

Destitute Geriatrics and Re-Socialization beyond Institution, A Re-analysis of Goffman's Theory of Total Institution

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Abstract

The study attempted to reconnoiter the pattern of resocialization among destitute elderly of Multan, Pakistan. The purpose was to elaborate the depersonalization and re-socialization of old aged people living without institutional boundaries (in contrast to Goffman's total institution theory 1957. This qualitative research was conducted by in-depth interviews of twelve homeless geriatrics. The data was analyzed by verbal protocol and thematic analysis. It was found that after the homeless, the old aged people were re-socialized by following depersonalization. When they became destitute, they lose previous identity, and self to cope with the surrounding environment and had successful survival at the place of residence not just within the specific boundary but even in the absence of any institution. The study recommended initiating the rehabilitation to retain their original identity by living at home setting. The study left the space for comparing the resocialization of geriatrics, living within and without institutional boundary.

Keywords: *Goffman, Resocialization, Homeless Geriatrics, Total Institution.*

Introduction

In Pakistan, the current population is consisted of 200 million people in whom 3 million are added yearly. By population, Pakistan is at 6th number across the world (Khan, 2016). Due to the rapid increase in of urbanization in Pakistan, people are migrating from rural areas to urban areas to earn livelihood which affects city life. The problems of lack of housing facilities and overcrowding are the outcomes of urbanization during the last four decades. So, the labor class is not able to afford to house due to high fares and lack of affordable houses in cities (Siddiqui, 2010). The estimated number of homeless persons in Pakistan is 20 million (UN, 2015). The country needs almost 1 million new houses to reduce the homelessness (Khan, 2016). The Senior Citizens Bill 2014 was passed by the Government of Sindh in Pakistan and it becomes Senior Citizens Welfare Act 2014. The council for senior citizens' welfare was established by the Minister of Social Welfare. The purpose of the policy was to improve the wellbeing of senior citizens and provide them with citizen card (*Azadi Card*) through which all senior citizens will get 25% concession in medical treatment, transport, purchasing goods and commodities for elderly people. It was also promised to build houses for senior citizens. The old aged people also got the free service on funeral and burial in case of death. Furthermore, the Act was also tried to pass by the Government of Punjab in 2017 for special care of pension holders and destitute geriatrics all over the country (Dawn, 2016). Before it, Pakistan Times (2004) mentioned that Pakistan Government also did an effort to address the issue for senior citizens. But no law could be passed for the implementation of such strategies and

programs. At the individual level, the organization, NGOs and Private companies also paid attention to this issue and gave concession and relaxation to elderly people, but the step was not enough for all the geriatrics. At last, in 2004, the prime minister of the time, Mr. Shujaat Hussain permitted an inclusive package for senior citizens for the improvement of life to guarantee their self-respect and dignity in the society. Furthermore, this compendium was also required for the prevention of elderly people from the dreadful condition in banks and hospitals to provide them seniority and priority. It would also give them priority at the legal stage for handling their legislative issues at courts and relative departments. But unfortunately, this bill is still in black and white not implemented (Salahuddin & Jalbani, 2006). In 1982, the World Assembly on the aged population adopted “Vienna International Plan of action on aging (VIPAA) concerning the obligation of old aged people. It was the initial human rights instrument by the UN on aging. It suggested the segregation of elderly people from domestic settings, rejection from government policies, inclusion in home affairs and identification of values of old aged people. The adaptation was made after twenty years by Madrid International PoA (Plan of action) on Ageing in the second world assembly of aged people. It focused on two points; the realization of basic rights and independence of old people, ensuring the pleasure of elderly people in social, civil, political, economic and cultural rights along with the eradication of discrimination against senior citizens. It also focused on the institutionalized consent of aging-related to retirement which led them to think about the “old” regardless of their abilities. It increased the economic dependency and lowered the capital. But these policies were inconsistency among various nations and didn’t show the wide-ranged institutional framework and policies for the fortification of the old person’s rights. There was a lack of accountability and participation by the policymakers and concerned institutions (Fredvang & Biggs, 2012).

According to Pakistan Bait-UI-Mall (2018) in Pakistan, Social Safety Net program established the Old-age benefit institution for the care of elderly people by the name of Pakistan Great Homes (Old Homes) which have been established in Lahore and Karachi under the great effort of Pakistan Bait-UI-Mall department. This effort is trying to be developed on provincial as well as district level by the phased manners. Each of the Great Homes can accommodate 100 destitute old citizens. It has been published at Express Tribune (2017) that 10 old aged homes are working in Punjab Province of Pakistan. The first one was “Aafiyat” established under the Government of Pakistan in 1977. But this institution and many others have admission criteria for the destitute old aged people to live and enter in. Moreover, the capacity of the institution is also for 50 persons. So many of the old aged destitute people are not able to get admitted into shelter homes due to the major reasons including unavailability of Identity card, lack of family background information, mental health and having an infectious disease.

NGOs are also trying to work for the betterment of old aged people including Ladies Fellowship, Pakistan Association of Gerontology and Pakistan Senior Citizens Association (Karachi). But unfortunately, these organizations are not successful in their purposes because of financial limitations and many old aged populations whom they could not deal (Alam, Ibrar & Khan, 2016). That is the reason the old aged people must adopt the residence at open places and started a new phase of life quite different from the previous way of living. In such a new set of living, the old aged people meet new associations and way of living which change their habits and life patterns. In other words, they must pass through the phase of depersonalization and resocialization because of the surrounding setting and survival. In the present study, the research aimed to find out the way of depersonalization and resocialization in absence of boundary of the total institution (by Goffman, 1957).

Research Questions

- How was the phase of life of old age people while staying at home with family?
- How the surrounding environment depersonalized and re-socialized the homeless geriatrics?
- What were the living patterns of destitute old aged people at the current place of living?

Literature Review

The adjustment in later life with family was crucial for the successful survival and wellbeing of the elderly after being spared from employed duties and earning responsibilities. They contributed best for economic development, but they were not acknowledged (Alam, Ibrar & Khan, 2016). Their growing age made them responsibility on younger members of family than to be a responsible people (Ashiq & Asad, 2017) and later, created generation gap and cultural differentiation (Stack & Burton 2016). In Pakistan, it was considered a religious and sacred duty of children to look after the parents although they were poor (Ashiq & Asad, 2017). Their wisdom and life satisfaction were found to be higher when living with families (Hayat, Khan & Sadia, 2016). But they were also mentally and physically abused along with having weak social status and decision-making power (Alam, Ibrar & Khan, 2016). So, in those circumstances, their adjustment was more comfortable and easier at old aged homes than in family (Panday & Srivastava, 2017).

The institutions claimed with rehabilitation which was resetting of inmates with self-regulatory methods (Goffman, 1961, p69). But the reorganization and mortification process were not long-lasting. The experience was positive in terms of sharing experience and contacting each other. The actual meaning of total institution or shelter was not used for a space to live but the place to use for a temporary living (Sparto, Tassi & Squillacciotti, 2014). The place of residence also altered the name of the resident according to the living condition and give him a new recognition of name (Cleave, 2008).

In urban areas, there has been exclusion by spatial cleansing in a residential setting which was recognized as anti-homeless realm monarchy for the regulation of public functioning. In such kind of setting, the care home, and shelter system played a vital role in the placement of old aged people to broaden the line of distinction among destitute and people with the home community. The establishment of the border between the homeless and housing community had aimed to restrict the communication among them with the objective of not contaminating the house community to have such a risk of destitution later. The homeless people slept outdoors, provided social services by native areas, shared the shelter, and they bore hunger that seemed bitterly attractive than to tolerate violence (Van Straaten, Rodenburg, Van der Laan, Boersma, Wolf & Van de Mheen, 2018). Most of the old aged people were in in-danger conditions while living at home due to poor financial condition and live in the trauma of homelessness and risk to live in street in their later age (Landefeld, Miaskowski, Tieu, Ponath, Lee, Guzman & Kushel, 2017). They were more frequent to exposure to death and dying due to isolation and destitution and instability of emotional world which pulls them to lose hope for future life. While some destitute geriatrics used their past experiences to justify their current living conditions because of their fault and used expertise to improve their survival and sense of safety (Sumalinog, Harrington, Dosani & Hwang, 2017). The old people who were admitted to the homeless community whether in the institution or without institution had geriatric syndrome including cognitive impairment, functional decline, incontinence, and feebleness. Such syndromes were found more in destitute geriatrics than those who were living in shelter associates (Brown, Kiely, Bharel & Mitchell, 2012). Many vagrant old aged people were living in recreational sites, vehicles and shops sides which were not meant for their rehabilitation. The other places of their stay were sidewalks, parks, streets, tent encampment, and abandoned buildings. While a little number of people were living at vehicles as it is convenient for the resident to move according to the needs of life (Valverde, 2012). In Pakistan, the destitute people were living at playgrounds, parks, *Darbars* (shrines), old markets and Minar-a-Pakistan in Lahore city. There were also some other problems attached to homelessness like theft, drug addiction, and prostitution. Unfortunately, some criminal groups also start residing at such places due to the lack of security checks by the police because police were unable to discriminate the criminals from actual destitute people (Siddiqui, 2010).

While discuss about the resocialization of destitute geriatrics, the self-esteem of destitute females changed as they moved to homeless conditions. Those females who were living in homeless conditions compromise their self-esteem for survival in society as they had to beg in front of others and stay uncovered by the head.

While the uneducated homeless women have low self-esteem as compare to educated destitute females (Maqbool, Ijaz, Asif & Jahanzeb, 2014). There were three indications of survival and changing of self at shelter homes; firstly, the resident recovered from stress and life back to a prosperous life; secondly, the person learned to free from boredom and thirdly, he/she became stronger from previous stressful experiences. This process of resocialization took the age duration from middle age to elder age (Edwards, Hall & Zautra, 2013). As the persons grew old, they faced the problem of deterioration in functioning, anxiety, depression, sleeping disorder, tiredness, and other cognitive disorders. But the adaptation to a new residential environment proved helpful for them for leading a happy life by coping the adversity of life (Chambers, 2012). Now a day, old aged homes and shelter homes have become necessary for abandoned senior citizens to provide space of residence in their later age. Such awareness of institutionalization has been adopted from western culture and being popular among Asian countries (Devi & Roopa, 2013). In a later age, the destitute elder in institutional care and noninstitutionalized inclined to experience the loose of bond and association with family, friends, and relatives and work roles. They also lost connection with their income resources and health. In this way, they were unable to maintain their assortment of selection open to them earlier (Kreighbaum, 2016). Although both institutionalize, and noninstitutionalized groups experience similar loose but institutionalized geriatrics were exposed to have hassle because of such problem as they were more stable than institutionalized old aged people (Zeraati, Haghani Zemeidani & Khodadadi Sangdeh, 2016). However, older adults can survive successfully if they were trained by broaden their social network and engagement in healthy activities to recover them potentially from homesickness and disturbance (Zaninotto, Falaschetti & Sacker, 2009). The factor of flexibility in the personality of elderly people enhanced the chance of their potential recovery and allowed them to perform their health psychological functioning by developing the ability of good response in their changed surrounding and tackle with lifetime challenges (Perna, Mielck, Lacruz, Emeny, Holle, Breitfelder & Ladwig, 2012).

The element of flexible adaptation and survival was higher in noninstitutionalized elderly citizens while institutionalized geriatrics had depression symptoms and death anxiety. Such symptoms were the same in males and females in institutionalized old aged people. On the other hand, in noninstitutionalized geriatrics, males were better survivors as compare to females in an open setting of residence and females were more depressive. The anxiety level at the institution was more for unmarried elderly that married and widows (Azeem & Naz, 2015). In institutions, the old aged people were put under such circumstances that insist them to transform themselves in which they saw their lives very differently. Moreover, old aged people saw through their faults of past as anger and aggression which they control in the current circumstances. Every individual old person went through a process of extreme difficulty to survive in an old institution, but it was very difficult for him to cope with the new environment. It was the stage where survivors live their lives and others who lost hope were inclined to death. The elements of tolerance, trust, and reciprocity also played a vital role in the positive resocialization of geriatrics in the presence of a friendly environment and motivation. While in the absence of a systematic pattern of resocialization of institutionalization, the geriatrics were re-socialized by the mainstream of society (Wagner, 2018).

Materials and Methods

This qualitative study focused on the living patterns of homeless old aged people by knowing their earlier life through conversation and observed the current situation by tracing their resocialization process out of institution in Multan, Pakistan.

Multan is the 5th biggest city of Pakistan that is also known as “the city of saints” because of the situation of many shrines. People come to stay at the shrines to get free food called “Langgar” (in local language) in case of destitution, poverty, and unemployment. A considerable number of elderly people are also included in them. The study population was selected from the area of Ghanta Ghar and mausoleum of Hazrat Baba Shah Rukan-a-Alam (R.A) and Hazrat Bahaudin Zakaria Multani (R.A) (Bukhari, Akhter & Khan, 2019). In-depth interviews were conducted to the destitute elderly people for having rich information about the pattern of resocialization (Johnson, Cook & Sesa, 2016). The data was collected by using snowball as well

as purposive sampling (Hayat, Khan & Sadia, 2016). 28 respondents provided the data but among them, only twelve cases were relevant to the nature of the study. The time spent on each case was almost 45 minutes to 90 minutes. The most sensitive queries were asked very carefully by the consent of the respondents. The respondents were asked to refuse the answer to the question that may not be suitable for them to answer. The permission by respondents was granted to record the video for the availability of their verbalization and visualization to use later. The important points were also noted and highlighted in a diary for having research memos. The personal observation was also used as a tool for the insight of facial expression, visualization of living place, way of talking and way of living. The apparent condition was also noticed by observation to analyze the association between spoken reality and ostensible condition of respondents. The recorded interviews were in local language and later translated into English. For a better description of the response, the colloquial language was also used based on the true word expression about living style.

Data Analysis by Verbal Protocol and Thematic Analysis

The data was analyzed by using thematic analysis (Grenier, Sussman, Barken, Bourgeois-Guérin & Rothwell, 2016) and divided the responses in eight different themes including sub-themes: naming, beliefs (divine situation, sacred views), relationships (domestic associations, societal contacts), finance (financial situation, land ownership, source of earning, residential space), necessities of life (sleeping place, food sources, luggage conception, clothing sources), cleaning (bathing and washing of clothes, self and space hygiene condition), health condition (sickness, disability) and gratification and comfort). The analysis of these themes explored the alteration of life patterns of old aged homeless people by the chain of socialization, personalization, depersonalization to resocialization or internalization in a now setting of life. the thematic analysis was done by following the verbal protocol about the life of geriatrics.

Verbal protocol encompasses the data with rich verbal thought of individuals about their casual working and tasks. The individual can speak intentionally or unintentionally until the research target is accomplished. This verbal communication is recorded in *Verbatim* form by audio or video recorder and used it by dividing into different categories empirically, to test the theory (Rose, Bearman, Naweed & Dorrian, 2019). The respondent is not aware of being involved in the cognitive process during conversation, but the cognitive condition is notified by the researcher to approach the research task (Schulte-Mecklenbeck, Kühberger & Ranyard, 2011). The two approaches of the verbal protocol have been also used for analysis; retrospective verbal protocol and concurrent verbal protocol (Muntinga & Taylor, 2018). Usually, the verbal data is adept in concurrent verbal protocol through which the person is exposed to think strikingly by verbatim. His present condition is more prominently noticeable and observable. Additionally, in the retrospective verbal protocol, the verbalization assists to follow the chain of events of past life by a cognitive process. It is mandatory for creating the association with concurrent verbalization by reaching the successive happening of past to present (Peute, de Keizer & Jaspers, 2015). Moreover, the verbalization made it possible to remind the long-time ago happenings by memorization while exposing the short-term memory events (Hirata, Okuzumi & Kokubun, 2016). It became possible via talking to the elderly people for a long time for the accumulation of memories and boost up of confidence level over the researcher.

Results

As according to the purpose of study, it was demonstrated how the personality of homeless elderly people changed through verbal protocol after homelessness by following the way of socialization and depersonalization to resocialization. For this reason, the retrospective and concurrent verbal protocol compared the life before and after of destitution in the following themes:

- How was the phase of life of old age people while staying at home with family?
- How the surrounding environment depersonalized and re-socialized the homeless geriatrics?
- What were the living patterns of destitute old aged people at the current place of living?

Naming

The person is first recognized by the name which is the elementary component of a person's identification. The condition of destitution after living permanently out of home, not only changed the setting of living of geriatrics but also their name and fame. Their names have changed according to their looks, caste, and personality along with the factor of aging. Most commonly, the word "Baba" and "Bibi" was used for them which means the old man and old lady respectively. In one case, the name was changed from the original one to the caste as well as the community name as "*Baba Baloch*" means the old man from the Baloch community. People didn't concern with their past identity and name but called them with newly assigned name according to their pattern of intermingling with people.

Beliefs

Divine Situation

Most of the old aged people who were living at the shrines were strong believers on the divine powers. They thought that it was very useful and helpful for them to live at the shrine for the fulfillment of their needs of life and mental satisfaction. Some of the elderly persons started considering them the special persons by the grace of saints and the pious personality of religion. The people around them also respected them for their long duration of residence at the shrine and asked them to pray for them for their hardships and difficulties. While in the young age of these elderly people, they were didn't have such kinds of beliefs. On the other hand, the belief of family members also mattered a lot for their current situation of divineness. The company in early with people who had strong divine beliefs inspired some old aged people. By following them, they left their homes at in later age to spend the rest life at the shelter of saints. They were more emotionally attached to the blimey powers of saints and followers of *Peer Saeen* (Pious personalities of Islam).

Sacred Views

Regarding religious beliefs, it was proven that religious beliefs became stronger in the old age and elderly people preferred to spend more time in religious prayers and activities. The old aged people were believers of existence of Load and having no double to accept that He has the only real and permanent existence. Interestingly, their religious beliefs were not so strong when they were living with family but after leaving home, they bent toward the eternal reality forever. This belief could be seen at every part of their life. They used the Arabic words from the Holy book Quran in their routine for the expression of thankfulness, patience, and hope. They tried to do *Adkar* and *Tasbehaat* (Praising Allah) at the starting of the day and almost all of them get up early in the morning. Most of them also recited the Holy Quran regularly. But a few in few cases, the geriatrics didn't pray because of their unhygienic condition and they respected the prayer with it's all obligation that prayer must be said in cleanliness.

Relationships

Domestic Associations

By living with members of a family, it was obvious to have more attachment with its residents at that time. But when the destitute old aged people left home, their bond with family was not so strong because of some disputes and misunderstandings. Moreover, as the time passed, they learned to live without any dependency to survive in society and it was taught by the surrounding environment where there were also a lot of individuals leading a life like them. In all cases, the family members of old aged people were not intended to keep them at home as before and also the geriatrics also didn't want to go back.in the majority of cases, the family members didn't come to see them and in some cases, the family even didn't know that where

they were living right now. It was the thinking of old people that they didn't want to be a burden on the family. So that's why they wanted to live alone, destitute and free.

Societal Contacts

Their social relationships were well organized and formal while staying at home and even before leaving the house. The manners of meetings, dealing, and the conversation was considered strictly according to the social setting. But as they adopted a new pattern of life in an open place, they didn't care about all the etiquettes like before and forgot that (Jensen, 2018). In their present living style, they were easier to talk to anyone for killing their time and habitual of using abusive as well as rough language with those whom they knew. But their associations were temporary with no sentimental indulgence just for the sake of pleasure at the current time.

Finance

Financial Situation

The geriatrics who participated in study were middle-classed and belonged to agriculture and cultivation of land. Most of them had a permanent living place while staying at the house. They were well organized in doing their own business or a good job. But as they left home, their financial status altered in the absence of boundary around them. Their business, job, and economic condition didn't matter here and was not asked by anyone. These things were meaningless for them. They were leading their life in the same way as poor or layman around them without the differentiation of financial condition and standard of life. they were having a life like poor despite strong family background and stable family setup.

Land Ownership

These old aged geriatrics were the owners of different property, agricultural land, houses, plots. These properties were still associated with their names even after their escape from homes for years. But in the current scenario, their lands were not useful for them as they have decided to live homeless in the same way as a barefooted man was living around them. In some cases, the old people didn't want to give ownership of land to any of their family members as they would quarrel with one another after it. So, they said that their death would decide what to do with their property but not in their life.

Source of Earning

The elderly people at a young age were filled with the potential to conquer the world with their activeness. They were experts in different fields of job, skills, business, and labor that was the source of their earning. But as they stepped out of home and became vagrant, they didn't work back. Over time, they also put the mask of beggary on their faces not only in professional ways but also in labor form. They begin front of people but some of them hesitated to spread hand in front of others. So, they silently accepted the donation or charity if given to them.

Otherwise, they didn't ask for it. A little number of old people were still persistent in their self-respect and worked as labor or vendor at their place of living. in this situation, if any generous person offered them money as a gift or reward of their hard work in this stage of life, they accepted it happily with self-esteem. But many of them were too lazy to work. They all forgotten their previous life in which they did hard work to earn not beg. But now they had become used of dizziness and laziness to earn. Moreover, they also didn't save the money for any later use. Their conception of saving had also changed because of changing living patterns.

Residential Space

Since childhood, these geriatrics were living at their homes and they had a facilitative place of living according to their affordability. But when they decided to leave the house, they lost their residential place permanently. Now their place of living was footpaths, roadsides, parks, marketplaces, shrines and grassy grounds without the facilities like home. They learned this pattern of living by those who were already residing in this kind of places.

Necessities of Life

Sleeping Place

There was a huge difference in sleeping patterns among elderly destitute people while living at home and in the condition of destitution. They all had a proper sleeping place with the necessary elements required for a comfortable sleep at home. but in the condition of homelessness, their comfortable bed changed into ground, grassy ploys and roadside floors with a sheet beneath them. This method of sleeping was learned by them through those who were already living as vagrant at such places. Their habit of sleeping first depersonalized from the comfort of proper bedding to resocialization of sleeping on the ground with no ornaments and facilities.

Food Sources

The destitution changed the pattern of food and feeding among old aged people as who were businessmen, laborers and jobholders were not putting effort to earn after being homeless. Their way of getting food was to wait for the distribution of food in the name of Allah known as “Langger” in local language. Some of the elderly moved to the place of distribution of food but most of them didn’t even walk and queued up to get food but remained stay at their place. So, their food packet was brought by any of their follower or companion living around them. They also learned to accept charity and donation of food by the generous people that they didn’t even like while staying at home. but now they had a completely different pattern of living and personality traits as before vagrancy.

Luggage Conception

It was surprising to know that the geriatrics were very conscious of having a settled house with basic as well as decorative things at home. they also had a lot of luxurious things at home according to their affordability. All the rooms at home were organized well with the different pieces of luggage. But as they left home, they didn’t care about the luggage that was the part of their lives. They just have a little baggage to keep some pieces of clothes and some other things of acute need. Other than it, they had nothing to keep with them because of the trouble of carrying and protecting the luggage. Moreover, they all now considered it unnecessary to have a lot of luggage with individual as everything would be left behind after death.

Clothing Source

The importance of keeping different types of dresses for various occasions and parties became vanished after the destitution of geriatrics. They were not conscious of the collection of clothes now but accepted the old clothes by the people around them who donated it. Their conception of having multiple dressing changed into using the clothes to cover the body not to show off. They didn’t hesitate to repair and stitch the clothes if it damaged by their own hands. In one case, the lady was seen repairing her shirt with needle demonstrated their altered priorities about clothing after depersonalized personality and resocialization by the surrounding environment.

Cleaning

Bathing and Washing of Clothes

Through the chain of past events, it revealed that these old aged people were in habit of using ironed clothes in their daily life and their washing was also done by the usage of detergents. But their current lifestyle made them habitual of just rinsing the clothes at the public water sources and after drying it, they use it again. Mostly they had just two pieces of dresses, one was washed and another one was worn. In the shrine, they used the taps to wash the clothes that watered the plants. They also took bath in public with clothes and changed after bathing. It was also their way of washing the clothes and taking bath at the same time. moreover, sometimes, they used public toilets for shower especially the females. These habits were adopted in homeless condition while they were not familiar with such kind of circumstances and compromises in the early lifestyle. This is called depersonalization and resocialization.

Self and Space Hygiene Condition

It was tragic to know that the consciousness of keeping themselves clean no longer existed in the homeless elderly people because they were just passing their left-over days of life. Normally their clothes were stained and greasy because of not changing and washing too long. But the same individuals were very aware of their hygienic condition when residing with family. It was their habit to clean themselves and home on a regular base. The males shaved their beard after a week and trimmed hair after almost fifteen days. The females looked after the house and kept it clean regularly. But in the older age of life at the situation of destitution, they had no strict and designed environment to keep themselves clean because of an undefined system of living, negligence about regular bath and washing clothes. Some of them didn't hesitate to clean the place of sitting with hand. They also ate the food without washing hands. These habits were adopted while living in the vagrancy situation with other vagrant people who didn't care about cleanliness.

Health Condition

Sickness or Disease

It was obvious among all the elderly people to have the disease, most commonly, lungs disease, asthma, cough, and cold, keens pain, weak eyesight, and hearing problem. They took their medicine from the governmental hospital by paying the little amount, but regular illness made them compromise with health issues and survive without treatment. In the condition of acute illness and even unconsciousness, the people around them took to the hospital and after recovery, they had to take of themselves without any service. While these same individuals while staying with family were enjoying the services provided by their relatives, wife or children. their medication was brought from a good hospital with good food intake for recovery. But in the present condition, they even didn't miss that time because of their indulgence in the current lifestyle.

Disability

Other than diseases, some of the elderly destitute persons were disabled and handicap. They didn't have foot or hand. These disabilities were not by birth but happened during their working time. In their homes, they even worked with this disability and didn't make it excuse for not earning. But while staying at homeless conditions, they learned by their surrounding fellows to make their disability an excuse for not working. Along with the excuse of disability, their constant habit of remaining free and laziness made them attain the sympathy and kindness of visitors at the shrine and around. They were nostalgic about their past and remained mentally upset by thinking about the past events of way to destitution.

Gratification and Comfort

There was a variation of the level of gratification among all elderly people because of the circumstantial differences. Almost half of them were not comfortable with their current living style because of the adaptation of destitution forcefully not willingly. They wished to go back to the family and owned their property in respectful manners. Some of them were not even willing to beg and wanted to start a small labor work if they were financed. Few elderly people were no longer interested to live such a helpless life and pray for death. They didn't want to commit suicide because of its declaration "Harram" in Islam. While some of them were gratified about their current living pattern as they left home in very critical condition and they didn't want to go back at any cost. They felt themselves free from any kind of responsibilities and lived a life of freedom.

Discussion

The study was designed to check the variation of living style at home and homeless settings after destitution. Moreover, the critical analysis was done to check the depersonalization and resocialization of old aged people beyond institutions antagonistic to Goffman's theory of total institution (1957). It was found that the living places for elderly people after destitution were footpaths, roadsides, parks, marketplaces, shrines and grassy grounds other than the option of the care home, temporary residences and sharing homes. These findings were parallel to the study of Siddiqui (2010) which found that these places were not facilitative like homes and domestic livings but the options of survival for remaining life. Their identity alteration started by the recognition of name that changed according to their appearance, caste (Arxer, del Puy Ciriza & Shappeck, 2017), personality and the factor of aging (Tomasiewicz, & Taurogiński, 2017). Most of them preferred to stay at shrines because of believing divine powers and scared saints (Bukhari, Akhter & Khan, 2019) quit differently from their early style of living before destitution. Their religious beliefs became stronger in old age and they preferred to spend more time in religious prayers and activities (Yamasaki, 2015).

While before destitution, they were not much attended towards this perspective. This resocialization occurred by their surrounding open environment where they were living currently. By living with members of a family, it was obvious to have more attachment with its residents at that time as found by Raphael-Greenfield and Gutman (2015). Their social relationships were formal while staying at home. But at an open setting of living, they didn't care about all the etiquettes like before and forgot their past life standards (Jensen, 2018) as they were easier to talk informally and abusively with those whom they knew as parallel to the study of Arxer, del Puy Ciriza and Shappeck (2017). They were having a life like poor despite strong family background and stable family setup as demonstrated in the study of Griffith, Seymour, and Goldberg (2015) although they were the owners of different property, agricultural land, houses, and plots, parallel to the study of Ecker and Aubry (2016). Despite having different working skills, they didn't get back to work as found by Hsieh, (2016) in his study. Their need of meals fulfilled by the charity food, distributed on the shrines and it rarely happened that they bought food parallel to the study of Siddique (2010).

They didn't keep huge luggage with them to avoid the difficulty of carrying it, like the findings of Zafra (2014). In luggage, they had usually two pair of clothes and didn't hesitate to repair and stitch the clothes if it damaged by their own hands as also discovered by James (2017). While their clothing manners were very decent and organized when they were living at home. But at the current place of living, they didn't have the facility of laundry, as found in the study of Buches (2015). Because of the undefined system of living and designed environment of living, they were not able to remain clean and neglect bathing and washing clothes as found in the study of Leibing, Guberman, and Wiles (2016). They had to look after themselves without any service in case of illness, in contrast to the study of Dai and Lu (2018) that showed the separate specialized services for elderly chronic disease. Mostly they had lung diseases and breathing problems (Smith, 2015). The mental condition was disturbed a bit among all of them because of facing harsh circumstances in their lives from the condition of houseman to a homeless person (Jensen, 2018) contrast to

their mental health at home. About life satisfaction, almost half of them were not comfortable with their current living style because of the adaptation of destitution forcefully but not willingly as found by Rerukh (2015) that showed that with growing old, their satisfaction level became decreased as compare to a way of living with family and home.

Conclusion

The current study explored qualitatively the resocialization of destitute old aged people beyond a specified boundary of total institution. It aimed to get rich information about the past and present events happened in their lives from home to homelessness. Along with it, the study demonstrated their personality alteration and fluctuating pattern of life in itinerant conditions. The concept was adopted by the Goffman's theory of total institution (1957) by the way of depersonalizing and re-socializing the individual self and identity. The in-depth interviews were collected by the old people and analyzed by the application of verbal protocol in two ways of retrospective and concurrent as well as by thematic analysis. The study found a huge difference in their past (retrospective) way of living and current (concurrent) way of living. Because of the issues like property disputes, family harsh attitude, unmarried life, widower/widow, greediness of children and siblings for property and spiritual beliefs, they left their homes permanently to have a sound life without the interference of anyone. Their personality changed after leaving house because of the influence and demand by the surroundings where they were living even without strict patterns of rules and regulations. Their prior self was ignored and demolished by the new learnings and the process of depersonalization. They had a new identification, characteristics, and habits as learned by their present living condition. All happened in the absence of a visualized boundary of the total institution but beyond an institutional setting. This surrounding without specified rules and regulation also altered the personality of individuals as the person stated living there. Although there is a need to develop the various skills in old age institutions to enable the senior citizens to survive with stressors and challenges of life in their duration of destitution (Azeem & Naz, 2015). Furthermore, there is a space to compare the life of an institution with the life of noninstitutional residents in terms of total institution rules to check the depersonalized and re-socialized individual.

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