of those 65 years and older will exceed 10 percent of the general population by 2025 (Chawla, 2007). Although 65 is considered the benchmark for _entering_ 'old' age, the consensus in homelessness studies indicates that among this group, fifty should be considered the benchmark as the homeless exhibit signs of aging 10-20 years sooner than their peers (Cohen, 1999).

Currently, there is no census data on the homeless nor academic studies on homelessness in Armenia. The latter may be due to a lack of consensus on the definition of homelessness, the 'invisibility' of the issue and, lack of structural avenues of recourse for the homeless. This thesis presents a grounded inductive qualitative study of older persons' lived experiences of homelessness in Yerevan, Armenia.

2.   Background

2.1.   *Definitions of Homelessness*

Homelessness is a complex, multifactorial, multifaceted phenomenon, its meanings, and conceptions vary from one country, culture, organization, and researcher to another. How homelessness is defined should not be understated, for definitions have "shaped and formed policy, molded and manipulated public opinion identified causes and defined solutions." (Ravenhill, 2008, p5). If one were interested in quantifying the phenomenon, "…most researchers agree on one fact: who we define as homeless determines how we count them." (Peressini et al., 1995). Cooper (1995) considers homelessness an 'emotive' expression; one that has become so familiar that it is often seen as not requiring a definition let alone a discourse— especially when definitions are rift with values and suppositions which may limit one's analysis and the range of possible responses (Cooper, 1995).

The most simplistic and commonly used definition is a common sense one: an obvious state of deprivation where a person does not have the basic requirements of a shelter. They live outside with the most basic belongings and almost no social ties to wider society. Generally synonymous with literal rooflessness/street living. This definition is based on the visibility of some homeless people and emphasizes aspects of physical and material deprivation (Cooper, 1995). Others define homelessness as 'a condition of detachment from society characterized by the absence of the afflictive bonds that link settled persons to a network of interconnected social structures.' (Caplow et al., 1968) placing emphasis on behavior and lack of personal relationships (Glasser, 1994). However, in academia, the latter definitions are inadequate as they represent a small proportion of the homeless population and overlook those living in temporary accommodations such as shelters or

long-term institutions because of a lack of availability of alternative living arrangements (Fitzpatrick et al., 2000; Anderson & Christian, 2003).

In an effort to reach consensus, a European-wide network of homelessness researchers known as FEANTSA, developed the European Typology of Homelessness and Housing Exclusion (ETHOS). ETHOS includes a range of housing circumstances categorized as rooflessness, houselessness, insecurely housed and inadequately housed (Table 1) (FEANTSA, 2006). For this study, I will be focusing on the houseless, older persons living in temporary or transitional accommodations (*see table 1: point 3*).

Table 1: ETHOS typology (FEANTSA, 2006)

Conceptual category		Operational category		Living situation
Roofless	1	People living rough	1.1	Public space or external space
	2	People staying in night shelters	2.1	Night shelter
Houseless	3	People in accommodation forthe homeless	3.1	Homeless hostel
			3.2	Temporary accommodation
			3.3	Transitional supported accommodation
	4	People in a women's shelter	4.1	Women's shelter accommodation
	5	People in accommodation forimmigrants	5.1	Temporary accommodation, receptioncenters
			5.2	Migrant workers' accommodation
	6	People due to be releasedfrom institutions	6.1	Penal institutions
			6.2	Medical institutions
			6.3	Children's institutions/homes
	7	People receiving longer-term support (due to homelessness)	7.1	Residential care for older people
			7.2	Supported accommodation for formerlyhomeless people
Insecure	8	People living in insecureaccommodation	8.1	Temporarily with family/friends
			8.2	No legal (sub) tenancy
			8.3	Illegal occupation of land
	9	People living under threat ofeviction	9.1	Legal orders enforced (rented)
			9.2	Repossession orders (owned)
	10	People living under threat ofviolence	10.1	Police recorded incidents
Inadequate	11	People living in temporary/ non-conventional structures	11.1	Mobile homes
			11.2	Non-conventional building
			11.3	Temporary structure
	12	People in unfit housing	12.1	Dwelling unfit for habitation
	13	People living in extreme overcrowding	13.1	Highest national norm of overcrowding

2.2. *Home & 'Home'lessness*

Dovey (1985) posits that without homelessness we would not be concerned with what a home signifies. Moore (2007) follows that home and homelessness define each other on a phenomenological level, in that the importance of 'home' is brought to the forefront in the instances of the latter's disruption and loss. Somerville (1992) presents both as multidimensional concepts where "homelessness is ideologically constructed as the absence of home and therefore derivative from the ideological construction of home[1]" (Somerville, 1992, p. 530) (Table 2).

Table 2: Somerville's meanings of home and homelessness (adapted from 1992, p.533)

Key signifiers of home	Key signifiers of homelessness
'Shelter'(material protection)	Lack of shelter
'Hearth' (warmth, comfort)	Lack of hearth
'Heart' (emotional stability, love)	Heartlessness
'Privacy' (control, possession)	Lack of privacy
'Roots' (source of identity, sense of self)	Rootlessness
'Abode' (occupying physical space)	Lack of abode
'Paradise' (related to the idealization of home)	'Purgatory'

These definitions allow for a broader consideration of the emotional and psychological aspects of deprivation that the homeless may suffer; indicating that mere provision of 'housing' may not be a comprehensive or holistic solution to the issue and dismissive of the

---

[1]The meaning of 'home' (for the homeless and more broadly) has been extensively explored and debated in the literature (for example, Moore, 2000; Holloway and Hubbard, 2001; Kellett and Moore, 2003; Mallett, 2004; Padgett, 2007; Parsell, 2012).

homeless persons' broader health and well-being needs (Dovey, 1985).

Home and homelessness are subjective, socially, and culturally constructed concepts (Moore, 2007). For the sake of interjecting objectivity, one cannot assume that 'home' always represents the positive and its corollary, 'home'lessness—the negative experience; nor that 'home' is something that a homeless person aspires to. Moore (2007) attributes this to the fact that what homeless people value is often ignored and disregarded 'in favor of a set of steps back to a stereotypical home.' Moreover, homeless people are penalized and stigmatized for not returning to traditional societal molds (Moore, 2007).

Homelessness in its most obvious, visible form represents a *stigma* as it challenges the normative expectations within a social setting (Goffman, 1963). Therefore, the homeless represent a 'stigmatized identity' (Snow & Anderson, 1987; Phelan et al., 1997; Belcher and DeForge, 2012), a person excluded from the mainstream. However as noted in the previous section, rarely studies focus on the homeless persons' self-perception and conceptualization of their experiences. Whether they consider themselves homeless as prescribed by the existing definitions, whether they find themselves excluded from the 'collective' or included in a new one, or whether they identify as stigmatized.

2.3.   *Homelessness in a Post-Soviet Context:*
Bomzh (Бомж) & The Dispossessed

As the Soviet era becomes more distant, the relevance of terms such as post- or post-post-Soviet diminish too, however, as Humphry argues (2002a), these concepts make sense only as long as the people we write about still identify with or relate to the Soviet past. The older generations, those 50 years and older today, were born and raised and lived their familial lives in the Soviet era. Their conceptualizations and values with regard to social existence were inculcated during this period. The phenomenon of homelessness in most, if not all post-

Socialist independent states is indeed a Soviet legacy (Höjdestrand, 2009).

The socio-structural mechanisms that expel "human refuse" from the social organism are largely shaped by the legacy of Soviet social engineering and as an attempt to position each subject precisely in the gigantic machine of state design (Höjdestrand, 2009). The propiska *(пропúска)* system is inherited from the Soviet era, an internal passport system, which acted as a powerful instrument of social control (Kotkin, 1995) and combined obligatory work, access to housing and restrictions on movement, particularly from rural to industrialized urban cities (Matthews, 1993; Buckley, 1995). The homeless in Armenia are often referred to as Bomzh (Бомж). Bomzh is not a *real* word. It was originally an acronym from the Russian administrative apparatus meaning *Bez Opredelennogo Mesta Zhitel'stva* *(без определённого мéста жúтельства)* i.e., 'without a specific place of residence' and refers to a person without the so-called *propiska* i.e., a compulsory registration at a permanent address, on which most civil and social benefits are based. A 'bomzh' no longer has a formal right to place of residence, a pension, medical care—especially through the centralized public healthcare system—or a work permit (Höjdestrand, 2009). Although the word bomzh is a post-Soviet invention, homelessness is not a novel concept. '*Bich*' was a similar pejorative acronym for *byvushii intelligentnyi chelovek (бывший интеллигент человек)* i.e., "formerly intellectual person," referring to intellectuals released from prison by Khrushchev (Likhodei, 2003).

Comparably, the phrase 'needed by nobody,' *nikomu ne nuzhna (никому не нужна)*, is an expression that conveys the worthlessness or rejection of something or someone. It is used disparagingly to belittle others or convey subjective feelings of loneliness and vulnerability.

Subsequently, those who are not needed are "matter out of place, dirt embodied,'' *real* human beings are by definition immersed in social webs of mutual responsibility and protection (Douglas, 1966, p: 36). To emphasize this, bomzhi are often called and talked about as *griaz'* (dirt)*, gadost'* (filth)*, ostatki* (leftovers) or *broshennye* (thrown away) (Höjdestrand, 2009).

Humphrey proposes the term 'dispossessed' instead of 'human refuse'. Vagrants and the homeless are among the dispossessed. They are not only people who have been deprived of property, work and entitlements, but people who are themselves no longer possessed i.e. no longer part of the 'collective' which confers social status on its members (Humphrey, 2002). The loss of status signifies the loss of entitlements. The disparity emerges through social practices, anxieties and exclusionary discursive that goes beyond official registration or material and physical deprivation.

2.4. *Homelessness in Research*

The detrimental effects of homelessness are well-documented, including increased risk of mental and physical ill-health, heightened risk of physical, verbal, and sexual abuse, self-harm, anti-social behavior, criminality as perpetrators and victims, and prolonged unemployment (Fitzpatrick et al., 2000). Older persons are even more vulnerable given the increased burden of disease and comorbidity of chronic illnesses, and limited capability and opportunity for employment. Susser and colleagues theorized that a variety of biographical and individual attributes interact with broader social forces to render an elderly person more vulnerable to homelessness and its consequences (Susser et al., 1993).

Research on the homeless is generally framed in a 'minimalist' or 'maximalist' paradigm. The former places the onus of homelessness on the individual i.e., risks and triggers such as childhood trauma (Herman, 1997), drug abuse, alcoholism, offending behavior and lack of support networks (Anderson & Raynes, 2004). The latter stresses the systematic structural causes of homelessness, focusing on labor conditions, affordable housing, public policies, social security benefits and rising levels of poverty (Fitzpatrick, 2000). Many researchers argue that neither approach represents homelessness wholly.

2.5.   *Pathways into Homelessness*

The homelessness experience is often rhythmical, oscillating between pathways into and out of various states of homelessness e.g., sleeping on the streets, temporary accommodation in colder weather or hospitalization during times of illness. To study the complex pathways into and lived experiences of homelessness, one needs to take a comprehensive intersectional view (Clapham 2003, Fitzpatrick, 2000) that considers *demographic characteristics* such as age, socio-economic background, education, employment, etc. and *risk factors* as lack of support networks, histories of abuse, time spent in the armed forces, and histories of physical and mental illness—for example, a disproportionate number of people experiencing homelessness have chronic health problems that are exacerbated by their homelessness, while others experience ill- health directly connected to the adverse circumstances of living on the streets or in inadequate shelter, weather conditions and poor diet (Reeve, 2011; Thomas, 2012). Lastly, *triggering events* that result in immediate homelessness such as relationship

breakdowns, bereavement, eviction, loss of employment, etc. (Fitzpatrick et al, 2006). Nevertheless, these factors should not be studied individually, nor separately from the socio-political context of the country or region (Busch-Geertsema et al., 2010).

3.   Research Question & Aim of the Study

Homeless voices often go unheard in public, policy, and academic discourses. This study aims to gain a better understanding of how the phenomenon of homelessness among older people is experienced, by placing their 'voices' at the forefront of theoretical development and reflecting on their personal narratives as the best avenue to nuanced information on this topic. To this end, the overarching question is: **How is homelessness experienced by older persons in Yerevan, Armenia?**

4.   Methodology

The research design was informed by the overarching research question and most importantly for the purpose of inclusivity and reflectivity of the voices of the homeless and their narratives. The following section principally follows the consolidated criteria for reporting qualitative studies (COREQ) (Tong et al., 2007).

4.1.   Study Design

4.1.1. Theoretical Framework and Methodological Orientation

Grounded theory (GT) was first introduced by Glaser and Strauss in the late 60's as a new framework for conceptualizing and conducting qualitative research which relies on systematic, inductive, and comparative analyses (Glaser & Strauss, 1967; Strauss & Corbin, 1990; Charmaz, 2014). A contemporary version of GT developed by Kathy Charmaz integrates GT methods with the social constructivist paradigm (2008a, 2008b, 2011a, 2011b, 2014) i.e., the ontological position that our realities are socially and discursively constructed by social actors who actively produce (and reproduce) social reality through interactions and language, and thus meanings attached to social phenomena are in a constant state of revision (Berger and Luckman, 1966).

CGT methodology relies on three core principles: (1) constant comparison and iteration throughout the data collection and analysis phases. (2) Theoretical sampling which enables the researcher to continue recruiting to reach 'theoretical saturation' and (3) Inductive and systematic coding.

4.1.2. *Rationale for Choosing Constructivist Grounded Theory*

The literature review highlighted a lack of research and information on homelessness in Armenia and the region generally, and among older populations particularly. Therefore, the starting point for this study was to *generate* knowledge which aligns with the central premise of CGT. Additionally, CGT has a well-documented record of application with marginalized and misrepresented populations (Tweed & Charmaz, 2012). More importantly, CGT centralizes the participants' perspectives, language, and views rather than preconceptions based on previous research and existing theoretical concepts (Morse, 2007).

4.2.   Participants

4.2.1. *Setting, Recruitment & Sampling*

At the time of the study, there were two 'shelters' housing homeless persons in Armenia; both located in the capital, Yerevan. The first was a nursing home for the elderly, located in Haghtanak 4th village, approximately half an hour from the center. The compound housed three buildings: a nursing home, the homeless shelter, and a hospital for the residents. I was told about the second shelter while at the nursing home because recently, homeless residents below the age of 65 had been moved there: The Hans Christian Kofoed Foundation (HCKF) Homeless shelter located in Vardashen, in the periphery of the city, similarly nearly twenty minutes away from the center. The shelter was a single multistory building located in a gated garden next to a large cemetery.

Both shelter administrations received an official letter stating the purpose of the

study and seeking permission to speak with their residents. The nursing home assigned their psychologist and the HCKF their social worker to play the role of 'gatekeeper' to orient me to their work and help with the recruitment by suggesting and introducing me to residents who would be able and willing to speak with me. All participants in the study were residents of the shelters, cognizant and above the age of fifty.

I alternatively visited both shelters several days a week over a period of four months to develop rapport with the residents and gain a better sense of life at the shelters. This time was spent getting to know the residents, writing fieldnotes and conducting the data collection.

The study used theoretical sampling, which is characterized by a continuous and concurrent process of data collection and analysis as part of the constant comparison process until theoretical saturation was reached. Practically the sample was gathered through a combination of convenience and snowball sampling, the former with the help of the social worker and the latter by referrals from the participants to others interested in speaking to me.

The interviews were held in the room of each participant or somewhere private of their choosing (2 interviews were held in the garden, one in a hospital unit). During most interviews we were alone, in other instances, a roommate or two were present in the room.

Given that the objective of constructivist grounded theory research is to reach

theoretical saturation instead of representativeness, there was no definite sample size for recruitment. Participants were interviewed until this goal was met. Fourteen were approached, three refused, eleven interviews were conducted.

4.3. Ethical Considerations

The study proposal was reviewed and approved by the Institutional Review Board (IRB) on Human Research within the College of Health Sciences at the American University of Armenia.

Before each interview, participants were asked to give an informed oral consent (Appendix A). They were assured that all interviews will remain confidential, and findings will be presented anonymously, quotes would be presented using aliases. They were also aware that they could pause or end the interview when they wished without consequence. They were asked whether the interviews could be recorded for transcription purposes, only to be used by the researcher for the purposes of this study. Those who refused to be recorded, detailed notes were taken during the interview.

4.4. Data Collection

4.4.1. *Interview Guide*

Exploring the overarching research question relied on encouraging and allowing participants to share their experiences and narratives as completely as possible. The homeless are a marginalized group, a person-centered approach is considered an opportunity for them to feel heard. Furthermore, following the constructs of constructivist grounded theory, wherein the interview guide is a dynamic conversational tool that allows for non-linear, often chaotic narrative accounts to

glean nuances which would have been lost in a structured format.

For this purpose, a semi-structured interview guide (Appendix B) was developed which set the direction of the interview yet gave leeway for ideas to emerge and shift as the interviews progressed. The guide included several broad open questions and a multitude of probes to help direct the conversation that aimed at understanding the participant's background and family history, their pathways into homelessness, their lived experiences as homeless, their experiences with accessing healthcare services and lastly how their perceptions of homelessness have evolved.

Interviews lasted between forty-five minutes to an hour and a half, they were mostly conducted in Armenian, interspersed with Russian.

4.4.2. *Journaling: Field Notes & Memos*

Throughout the course of the data collection, in an effort to aid the analytical process, field notes and memos were written. They were vital in marking observations of the surroundings, side conversations with residents and staff which were not directly part of the data collection for the study yet provided crucial context and allowed for reflection and parsing of my thoughts as the research progressed. They helped track the common thread between interviews which ultimately informed theoretical saturation and assisted in the development of the conceptual categories and helped me see the full picture. These entries were coalesced in a journal transcribed at the end of each day, they include observations, conversations, and personal reflections.

4.5. Data Management

The in-depth interviews were transcribed following each interview as soon as possible, while the content and the interactions were fresh in my mind. This was especially important for interviews where the participant refused the audio-recording. The data was transcribed verbatim, however given that most interviews were conducted in Armenian, and the transcription was done in English for the purposes of the analysis and write up, phrases that lost meaning and context in the translation were transcribed in the original language and written within parentheses alongside a close translation left to my discretion and understanding of the context. Additionally, I made notations for pauses, behaviors and tone of voice, to contextualize the narrative transcription. Likewise with the use of punctuation. I did not edit grammatically or adjust the flow of the conversation.

4.6. Data Analysis

The analysis followed the multiple stages outlined by Charmaz for constructivist grounded theory (Charmaz' 2008a, b , 2014). The analysis was done iteratively rather than sequentially, alternating between data collection, initial analysis, and focused analysis, until theoretical concepts emerged, and theoretical saturation was realized.

The initial stage involved open coding, where labels were attached to data on a phrase-by-phrase basis. The labels were derived from the participants own words, or my own interpretation, but without reference to pre-existing theoretical frameworks (Charmaz 2008a). The initial stage yielded a vast array of codes, approximately 800; as each participant's language differed from the other. As this process was happening concurrently with the data collection, it allowed for a

reflexivity while conducting the following interviews and helped in noticing

commonalities as they arose. The second stage of the analysis, focused on

reviewing, comparing, and combing these codes. The array of codes from the

initial coding were synthesized into theoretical conceptual categories followed by

a more in-depth review and evaluation which resulted in the development of core

categories that best represented the lived experiences of the homeless and

informed the construction of the overarching theory—*'Dispossessed and*

Disillusioned'.

5.   Findings

5.1.   *General Characteristics*

Of the eleven participants interviewed, eight were women and three men. Their ages ranged from 51 to 83, and they had been living in the shelters between 7 months to 6 years. All three men spoke of living on the streets before coming to the shelter or on occasion being evicted from the shelter and then returning. The women had been living with friends or distant family before coming to the shelter. All the participants I spoke to in the HCKF Homeless Shelter had moved there 3 months prior from the home in Haghtanak village, which added to the richness of the findings as they had experienced living in both shelters.

5.2.   *Empirical Framework*

The findings are described in three sections based on the conceptual categories which emerged through the analysis: (1) Pathways into homelessness, (2) Lived experiences of homelessness and, (3) Traversing homelessness. Figure 1 provides a detailed view of the empirical framework.

To frame the relevance of the analysis and the categories, the reader should be aware of several concurrent historical events that set the backdrop for most of the participants trajectories. Given the age of the participants, they were all born in the Soviet Union between 1931-1963 and as they approached mid-life, they experienced the collapse of the Soviet Union and the Karabagh-Azerbaijan war of the late 80's to mid-90's.
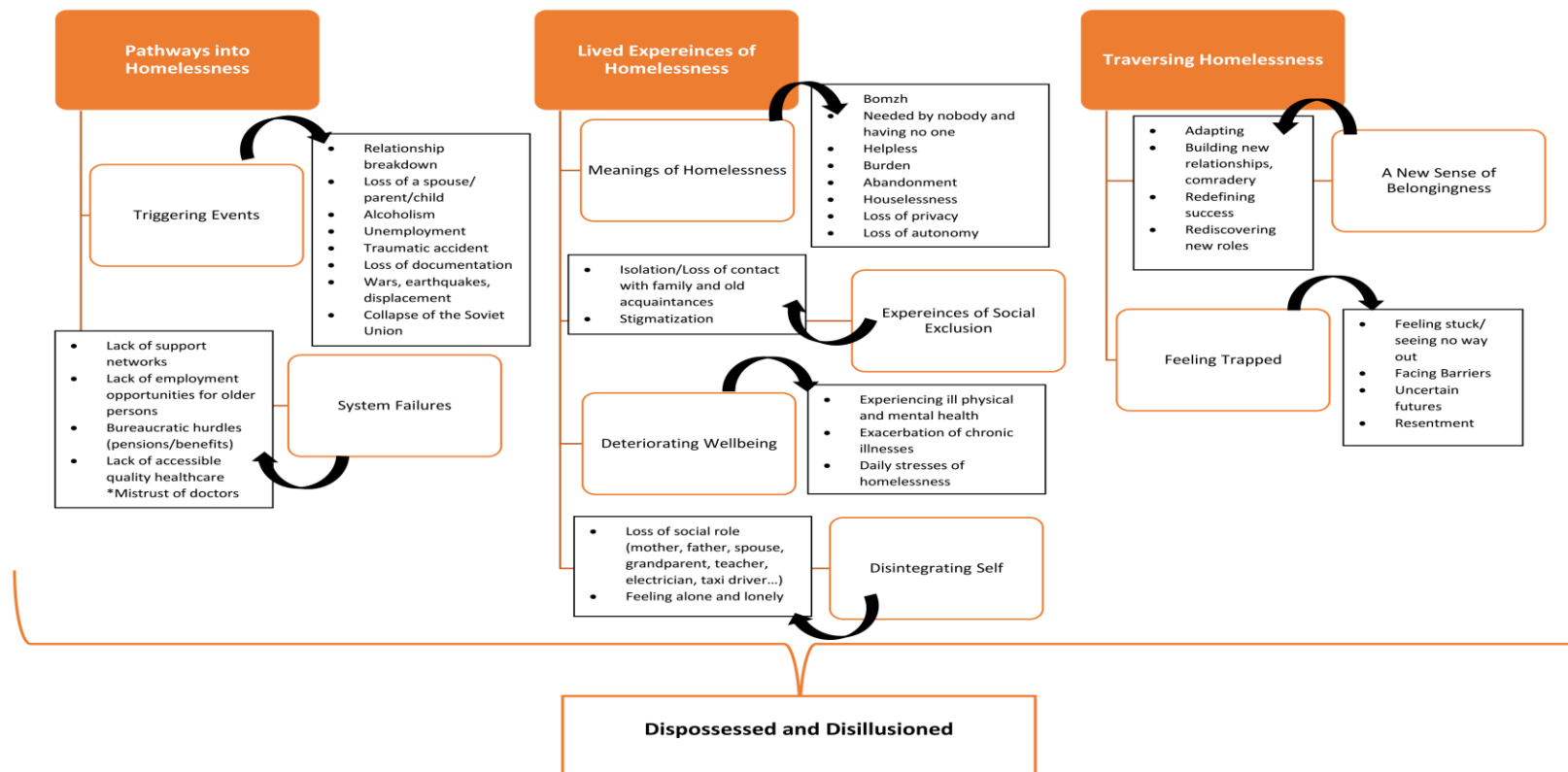
Pathways into Homelessness

Triggering Events
- Relationship breakdown
- Loss of a spouse/ parent/child
- Alcoholism
- Unemployment
- Traumatic accident
- Loss of documentation
- Wars, earthquakes, displacement
- Collapse of the Soviet Union

System Failures
- Lack of support networks
- Lack of employment opportunities for older persons
- Bureaucratic hurdles (pensions/benefits)
- Lack of accessible quality healthcare
*Mistrust of doctors

Lived Expereinces of Homelessness

Meanings of Homelessness
- Bomzh
- Needed by nobody and having no one
- Helpless
- Burden
- Abandonment
- Houselessness
- Loss of privacy
- Loss of autonomy

Expereinces of Social Exclusion
- Isolation/Loss of contact with family and old acquaintances
- Stigmatization

Deteriorating Wellbeing
- Experiencing ill physical and mental health
- Exacerbation of chronic illnesses
- Daily stresses of homelessness

Disintegrating Self
- Loss of social role (mother, father, spouse, grandparent, teacher, electrician, taxi driver…)
- Feeling alone and lonely

Traversing Homelessness

A New Sense of Belongingness
- Adapting
- Building new relationships, comradery
- Redefining success
- Rediscovering new roles

Feeling Trapped
- Feeling stuck/ seeing no way out
- Facing Barriers
- Uncertain futures
- Resentment

Dispossessed and Disillusioned

Figure 1: Empirical Framework including the conceptual categories, the relevant codes, and the overarching theory.

5.2.1. _Pathways into Homelessness_

The interviews began by questions which would allow the participants to narrate their histories and transitions into homelessness. Two conceptual sub-categories emerged from this: (1) Triggering events and (2) System failures. The combination of these two factors set them on their path to _becoming_ homeless.

5.2.1.1.   _Triggering Events_

All participants could underscore a specific event in their histories where their life took a turn and went off course. Most of these events were related to family breakdowns and disputes, abusive relationships, loss of a parent, a spouse and/or a child. Additionally, long periods of unemployment and imprisonment, traumatic accidents, loss of documentation during displacement during times of war. Often the problems snowballed.

Rita for example, broke her hip in a car accident on her way to work, while recovering she stacked up medical bills, had to leave her job, and eventually lost her apartment. Initially a friend put her up in a vacant apartment, however she had to leave when they found paying tenants. This was two years and 3 months ago. She spent the first two years in 4th village and the last three months in the HCKF homeless shelter. She did not have any family to rely on, she had lost her parents and younger brother in the 1988 Gyumri earthquake while she was studying in Moscow.

Vlad and Artur have similar histories, they were both living in Baku until the late 80s, they were married, had children, and worked. In Vlad's case, as the war began and their world plunged into chaos or as he puts it 'the dog didn't recognize his

owner' he decided to go to Russia for work, while working there as a taxi driver he had an accident with casualties, he was imprisoned for two years. When he got out, 'everything had changed, people had moved on.'

> *I ended up alone in my old age. I am turning 79 and I can't find them [Children] because I left to work in Russia when the war began. When I returned to Baku, my neighbor told me that they had sold everything a year ago and left, he didn't know where. I don't even know where my wife is if she left with them or has died. (Vlad)*

Artur and his family fled to Armenia from Baku when the war began. Then his mother got sick, his wife died, and his sons left to work in Russia. He has been at the nursing home for 2-3 years intermittently.

> *I have two good sons, they're somewhere far away in Russia, I don't know. I have come here instead of staying on the streets. I have lost my home and everything, and I'm left alone. (Artur)*

For some, their circumstances were already financially and socially precarious, particularly vis a vis their support mechanisms and generally system failings related to social benefits and pensions.

5.2.1.2.   *System Failures*

Indeed, for many, the triggering events mentioned in the previous section do not lead to homelessness yet given the fragility of others within a system that has a ways to go in security reform, the outcome can be as dire as homelessness. Nelly lives with her mother in 4th village. After her father passed, they stayed with relatives for a while, but they felt they had overstayed their welcome, so they left

and came here. She just turned 51 and her mother is in her mid-eighties. Nelly is blind, she used to get a disability pension of 14,000 drams. They were planning to separate them because of her age and send her to the HCKF Shelter with the others. To stay with her mother, she had to forfeit her pension.

> *According to the minister's decree they were keeping mom here [4th village] and taking me away. After many letters and pleas and calls and with the administration's help, through a special allowance by the minister I stayed here, near mom. But they said that two pensioners from the same family can't stay at the same place, they have cut my pension entirely. That's the reality, good or bad, we are managing. Together. (Nelly)*

Loretta is eighty-three years old. She was a pensioner in the 90s in Armenia, then she moved to Russia to be with her daughter and her family. While living with them she had no need for the pension, she did not ask about it. After her daughter passed away, her son-in-law became abusive, thought of her as a burden, the situation got so bad, that she decided to return to Armenia despite the fact that she knew no one, had nowhere to go, nor a source of income. She relied on the fact that she had almost ten years of pension due her. When she arrived through the mediation of the Armenian-Russian Society, she was brought to 4th village and told that someone would help her claim her dues. This was seven months ago. She now receives a new pension, almost 20% of which is reduced for her stay at the nursing home.

> *With the terms of my new pension, I get 27,000 AMD. But what about ten years of unclaimed pension? Where did that go? If they don't want to give me all, at least some of it. From what I've heard, others have been*

reimbursed for three years, one would be enough for me. Out of the 27,000

AMD I only receive 18, 000AMD. Fine they take care of me, but what if I

want something or crave something? In Russia we didn't have spinach. I

missed it. Now every chance I get, I buy two bunches and prepare some for

myself. I can afford that. But I can't afford to change my hearing aid my

brother got me this one when I went to visit him in American in '93.

(Loretta)

In both these cases, they initially had a familial support system, for better or for

worse—to rely on until they found themselves in 4th village. In Miriam's case, she

left an abuse paternal home for an abusive marriage. She lost her mother to grief

after the loss of a child when she was 8 years old. She herself had to give up her

3rd child, a daughter—for adoption because her alcoholic husband did not want to

take care of them. She went back to her father's house with the baby, and he

turned them away because the baby was making too much noise. With no other

options available to her and no source of income she was forced to give the child

away. She had a mental breakdown and had to be hospitalized in a mental

hospital. The mandatory psychiatric hold in Armenia is 20 days. After she was

discharged, she had nowhere to go. She had been given a diagnosis and was

entitled to a pension of 16, 500AMD. Barely enough to get by with, she mostly

spends it on lunch because at the HCKK Shelter they only provide breakfast and

dinner.

He couldn't take care of me or the baby, so I was left without a house. I

don't have a mother; I went to my father, and he doesn't want to keep me.

He's an old man already, he's sick too and it is very difficult living with him,

> *he is agitated all the time and he gets nervous easily. When we [baby and her] stayed with him he used to say that 'you're going to give me a heart attack and get me killed, is that what you want?' he didn't like living with us. I couldn't take care of her alone, so I took her to an orphanage. (Miriam)*

Miriam's circumstances also highlight another level of system failings. After her 20-day stay at the mental hospital and confirmation of her diagnosis she had nowhere to go.

> *The nursing home isn't for people like me, they only take older people. And I don't know if this place is for people like me….I don't know where people like me go, I don't know… If there was a different place, a separate place I could go to, I would want that. (Miriam)*

By 'people like me' Miriam meant people with mental health problems. She does not receive any care for her condition at the moment, in addition to that she lives with two roommates who drink and fight with each other then turn on her and when they drink her room 'turns into a bazaar.' She has fallen through several cracks in the system, most notably accessible mental and physical healthcare services.

Arman was the last person I interviewed. His pallor was so yellow that anyone who saw him would have known he was sick. He had gone to the hospital, but they would not admit him because he could not pay. So, he came to the HCFK shelter and they helped admit him to the hospital, where he was diagnosed with liver cirrhosis. After his diagnosis he was classified as a second class invalid and entitled to a pension.

> *My pension is 13,000AMD. What am I supposed to do with 13,000AMD?*

Am I supposed to buy clothes, medication, food? Pay for transportation to take me to get my medicine? In order to go to court to demand more money, I need to pay a lawyer. What lawyer would work for free? In order to have a free lawyer you need to be classified as a 4th class invalid. I have suffered for 4 years, and everyone is running away from their responsibilities. Someone has to answer! (Arman)

Arman's situation also highlights how those on the fringes of society and those who cannot afford to pay for healthcare are treated by healthcare professionals.

I used to trust doctors, I used to respect them, but now…I don't trust anyone, especially doctors. They are wolves in sheep's clothing! I go to the doctor and tell her I'm in pain, she says she's busy come tomorrow, I go the next day, and without even looking at me she sends me for analysis or a specialist somewhere else or asks me to bring paperwork form the polyclinic. They keep sending me here, there and back again. They just enjoy abusing their position of power! As if I have the money to go from here to there and back again! They make you sick! (Arman)

Arman's example demonstrates the bureaucratic hurdles homeless people are required to overcome in order to reach services they are entitled to, basic healthcare which is a right. They have to spend money they do not have in order to be classified as 'invalids' of a certain order, to receive a meager pension, which is then deducted to pay for subpar housing, subpar healthcare while being treated as subhuman.

5.2.2. _Lived Experiences of Homelessness_

The second portion of the interviews focused on lived experiences of homelessness. How the participants described their current circumstances. This section includes four concepts: (1) Meanings of homelessness as described by the participants, (2) Experiences of social exclusion, (3) Deteriorating wellbeing since becoming homeless, and (4) Disintegration of self—the disintegration of the 'self' they were, the roles they played, before becoming homeless.

5.2.2.1.   _Meanings of Homelessness_

There is no one meaning of homelessness, the phenomenon includes a plurality of experiences as lived and perceived subjectively by each homeless person. One of the most glaring threads in this section that constantly came up was the word 'bomzh' and living in shelters i.e., 'bomzhanots'. The moment they heard what I was there to talk to them about they immediately became defensive because they thought I considered them 'bomzh.' Loretta mentioned several times during our interview 'Это нехорошее слово' [That is not a good word], she found it funny that I, who could not converse with her in Russian, 'a civilized language' had come to interview her because _I_ considered her a _bomzh._ Of course, I insisted that that was not my intent, nor my understanding of their circumstances, that I had simply come to hear her thoughts on the matter. Others suggested that Armenians have abused a Russian word, and taken it out of context, that they had 'no right using it' much less using it as a pejorative or an insult.

> _I am not a bomzh! I am a civilized, cultured person as you have noticed. I_
>
> _graduated from the university with a degree in philology. I did not know_

when I was brought here that this was a 'bomzhanots.' But they have more than sixty people here who don't have papers or passports, or homes and such difficulties so they put us all here. There are many artists who are so poor they cannot afford to live in a house, are they 'bomzh'? I don't think so! Bomzh in my mind was that dirty person who stood on the street and begged for 10 drams. But since coming here I realized that a 'bomzh' is someone who has no home, no family, no nothing...Like me now. I have had everything, and I have nothing now. (Loretta)

Loretta's quote perfectly summarizes how most participants perceived the word. How its meaning has evolved as they have lived as persons without a permanent residence i.e., the literal translation of the acronym. What bothers them about it is how the word has morphed into an insult, as an exclusionary tool, to keep them on the margins of society as non-humans.

There are earthquakes, floods, disasters, wars...houses get destroyed all the time! You can become houseless, but you may rebuild. That is not the problem. The problem is that Armenians use 'bomzh' as a derogatory reference. They have no right using a Russian word. And once they start using the word when referring to us, it is as if we are not human beings anymore. That if a person is 'bomzh' than he is not anyone. (Lida)

The last portion of Loretta's previous quote is echoed by several others; Artur said *'I have lost my home and everything, I am all alone. What can I say. I have lost everyone.'* Miriam said, *'someone who has no home, who is abandoned by all, has no resources and no one to take care of them.'* Arman mentioned that he had

always been there for anyone who needed anything from him, yet now 'I'm in need of help and I have ended up like this.... I can't understand it. That relatives have turned their back and cut ties is even more difficult to understand.' They feel adrift, detached, and abandoned by all they knew. They feel dispossessed.

Some are in disbelief of how they have arrived at their circumstances. They are educated, working men and women who find themselves in a situation they cannot come to terms with. None would have imagined themselves here.

> *The situation is so much more difficult than your worst imaginings. Unless you have experienced it, you cannot possibly understand. We have all been abandoned by our people. (Zoya)*

Others felt they could not impose on others to take care of them when they hit hard times. They did not wish to be a burden to others, Nelly and her mother did not stay long with relatives, they did not wish to be an imposition, Rita left the apartment and could not ask her friends to help in another way, Vlad did not wish to burden his sons 'they have their lives to live, they don't need to take care of me too'

What was most difficult for many to accepts was their loss of autonomy. As independent adults, they had lived their lives up to this point and for better or for worse were 'managing' their own lives. Now there were administrators who told them where they could stay, who they shared their rooms with, what time they could come and go, when to eat.

> *It was very difficult for me in the beginning. I didn't want to leave my home, where I was raised, where I lived all my life. And to come here...it was even*

more difficult. But we settled in, and then they came and said they were moving us again. So, we came from the shelter to the nursing home. Again, we tried to settle in…but then to separate me from my mother and send me to that other homeless place? I couldn't go. All those poor people…Good or bad, it's the reality. Some had been here 4-6 years, they had settled in, felt like they were home, and they were moved in a very bad way. Moving is very difficult, even shifting buildings was difficult, it is not easy to resettle at all. You just have to adjust; you have no choice. (Nelly)

At the cost of her pension, Nelly was allowed to stay with her mother in 4th village, others were not as fortunate. Miriam said it would have been better if "they had taken and thrown me at a garbage dump."

Zoya who had lived years in the 4th village said:

There (4th village) I felt I was entering a home or a house, but here it's just a building, somewhere I sleep. The first floor here are all offices, and you know you're entering a work environment, into an organization's building. It's no home. You know it's not yours. You know at any time they can open your door and tell you pack up we are moving you or you have to leave. (Zoya)

There were also concerns about who they were sharing these spaces with. None had a choice about roommates or floormates, but unlike an apartment, you could not lock your door and have privacy within your four walls. Each floor had 2 communal bathrooms and showers too, for both men and women.

Since the showers are right next to each other, some of the men come out

indecently, sometimes without a bathrobe. Sometimes they are walking

through the halls half-dressed and if a woman says anything they say "its

not something you haven't seen before" or "it's natural." (Lida)

I don't care where, I just want some place that's my own, no matter how

small. (Miriam)

5.2.2.2.   *Deteriorating Wellbeing*

Living homeless takes a toll on the body and the mind. Especially amongst older

people, where the risk of chronic illness is exponentially higher. Some were

already sick, or injury and disease hastened their trajectory into homelessness.

Others became sick or *sicker* because they were living on the streets.

When I met Artur, he was in the hospital ward in 4th village, he had severe

pneumonia after 6 months of living on the streets during Armenia's harsh winter.

He also had a hip injury which had not been treated yet. It is worth noting here

that the entire nursing home has one doctor, a generalist and an untrained 'nurse'

who mostly dealt with cleaning after the patients and their food. Artur needed

hospitalization, yet his admission was being delayed because they kept telling him

that there were 'no beds available.' He had been lying in that bed for a month and

ten days, his condition was getting worse. He had not received any pain

medication, nor been seen by a specialist. He could barely speak; he became so

agitated when talking to me

> *They have thrown us here! They throw us from there to here, from here to*
>
> *the cemetery! Look around [he had 3 roommates] they are dying too!*
>
> *Where are those who are supposed to help!? If I could, I would go to the*

minister's office and stab myself there, so they can see that my death is on

their hands! They need to understand how a man like me would be

desperate enough to do something like that. (Artur)

Rita is waiting for revision surgery for her hip. Arman's condition is not being treated. Loretta is nearly completely deaf with one malfunctioning hearing aid. Mariam is not getting treatment for mental health. None of the participants I spoke to had seen a doctor for almost a year, excepting critical cases like Artur and Arman.

Vlad is given his heart medication at 4th village, 'without interacting with the doctors much' as he says it, since they know what he usually takes, they do not need to see him. The last time though-

My heart rate was 233 and the doctor was shocked that I was still on my feet with my heart almost ready to explode. This was at the Shahumyan polyclinic. Most of us here are sent here if we need anything. When I have very bad pain in my chest, I just know I need to take my medicine under my tongue, and I will be fine. I also have some tables for my breathing difficulties. Other than that I am fine (Vlad)

Given his symptomology, Vlad has angina, a serious coronary artery disease, which should be closely monitored to prevent a major cardiac event. His prescription had not been updated for years, until he happened to be at the polyclinic with a heart rate well above the maximum threshold for a man his age.

Artur also did his x-ray and got a diagnosis of pneumonia at Shahumyan, before moving into the hospital ward at the home. The Shahumyan polyclinic (No 15) is located in Sebastia, Yerevan, approximately fifteen minutes away from Haghtanak

Village. The polyclinic[2] is relatively well equipped and specialized in several departments and serves over 30,000 people in the Shahumyan district of Yerevan.

5.2.2.3.   *Disintegrating Self*

Every participant I spoke to had a keen sense of what they had lost along their way into homelessness. More specifically, who they had lost and how that changed the way they saw themselves and their value. Vlad felt abandoned when he returned from prison and could not find his family waiting, he said:

> *When I was their age, I listened to what my parents had to say because they were my parents. They raised me, I owed them the courtesy of listening to them. Now I have no one, no one to listen to, and no one to listen to me. (Vlad)*

He took their leaving as a failure on his part as a parent. Loretta on the other hand lost her sense of self entirely when she lost her children, she said she asked God 'what am I now? I shouldn't be anywhere' she did not see the value of her being alive if they were no longer alive, her life as she had known it ended with them. When her son-in-law cut ties with her, she was no longer a grandmother. He had told her that with her daughter dead, she was nothing to him and his children.

Lida's 35-year-old son also lives in the shelter, she is worried that the longer they stay there, the less likely he will be to find someone to marry him and have a chance to change their circumstances. Nelly and her mother have shifted their roles, despite being blind, Nelly is her mother's caretaker now, because her

---

[2] Shahumyan Polyclinic: https://www.yerevan.am/en/polyclinic-15-cjsc/

mother has started showing signs of dementia.

Rita was a kindergarten teacher. When she applies for jobs now and puts the address of the shelter, she is immediately rejected. The men referred to the jobs they had done prior to coming to the shelter. One was a businessman, he had money, the other was an electrician, a taxi driver, etc....

Now they go through the motions of every day, dispossessed by the people who gave meaning and value to these roles and disillusioned by a system that makes it impossible for them to find pathways *out* of homelessness.

5.2.3. *Traversing Homelessness*

The last section presents how the participants are navigating their homelessness, whether they have (1) Developed a new sense of belongingness or (2) Feeling trapped in their circumstances.

5.2.3.1.   *A New Sense of Belongingness.*

Several of the participants have found ways of adapting to their circumstances, developed friendships with roommates, found means of supporting one another. They eat together, guard the door of the showers for each other, make sure they accompany each other when they go out of the shelter. They offer their skills, for example, Rita is a very skilled tailor, she had sewn the shirts Aghavni and Lida were wearing.

> *We stayed together in 4th village for nearly 6 years together, we are like*
>
> *family. (Aghavni, speaking of Lida, Rita and Zoya)*

5.2.3.2.   *Feeling Stuck*

Others could not come to terms with their circumstances and felt resentful. They saw how at every turn there were new hurdles to surmount, where they had to constantly justify their right to be a part of a society they were once productive contributing members of. They were tired, they could not imagine a way out, they were waiting for the end.

> *My death is imminent, I just don't want to die here. I would never have imagined that on my own native land, I would live four years roaming the streets like a stray dog. You are stuck with your thoughts, and you start thinking should I just throw myself out the window or hang myself to end all this? But then I think, I don't want to be buried here, stuck in the ground here. (Arman)*

6.   Discussion

The knowledge that in poverty, calamity, and grief, she had poetry, she had

greatness—she had that, and not the powers that oppressed her—this knowledge

gave her the strength to bear that poverty, humiliation, and grief. (2:502)[3]

The study aimed at understanding how homelessness is experienced by older

people in Yerevan, Armenia. A through synthesis of the interviews translated into a

two-fold interpretation, one of feeling dispossessed by those they considered

closest to them, by family, relatives and friends, and a society which labeled them

'bomzh' and kept them on the periphery—literally where the shelters are

geographically located, and metaphorically by exclusionary labels, discriminatory

practices and bureaucratic categorizations which determine their entitlements and

curtails their rights. Second, a sense of disillusionment about how their lives and

circumstances led them here, how the system contributed to the vicious cycle and

makes it nearly impossible for them to find a way out, especially at their age.

The participants rarely referenced the loss of a *structural house* when talking

about homelessness, their reflections were more focused on what made that

house a *home.* The people they had lost, the 'family' unit that had occupied that

space, the roles they had played within it. When 'house' was mentioned, it was in

the context of the autonomy and privacy it afforded them more than anything

else. "House" means shelter, and implies edges, walls, doors, and roofs. "Home"

---

[3] From Lidiia Chukovskaia's Diary of Anna Akhmatova's Life: Volume 2 "Intimacy and Terror"

does not require any building (Rykwert, 1991). These participants were not houseless, they had shelter, walls, and roofs. Yet they had no home.

Their pathways into homeless began when they left their houses, voluntarily or involuntarily, knowingly, or unknowingly that they would never return. The phenomenon of displacement is not novel, nor is the idea of relocation into communal housing as the shelters, particularly in the history of the Soviet Union. A lived history very familiar to these participants. Boym's extensive work reflects on the phenomenon of nostalgia as a legacy of the Soviet Union, she speaks of *nostalgia* as a longing for home, but often for a home that no longer exists or perhaps has never existed (Boym, 1994). Most of the participants spoke of difficult domestic lives, abuse, alcoholism, loss, yet they still felt a sense of longing for those times relative to their current living circumstances; after all, one remembers best what is colored by emotion, good or bad—An imperfect process of remembrance, where in the emotional topography of their memory, personal and historical events become conflated; a fragile balance between homesickness and a sickness of being home (Boym, 2001). Miriam left her paternal and matrimonial homes because of abuse, yet she longs for her role as a daughter, a sister, a housewife and a mother within those homes. Loretta was treated as a pariah in her son-in-law's house after her daughter died, she wasn't even allowed to eat at the table with everyone, yet she longs for the times she had with her grandchildren. Vlad, Arman, and Artur left their homes for work during a war, to return and find nothing as they had left it. None of their homes were tenable when they left, nonetheless, they were better than where they find themselves

now. In Chukovskaia's diary, Akhmatova has similar inflections, "[…] without knowing it yourself, you want those years never to have existed, but they did. They can't be erased. Time doesn't stand still, it moved on. The prisoners may return home from the camps, but neither you nor they can return to that day when you were parted. […] you don't just want the people to return, but the day too, and you want the life that was forcibly broken off to safely carry on from where it was interrupted. You want to patch up the places where they hacked into it with an axe. But that doesn't work. No such glue exists. The category of time is generally far more complicated that the category of space." (2:199). [4] It is not the house they are nostalgic about, it is the home, the people, and who *they* once were, when they were *possessed.*

In addition to questioning 'who they were' now the participants were also questioning 'what they are.' Their experiences into and being homeless were abridged by labels that determined their standing in society and what they were entitled to. If they were classified as an invalid of a certain order, they were allocated a pension, what type of healthcare services they had access to, which building at the shelter they belonged in. Many felt that this stripped them of their agency, their autonomy, even their privacy and rights. Moreover, many participants expressed their frustration with the misuse and abuse of the term 'bomzh'—a term adopted from Russian bureaucracy—to keep them on the margins of society, to compare them to the stereotypical image of the dirty,

---

[4] From Lidiia Chukovskaia's Diary of Anna Akhmatova's Life: Volume 2 "Intimacy and Terror"

disheveled, alcoholic, violent homeless person that loitered on the streets and begged for money. None identified with that image of homelessness. Instead, I would venture so far as to say they expressed a sense of moral pride about their current poverty, they felt that they had lived a full life that did not warrant or justify their homelessness, and if they were here now, then so be it. None of them had ever imagined that they would end up here in their golden years; like they had once upon a time, others 'out there' going about their daily lives, working, enjoying their families, could end up in a similar situation given a twist of fate. Yet as outsiders looking in, society looked down on them, called them 'bomzh' and distanced itself from them—literally and figuratively. They felt a sense of disbelief that others could not comprehend this, that they would dismiss them with an offhanded label such as 'bomzh' and treat them as non-humans.

The participant's experiences with accessing healthcare suggest that their concerns where invalidated and dismissed by those in positions to help them because their entire person was reduced to the fact that they were homeless: *'you're sick? It's because you are homeless'; 'this is the treatment we can provide, because you are homeless'; 'this is the quality of care you are entitled to, because you are homeless.'* It goes without saying that this created a level of distrust toward the healthcare establishment that led to postponing and delaying preventative care. No one disputes the detrimental impact of homelessness on one's physical and mental health (Hopper, 2003; Reeve, 2011; Thomas, 2012 Fitzpatrick & Stephens, 2007), yet with a system that does not anticipate these needs and has not provided safeguards for managing adverse outcomes, what

recourse does a homeless person have in maintaining their health and wellbeing?

We can induce from the participants' narratives that homelessness was an existence closer to 'struggling along' than *experiencing life.* The latter implying active engagement with the world, including the ability to perceive, reflect and act. According to Desjarlais' work with the homeless, "a good day for someone who *experiences* might be one in which there is a novel undertaking […]. The features of such a day build on stuff of novelty, transformation, employment, and movement. In contrast, a good day for someone *struggling along*, might be a smooth one, where nothing much happens, where pressure is relieved by pacing, and where there are enough cigarettes to last the day." (Desjarlais, 1994). For most homeless living in shelters, *struggling along* is a close description of their daily lives. This is a form of *shelter-induced* adaptation (Glasser & Bridgman, 1999), an attempt to maintain the status-quo, for some a developed sense of dependency on the shelter and the privileges afforded them therein. Unlike other classic institutions which are centrally managed or subsidized like prisons or mental hospitals, a homeless shelter gave the illusion of agency to its residents, such as the freedom to leave when they chose to. However, if the homeless person wanted to stay at the shelter, there were rules to follow or otherwise risk being thrown out, as both Artur and Arman had experienced when they missed curfew or spoke out too loudly about their health concerns. Adapting to *struggling along* in the shelters was an acquiescence mechanism for fear of losing their last abode.

Experience transforms: it "does not leave him who has it unchanged." (Heidegger, 1971 [1955]). Experience builds toward something more than a transient, episodic succession of events, it has lasting and memorable effects on the person who undergoes it (Desjarlais, 1994). Certainly, every single person I spoke to had been transformed by being homeless, however, they did not consider the experience as building *toward* something except the end. None even conceived of a way out, they viewed it as a moot exercise given their age; what was there to live for? Aspire to? Why bother? For whom? They had settled *for* homelessness—some with concession others with resentment—until their eventual end. I began and end with a quote from Akhmatova: "*I have nothing now. But it's all the same to me; it fits my destiny.*" *(2:462)*

7.   Considerations

The study focused on older homeless persons living in shelters in Yerevan, this represents a specific group within the homeless community, their narratives are likely to differ from those experiencing homelessness on the streets. Endeavoring a constructivist grounded theory approach, the aim was not to arrive at generalizable findings, at best, the findings can be transferable to others with similar circumstances, established through the literature presented and the theoretical saturation achieved by the end of the data collection and synthesis i.e., the comparative iterative process. Additionally, this study only included those 50 years and older, experiences of younger sheltered homeless people may yield different findings. Lastly, homeless participants may be evasive and distrustful with disclosing detailed narratives, steps were taken to develop rapport and trust with the participants, I have taken their narratives at face value, and given them the benefit of the doubt, ultimately, this study aimed at giving a 'voice' to persons who are often time ignored; where research is conducted *on*, rather than *with* homeless participants. This was an attempt at inclusive research, which put their narratives at the forefront as empirical data. The topic of homelessness generally is understudied in Armenia, there is room for further research to fully understand the phenomenon.

8.   Conclusion

Health is a state of complete physical, mental, and social wellbeing and not merely the absence of disease (WHO). The homeless are affected on all three levels, and their social circumstances create and exacerbate physical and mental health problems. Employing constructivist grounded theory, this thesis aimed at generating new knowledge on an otherwise unexplored yet important area of study: the experiences of homelessness among older people in Yerevan through their 'voices'. The overarching theory proposed that older homeless people experience a sense of dispossession and disillusion.

References

Anderson, I., & Christian, J. (2003). Causes of homelessness in the UK: A dynamic analysis. Journal of Community & Applied Social Psychology, 13(2), 105-118.

Anderson, D. G., & Rayens, M. K. (2004). Factors influencing homelessness in women. Public Health Nurs, 21(1), 12-23.

Assembly, U. G. (1948). Universal declaration of human rights. UN General Assembly, 302(2), 14-25.

Belcher, J. and DeForge, B. (2012) 'Social Stigma and Homelessness: The Limits of Social Change'. Journal of Human Behaviour in the Social Environment, 22(8), pp. 929-946.

Berger, P., & Luckmann, T. (1966) The Social Construction of Reality: A Treatise in the Sociology of Knowledge. New York: Penguin.

Boym, S. (1994). Common places: Mythologies of everyday life in Russia. Harvard University Press.

Boym, S. (2008). The future of nostalgia. Basic books

Buckley, C. (1995). The Myth of Managed Mirgration: Mgration Control and Market in the Soviet Period. Slavic Review 54(4): 896-916.

Busch-Geertsema, V., O'Sullivan, E., Edgar, B. and Pleace, N. (2010) Homelessness and Homeless Policies in Europe: Lessons from Research. Brussels: FEANTSA.

Caplow, T. (Ed.) (1968) International Encyclopedia of the Social Sciences (Vols. 6). New York: Free Press.

Charmaz, K. (2008a) 'Grounded Theory as an Emergent Method'. In Hesse-Biber, S. and Leavy, P. (eds.) Handbook of Emergent Methods. New York: The Guilford Press, pp. 155-172.

Charmaz, K. (2008b) 'Constructionism and the Grounded Theory Method'. In Holstein, J. and Gubrium, J. (eds.) Handbook of Constructionist Research. New York: The Guilford Press, pp. 397-412.

Charmaz, K. (2011a) 'Grounded Theory Methods in Social Justice Research'. In Denzin, N. and Lincoln, Y. (eds.) The SAGE Handbook of Qualitative Research (4th edition). London: Sage Publications, pp. 359-380.

Charmaz, K. (2011b) 'A Constructivist Grounded Theory Analysis of Losing and Regaining a Valued Self'. In Wertz, F., Charmaz, K., McMullen, L., Josselson, R. and McSpadden, E. (eds.) Five Ways of Doing Qualitative Analysis: Phenomenological Psychology, Grounded Theory, Discourse Analysis, Narrative Research, and Intuitive Inquiry. New York: The Guilford Press, pp. 165-204.

Charmaz, K. (2014) Constructing Grounded Theory: A Practical Guide through Qualitative Analysis (2nd ed.) London: Sage Publications.

Chawla, M. (2007). From red to gray : the "third transition" of aging populations in Eastern Europe and the former Soviet Union Washington D.C.: World Bank.

Chukovskaia L. Diary of Anna Akhmatova's Life: Volume 2 "Intimacy and Terror" In Paperno, I. (2011). Stories of the Soviet experience. In Stories of the Soviet Experience. Cornell University Press.

Clapham, D. (2003) 'Pathways approaches to homelessness research'. Journal of Community and Applied Social Psychology, 13(2), pp. 119–127.

Cohen, C. I. (1999). Aging and Homelessness. The Gerontologist, 39(1), 5-14Ravenhill 2008

Cooper, B. (1995). Shadow people: the reality of homelessness in the 90's: Sydney City Mission. Available at SSRN 1865203.

Desjarlais, R. R. (2011). Shelter blues: Sanity and selfhood among the homeless. University of Pennsylvania Press.

Douglas, M. (1966). Purity and Danger: An Analysis of the Concepts of Pollution and Taboo. London: ARK Paperbacks.

Dovey, K. (1985). Home and Homelessness. New York: Plenum Press.

FEANTSA (2006) Ethos: Taking Stock. Brussels: FEANTSA.

Fitzpatrick, S. (2000). Single Homelessness: An overview of research in Britain. Bristol: The Policy Press.

Fitzpatrick, S. & Stephens, M. (2007) An International Review of Homelessness andSocial Housing Policy. London: DCLG.

Glaser, B. and Strauss, A. (1967) The Discovery of Grounded Theory. Chicago: Aldine.

Glasser, I. (1994). Homelessness in Global Perspective.

Glasser, I., & Bridgman, R. (1999). Braving the street: The anthropology of homelessness (Vol. 1). Berghahn Books.

Goffman, E. (1963) Stigma: Notes on the management of a spoiled identity. New York:Simon and Schuster Inc.

Heidegger, M. (2010). Being and time. Suny Press.

Herman, D. B., Susser, E. S., Struening, E. L., & Link, B. L. (1997). Adverse childhood experiences: Are they risk factors for adult homelessness?. American journal of public health, 87(2), 249-255.

Höjdestrand, T. (2011). Needed by nobody: homelessness and humanness in post-socialist Russia. Cornell University Press.

Holloway, L. & Hubbard, P. (2001) People and Place: The Extraordinary Geography of Everyday Life. Essex: Pearson Education.

Hopper, K. (2015). Reckoning with homelessness. In Reckoning with Homelessness. Cornell University Press.

Humphrey, C. (2002). The Unmaking of Soviet Life: Everyday Economies after Socialism. Cornell University Press.

Kellett, P. & Moore, J. (2003). 'Routes to home: homelessness and home-making in contrasting societies'. Habitat International, 27(1), pp.123-141.

Kotkin, S., & Richardson, W. (1995). Magnetic mountain: Stalinism as a civilization. History: Reviews of New Books, 24(1), 37-38.

Likhodei, O. (2003). Sub'ektivnye faktory marginalizatsii. Paper presented at the conference. Institute for Internatinoal Business and Communications, St. Petersberg, June

6, 2003. Available http://www.mba.ibci.ru/konferencia/page/statya_k22.htm . Accessed February, 2014.

Mallett, S. (2004) 'Understanding home: A critical review of the literature'. The Sociological Review, 52(1), pp.62–89.

Matthews, M. (1989). Patterns of deprivation in the Soviet Union under Brezhnev and Gorbachev (Vol. 383). Hoover Press.

Moore, J. (2000) 'Placing home in context'. Journal of environmental psychology, 20(3), pp. 207–217.

Moore, J. (2007) 'Polarity or integration? Towards a fuller understanding of home and homelessness'. Journal of Architectural and Planning Research, 24(2), pp. 143–159.

Morse, J. (2007) 'Sampling in grounded theory'. In Bryant, A. and Charmaz, K. (eds.) TheSage Handbook of Grounded Theory. California: Sage Publications, pp. 229–244.

Padgett, D. (2007) 'There's no place like (a) home: Ontological security among persons with serious mental illness in the United States'. Social science and medicine, 64(9), pp.1925–1936.

Parsell, C. (2012) 'Home is where the house is: The meaning of home for people sleeping rough'. Housing Studies, 27(2), pp. 159–173.

Peressini, T., McDonald, L., & Hulchanski, D. (1995). Estimating homelessness: Towards a Methodology for Counting the Homeless in Canada. Canada Mortgage and Housing Corporation.

Phelan, J., Link, B., Moore, R. and Stueve, A. (1997) 'The stigma of homelessness: The

impact of the label "homeless" on attitudes toward poor persons'. Social psychology quarterly, 60(4), pp. 323–337.

Ravenhill, M. (2008) The Culture of Homelessness. Hampshire: Ashgate.

Reeve, K. (2011) The Hidden Truth About Homelessness: Experiences of Single Homelessness in England. London: Crisis

Rykwert, J. (1991). House and home. Social research, 51-62

Sermons, M. W., & Henry, M. (2010). Demographics of homelessness series: The rising elderly population. *Washington (DC): National Alliance to End Homelessness*, *1*(8)..

Snow, D., & Anderson, L. (1987) 'Identity work among the homeless: The verbal construction and avowal of personal identities'. American journal of sociology, 92(6),pp.1336–1371.

Somerville, P. (1992) 'Homelessness and the meaning of home: Rooflessness or rootlessness?' International Journal of Urban and Regional Research, 16(4), pp. 529–539.

Strauss, A., & Corbin, J. (1990). Basics of Qualitative Research: Grounded Theory Procedures and Techniques: Sage Publications.

Susser, E., Moore, R., & Link, B. (1993). Risk factors in homelessness. American Journal of Epidemiology, 15, 1599-1601.

Thomas, B. (2012) Homelessness kills: An analysis of the mortality of homeless people in early twenty–first century England. The University of Sheffield for Crisis: London.

Tipple, G. (2005). Definitions of homelessness in developing countries. Habitat International 29, 337-352.

Tong, A., Sainsbury, P., & Craig, J. (2007). Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. International journal for quality in health care, 19(6), 349-357.

Tweed, A., & Charmaz, K. (2012). 'Grounded theory methods for mental health practitioners. In D. Harper and Thompson, A. (eds.), Qualitative research methods in mental health and psychotherapy: A guide for students and practitioners. London: Wiley-Blackwell, pp. 131–146.

UNCHS. (2000). Strategies to Combat Homelessness Nairobi: UNCHS (Habitat).

World Health Organization. World Health Report Executive Summary - achieving health for all. Available at: http://www.who.int/whr/1998/media_centre/executive_summary6/en/. Accessed: December 2013.

Appendix A

American University of Armenia

Institutional Review Board #1/Committee on Human Research

Hello, my name is Zavi Lakissian. I am a graduate student of the Master of Public Health program at the College of Health Sciences at the American University of Armenia and a recent graduate of Yerevan State Medical University. For my thesis project I am conducting a study about homelessness among older people, in Yerevan, Armenia.

I am inviting you to participate in an interview for this study because you live in a homeless shelter in Yerevan. Participating only involves this interview today. It should not take longer than one hour of your time. What you say will contribute to this study, but your narrative will be analysed as part of a group of similar testimonies given by other participants. You will be one of 15 people who will be invited to participate. Quotes from what you say may be used in reporting the final findings, but personal identifiers will be removed, and your anonymity maintained. If you agree, I will record the interview for analysis purposes otherwise I will take notes throughout the interview. Do you consent to the recording? My notes and the recording will be stored on a password protected computer, without any information that will breech the confidentiality and anonymity of your person, and all recordings and identifiable evidence will be destroyed at the end of the study after analysis is completed.

Your participation in this study is voluntary. There is no penalty if you decline to take part in this project. You may refuse to answer any question or stop the interview at any time. There is no financial compensation or other personal benefits from participating in the study and there are no known risks to you resulting from your participation in the study. Your participation will help us understand how homelessness is experienced by older people in Yerevan, Armenia.

If you have any questions regarding this study, you can call the Associate Dean of the School of Public Health of American University of Armenia, Varduhi Petrosyan, at (37410) 51 25 92. If you feel you have not been treated fairly or think you have been hurt by joining the study you should contact Dr. Hripsime Martirosyan, the Human Subject Protection Administrator of the American University of Armenia (37410) 51 25 61.

Do you agree to participate? Please say YES or NO.

Thank you.

If yes, shall we continue?

Appendix B

Details of the semi-structured Interview Guide for the In-Depth Interviews

The three main questions were:

1. Can you please tell me a little about yourself, your background and your life before you came here?
2. How have you experience homelessness?
3. How has this experience changed your perceptions of homelessness and how do you think others in society view homelessness?

The detailed guide below provided the researcher with probing questions and prompts to guide the conversation.

- Can you please tell me a little about yourself?
    - How old are you?
    - What year were you born?
    - Where were you born, originally?
        - Possible probes include: were you born in Yerevan? Are you from the *marzes*? How long have you been in Yerevan?
    - What level of education do you have?
    - What work did or do you do?

- Let's talk about your family.
    - Tell me about your family and living situation when you were young.
        - Possible probes include: What do you think about how you grew up and your living situation? Did you belong to a working class/ poor/ rich family? Did your parent(s) work? Do you have any brothers and sisters? Tell me about your family dynamic [*for interviewer: this information can be gleaned through the narrative provided by the participant*.]. Are any of your family members still alive? Extended relatives? Do you stay in contact?
    - What is your relationship status (more conversational: Are you or were you ever married?)
        - Possible probes include: Is your husband/wife alive? If yes, do you live together? Is he/she in the country? If no, how long ago did they die?
    - Tell me about your family and living situation with your spouse.
        - Possible probes include: Were you comfortable? Did both or either one of you work? Tell me about the family dynamic. Do you have children/grandchildren? How many children? Are they currently in Armenia? Where? How many grandchildren? If they do live in Armenia, why don't you stay with them? Do you keep in touch, do they come to visit?

- Let's talk about your current situation.
  Tell me the story of how you became homeless *(more conversational: how did you come to live here? Note to researcher:*
  Participant may be uncomfortable with the word "homeless").
  - How did you become homeless?
  - How long have you been living in these circumstances?
  - When did you first come to this shelter?
  - How would you define your current status?
    - Possible probes include: Do you consider yourself homeless? Do you think you're currently in a transitory phase, that this situation is temporary? How has being here been for you?
  - How did you come here (what circumstances led you to your current state)?
    - Possible probes include: Were there financial causes? Did you have a life-altering incident? Did you lose your home, or were you put out/evicted for any reason? Were there familial problems? Health related issues? Did you lose your job?
  - What did you do from the moment of losing your home/ "shelter" until you arrived at the shelter here?
    - Possible probes include: did you stay with other family members? Friends? End up on the streets?
      - Follow up probes if participant ended up in the streets: What did you do to survive on a daily basis? What did you eat; where did you go to the bathroom, did you shower? What was your source of income at the time? Tell me about your experience.
  - Did you choose to come to the shelter or were you forced?
    - Possible probes include: Was coming here a choice, or a last resort? And what events led to this realization (What constituted your idea of "hitting rock bottom"?)? Do you think your age had any impact on these events that were you younger circumstances would've been different?
  - Do you consider your stay here a permanent or a temporary solution to your housing problem (depending on their status as primary or secondary homeless)?
      - Follow up probes if answer is "temporary": What would change your situation? When do you think it would change? What would it change to?
      - Follow up probes if answer is "permanent": What is keeping you in the shelter? Again, is it by choice or lack of a better option? Does your age influence your decision?
  - What are your thoughts about the shelter?
    - Possible probes include: Does the shelter meet your minimum expectations for maintain a basic quality of life? What is your opinion of others in the shelter? Do you think you have unmet needs at the shelter with regards to your age? How do the employees treat you?

- o Do you consider the shelter your "home"?
  - ▪ *Clarification: "home" vs. "house"*
- o Tell me about a routine day in your life.
  - • Possible probes include: How do you start your day? Where do you go? Who do you meet? How do you feel?
- o Are you currently employed? What do you do for income?
  - • Possible probes include: Do you have a pension? Is your pension not enough to seek housing elsewhere? Do you have any other sources of income, such as family members? If you're unemployed, or can't find a job, do you think that is because of your age?
- o How would you describe your social interactions?
  - • Possible probes include: Do you have friends within the shelter or without? How would you compare your social life now to what it was before you became homeless? Do you have a support network?
- o How do people you used to know before coming to the shelter react to you now?
  - • Possible probes include: Are you still in contact with people you were friends with before you came to live at the shelter? If not, why do you think that is? Was it your choice or theirs?
- o Since coming to live here, have your perceptions of participating in everyday social activities changed? (*Concepts of social exclusion)*?
  - • Possible probes include: Why do you think that is? How much does your age factor into your level of productivity or your perception of it? Do you think people don't want to listen to you, or don't consider you part of the active social cycle, or is that your opinion of yourself?
- o Tell me about your needs.
- o How do you feel about asking for help?
  - • Possible probes include: Do you think you need help? Are you comfortable with accepting help? Do you consider charity; pity? How do you feel about that? What is your opinion about people who offer to help, do you think they're do-gooders or that they have a hidden agenda?
- o Is there anything else you would like to tell about how you became homeless and your experience at the shelter?

- • Let's talk about your health and access to medical care:
  - o How would you define your current health status?
    - • Possible probes include: Are you healthy? How unhealthy do you think you are? What current health problems do you have?
  - o Do you think your health is influenced by your homelessness?
    - • Possible probes include: How so? How much would you attribute to your age and how much to being homeless?
  - o If need be, where do you apply for medical care? (Conversationally: What do you do if you get sick?)

- Possible probes include: Are there health care professionals or services offered around campus at the shelter that you use? Do you go to polyclinics/hospitals outside the campus? How often has such a need arisen? What were the causes?
  - How do health care professionals react to you?
    - Possible probes include: How are you treated when visiting your primary physician or a specialist? Why do you think they react the way that they do? Are you satisfied with their treatment of you?
  - How do you pay for medical services?
    - Possible probes include: Are you aware that polyclinics should accept patients for free, and what services and treatment plans are free of charge?
      - Follow up question: Do you think part of why you're treated a certain way by health care professionals, has to do with the fact that these services are for free? Do you think if you were a paying consumer you would be treated differently?
    - ** [Are you aware of what you're entitled to under the governmental BBP plan and as part of a vulnerable population?]
  - Is there anything else you would like to add regarding your health and access to health care?

- Let's talk a little about perceptions about homelessness and homeless people.
  - What do you think the general perception is about homelessness?
    - Possible probes include: Do you think people have a prejudiced opinion about what it means? Do you think they're apathetic?
  - Before you became "homeless", what was your opinion about homelessness and homeless people?
    - Possible probes include: was it something that you thought about? Had an opinion or prejudice? Did you think it was the person's own fault that they became homeless? Who would you have described as a homeless person (an alcoholic; a drug addict; prostitute)?
  - How would you describe your views on homelessness now?
    - Possible probes include: Has your experience changed your views? How?
- Is there anything else that you would like to add before we conclude our interview?

Thank you for your time.