

# Unravelling Homelessness and Mental Distress: A Psychosocial Exploration of Chronic Mental Distress and Social Displacement

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## ABSTRACT

**Introduction:** Homelessness among individuals experiencing intricate psychosocial difficulties persists as a significant public health concern. This case study examines the life of a 70-year-old man whose persistent homelessness arises from intergenerational familial discord, interfaith marital dissolution, financial adversity, and deteriorating mental health. Comprehending these interrelated aspects is crucial for formulating effective support and rehabilitation methods for marginalised groups. The present study aims to investigate the intricate psychosocial and structural elements that led to the subject's shift from economic security to chronic homelessness, emphasising the influence of interfaith marriage, familial discord, and systemic neglect. **Methodology:** This qualitative case study was conducted using an in-depth semi-structured life narrative interview. The narrative underwent theme analysis to discern principal pathways, pivotal moments, and societal pressures. Ethical norms were adhered to, and all identifying information has been anonymised. **Results:** The case exemplifies how interfaith unions, especially in conservative socio-cultural contexts can lead to persistent marginalisation when familial and communal support deteriorates. It further underscores the lack of mental health services, legal safeguards, and rehabilitative frameworks for those who are neglected owing to personal and systemic deficiencies. **Conclusion:** The instance highlights the necessity for focused interventions and collaborative policy measures to tackle chronic homelessness within socially marginalised groups.

**Keywords:** Inter-faith marriage, chronic homelessness, Familial alienation, Stigma, Psychosocial suffering, Structural exclusion.

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## INTRODUCTION

Homeless individuals frequently lack access to fundamental necessities such as housing, nutrition, and medical treatment, hence elevating their vulnerability to physical injury and psychological decline. Individuals with mental illness are especially susceptible, frequently facing unaddressed medical issues and restricted interaction with healthcare services. This results in a cycle of deteriorating mental and physical health (Kalyanasundaram et al., 2023). Worldwide, over 6 million individuals are homeless on any given night, with millions more having encountered homelessness at some stage. Epidemiological data indicate that roughly 25% of this population suffers from mental health issues (Link et al., 1995; Burt, 1992). The 2011 Census in India recorded more than 1.77 million homeless

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individuals, constituting 0.15% of the total population (Census of India, 2011). Studies suggest

that 20–25% of this demographic may experience severe and chronic mental disorders (Moorkath et al., 2018). The plight of homeless mentally ill individuals poses a significant social and public health challenge globally, with developing countries like India facing distinct complexities. The interplay between poor mental health and homelessness is multifaceted, with research highlighting a bidirectional relationship where mental illness can both contribute to and result from homelessness. (Kumar et al, 2019) Homelessness is a widespread issue linked to increased risks of mental illness, physical health problems, and social challenges. Mental health providers are prioritizing effective interventions for this vulnerable population due to the complex struggles they face daily. (Kumar et al, 2021)

These individuals frequently remain absent from institutional records, devoid of identification, job, and social support elements essential for reintegration and healing. This study aims to investigate the intricate psychosocial and structural elements that led to the subject's shift from economic security to chronic homelessness, emphasising the impact of interfaith marriage, familial discord, and systemic neglect.

## METHODOLOGY

This qualitative case study was conducted using an in-depth semi-structured life narrative interview. The narrative underwent theme analysis to discern principal pathways, pivotal moments, and societal pressures. This case was selected as a case study due to his complex history involving inter-religion marriage, Family disputes, substance use and mental health struggles leading to homelessness. Ethical norms were adhered to, and all identifying information has been anonymised.

## CASE DESCRIPTION

The subject is a 70-year-old male presently living in a government-operated night shelter in Delhi. He was born into an affluent joint family in eastern India and attained an undergraduate education. His formative years were characterised by scholastic achievement, cultural enrichment, and economic security. He originally oversaw his family's enterprise before encountering a succession of destabilising occurrences, including intra-family conflicts regarding inheritance, societal ostracism due to an interfaith marriage, and subsequent

physical injury. After 2005, he relocated to Delhi and occupied many precarious positions, encompassing work in security and hospitality. His family of origin ostracised him due to disputes over property and his marriage outside the group. His marriage, originally supportive, deteriorated due to financial difficulty and emotional pressure, resulting in separation and estrangement from his children. The individual exhibits signs of chronic low mood, despair, anhedonia, and disrupted sleep patterns. Although not previously identified, these characteristics indicate Persistent Depressive Disorder. He additionally states that tobacco consumption commenced as a coping strategy following injuries and separation, aligning with Nicotine Dependence. He possesses no notable history of substance use before midlife.

## PATHWAYS TO HOMELESSNESS

This story exemplifies how interconnected personal, familial, and societal variables can result in prolonged homelessness. The guy, a 70-year-old male, once hailed from a financially secure, upper-class family in Kolkata and operated his enterprise. His life underwent a significant transformation after an interfaith marriage that elicited intense condemnation from his family of origin. He endured emotional abuse, violent confrontations, and eventual alienation from his siblings, primarily due to property issues. Despite initial backing from his wife and her family, a series of crises including a significant physical injury, financial devastation, and marital strife, slowly eroded his social and emotional support networks. After an accident purportedly instigated by relatives, his health deteriorated, and his enterprise failed. Throughout his recuperation, the mental and financial strain significantly impacted his partner. The following relocation to Delhi for employment exacerbated the marital tension, resulting in emotional detachment, infidelity, and ultimately, accusations of violence. The emotional burden of betrayal, anxiety, and helplessness led the individual to psychological anguish and excessive tobacco consumption. Separated from both his origin and conjugal families, he underwent increasing alienation, despondency, and a feeling of personal inadequacy. He traversed many temporary positions, encompassing duties in hospitality and security, before entering the homeless shelter system circa 2006–2007. Since that time, he has resided in night shelters throughout Delhi, his social existence reduced to mere survival. His story illustrates how

accumulated trauma stemming from familial rejection, marriage dissolution, injuries, financial hardship, and psychological distress, can diminish resilience over time. This instance emphasises the significance of acknowledging how social exclusion,

stigma associated with interfaith partnerships, and insufficient institutional support can lead to homelessness, especially among older persons experiencing deteriorating physical and emotional health.

PSYCHOSOCIAL FACTORS

Domain	Factors	Details
Family Conflict	Inter-generational property disputes	Stepfamily rivalry, denial of property rights, and alleged murder attempt
Marriage	Inter-religion union, betrayal, and separation	Support from in-laws; rejection from natal family; eventual marital breakdown
Mental Health	Depression, guilt, and overthinking	Persistent sadness, disturbed sleep, hopelessness, ruminative guilt
Addiction	Nicotine dependence	From occasional to heavy smoking as emotional coping
Social Isolation	Estrangement from all family	Severed ties with both in-laws and brothers
Occupational Decline	From business owner to night shelter resident	Once prosperous, now works as a security guard in low-wage employment
Legal Issues	Property cases, false allegations	Brothers filed cases; wife accused him of threats and violence
Homelessness	Long-term shelter living (2006–present)	Moved from Kamla Market to formal shelters due to a lack of income and support
Emotional State	Chronic regret and existential doubt	“What mistakes did I make in my life?” recurring question
Support Systems	Virtually none	No known friends or support structures remain

## DISCUSSION

This case study demonstrates how intricate and overlapping life events can lead to homelessness, especially among individuals from socioeconomically advantaged families. The participant, formerly a well-educated businessman from an affluent Muslim family in Kolkata, descended into prolonged homelessness as a result of interreligious marriage, familial ostracism, physical harm, and marital dissolution. His experience illustrates that the routes to homelessness are influenced not only by poverty but also by wider psychosocial, cultural, and institutional factors (Fitzpatrick, 2005; Johnson et al., 2008). A pivotal element in this case was the interfaith marriage, resulting in estrangement from his biological family and disinheritance from familial assets. In South Asia, where religious and caste identities are intricately woven into social frameworks, interreligious unions frequently elicit significant familial and societal opposition. The participant's estrangement from his family post-marriage corresponds with scholarly findings on social exclusion and disaffiliation as precursors to homelessness (Snow & Anderson, 1993). This was exacerbated by the legal and physical assault he purportedly encountered, underscoring how familial bonds may transform into sources of peril rather than assistance. The dissolution of his marriage and the ensuing emotional distress are equally significant. The erosion of trust, accusations of infidelity, and instances of domestic abuse added to his psychological deterioration. As his mental state deteriorated, his coping mechanisms also failed, leading to substance dependence, particularly chain-smoking, an undesirable behaviour frequently observed among homeless individuals experiencing significant psychological distress (Torchalla et al., 2011). Furthermore, his account illustrates aspects of depression, despair, and persistent stress elements closely associated with homelessness and mental health disorders (Padgett et al., 2016). The individual's relocation to Delhi for employment and subsequent accommodation in night shelters illustrates an absence of enduring social or institutional safety nets. This corresponds with research indicating that urban homelessness in India frequently arises from a lack of informal familial support and inadequate welfare measures (Goel & Chowdhary, 2017). The participant possessed professional skills and education, indicating that homelessness can impact individuals with previous socioeconomic capital when structural and relational

safety nets fail. This instance highlights the gendered dimensions of homelessness. Despite the common perception that men exhibit greater resilience in public environments, they may concurrently internalise stress through stoicism, solitude, and addictive behaviours, as illustrated below. His embarrassment, identity turmoil, and incapacity to restore familial connections illustrate the profound stigma associated with failure, particularly among men in patriarchal environments (Farrugia, 2011). Ultimately, the persistent inquiry he presents “What errors did I commit in my life?”, encapsulates the ethical and existential weight borne by several long-term homeless individuals. It reflects the internalisation of culpability and society's failure to provide empathetic reintegration possibilities. This case underscores the necessity for trauma-informed, culturally attuned therapies that encompass not only housing but also emotional recovery, family mediation, and community reintegration (Hopper et al., 2010).

## IMPLICATIONS AND RECOMMENDATIONS

This case study illustrates the intricate relationship among interfaith marriage, familial rejection, and psychological pain, culminating in prolonged homelessness. The emotional anguish from betrayal, social isolation, and the decline in socioeconomic status precipitated a series of mental health issues that were predominantly neglected. These findings underscore the critical necessity for trauma-informed psychosocial interventions in homeless programs. Shelters and mental health outreach initiatives must integrate identity-sensitive assistance and conflict resolution methodologies. Integrating screening instruments for psychological distress and relational trauma in shelter environments can facilitate the early identification of at-risk individuals. Caseworkers ought to receive training in managing culturally sensitive familial disputes and interfaith-related stigma. Moreover, integrated services that amalgamate housing, mental health care, and legal assistance (e.g., for property disputes or domestic violence) are essential for enduring recovery. A rights-based and person-centred methodology that addresses both personal trauma and systemic marginalisation is advocated for comprehensive rehabilitation.

## CONCLUSION

The life history of the individual in this case underscores the severe and frequently detrimental outcomes stemming from the convergence of interfaith marriage, familial rejection, and systemic neglect. Despite having received an education and achieving economic stability, the social repercussions of marrying contrary to familial and religious expectations led to his prolonged decline into homelessness. His narrative is not exceptional as numerous interfaith couples in India persist in encountering stigma, legal obstacles, and emotional abuse, frequently with scant institutional assistance. The lack of a social safety net, combined with declining mental health and substance abuse as coping strategies, exacerbated his marginalisation. This situation underscores the pressing necessity for systemic changes. Legal protections are inadequate without concurrent cultural attitude changes and practical support mechanisms. Public education aimed at mitigating bias, accessible mental health care, housing stability initiatives, and inclusive policy frameworks are crucial. Interfaith spouses require support from institutions that adhere to constitutional principles of liberty, equality, and dignity. The individual's descent into homelessness was not predetermined; it was influenced by a deficiency of societal compassion and institutional shortcomings.

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