A Street Child’s Perspective: A Grounded Theory Study of How Street Children Experience and Cope with Grief

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Abstract
The research project entitled – “A Street Child’s Perspective: A Grounded Theory Study of How Street Child Experience and Cope with Grief,” seeks to understand and explain how street children experience and cope with grief. Grief is multi-faceted and highly subjective. However, most street children, sharing the same contexts and backgrounds show some commonality in their experiences and coping styles. The paper attempts to understand grief as it is subjectively experienced by street children. The research employed qualitative techniques – In-Depth Interviewing, Focus Group Discussions (FGDs) and field notes. The researcher contacted an NGO and through them, gained access to street shelters. The sample comprised of 18 street children - 9 boys; 9 girls, selected through purposive and snowball sampling. After the data was collected using the aforementioned methods, Constructivist Grounded Theory was subsequently used to analyze the data. The results emphasize how similar backgrounds – familial, educational, religious – and shared experiences have influenced expressions of grief and coping styles. Most street children come from broken families and are migrants; they lack enhanced level of literacy; and religion defines their existence – all these factors coalesce to shape their perspective on grief. Street children experience grief collectively, rather than as separate individuals. Their coping styles reflect underlying common patterns that help them connect with one another and experience grief together.

Keywords
Grief, Loss, Street Children, Social Environment, Grounded Theory Methods, Semi-Structured Interviews, Focus-Group Discussions, Purposive Sampling, Snowball Sampling

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A Street Child’s Perspective: A Grounded Theory Study of How Street Children Experience and Cope with Grief

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The research project entitled – “A Street Child’s Perspective: A Grounded Theory Study of How Street Child Experience and Cope with Grief,” seeks to understand and explain how street children experience and cope with grief. Grief is multi-faceted and highly subjective. However, most street children, sharing the same contexts and backgrounds show some commonality in their experiences and coping styles. The paper attempts to understand grief as it is subjectively experienced by street children. The research employed qualitative techniques – In-Depth Interviewing, Focus Group Discussions (FGDs) and field notes. The researcher contacted an NGO and through them, gained access to street shelters. The sample comprised of 18 street children - 9 boys; 9 girls, selected through purposive and snowball sampling. After the data was collected using the aforementioned methods, Constructivist Grounded Theory was subsequently used to analyze the data. The results emphasize how similar backgrounds – familial, educational, religious – and shared experiences have influenced expressions of grief and coping styles. Most street children come from broken families and are migrants; they lack enhanced level of literacy; and religion defines their existence – all these factors coalesce to shape their perspective on grief. Street children experience grief collectively, rather than as separate individuals. Their coping styles reflect underlying common patterns that help them connect with one another and experience grief together.

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Every individual, at one point in time, will face a situation, which can cause grief. For example, consider the case of the death of one’s loved one, an event which can cause a great deal of emotional distress and at the same time, highlights the universal existence of grief. Grief is both universal, in a sense that it is experienced by people in different cultures and contexts, but it is also personal, because every individual has a specific way of responding to this universal emotion. Although the socio-cultural and historical milieu may lead to differences in one’s experience as well as one’s use of coping strategies to deal with grief, these differences also tend to emulate the universal experience of grief to an extent.

This research focuses on how a particular segment of society copes with grief - specifically how street children experience and cope with grief. Street children lead very different lives from children belonging to more economically and socially advantaged positions in society. There has been little research regarding the psychological state of street children and it is a particularly significant aspect if we were to help eradicate the problem of “homelessness” and to ensure the successful development of one’s nation. Apart from ensuring adequate physical security and well-being, the psychological aspects of well-being must also be taken into account, so as to enable the creation of an overall healthy population.

The context in which I have studied street children is specific to India; however, the existence of street children is a global phenomenon and one that all nations have been grappling with. My research focuses on a distinct facet of a street child’s psychological health - grief.
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The way in which street children experience grief and the coping strategies that they employ to deal with it are important in helping us to gain insight into their lives, which again is useful in the creation of strategies, plans and policies to help uplift them. Culture plays a critical role by shaping their response to grief and also by determining the availability and access to specific coping strategies. Thus, Indian street children, in the Indian context, would have specific ways of experiencing and coping with grief, however, their experiences could also fit within a global paradigm and offer insights of importance.

Literature Review

The term “street children” has been much debated upon and till date, there has been no clear-cut understanding of the term, because it represents a wide spectrum of population. Several definitions of street children have been proposed, which are briefly explained below.


A “street child” is any girl or boy for whom the street has become his or her habitual abode and / or source of livelihood, and who is inadequately protected, supervised or directed by responsible adults. They are either children on the street or children of the street. (p. 9)

However, I believe that this definition is incomplete and I offer the following reasons for the same. First, one must refrain from using the term “street” in a narrow sense, restricted to the physical realm. A broader connotation of the term must be used. For instance, a street child may not “live” or “earn” by solely operating on the streets; she/he may be living in a shelter, in partially constructed buildings, temporary houses, etc. Second, a street child may/may not be a part of a disintegrated and dysfunctional family structure, though; many researches do provide evidence for this statement. The third criticism, emphasizing the context of the street child, has been recognized by the Human Rights Council resolution 16/12, which refers to “children working and/or living on the street as street children.” Moreover, the Committee on the Rights of the Child has adopted the term “children in street situations,” emphasizing on the fact that it is the dynamics of the situation which is responsible for the child’s current state and not the child herself/himself. Thus, the nature and scope of the term “street children” has widened over the years and for the purpose of my research, I feel this definition to be more apt, with certain additions to this definition, which have been dealt with in my criticisms. Therefore, drawing from the above source, I believe that street children are those children who live on the streets, though not always literally, as is the case of daily wage labourers, but for whom, living on the streets is a considerable part of his/her existence. Herein, the situational factors play an extremely important role in their lives, that is, the relationship between the child and the “street” is a reciprocal relationship. In addition, family and the peer group, also referred to as the street child’s support system is critical in determining his/her entire way of life and his/her attitudes.

However, I must also add that the issues revolving around the existence of a street child are complex and to simplify matters, certain other definitions of street children have categorized children on the streets into different stages of street life. In these researches as well, I find support for the definition that I have adhered to, especially the part dealing with one’s existence or non-existence of a support system.

For instance, Aptekar (1988) and Visano (1990) through their research focused on gradual, progressive stages, ranging from moving away from home towards the life of the street. This definition has been expanded upon by other writers, who focus on the different types of experiences of these children, such as the quality of their play and work and their
relations with peers, adults, and authority figures (Dorfman, 1984; Lusk, 1989; Shifter, 1985). Thus, what can be inferred from such research is that the quality of one’s support system is fundamental in determining one’s life on the streets – whether, such a support system pushes these children into the street life or whether, it actually prevents them from the same.

Cosgrove (1990) has used two dimensions to define street children: the degree of family involvement and the amount of deviant behavior. According to Cosgrove, a street child is “any individual under the age of majority whose behavior is predominantly at variance with community norms, and whose primary support for his/her development needs is not a family or family substitute” (p. 192). This definition (Cosgrove, 1990) provides additional information regarding the status of street children, but as Aptekar (1994) points out, “It assumes a great deal of cultural consistency, but deviance and family substitutes are greatly embedded in cultural particulars.” Its addition to my definition is that it mentions street children as “individuals under the majority,” which the above definitions do not explicitly state. However, in supporting Aptekar’s statement, I believe that deviance from community or societal norms is not a mandatory criterion for street children, for even in my research; deviance was not necessarily exhibited by the participants. Similarly, support from the family might or might not exist, depending upon the situation and again, in the context of my research, although, most of the participants had dysfunctional familial relationships, there did exist a few for whom this claim would not hold true.

The focus of my research is on how street children experience and cope with grief. Grief can be defined as the response to the loss in all of its totality – including its physical, emotional, cognitive, behavioural and spiritual manifestations – and as a natural and normal reaction to loss (Hall, 2011). Grief is the psychological-emotional experience following a loss of any kind, such as a relationship, status, job, house, game, income, etc. (Meek, 2012). Thus, though grief is always connected with the loss of a loved one, other losses too can lead to a grief response, such as a change in relationship status, sense of safety or order, resources, etc. (Community Bereavement Resource Directory). As the above definitions highlight, “loss” is an important component of grief. “Losses can be physical or symbolic, but they always result in a deprivation of some kind; in essence, we no longer have someone or something that we used to have” (Hooyman & Kramer, 2006, p. 2). Thus, from the aforementioned definitions, I posit that in its entirety, grief is an expansive concept, covering different facets of human existence and it is a universal phenomenon, though expressions of grief may vary to a certain degree in different cultures.

Each individual may have different ways of dealing with grief, depending on her/his socio-cultural context, gender, age, etc., though; research does indicate the existence of some common patterns, underlying most coping mechanisms. Susan Folkman and Richard Lazarus define coping as “constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing.” Subsequently, coping may be classified as either adaptive (i.e., positive for the individual) or maladaptive (i.e., negative/harmful for the individual). Several coping mechanisms have been suggested, which can be broadly classified into four categories – appraisal-focused, problem-focused, emotion-focused and meaning-focused (Lazarus & Folkman, 1984; Weiten & Lloyd, 2008). Psychologists have also grouped coping mechanisms according to their manifestations and purposes – (1) Defensive, (2) Adaptive, (3) Avoidance, (4) Attack, (5) Behavioural, (6) Cognitive, (7) Self-harm, (8) Conversion (Sincero, 2012).

Several comparative studies conducted in the domain of grief, have highlighted that individuals with large/strong support system along with family support experience better outcomes and/or greater personal growth (Dimond, Lund, & Caserta, 1987; Lauer, Mulhern, Bohne & Camitta, 1985; Martinson & Campos, 1991; Norris & Murell, 1990). Research by Nalkur (2009) on Tanzanian street children further augments the discussion on the importance
of a strong support system. In my study, this component, that is, the role of the support system comprising of family members, peers, neighbours, etc., is important because it highlights how disintegrated or integrated and positive or negative relations can affect the street child and his/her level of identification with the street life and culture.

However, there have been relatively few studies conducted, which seek to understand psychological characteristics of these street children. Moreover, there has been no or almost negligible interest in trying to understand the experience of grief in street children. Through my research on Indian street children, I wish to highlight the experience of grief and the coping mechanisms involved. Street children, as observed, lack strong affective bonds, are perturbed by complex issues (ex – substance abuse problems, violence, sexual abuse, etc.) and live in chaotic conditions. Thus, my interest is in understanding how these situational factors collectively impact both the experience of grief and the use of coping mechanisms by these street children. Apart from my interest in street children from a scholarly viewpoint, I have also personally encountered them at several instances. Every day, I see these children either begging at the traffic intersections or working in the capacity of daily wage labourers, and I have always been curious about their perspective on life – oftentimes, the question of how they deal with their lives and cope with grievous experiences – has plagued me. This has motivated me to conduct research on the following issue and to try and gain an understanding of how they deal with such problems. My internship with an NGO during the winter months in this field, comprising of street children has provided me with valuable experience and an insight into their lives, hence, this has served as further motivation.

Method

Research Purpose, Questions and Design

There exists diminutive work undertaken in the field of understanding the experience of grief in street children and hence, an attempt was made to gather greater information on this issue. This article maps the core category that emerged, that street children experience and cope with grief through a variety of factors, stemming primarily from their unique social environment.

The methodological approach used in this study was grounded theory, which emphasizes on the discovery of theory from the data gathered, making it “grounded” in the data. It seeks to build theory through the process of logical deduction and focuses on the lived experiences of the individual (Glaser & Strauss, 1967).

In this research, I incorporated principles of both Straussian Grounded Theory and Constructivist Grounded Theory. Both Straussian GT and Constructivist GT share a similar premise and are not completely unrelated to one another, although Straussian GT is more structured and focused, whereas Constructivist GT allows for greater flexibility and “creativity.”

The Straussian approach is more oriented towards a relativist position (Annells, 1996) and upholds that culture is constructed through the multiple and subjective views of its members (Martin, Frost, & O’Neil, 2006). Unlike classical GT, in Straussian GT, the researcher does not remain as a distant, passive observer, but rather actively engages with the participants and the data during the entire process (Strauss & Corbin, 1990). Thus, the constructivist perspective is inherent in Straussian GT and hence, both Constructivist GT and Straussian GT are related to one another to some extent.

I followed Straussian GT’s approach to coding, by using open coding, axial coding and selective coding of the data. Straussian GT emphasizes that the construction and categorization of the data can come both from the participants as well as from the researcher. Although, the
data does speak for itself, the process of creation of categories also partially involves the researcher, a fact that Straussian GT recognizes.

Charmaz’s Constructivist GT “assumes the relativism of multiple social realities, recognizes the mutual creation of knowledge by the viewer and the viewed, and aims towards interpretive understanding of subject’s meanings” (Charmaz, 2003, p. 250). Both the role of the researcher and the participant are equally important in the construction and attribution of meanings, according to this perspective. Thus, it is interpretive in nature – “…reality arises from the interactive process and its temporal, cultural, and structural contexts” (Charmaz 2000, p. 523). As the definition suggests, the focus is on a person’s subjective experiences and on her/his interaction with the existing socio-cultural environment. This interaction shapes the person’s reality, which is subjectively construed and not based on objective reality.

Both Strauss and Charmaz do not dismiss the role of a literature review in the research process. In both the approaches, the emphasis is on the researcher starting out with certain ideas about what has been done in the area of interest, as opposed to Glaser’s “tabula rasa” approach. In this research, the same approach was followed, wherein a literature review was conducted, but the data was first allowed to speak for itself. After letting the data highlight the existence of constructions of certain realities, only literature that seemed to elaborate or add to a specific position was inserted; thus, existing literature was utilized, but with caution, so as to not “force” it upon the story emerging from the data.

Following Constructivist GT’s central tenet of allowing participants to advocate their viewpoints, I embraced diverse voices, beliefs and visions of the participants in the entire process of research.

The emphasis in this research was on examining how street children experience grief and the ways in which they cope with it, in relation to their unique social environment. The socio-cultural context in which these street children are raised is important because it gives meaning to their perception of reality: the environment shapes their aspirations, values and belief systems, which affects their constructions of reality. In addition, I was interested in understanding how all the participants, imbibing shared “street” values, collectively constructed their experience of grief. Using Constructivist GT, I could focus on the intermingling of the structural aspects – the culture, its tangible and intangible properties – as well as the aspects of the individuals within this structure, such as their beliefs, values, ideas and interactions. Both of these components collectively influenced constructions of their experiences with grief and the coping strategies employed for the same. Constructivism posits that realities are “social constructions of the mind, and that there exist as many such constructions as there are individuals (although clearly many constructions will be shared)” (Guba & Lincoln, 1989, p. 43). Consistent with Constructivist GT, there is no fixed, single and objective reality in this research; grief itself is a highly personal, individualistic construct. Each participant has constructed his/her own version of the reality of grief, although, this reality is determined by the extant culture, which again is constructed. Thus, there is no ultimate reality that is grounded in objectivity, rather there exist multiple renditions of truth and there are only subjective realities.

The research study was guided by three main research questions:

1. How do the participants construe and understand grief? What are their subjective experiences?
2. How do they cope with grief (i.e., what are the coping mechanisms involved)?
3. How does the environment, both social and physical, influence constructions of grief, as well as the process of coping with grief?
Qualitative research requires more involvement of the researcher and hence, may be more susceptible to biases. In the context of my research, a source of bias that could interfere was my social and familial background. Coming from a family with greater access to important resources, such as money, education, support system and specific beliefs about religion per se; I was a passive and distant observer, with limited knowledge of their lifestyles. To limit this potential source of bias and to stay as close to the participants’ voice as possible, the research questions were framed broadly. The first question focused on how participants understand and construct their experiences of grief. The second question, on the other hand, focused on the various coping mechanisms, both adaptive and maladaptive, that they used to deal with their experience of grief. The third question looked at context in which the participant was located and sought to understand how it would shape both their constructions of grief as well as coping mechanisms. Furthermore, while interviewing, I was mindful of my own body language and paralanguage. During the interview, I, the researcher and the participants, the street children, either sat on the floor or on separate chairs, to ensure that within the setting, differences were minimized. The children were free to tell their preference and according to that, the seating arrangement was made. The interview questions were neutral, neither positive nor negative; I just asked specific carefully worded questions and taking the street child’s perspective into account, framed the subsequent questions. However, a key component of Constructivist GT is the belief that there is no single, objective reality; both the researcher and the participant co-construct reality, therefore, all approaches using Constructivist GT will also feature the researcher’s voice and viewpoints. Nevertheless, I have taken steps described above to limit the interference of my worldview and let this reality reflect the true voices of the participants.

**Recruitment and Sampling**

Initially, a pilot study, consisting of one FGD (n=6) and three interviews were carried out, so as to ascertain the quality of the interview and FGD questions and to identify researcher biases early in the study and acknowledge their presence. After, the conduction of the pilot study, certain questions were modified and then, another pilot study (FGD, n=6 and Interview, n=2) was carried out. After the questions were determined appropriate, the main research was conducted. The data that was gathered and analyzed during the pilot studies were excluded from the main research data.

The sample of this research consisted of 18 street children, recruited from shelter homes across Delhi. The participants were selected based on two sampling techniques – (a) Purposive sampling, wherein participants were selected from shelter homes and streets of Delhi and (b) Snowball sampling was also used in adjunct to purposive sampling, because of low accessibility. In this case, initially, though a large group of participants (n=30) was selected based on purposive sampling, due to several problems, most of the participants opted out of the study and only 11 participants remained. To address this problem, participants were encouraged to bring their friends with them for the study and 18 participants were finally shortlisted.

At the earlier stages of research, access to this population proved to be extremely difficult and since prior attempts proved to be futile, a new strategy was developed. An agency, working with homeless people, including street children was contacted and through them, I managed to gain access to this exigent population. The children who indicated an interest in participating in the study were selected according to two main eligibility criteria, including: (a) age (i.e., children in the age group 7–14 years); and (b) being “street” children. “Street children,” in my research, would be those children who live on the streets, though not always literally, as is the case of daily wage labourers, but for whom, living on the streets is a considerable part of his/her existence. Moreover, the situational factors play an extremely
important role in his/her life, thus, as can be inferred, the relationship between the child and the “street” is a reciprocal relationship. In addition, family and the peer group, also referred to as the street child’s support system is critical in determining his/her entire way of life and his/her attitudes.

These aforementioned eligibility criteria warrant further discussion. The first criteria, age (7–14 years) draws on existing research, that assumes that children rarely begin street life before they are 5 years of age (Gutierrez, 1970). Moreover, an important factor subsumed under the first criteria itself was maturity, which in this context refers to two features: (a) ability to understand what constitutes grief, and (b) separation of an incident that evokes grief from an incident, which does not evoke grief. Children, too young in age, are unable to comprehend such experiences and arrive at this distinction. Hence, age was an important factor and before conducting the research, I interacted with the children informally and asked them questions related to certain words depicting emotionality, from a self- constructed word list. The focus here was on their understanding of the specific word contained in the word list, such as the words “anger,” “sadness,” “happiness,” amongst others and their ability to realize that a distinction between these specific emotions exists. For instance, a child might be unable to distinguish between the words “anger” and “sadness,” because of the difficulty in understanding the fundamental difference between these two. Thus, as can be seen, the term “maturity” is used in a different sense here.

The second criteria, being a “street child” also merits clarification. The Committee on the Rights of the Child has adopted the term “children in street situations,” emphasizing on the fact that situational factors are an important determinant of the child’s condition and provide a more holistic understanding of this phenomenon. In my research, the situational context was also highlighted, with a wider focus on variables, such as degree of cohesiveness of the family unit, the perceived exclusion from mainstream society, problems with developing healthy, affective bonds, etc. Although this criterion may lack empirical validation, its use fits the constructivist approach guiding this study, allowing children, belonging to the streets, to define their own experience of grief and use of coping strategies, as well as provide an account of the social dynamics of the situation.

The participants were relatively homogeneous in their backgrounds, inclusive of their social and physical environments – ranging from shared experiences of living in a dysfunctional family, exposure to chronic violence and to a relative lack of education. This homogeneity could be attributable to a wider street culture, as existing research highlights. However, some heterogeneity was also observed, with respect to religion and regional backgrounds. Concerning religion, the participants could be clubbed into two categories – Hindu and Muslim. Moreover, differences also existed in regional backgrounds, resulting in a pan-Indian population; children belonged to Indian cities/states such as Bihar, Kolkata, Andhra Pradesh, Mumbai, Jharkhand, Agra and Kerala. The average age of the children was 11 (range of 7 to 14).

Recruitment was discontinued when theoretical saturation was reached – a point wherein no new or relevant data seemed to emerge (Glaser & Strauss, 1967; Strauss & Corbin, 1990). Theoretical saturation was ensured through different ways. First, a wide variety of methods were used to collect data, such as in-depth interviews, focus group discussions and field notes, each enabling saturation to be reached in different ways. An important part of qualitative research is that the researcher must incorporate “multiple sources of data and perspectives to ensure that their study results demonstrate validity through data saturation” (Fusch & Ness, 2015). In order to best achieve saturation, multiple participants in the study must be asked the same interview questions, otherwise saturation would be difficult to achieve as the target would be constantly shifting (Guest et al., 2006). A focus group also helps in achieving saturation by allowing one to observe multiple perspectives on an issue and gives a
valuable insight into the functioning of a particular group. In addition to an interview, which helps us understand individual or personal views on a certain issue, focus groups help us examine the group’s perspective. Both the individual and the group perspective followed a similar pattern, with regard to one’s views on the stated research problem. Brod, Tesler, and Christiansen (2009) also recommend the construction of a saturation grid, which essentially requires major topics to be listed vertically and interviews to be conducted listed horizontally. The process of filling up this grid began during the data collection process and continued till the analysis of the collected data revealed no further information.

According to Rubin and Rubin (2012), if analysis at the end of the study reveals new information, then further data must be collected, but in my research, the analysis of data did not disclose any new information, and hence, I discontinued further collection of data.

**Data Collection**

Data collection followed a series of steps. First, I conducted three focus group discussions (FGDs), once in each of the shelter homes. Participants, fitting the afore-mentioned selection criteria were randomly assigned to the focus groups. Each focus group comprised of six participants of both the sexes, selected at random. Each focus group discussion consisted of a situation, which might evoke grief – (a) the loss of a friend’s family and (b) a friend experiencing chronic health problems. The focus groups comprised of questions intended to comprehend their personal experiences with grief as well as to take into account a broader social context. There were four core questions, trying to assess four components – (a) emotions; (b) coping strategies; (c) support system; and (d) solutions/advice. Several other questions were asked, based on the participants’ responses, to understand the depth and complexity of the matter. Throughout the discussions, as was observed, participants seemed to project their own thoughts and feelings onto the situation, to make it more personalized and intimate. Certain instances also highlighted the importance of the social as well as the physical environment. In essence, the focus groups were important for three reasons – (a) the participants were acquainted with the topic; (b) their behaviour, both verbal and non-verbal, in the group setting was noted; (c) their personal, as well as social constructions of grief were understood.

Second, after the conduction of the focus group discussions, I conducted several open-ended, semi-structured qualitative interviews to delve deeper into the matter. The interviews were conducted in the shelter homes in a vacant room on a one-to-one basis. The participants were assured of the confidentiality of their responses and any identifying information, such as the names of the participants, names of family members, locations, were omitted. False identities were assigned to the participants in lieu of this. The interview schedule consisted of thirteen questions, and in conjunction, a list of several prompts was affixed to each question. The development of the interview schedule was influenced by the aim of the study, the existing literature and detailed feedback provided by faculty members. The questions were directed towards generating rich, in-depth information about the experience of grief and the coping strategies employed, while noting the importance of the physical and social environment of the participants. For example, one question asked the children to attempt to explain the reason behind the occurrence of that event. The focus, in this case, was on how they attribute meanings to such negative life events and how they seek to understand it. Additional questions gathered in-depth information about their relationship with friends, family and neighbours, their level of support in difficult times, comparing and contrasting the past (occurrence of negative life event) with the present, future expectations, understanding the process of grief and through all of this, mapping the coping strategies involved. The interviews were tape-recorded and lasted between 25-45 minutes.
Third, during this entire process, the research demanded extensive involvement of the researcher in the field and as a result, I took field notes, to record observations. The field notes are descriptive and reflective in nature, attempting to describe the experience of the participant in a more wholesome manner, with respect to their environment.

The participants (i.e., the street children) who were a part of this entire research project, received compensation in proportion for their level of participation. The shelter home policies were against providing monetary compensation. Hence, to show appreciation to the participants for the investment of their time and effort, food items such as chips and chocolates were distributed. Moreover, since the participants were children, this form of compensation was greatly appreciated by them.

Reflexivity

As the primary and the sole researcher, I spent a significant time reflecting on my own position in the research experience. Grief, focusing on any kind of loss – material or human – is an extremely sensitive issue and can evoke strong feelings, in both the researcher and the participant. Throughout the interviews, I felt distressed at the conditions that these street children had to endure daily. As another human being, I experienced a high degree of empathy for them because there were some instances, however small or insignificant they might seem, to which I could relate. As a researcher, though, I was incapacitated by my inability to help them. Moreover, even more distressing was the fact that I had to strictly regulate my own emotions and keep them under check. The process of attempting to understand their subjective experiences of grief and to note their social context was exhausting and left me disturbed many times. To deal with this, I decided to write about my daily interactions with the participants in a reflexive journal and within that, integrated memos regarding my own feelings and responses, to avoid biases and lend more objectivity to the data gathered.

Protection of Human Subjects

All participation was subject to standard informed consent protocols. In the absence of a mandated protocol at the local level, several steps were taken by the researcher to protect the participants’ safety, privacy and confidentiality. First, since, the participants were children and in a majority of the cases, the parents were largely unavailable or in an inebriated state, permission was obtained from the NGO, looking after the people in the shelter homes. The research objectives as well as the risks of participating in the research were discussed with the concerned NGO and an informed consent letter was obtained from them. Second, Participation was voluntary and before participating, children were explained in simple words about what the research would require of them. Only after gaining full comprehension, the children were recruited for the study. Third, to minimize the potential risks associated with their participation, toward the end of each individual session, I talked to the participants about their feelings in-depth and shared personal experiences of grief, as well. In addition to this, several ice-breakers and fun activities were organized for the children, which would make them feel less burdened and untroubled. For example, in one activity, the children were asked to draw images of any object that they could visualize and would be motivated to sketch. Each child was assigned into a team and each team was allocated a specific colour crayon; the children then had to draw the picture with the help of their team members and use only that specific crayon. Fourth, in the field setting, the interviews and FGDs were conducted in a safe and secure premise; individuals apart from the participants, such as the caretakers, the neighbours, etc., were not allowed entry to that area during conduction. Furthermore, I highlighted the importance of not revealing information that was shared between me, the researcher and them, the participants, to any third
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party. Fifth, the data that was collected during interviews and FGDs, using recordings was encrypted, so as to restrict access by anyone, except the researcher. Sixth, all identifying information, such as names, exact locations (i.e., the names of the villages of the participants and places where the interviews were conducted) were deleted from the pool of data. Fictitious names were assigned to the participants and only the broader geographical location was considered. Hence, the names of the participants in the manuscript do not reflect their real identities. Seventh, the word document in which the interviews and FGDs were transcribed and field notes were typed, allows for restricted access due to the use of the feature “Protect Document.”

Data Analysis

Data analysis followed the constant comparative method associated with grounded theory, consisting of ongoing comparisons of categories from one case to the next until theoretical saturation is achieved. Moving back and forth between data collection and analysis, I developed memos to record speculations, describe emergent categories and theoretical constructs, and address data collection issues (Strauss & Corbin, 1990). The first step involved transcribing the interviews verbatim. The tape-recorded interviews were transcribed on Microsoft Word. Manual coding followed this and the process continued until a high level of abstraction was obtained. The transcripts were all in Hindi language; however, they weren’t translated in English because certain concepts were native to them and deeply embedded in their unique cultural context, hence, transcribing would have resulted in the distortion of meanings and a loss of essence. Consequently, the interviews were retained in the native language of the country and in the process of coding, the categories, which could be translated in English, were translated and a few were retained “in vivo.” The first level comprised of open coding of the transcript. Open coding is the part of the analysis concerned with identifying, naming, categorizing and describing phenomena found in the text (Glaser & Strauss, 1967; Strauss & Corbin, 1990). Then, clusters of similar and related codes were created and considered as broad emerging categories. As a second step, axial coding was conducted, wherein these broader codes were narrowed down to focus on a specific area of interest, which in this case was the experience of grief among street children and the coping mechanisms that were involved in the process. At the last stage, selective coding took place, wherein certain categories were chosen as the core categories and the rest of the categories extracted in the process of axial coding were integrated and assimilated within these core categories. At each stage of analysis, higher levels of abstraction that continued to fit the observed data were observed (Charmaz, 2006).

Rigor and Trustworthiness

In the study, I chose to use some established techniques to weigh interpretations of the children’s stories against other plausible explanations (Morrow, 2005). First, triangulation – a process of “using 2 or more methods to study the same phenomenon” was applied to this case. The methods used were – In-depth interviews, focus group discussions and field notes. Thus, this “eclectic” approach helped appreciate their experiences with grief and use of coping mechanisms, more holistically. In addition, respondent validation was also used after the data was analyzed. It refers to a process wherein participants of the study are allowed to read the data and analyses and provide the researcher with invaluable feedback, which can result in the re-interpretation of data, as well. Constant comparison is also a technique, which is followed religiously in grounded theory research and the advantage of this technique is that it allows the
researcher to understand the data, not individually, but in conjunction with other data. Thus, it gives the researcher a more accurate representation of reality.

**Results and Discussion**

Street children experience grief in a number of different ways and use various coping strategies to deal with it, both adaptive and maladaptive. Their experience of grief is shaped by diverse socio-cultural and environmental factors, such as access to resources (economical as well social), social roles, relationships with significant others, religious beliefs and aspirations. Thus, the physical as well as the social environment in which they live play a critical role in determining their experiences and coping strategies. It was found that the environment is non-supportive of their growth and limited access to vital resources has impeded upon the process of self-actualization. These street children possess a number of desires and aspirations, for a better, more meaningful existence, which does not get fulfilled due to the restricted opportunities for growth. Their close relationships with significant others, such as family, relatives and friends, is majorly in a state of disintegration and there is a lack of development of deep, affective bonds. All these factors influence the ways in which they experience and cope with feelings of grief. The four main grounded theory categories emerging from this analysis included: (1) unfulfilled aspirations; (2) sense of deprivation; (3) lack of strong support systems; and (4) emotions and coping mechanisms. Together, these categories formed a core experience of grief, which can be understood as unfulfilled potential and non-supportive relationships leading to the development of maladaptive coping mechanisms to handle grief.

**Unfulfilled Aspirations**

Most children expressed their desire to grow and to reach their full potential (i.e., to become self-actualized). This category of “aspirations” had two properties: aspirations for a sense of purpose in life and aspirations for positive change.

In the first, that is, aspirations for a sense of purpose in life, children envisioned their future selves favourably and desired to be in a more powerful and meaningful position, in contrast to their present situation. Children, like Ranjeeta, expressed a desire to become a “good human being” by “helping others…do good and you’ll be set on the path of goodness, do bad and you’ll be condemned.” A majority of the children also expressed their desire to study and to take up future professions, such as that of a teacher, guard, doctor, etc., which would allow them to help other people and at the same time, alleviate their own distress.

In the second, that is, aspirations for a positive change, they address issues such as their nomadic lifestyle, a lifestyle synonymous with migrant labourers like them, wherein they have to shift constantly from one place to another in search of better opportunities. A majority of the children, coming from their natal villages, view the city as a means for fulfilling their dreams and aspirations and as a key to potential growth. The city life seems promising to them, as a child Ranjot says – “This place is wonderful, every child gets food, no one gets hit, scolded and if someone does, he improves…I wish to stay here, study, do well and carve a niche for myself.” However, some are unable to cope with the fast-paced city life and experience stress because of it. For instance, Chirag recalls life in his natal village with a sense of nostalgia – “It used to feel good there, we used to stay there only…Every day after having a cup of tea, I would go to my grandmother’s place and stay there. Used to do that every day.” Many children desire the development of greater affective bonds, positive and meaningful relationships as well as the need for unconditional positive regard. Currently, a vast majority of the participants, have disturbed relationships with significant others, and any affectionate gesture is conditional in nature. For example, Rani says:
Father tells me that if he says do this; I should do it and not say no to him, but I still don’t listen and then he scolds me, hits me, does everything, he hits me hard and keeps hitting me, so does my mother…

Thus, these street children have numerous dreams and aspirations that they desire to fulfill and to use them to overcome challenges and have a more meaningful existence. They are driven by a desire to self-actualize, which refers to a state wherein a person’s needs are fulfilled and she/he can do whatever she/he is capable of (Maslow, 1962). However, since current conditions prevent them from self-actualizing, they experience negative affect. Moreover, this negative affective state influences their experience of grief, which in this context, focuses on their inability to meet their aspirations and incapacity to self-actualize.

**Sense of Deprivation**

Deprivation refers to a state wherein a person feels that she/he lacks what another person has, something that is valuable. In this case, one can again say that since these children are unable to self-actualize; they are subjected to a negative affective state, which affects their experience of grief. In addition, the social environment influences their experience of grief. All the participants belong to a low socio-economic status, experience social exclusion and follow social norms ascribed to them. For example, Ranjeeta recounts an experience – “…my father was extremely thirsty at that time, but no one gave him any water…” Similarly, Naan says – “One day, they caught an old man, tied him with a rope and hit him hard, they drew blood in the process and after all this happened, we ran away from there, got on a bus and just left.” They were also extremely particular about the social roles assigned to them, which was not reflected in their verbal expressions, but could be understood by their non-verbal behaviour. For instance, in my field notes, I recorded a memo of a thought that had struck me during the analysis of the data. In that case, the boys were usually more mechanical, “unfeeling” and detached while giving their account, whereas the girls were more dramatic, elaborate and emotional. I recorded another incident, which occurred while I was assigning people to the focus group discussions. Before I began the discussions, I was briefing them and a boy told a girl – “What do you know of this? You are just a girl.” The boys, especially the younger ones were extremely vocal about maintaining a distance from the girls in their groups and would at every moment try to suppress their voice. I would like to reflect here that the gender norms and stereotypes were extremely entrenched in the environment and this would affect both the experience of grief in girls and the ways in which they would cope with it, as mentioned above.

A majority of the children also suffered from a disturbed mental state, as was echoed in their responses, wherein they addressed issues such as relationship problems with significant others, such as friends and family, disinterest in most activities, unstable environments and the reporting of nightmares. For example, Ranjeeta says – “I don’t know what happened to me, I keep telling my sister-in-law that I won’t work and I don’t work either…I really don’t know what has happened with me.” She continues,

My friends, uh…my friend told me that she doesn’t want to talk to me because I am too short-tempered, so we separated. The other day, she came to say sorry and we patched up. Then, she started hanging out with other boys and girls, so I broke off our friendship.

Her family life is also troublesome, as she says “That…my grandfather, the one who died, he used to drink a lot of alcohol, so he had fever, he went to the doctor, he snatched out all his needles and then, died like that.” Another girl, Saeeda says – “I don’t make a lot of friends.”
She speaks of rejection and non-acceptance from her parents – “My parents disinherited me, they don’t see me as their child.” She also hints at domestic violence, fuelled by alcohol abuse – “When my father comes home after drinking alcohol, he hits my mother and acts like this only.” She and for many other participants, her words hold true – “(He hits her) every night, every time.” These participants live in highly dysfunctional and disintegrated families, where they are exposed to chronic violence on a habitual basis. This disturbed atmosphere causes grief in them, but they are unsure of how to express this grief and how to cope with it. For instance, Saeeda says – “I get scary dreams. My father lifted up my mother and hit her, so then my mother gets up and kills him.” Despite, experiencing a high degree of empathy for the parent, she, like a majority of the participants, grapples with feelings of ambivalence. As she says – “I don’t understand my father, I hate him at times, but I don’t know…he must not be like this at all times…but he isn’t right always either, just that I feel that my mother shouldn’t provoke him so much.”

**Lack of Strong Support System**

The broad category of support systems can be divided into two smaller categories – (a) primary support systems, which are more intimate and personal in nature, consisting of family and friends; and (b) secondary support systems, which are more impersonal and peripheral, comprising of neighbours. The support system, as a whole, of the participants is relatively weak and undeveloped.

A majority of the participants report dysfunctional family structure, highlighting problems such as attachment issues, lowered self-esteem, negative self-image and neglect. For instance, in the case of attachment issues, Raghu when asked about whether he is close to anyone in his family or not, whispers “No.” Ayesha stresses on conditional love that she receives from her family – “I like doing household chores, I want to keep my house looking pretty…I want to impress my mother and father, I’d like to make them happy.” She further adds – “When my parents hit me, I feel very frightened, unsure… (contd.) I asked my friends for support, but they didn’t help me, my parents didn’t help me…” In here, she speaks of the lack of a strong support system and the feelings of helplessness and insecurity that she experiences because of it. Rohit states – “In my family, there is no one, there is no one who loves me, only my grandmother acknowledges my presence, no one else apart from her.” In this context, it is also significant to note the importance of attachment styles, proposed by Ainsworth, Main and Solomon, who theorized that different styles of attachment could be observed in the relationship of a person to another. In relation with this, a majority of the participants seem to exhibit disorganized attachment and ambivalent attachment with their primary caregivers (i.e., the parents). For instance, Anya says – “When my father hits my mother, I feel strange…I can’t really describe it. Sometimes, I hate him, but sometimes, I hate my mother, also.” This ambivalence is also reflected in their relationship with their friends, such as when Anya says – “I don’t like the people here, I don’t like befriending others.” However, her later responses such as “I feel lonely,” “I like school because of my friend” demonstrate her need for a strong, emotional connect with others, to be able to overcome her loneliness.

Data gathered from the focus group discussions indicates that the street children believe that an ideal support system would comprise of strong affective bonds with both friends and family. However, the children feel that parents, especially mothers, are more biologically predisposed toward nurturing and caring. They desire for security, warmth and emotional support from parents in times of needs, however, their needs remain unfulfilled. For instance, Parth says – “She (mother) raises her child with so much love and affection, cares so much.”
Another child Meenakshi agrees – “Sister, she (mother) doesn’t let the child feel even a bit of pain.”

In addition, the neighbours are perceived as being “unhelpful, hostile and uncaring” toward them and these children, more or less, exist in social isolation from the rest in their vicinity. In the focus groups, another level of differentiation between the support systems emerged. It was discovered that the older children (11-14 years) have a more realistic perception of their support system, with the focus on help from friends and family, whereas the younger ones (7-10 years) have a more fantasy-oriented perspective regarding their support system, with emphasis on cartoons like “Ninja Hatori, Doraemon” and their “strength to help them.”

**Emotions and Coping Mechanisms**

In reaction to grief, several children experience and express certain emotions, which can be grouped into two distinctive response categories – internal responses and external responses. Internal responses include loneliness, sense of guilt and shame, ambivalence, numbness and uncertainty, whereas external responses include crying, development of secretive habits and hostility toward others. For instance, Razia says – “There is no one for me, except my mother and father…In my house, there is no one…there was only my grandfather who left me (passed away).” Parth says – “I was doing nothing, just standing there and when I got to know about it (grandparents’ death), my heart broke.” When Meenakshi was asked about how she felt about the issue of domestic violence in her family, she responded by saying – “Nothing, I feel nothing about it, anymore.” Gautam reacts aggressively and says – “If anyone says any bad word or anything bad regarding it, I scold that person and I hit him pretty bad, also.”

Several coping mechanisms were found to be operating when the participants were answering questions, related to grief. The coping mechanism of altruism was found to be extremely common, as responses from several interviews such as those of Meenakshi’s indicate – “My father told me to especially help older people, because they give you their blessings…their soul does, for your good deeds.” Anya also says – “….I thought I’d become a doctor and help the poor, do their check-up for free.” Helping others, in a similar state as theirs, to feel better and to overcome their difficulties, would strengthen their belief in their own ability to deal with their situation.

Another mechanism most commonly and frequently used is symbolization. In all the cases, God and other religious objects/symbols such as a “madarsa,” “Quran,” “namaz” and “mandir” were representative of the person’s journey toward healing, peace and restoration. God is seen as an authority figure, to be feared, revered and trusted and tactics such as bargaining with God and praying for forgiveness are used to deal with the pain evoked by negative life circumstances. For instance, Anya says – “…then I asked for a wish from God, God give me a house, give me a roof over my head, and He did so.” Similarly, Agren says – “What will happen in the future now only God knows, whatever He says, that will only happen in the future.”

The defense mechanism of acting out has also been used by the participants to vent out their feelings of anger, hurt and resentment at the negative life events taking place in their existence. For example, Agren says – “When someone says something bad, I can retaliate as well…One day, I broke a chap’s neck, also.” In my field notes, I’d also recorded an observation during my interview with Agren, about how he kept wringing a toy and ultimately broke it, when asked “emotionally” difficult questions.

Many children also resort to inhibition as a means of coping with their reality, which is harsh and unpredictable. For example, children like Chirag and Anya state that they dream or
aspire to be in the post of a “guard” and “maid” respectively. In this case, the responses of the children indicate that they can perceive barriers to them attaining self-actualization and hence, instead of aiming high for fear of losing or fear of pain, they aim lower, focusing on attractive, but more attainable goals.

The children, in some cases, also had a tendency to trivialize the situation, making it appear “humorous” or not as serious as the incident was. For instance, may children tried to downplay the gravity of the situation, such as in the case of Raghu, wherein he responded to a question on violence with the retort – “It’s nothing, actually. In fact, I rather find it funny that my father beats up my sisters like that, you know.”

The defense mechanism of intellectualization seemed to have a greater chance of occurrence in male participants compared to female participants. A majority of the male participants, focused on the objective, detached and mechanical description of the traumatic episodes in their lives, whereas the girls, entirely, highlighted their emotional involvement and were more attached to their experiences. A case in point is the difference between Agren’s response – “The car was painted red in colour, it hit me, it was over speeding and I remember lying there. Then, my mother came, lifted me up in an auto, took me to the hospital…” and Razia’s response – “I felt afraid…I dreamt about my grandfather…I recalled our moments together.”

Instances of use of the defense mechanism of isolation was prevalent in a majority of cases, wherein the participants tried to focus on the recall of positive events, rather than the traumatic and negative life events. Asked about her feelings regarding her grandfather’s death, for instance, Razia:

Earlier, we used to roam a lot, play a lot…my mother used to cook food, then we used to eat it…we used to roam around, play together, he’d play with me, then he’d fill up a bucket of water from down there…

Denial was also used as a defensive response to such negative life events. For instance, many of the participants simply refused to accept reality as was gathered during the focus group discussion, wherein despite repeated reminders that the parents were no more in the given situation, children such as Anya, Razia and Raghu kept saying – “The child will find her…she will go say sorry and everything will be back to normal.” When asked about her experiences during her younger brother’s death, Nadia said – “It’s alright, everything is normal, God will make everything alright, he’ll come back and we’ll be able to play together again.”

The use of fantasy also seemed to occur with great frequency, especially during the focus group discussions, wherein children expressed their belief in fictional characters such as “Ninja Hatori, Doraemon” to alleviate distress and change things positively. Although, the older children did not use fantasy to express their views, they did stress on the need to escape from the negative, aversive situation. For instance, Nadia says – “Mum was saying that I should go somewhere far away from this place…”

**Limitations**

There are certain limitations of this research. First, I, the researcher, was not fluent in the local language of the participants. Although, I was versed with the language and was able to effectively communicate and understand their viewpoints, I was not particularly fluent, because of which certain terms, which may be unique to their culture and thus culturally significant for them, were difficult for me to exactly decode. However, as far as possible, I tried to code these words “in vivo,” so as to be able to retain their essence.
Second, there may be problems with self-reported data, as is the case with interviews, FGDs, etc. Biases of both the participants as well as the researchers might interfere with the data. Nevertheless, as addressed before, steps were taken to ensure minimization of such biases. In addition, consistent with Constructivist Grounded Theory (Charmaz, 2014), the problems with self-reported data can actually highlight how participants view and construct their own reality. Therefore, although, these limitations are intrinsic to this research, I have tried to minimize their impact.

Conclusions and Directions for Future Research

As previously illustrated, there are several factors, which influence the experience of grief in street children and make their experience distinct from other others. These factors include unfulfilled aspirations, sense of deprivation and lack of a strong support system, resources that are extremely essential for people going through difficult times in life. As previous researches demonstrate, to cope with grief one needs to have access to these vital resources, however, in this case, these resources were absent or in a state of breakdown. A majority of the street children harbour dreams and aspirations, wish to self-actualize, but are unable to do so because of their social and physical environment. This thwarting of their desire to grow and to reach their full potential has interfered with their ability to lead a life that they choose to or would want to, making their situation more precarious and disturbing for them. In addition to this, their relatively weak status in society has instilled in them a sense of deprivation and excluded them from opportunities and resources. Moreover, they remain socially excluded and cut-off from mainstream society, thereby, causing resentment in them. Exclusion also exists within one’s family unit, wherein close, affective bonds are discouraged and dysfunctional ties are present. This is related to the third point, which is the lack of a strong support system. A strong support system can help a person during times of distress by helping one vent out and discuss one’s feelings; it makes one feel more equipped to deal with the situation at hand. Therefore, a lack of all these necessary resources has led these street children to use a variety of coping mechanisms to deal with their grief, some adaptive, but mostly maladaptive in nature. Therefore, the unique socio-cultural environment of the street children influences their experience of grief and the coping mechanisms used are reflective of this. Similarly, collective as well as individualistic constructions of grief influence how the cultural context and the social milieu in which they are located, responds and adapts to their experiences.

For future research, this study highlights certain possibilities. This research focused on the street children of a particular culture (i.e., those belonging to the Indian context); however, a larger sample comprising of a cross-cultural population would provide with more enriching and valuable insight into constructions of grief. This would also facilitate the creation of policies at the national as well as the global level, on how to address the psychological well-being of the street population. Additionally, qualitative research should be specifically conducted in such cases, as a more intimate contact with this population would allow greater understanding of their subjective experiences, which is essential. Moreover, this research did not approach the topic of designing interventions; but that is an interesting possibility that would ultimately benefit and uplift this segment of the population.

References


**Author Note**

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