

**Exploring *shi du* parents' experience of
death of their child**

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Abstract

There were 218 million one-child families in China in 2013 because of the one-child policy (OCP). The OCP has disrupted demographic patterns and created numerous issues for Chinese society. One lesser known problem relates to families in which the only child prematurely dies before the parents. These are known as *shi du* families, of which there were one million in 2010 and more are being created continuously. The problems arise because the only child is both the only recipient of their parents' investment and the one who shoulders the responsibility for supporting the whole family and their parents in old age. The government has introduced some support policies for *shi du* families. But most offer financial assistance or compensation and are far from satisfactory because they lack understanding of the specific situation of *shi du* families under the influence of specific aspects of Chinese culture. This thesis therefore sets out to explore the research question of ***What impact does death of the only child have on the everyday life of shi du parents?*** The current research evidence shows there are discrepancies in explaining the grief experiences of *shi du* parents. Also that there is little understanding of how their social relationships have been affected or how *shi du* parents make sense of their loss and their life. These are important considerations because culturally the death of a child is regarded as being inauspicious in China and families face potential stigmatization. This thesis adopted a qualitative methodology to fill these knowledge gaps. In-depth interviews were conducted with 35 *shi du* parents who had no grandchildren and who lived in Henan province.

Overall, the evidence from the data shows that these *shi du* parents go through a dynamic grief process, the consequence of which is that they believe their grief will never really pass and they cannot recover. The death of their child changed their social relationships because the parents felt stigmatized as a result of cultural beliefs in inauspicious deaths. Consequently, they could not keep some of their social relationships functioning and in reciprocal balance the way they did before and their grief reactions and behaviors were often misunderstood by others (including family members) resulting in them experiencing a disenfranchised grief. The parents also felt that their personalities were affected and their views and understanding of their lives had changed, leaving them with feelings of hopelessness and no meaningful future life.

List of Content

ABSTRACT	2
LIST OF CONTENT.....	3
LIST OF TABLES	7
ACKNOWLEDGEMENTS.....	8
AUTHOR’S DECLARATION	9
INTRODUCTION.....	10
THE BACKGROUND TO THE STUDY	10
RESEARCH QUESTIONS AND THE EMPIRICAL STUDY.....	12
THE STRUCTURE OF THE THESIS.....	13
CHAPTER 1: THE BACKGROUND AND CONSEQUENCES OF CHINA’S ONE CHILD POLICY..	16
INTRODUCTION	16
1.1 THE HISTORY OF THE ONE-CHILD POLICY	16
1.2 THE CONSEQUENCES OF THE OCP	20
1.3 WHY <i>SHI DU</i> IS IMPORTANT.....	25
1.4 CURRENT SUPPORT FOR <i>SHI DU</i> PARENTS	30
SUMMARY.....	37
CHAPTER 2: GRIEF, BEREAVEMENT AND MOURNING	39
INTRODUCTION	39
2.1 THE DEFINITION AND DISTINCTION OF THE TERMINOLOGIES.....	40
2.2 GRIEF AND BEREAVEMENT THEORIES	42
2.2.1 <i>The concept of grief work.....</i>	<i>42</i>
2.2.2 <i>Staged and phased models.....</i>	<i>44</i>
2.2.3 <i>The new model.....</i>	<i>48</i>
2.2.4 <i>Compassionate Communities.....</i>	<i>54</i>
2.3 FACTORS WHICH INFLUENCE BEREAVEMENT AND GRIEF	56
2.3.1 <i>Individual factors.....</i>	<i>56</i>

2.3.2	<i>Type of death</i>	58
2.3.3	<i>Circumstance following a loss</i>	59
2.4	PARENTAL BEREAVEMENT	60
2.4.1	<i>The consequence of losing a child</i>	60
2.4.2	<i>Factors influencing parental grief</i>	61
2.4.3	<i>The process of parental grief - continuing bonds</i>	63
2.4.4	<i>The meaning-making process for bereaved parents</i>	65
	SUMMARY	68
CHAPTER 3: STUDIES OF PARENTS' EXPERIENCES OF A DEATH		69
	INTRODUCTION	69
3.1	A REVIEW OF THE PREVIOUS STUDIES OF <i>SHI DU</i> PARENTS	69
3.2	THE CONSEQUENCES FOR <i>SHI DU</i> PARENTS IN CHINA	71
3.3	GRIEF EXPERIENCE OF CHINESE <i>SHI DU</i> PARENTS	74
3.4	A COMPARISON OF GRIEF THEORIES IN WESTERN SOCIETY AND CHINA	79
3.5	THE SOCIAL PROBLEMS OF <i>SHI DU</i> PARENTS	84
3.6	THE THEORETICAL FRAMEWORK FOR THE RESEARCH	92
	SUMMARY	94
CHAPTER 4: METHODOLOGY		95
	INTRODUCTION	95
4.1	EXPLANATORY FRAMEWORK, RESEARCH QUESTIONS AND THEORETICAL PARADIGMS	96
4.1.1	<i>Explanatory framework and research questions</i>	96
4.1.2	<i>Theoretical paradigms</i>	99
4.2	RESEARCH DESIGN	103
4.2.1	<i>Research strategy and approaches</i>	103
4.2.2	<i>Sampling approach</i>	107
4.2.3	<i>Recruitment</i>	111
4.2.4	<i>Data collection</i>	113
4.2.5	<i>Ethical considerations</i>	116
4.2.6	<i>Data analysis</i>	120
4.3	FIELD WORK	122
	SUMMARY	131

CHAPTER 5: THE GRIEF OF <i>SHI DU</i> PARENTS.....	132
INTRODUCTION	132
5.1 OVERWHELMING LOSS OF CONTROL.....	132
5.2 COPING STRATEGIES	138
5.2.1 Avoidance.....	139
5.2.2 Spirit shift.....	144
5.2.3 Comforting.....	149
5.3 THE GRIEF PROCESS	156
SUMMARY.....	163
CHAPTER 6: CHANGES IN THE SOCIAL RELATIONSHIPS OF <i>SHI DU</i> PARENTS.....	165
INTRODUCTION	165
6.1 CHANGES IN THE SOCIAL RELATIONSHIPS OF THE <i>SHI DU</i> PARENTS.....	166
6.1.1 The feeling of being misunderstood.....	166
6.1.2 Unbalanced reciprocal relationships.....	170
6.2 STIGMATIZATION	181
6.2.1 Being labelled as inauspicious.....	181
6.2.2 Feeling lower than other people (23).....	191
SUMMARY.....	196
CHAPTER 7: MAKING SENSE OF THEIR LIFE AS <i>SHI DU</i> PARENTS.....	198
INTRODUCTION	198
7.1 <i>SHI DU</i> PARENTS' UNDERSTANDING OF THE LOSS	198
7.1.1 Understanding of the death.....	198
7.1.2 Making sense of the death for themselves.....	201
7.1.3 Unable to make sense of the death for other people (29).....	207
7.2 MAKING SENSE OF THEIR LIVES AND THE WORLD AS <i>SHI DU</i> PARENTS.....	210
SUMMARY.....	223
CHAPTER 8: DISCUSSION.....	225
INTRODUCTION	225
8.1 THE GRIEF PROCESS	225
8.2 STIGMATISATION AND <i>LIAN MIAN</i>	231
8.3 THE MEANING-MAKING PROCESS	238

8.4 THE CONTRIBUTION OF THE RESEARCH TO THE THEORETICAL LITERATURE.....	241
SUMMARY.....	242
CHAPTER 9: CONCLUSION.....	244
INTRODUCTION	244
9.1 CONCLUSIONS FROM THE FINDINGS	244
9.2 POLICY IMPLICATIONS OF THE RESEARCH FINDINGS	246
9.3 THE LIMITATIONS OF THIS STUDY AND SUGGESTIONS FOR FURTHER RESEARCH.....	250
APPENDIX ONE INFORMATION SHEET	253
APPENDIX TWO CONSENT FORM.....	256
APPENDIX THREE TOPIC GUIDE.....	257
APPENDIX FOUR PEN-PORTRAIT FOR INTERVIEWEES	259
APPENDIX FIVE CODE AND THEME CHART	269
ABBREVIATIONS	276
GLOSSARY.....	277
REFERENCE.....	278

List of tables

Table 1 Support policies for <i>shi du</i> parents 2001- present.....	33
Table 2 Five aspects of the consequences of losing an only child.....	72
Table 3 Comparison of the grief process in western and Chinese theories.....	78
Table 4 Comparisons of influential factors in western and Chinese theories.....	82
Table 5 The theoretical framework for the research.....	89
Table 6 Explanatory framework underpinning the empirical study.....	93
Table 7 Personal and family characteristics of the 35 respondents, cause of death of the child and length of bereavement.....	117

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Author's declaration

I, Fei Fang, declare that this thesis is a presentation of original work and I am the sole author. This work has not previously been presented for an award at this, or any other, University. All sources are acknowledged as Reference

Introduction

The background to the study

For more than three decades, China's one-child policy (OCP) has significantly affected population patterns and social change. Population growth has decreased dramatically: the birth rate (the number of birthed babies per 1000 people per year) in China decreased from 4.77 in 1975 to 1.18 in 2009 (Fang, 2015) and the OCP created 218 million singleton child families (Peng, 2013). After the imposition of the OCP, the structure of the singleton child family became distorted to '4+2+1', represented by an inverted triangle (two sets of grandparents and a couple of parents, with one child). The essence of these singleton child families is that they are risk families (Mu, 2009). If such a family loses the only child, this is not only a heavy blow for the whole family, but the structure of family support is interrupted and the whole family can descend into discord. Families which have lost the only child are called *shi du* families.

Previous studies of *shi du* parents in China have primarily focused on three specific issues: the size of the *shi du* population; the problems they faced and the current support provided to meet their needs. The number of *shi du* families in the country reached one million around 2010 and has increased annually by 76,000 (Nan and Huang, 2013). Many problems are faced by *shi du* families; both material and non-material problems. The former comprises financial difficulties and problems over the provision of elderly care, whereas the latter put more emphasis on social readjustment, social exclusion and health problems (both physical and psychological). The current support for *shi du* families is problematic and inefficient. No corresponding child-loss support policies were introduced when the OCP was imposed and the only current support

is concentrated on solving material problems. The central government offers 340 yuan (about £34) per month as compensation for bereaved parents who have lost their only child (China, 2013). The Chinese government therefore acknowledges some responsibility to compensate these parents, especially for their future needs in retirement or for elder care. More could be done to support these families but there is little understanding of the particular challenges which they face in their everyday present lives and the influence of cultural beliefs upon that.

Losing a child is obviously devastating for the parents and for other family members. The grief reaction after losing a child has serious consequences for physical and psychological health and has a variety of symptoms and significant effects on the relationship between the parents, and between the parents and other people. Surveys have shown that 44% of bereaved parents have suicidal inclinations, 48% have no social activities, 66% do not engage in any entertainment activities and 82% have a high risk of developing mental-health problems (Liu, 2012; Liang et al., 2013). Although the consequences are serious and far-reaching, there have been few research studies in China that have examined the grief experience of *shi du* parents. Xu (2013) showed that if a child dies before his/her parents and the family has no other children, this family will be labeled inauspicious in Chinese culture; the parents can be regarded as having done 'too many bad things, so they lost their child' and as being 'unlucky people' (meaning people who can impart bad luck to others). Many *shi du* parents can feel shame and become self-reclusive because of this. These problems are serious but have not been explored much by Chinese researchers. Moreover, the consequence of the introduction of the OCP was not only the control of population growth, but also major changes to culture and society. Singleton children have become the centre of the family, regarded as a 'little emperor' or a 'little sun' after the OCP was introduced (Fong, 2004). This kind of attitude to the singleton child created a new culture that changed the cultural meaning of children in traditional Chinese culture. The meaning of the child to parents and understanding the impact of the death of their child on *shi du* parents are therefore important. The ultimate aim of this

study is to improve knowledge to inform policy. The objective of this study is to explore *shi du* parents' experience of the death of their child and the effect it has on them. This will be discussed from three perspectives: *shi du* parents' experience of bereavement and grief; the impact of the death of their child on *shi du* parents' social relationships; and how *shi du* parents make sense of their lives after the death of their child.

Research questions and the empirical study

The following research questions have been devised to address these three perspectives:

- What impact does death of the only child have on the everyday life of *shi du* parents?

The sub-questions are:

- How do parents' emotional and behavioral reactions to the death of their child affect the process of bereavement and how is that process affected by Chinese cultural beliefs?
- How do parents perceive the impact of the death of their child on their social relationships with family and others (friends, neighbours, work colleagues)? And how does this relate to specific Chinese cultural practices (for example *mianzi*, *xiao*)?
- How do parents make sense of the death of their child, how do they explain the death to others, what meanings do they construct around the life and death of the child to help them do that and how do cultural aspects influence this process of meaning-making?

For this study, abductive reasoning was used as the research strategy and the research paradigm for the study was constructivist. The key ontological elements in this study are the reactions, understandings, social relations and cultural practices of the parents and people most closely affected by the death of their only child. Because of these ontological elements and the overall aim of the research (to collect data about the feelings and experience of *shi du* parents)

this is a qualitative research study. In-depth, face-to-face interviews were conducted with 35 *shi du* parents who were recruited through the website of the largest self-help forum for such parents, the *Shi Du Zhe Zhi Jia*. Because this study necessitated sensitive research and the interviewees were vulnerable people, participation was completely voluntary. Participants were selected on the following criteria: 1) *shi du* parents without grandchildren; 2) the deceased child could be of either gender, of any age and the cause of death could be accidental or by natural causes; and 3) currently living in Henan province. The data were analysed with Nvivo software and thematic analysis was the method employed. Based on the three main themes of the data, the analyses resulted in three separate findings chapters: the grief experiences of *shi du* parents; changes in the social relationships of *shi du* parents; and the ways they made sense of their lives as *shi du* parents. The following section presents the structure of the thesis.

The structure of the thesis

The aim of this research is to explore the experience of *shi du* parents after the death of their child. Note that the *shi du* parent's child could be of any age: the word 'child' is used throughout the thesis to refer to the nature of the family relationship, not to the child's age. This thesis is structured in nine chapters.

Chapter 1 is focused on an analysis of the relevant policies. This chapter is divided into two sections; the first explores the introduction and implementation of the OCP and the changes caused by the OCP in order to establish the policy context of *shi du* families. The second section presents a discussion of the background of *shi du* parents, including the definition of their status, the scale of the problem, the problems the families face and the current support policies available for them.

Chapter 2 is a literature review of the current theories on grief, bereavement and mourning. It is divided into four sections. The first section discusses the definition of and differences in the terminologies of grief, bereavement and mourning. The second section presents the current grief and bereavement theories. The third section is about the factors which influence grief and bereavement, and in the fourth section, the specific type of bereavement, parental bereavement, is discussed.

Chapter 3 is a literature review of previous studies which have provided evidence of parents' experiences of their child's death in China. The scope is narrowed down from the discussion in Chapter 2 to Chinese parents' bereavement. There are six sections in this chapter. A systematic review of the previous studies of *shi du* parents is provided first. Then the consequences of the death of the child and the difficulties faced by *shi du* parents are discussed. In the third section, the views on grief experience of Chinese *shi du* parents are considered. Then the comparison of grief theories in western society and China are set out. The social problems of *shi du* parents are discussed in the fifth section and then the theoretical framework devised for the current study is described and justified.

In Chapter 4, the empirical research questions and the methodology employed are set out. The chapter is divided into three sections. In the first section, the explanatory framework for the study, the research questions and the theoretical paradigm of this research are explained. In the second section, the research design for this study is discussed, including the research strategy and approach, sampling, recruitment, the data collection method, ethical considerations and data analysis. The final section presents a reflection on the research after the completion of the fieldwork.

Chapters 5, 6 and 7 are the three analysis chapters. They contain separate presentations of the findings of the three themes which emerged from the findings: the grief process of *shi du* parents, the changes in the social relationships of *shi du* parents, and the meaning-making process undergone by *shi du* parents regarding how they made sense of their current and future lives. Chapter 5 starts with a discussion of the grief reactions of *shi du* parents after the death of their child. Then the coping strategies that they adopted to cope with their grief are considered, and in the final section, the new grief process of *shi du* parents identified from the data is put forward. Chapter 6 focuses on the changes in the social relationships of *shi du* parents and is divided into two sections. In the first section, the changes in their social relationships with other people are discussed, and in the second section, the stigmatisation of *shi du* parents, which is a consequence of the changes driven by Chinese culture, is discussed. Chapter 7 explores the process by which *shi du* parents try to make some meaning of their loss, considering first how *shi du* parents reach an understanding of their loss and then how they make sense of their lives and their world as *shi du* parents.

In Chapter 8, the key findings set out in the three previous chapters are discussed, and they are related back to the previous theories and phenomena considered in the earlier literature review chapters.

Chapter 9 concludes the key findings of the study and discusses how it addresses the gaps in knowledge. The limitations of the research are also discussed and possible directions for further studies are suggested. Finally, policy implications arising from the findings of the research are presented.

Chapter 1: The background and consequences of

China's One Child Policy

Introduction

The consequences of the death of a child in a Chinese family are much worse than in western countries because of two main factors: first, Chinese families have lived under the unique circumstances of the one-child policy (OCP) which was introduced in response to the risks related to population explosion and to better develop the economy. The OCP, though issued in 1979 and implemented as a fundamental national policy, has never moved far from the centre of controversy. It affected the reproductive choices of several generations and brought many changes to Chinese society – not only demographically but also socially and culturally.

Second, the cultural practice of filial piety in which there is inter-generational support within families to provide care, especially younger generations being obligated to look after older relatives. Consequently, there is little state welfare provision in China. These circumstances make the situation of single-child families worse if their only child dies prematurely before the parents do. It is important to understand the OCP and its consequences for families who have lost a child. This thesis focuses on the situation of *shi du* parents and in this chapter the policy context and its consequences for *shi du* families are explained. This chapter is divided into three main sections. In the first section, the history of the OCP will be introduced. The consequences of the OCP will be outlined in the second section, and the third section will consist of a discussion of the *shi du* phenomenon and the current services supporting them.

1.1 The history of the one-child policy

Before the OCP was issued, the size of the population represented the degree of prosperity in the country according to traditional Chinese culture, and this was also the same at the family level. One Chinese proverb states: 'More children bring more happiness'. In traditional culture, there are three forms of unfiliality, of which "the worst is to have no descendants",

representing the importance of fertility for Chinese people (Mu, 2009). Valuing families and children is a trait of Chinese society and so prior to the OCP, most Chinese families would have more than two children. Between 1851 and 1949, as a result of the First Opium War (1840–1842), the Sino-Japanese War (1937–1945) and the Chinese Civil War (1946–1950), the population in China increased relatively slowly, from 130 million to 540 million in total. This was a growth rate of about 31 per cent, far less than other countries during that period (Smil, 1993). For example, the population in the United States multiplied by six times from 23 million to 151 million, and the world population doubled from 1.26 billion to 2.52 billion (Smil, 1993). After the founding of the New China in 1949, under the influence of traditional Chinese culture and the lack of birth control, the size of the Chinese population exploded. In 1949, the population was 542 million, and it doubled to 1132 million by 1990 (Smil, 1993). Restricting population growth was therefore necessary and family planning measures have been the preferred policy choice for resolving conflicts between population growth and economic development and were first posited in 1970. This policy was termed ‘Late, Long, Few’, referring to later marriage, longer intervals between births and fewer children. This policy set age restrictions for marriage: men could get married after 25 years of age and women after 22 years of age. This policy also encouraged parents to have fewer children and to raise them more carefully, with the idea that having fewer children would help to improve the children’s development as they would receive more attention from their parents. This policy led to a fall in the total fertility rate (TFR, defined as the average number of children born per woman in her life time) from 5.9 to 2.7 by 1979 (Settles et al., 2013). The world average TFR in 1979 was 3.78 (World Bank, 2020). However, this decrease did not satisfy the government leaders at the time, who were starting a programme of economic reform.

The OCP was introduced in 1979 to put a brake on population growth and to facilitate economic growth under the planned economy as China faced severe shortages of capital, natural resources and consumer goods (Wang et al., 2016). The OCP required each couple in urban areas to have only one child. Central government estimated that the policy would prevent 250-300 million births. The overall targets and policy direction were set at the central level by the state family planning bureau and implemented at the provincial and county level by birth-planning committees. A system of rewards and penalties formed part of the policy, which included financial incentives, fines, confiscation of property and termination of employment for non-compliance (Wang and Fong, 2009). From 1982, this family planning

policy became a fundamental state policy and was implemented rigidly, especially within urban areas, among government employees, state-owned enterprises, universities and public services (Song, 2014). The practice of family planning under the OCP was clearly not voluntary and sterilisations and abortions were enforced. In 1983 alone, a year with around 21 million births in China, 14.4 million abortions and 20.7 million sterilisations took place (mainly on females) (Whyte et al., 2015). Only four exceptions were allowed: 1) in the case of a second marriage where one partner did not have a child; 2) if the first child had an abnormality or a condition which reduced its life expectancy; 3) if both parents were in high-risk occupations; and 4) if both spouses were single children (Zhu, 2003). The 2007 UN World Fertility Report estimated that China's total fertility rate declined from 5.7 births per woman in 1970 to 1.7 births per woman in 2000-2005 (Wang and Fong, 2009). Despite this rapid reduction in the fertility rate, it was not until 2016 that the policy was finally ended after 35 years of enforcement.

When the OCP was established, the target set by the Chinese government was a population size of 1.2 billion by the year 2000. The 2000 census showed that this target had almost been achieved, with a total population of 1.27 billion (Song, 2014). The OCP helped to reduce China's birth rate from 33.4 per 1000 in 1970, to 12.1 per 1000 in 2012 (Song, 2014). In the 1970s before the OCP was issued, the TFR was just under 5; at the start of the OCP in 1979, the TFR was nearly 3; by 2013, it was just 1.7 (Chen, 2013). China now had one of the lowest TFRs in the world (Nakra, 2012). Unfortunately however, this low TFR was 30 per cent below the level needed to assure long-term population stability (Nakra, 2012). Thus, to ensure balanced population development and control the aging of the population, on 29 October 2015 the population and family planning law of the PRC was amended at the Fifth Plenary Session of the 18th Central Committee of the Communist Party of China. This amendment stated that OCP would be ended nationwide in January 2016. In fact, the process of ending the OCP started earlier in three steps: it began in March 2013, when China merged the National Population and Family Planning Commission with the Ministry of Health to create a new National Health and Family Planning Commission. Eight months later, in November 2013, China announced a partial policy relaxation that allowed couples to have two children if one parent was an only child. The third and final step took place in October 2015, when it was announced that the OCP was to be totally replaced by a two-child policy (allowing all couples to have two children) from January 2016. In March 2016, the head of China's

National Population and Family Planning Commission announced that China's family planning policy had helped to prevent 400 million births since its inception (Wang et al., 2016).

China's OCP is probably the boldest and largest experiment in population control in the history of the world. But scholars' assessments of the OCP vary. Some scholars believe that the OCP reduced the birth rate (Song, 2014; Nakra, 2012) whilst others do not. Wang et al. (2016) argued that the OCP was in fact one of the costliest lessons of misguided public policy making. They pointed out that fertility significantly declined in the 1970s at the time when the less strict 'Late, Long, Few' policy operated before the OCP. Moreover, the fertility rates in some countries were at similar levels to those in China in the 1970s and declined without OCP before achieving a similar level to China today. While accepting that the OCP played a limited role in reducing population growth, Wang et al. (2016) believed that the long-term effects are bad and irreparable since the policy created more than 100 million one-child families and brought large demographic and social consequences to Chinese society. Considering the consequences of the OCP, some scholars have pointed out that the OCP should have ended earlier than it did. Nakra (2012) argued that China should rethink its human development strategy since the consequences of the OCP are no longer conducive to the development and maintenance of a harmonious and economically robust society in the twenty-first century. This was echoed by Wang et al. (2016) who pointed out that the policy change came at least a decade later than it should have. They explained that the delay was because of leaders who had made population control part of policy legitimacy and a bureaucracy which had grown increasingly entrenched in the course of policy enforcement (Wang et al., 2016). Searfoss (2017, p.57) stated that the OCP was a "textbook example of bad science combined with bad politics" because Chinese people will take much longer to recover from the consequences which it brought, which are irreversible regardless of any future policy changes that might be made to improve things. The consequences of the OCP will now be discussed.

1.2 The consequences of the OCP

Demographic changes

The OCP not only reduced the size of the population as was intended to do, but it also created an ageing population, a high sex ratio at birth (the male birth rate is higher than the female birth rate), and social and cultural changes. For example, with reduced fertility rates, China now has one of the world's lowest "dependency ratios" (Nakra, 2012). This demographic shift to an ageing population was a result of the OCP. In official demographic statistics, people aged 60 and over are counted as part of the elderly population. China has the largest elderly population in the world (over 60 years old), comprising 10% of the population of China in 2000 (Festini and Martino, 2004), 194 million people at the end of 2012 (Song, 2014) and 223 million at the end of 2018 (World Bank, 2020). Nakra (2012) predicted that within twenty years, one-third of the Chinese population will be over 60 years of age. Song (2014) further indicated that the ageing population will continue to rise by ten million annually and will reach an estimated 487 million by 2053, accounting for 35 per cent of China's total population. This means that fewer young people will be left to work and take care of the elderly. The old-age dependency ratio (the ratio of over-65s to the working age population) was ten in 2004 (Festini and Martino, 2004) and had reached 15.34 by 2018 (World Bank, 2020). Furthermore, the pension system in China is weak and does not cover the entire elderly population (Song, 2014). According to a national survey in 2010, only 24 per cent of the elderly population were eligible for a pension and 41 per cent relied on family support. If elderly people who have no pension were to lose family support, their lives would become very difficult.

The second demographic change caused by the OCP was the high sex ratio at birth which resulted in a gender imbalance. In 2005, the number of males under the age of twenty exceeded females by more than 32 million in China, and more than 1.1 million more boys were born than girls. This unusual sex ratio occurred because of the traditional Chinese preference for sons (Zhu et al., 2009). Over centuries, the preference toward sons had led to female infanticide and neglect of female children leading to high early female mortality (Zhou et al., 2012). The reasons for this were cultural because under the historical patrilineal

descent system, a son was more important to the family than a daughter. Sons were preferred because they could provide for their aging parents and carry on the family name. Failure to produce a son was considered one of the most unfilial acts. Daughters were viewed as temporary family members who could not contribute to the lineage (in traditional culture, women were required to take their husband's family name after marriage) and were a drain on family resources, and so were devalued in this patrilineal system (Deutsch, 2006). This system still persisted, however, throughout the 35 years of the OCP in enough cases to create this gender imbalance. An ideal Chinese family consisted of as many generations of the male line and as many male siblings as possible. According to Confucianism, the greatest example of unfilial behaviour is to fail to have a son. Although in recent decades the culture of son preference has not been so prominent, it is more common in largely more traditional, predominantly agricultural provinces, where bearing sons is still seen as necessary for long-term security. Households that do not have a son are reproved by friends and relatives and failure to carry on the family name is a serious sign of disrespect to ancestors (Edlund et al., 2007). This cultural effect in combination with the OCP resulted in a steady increase in the reported sex ratio, from 1:1.06 in 1979 to 1:1.1 in 1988, to 1:1.17 in 2001 and 1:1.2 in 2012 (Nakra, 2012). The normal ratio in industrialised countries ranges from 1:1.03 to 1:1.07.

The relationship between the sex ratio and the OCP is complex. Data from Zhu et al.'s (2009) study of the current trends and geographical patterns in the sex ratio at birth to determine the roles played by sex-selective abortion and the OCP suggests that the sex ratio is related to the way in which the policy was implemented. The OCP itself cannot be directly blamed for the gender imbalance, but three decades of practising abortion, abandoning or not registering female foetuses (couples resorted first to female infanticide and then to sex-selective abortion or just abandoning the female child) to ensure that the only child was a son (cultural influence combined with the introduction of the OCP) is definitely a contributing factor to the high sex ratio at birth. The implementation of the OCP was strict. Households were given birth quotas, and 'above-quota births' were penalised. The punishment for disobeying the OCP was not only for the parents who had an unscheduled birth, but also for local government officers. Parents who had an unscheduled birth were discharged from public employment, expelled from the Communist Party of China (if they were party members; meaning that they lost privileges associated with membership such as faster promotion) and received a penalty fine of around 240,000 to 800,000 RMB (around £24,000 to £80,000). The local government

officer would also be punished. The punishment was called the ‘one-vote negation system’. This meant that the principal heads of the local government family planning department would have no opportunity for promotion within the following two years no matter how excellent the other work he/she performed. Under this serious punishment system, people adopted several approaches to ensure that their only child was a son. As well as the methods used above (sex selected abortion for example) female infants were abandoned, hidden or given up for adoption. Son preference also led to widespread abuse against women, primarily in the countryside where there were reports of enforced sterilisation, enforced abortion, violence against women and abandonment of women who gave birth to daughters. Beyond that, people who gave birth to a daughter but still wanted a son tried to avoid penalties by choosing to under-report the birth of the girl (birth classified as illegal). This partly reduced the seriousness of the high sex ratios at birth (Zhu et al., 2009).

Despite all this, however, the family planning policy could also improve the lives of daughters and improve gender equality to some extent (Wang and Fong, 2009; Hu and Shi, 2018). Whether a girl or a boy, the child became the centre of the family and the sole recipient of parental attention and investment especially on education, which was a significant departure from China’s tradition of preferential treatment of sons. Whilst patterns of compliance with the OCP underlined the preference for sons in China, if parents had only one child and that child was a daughter, they had to depend on her for affective ties and for their future economic welfare. Arguably, this changed family dynamic could increase the value of daughters to their parents and parental investment in daughters. According to Lu and Zhang (2016), after the introduction of the OCP, the average length of education for girls extended by 0.71 years. Girls were more likely to receive attention from fathers and mothers if they did not have siblings. Wang and Fong (2009) showed that parents’ attitudes toward daughters were changing because of their single-child status. Low-fertility mothers themselves provided more help to their own parents (traditionally it would have been the son doing this) than they would if they had more children. This challenge to patrilineal norms in turn encouraged families to rely more heavily on their own daughters’ future help. However, many daughters now also shouldered an unprecedented level of expectation from the whole family and became the only hope for future prosperity. Moreover, although historically sons have been primarily obliged to care for aging parents, in the absence of sons, daughters’ behaviour may have changed. In Deutsch’s (2006) study of intergenerational contact and help, although sons

had more contact with parents than daughters, daughters compensated when there were no sons. However, this still occurred within the traditional expectation of filial piety.

Family obligation changes and filial piety

For centuries, Chinese families have reflected Confucian ideals. *Xiao* (filial piety) is a core conception in Confucianism. *Xiao*, as a moral and behavioural norm in traditional culture indicates that offspring should respect their parents by obeying them. For example, parents have full decision-making powers on their offspring's marriage (*fu mu zhi ming, mei shuo zhi yan*). The behaviours associated with *xiao* include respecting ancestors/parents (not only materially but also the spirits of ancestors); giving birth to a child (son) to ensure the continuation of the family line; mourning ancestors; and being successful to honour the ancestors. Offspring take a lower position than their parents in the family hierarchy. The aim of rearing a child for the family in traditional culture is therefore to continue the blood line, honour ancestors and become illustrious. Children were inculcated with the values of filial piety toward their parents, which included respect, obedience and the obligation to care for elderly parents and respond to their needs. A collective sense of self was encouraged in which family needs and honour came before personal desires. Family roles were also highly gendered. The Chinese family has been described as patriarchal, patrilineal and patrilocal (Wang and Fong, 2009). Women were supposed to obey their fathers, their husbands and, ultimately, their sons. Daughters were expected to leave their natal families and become part of their husband's family. Stem families included one married son, his wife and their children (Deutsch, 2006). However, after issuing the OCP, the traditional structure of the Chinese family changed. Traditional Chinese family structure emphasises the big family clan. The family clan is taken as a whole, which is more important than the individual, so that the members in the family clan take upholding the honour of their family as their life goal (Wang, 2014). After the introduction of the OCP, the nuclear family (one child with two parents) and the 4-2-1 family become common types (Mu, 2009); a 4-2-1 family is composed of four grandparents, two parents and only one child. The only child in the family has no sisters or brothers, no uncles or aunts, and no cousins. He or she is the only blood relative, the only one with the ancestors. Therefore, the importance of the only child in the family grew and they were branded as the 'little sun' and 'little emperor'. Parents of only children may be more

responsive to their needs, which might produce a greater sense of security, confidence and intellectual competence. Parents of only children may also be more able to interact with their children in ways that promote desirable development (Cameron et al., 2013). Single children were lavished with luxuries and opportunities not experienced by any previous Chinese generation (Wang and Fong, 2009). In single-child families, most parents think along the lines of: 'I only have one child so I would like to give him/her whatever he/she wants' (Yu et al., 2013: p.117). As the only recipient of their parents' investment, the only child becomes the only hope of his/her parents and family.

Creating a generation of little emperors meant that parenting in only-child families was more child-centred than in families with multiple children. New ideas about the purpose of child rearing are associated with this change. Parents spent more time on childcare if they had a single child than with multiple children and more readily agreed that parenting was the most meaningful and fulfilling part of their lives. The child-centred approach of the parents may have resulted in closer emotional ties between parents and children than in traditional relationships. This kind of parental attention and investment, however, need not undermine filial piety. Instead, children whose parents invest so much in them should be especially filial. They may be more likely to internalise parental values and they also bear the entire responsibility for their parents' welfare (Fong, 2004). Filial support toward parents is not only the later-life support and the succession of a patriarchal line, but also the indispensable part of inter-generational exchanges within the family line. Parental support is more than a moral obligation, it is also an economic obligation that balances older generations' investment and the transfer of resources to their child.

The OCP created 218 million single-child families during its 37 years of operation. Based on the discussion above, the child, especially the only child, is vital for a family. If a family loses its only child, the financial, cultural and emotional consequences are serious with long-lasting consequences which carry on throughout the parents' lives, well beyond any period of immediate grief. The next section will discuss this problem in detail.

1.3 Why *shi du* is important

The definition and numbers of shi du

Shi du generally refers to parents who have lost their only child. It is used more in public and academic arenas than by people themselves. In official documents, *shi du* families (in which the single child has died) and the ‘disabled family’ (in which the single child is disabled) are referred to as ‘special birth-control families’ because the government treats these families as special types of family which complied with the birth-control (family planning) policies. In fact, when these families were first mentioned in policies, they were labelled ‘special and difficult birth-control families’. This title was rejected by *shi du* parents who organised protests in 2012. They felt that it was unfair that the government treated them as ‘difficult families’ as the title made them seem like a burden for the government (Hu and Xing, 2013). In the eyes of *shi du* parents, they had complied with the OCP, meaning that they had made contributions to the government and, more importantly, sacrificed their own benefits (by limiting their children) for the economic development of China. They are people who made a contribution to the country and were not a burden for the country (Hu and Xing, 2013; Lei, 2015). After this protest in 2012, the government removed the word ‘difficult’ from the policies and *shi du* families were henceforth referred to as ‘special birth-control families’. However, this also means there is no precise definition of the *shi du* family.

Current conceptions of a *shi du* family are generally divided into two categories by scholars: permanent loss and temporary loss. Permanent loss is defined as a family whose only child has died and they are unable to give birth to a new child and are unwilling to adopt a child (Zhang, 2015; Hu and Xing, 2013; Chen, 2013; Liu 2012). The temporary *shi du* family can be defined as one in which the only child has died, but there is a possibility that the parents could have another child or adopt a child. Wang and Hu (2013) argued that even though it is possible for these families to have more children, they are still *shi du* families because before they give birth to a new child, they have also experienced the sadness and difficulties relating to the loss of their only child. Currently, the majority of studies on the *shi du* family are based on the permanent definition as this type of *shi du* family potentially faces more problems since their status is irreversible. Moreover, in the policy issued by the Chinese government,

the *shi du family* is defined as those who can receive subsidies as both parents are over 49 years old (meaning they cannot give birth to another child) (MOH, 2013). However, Chen (2013) suggested that setting this age line is unfair because most women over 40 years of age are unlikely to give birth again and these families are forced to wait several years until they reach 49 years to receive subsidies.

Although there is no specific census on the number of *shi du* families, it is clear that the number of *shi du* families is increasing continually as children succumb to accidents or disease as they get older. Many scholars use data from the national population census to estimate the total numbers. However, the accuracy of this method varies since the definition of *shi du* is not consistent. Wang et al. (2008) estimated that the number of bereaved mothers in *shi du* families was 300,000 in 2007 based on an analysis of the Fourth National Census and the Fifth National Census. Yi (2013) estimated that the total number of *shi du* families would reach one million in 2015 based on combining the data from the 2011 National Census with data on the conventional mortality of children under 25 years old. Zhou and Mi (2013) achieved a similar result to Yi: basing their estimates on the proportion of *shi du* families in the army, they predicted that the number of *shi du* families created between 1975 and 2010 to be around one million. Other scholars (Nan and Huang 2013) used the China Public Health Statistical Yearbook and calculated the mortality rate for the age group 15-30 in 2010 to be about 0.04 per cent and estimated that around 76,000 families lose their single child every year.

The huge difference between scholars' estimates may be due to the lack of a unified definition of *shi du* families and inaccurate estimates of one-child families. Some scholars believe that the permanent and temporary *shi du* families are all *shi du* families whilst others think that only permanent *shi du* families are real *shi du* families. There is no recent specific census for the size of the population of the one-child families. All estimates of the number of one-child families are based on census data prior to 2006. With influential factors such as the increasing number of non-agricultural classes (class should not affect the OCP), the number of one-child families is hard to measure accurately. In any event, it is possible to say that there may be around one million such families in China and that this number is growing by 76,000 families per year.

The urgent problems of shi du families

Shi du families face numerous problems after losing their only child. The problems become especially urgent when parents reach middle and old age. For example, according to Zhu (2018), by 2035, the number of single-child couples in the population will reach over 70 per cent. These families may face urgent elderly care problems and it is difficult to imagine what will happen if some of these families become *shi du* families. Many research studies in China have focused on the difficulties which *shi du* parents might face and can be categorised into studies focusing on material problems and studies focusing on non-material problems. A majority focus on material problems, especially financial and elderly care.

Currently, two main reasons are used to explain the financial difficulties: illness and accident are the top reasons for the death of single children (Li, 2014). High medical fees which parents might have to pay to try to save their child's life may wipe out all their savings and put them into debt (Fang and Ma, 2014). Moreover, after losing their child, some parents abandon themselves to grief and are unable to continue working, which reduces their income and increases the financial burden on the family. According to Le and Liu (2015), 70 per cent of *shi du* parents in urban areas resign from their employment after the death of their child. The other reason for financial problems is called "failed investment" (Mu, 2009). This idea is based on traditional Chinese culture which regards raising a child as an investment (Sun, 2014). This investment is called *yang er fang lao*, which means that children will offer financial support and daily care to their parents when they become adults themselves. This investment is mainly a response to the incomplete pension and elderly-care systems in China. Elderly people rely on their families for support. Under such circumstances, the death of children is seen as a failure of the investment and a loss of family support when parents enter old age. The situation would become worse if the parents have wiped out their savings on treating their child or have become seriously ill themselves. In a survey of 1500 *shi du* families exploring their financial situations, more than 50 per cent of *shi du* parents' financial situations were worse than the local average (Li, 2013). Although there is some financial support for *shi du* parents (this will be discussed in the next section), the financial difficulties still cannot be solved due to continuously increasing commodity prices. Moreover, after the death of an only child, the financial capability of the family is disrupted. The capability for

risk defence is reduced. The majority of permanent loss *shi du* parents are over 50 years old. When suffering the death of their only child, their physical health often deteriorates rapidly and they become sick more easily. This not only weakens their labour capacity resulting in decreased income but also increases medical expenses. According to Zeng (2015), 78.13 per cent of *shi du* parents believe that their heavy medical expenditures are making their financial condition worse.

The combination of traditional culture and the incomplete pension system means that elderly care in China mainly relies on family support, especially support provided by offspring. In a single-child family, the only child becomes the individual shouldering the burden of family support. Once the single-child family loses its only child, the family support will be weakened or even lost completely. These *shi du* parents must rely on self-care or social support.

Generally, elderly care can be divided into financial support and non-financial support. Financial support refers to material support whilst non-financial support indicates spiritual support, daily care and health maintenance (Wu and Zhou, 2013). The central government has tried to solve the financial elderly care needs of *shi du* parents by encouraging local governments to offer elderly-care subsidies and offer them priority access to public nursing homes. However, the problem of elderly care has not been fixed by these measures because they are far from being sufficient. For example, the low level of elderly-care subsidies (no exact amount is given in the central government's support policies, the local governments offer around 100 RMB, around £10 per person per month) does not help much and the entry requirements for public nursing homes are extremely strict. In addition, elderly residents need to submit a contract with the signatures of their children to be eligible for the service, which serves as a guarantee that their children will pay the fees of the nursing home if their parents cannot afford it (Lei, 2015). This represents a paradox for *shi du* families with a permanent loss because no child can sign for them. In fact, elderly care for *shi du* parents should not only be financial but also, or even more importantly, care or consolation on the spiritual level (Wu and Zhou, 2013). As mentioned previously, the child is important for the parents and represents their hope and their inner sustenance. The functions of the child in their daily care and spiritual importance are hard to replace. Problems at this level of elderly care are difficult to solve and the current support is almost non-existent and there are few studies on the non-material difficulties faced by *shi du* parents. The non-material difficulties will be detailed in

Chapter 3 but a broad overview of them will be provided here in the following section.

The material needs of *shi du* parents are important but their non-material problems can also be extremely serious, including social readjustment, social exclusion and health problems (physical and psychological). Stroebe et al. (1993) stated that the most urgent need of bereaved parents is emotional comfort. Without it, psychological problems can become serious. According to survey data produced by some Chinese scholars, 44 per cent of bereaved parents have suicidal inclinations, 54 per cent move to another city to avoid contact with old friends, 48 per cent have no social activities, 66 per cent do not engage in any entertainment activities and 82 per cent are at a high risk of developing mental-health problems (Liu, 2012; Li and Liu, 2015; Liang et al., 2013). This shows that support is vital for *shi du* parents but research studies in this area are few.

The problems of social readjustment and social exclusion are also far less covered by contemporary researchers. Some scholars have pointed out that *shi du* parents prefer social withdrawal. Nan and Huang (2013) stated that after losing their child, a large number of bereaved parents choose to escape from society and lose themselves in memory. Liang et al. (2013) stated that most bereaved parents have no social life after losing their child and avoid communicating with their old friends. Xu (2013) argued that if a child dies before the parents and the family has no children left, this family will be labelled non-auspicious. This means that the parents will be regarded as ‘doing too many bad things, so they lost their child’ and as ‘unlucky people’ by their neighbours and friends, who will avoid contact with them. Parents may then feel shame and become self-reclusive. Some scholars have discussed this phenomenon but few of them have tried to explain the reasons and concrete mechanisms behind it. This will be discussed in Chapter 3 in further detail.

Aside from self-exclusion and social exclusion, the loss of an only child can also cause an emotional crisis between *shi du* couples. The child is the link to bond the family together. Losing the only child can cause the disintegration of the family. According to the Wang’s questionnaire on *shi du* parents, almost 20 per cent of the *shi du* participants chose to divorce or separate (Wang, 2017); 43 per cent of the remaining couples indicated that their marriage was barely surviving. Long-term bereavement and desperation worsened their relationship. In some *shi du* families, couples get divorced or separate because they each blame the death of

the child on their spouse's poor parenting or negligence.

1.4 Current support for *shi du* parents

It is widely believed by Chinese scholars that the *shi du* phenomenon in China is 'policy-orientated *shi du*', meaning that the government should take some responsibility for supporting them (Liu and Pan, 2016). This section contains a review of these policies to give a clearer picture of the measures that have been taken or are planned to support these families. This review is an original analysis conducted by me for this thesis. I shall review all policy documents written in Chinese and covering the time period 2001 until May 2020. Currently, there are ten relevant policies, six of which focus specifically on *shi du* parents whilst four only mention them. Table 1.1 below shows the basic information of the ten policies.

When the OCP was introduced, other than the one-child subsidy (of 10 RMB per month) no corresponding child-loss-supporting policies were issued for *shi du* parents (Ding and Qi, 2013). After 2001, the government started to make changes and tried to solve the problems by issuing supporting regulations. *The Law of Population and Family Planning of the People's Republic of China*, published in 2001 by the central government, stipulated that the local government and in particular the local family planning department, should offer necessary support for families in this situation. This policy clearly indicated that the government should take responsibility for supporting these families whose only child was either dead or disabled (China, 2001). However, the policy is so vague that some important details are missing. For example, it does not give any accurate amount of the subsidies or clarify what exactly the local government should do. There is no standard and no explanation for the term 'necessary support'. Moreover, in this policy, *shi du* families have no specific definition. *Shi du* parents just appear as a parent in a bereavement situation when their only child dies.

It was not until 2007 that the first specific policy for *shi du* families was developed, but even then it still treated it as a situation rather than being a specific group of people. The policy outlined the eligibility standards for families which could receive the subsidies as well as the exact amount (about 10 pounds per person per month) (China, 2007). These four standards

are used as the criteria for defining *shi du* parents. This policy again clarifies the responsibility of the local government. However, this policy only deals with financial support.

<i>Policy</i>	<i>Issued by</i>	<i>Special treatment for shi du families</i>	<i>General explanation of the supporting policy</i>
Law of the PRC on Population and Family Planning, 29 December 2001	The Standing Committee of the National People's Congress of the PRC.	If the only child has been accidentally disabled or died and his/her parents no longer have children or adopted children, the local government should provide the necessary support for the family.	This is not a specific policy for <i>shi du</i> families. It only mentions that parents who lost their only child should be offered help, but no specifics were outlined. However, this is the first policy which mentioned that support should be provided.
Notice of a pilot programme for a family support system for the singleton child death and disability family (Document no. 78), 31 August 2007	National health commission of the PRC; Ministry of Finance of the PRC.	1. Implement a support system in pilot provinces for people who are: <ul style="list-style-type: none"> 1). Born after 1 January 1933; 2). The bereaved mother is over 49 years old; 3). Only gave birth to one child or only adopted one child; 4). Have no child now; 2. The amount: over 100 RMB per person per month.	This is a specific policy for <i>shi du</i> parents. It is the first official document to clarify the standards of <i>shi du</i> and outline the specific subsidy for <i>shi du</i> .
Notice for providing better support to special and difficult one-child families, 18 December 2013	National health commission of the PRC; Ministry of Finance of the PRC; Ministry of Civil Affairs of the PRC; Ministry of Human Resources and Social Security of the PRC; Ministry of Housing and Urban-Rural Development of the PRC.	From 2014: <ul style="list-style-type: none"> 1. Raises the financial support to <i>shi du</i> parents from 100 to 340 RMB per person per month; the subsidy is released once a year; 2. Families considered as priorities were: 'elderly care insurance'; those who worked in a public nursing home; a nursing care subsidy and necessary funeral fees and medical help; 3. Encourages the local government, communities, employers to conduct helping activities and establish a contact person system; 4. Encourages local hospitals to offer a 'fast track' for 	This is a specific policy for <i>shi du</i> . This policy mentions supporting <i>shi du</i> parents in terms of finance, elderly care and life care. It raised the subsidy amount for some elderly care support in both financial and daily care such as the elderly care insurance, service in a public nursing home, nursing subsidy, funeral fees and medical help; fast track to hospital care would be considered for <i>shi du</i> parents if it is needed.

		them if they need health care.	
Notice for providing social care to the special and difficult birth-control families (document no.1), 3 January 2014	National health commission of the PRC.	<ol style="list-style-type: none"> 1. Offers an 'urgent help system' to these families when an accident happens; 2. Provides 'consolation activities' for these families; 3. Encourages local governments to establish elderly nursing subsidies; encourages local hospitals to offering a fast track; and encourages other social sectors such as universities and employers to provide helping activities. 4. Enhances guidance for the public and the media 	This is a specific policy for <i>shi du</i> . It focuses on social care and encourages the local government to provide urgent help systems and consolation activities (such as sending a government visitor to talk informally with them). It also tries to encourage social actors such as local neighbourhood committees and universities to provide helping activities.
Guide for advancing the integration of health care and elderly care services, 18 November 2015	General office of the State Council of the PRC.	Offers regular health checks for <i>shi du</i> parents	This is not a specific policy for <i>shi du</i> parents, but adapts an existing policy. It provides regular health checks (normally for people who are over 60) for <i>shi du</i> parents who are over 49.
Notice on the implementation of a two-child policy to improve and reform the management of the family planning service, 5 January 2016	National health commission of the PRC.	Provides a comprehensive support system of daily care, elderly care insurance, medical care and psychological support to these families.	This is not a specific policy for <i>shi du</i> . It restates providing daily care, elderly care insurance and medical care for <i>shi du</i> parents. It is the first mention of psychological support for <i>shi du</i> parents. However, except for the suggestion of comprehensive services, there are no policy details.
Notice on establishing a family-liaison system for special birth-control families (Document no.33), 22 July 2016	National health commission of the PRC.	Each special birth-control family has two liaisons (one is an employee of the local government, the other is a member of the neighbourhood committee). These two people should contact these families regularly by visiting or via phone or internet.	This is a specific policy for <i>shi du</i> parents. It restates the contact system again with more details. It clearly outlines the personnel in the contact system and also the way the system should be conducted.

<p>13th Five-year Plan for healthy aging, 9 March 2017</p>	<p>Three national Commissions (on Health, Aging and Development): Seven Ministries (Education, Industry & IT, Finance, Civil Affairs, HR & Social Security, Natural Resources, and Housing & Urban-Rural development): Two State Administrations (Sport and Traditional Chinese Medicine); and the China Disabled Persons' Federation.</p>	<p>Offers health and medical support and psychological support to these families based on the local development.</p>	<p>This is not a specific policy for <i>shi du</i>. It restates the medical support and psychological support. This psychological support is different from the other forms of consolation, it focuses on the wellbeing of the <i>shi du</i> parents, for example the current life and the feelings of <i>shi du</i> parents.</p>
<p>Notice on launching an in-patient care subsidy insurance system to <i>shi du</i> families, 29 July 2017</p>	<p>Chinese Family Planning Association.</p>	<p>Government pays the majority fee of in-patient care insurance for <i>shi du</i> parents over 49 years old. The parent pays the rest. The insurance covers the cost of in-patient care; 100-150RMB per day per person. Over 90 days per year.</p>	<p>This is a specific policy for <i>shi du</i>. It focuses on in-patient care insurance in hospital and the specific subsidies for the in-patient care for <i>shi du</i> parents.</p>
<p>Notice for improved provision of priority and facilitating medical services to special birth-control families, 29 January 2018</p>	<p>National health commission of the PRC</p>	<p>These families will be offered priority in the family doctor service. At least one local public hospital in each city should have a fast track for these families on registration, pharmacy and paying in hospital. In an emergency, the doctor can confirm that the treatment plan can go ahead, rather than waiting for a family member to sign it (always the child or the spouse).</p>	<p>This is a specific policy for <i>shi du</i>. Following the previous one, it continues to focus on in-patient care. It states that at least one local public hospital should provide a fast track and the particular issue of signing for patients is solved for <i>shi du</i> parents who otherwise might have been unable to get treatment.</p>

Little policy-making seemed to happen between 2007 and 2013. In 2012, a newspaper published an article entitled ‘The increasing numbers: there are more than one million *shi du* families nationwide’ (*Guangzhou Daily*, 2012). This was the first time that *shi du* families were mentioned in public discourse and it brought the issue to the attention of the public (Zhu, 2018). This influenced more policy developments and in 2013, a notice for providing

better support to the ‘special and difficult one-child families’ was issued. In this policy, *shi du* families and families with disabled children are referred to as ‘special and difficult birth-control families’. As Table 1.1 shows, the subsidy increased from 100 RMB to 340 RMB (around £34) and it mentioned elderly care by stating that *shi du* families’ priorities were considered to be offering elderly care insurance, entering public nursing homes, receiving nursing care subsidies and necessary funeral fees and medical help. It also tried to encourage local authorities and hospitals to offer special help such as a fast-track process for this group to try to resolve some of their problems (China, 2013). Compared with the previous policies, this type of support started to move from single to multi-component support, not only mentioning financial support but also elderly care. However, the care support actions are vague. For example, in the policy, the local authorities and hospital were ‘encouraged’ rather than obliged to provide help and there were no standards, plans or exceptions mentioned, which made it hard to implement.

The next policy (a notice for providing social care to the special and difficult birth-control families) issued in 2014 differed from the previous policies. It mentioned an urgent help system, ‘consolation activities’ and guidance for the public and media rather than just focusing on financial and elderly support (China, 2014). The urgent help system referred to the circumstance of an urgent accident or difficulties. However, these urgent accidents or difficulties were not defined nor was it made clear who should offer the help to these families. The consolation activities explained in the policy included that a government officer from the family planning department should visit *shi du* families regularly, especially on traditional festivals, to talk about their difficulties and needs. The local governments were also encouraged to guide the public and media to publicise the current support which the government provided for *shi du* parents. Aside from these activities, the main service provider has been changed. In this policy, governments (either central or local) were not the only service providers which offered support; other social sectors such as neighbourhood committees (grassroots self-governing organisations under the guidance of the local government), hospitals, employers and universities were encouraged to provide helping activities.

The policies issued in 2015 (a guide for advancing the integration of health care and elderly care services) and January 2016 (a notice on the implementation of the two-child policy to

improve and reform the management of the family planning service) were not targeted toward *shi du* families, but rather included *shi du* parents as a specific group in a wider target group (China, 2015; China, 2016a). The support focused on elderly care and health care. In terms of elderly care, *shi du* parents (over 49 years) were offered regular health checks (no definition of what these included) which were generally only offered to elderly people over 60. It should be mentioned that the January 2016 policy included the term ‘psychological support’. It seems that the policy started to pay attention to the grief of *shi du* parents. However, it was just one word, there was no more explanation of what this was and there were no plans for its implementation.

In July 2016, another policy targeting *shi du* parents was issued. This policy (a notice on establishing a family-liaison system for special birth-control families) was aimed at building a liaison system to help *shi du* parents to solve problems in their daily life (China, 2016b). This liaison system, known as the ‘contact person system’, had been mentioned in policies from 2013. Compared with the 2013 policy, the one in 2016 clarified the people in this contact person system. Each group included two people: one from the family planning department in the local government (a township-level division) and another from the local neighbourhood committee (the grassroots self-governing organisation). Here, the hierarchy of the local government should be explained. The local government normally consists of four levels: province-level administrative divisions; prefecture-level divisions; county-level divisions and township-level divisions. Each committee is in charge of the area where it is located but has no legal right to deal with issues independently. This contact person system was intended to solve the daily care problems of *shi du* parents. To some extent, it took over the care obligations which a grown-up child might have had under filial piety expectations – when *shi du* parents face problems such as getting ill, they can call the contact system for help.

Policies issued in 2017 and the latest one in 2018 paid more attention to health, nursing and patient care. The 13th five-year plan was not a policy specifically for *shi du* parents. It merely mentioned that local governments should offer health and medical support and psychological support to these families based on the situation of the local development (China, 2017a). It actually indicated that local governments had the full decision on whether and what will be offered to *shi du* families. The policy issued in later 2017 (a notice on launching an in-patient care subsidy insurance system to *shi du* parents) was a specific policy for *shi du* families. It

mentioned a subsidy insurance which was intended to cover the cost of in-patient care in hospital (China, 2017b). One of the practical problems about which *shi du* parents are most worried is that nobody can take care of them when they are lying in hospital. It is too expensive for some of them to pay for a nurse. This policy sought to solve this problem and stated the amount of the subsidy (100-150 RMB, around £10-15) and the length of the subsidy (over 90 days per year). According to Lei (2015), one of the problems for *shi du* parents becoming ill is that a hospital needs a signature from a family member (normally the child or the spouse) in order to authorise an operation. If a *shi du* parent has no child or spouse, there is no-one who can sign for them. In the latest policy in 2018, the signature problem had been solved, which was important for *shi du* parents (China, 2018).

The local governments also have their own support regulations based on central government support. The local governments were able to adjust the nationally determined level of the financial subsidy, increasing it from 340 RMB to 680 RMB (around £68), but few of them will offer more support than the central government recommends. The main types of support in local governments' regulations focus on financial and elderly care support.

Overall, the current policies solve problems for *shi du* parents to some extent. First, they improve *shi du* parents' lives. On the one hand, the direct economic support solves some financial practical problems and meets some needs, in particular, the subsidies have been doubled by the local government in some developed areas. On the other hand, if the central government encourages the local governments to organise support for elderly care and medical care, this can also improve the lives of *shi du* parents. Second, issuing and implementing support policies can enhance their social standing. In the later policies, the government encouraged different social sectors and classes to offer support to *shi du* parents. This raised the degree of social concern and social acceptance. Encouraging different social sectors to support *shi du* parents can also improve their situation in different areas such as hospitals and universities.

However, although *shi du* parents can benefit from these policies, they are still problematic. The problems are threefold. First, the approach to support is still singular and of a low standard. More specifically, the only element which is compulsory is direct financial support, but this alone will not satisfy *shi du* parents' needs. The problems which they face are not just

financial. Scholars have suggested that the government should offer more professional support on the psychological level (Wu and Zhou, 2013; Zhu, 2018). Currently, there are few studies on the effects of consolation activities and support since this type of policy is new, so it is hard to critique their effects. However, Liu and Pan (2016) pointed out that the current consolation activities have more of a symbolic meaning than any practical significance. They show that the government is concerned about psychological-level problems but the type of activities provided cannot actually solve *shi du* parents' problems. Moreover, the amount of money for subsidies cannot completely resolve the financial problems of these families since large numbers of them have heavy debts because of their child's medical treatment fees (Xie and Wang, 2015). In fact, the amount of subsidies from the central government is much lower than those given to other kinds of families in difficulty, for example, low-income families). Second, the standard of support for *shi du* parents varies across different provinces. Since the policies issued by central government have all been guidance policies, the local governments implement the detail of the policy in the context of their individual development status. This makes *shi du* parents in some areas feel unfairly treated (Liu and Pan, 2016). Third, the type of support is problematic. Currently policies do not distinguish specific help to *shi du* parents from the other kinds of difficult families, and there is less special support aimed at *shi du* parents. For example, the current support focuses more on the financial, elderly care and health care aspects (Zhu, 2018). There is almost no bereavement support for solving the emotional problems of child-loss. Moreover, the implementation of the support does not fully consider *shi du* parents' needs. For example, the subsidies are released only once a year. This seems to lighten the workload of the government, but ignores the fact that *shi du* parents cannot receive the subsidies in a timely way, causing problems for those who rely on the subsidies to live. Moreover, the government does not advertise the support, and there are no corresponding privacy protection mechanisms for the *shi du* parents who apply for the subsidies (meaning their confidentiality is not assured), potentially leading some *shi du* parents to give up applying for the government subsidies or never claiming them in the first place (Liu and Pan, 2016).

Summary

This chapter has reviewed the history of the OCP. This policy was issued in 1979 and was

intended to reduce the population and stimulate economic development. It lasted 37 years until 2016. During that time, it brought many changes to Chinese society, including demographic changes, an imbalanced sex ratio and changes to family relationships and obligations. Demographically, it decreased the birth rate and TFRs to the lowest level compared with other countries. The low birth rate has resulted in an aging society, which means an increased burden on young people and on elderly care. Under the OCP and the son-preference culture, the sex ratio increased to 1:1.2 compared with the global average of 1:1.06. After the introduction of the OCP, the family structure became 4-2-1, with the only child (the 1) becoming the centre of the family. They are both the only recipients of the investment of their parents and the ones who have to shoulder the responsibility for supporting the whole family and their parents in old age. If they lose the only child, the family becomes a *shi du* family resulting in many difficulties: they have poor financial, psychological and social well-being and lose family support for elderly care. The government has tried to solve the problems by issuing a number of policies. However, the current support policy is narrow and problematic. Policies have mostly been just guidance and remained vague and the focus was more on financial support and elderly care. The more social, non-material support is weak as it is discretionary and based on local authorities' decisions. More importantly, *shi du* families are treated in similar ways to other families with difficulties, without any specific targeted support aimed toward them, such as services to support them with their mental health and grief. These problems make the policies which are in place less efficient. In the next chapter, I shall focus on the very specific needs of *shi du* parents by exploring theories of grief which will help to explain in detail the possible difficulties which they face. Chapter 3 will then review the evidence on the particular experiences of *shi du* parents and together these first three chapters will set the context for the empirical study and help to develop the explanatory framework which will be used.

Chapter 2: Grief, bereavement and mourning

Introduction

The purpose of this chapter is to deploy the notions on the general theories related to grief, bereavement and mourning and the theories on parental grief. Terms such as grief, bereavement and mourning frequently appear in studies about death, but there are no exact current definitions for them. It is important to clarify these terms and find out how they are related in order to be able to carry out further analysis of the issue. Understanding the general grief theories, especially the theories on parental grief in western societies, is necessary for all research exploring the experience of *shi du* parents. It will provide a fundamental understanding of the contemporary studies on the grief process, which is important for comparing and analysing the grief process of *shi du* parents in China and finding out how the grief process might be experienced by *shi du* parents in their cultural and policy context. The structure of this chapter is as follows: the various terminologies will be defined in the first section. In the second sections, several mainstream grief theories will be explained. These theories will then be used to analyse the experiences of bereaved parents. Section two is divided into four parts. The first part covers the key theories of ‘grief work’ which indicates that grief can aid recovery by severing the emotional bonds with the deceased. The second part is about the ‘stages and phases’ models of grief theories. The third part presents a new integrated model and includes an explanation of the ‘dual-process model’ and the theory of ‘continuing bonds’. The fourth part introduces the supporting policy on grief in the UK as ‘Compassionate Society’ model. Since continuing bonds holds an opposite position to the grief work and the staged model of grief, the debate on continuing or relinquishing bonds is deployed as well. Section three focuses on the factors which might affect the outcome of grief or bereavement. The factors are divided into three groups: individual factors, the types of death and the circumstances after loss. Section four focuses on western-based research on parents’ bereavement. This section is divided into three parts: the consequences of losing a child, the factors influencing parental grief and the process of parental grief. Overall, this chapter provides a discussion of the current theoretical debates from western studies on

bereavement and it serves to lay the foundation for a specific examination of research studies in China on *shi du* parents in Chapter 3.

2.1 The definition and distinction of the terminologies

Bereavement

There are two key words for the meaning of ‘bereavement’. The first is *situation*. Some scholars believe that bereavement represents a situation. Strobe et al. (1993, p.5) pointed out that “bereavement is the objective situation of having lost someone significant”. The second key word for the meaning of bereavement is the experience of *loss*. The root of the word ‘bereavement’ is to despoil, rob or forcibly deprive. The primary awareness of bereavement is absence, “for both the other and the part of oneself that is especially related to that other are experienced as missing” (Sabar, 2000. p.154). It refers to losing someone to whom one has been closely attached. Corr and Coolican (2010) stated that any bereavement always involves three key elements: an attachment, a loss and an individual who is deprived of a significant person. The category is generally taken to include personal loss experiences across the life span: the deaths of parents, siblings, partners, friends and – against the expectations of parents – one’s own child. The feelings raised by bereavement are loneliness, emptiness, frustration, deprivation, yearning and longing, and often abandonment and rejection. In this study, ‘bereavement’ refers to the situation of an individual who has experienced a significant loss.

Mourning

The word ‘mourning’ is difficult to define precisely. It is sometimes used as an alternative to bereavement because they both occur in the period after a loss. The definition of mourning relates to an old English word which means “remembering with care and sorrow” (Sabar, 2000). It involves the entire field around the loss felt by people who have lost someone to whom they were closely attached. Currently, there are two understandings of the meaning of mourning. The first is that mourning signifies a public process. Sabar (2000) stated that mourning is a public process involving recognition by others of the loss, family and

community presence and support, and social, cultural and religious customs and rituals. Other scholars, however, have a different view. They believe that mourning comprises both public and private processes. Corr and Coolican (2010) suggested that the word 'mourning' is sometimes applied to the public or social rituals which are involved in bereavement (for example, funeral and memorial rituals), whilst at other times it is used to indicate the internal or private process which individuals use to try to manage the aftermath of a loss and their reactions to the loss. On that basis, they believe that mourning involves two related processes: 1) coping with both the loss which one has encountered and the grief reactions associated with it, and 2) adapting to the new world in which the bereaved person has been thrust while also developing healthy ways of living in that new world.

Grief

The phenomenon of grief was first described by Freud in 1917 (cited in Hall, 2014, p.8) as a process of gradual withdrawal of the energy of the deceased. Dictionary definitions of grief include intense emotional suffering caused by loss, disaster, misfortune, acute sorrow, deep sadness, irritation or frustration, trouble, difficulties or problems. Synonyms are 'sorrow', 'affliction' and 'anguish' (Jacob, 1993). Compared with bereavement and mourning, the meaning of grief has been discussed by a large number of scholars. The word 'grief' is often used to refer to emotional reactions to loss or explained simply in terms of feelings. The definitions which have been put forward are similar. The meaning of grief can be concluded as a personal reaction or response to the separation from or significant loss of a loved one. Hall (2014) suggested that grief is fundamental to human life, it is a natural and normal response to a loss. Some scholars believe that grief has different dimensions. Buglass (2010) pointed out that grief has emotional, physical, behavioural, social, spiritual and cognitive dimensions. More specifically, in the emotional dimension, grief might bring sadness, anger, fear, anxiety, mood swings, shame or guilt, and often relief; in the physical dimension, grief includes a hollowness in the stomach, a lump in the throat, tightness in the chest, aching arms, oversensitivity to noise, shortness of breath, lack of energy, muscle weakness, heart palpitations and loss of coordination; in the behavioural dimension, grief can cause tears, crying, tightness in the throat, heaviness in the chest, emptiness or churning in the stomach, fatigue, weakness, restlessness, insomnia and physical pain; in the social dimension, grief can

lead to dissociation, withdrawal and isolation, in spite of, paradoxically, a great underlying need for companionship and support; in the spiritual dimension, there is a challenge to one's assumptions about the safety and security, fairness and justice of the universe; in the cognitive dimension there is a disbelief, an inability to assimilate the reality of the loss. Grief reactions are also unique to each particular loss and each bereaved person (Corr and Coolican, 2010). It is a complex condition within which a variety of symptoms may be apparent and the symptom picture is understood to vary considerably from one bereaved person to another, from one culture to another, and across the course of time even for a single grieving individual (and again – across the course of time – between cultures).

Based on the definitions set out above, 'bereavement' refers to the objective situation of an individual who has recently experienced the loss of someone through that person's death, thus, it can be understood that bereavement is the cause of grief. 'Grief', on the other hand, can be said to be the individual's response to bereavement and it encompasses social, emotional, spiritual and physical components. Sometimes, it is difficult to distinguish between grief and mourning. It may unclear whether it is an overt expression of the distress which is an internal reflection of an emotion or whether the bereaved individual is just following a social norm.

2.2 Grief and bereavement theories

2.2.1 The concept of grief work

The study of grief began with Freud in 1917. He believed that the psychological function of grief was to release the individual from his or her bond with the deceased. He pointed out that "Mourning has quite a precise task to perform; its function is to detach survivors' memories and hopes from the dead" (Freud, 1961, cited in Davies, 2004, p.507). The word 'mourning' in its original German sense described the centrality of grief work (Stroebe, 1993). Without giving a precise definition, Freud's idea can be understood as that the process of grief is decathecting by expressing feelings about the deceased and confronting the reality. He implied that successful grief work is accomplished when the bereaved person is able to

withdraw the attachments from the deceased and rebuild his or her own life (Davies, 2004). Based on Freud's opinion, psychoanalysts propose that coping with grief involves decathecting the investment in the emotional relationship with the deceased and reinvesting in other relationships instead. Grief will be resolved when the survivors accept the loss and sever the bond with the deceased, and then rebuild their new life and relationships with others.

Lindemann (1944) reinforced Freud's concept by identifying parameters for normal and pathological grief, such as duration, intensity and changes in social functioning. Based on his evaluation and treatment of 101 persons who had experienced the recent death of a close relative who was a victim of the Coconut Grove Club fire in Boston, he concluded that grief as a reaction to a distressing situation presents some features which appear to form a distinct syndrome. Bereaved people might display one or more of the following symptoms: somatic disturbance (for example, shortness of breath or choking); preoccupation with the image of the deceased; guilt; feelings of hostility or anger; and difficulty in carrying out everyday routines. Lindemann suggested that grief work is the psychological process of coping with a significant loss, requiring the bereaved person to become emotionally detached from the deceased person and to adapt a new environment in which the deceased is not included (Lindemann, 1944). He believed that the goal of the intervention of grief is to emancipate bereaved people from bondage to the deceased in order to readjust their environment and formulate new relationships. Like Freud, he identified a process of desensitization which means that repeated dwelling on the deceased and the lost relationship hinders the function of gaining detachment.

There are some critiques of grief work. Wortman and Silver (1989) stated that there is no proof that grief work is essential to enable the bereaved to come to terms with their loss. Hagman (1995) criticized Lindemann's research as lacking reliability and validity; he pointed out that disengagement is not the typical sign of resolved grief. Moreover, nine years after Freud had put forward his perspective on grief work, his own bereavement experience on the loss of his daughter did not match his theoretical perspectives. He noted his experience as:

... no matter what may fill the gap, even though it be filled completely, it nevertheless remains something else. Actually this is how it should be. It is the

only way of perpetuating that love which we do not wish to relinquish.

(Rothaupt and Becker, 2007, p.7)

Stroebe (1993) listed a number of shortcomings associated with grief work. The main points of his criticism concerned the lack of clarity in the definition of grief work. The previous understanding of grief work was that it is a process of confronting a loss by focusing on memories and working towards detachment from the deceased. It is hard to distinguish this from maladaptive processes such as rumination (a process whereby thoughts, memories or mental images related to an event repeatedly appear in the consciousness, even if the individual tries to avoid them). Stroebe (1993, p.33) redefined the term 'grief work' as "a cognitive process involving confrontation with and restructuring of thoughts about the deceased, the loss experience, and the changed world within which the bereaved must now live". This definition puts more emphasis on the process of confrontation and restructuring rather than the content.

2.2.2 Staged and phased models

Kübler-Ross (1969) identified the following five stages of grief to clarify what a bereaved individual might feel:

λ **Denial** – In this stage, individuals believe that what has happened is somehow mistaken and false.

λ **Anger** – when the individual realizes that the denial cannot continue, he/she becomes frustrated and feels unfairly treated. In this phase, the question 'why me?' is asked.

λ **Bargaining** – In this stage, people hope that they can avoid the cause of their grief, and negotiation with life can happen in this stage, such as 'If he can come back, I'll promise to become a good person'.

λ **Depression** – In this stage, people realise that what has happened cannot be changed. Bereaved individuals can become silent and spend much time mourning.

λ **Acceptance** – Individuals accept the reality of the loss and are in a stable emotional condition.

Kübler-Ross (1969) suggested that her five-stage model was not applicable just for the death of a loved one but relevant for any form of personal loss, such as the loss of a job or the end of a relationship. Although this model has been used widely, it still attracts some criticisms. These criticisms are focused on the reliability and validity of the model. Kastenbaum (2004) pointed out that the existence of these stages as such had not been demonstrated. Corr (1993) stated that the five stages were too linear, rigid and passive to use in the process of bereavement and grief. Kastenbaum (2004) agreed with this critique and added that these stages might be affected by changes of pressure and the environment.

Bowlby (1961) proposed a grief process. The three-stage model which he put forward comprised a classification of the stages of grief as:

- yearning and searching;
- disorganization and despair; and
- a greater or lesser degree of reorganization

Compared with psychoanalysts who focus on the psychological function, Bowlby emphasized the biological aspects of grieving. This perspective can be understood as based on attachment theory. Attachment theory refers to the attachment behavioural system which motivates infants and children to seek attachment figures for comfort, security and protection (Bowlby, 1982). Bowlby (1961) believed that adults and older children will have a similar reaction to that of infants when they lose a loved figure, and the underlying processes of this reaction are the mourning and grief for the loss of the loved one. Thus, in Bowlby's view, grief is a form of separation anxiety and the biological function of grief is to regain proximity to the attachment figure.

Based on this view, Bowlby's (1961) grief process can be understood easily. The mourning starts with numbness and a feeling of unreality. The bereaved person starts to yearn for and to search urgently for the deceased. Then they will miss the loved one intensely and focus on places or objects associated with the deceased which still suggest their presence. They might know that such behaviour is useless but they are still driven to do so. Their behaviour and emotions become disorganised. When bereaved people realize that the death has occurred and that neither their loved one nor their attachment can ever be regained, they are in despair.

Parkes (1970) put forward a theory of grieving which was similar to Bowlby's model. He added numbness or shock as the first phase and thus identified four phases of bereavement:

- λ shock or numbness;
- λ yearning and pining;
- λ disorganisation and despair; and
- λ recovery.

Compared with the other models, Parkes's model focused on the emotional and physical responses to a death. He suggested that grief is not a state but a process. He believed that the release of grief can be viewed as a way of controlling the unorganized information and in other ways disabling the mass of information with which a bereaved person has to deal simultaneously. In both the behaviour-based and cognitive restructuring views, there is a common acceptance that the main way in which people neutralize painful stimuli associated with loss is a series of interactions. For recovery, bereaved people have to go through each of these phases successfully. He also noted that these phases are not always linear, and could be experienced several times as a result of reminders of the loss, such as a familiar environment or an anniversary. Bowlby's and Parkes's models followed a psychoanalytic perspective and believed that the successful resolution of the grief depends on breaking emotional bonds with the deceased and that bereaved people will recover after this has been achieved.

Unlike the researchers discussed above who identified the process of grief as a series of 'stages' or 'phases', Worden (1982) proposed four basic tasks for bereaved people to come to terms with losing their loved one based on his own clinical practice as a grief counselor and researcher. These were:

- Task one:* Accepting the reality of the loss;
- Task two:* Working through the pain of the grief;
- Task three:* Adjusting to an environment in which the deceased is missing; the bereaved mostly embrace a new role or identity when their environment changes.
- Task four:* Withdrawing emotional energy and reinvesting it in another relationship; to accomplish this task, the bereaved person must sever the emotional connection

with the deceased and reinvest it into a new relationship.

These four tasks of mourning are quite similar to the essence of psychoanalysis. It can be understood as suggesting that bereaved people first need to accept the reality and that the death is final. Then they need to experience and overcome the physical and psychological difficulties caused by the loss and readjust themselves to the new environment, such as by learning new roles or finding a new identity. Eventually, they cut off the connection with the deceased and reinvest it into a new relationship in order to overcome the grief. Rando (1986), however, argued that these tasks are difficult to achieve and that the final task is almost impossible. For example, if parents have lost their child, the emotional link will never be withdrawn. Attig's (2011) objection to the task model was that the tasks in the model are discrete, but that bereaved people and their grief vary. All sorts and types of task would be needed for the complete working-out of grief.

There are two similarities in the theories described above: they treat grief as a model involving phases or stages, and they think that a bereaved person should go through some or all of these stages before recovery.

Some of the models are linear and others are more dynamic and might be experienced several times by a bereaved person when external stress appears or the environment changes. Nearly all of them believe that grief can be recovered from or stopped after the completion of these phases or stages. The staged or phased models seek to conclude a 'one size fits all' in the patterns and similarities in the behaviour of bereaved people when facing grief. However, grief is complicated and the staged or phased model which propounds a universal pattern does not account for the uniqueness of individuals' bereavement, not to mention that most of theories behind these models explain grief as a linear process. According to Neimeyer (2014), the different grief reactions and grief duration periods of bereaved people who are suffering the death of a loved one by natural causes or by accident move against the one-size-fits-all model. Moreover, these theories which have been developed within western societies may not be appropriate for bereaved people in other cultures.

2.2.3 The new model

The dual-process model

The theories discussed above all suggest that the way to cope with grief is to sever the emotional association with the deceased. However, this can generate distress, which might lead to avoidance and mitigation reactions. When avoidance or mitigation reactions predominate, the bereaved might never confront the loss.

In order to get around this problem, Stroebe and Schut (1999) proposed a dual-process model (DPM) of the grief process. This model described how a bereaved individual has to cope with the experience of the death caused by lifestyle changes. This model can be divided into two basic parts: loss-oriented (LO) and restoration-oriented (RO). The LO part includes grief work, facing grief, breaking bonds/ties, approach and intrusion. The RO part is not just about avoidance; it is related to other aspects of bereaved people's lives, such as coping with everyday life and learning new tasks instead of concentrating on the loss. It refers to denial, avoidance, control distraction, doing other things and suppression. The denial and avoidance are not merely devices against the psychological stimulation of loss; they refer more to people maintaining their ordinary activities to rebuild their lives. Stroebe and Schut (1999) believed that the central dynamic aspect of grief was portrayed as involving an oscillation between two processes, the LO and the RO. Stroebe et al. (1996) suggested that there are two different processes underlying recovery, corresponding to the two coping styles. The first is habituation, involved in LO, and the second is forgetting, involved in RO. These two styles are suited for different individuals. There are also gender differences in coping strategies: typically, women are more inclined towards emotion-focused coping and men towards problem-focused coping. This model provides an alternative to the views of the resolution of grief based solely on confronting the loss. The dual-process model has been examined in some studies and has been found to be useful. Bennett et al. (2010) stated that both the LO and RO are important; the LO stressors are more important nearer the time of bereavement and the RO stressors are more relevant later and are associated with a positive process. In addition, this model is more flexible than others for coping with cultural differences. The model suggests that the bereaved needs to move back and forth between LO and RO in order

to address emotional issues. Hall (2014) believed that the dual-process model succeeded in identifying the complexity of the grief experience because it suggested that the focus of coping can differ from one moment to another, one individual to another and one culture group to another. Even so, this model puts too much emphasis on an individual's ability to cope with grief and contains no scope for interpersonal relationships or for supporting people to help them cope with a death (Buglass, 2010).

Continuing bonds

Historically, maintaining the attachment bonds with the deceased has been seen as a maladaptive loss reaction to successful grief resolution and one which might threaten the survivor's well-being. Recently, however, there has been a shift in the opinions of bereavement theorists. Rather than decathecting (withdrawing one's investment) with the deceased in order to resolve grief, the new theoretical perspectives on coping with grief attempt to maintain continuing attachment bonds with the deceased.

Klass (1993) observed both bereaved children and bereaved adults and found that they were struggling to find a way of maintaining a connection with the deceased. He suggested that the bond with the deceased does not necessarily have to be severed after the death of a loved one. There is a potentially healthy role for maintaining continuing bonds with the deceased. Distinct from the maladaptive grief manifested by constant rumination, the continuing bond is not a way for bereaved parents to avoid accepting the reality of the loss by attempting to maintain concrete ties in order to regain physical proximity to the deceased, rather the continuing bonds can be understood as a way of accepting the reality of the loss and keeping an ongoing inner relationship with the deceased person (Stroebe and Schut, 2005; Hall, 2014). The ways in which continuing bonds can be sustained vary. Klass (1993) found that bereaved children keep the relationship with their deceased parents by dreaming, continuing to talk to them and keeping things which used to belong to their deceased parents. In a study of a self-composed group of bereaved parents, maintaining the relationship between bereaved parents and their deceased children was apparent. The experience of the bereaved parents in Klass's study showed that they would try to go on living without the child while simultaneously maintaining the child's existence in their life. The continuing bonds in parental grief will be discussed in greater detail in the final section of this chapter. Continuing bonds also exist in

the other kind of grief. Howarth (2000) stated that elderly people often continue communicating with a dead spouse. They regularly talk with their spouse and believe that the partner is still present for company. This communication might take place in semi-consciousness or in dreams. Moreover, some widows may actually feel the physical company of their spouse such as lying beside them.

After Klass et al. (1996) put forward their continuing bonds theory to challenge the long-standing belief deriving from the psychoanalytical approach that bereaved people must sever their connection with the deceased in order to recover from their grief, the debate on relinquishing or continuing the bonds with the deceased is still ongoing. The core questions in the debate are whether continuing the bonds is useful for coping with or resolving grief, and whether the bereaved should resolve their grief by relinquishing or continuing the bonds with the deceased. Some believe that continuing the bonds could actually increase grief. In a quantitative study of fifteen widows by the psychologists Field and Friedrichs (2004), the use of continuing bonds was linked with increased distress at various time-points after the loss, both immediately following the death and up to five years later. Other scholars, however, (Sormanti and August, 1997) believed that continuing bonds are an efficient method of resolving grief.

Klass (2006) insisted that continuing bonds are not the antidote for grief; they cannot cure the grief. More specifically, the relationship between continuing bonds and adjustment to grief or to a future life of the bereaved individual is one of causality; the continuing bonds cause healthy adjustment (effective and healing ways to cope with grief and loss). Stroebe et al. (2010) found that continuing bonds were correlated with healthy grieving (the grieving results in an ability to remember the importance of the loss but with a newfound sense of peace, rather than searing pain), but there was no obvious evidence to show that continuing bonds led to improvements in grief adjustment.

It is hard to answer directly whether continuing bonds are better or more efficient for all bereaved individuals; it is not known which of the two extremes is best – to continue or to sever the bonds. There are three reasons for this. First, there is a lack of research into the relationship between the type of loss and continuing bonds. It is unclear whether the type of loss is an influential factor on choosing to continue or to relinquish the bonds. Moreover,

Klass (1993) stated that continuing bonds need to be discussed in the context of culture. Differences in culture might influence the results of the continuing or relinquishing of bonds. In addition, bereaved people's personalities vary. People with different personalities will have different ways of coping with their grief. Stroebe et al. (2010) believed that individuals' different reactions to grief are based on their attachment styles, which stems from the attachment theory which Bowlby put forward in 1961. Understanding attachment theory might help us to understand the value of continuing or relinquishing bonds. Attachment theory is a model which describes the interpersonal relationship between human beings and addresses the reaction of human beings in close relationships when they are hurt or separated. The consequences of insecurity felt by people who have experienced separation or hurt in their early life will continue to exist and to influence the way they form, maintain or relinquish relationships in their later life.

Ainsworth et al. (2015) classified different types of relationship based on the different attachment styles into two categories. One is a secure attachment style which is at ease being close to others and the other style is insecure attachment which creates difficulty in being close to others. The insecure style has three further classifications: the dismissing, preoccupied and disorganised styles. The difference between these three styles mainly relates to attitudes to the relationship with others. A person with a dismissing style will feel uncomfortable about having a close relationship with other people; a person with a preoccupied style will feel worried and scared when facing a close relationship with others; and a person with a disorganised style actually wants closeness with others but is uncomfortable with it and fears rejection. The variables of anxiety and avoidance were subsequently used to describe the attachment styles (Brennan et al., 1998). The anxiety variable indicated the extent to which a person worried about whether he or she could acquire support from the attachment figure in times of need; the avoidance variable described the extent to which someone cannot trust the relationship with his or her partner but tries to keep independent and distant. According to this, the dismissing style would score high on avoidance and low on anxiety whereas the disorganized style would score low on avoidance and high on anxiety.

Different individual attachment styles indicate different grief reactions. Parkes (2001) stated that a person with a secure attachment style will express grief to a moderate degree without

being overwhelmed by it. Someone with an insecure attachment style expresses more or less grief than someone with a secure style. The dismissing style means that bereaved people will express less grief and might avoid crying and thinking about their memories. By contrast, a person with a preoccupied style might show high emotionality and expressiveness in grieving with low ability to cope with the loss. Rumination is quite often seen in this style. In the disorganised attachment style, it is difficult for people to talk about their loss and adapt to the bereavement. These differences indicate that it is hard for bereaved individuals to find an all-in-one method, but it might help to identify their attachment styles first in order to understand a more appropriate way of coping with grief.

Stroebe et al. (2010) found that previous studies had lacked clarity about the relationship between the types of bond and the outcomes. They outlined a theoretical model for predicting the (mal)adaptiveness of continuing or relinquishing bonds by integrating the attachment theory, the dual-process model and continuing/relinquishing bonds. They suggested that bereaved people with a secure attachment style will be able to retain their attachment with the deceased and use it to cope with the loss and move forward. Within their grief process, the oscillation will easily move from the LO to the RO condition. According to the character of the attachment style, insecurity and dismissing would prevent the bereaved person from needing to maintain the connection with the deceased and encourage him/her to try to remain independent. The grief process of this style would be predominantly RO. In the insecure/preoccupied style, the bond between the bereaved person and the deceased persists and the bereaved person would be overwhelmed by grief and ruminate constantly about the deceased and try to maintain an intense bond with the deceased. This style of grief process is LO. The insecure/disorganized style involves confusion about whether to continue or relinquish bonds. This style can disturb the oscillation between LO and RO.

Root and Exline (2014) examined the literature on continuing bonds after the loss of both adults and children and found that continuing bonds with the deceased loved one can play an important role in coping with the loss. Even though it is still unclear whether this role is helpful or detrimental, except for exploring when continuing bonds might be helpful, there are still some unclear aspects in the current study of continuing bonds which need to be clarified. The current definition of continuing bonds as “The presence of an ongoing inner relationship with the deceased person by the bereaved individual” (Stroebe and Schut, 2005,

p.477) is too broad. The expression 'continuing bond' can be divided into several dimensions, each with potential implications for the function of continuing bonds. Whether continuing bonds is helpful for or detrimental to grief should be discussed across the different dimensions. Root and Exline (2014) suggested that the dimensions should be researched further and that the focus should be on specificity, proximity, the past and present, and the locus of the bond:

Specificity: Bereaved individuals have their own way of expressing their continuing bonds. Some are vague, such as feeling the existence of the deceased, others are specific, such as seeing the deceased;

Proximity: The expression of a continuing bond varies by the degree of proximity to the deceased. For example, there is a direct connection with the deceased through using an object which belonged to the deceased and an indirect connection such as seeking guidance from the deceased on the current situation.

Past versus present: Some continuing bonds focus only on past memories shared with the deceased, whilst others might emphasize the current situation, such as continuing to communicate with the deceased and involving the deceased in their current life. These two ways can produce different results for coping with grief.

The locus of the bond: The locus of a bond can differ: the bereaved person might recall the deceased in different ways. A widely used classification of loci of continuing bonds was devised by Field and Filanosky (2010) who divided them into externalized and internalized bonds. Externalized continuing bonds focus on physical proximity, such as seeing the deceased, whereas internalized continuing bonds emphasise psychological connections based on such things as memory. A bereaved individual who has externalized the continuing bonds seems to fail to accept the reality of the loss. It seems that people who do this frequently ruminate about the deceased. Moreover, the different foci of continuing bonds are also factors which can vary according to the level of the expression of the bonds: a connection with the memory of the deceased as opposed to an ongoing connection with the deceased. This difference might suggest differing degrees of emotional closeness with the deceased and also have important implications for the use of continuing bonds in coping with the loss.

2.2.4 Compassionate Communities

Previous theory treated grief as an inner feeling or intrapsychic phenomenon for the individual but paid less attention to the impacts of the wider social contexts. Breen et al. (2020) asserted that the experience of grief can be compounded by the common, socially awkward and maladapted responses to grief because the current society is a grief-denying society. The experience of grief can be compounded by mix response such as socially awkward and maladapted. Bereaved people reported that their friends and health professionals lacked compassion and offered insensitive comments and platitudes because they did not know how to support them (Breen et al, 2020). Rumbold and Aoun (2014) believed that bereavement care is located in clinical and institutional forms of care. This could reveal a gap between social awareness of the need for bereavement care and the actual practice of providing care services for bereaved people. Palliative care is typically only offered to people who have a personal and direct connection with impending death, and bereaved people who are grieving for a death which occurred outside palliative care find it hard to access bereavement services (Breen et al., 2020).

‘Compassionate communities’ is a public health initiative derived from the concept of ‘Healthy cities/communities’ promoted by the WHO in the 1980s in response to the increasing professionalisation of healthcare and of palliative care in particular. An international work group on Death, Dying and Bereavement (2005) suggested providing an integrated community capacity-building approach which combines public health and end-of-life care to normalise dying, death and loss within society (Wegleitner et al., 2015). They believed that it would promote health in the face of death and grief. This is different from the past view of palliative care which put more emphasis on in-patient, out-patient, day-care and home-care services rather than community development. It is also different from the palliative care which typically starts bereavement support after the death of the patient. Health in this context refers to encouraging people to adopt the understanding that everyone’s health is their own responsibility rather than that of their doctors and other staff who offer health services. There are some key concepts underlying the healthy city concept: first, health is a positive and holistic concept rather than just the absence of disease. Health does not just rely on the quality of the direct health service but also the nurturing role of the physical, social, political,

economic and spiritual environment (Kallahear, 2005). This means that the compassionate communities movement challenges convention by shifting the conversation of the location of a death to community spaces, rather than just a clinical or institutional context. Moreover, the healthy cities programme needs to be concerned with the inequalities in health and different ways need to be found to address the problems with the distribution of health services between different age groups, genders, ethnicities and social classes.

Talking about compassionate cities is actually talking about compassionate societies and communities. The cities in the title of the initiative are not literally cities but local communities and the services which are provided in them for end-of-life circumstances, such as dying and living with life-threatening illness and people who live with loss (Wegleitner et al., 2015). Compassionate communities strategies are designed for the health of whole communities in a diverse range of places such as workplaces, schools and universities, hospitals and nursing homes, and local government and voluntary organisations. The word 'compassionate' means expressing or sharing the feeling of pity and sympathy with others' suffering. Kallahear (2014) believed that compassion needs to be expressed not just in individual people's attitudes but in changes in work-places, schools and other kinds of human service. Compassion necessarily implies giving attention to the universality of loss. Death and loss need to be recognised as universal experiences which everyone will face and share, and the provision for supporting this experience needs to be integrated in policy and practices. There are nine characteristics which define a compassionate community and these should be read together with the nine WHO defining characteristics of Healthy Cities (Kallahear, 2005). A healthy city 1) has local health policies which recognise compassion as an ethical imperative; 2) meets the special needs of its aged, those living with life-threatening illness and those living with loss; 3) has a strong commitment to social and cultural difference; 4) involves grief and palliative care services in local government policy and planning; 5) offers its inhabitants access to a wide variety of supportive experience, interactions and communication; 6) promotes and celebrates reconciliation with indigenous peoples and the memory of other important community losses; 7) provides easy access to grief and palliative care services; 8) has a recognition of and plans to accommodate those disadvantaged by the economy, including rural and remote populations, indigenous people and the homeless; and 9) preserves and promotes a community's spiritual traditions and storytellers.

2.3 Factors which influence bereavement and grief

2.3.1 Individual factors

Age

An age difference can affect the outcome of grief. It can be assumed that older people who experience grief might have serious health consequences. Ball (1977), however, observed the grief reactions of three groups of bereaved people (young, middle-aged and old) and found that the younger group showed more symptoms of grief than the older group. Sanders (1981) showed that younger bereaved people had higher intensities of grief for the first two years, but that after that, there was a significant reduction. The reason for this might be that young people can look ahead more quickly (and further) and have a new feeling of hope. The older group showed the opposite reaction. They had a lowered intensity of grief at first, but a few years later, a great deal of anxiety and loneliness were displayed (Sanders, 1981).

Gender

There is no common agreement regarding the effects of gender on bereavement outcome. In terms of mortality, physical symptoms, depression and other emotional sequelae, the consequences are various. Some researchers believe that women suffer more stress than men, others believe that men face more problems than women. Many others have claimed that there are no significant differences between men and women in terms of bereavement. This confusion can be explained in two ways. First, the outcome of bereavement is different in the different genders. Parkes and Brown (1972) found that men reported fewer symptoms and less affective distress than women, and that men were less sensitive than women during bereavement, so they would suffer less overt psychological symptoms than women. Sanders (1988), however, stated that although bereaved women show more depression than bereaved men, women recover faster than men. This is what he described as “disengagement”, which means that women often showed signs of withdrawing from others. The second reason can be understood as the gender difference in social support. Men are more likely to rely on their

families and spouse for emotional support. When these resources are no longer available, they might immerse themselves in work or seek isolation. Women are more likely to cope by searching for social support, and are more open to and expressive of their emotions than men (Stroebe, 2001). This might be the reason why women recover from grief faster than men.

Material resources

Economic difficulties often plague the bereaved. Harvey and Bahr (1974, p.106) stated that “the negative impact sometimes attributed to widowhood derives not from widowhood status, but rather from socioeconomic status”. They pointed out that lower morale is directly related with the change in income brought about by a loss; the lowered morale was related to the deprivation caused by the removal of an income. Low economic status also contributes to poor adjustment and negatively influences health. Atchley (1975) found that a lowered income leads to reduced social participation and much greater loneliness and anxiety. A similar finding was made by Glick et al. (1974), who stated that an insecure economic position leads to poor adjustment to bereavement.

Personality

Personality contributes to the manner in which people face the stress caused by the death of a loved one. Most previous studies have focused on the way in which grief reactions lead to a poor outcome rather than the impact of the personality characteristics of a bereaved person on his/her health. Two main perspectives can be found in studies of the effect of premorbid personality characteristics on a bereaved individual. One perspective is from examining the effect of premorbid personality characteristics on a poor ability to cope with grief. Parkes (1985) referred to this as “grief-prone personality”, which involves excessive grief and depression, and intense clinging behaviour to the deceased. Individuals who are insecure and anxious have also been identified as having personalities with a high risk of this following a major bereavement. The other perspective is from examining the positive personality variables which might facilitate grief resolution. Based on Goldberg’s (1972) study which used the GHQ (personality factor questionnaire) scores as a measurement, individuals who

showed low distress after a bereavement had personalities which were emotionally stable, mature, conscientious, conservative and socially precise. In contrast, people in the high-distress group were described as apprehensive, worried and highly anxious, indicators of low emotional stability. Stroebe and Stroebe (1983), however, argued that the measurement was not accurate enough. The GHQ suggests a personality main effect rather than a specific reaction to bereavement. Stroebe and Stroebe (1987) related the outcome of bereavement to two variables: emotional stability and locus of control. In their findings, people who were emotionally stable were better able to cope with the stress of bereavement, whereas individuals with low internal control beliefs reacted with great depression to a sudden loss.

Relationship with the dead person

It is easy to understand that an individual's relationship with the deceased would affect the outcome of bereavement. If ambivalence was present in the relationship before death, problems can be caused for the bereaved after the death, such as anger and self-reproach. Stroebe (1993) pointed out that the deeper the emotions (a love or hate relationship) with the deceased, the greater the self-reproach and the grief. Parkes and Weiss (1983) noted that individuals who reported lower levels of conflict with their spouses had less anxiety, depression, guilt and yearning for the dead person. In a longitudinal study, Houwen et al. (2010) also found that dependency was a factor which could cause high stress and loneliness. The more dependency, the heavier the grief. This can be understood as that bereaved people who are vulnerable and have excessive anxiety and worry need to maintain the relationship with the deceased in order to keep the feeling of security and reliability which they previously had.

2.3.2 Type of death

A sudden or unexpected death can prolong and aggravate grief. The shock caused by a sudden or unexpected death can produce excessive physical and emotional trauma (Parkes and Weiss, 1983). The deceased person has no opportunity to discuss death with a spouse or relatives and the bereaved have no time to prepare for the death either materially or emotionally. The

consequence of a sudden or unexpected death is that the bereaved can experience the “unexpected loss syndrome” (Parkes and Weiss, 1983), which is characterized by social withdrawal, continuing bewilderment and protest. They suggested that this syndrome impairs functioning so seriously that an uncomplicated recovery can no longer be expected. Bereaved individuals who survive a sudden-death situation also suffer more serious psychological symptoms. Sanders (1988) noticed that unexpected deaths left survivors with feelings of loss of control and loss of trust in the world, and that their overall worldview might change.

2.3.3 Circumstance following a loss

The major problems of adaptation to loss for the elderly are loneliness and the lack of social support. Bereaved elderly people who are lonely and without social support can lose confidence and hope for their future life. This tends to put them at risk of developing serious problems in adjusting to a changed circumstance (Vanderwerker and Prigerson, 2004). Other losses can also be experienced by the bereaved, such as loss of employment, divorce, loss of physical health and financial problems, and these can leave the bereaved more vulnerable and helpless because the difficulties which they suffer are maximised after a major bereavement.

Another potential factor which might affect the grief of bereaved people is hope. Chow (2010) conducted a comparative study of 292 bereaved Chinese people who had lost their spouse or parents and 140 non-bereaved Chinese people in Hong Kong to find any relationship between hope and the emotional reactions of the bereaved people. The findings showed a significant negative correlation between hope and anxiety and depression. This shows that it might be a strategy for reducing grief reactions such as anxiety and depression in bereaved people by inducing hope by setting future goals and the ways to achieve them. The findings also showed that the agency of hope has a moderating effect on anxiety and depression, which means that bereaved people will be more likely to be affected adversely by a bereavement when they have low motivation to move toward a future goal.

2.4 Parental bereavement

2.4.1 The consequence of losing a child

Losing a child is devastating for parents and other family members. The grief reaction to losing a child has serious consequences for physical and psychological health and raises a variety of symptoms and effects on the relationship between the parents and with others. Evidence shows that feelings of frustration, anger, guilt and despair are greater for grieving parents and several analyses of bereavement have concluded that for a parent, losing a child means losing not only the relationship but also a part of themselves and their hopes for the future.

Compared with other kinds of bereavement, parental bereavement has a greater risk of depression, with parents experiencing more anger and guilt accompanying their feelings of despair (Buckle and Fleming, 2011). Some scholars have suggested that bereaved parents might also experience feelings of pity, embarrassment, avoidance and even blame (Riches and Dawson, 1996). Moreover, experiences of intimacy – or its absence – during mourning can fundamentally reshape parents' sense of belonging and identification with significant others. The death of a child can also shatter parents' personal identity and self-concept, elicit feelings of guilt and parental incompetence for their self-perceived failure to protect their child, disrupt relationships with other family members, and challenge their world-view.

More specifically, according to the psychologist Janoff-Bulman (1992), changing parents' world-views can be divided into four parts. First, parents have a set of pre-existing beliefs about themselves, the world and the future; then these basic assumptions are violated or even shattered by the death of a child. Following that, bereaved parents will start a crucial and even prolonged struggle to work out how their individual world of meaning can make sense. If it is difficult for the loss to be fitted into the belief systems of these parents, they will have complex experiences of the grieving process when they cannot find the meaning of their life any more or when they seek to change their identity in order to assimilate their child's death. Most bereaved parents who have lost their child might also feel that life is unfair and they will struggle to find the meaning of their loss. Some bereaved parents might search for

answers in their religion or faith. Keese et al. (2008, p.1158) encountered one father who said that he was “angry” with the god who had taken his son away, but that his faith made him believe that “God loves our son more than we do”, that his son would be always with him, and that “they will meet later”. This made him feel better. However, not all bereaved parents can find the meaning of their loss. Parents who cannot make sense of the death of their child can fall into a vicious cycle of continuing to search for the sense and adapting to their grief will be more difficult for them (Keese et al., 2008).

In addition to the psychological influences associated with adapting their world-views, bereaved parents reportedly have higher incidences of physical symptoms (such as cancer, myocardial infarction and multiple sclerosis), increased mortality from both natural and unnatural causes, more depressive symptoms shortly after the loss or even seven to nine years later, and increased anger and hostility (Rando, 1986). Parents’ social relationships are also affected by the death of a child. The dead child can become the central topic of conversation for bereaved parents, but they cannot always find someone in their own families or social networks who is prepared to listen to them talk about their child. Bereaved parents commonly experience intense loneliness with regard to partners, surviving children and other family members, as well as in their wider social network of friends, neighbours and colleagues. Some relationships can fall away and others may become more intense. Rubin (1993) pointed out that most bereaved parents can feel pain when they maintain close ties with the people who used to be close to their dead child. In addition, parents might also discover intense new relationships in which both emotional comfort and revised perceptions of life can be experienced.

2.4.2 Factors influencing parental grief

There are many factors which can influence the level of grief felt by bereaved parents. Other than the different personalities of the bereaved parents, the principal factors which can affect parents’ adaptation to bereavement are the cause of the death, the number of remaining children and the gender of the bereaved parent(s). In terms of the cause of death, the grief felt by parents will be much stronger if their child has died accidentally. Wijngaards-de Meuj et al. (2005) found that parents who have lost their child by a violent death (murder, suicide or a

fatal accident) have more grief symptoms and increased risk of poor bereavement adaptation. They also pointed out that parents who lose their only child have more grief symptoms than bereaved parents who have a remaining child or children. Dyregrov et al. (2003) similarly found that parents who lose their only child appear to have a more difficult time. Bereaved parents can also feel worse during the adjustment process when they have lost the older child in the family (Rubin, 1990). Leahy (1993) found that women who lose a young adult child have higher levels of depression than widows or women who have lost a parent. Archer (2003, p.200) discussed Fish's (1986) finding that mothers' grief for an adult offspring was found to be similar to that experienced after the loss of a child of younger age, whereas fathers showed higher grief over the loss of an adult offspring than after losing a younger child.

Gender is clearly a crucial element of parental grief reaction. Fathers and mothers have different reactions to child-loss. Cook (1983) found that bereaved parents will report different experiences according to their gender after their child's death. More specifically, mothers will report greater difficulty in coping with the loss and will be more likely to describe experiencing their bereavement in personal and intimate terms, whereas fathers will report fewer sources of emotional support and will be more likely to seek help from their religious beliefs. Compared with bereaved mothers, fathers will be less likely to report that they discuss their feelings with others. Mothers will be less likely to report exchanging comfort with others and more likely to report exchanging comfort with their spouse, and more likely to describe feeling a sense of distance in their spousal relationship during the first year after the death. There are several reasons for this. First, there is greater investment in the foetus and the infant by the mother than by the father. This might generate a closer emotional bond early in life for a mother than for a father. Mothers will also have stronger feelings of guilt and face greater difficulties in adapting to the death of a child than fathers. Specifically, mothers are particularly vulnerable to the loss of self-esteem, feelings of intense despair and disorientation on top of their grief (Dyregrov, 2004). Keesee et al. (2008) had similar results from their quantitative research as bereaved mothers reported significantly higher grief symptoms than fathers. As well as these three factors, there are other factors which might influence grief, such as the age of child and the length of time after losing the child (Keesee et al, 2008). However, it is hard to measure the effects because bereaved parents all have different backgrounds and personalities which may overlap with one other.

The level of intimacy between parents and their child is another factor which might affect and deepen the grief; most specifically the quality of the attachment relationship which the child had with his or her parents (Rubin and Malkinson, 2001). Being a parent is an achievement for many persons which can give them a sense of identity and the closer the relationship, the more sadness they will experience when the child dies. Many bereaved parents not only experience great sadness over losing a loved family member, they also feel that a part of themselves has somehow died with the child (Malkinson and BarTur, 2005). In the next section, I shall discuss an important debate about whether or not continuing bonds with the child can alleviate or deepen the grief.

2.4.3 The process of parental grief - continuing bonds

Parental grief has been regarded as the most intense and overwhelming of all griefs (Rando 1986). Sanders (1992) compared 125 bereaved individuals who had lost a spouse, parent(s) or child and found that the grief of losing a child was stronger than that of losing a spouse or parents. The process of this grief is long-lasting (maybe lifelong) and intensifies, and there are no linear or distinct stages or a predictable timetable. The significant difference is that bereaved parents will never recover. Based on the discussion above, from the perspective of Freud's (1917) grief work, Bowlby's (1961) and Parkes's (1970) models of grief and Worden's (1991) theory of tasks of mourning, solving grief involves the need to sever the connection with the deceased or to replace the relationship with the deceased with a new one in order to readjust to a new life without the deceased. It is, however, hard for bereaved parents to do this.

Parents always hold continuing bonds with their deceased children. The close attachment between parents and their children is hard to sever. Moreover, some scholars (Rosenblatt, 2000; Sormanti and August, 1997; Talbot, 2002) and bereaved parents believe that remaining in the bond with the deceased has a positive influence on adjustment, such as by comforting bereaved parents and healing the grief.

The uniqueness of parental bereavement can be understood through the parent/child bond

based on attachment theory. Attachment theory emphasizes the strong, lasting parent/child attachment which develops through repeated interactions and the proximity facilitated by the attachment behaviours which are designed to elicit caregiving from the parents. Bowlby (1982) believed that this parent/child bond will make grief become a challenge for bereaved parents because it might create responses such as searching for the child. However, the bond between parent and child is considered by some to be irreplaceable, rather than Bowlby's (1982) interpretation of the resolution of grief needing to involve breaking emotional ties with the deceased child. Klass and Marwit (1988) found that parents' and children's relationships are not contingent upon changes in the behaviour of the other, so the bond between them would not be broken by a lack of interaction. More specifically, Klass and Marwit (1988, pp. 91-92) suggested that the type of bond between parent and child can be regarded as a sacred bond which can be understood as "obligations to God, or to ancestors, or to an abstract principle" and will not be interrupted by less interaction or fewer reciprocal relations. Klass and Marwit (1988) observed the phenomenon of parental grief and found that when the attachment between child and parents is broken by the death of the child, it will create two disequilibria in the life of the parents: one in the social environment and the other in the ongoing relationship with the inner representation of the child. The resolution for parental grief is finding new equilibria. So the reactions during the grief process for bereaved parents to reach the new equilibria can be understood as the continuing attachment which bereaved parents try to create and develop with the deceased child.

Klass (1993) identified how parents maintained bonds with their dead children after a ten-year ethnographic study with a group of Compassionate Friends (a self-help group for bereaved parents). He found that bereaved parents felt consoled and comforted by the enduring ongoing attachment to their deceased child. In this self-help group, the central conversational topic of the parents was their dead children. These repeated conversations about the deceased child served to maintain the attachment. Klass (1993) suggested that the bereaved parents were trying to reconstruct their relationship with the dead child within their inner and social worlds by sharing recollections and memories of their children. Attachments were also maintained and nurtured through linking objects such as toys, clothes and jewellery. These linking objects can act as substitutes for the deceased child or as evidence of the existence of the child, or as happy memories between the parents and the deceased child. One of Klass's (1993) interviewees was a bereaved father who said that he felt close to his son

when he looked at his son's favorite toy; he kept this toy on top of his filing cabinet in his study six years after his son's death and talked with the toy as if he were talking with his son.

Schatz (1986) found that bereaved mothers themselves reported a continuing need to share their stories about their children with other bereaved parents. Worden (1991) found that some counsellors changed their strategies on helping bereaved parents over their grief; they no longer forced the bereaved parents to sever the emotional connection with the deceased child, but persuaded them to find an appropriate place for the dead child in their memories and their emotional lives. Sormanti and August (1997) examined the spiritual connections of 43 bereaved parents with their deceased children and found that all of the respondents noted at least one way (usually more) in which they still felt connected to their deceased child. Some 88% of them reported feeling connected to their child through what might be called "helpful interventions", that is, ways in which parents feel that their dead children are somehow assisting them either in their grief or accompanying them in their everyday life.

The majority of the parents described these experiences as positive. Some bereaved parents felt happy and peaceful when they felt that they still had connections with their child. Others felt comforted because they believed that the experiences confirmed that their child was in a safe place or might now be with other deceased family members. Rosenblatt (2000) carried out a narrative study of 58 bereaved parents (29 couples, or former couples) and found that they reported a continuing connection to their child through talking about them to others in their social world and in actually talking to their dead child. Riches and Dawson (2000) carried out an ethnographic study of 50 bereaved parents on recounting their feelings of the bereavement and their findings supported both the claim that bereavement takes place in the social world of which the bereaved parents remain part and the concept of continuing bonds. Talbot (2002), who herself was a bereaved mother, identified in her phenomenological study of 80 bereaved mothers that remembering and maintaining a connection with their dead children was an important healing factor for many bereaved parents. However, some studies have produced the opposite results.

2.4.4 The meaning-making process for bereaved parents

It is generally accepted that meaning is important for helping people to cope with and recover

from significant loss (Park, 2008). Meaning is identified as the “mental representation of possible relationships among things, events and relationships” (Baumeister, 1991, p.15). Meaning appears to be important for confronting highly stressful life experiences. It is important to understand the terminology and process of meaning-making to determine the experience of bereaved parents.

Before analysing the meaning-making model, some terminology needs to be clarified. A global meaning, according to Pargamen (1997), refers to individuals’ general orienting systems consisting of beliefs, goals and subjective feeling, Global beliefs comprise broad views regarding justice, control, predictability, coherence and individuals’ self-views. The global meaning is assumed to be constructed early in life and modified on the basis of personal experiences. Situational meaning (Janoff-Bulman, 1992) refers to meaning in the context of a particular environmental encounter. Situational meaning therefore begins with the occurrence of a potentially stressful event and describes an ongoing set of processes and outcomes, including the assignment of meaning to the event (appraised meaning), the determination of discrepancies between appraised and global meaning, meaning-making, meaning made, and adjustments made to the event.

Since there have been few specific discussions of bereaved parents’ meaning-making, the meaning-making process discussed here is the general meaning-making process. Park (2010) proposed a generally accepted integrated model which incorporated the work of a number of influential theorists and which had six main tenets: 1) people possess global meaning, which is the orienting system which provides them with cognitive frameworks with which to interpret their experiences and gives them the motivation to do so; 2) when they encounter situations which might potentially challenge or stress their global meaning, individuals appraise the situations and assign meaning to them; 3) the extent to which that appraised meaning is discrepant with their global meaning determines the extent to which they experience distress; 4) the distress caused by the discrepancy initiates a process of meaning-making; 5) through their meaning-making efforts, individuals attempt to reduce the discrepancy between appraised and global meaning and restore a sense of the world as meaningful and their own lives as worthwhile; and 6) when this process is successful, it leads to better adjustment to the stressful event.

According to this model, the process of meaning-making is one of recovering from a stressful event by reducing the discrepancy between the original global meaning and the appraised meaning which is generated by the stressful event. Various categorical schemes have been proposed to describe meaning-making. There are four distinct categorical schemes for meaning-making: automatic and deliberate; assimilation and accommodation; searching for comprehensibility and significance; cognitive and emotional. It needs to be clarified that these categorical distinctions are overlapping rather than mutually exclusive.

The automatic and deliberate process: Some scholars believe that the process of meaning-making is an automatic and unconscious process which avoids reminders of a stressful event and reduces the discrepancy by integrating the appraised meaning of the stressor with global meaning (Lepore, 2001). Deliberate meaning-making refers to dealing with a stressful situation by using meaning-making coping strategies. These strategies are distinct from the other kinds of coping strategy in their motivation to reduce the discrepancies between global and appraised meaning. Folkman (1997, p.1216) suggested that meaning-making coping refers to “using positive reappraisal, revising goals and planning goal-directed problem-focused coping, and activating spiritual beliefs and experiences”.

The assimilation and accommodation process: Within the meaning-making process, if the discrepancies between global and appraised meaning are to be reduced, one or both of them will be changed. The assimilation process refers to the fact that within the meaning-making process, the situational appraised meaning changes to become more consistent with the pre-existing global meaning. This accommodation process is the converse of the assimilation process, which is when the global meaning or belief changes to become consistent with the situational appraised meaning (Joseph and Linley, 2005). Some researchers have suggested that the assimilation process is more common since the global meaning is hard to change unless the discrepancy caused by the event is too huge. Others believe that the accommodation process is more advantageous for an individual who faces serious stressors since it allows reorientation to the goals and beliefs and might lead to a better readjustment (Brandtstadter, 2006).

Searching for comprehensibility and significance: These two processes are different in the objects of the search: searching for comprehensibility means trying to answer questions such

as why it has happened and what impact it has had, whereas searching for significance means trying to find out the worth and value of the event (Janoff-Bulman and Frantz, 1997).

Cognitive and emotional processing: Cognitive processing emphasises integrating the experiential data with pre-existing schemata (Williams et al., 2002); it involves reappraisals and repeated comparisons between one's experience and one's existing beliefs in order to modify one or the other. Emotional processing emphasises the release of emotional pressure. Rachman (1980) said that the emotional process is a process of reducing the emotions absorbed in order to ensure that other experiences and behaviours can proceed without disruption.

Summary

In this chapter, I have clarified the terminology of grief, bereavement and mourning, explored the development of western theories on the grief process and identified the main factors which might affect the grief process of the bereaved. The grief of parental bereavement has also been discussed. The key questions about the grief process are whether the bereaved need to withdraw their emotional investment in the deceased for better recovery and whether the bereaved can recover from the grief. Scholars who believe that the grief process of bereaved people follows a model involving stages and tasks support the notion that by withdrawing their emotion, the bereaved can recover from grief after going through all the stages and fulfilling all the tasks. Stroebe et al. proposed a dual-process model in the belief that the process is dynamic rather than linear. They suggested that the situation of the bereaved is an oscillation between a loss-oriented state and a restoration-oriented state. Klass argued that rather than withdrawing their emotional attachment, the bereaved actually keep a continuing bond with the deceased. This continuing bond is believed by some scholars to exist generally within parental bereavement. Age, gender (both parents and child), personality, material resources, relationship with the deceased, cause of death and circumstances following the loss are the factors which can influence the grief process and reactions. Throughout this chapter, I have discussed in general terms the theories of grief, bereavement and specifically parental bereavement in western society. The next chapter will narrow the discussion down to the theories and evidences for Chinese bereaved parents' (*shi du* parents) experiences of losing their child under Chinese culture.

Chapter 3: Studies of parents' experiences of a death

Introduction

As is well-known, a strict one-child policy (OCP) has been imposed in China for the last thirty years. Almost all of the bereaved parents in China have lost their only child. Parkes (2001) advised that any study of grief should take account of the different cultural aspects. Traditional Chinese culture and the singleton-child culture created by the OCP are very important and are likely to affect the grieving and bereavement processes of *shi du* parents. Possibly their grief could be longer, stronger and more complex as a result of Chinese cultural aspects. There are bound to be unique characteristics in their grief reactions and processes. To explore the specific experience of *shi du* parents, these phenomena and reactions are important.

The purpose of this chapter is to set out evidences of the bereavement of *shi du* parents. It focuses on the literature on grief experience of bereaved parents under Chinese culture, which is important for the further analysis of the experience of *shi du* parents who have lost their only child. The chapter is divided into six sections: a systematic review of the previous studies on *shi du* parents; literatures on the consequences for *shi du* parents; literatures on the grief for Chinese *shi du* parents; comparisons between grief theories in western society and in China, and the social problems of *shi du*. In the end of the chapter, a theoretical framework will be given based on the analysis of the studies in these two chapters. *Shi du* parents will be used in this section to represent these bereaved parents who have lost their only child and cannot give birth to another child.

3.1 A review of the previous studies of *shi du* parents

Studies focusing on *shi du* families in China started in 2012. Before that, there were almost no Chinese studies about *shi du* families. The tiny number of related studies before 2012 were about 'the accidental death of the singleton child' and the care for *san wu lao ren* (elders who

have no job, no income and no children). The term ‘shi du’ has only been used by scholars since 2012. Since *shi du* is a unique phenomenon in mainland China, it is inevitable that the literature review would focus more on research studies carried out by Chinese scholars. The search was therefore conducted in the key national research and information publishing institution database China National Knowledge Infrastructure (CNKI). Articles in this database are primarily written in Chinese by scholars in mainland China. This search methodology could have resulted in articles on this topic written in other languages or using other key words to describe the *shi du* phenomenon being missed. Importantly, non-Chinese studies in the literature will be discussed after the analysis of the studies of Chinese researchers. A search using ‘shi du’ as the key word and topic found 1915 academic papers written in Chinese from 2012 until the present. Of these studies, 1352 were journal papers, 495 were theses (both master’s theses and doctoral dissertations), 46 were conference papers and 22 were media reports. Currently, there is no monograph in Chinese on *shi du* families. The number of papers has increased every year from only 28 in 2012 to 234 in 2019, indicating the growing interest in this topic in China.

After reading the abstracts, findings and conclusions of all the 1915 academic papers, I categorise these papers in the literature review lists with the breakdowns of title, key words, discipline, research method and key findings. It shows that the main disciplines relating to *shi du* families are sociology, law and demography. Papers in the discipline of law mainly clarify the responsibility of the government for supporting *shi du* families, issuing new policies and improving current policies on *shi du* families. Papers in the discipline of demography mainly focus on the numbers of *shi du* families and the rate of increase. The two groups of papers are excluded because they are less related with the aim of this research. The aim of this research is to explore the grief experience of *shi du* parents, rather than discussing the responsibility of the government or the concrete quantitative data of *shi du* families. Papers in the discipline of sociology are much more related with this research. They mainly focus on elderly care, social support and the difficulties and the social readjustment of *shi du* families. All the topics on the grief experience (both grief process/ reactions/feelings/ and social problems/social readjustment) of *shi du* parents are involved. However, the majority of these articles are literature reviews that only review the others’ article or offer suggestions directly without any analysis or presenting any first-hand data. The findings and suggestions for these literatures are similar (some of them are even same sentences). These kinds of similar reviews are

excluded. Only thirteen studies paid any attention to the grief experience of *shi du* parents. Of these, only six focused on *shi du* parents and their grief process and conducted empirical research with first-hand data (Tang et al., 2013; He et al., 2014; He et al., 2017; Xu, 2014; Pan, 2017; Pan, 2018); the other seven studies focused on the difficulties in the social life of *shi du* parents after the death of their child (Liang et al., 2013; Xu, 2013; Nan & Huang, 2013; Fang, 2013; Zhu, 2018; Zhang et al., 2019; Liu, 2019). In addition to these mainland Chinese scholars, there are also some scholars (Professor Amy Chow's group from University of Hong Kong) outside the mainland who have carried out influential studies of the grief of Chinese bereaved person. Their research participants were not the specific *shi du* parents as defined in this current study (*shi du* parents: only child has died and they are unable to give birth to a new child and are unwilling to adopt a child) but bereaved Chinese mother who had lost their only child and HongKong bereaved people (who lost their parents and spouse). Their studies and their findings will also be discussed in this chapter.

3.2 The consequences for *shi du* parents in China

The difficulties faced by shi du parents

Families may face many problems after losing the only child. Many research studies have focused on this area. The majority of the previous studies have focused on material difficulties, particularly on financial problems, health problem, elder care problem and the problem of family disintegration.

Currently, there are two reasons given to explain financial difficulties. Some scholars have argued that we live in a society full of risks; illness and accident are the top reasons for the death of the singleton child (Li, 2014). The high medical fees which parents have to pay for saving their child's life would wipe out all their savings and put them into debt (Fang and Ma, 2014). More specifically, in addition to their grief, *shi du* parents have to concentrate on their work because even without any external debt (the medical costs of saving their child's life), reductions in their income can frustrate bereaved parents' plans for their future. The situation is even worse if the parents have wiped out all their savings on securing treatment for their

child or have become seriously ill themselves.

For *shi du* parents, the negative effect on their health is obvious. After losing their only child and living under huge emotional and spiritual pressure, large numbers of *shi du* parents become ill, suffering from disturbances such as depression, high blood pressure and even premature senility. Duan (2015) studied 152 *shi du* parents in Shen Zhen city by questionnaire on the spiritual help for *shi du* parents and found that 62% of them were diagnosed with a chronic illness after their child's death. Large numbers of *shi du* parents have physical health problems, such as insomnia and anorexia, which result in the deterioration of their physical health. And the grief and an irregular lifestyle might become a trigger for serious illnesses such as heart disease and cancer, which can increase the mortality rate among *shi du* parents (He et al., 2014). Pan (2017) found that *shi du* parents feel depressed and negative after losing their child; they start to have visual and auditory hallucinations and most of them display the symptoms of PTSD.

For them, elderly care was one of their chief topics of concern. After the death of their child, they worry about *lao wu suo yi* (no family support from children in their old age) and worry about nobody will take care of them when they are old or have a serious illness (Duan, 2015). They also worry that there will be no worship of them after their death (Li, 2014). The problem of elderly care is not reduced by the presence of some nursing homes in China because they are not only far from sufficient to meet the need but also have extremely strict entry requirements.

Some *shi du* parents might face the problem of family disintegration. After losing the child who was the tie which held the family together, these parents might more easily break up than other parents. More specifically, because of the OCP, the only child becomes the central focus of the family and parents live only for their child. The child can be seen as the tie for the whole family and losing that tie can affect the relationship between the family members. Duan (2015) reported that the divorce rate in Shen Zhen's *shi du* families was 20%, which was much higher than the average divorce rate of 2.29% in Shen Zhen at the same period.

Other consequences of the death of a child

After this review of the relevant literature, the consequences of losing the only child can be concluded as comprising five key elements: deteriorating health; cognitive distortion; grief behaviour; self-reclusiveness and anxiety about future elderly care. Table 3.1 shows the other consequence of these five aspects.

Table 3.1: Five aspects of the consequences of losing an only child

<p><i>Deteriorating health</i></p>	<p>1) <i>Shi du</i> parents feel depressed and negative; they start to have visual and auditory hallucinations; most of them display the symptoms of PTSD (Pan, 2017);</p> <p>2) Large numbers of <i>shi du</i> parents have physical health problems, such as insomnia and anorexia, which result in the deterioration of their physical health;</p> <p>The grief and an irregular lifestyle might become a trigger for serious illnesses such as heart disease and cancer, which can increase the mortality rate among <i>shi du</i> parents (Duan, 2015)</p>
<p><i>Cognitive distortion</i></p>	<p>1) <i>Shi du</i> parents can have unreasonable cognition, such as forming bizarre hypotheses, over amplification and one-sided explanations (Xu, 2014);</p> <p>2) Some <i>shi du</i> parents, especially <i>shi du</i> mothers, believe that they have no reason for remaining alive after they have lost their only child (Shi et al., 2017).</p>
<p><i>Grief behaviour</i></p>	<p>1) Over-reacting; some <i>shi du</i> parents might become defensive, or refuse to go to places where they have ever been with their children, or refuse their child's favorite food, or refuse all entertainments (He et al., 2014);</p> <p>2) Loss of control of behaviour and emotions, such as weeping, cannot stop crying (He et al., 2014)</p>
<p><i>Self-reclusiveness</i></p>	<p>1) They stop communicating with friends and acquaintances, and keep themselves closed in (Liang et al., 2013);</p> <p>2) They become socially selective, and prefer to talk with people who have had the same experiences as them (Fang, 2013);</p> <p>3) Family breakup: the divorce rate of <i>shi du</i> parents is much higher than that of other parents (Duan, 2015).</p>

<i>Anxiety about future elderly care</i>	<p>1) They worry about <i>lao wu suo yi</i> (no family support from children in their old age) and no worship of them after their death; they worry about their care in old age: nobody will take care of them when they are old or have a serious illness (Duan, 2015).</p>
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3.3 Grief experience of Chinese *shi du* parents

The grief process of shi du parents

Compared with more studies on the material difficulties of *shi du* parents, there are just six Chinese studies focusing on the grief of *shi du* parents: four of these studies focused on the grief process of *shi du* parents (Tang et al., 2013; Xu, 2014; He et al., 2017; Pan, 2017); one focused on the grief reactions of *shi du* parents (He et al., 2014) and one focused on the factors influencing *shi du* parents' grief based on the conclusion of his own study of the grief process of *shi du* parents (Pan, 2018). Among the four studies on the grief process, three of them suggested that grief for *shi du* parents is a staged process (Tang et al., 2013; Xu, 2014; Pan, 2017), unlike the western scholars who have explored grief. The differences in their thinking are in the number of stages and the whole trend of the grief. He, Tang and their team (He and Tang are in the same team, so the references Tang et al., 2013, He et al., 2014 and He et al., 2017 all refer to the same research team) changed their statements in their latest study (He et al., 2017), which showed evidences of the existence of continuing bonds between *shi du* parents and their deceased child, which means that the process is not staged, which is opposite of their prior conclusions (Tang et al., 2013) on the grief process of *shi du* parents.

Tang and He and their psychological colleagues (2013) conducted a case study to determine the grief process of *shi du* parents by interviewing one *shi du* mother based in Beijing. As the result of the study, Tang and He and their colleagues suggested that the grief process of *shi du* parents consisted of three stages: the intrusion and avoidance stage, the steady stage and the regression stage. In the first stage, the bereaved mother had experienced strong separation distress and traumatic distress. In this stage, she avoided all kinds of reminder by moving away and keeping herself busy. In the steady stage, this mother had accepted the fact of her

loss and could concentrate on her life and work. In the third stage, she lost the emotional support and family support because her husband had been diagnosed with depression. This brought her behaviour and feelings back to the first stage of the bereavement.

Based on the conclusions of this study, He et al. (2014) conducted a study to explore grief reactions by interviewing four *shi du* parents (including the same *shi du* mother who had participated in the first study). As a result, they identified four categories of grief reactions of *shi du* parents: 1) emotional reactions, including missing/yearning, loneliness, regret/guilt, helplessness/hopelessness, pity, fear of festivals, emptiness, anxiety, shock and pain; 2) cognitive reactions, including disbelief, injustice, hallucinations, intrusive thoughts, rumination, self-deprecation and suicidal ideation; 3) behavioural reactions, including weeping, social withdrawal, avoidance of reminders of the deceased, arranging to keep the belongings of the deceased; and 4) physical reactions, including fatigue, disturbed sleep, and dreams of the deceased. These four grief reactions can affect *shi du* parents' ordinary life and their family development.

In He and Tang's latest study (He et al, 2017), which is one year after my research was conducted, the understanding of the grief of *shi du* parents changed. The findings indicated that continuing bonds exist between *shi du* parents and their deceased child. The research team explored the continuing bonds between *shi du* parents and their child after interviewing eleven *shi du* parents in Beijing. They reported that there are five main forms of the existence of continuing bonds: seeing the deceased child; keeping their stuff; mourning; dreaming of their child and the inner connect. According to He et al. (2017), some *shi du* parents said that they could see and hear their deceased child after his/her death and this frequently occur in the very early time after losing their child; some *shi du* parents also said that they kept their child's stuff and some of them would look at the stuff again and again when they missed their child; two of *shi du* parents said that they would visit the child's tomb when they missed their child or write condolence messages for their child as mourning practice; some parents said that they dreamed of their child and one mother believed that the content of the dream was what her daughter wanted to tell her; *shi du* parents also said that they had an inner connection with their child, they felt that their child never left them and they kept talking to their child and trying to fulfil their child's last wishes.

Xu (2014) also suggested that the grief process is staged and comprises three stages by interviewing fifteen *shi du* parents in her study to explore the demands of *shi du* parents during their grief stages. Xu concluded that the three stages were a denying stage, a pain-suffering stage and a pain-relieving stage. Each stage has its own characteristics and demands. The main characteristic of the first stage is the absence of a corresponding emotional reaction. Most bereaved parents feel numb and unreal. They cannot accept the fact of the loss. Some bereaved individuals express a state of constantly seeking for the deceased, which can also involve hallucinations. Then the bereaved move to the second stage of pain suffering. In this stage, the bereaved might feel loneliness and anxiety. Three specific emotions can affect bereaved parents' life. First, irrational self-blame. Bereaved parents constantly recall the time spent with their child in this stage. Some of them feel guilty for being too busy at work so that they ignored their child, or they were too strict with their child. Compared with other parents, bereaved parents whose child has died accidentally experience stronger irrational self-blame. Some who have strong self-blame even believe that they are somehow the main cause of the death of their child. The second specific emotion is anger on behalf of the deceased. They might blame the doctors, the hospital and themselves for not saving their child's life or not providing the best care. However, some parents might be angry with the deceased child her/himself for the death. This can be understood as a symptom of the huge mental gap between the current situation and the future life which had been expected. They feel hopeless for the future in the current situation. The third specific emotion is constantly seeking reasons for the death. *Shi du* parents might complain that they have an unfair life and keep thinking about why they are the ones who suffer from this pain. Xu (2014) reported that twelve of the fifteen bereaved parents in the study thought about the reasons for the death every day so that most of them became depressed. After a long period in the pain-suffering stage, they move on to the pain-relieving stage. In this stage, *shi du* parents calm down and feel less pain in their everyday life. They might accept the fact of the loss gradually and will mourn by recalling memories of their time with the deceased.

Pan (2017) also believed that the grief processes of *shi du* parents are staged. After interviewing 100 parents on their grief process, he divided the grief process into five stages. Unlike Xu's (2014) model of grief, he suggested that *shi du* parents cannot move from the emotions of anger and blame to the pain-relieving stage, but that there are more struggles for *shi du* parents to accept the fact of bereavement. Pan's five stages of the grief process were

shock and rejection of the fact; anger and blame; numbness and reclusiveness; regret, bargaining and defiance; and acceptance and readjustment. The first and second stages are almost the same as Xu's (2014) model. Pan proposed that after anger and blame, *shi du* parents feel no hope and no plan for the future and step into a period filled with black moods and depression and have no reaction to any external situations. Everything in their life is out of control. Pan suggested that this period might last more than two or three years. The fourth stage is one of regret, bargaining and defiance. Most *shi du* parents indulged in mental bargaining when they lost their child; for example they would exchange their lifetime for a longer life for their child. They regret what they have done previously which they believe might have caused them to be in their current situation. For example, they might regret why they did not give birth to one more child, or why they allowed their only child to go out and face the risk of death. For some whose child has died from illness, the bargaining might have started earlier, before the death, and the parents would like to trade their own life and health to help their child to defeat death. When bereaved parents calm down and realize that the loss is not their fault or their child's fault, they will think about what they should do now and what kind of life they would like to have in the future. They might then be ready to return to their everyday life.

In Pan's latest study (Pan, 2018), he still indicated that that the grief of *shi du* parents is staged and he tried to identify the factors which influence *shi du* parents' recovery from the grief based on the staged model by distributing questionnaires to 1084 *shi du* parents. The results showed that there are six main factors which might influence *shi du* parents' recovery from their grief: the length of bereavement; the Hukou system; the number of grandchildren; the social supports they received; the subsidies they received and the hobbies they have in their spare time. However, Pan gave no definition or explanation of the meaning of recovery (as the last stage of the staged model) from the grief. He just put the question 'Do you think you have recovered from the grief?' and gave two options for reply: 'Still not' and 'Slowly walking out'. *Shi du* parents might have their own understanding of the meaning of recovery which might not be the same as that of others.

The three studies discussed above classified the stages of grief after bereavement from interviews with *shi du* parents and they all suggested that the grief process is a staged model, which means the process is a linear process and eventually reaches some kind of end stage.

Shi du parents will experience all these stages and move automatically from one stage to another. The staged models also assume that grief has a destination. When *shi du* parents have spent enough time grieving or have taken part in an intervention or counselling, the grief will end and the bereaved individuals will return to the life which they used to have. However, *shi du* parents have different backgrounds and personalities, and it is unrealistic to assume that the entire population of bereaved parents would have the same reactions to their loss. The findings from the western studies discussed in the previous section would suggest that this is likely. Moreover, the western studies suggested there is no obvious boundary for each stage and that some emotions persist repeatedly, such as sadness, regret and depression (Klass, 1993; Stroebe and Schut, 1999). It is hard to distinguish which stage a bereaved individual is in using only these emotions as a guide. In addition, there are many influential factors which might affect the level and the process of grief, which could be longer or shorter, or even skip some of the stages identified. Tang et al.'s (2013) model suggests that one of the stages is regression, with *shi du* parents' behaviours and feelings going back to earlier stages. However, this suggestion was based on the responses of only one interviewee. It is difficult for us to know whether the grief process is cyclic or iterative, and whether that study was a particularly unusual case. In He and Tang's latest study (He et al., 2017), they indicated the existence of the continuing bonds between *shi du* parents and their deceased child, which means that *shi du* parents cannot detach from their relationship with their child, which means that they cannot totally recover from the grief to finish the last stage of their grief. This conclusion is the same as that of Chan and Chow's finding (Chan et al., 2005). Although Chan et al. (2005) did not aim to explore the experience of *shi du* parents specifically but the experience of 52 Chinese bereaved people (27 of whom had lost their spouse, twelve had lost their parents, nine had lost their child and two had lost a sibling), their findings showed that the bereaved people had maintained continuing bonds with their deceased family members. Because of these two opposite opinions, more research is needed on the grief process of *shi du* parents.

In addition to Chan and Chow's study, there has also been an influential study of the grief experience of Chinese bereaved people: the participants were parents who had lost their only child but might have had another child after that, and Chinese bereaved people other than parents. Chow and her colleagues (Fu et al., 2020) conducted a two-year longitudinal study (the participants were interviewed four times, at 6 months, 12 months, 18 months and 24

months) on six bereaved mothers who had lost their only child in the 2008 Sichuan earthquake. Their findings showed that the grief experiences of these bereaved mothers involved anger, despair at their meaningless life, guilt, and regret and yearning. They felt angry at the poor quality of their child's school building and the irresponsible teachers who they thought had left their child behind and escaped from the collapsing buildings themselves. This was regarded as the direct cause of the children's deaths by the bereaved mothers. Most of the mothers regretted that they had disciplined their child too much and they felt guilty that they now had no chance to make it up to them. The findings showed that there were four types of yearning during their grief. At the early stage (0-6 months after the earthquake), the bereaved mothers suffered involuntary yearning, which meant that anything around them could remind them of their child and they could not stop thinking about their child. After this, their yearning became triggered only by the specific reminders. Two years after the earthquake, their yearning became voluntary yearning, which meant that the bereaved mothers could control their yearning and use it as a method for comforting their grief.

3.4 A comparison of grief theories in western society and China

A comparison of the grief process in western society and China

Table 3.2 A comparison of the grief process in western and Chinese theories

<i>Process of grief</i>	<i>Western theories</i>	<i>Chinese theories</i>
<i>Staged and phases model</i>	Three-stage; four-phase and five-stage/task models	Three stages; five stages
<i>Dynamic model</i>	Dual-process model	N/A
<i>Inner connection with the deceased</i>	Continuing bonds	Ancestor worship/ mourning families

Table 3.2 outlines all the mainstream theories on the grief process in western society and China. There have been several studies of the bereavement process in western society: Kübler-Ross (1969), Bowlby (1961), Parkes (1970) and Worden (1982) all proposed staged

and phased models. They believed that grief is a process which involves different stages or phases, each of which has its own characteristics, and that bereaved people can recover after going through all the stages or completing all the tasks. Stroebe and Schut (1999), on the other hand, maintained that the processing of grief follows a dual-process model. Bereaved individuals cope with their grief by two processes: loss-oriented and restoration-oriented. The central element of the grief process is the oscillation between these two processes. These two models each have their own supporters and attitudes to the two groups continue to differ. The key controversial point for these two groups is that whether the bereaved need to detach from the emotional connection with the deceased. For the staged and phased models, the emotional investment and connection with the deceased needs to be gradually withdrawn to reach a status of recovery to finish the whole grief process. They believe that continuing bonds have a negative effect on recovery from grief and can actually increase the distress caused by the grief and prevent a bereaved person from recovering. Another group of scholars believe that the process is dynamic and that continuing bonds exist within the whole grief process of the bereaved people, which means that the bereaved will not reach the recovery by withdrawing the emotional connection with the deceased.

Compared with the studies carried out in the west, Chinese theories on the grief process are much fewer. Only a few studies have focused on grief processing. The majority of these studies have shown that the grief processes for Chinese *shi du* families follow the staged and phased models explained in the previous section; Chinese scholars have put forward both a three-stage and a five-stage model. However, even though only one Chinese study on the grief process has mentioned the existence of continuing bonds, there is still some evidence showing that bereaved parents maintain continuing bonds with their deceased families. Chan et al.'s (2005) findings from their study of 52 Chinese bereaved individuals' grief reactions showed that the Chinese interviewees (including nine bereaved parents but it is not clear whether they were all *shi du* parents) showed that they all maintained continuing bonds with the deceased and that most of them felt solace and comfort because they felt close to the deceased. A small group of participants felt upset because their feelings of loss and sorrow remained with them. Another study has also shown evidence of continuing bonds; Liao et al. (2018) carried out a narrative analysis on the content of messages which *shi du* parents posted on their personal Sina Weibo accounts (a social network software like Twitter) to identify the meaning of life for *shi du* parents. This study did not directly mention or analyse the grief process of *shi du*

parents, but it did report finding that there were continuing bonds between *shi du* parents and their deceased child after the death of the child, which is actually the opposite of the staged model. Even though the researchers had taken the staged model directly as their theoretical framework, when they started to analyse the grief reactions of *shi du* parents, the evidence which they found still showed the existence of continuing bonds.

Considering the cultural background, it is difficult to say that these staged and phased models can well describe the grief processes of Chinese *shi du* families. As has been discussed, any staged model implies that the grief can be recovered from by gradually withdrawing the emotions felt for the deceased. However, the rituals of ancestor worship and the festival for mourning the deceased play an important role in Chinese traditional culture. It seems that there are conflicts between withdrawing the emotions from the deceased and ancestor worship and the festival for mourning the deceased. In some areas of China, this festival is almost the biggest event of the year. More specifically, Confucianism is the most powerful philosophy guiding Chinese society in its social behaviour. It emphasizes the importance of family and social order. Confucianism focuses on five key relationships: ruler/subject, father/son, husband/wife, elder/younger and friend/friend. Within these hierarchical relationships, the lower ranks are expected to show respect and obedience to the higher ranks (Lee, 1995). For families, Confucianism forms an ethics-based traditional family system. The rituals of ancestor worship are important for the whole family because ritual is the way of showing respect. The ritual usually takes place during a festival or after a significant event has happened to the family. Two aims are usually achieved during the ritual: maintaining the memory of parents and ancestors, and praying for a blessing or guidance. Traditional Chinese families usually have an altar at home for honouring their ancestors. When a family member is facing an important event such as school examinations, an interview for a new job or even surgery, it is quite common for the Chinese to report to their ancestors through the altar and ask for blessings. Klass and Walter (2001) explained in a western context that these continuing bonds can be expressed in four ways: a sense of the presence of the dead, talking to the dead, taking the dead as moral guides, and talking about the dead. This ancestor worship is a kind of continuing bond. Confucianism puts an emphasis on maintaining a sense of kinship through ancestor worship, which reflects the importance of continuing bonds in Chinese traditional culture. So when we analyse the grief process of Chinese *shi du* parents, the continuing bonds within the custom of their traditional culture should be considered.

According to the staged and phased models, the continuing bonds with the deceased need to be stopped, which conflicts with their cultural background for *shi du* parents. So arguably a staged and phased model is not appropriate for Chinese *shi du* parents. Of the three Chinese scholars who put forward a staged model, Pan (2017) referred to the existence of continuing bonds, but he misunderstood the meaning of continuing bonds with a deceased child as repeatedly recalling the memory of the death of the child rather than continuing to feel the bond with the deceased child. That is why he claimed that the continuing bonds with a deceased child will increase the grief and pain for *shi du* parents and that the key decisive factor for *shi du* parents to recover from their grief is to detach themselves from their deceased child emotionally. Neither Xu (2014) nor He et al. (2014) considered the cultural influence on the grief of *shi du* parents.

The complicated grief of shi du parents

The grief of *shi du* parents is more complex and stronger than other kinds of bereavement, according to the literature. Pan (2017) suggested that 80% of *shi du* parents suffered from post-traumatic stress disorder (PTSD) after losing their only child. This percentage is much higher than other kinds of bereavement such as the loss of a spouse; Zisook (1998) found that some 36% of bereaved individuals had PTSD after losing their spouse. The definition of complicated grief may be good for describing the grief of *shi du* parents. For other kinds of bereavement, the grief symptoms would decline gradually over a period of time for some bereaved individuals, but other who experience complicated grief (that is, prolonged grief disorder) struggle to adapt to their loss (Crunk et al., 2017). Complicated grief is a form of prolonged acute grief. The word ‘complicated’ is used to describe the medical sense of a superimposed process which impedes healing. The symptoms of complicated grief include frequent intense yearning, emotional pain, excessive avoidance of reminders of the loss, difficulty accepting the death, feeling alone and empty (Shear et al., 2013). Bereaved people with complicated grief have profound yearning, continue to try to reconnect with the deceased and have intense separation distress and thoughts about the loved one (Riley et al., 2013). They also show behaviour such as continuous determination to feel closer to the deceased, avoidance of reminders of the death of the deceased, recurrent intrusive images of dreams and prolonged disbelief (Riley et al., 2013; Crunk et al., 2017).

Bereaved individuals who experience complicated grief usual show intensified grief symptoms and fail to lose these symptoms naturally within six months after the loss. Complicated grief may result in clinically significant psychological and physical distress. It may cause the damnification of social functioning. Golden and Dalglish (2012) examined three groups of midlife adults and suggested that it can also cause self-devaluation and negative self-related cognition about the future.

Shear et al. (2013) suggested that complicated grief tends to occur after the loss of a very close relationship with the deceased, such as loss of a spouse or a child. She believed that problems related to the circumstances and context of the loss and the internal problems with the adaptation process of bereaved may make the grief becomes complicated (Shear et al., 2013). Burke and Neimeyer (2012) explored six categories of complicated grief: 1) low level of social support, 2) avoidant/anxious/insecure attachment style, 3) dissatisfaction with death notification, 4) the deceased is a child, spouse or a parent, 5) high level of previous marital dependency, and 6) high level of neuroticism. Other studies also indicated the potential risk factors for complicated grief: 1) gender; women are reported to have a greater risk than men of separation distress; 2) kinships; studies have shown that higher levels of grief and complicated grief exist in immediate family members compared with distant kin; and 3) race/ethnicity; some studies have identified racial/ethnic minorities reporting higher levels of grief and complicated grief compared with Caucasians.

Table 3.3 summarises the key factors for grief in western society and in China. The factors are quite similar, but the ways in which they affect the grief process are different. The main difference is that the grief of Chinese *shi du* parents is affected by their traditional culture. In Chinese culture, the influential factors can also change. It is important to analyse the factors related to the cultural background, which is something overlooked by recent Chinese scholars.

Table 3.3 Comparisons of influential factors in western and Chinese theories

<i>Factors</i>	<i>Western theories</i>	<i>Chinese theories</i>
<i>Personality</i>	√	√
<i>Relationship with the deceased</i>	√	√

<i>Type of death</i>	√	√
<i>Circumstance following the loss</i>	√	√
<i>The number of remaining children</i>	√	√
<i>Traditional culture</i>		√

3.5 The social problems of *shi du* parents

Compared with other kinds of bereavement and the parental grief in other societies, there are special characteristics of the grief experience of *shi du* parents. These parents may face social problems under the influence of Chinese culture. Before analysing this point, it is important to understand the meaning of death in the cultural context of the grief of Chinese *shi du* parents.

Understanding the meaning of death in Chinese culture

In Chinese culture, death usually evokes negative emotions. The attitude to death in Chinese culture is *wu* ('detest'), *hui* ('taboo') and *ji* ('mourning') (Wei and You, 2012). It is easy to understand why death is detested in traditional Chinese culture. The key fundamental theory in Confucianism is *ru shi*. The perspective of *ru shi* is that being alive is the best thing in the world. It emphasises the achievement of having the greatest wisdom when living and trying to expand the value of life and the achievement which being alive represents (Chan et al., 2005). Based on this view, being alive is given an obvious moral meaning. Death, on the other hand, is the worst wickedness. There is a huge gap between life and death, and death will destroy everything.

Death is therefore a taboo in Chinese traditional culture for two reasons. The first reason is that death is always regarded as ominous, gloomy and bad luck because it stops people from achieving good things and having a future. The bad luck and ominous implications of death

are seen as an aura (Chan et al., 2005) which can infect the people, place or environment around it. According to Kong et al. (2016), dying at home is seen as contaminating the living space by Chinese elderly people. In addition, some kind of death has been associated with punishment, as the consequence of bad behaviors. The death of a child always has immoral implications because death will end the continuation of a kin line (Bai and Zhong, 2019). For Chinese people, family identity is primary and more central than individual identity (Ho and Sean, 2007). One of the characteristics of Chinese traditional culture is the huge value placed on the family. The development and the prosperity of a family rely on the continuation of their bloodline. In Confucianism, the biggest issue for a family is the continuation of the bloodline. Death of a child in Chinese society is therefore not an individual matter, but a concern for a whole group (Ho and Sean, 2007). It can be understood, therefore, that a death not only affects the individual but also has an effect on the whole family. For example, the death of a child is seen as the end of the continuation of the family and it impedes the development of the family. It causes huge damage to a family. Throughout the ages, the most vicious curse in China is *duan zi jue sun* ('may all the offspring in this family die').

In Chinese culture, there is a strong belief in the afterlife and this belief in the afterlife and reincarnation fosters the hope of reunion or the reconciliation of the deceased and the bereaved. Mourning and expressions of grief are shown openly and directly. Weeping, wearing plain-coloured clothes and suppressing happy events are some examples of how grief is managed in Chinese families. However, these expressions are often considered appropriate only when the deceased person is an elder.

Parents will not take part in the funeral of their child (Chan et al., 2005). The death of a young child or even an adult child is not viewed positively and is perceived as a 'bad death' if the parents or even the grandparents of the deceased are still alive. There are two reasons for this. First, it is a phenomenon which runs against the law of nature. The natural process means that people die naturally and there is a logical expectation that parents will die before their children. If a child dies first, it is against the natural process and will be regarded as an abnormal death (Bai and Zhong, 2019). As explained above, an abnormal death is given a moral significance as the consequence of immoral behaviour. Based on this belief, a child's death will be interpreted as the result of his/her parents doing many bad things or it might be regarded as that the family is not blessed (Bai and Zhong, 2019). The family members may

therefore feel shameful because of the early death. Moreover, the death of a child ruins *shan zhong* ('the completeness of life'). *Shan zhong* represents a complete life, which means that when a person is alive, s/he has a happy and successful life, and when s/he dies, s/he dies naturally and at peace, and is crowned by family members with their blessings and the fact that they miss her/him (Chan et al., 2005)

Bereaved people tend to rely on the facial expression of the deceased at the moment of death as the basis of determining the feeling which the deceased went through at that last moment (Ho and Sean, 2007). If the mouth or the eyes of the deceased are not completely closed, it will be interpreted as that the deceased had words unsaid or an unwillingness to leave the world because the one s/he misses is not beside her/him. The bereaved will feel overwhelming guilt and blame themselves if they find that they are unable to facilitate a peaceful or a 'complete' death for the deceased. Great emphasis is put on filial piety in Confucianism, so the dutiful child's most important responsibility in life is to serve her/his parents well, and that includes giving them a proper burial and treating their memory in an appropriate way after they die. *Wu ren song zhong* means that individuals with no children will have nobody to bury or worship them after their death. Such a death indicates that the whole life of the deceased is unsuccessful and incomplete. In some rural areas, without children's presence as witnesses, a parent's death even seems to be a curse (Chan et al., 2005). This brings huge pressure for Chinese *shi du* parents when they think that there will be no children at their funeral, that no children will worship them after their death and that their bloodline cannot continue. These are strong cultural influences that will also affect *shi du* parents' social relationships in society.

Social withdrawal, social exclusion and stigmatisation

With the meaning added by the traditional culture to the death of the child, the attitude of *shi du* parents to society and the way in which the others treat *shi du* parents may differentiate from the other kinds of bereaved people. Contemporary researchers are engaging more with these social problems; scholars have started to address this problem in their studies and have recognized the phenomenon that *shi du* parents prefer social withdrawal, but this problem has not been well analysed. Nan and Huang (2013) pointed out that *shi du* parents choose to

escape from society and abandon themselves in their memories after losing their child. Liang et al. (2013) also found that most bereaved parents have no social life after losing their child and avoid communicating with their old friends after studying online psychological questionnaire responses from 50 *shi du* parents. Fang (2013) used a questionnaire with 290 *shi du* parents in Hefei city and the results showed that *shi du* parents tried to avoid contact with others after losing of their child and preferred to stay with people who had had the same experience as them. Zhu (2018) suggested that *shi du* parents can withdraw themselves from society after the death of their child. Scholars have therefore mentioned this phenomenon, but few studies have tried to find the reasons behind it. In addition to *shi du* parents' social withdraw, scholars have also mentioned the phenomenon of social exclusion which *shi du* parents can face. Xu (2013) mentioned the cultural background in his analysis of the difficulties of *shi du* parents, in that if a child dies before his/her parents and the family has no children left, this family will be labeled as inauspicious. This means that the parents will be regarded as 'having done too many bad things, so they lost their child' and will be regarded as unlucky people by their neighbors and friends, who will avoid associating with them. Zhang et al. (2019) concluded that *shi du* parents feel that they are excluded from the society and cannot have a sense of belonging to society after interviewing seven *shi du* parents in Jiangsu province. Liu (2019) also mentioned the phenomenon that *shi du* parents are marginalised by the society and that their lives are full of difficulties because they are labelled as inauspicious in the culture in their study of the social readjustment of *shi du* parents.

In addition to these studies of *shi du* parents, scholars have also explored the social problems of Chinese bereaved mothers who have lost their only child. The bereaved mothers in Fu et al.'s (2020) study said that they had lost family stability (two of the six bereaved mothers had subsequently divorced) and had encountered additional pressure in their social interactions after the death of their child. These social pressures were twofold. First, the encouragement of their relatives and friends to overcome the grief as soon as possible made them feel pressure even though they knew their friends' and relatives' good intentions. They also felt discriminated against and stigmatised in social interactions because of other people's beliefs in Karma. One participant indicated that her family (since she moved away) were humiliated by their neighbor. Second, these bereaved mothers also reported that they had changed their social circle and now tended to attach themselves to bereaved mothers who had the same experience as them.

Although all of these studies acknowledged the social issue for *shi du* parents and the existence of the cultural influence, few of them touched on the reasons for this and how *shi du* social relationships change under the cultural influence. Two theories which might help us to understand that are ‘stigma’ and ‘disenfranchised grief’.

Previous studies have referred to the stigmatisation of *shi du* parents/bereaved parents who have lost their only child. Some aspects of the theory of stigma going back to Goffman therefore need to be reviewed. The word ‘stigma’ refers to bodily signs believed to reveal something unusual and bad about the moral status of a person and stigmata were strongly regarded as a visual identification mark by the ancient Greeks. Today, the term is widely used to refer to an attribute which is deeply discrediting (Goffman, 1963). The definitions of stigma always contain two fundamental elements: the recognition of difference, and devaluation (Bos, 2013). People who become associated with a stigmatised condition thus pass from a moral to a discredited social status (Goffman, 1963). Goffman viewed the processes of social construction as central and described a stigma as a relationship between an attribute and a stereotype. In his view, stigmata occur as a discrepancy between the virtual social identity (how a person is characterised by society) and the actual social identity (the real person with his/her individual attributes). Since stigmata occur in social interactions, the stigma is considered to reside not in the person but in the social context (Crocker et al., 2000). The situation of stigmatising is not universal; a stigma in one social context does not mean that it will be stigmatised in another (Crocker et al., 1998). The two principal manifestations of stigmatisation are overt and subtle. The overt form can be manifested as avoidance, social rejection and contempt whilst the subtle form is more indirect, as in non-verbal expressions such as the avoidance of eye contact (Bos, 2013).

Disenfranchised Grief

Based on the previous analysis of the implications of the death of a child in Chinese culture, the definition of disenfranchised grief needs to be established in order to help us to understand parental grief if they are facing social issues. After a death, people will experience a separation from someone or something which is important to them. Where there is

attachment, it must be accompanied by loss. The grieving process follows a loss. There are numerous circumstances in which grief is disenfranchised. The notion of disenfranchised grief was first put forward by Kenneth Doka in 1989. He defined it as the “grief that persons experience when they incur a loss that is not or cannot be openly acknowledged, socially sanctioned or publicly mourned” (Doka, 1989, p.4). Under this definition, Doka proposed three characteristics of disenfranchised grief:

- the grief cannot be openly acknowledged, which implies that the grief might relate to some degree of secrecy or stigma attached to it which means that it will be improper to mention the grief;
- the grief is not socially sanctioned, which implies that it is associated with elements of social disapproval;
- the grief cannot be mourned publicly, which implies that the expressions of the grief or the cause of death are publicly denied.

In addition to this definition, Doka (1989; 2002) also put forward five different types of disenfranchisement (three in 1989 and two more in 2002):

- 1) The relationship is not recognised: the relationships between bereaved people and deceased people are non-traditional or unsanctioned. According to Corr (1999), unrecognised relationships refer not only to relationships which cannot be publicly recognised or socially sanctioned, such as unsuspected, past or secret relationships, but also to relationships which are not appreciated in practice or to particular instances such as friends, in-laws, ex-spouses or former lovers.
- 2) The loss is not acknowledged: it is not perceived as being significant. This can be understood as that the loss which is disenfranchised is a failure or unwillingness on the part of society to recognise that the type of the loss involves real loss, such as the death of a pet or a perinatal death.
- 3) The griever is excluded: some grievers are socially defined as being incapable of understanding death, such as young children or the confused elderly.

4) The circumstances of the death. This kind of disenfranchised death includes loss related to stigma or embarrassment (for example, someone has committed suicide or has died from AIDS).

5) The ways in which individuals grieve, which refers to a style of grieving which might conflict with social expectations.

Robsan and Walter (2013) examined the concept of disenfranchised grief and suggested that it is not binary (either enfranchised or disenfranchised) but scalar or hierarchical, or even more complex. They studied fifteen kinds of potential mourners around three people who had just died and asked the participants to rank the mourners by the intensity and duration of their grief based on their relationship with the deceased. The findings showed that the mourners were ranked by the participants within a hierarchy of mourners. Bereaved parents, spouse and children were the chief mourners, followed by siblings. The lesser mourners were the people who were outside the close kin group. Robsan and Walter (2013) suggested that disenfranchisement is a feeling experienced by those mourners whose grief exceeds or is inconsistent with their position in the mourners' hierarchy.

Grief always occurs within a particular social or cultural context and national history (Walter, 2012; 2020). The concept of disenfranchised grief recognizes that in various spoken and unspoken ways, social and cultural communities can deny recognition, legitimation or support for the grief experienced by individuals, families and small groups. Corr (2002) expanded the understanding of disenfranchisement to aspects of grief reaction and mourning beyond aspects of bereavement. He suggested that when people insist that it is inappropriate for the bereaved to experience the feelings, thoughts or behaviours which are their reactions to their loss, the grief reactions become disenfranchised. Walter (1999, p.120) wrote that "all societies have rules for how the expression of grief is to be displayed and handled", and those who do not conform to social expectations are labelled as aberrant. Mourning can also be disenfranchised when the ritual is dismissed or the bereaved are discouraged from participating in the mourning rituals. For example, as mentioned above, Chinese bereaved parents, as the chief mourners in Robsan and Walter's (2013) mourner hierarchy, are not actually allowed to take part in their child's funeral, so their public mourning is still

disenfranchised.

Some scholars have suggested that the disenfranchisement of grief is a failure in various aspects, such as empathy failure (Neimeyer and Jordan, 2002), which can be understood as a failure to empathise with the bereaved and their suffering, or political failure (Attig, 2004), which involves the abuse or the redistribution of power in relationships. Disenfranchised grief occurs when others presume to know but do not actually understand the griever's suffering and presume to decide what is best for a mourner and to limit her/his options, expressions and behaviour to overcome the suffering. So overall, the cultural aspects of considering the death of a child in Chinese culture as inauspicious suggests a process of stigmatization is operating, as can be seen in particular in the disenfranchised grief types 2 and 4 in Doka's analysis. All of the theories described will now be discussed in terms of how they form a theoretical framework for the study.

3.6 The theoretical framework for the research

Table 3.4 below brings together all the theories discussed in this chapter. It highlights each theory and how it might potentially fit with aspects of Chinese culture as well as highlighting what we do not know from the literature and how my thesis will explore this gap empirically. It focuses on continuing bonds, the dual-process model of grief, the culture of stigma and disenfranchised grief. It is acknowledged that in the particular circumstances of *shi du* parents, they may also suffer from experiences of complicated grief (prolonged grief) as discussed above. Stroebe et al. (2012) looked at the evidence and debated whether complicated grief is a medical disorder, how it is distinct from other psychiatric disorders and whether it should be included in the DSM (Diagnostic and Statistical Manual of Mental Disorder) and tried to find a better way for intervention. Although there is still no generally accepted definition of complicated grief and also still no agreement on the set of diagnostic criteria for it, they believed that there is an agreement that complicated grief is a pathological condition, a mental disorder. Three main features of complicated grief are agreed, that it differs from normal grief in intensity, in quality and in duration. This theory will serve as an underlying context for this current study in which it is important to be sensitive to respondents' individual experiences, but it will not be possible to directly investigate these phenomena as to do so properly might require longitudinal and psychological methods and this is beyond the scope of this thesis.

Table 3.4 The theoretical framework for the research

<i>Theories</i>	Fitness for Chinese culture (Confucianism; Taoism; Buddhism)	What we don't know	My research
<i>Continuing bonds</i>	Ancestor worship; the blessing; the spirit coming back; festival ritual	How this theory fits Chinese culture and the process of the grief of <i>shi du</i> parents. 1) What is the meaning of a singleton child for parents?	Explores if Chinese <i>shi du</i> parents maintain continuing bonds with their deceased child and the ways they do this. Finds out the meaning of the singleton child for parents and for the whole family

		<p>2) What does the death of a child mean to their parents in China?</p> <p>3) How do <i>shi du</i> parents understand the death of their child?</p> <p>4) How do they find meaning in the death?</p>	and how <i>shi du</i> parents understand the death of the child.
Dual-process model	<i>xiao</i> ('filial piety')	The process of grief in Chinese culture	Explores the grief process of <i>shi du</i> parents and tests whether the dual-process model explains the grief process of <i>shi du</i> parents and how it affects them.
Culture of inauspiciousness, stigma and disenfranchised grief	Fate; karma; <i>qi</i> ; <i>yua</i> Karma; curse; 'the white headed witness the death of the black headed'	<p>(1) What are the changes in the social environment and social relationships for bereaved parents after the death of their child?</p> <p>(2) How does the culture influence <i>shi du</i> parents' social relationships?</p>	Finds out how the cultural stigmatizing beliefs influence the grief and the grief process of <i>shi du</i> parents.

Based on the analysis of the relevant literature in this and the previous chapters, this study is designed to explore *shi du* parents' experience following the death of their child, including the grief experience of *shi du* parents under the influence of Chinese culture which has hitherto been overlooked by Chinese scholars; the unexplored phenomenon of the social reclusiveness and self-exclusion of *shi du* parents; and how they make sense of the death and reconstruct their life based on their experience. The theoretical framework is outlined above with the related cultural aspects and theories. Because of the cultural background (ancestor worship, festival rituals), staged models do not explain the grief process of *shi du* parents very well. The thesis will therefore explore the grief process of *shi du* parents and will attempt to understand whether and how continuing bonds is apparent in parents' grieving experiences. Closely related to continuing bonds is the process of making sense of the death of their child (meaning-making), and the thesis will also explore this to comprehend how *shi du* parents understand the death of their only child, and the ways in which they make sense of the death. All of these issues are related to the direct feelings of *shi du* parents. The social issues which *shi du* parents face will be explored through how the social environment changes after a death

and how *shi du* parents' equilibrium changes with it.

Summary

In this chapter, I have discussed *shi du* parents' grief experience in the context of Chinese traditional culture. It has been seen that there is a growing interest in the problems of *shi du* parents in China. Previous studies have focused on mainly material problems, such as financial difficulties and elderly care problems. Few studies have touched the problems which affect *shi du* parents, and those which have done so have only mentioned a few phenomena, such as that they might face serious psychological problems and problems with social readjustment. Compared with other kinds of bereaved parents, *shi du* parents have their own characteristics; not only do they have to face the emotional blow of the loss of their child, but they also worry about the problems of their own elderly care and, more importantly, the social problems which they may face under the influence of culture. In the limited studies of the grief process of *shi du* parents, the majority of Chinese scholars have suggested that the grief process of *shi du* parents is a staged model, a view which has been rejected by western researchers and is also perhaps not so appropriate for the Chinese cultural context. After examining the relevant literature on the consequences of the death of the child for the parents, some principal themes have been identified: the financial difficulties, family disintegration, the problem of deteriorating health; cognitive distortion; 'abnormal' grief behaviour; self-reclusiveness; and anxiety about elderly care. Based on the findings set out in these two review chapters (Chapters 2 and 3), the theoretical framework of this research study has been outlined. In the next chapter, the design of the research under this framework and the methodology chosen for the research will be discussed and justified.

Chapter 4: Methodology

Introduction

The previous chapters reviewed the changes caused by the OCP and the grief theories and current evidence on the situation of *shi du* parents in China. The consequences of the OCP are embodied in the changes of population, economics, family relationships and obligations, and it creates millions of singleton child families. If the only child in the family dies, the family becomes a *shi du* family. *Shi du* parents face many difficulties in terms of economics, elderly care, emotional pressures and social isolation. The current support policies from the Chinese government focus more on the economic issues, which is not effective enough to solve the social and emotional problems of *shi du* parents. *Shi du* parents are known to have a high suicide rate and to suffer from social isolation, which are the problems untouched by scholars. The current government support ignores the bereavement support needs of *shi du* parents. The existing literature on Chinese *shi du* parents is limited to focusing on the number of *shi du* parents, the types of *shi du* parents and the difficulties they might face. A small number of studies have focused on social issues but most of them are not research studies and simply outline the issues in general then give suggestions on supporting families. Moreover, there are very few bereavement studies in China on *shi du* parents in terms of their experience of grief and how they make sense of their loss. The cultural influence on *shi du* parents are ignored as well. In order to improve the current support services for *shi du* parents, their experiences need to be examined and understood through detailed empirical inquiry.

This chapter will set out the methodology used for this empirical study. It is divided into three main sections. First, it will introduce the explanatory framework arising out of the substantive literature review and explain how this was used to guide the empirical study and generate the research questions, as well as justify the methodological paradigms which underpin the methods and the research design. The second section will set out the research design in detail, including the sampling strategy, recruitment process, data collection, data analysis and the ethical considerations. The third section discusses the process of the fieldwork, and reflects on the challenges of delivering the study in the field and the limitations of the research design.

4.1 Explanatory framework, research questions and theoretical paradigms

4.1.1 Explanatory framework and research questions

The overall aim of this study is to understand the impact of the death of an only child on *shi du* parents' lives and to identify the policy implications for the Chinese government to find ways to improve the bereavement support for these parents. The literature review highlighted how *shi du* parents need more support to help them cope with their grief, but also how little is known about the grief experience/process itself for these parents and how it is influenced by the Chinese cultural context. It is therefore important to gain a better understanding of *shi du* parents' experiences in this regard in order to guide policy makers. It is also important to find out how the cultural aspects of the death of a family's only child impact on parents' grief and sense of loss, their grief coping strategies (for example maintaining continuing bonds with their child, communicating their loss to others), their continuing social relationships with others and the effect on their everyday life and on their future plans.

The explanatory framework in the table below summarizes the substantive theories emerging as important from the literature review in the previous chapters and relates these to the gaps in knowledge and to the specific aims of the study.

Table number 4.1: Explanatory framework underpinning the empirical study

Key Theories	Gaps in knowledge - What we do not know?	Aims of the study
Dual-process model (The grief process is portrayed as an oscillation between the loss-oriented and restoration-oriented processes)	The process of grief for <i>shi du</i> parents under Chinese culture. The few scholars writing about this have argued for a staged model of grief. This was contested in the past in the UK and now the dual-process model is generally accepted.	To explore the grief process of <i>shi du</i> parents and how the process is affected by Chinese culture, especially the singleton child culture which emerged out of the OCP (the child is the centre of the family, 'little sun', 'little emperor')

<p>Continuing Bonds</p> <p>(The bereaved person maintains connection with the deceased rather than banishing him/her from their life)</p>	<p>We do not know much about the Chinese grief process and how cultural factors relate to the concept of ‘continuing bonds’.</p> <p>Cultural practices, such as ancestor worship; seeking ancestral blessing; belief in the afterlife and the spirit coming back; ‘<i>Qing Ming</i>’ festival ritual (worshipping the deceased) suggests this would be very important.</p>	<p>To explore whether and how Chinese <i>shi du</i> parents maintain continuing bonds with their deceased child.</p>
<p>Meaning-making process</p> <p>(A process of how people construe, understand or make sense of the life events, relationships and the self)</p>	<p>The position of children in the family in Chinese culture is important to understand. For example, we know a lot about inter-generational obligations such as <i>xiao</i> (filial piety) but we do not know much about what the death of the child means to <i>shi du</i> parents in China in terms of the impact on the non-material aspects of their lives, nor how parents make sense of the death and explain it in public terms and in private terms.</p> <p>The OCP has impacted on childhood and relationships.</p> <p>Theories of childhood in China are important here.</p>	<p>To find out how <i>shi du</i> parents enter into a process of meaning-making to understand the death of the child and explain it to themselves and to others. For example: inauspicious deaths; Fate; karma; ‘blows of fate’ (<i>xiang ke</i>).</p> <p>In the context of the OCP, childhood and children’s place in the family has changed; how is that interpreted by parents after the death of their child.</p>
<p>Social Relationships</p>	<p>A child’s death is an inauspicious death in China. This could have very negative consequences for parents’ social relationships with others in the family and in the community. Parents may socially isolate themselves from their kin and social networks, but we do not fully understand how cultural practices effect parents’ perceptions and behaviour.</p>	<p>To explore <i>shi du</i> parents’ perceptions of the impact of their child’s death on their social relationships and future plans. To consider cultural aspects such as ‘<i>mianzi</i>’; ‘<i>duan zi jue sun</i>’; ‘the white-headed witness the death of the black-headed’ etc.</p>

According to the literature review in the previous chapters, there have been few studies of the grief process of *shi du* parents. The few scholars writing about this in the Chinese context have argued for a staged model of grief, but this is contested by western scholars who now accept that the grief process is best understood as a more dynamic, possibly ‘dual-process model’ with continuing bonds. Certainly there are many traditional cultural practices in China

such as ancestor worship and the *Qing Ming* festival ritual which indicate that the relationship between the bereaved parents and the deceased child may continue to exist as ‘continuing bonds’ following the child’s death, rather than the ties and attachment with the child being severed as a staged model would indicate. The continuing bonds and staged model theories therefore sit in conflict with each other and we need to gather more evidence to explore the grief process of *shi du* parents under the influence of Chinese traditional culture. In addition, the position and the meaning of the child within the family has changed since the OCP and the emergence of a new cultural phenomena prizing singleton children has appeared. It is unknown how and whether this affects the grief process of *shi du* parents as well. The first two theoretical positions in the table (the dual-process model and continuing bonds) are likely to be closely entwined in parents’ lived experiences and exploring these empirically should help to contribute to theory building which in turn will to help raise policy implications and throw light on the non-material needs of *shi du* parents. Also, in regard to the specifics of Chinese culture, the effects of grief and the loss of a child can possibly continue into an afterlife and this may have a unique effect on the grieving process itself as well as how parents make sense of the loss and its impact on their everyday lives. This highlights the third theoretical element informing this study, the process of meaning-making. Meaning-making is a process by which people construe, understand or make sense of life events, relationships and the self (Ignelzi, 2000). The death of the only child is almost the biggest change in *shi du* parents’ life; this change has a big influence on *shi du* parents’ lives and minds. To find out how the loss changes *shi du* parents’ life, it is important to explore first what the loss means and how parents make sense of the loss. Currently no studies in China have explored the process of meaning-making following child bereavement. It is important to learn more about this because of its central role regarding the maintenance of social relationships with family members and other social networks and how this might affect the lives of *shi du* parents. As the literatures show, there are some specific consequence for *shi du* parents. One is the high rate of depression and suicide following the child’s death; another is the social isolation and self-reclusive practices adopted by some parents. To find out the reasons for some of these devastating reactions to loss, it would help to understand what the death of a child means for the parents and their families and how they try to make sense of such a loss and what the policy implications might be arising from this.

Overall, the study aims to understand the impact of the death of an only child on the everyday

lives of *shi du* parents. This will include exploring three main aspects: grief reactions, meaning making and the impacts on social relationships. The grief reaction in everyday life means considering both the emotional and the behavioural dimensions, so for example the study will examine what the grief process experiences of *shi du* parents are like and how the nature of the death itself changes the grief process, changes their behavioural responses as well as their future plans. An examination of future plans following the child's death will help to elucidate some of the parents' responses to this painful event. The responses might involve planning to have another child, changing job, moving to another place to live, changing their social networks and relationships and/or changing how they interact with other people. An examination of parents' meaning making might help to show how they make sense of their lives after the death of their child, how they understand the death and explain it to others, and how and whether they come to terms with accepting the death. Accordingly, the main research question and sub-questions have arisen out of the explanatory framework and are as follows.

The main research question is:

- What impact does the death of the only child have on the everyday life of *shi du* parents?

The sub-questions are:

- How do parents' emotional and behavioral reactions to the death of their child affect the process of bereavement and how is that process affected by Chinese cultural beliefs?
- How do parents perceive the impact of the death of their child on their social relationships with family and others (friends, neighbours, work colleagues)? And how does this relate to specific Chinese cultural practices (for example *mianzi*, *xiao*)?
- How do parents make sense of the death of their child, how do they explain the death to others, what meanings do they construct around the life and death of the child to help them do that and how do cultural aspects influence this process of meaning-making?

4.1.2 Theoretical paradigms

Before designing this research study, it is important to devise an appropriate methodology, that is, the knowledge production process. According to Gaudet and Robert (2018), there are

two ideal objectives of knowledge production; explanation and interpretation. Explanation is defined as a hypothetico-deductive process of knowledge production which demonstrates the relationship between things based on statistical generalization. Interpretation, as an inductive process, tends towards a localized or theoretical generalization, which means to explain other cases in similar contexts of time and space rather than provide universal explanations. The research questions of a study will determine if the aim of the research is more likely to produce an explanation and rely on a linear knowledge production process, or provide an interpretation that relies on an interactive process. For the research study here, the research questions focus on the experiences of Chinese *shi du* parents after the death of their child. These parents are a specific group and their experience will be understood and interpreted under Chinese culture by the researcher's analysis. The knowledge production process will therefore be a more localized generalization based on interpretation and an inductive means of generating theory from data. Generally speaking, qualitative methods aim to interpret social phenomena, but whether this is the best knowledge production approach for this research study also relates to ontological and epistemological considerations.

Ontological and epistemological considerations help researchers identify the most suitable methodology for their research. According to Ross and Matthews (2010: 23), ontology refers to “the way the social world is seen to be and what can be assumed about the nature and reality of the social phenomena that make up the social world”. Ontology refers to understanding the nature of social entities. Bryman (2012) said that the central point is to consider whether social entities can or should be seen as the objective entities or as being made up from the conceptions and actions of social actors. Ross and Matthews (2010) outlined three broad ontological positions: objectivism, constructivism and realism, the first two of which fit with Bryman's explanation. Thus, objectivism asserts that the social phenomena which make up our social world have an independent existence of their own, whereas constructivism takes the opposite position asserting that social phenomena are continually reviewed and reworked by the social actors' interactions and reflections within their own time, space and cultures. In the middle of these two ontological positions sits realism. Realism suggests that the social world has two dimensions; one is a reality which is separated from the social participants involved and can be observed, the other dimension cannot be observed directly, but involves the structures and mechanisms that affect the realities which can be observed (Ross and Matthews, 2010). For example, social class can be

found through observing individuals' employment, education and health positions but the class phenomenon cannot be directly observed, only its effects can be observed.

Corresponding to the three ontological positions, there are three main epistemologies: positivism, interpretivism and realism. Epistemology refers to the “theory of knowledge and how we know things” (Creswell and Creswell, 2017, p.84). The positivist epistemology develops from the objectivist ontological position. The features of this approach are 1) knowledge of the social phenomenon can be acquired by observing and recording rather than subjective understanding; 2) data are gathered for testing the hypothesis which has been generated from the existing theory; and 3) the researcher is objective and has no impact on the data (Gaudet and Robert, 2018). Quantitative methods in social science develop from this positivist approach which itself comes from the physical sciences (Ritchie and Lewis, 2003). Quantitative methods examine the relationship among variables for the purpose of theory testing. It focuses on statistics which are mainly collected by closed questions (Creswell and Creswell, 2017). Epistemologically, quantitative methods believe that the social world has a physical external reality and it is possible to observe and measure social phenomena, that theories can be tested and the results will be the same whenever a study is repeated. The key features of a quantitative approach can be concluded as: 1) research questions can be set as a testable hypotheses and can be answered by counting events and using statistical analysis; 2) the ontological and epistemological perspectives are positivist; 3) the data of quantitative studies can be measured, normally as numerical or named codes collected by tools such as surveys or questionnaires; 4) the linking of data to theory is typically associated with a deductive strategy which emphasizes testing theories; and 5) the stance of the researcher is objective which means the researcher is not a part of the research process (Ross and Matthews, 2010; Bryman, 2012; Creswell and Creswell, 2017). In contrast, the interpretivist approach is the opposite of positivism, it focuses mainly on how people interpret social phenomena and it links to the ontological position of constructivism, whereas the realism approach, which is also a critical realist approach, believes that social reality exists externally, which is similar to positivism, but the way to understand these realities is based on an individual's cognitive schemes and knowledge, which are socially constructed (Gaudet and Robert, 2018).

Among these ontological and epistemological approaches, a constructivist position is most

appropriate for the aims of this study. Constructivism always combines with interpretivism and is typically seen as a qualitative approach. Social constructivism believes that individuals try to understand the world and develop subjective meanings based on their own experiences (Creswell and Creswell, 2017). The goal of social constructivism in research is therefore to construct interpretations from the participants' views of their own situation and also to understand how their views are formed through interactions with others or through cultural norms that operate in individuals' lives (Gaudet and Robert, 2018). This coincides with the aims of this research to understand participants' own grief experiences to find out how they construct meanings of the death of their child based on their perceptions of their current situation and understandings of their culture. Neimeyer et al. (2014) advocated a social constructionist model of grief. They believed that grief is not just an interior process, but an intricately social one because the bereaved may seek meaning not only in personal and family relationships but also from the community or even cultural spheres. More specifically, grief is an interpretive and communicated activity. People grieve and can continue bonds with the deceased, but this is not just a private individual matter but comes under the influence of families and neighbours as well as cultural power. This current study will take the same approach.

The key ontological elements in the research question for this study (set out in the section above) are therefore reactions, understandings, social relations and cultural practices (Mason 2002). These realities are not objective but constructed through individuals' perceptions, experiences and also social interactions with others and with the cultural contexts in which they live. The researcher seeks to interpret *shi du* parents' understanding and interpretations of the death of their child and to gather data to add to existing theoretical knowledge as set out in the explanatory framework above. Among the epistemological perspectives, the interpretivist approach is the most appropriate for this study. The researcher proposes to find out about the processes of the management of grief and meaning-making entered into by *shi du* parents by interpreting their understanding and explanations of the death of their child. Overall, this is an exploratory study design because its primary focus is to understand what it is like for *shi du* parents to live through such an experience and it lends itself to qualitative methods (Matthew and Ross, 2010, p.32: Mason 2002: Neimeyer et al., 2014).

4.2 Research design

4.2.1 Research strategy and approaches

The research questions set out above have already guided the study towards an interpretivist approach and a qualitative methodology. The data of qualitative methods can be in any form such as words, pictures and audio recordings and are generated in the field where the issue or problems are occurring, and the stance of researcher is subjective which means that the researcher will be involved in the research (Ross and Matthews, 2010; Bryman, 2012; Creswell and Creswell, 2017).

This subjectivity, according to Flick (2014), is one of the advantages of qualitative methods because the social phenomenon can be interpreted, presented and analysed by researchers directly from the participants' perceptions. This means that researchers can get closely involved in understanding the participants' lives and what they see as significant. The experience of losing a child is special and painful; people who have no experience of this cannot imagine it accurately and therefore it is better to understand such experience based on participants' perceptions in their own words. Another advantage of a qualitative methodology is that it can collect rich and deep data from which new concepts and theoretical elaborations might emerge. The natural setting of interviewing parents is suitable for this study to generate rich data from *shi du* parents on their unique experiences. Moreover, according to Gillies and Neimeyer (2006), including the emotional resonance of participants is one of the strengths of qualitative methods in bereavement studies since the participants are allowed to frame their stories in their own words and this might lead to discovering new meanings. Liamputtong (2006, p.7) pointed out that qualitative methods ask not only questions about 'what' might be important to investigate, but also questions about 'how, why and what's the process' in order to find the nature of the problem. It also allows researchers to hear the voice of those who are "silenced, othered and marginalized by the dominant social order". This is certainly the potential position of *shi du* parents in the Chinese cultural context of an inauspicious death of a child.

As this research does not take a positivist position of hypothesis testing and has no pre-

established pattern, purely deductive research logic will be excluded (Bryman, 2012). Instead, an inductive and abductive research logic is followed. Inductive reasoning constructs theoretical ideas from empirical data, as it begins with the data collection, followed by the analysis from which generalizations and theories are devised rather than tested (Creswell and Creswell, 2017). This logic fits well with the constructivist and interpretivist approach adopted for this study, but so does an abductive reasoning strategy.

According to Blaikie (2007:90), abductive reasoning is used to “discover why people do what they do by uncovering the largely tacit mutual knowledge, the symbolic meanings, intentions and rules, which provide the orientations for their actions”. The researcher grounds a theoretical understanding of the contexts of people’s lives by studying the language, meanings and perspectives that form their worldview (Bryman, 2012). The key element in abduction is to understand the world from the participants’ perspective. For this research, whilst there is some description of the phenomena of grief reaction such as being self-reclusive and social exclusion relating to *shi du* parents, little attention has been given to exploring and understanding the underlying reasons from their perspectives. *Shi du* parents have a unique grief experience, which can imbue their daily lives, language and behaviours with subjective meanings. The abductive strategy will enable the current researcher to enter the social world of the *shi du* parents to interpret and understand their experience based on their perceptions and their own words and the symbolic meanings attached to continuing bonds and other grief behaviours and reactions. Moreover, abductive reasoning seeks to discover an insider view to generate new theories or create new understanding from existing theories in a different context (Timmermans and Tavory, 2012). It fits well with the aims of this research to understand the grief of *shi du* parents (which are one kind of bereaved parents) under the influence of Chinese culture.

In addition, abductive reasoning enables the researcher to obtain concepts or theories from the literature prior to the fieldwork. A researcher could benefit from this by taking these concepts or theories as background and as an explanatory framework for guiding for the fieldwork, which is different from purely inductive reasoning which, for example in a Grounded Theory approach, begins with data collection first rather than adopting an explanatory framework prior to data collection (Blaikie, 2007). So this study will adopt an abductive research logic. Having set out the ontological and epistemological positions for this study and their related

logics and research methods; it is also important to describe the appropriate type of qualitative inquiry which might best answer the research questions.

Creswell and Poth (2017) suggested five types of qualitative inquiry in social science: narrative research, phenomenology, grounded theory, ethnography and case study. Choosing the right type of inquiry is guided by the research aims and questions and each approach will be discussed next. Narrative research begins by exploring lived experiences as expressed in the told stories of individuals. Researchers collect stories from individuals about their lives and experiences as narratives (Creswell and Poth, 2017). Clandinin (2007) pointed out that narrative inquiry also explores the contextual circumstances and culture which individuals experience. The design framework for narrative research is therefore gathering individuals' experiences as stories and rewriting these to place them within a chronological sequence. This design does not fit with the research study here which seeks to understand the grief process and the meaning-making process of *shi du* parents. There may be a chronological element to their stories of grief but understanding how that chronology fits into their life stories is not the purpose of the study. Ethnography aims to develop and interpret the shared and learned patterns such as values, behaviours, beliefs and language of a specific culture-sharing group (Hammersley and Atkinson, 2004). The ethnographic approach aims to develop and understand the description of the discernible pattern of the culture-sharing group. However, ethnography fails to focus on the actions and processes which construct meaning (Charmaz, 2006). As the current study is designed to understand the meanings which *shi du* parents construct about the life and the death of their child, ethnography is not an appropriate design. Yin (2009, p.18) described a case study approach as "an empirical inquiry about a contemporary phenomenon, set within its real-world context-especially when the boundaries between phenomenon and context are not clearly evident". In other words, a case-study method can be used to understand a real-life phenomenon in-depth. A case-study approach was considered to be appropriate in some ways for this study, for example in the real-world context and the in-depth understanding, but was rejected. According to Yin (2009), case-study inquiries rely on the prior development of theories to guide data collection and analysis. However, for this current study, there are a number of different theories on the grief process of parents who have lost a child, mostly from western research studies. Based on this, it is hard to decide the unique, unusual, or representative case which might exemplify the experiences of *shi du* parents in China. Moreover, the collection and analysis of descriptive

data from individual case studies makes it difficult to generate wider theory (Yin, 2009). Grounded theory was considered since this research is more of an inductive data generation and interpretivist approach to data analysis. The term 'grounded theory' first appeared in *The discovery of grounded theory* by Barney Glaser and Anselm Strauss (1967). It emphasized a research approach founded directly on gathered data rather than on testing initial hypotheses (Leavy, 2014). A grounded theory approach seems a better fit with the aims of this research. Punch (2005) indicated that one of the rationales for choosing grounded theory is because there is no pre-existing satisfactory theory and the current understanding of the topic is not enough to generate one. However, there are plenty of theories on the grief of bereaved parents and some also on *shi du* parents and so a grounded theory approach may not be the best to adopt here.

Phenomenological research is a design which comes from philosophy and psychology in which the researcher describes the lived experiences of individuals about a phenomenon or a concept as described by the participants. It focuses on describing what all the participants have in common as they experience a phenomenon and how individuals make sense of the world around them (Creswell and Creswell, 2017; Bryman, 2012). Accordingly, this seems a good fit with the aim of this research, which is to find out about the grief (as a phenomenon) experienced by *shi du* parents and how they make sense of this loss and its impact on their lives and relationships. The philosophy of phenomenology discussed by Husserl (1956, cited in Sadala and Adorno, 2002) or the phenomenological method mentioned by Giorgi (1985), show that there are two key factors: the origin of the phenomenon and the stance of the researcher or philosopher. The origin of the phenomenon is to return to the lived word in daily life. Daily life can be the main area for exploring the daily behaviour and experience of the individual since these actions have been given different meaning to find out how individuals make sense of the world around them; their daily life is a main part of the lived world. In this current research, the death of the only child is a phenomenon, the consequence of the phenomenon is the creation of *shi du* parents. The grief of these *shi du* parents is their experience of the phenomenon. The reaction to this grief phenomenon shows in the *shi du* parent's daily life and this raises policy implications. The aims of the research, therefore, will be best achieved by finding out about these changes in parents' daily lives and their perceptions of what that means. This also relates to the second key point of the phenomenological design; the stance of the researcher. The researcher should hold a

‘phenomenological stance’ which is emphasized by Husserl as epoche (bracket) (Giorgi, 1985). This means that researchers should try to set aside any prior thoughts or their own judgements which they might have about the phenomenon to understand and find out about it based on the participants’ own perceptions. *Shi du* parents have a very unique experience and the aim is to understand their experiences and perceptions, so this design seems the most appropriate. Ensuring that the study is of good quality is also a consideration of the design in relation to validity and reliability.

In qualitative research there are few standardized approaches for testing the validity and reliability of the research. Validity and reliability in the qualitative literature is better addressed as trustworthiness (Bryman, 2012). The main criteria in trustworthiness are credibility, transferability and dependability, which parallel the internal validity, external validity and reliability used in quantitative research (Bryman, 2012). To ensure the trustworthiness and authenticity of this current research, multiple approaches will be taken: 1) member validation: the transcripts of the interviews of this research will be given back to the participants to determine whether the content are accurate (this will be discussed in the section on ethical approval as well); 2) thick description, the culture context of this research will be described with rich details; this might help to make judgements about the possible transferability of the finding to the other milieu; 3) peer debriefing will be taken during the research. The supervisor of the researcher and the Thesis Advisor Member will review and ask questions about the research to add dependability (Bryman, 2012). Moreover, an open and honest reflection will be provided by the researcher to clarify and explain the problems and unexpected issues encountered during the fieldwork and a reflection on the methodological limitations; this will add to the trustworthiness of the research.

4.2.2 Sampling approach

A key element in ensuring validity is to sample the right population. Robinson (2014) suggested a four-point approach for qualitative research sampling: (1) setting a sample universe, (2) selecting a sample size, (3) devising a sample strategy and (4) sample sourcing. This current study will follow these four steps.

The first step is setting a sample universe or target population which means defining a set of inclusion criteria (an attribute which cases must possess to qualify for the study) and exclusion criteria (attributes which disqualify a case from the study) to gain the desired sample. The criteria are used to draw a boundary around the target population and the more detailed the criteria, the more homogenous the sample will become (Robinson, 2014). There are five main types of sample homogeneity: demographic homogeneity, geographical homogeneity, physical homogeneity, psychological homogeneity and life history homogeneity. This current study will take geographical homogeneity and life history homogeneity in the sample approach as *shi du* parents have a life event in common, the death of their only child, and because restricting the sample geographically to Henan province is partly a practical solution to dealing with the vast population in China. In addition, geographical homogeneity makes sense as the researcher is familiar with Henan province in China; she lives there and has already conducted research on *shi du* parents for her MRes dissertation. The sample characteristics will be fourfold: live in Henan; mix of gender; have a range of experiences of different causes of child death, and their children will have died before becoming a parent.

The detailed criteria and rationale of the sample are listed below:

- ***Shi du parents without grandchildren:*** As previously discussed, there is still no official definition for *shi du* parents, but the basic characteristic for all definitions is that the parents in the single child family have lost their only child and have no other child in the family currently. However, if the dead only child had a child (a grandchild for the *shi du* parents) this might influence the grief process and the social circumstance of the *shi du* parents. Whilst it could be useful to understand this group's experiences, it was decided that it could add too much complexity in this exploratory study so it would be better that the participating *shi du* parents' deceased child has no child of their own. For some of the definitions used, the parent's age is one criterion in which it is believed that *shi du* parents should be defined as being over 49 years old and so cannot give birth to another child. This current study will not use age as a defining sample criterion because whether or not parents can have another baby is an important aspect which might affect the grief process in some way as well as the process of meaning-making, and consequently therefore would

raise different policy implications for improving services. This current study takes the definition 'of *shi du* parents as:

- *the parents in a single child family whose child has died and there is no other child or grandchildren in the family currently*
- **Gender:** Grief reactions, grief processes and coping strategies have been shown in the literature review to be experienced differently by men and women. It is important therefore to include both genders in this study in order to understand these differences as this too might raise different policy implications.
- **The cause of death:** Since the grief of *shi du* parents might vary by the cause of death of the child, it is important to gain a range of experiences, so there is no specific selection criterion for cause of death. The sample will therefore include both accidental and natural deaths.
- **Henan province:** Henan province was selected as the main research location as explained above for practical reasons, but also because it has one of the largest populations (over 107 million people in 2015) increasing the size and diversity of the target population. This choice is sensible given that there is no official report showing the population of *shi du* parents in each province. Moreover, Henan province is located in the central part of China, which is the birthplace of Chinese traditional culture and is still considered to be deeply influential in that respect (Wang, 2012). Since the cultural context is a key aspect of the inquiry, Henan province is a good place to conduct this research.

The second step is deciding on a sample size. In terms of epistemology, qualitative researchers generally study smaller population samples compared with quantitative research since the former focuses on generating a deep understanding of how and why people perceive, reflect, interpret and interact (Baker et al., 2012). It is not simple to decide the best sample size as it depends on many factors, such as the aims of the research, the potential for reaching theoretical saturation, the minimum requirements, the theoretical underpinnings of the study, whether the participants are easy to access, time and funding. Even so, a


provisional decision on sample size needs to be made for practical reasons. A range of scholars have offered advice on this. According to Bryman (2012), the minimum sample size of interviews for qualitative studies should be between 20 and 30. Baker et al. (2012) argued for around 30 as a good round number which goes beyond a very small number of people and limits data gathering. Mason (2010) analysed the sample sizes used in 560 PhD studies and found that the median and mean numbers of interviews were 28 and 31 respectively, the most common sample size being between 20 and 30. Considering this advice, the sampling criteria for his study and the potential difficulties of finding respondents, a target of about 30 or so *shidu* parents was set. Because comparative information was needed based on gender experiences and different causes of death, it was decided to have a minimum of ten participants of each gender. Couples were acceptable but their information would be collected separately to avoid data interference and to maintain confidentiality. Regarding causes of death – no sample size was planned as long as a wide range of experiences could be reflected in the respondents.

The third point is selecting sampling strategies and Robinson (2014) categorized these as random/convenience sampling and purposive sampling strategies. Purposive sampling is best here; it is a non-random strategy which does not need to make sure that the participants are selected randomly or are representative. According to Emmel (2013), purposive sampling involves selecting a small number of cases with rich and detailed information and a better fit for the purpose of the research questions. The researcher will make judgements before and during sampling in order to acquire a sample which matches the criteria set out above.

The fourth point is sourcing a sample, which means finding participants in the real world. Since the participants for this research are vulnerable people, their participation will be entirely voluntary. This could cause self-selection bias, which means that the participants who choose to become involved in the research may be different in some way from those who do not choose to get involved (Robinson, 2014). For example, they could be at a different life stage or have a different set of socio-economic circumstances. It is not possible to avoid self-selection bias in interview-based research, but the researcher must be aware of the possible impact on the findings creating limitations. The recruitment will be discussed next.

4.2.3 Recruitment

The recruitment method is how researchers disseminate information about the research to the sample universe. The recruitment of the interviewees for this study were through *shi du* parents' service providers (such as hospitals or counselling centres) because it must avoid putting pressure on *shi du* parents who may be worried that a refusal to take part might affect their service provision. Because of their special experience, *shi du* parents prefer to communicate with others who have had the same experience. They therefore have their own forum on the internet (called *Shi du zhe zhi jia*, which is the largest self-help forum for *shi du* parents in China) and chat groups (sub chatting groups under the forum, which are categorized by region). *Shi du zhe zhi jia* is an interest-related organization created and run by *shi du* parents; it is non-profit-making and does not offer any official services. Potential participants will be identified and approached through this forum and the chat group. These are open for just four groups of people: *shi du* parents, certified volunteers (certified by the forum administration team), certified professionals and *shi du* researchers who would like to offer help. It is easy to find out which group people are in as certified volunteers and professionals and researchers have a small logo (a heart in a circle) beside their user names.

Here is the picture of the logo: . For *shi du* parents, there were no logo beside their username.

In the forum, there is a specific section for volunteers and researchers to post policies, books, volunteer activities and research on *shi du* parents. As one of the certified volunteers and a *shi du* researcher, I have been registered and certified in the forum for three years and have successfully recruited six research participants for my MRes dissertation (July 2015) by posting a recruitment advertisement in this section. For this PhD research, the approach to recruitment will be the same. Online advertising has the advantage of disseminating the research details more efficiently, not only saving time and money but also maximising the likelihood that each participant can add to the quality of the study. However, it also has drawbacks. Hamilton and Bowers (2006) pointed out that online advertising might recruit more people with higher income and education levels because the people who can see the online advertising need to have at least one piece of electronic equipment to access the

internet and disadvantaged groups might be less likely to access the internet. It could also lead to fraudulent claims about identity behind the internet if the research is not conducted face-to-face. In this current study, the forum and WeChat group where the advertising was posted all used a registration system with real names and ID numbers and the interviews were to be conducted face-to-face, so the possibility of fraudulent claims of identity was considerably reduced. The recruitment began with the gatekeepers' (the moderators of the forum section) permission. I contacted the moderators with a self-introduction and explanations of my proposed research. After receiving their permission, I posted a short recruitment advertisement with information including the aims of the study, the criteria for the target population and the contact details of the researcher (see the advertisement in the appendix).

Valentine (2007) advised that if the research is on a sensitive topic, it is important to ensure that the participants have no sense of pressure, so the potential participants were not approached directly and their participation was completely voluntary. Once potential respondents had got in touch with me to say that they were interested in taking part, I sent them a detailed information sheet containing information about the research aims, the process of the research, the main topics, the benefits of the study, a 'thank-you' gift for the participants, an assurance of the protection of participants' confidentiality and the contact details of the researcher. I followed this up by making a call to explain the research to them and answer any questions and then I made arrangements to recruit them and to conduct the interview (the information sheet can be seen in the appendix).

In addition to this main recruitment method, the snowballing strategy was applied as a supplementary recruitment strategy to ensure a sufficient number of participants in this research. Snowballing means asking the participants who have completed an interview to recommend people they know who might qualify for participation. This could be useful for people such as *shi du* parents who are vulnerable because of enduring the hardest form of bereavement and difficult to access, and who might find it hard to trust an outsider. Most of them just trust people who have had same experience as them. Snowballing is an efficient method under this circumstance since it would have been difficult for the researcher to build trust with 30 *shi du* parents who met the criteria within three or four months. When the total number of interviewees reached 30, the snowballing was stopped. Normally *shi du* parents have their own private small chat groups and members of the same private group are known

to each other or willing to talk with each other. Their private groups are not open to the public so I could not conduct recruitment inside them. The snowballing strategy helped to disseminate the research details to *shi du* parents who were only in the private groups rather than in the forum or a public group. So during the field work, more than one information sheet were given to interviewees after completing an interview and they were asked to give these information sheets to their *shi du* friends if they wanted to (they were not forced), and their *shi du* friends could then contact the researcher directly (they did not need to let the previous interviewees know in order to maintain their confidentiality) if they met the criteria and were willing to take part in the research.

4.2.4 Data collection

There are several methods or strategies for collecting data in qualitative research, such as interviews or focus groups. In this current study, face-to-face interview was the method used. Since the research took a phenomenological approach, the aim of the fieldwork was gathering *shi du* parents' unique experiences on their perceptions and therefore it was not suitable for conducting focus groups. Even though focus groups can collect rich data in a short period through group discussion and interaction, the participants for this research were *shi du* parents who are very private people in their bereavement. It is hard for them discuss their grief experience with a group of people who are strangers to them. Since *shi du* parents are vulnerable people, it might take a long time for a researcher to build up a relationship of trust with the participants so that they might be willing to share their opinions and feelings. Because this study was designed to collect *shi du* parents' opinions individually and privately, the interview method was therefore suitable for addressing these sensitive issues with vulnerable people because it is flexible (Sewell, 2008) and with a unstructured question design, the words and order of the questions can be altered depending on the reaction of the interviewees. Follow-up questions can also be asked based on the interviewees' replies to get a deeper understanding of their point of view (Ross and Matthews, 2010; Bryman, 2012). This can offer the interviewees a friendly and conversational style during the interview which can make them relax and the use of warm-up questions at the beginning of each section of the interview guide can also build trust between the interviewee and the researcher. Moreover, as the interview method is personal, trust, intimacy and anonymity for participants can be created. This means that the researcher can gather information on the opinions, feelings and

reactions of the interviewees and their detailed experiences of a specific episode directly, which is suitable for retrospective recall. Interview is a communication process in which two individuals (the researcher and the interviewee) construct meaning in relation to the topic (Gaudet and Robert, 2018). Also, unstructured questions suit the constructivist position adopted in this study as the more open they are the better for the researcher to acquire information about the participants' lives (Creswell and Creswell, 2017).

The interview guide is provided in the appendix. It included instructions at the beginning for the interviewer to follow in order to ensure confidentiality and to gain informed consent from respondents, and it was divided into main topic sections. The basic structure was to begin each topic with a warm-up question which would help to prepare the respondents for specific follow-on questions. The main interview questions also had a series of prompts which helped the researcher to probe more deeply and gain more detail or explanation. The final section closed the interview and gave a brief explanation of how the data would be used as well as thanking the respondents with a small gift in appreciation of their time.

It has already been mentioned that one of the key points of conducting phenomenological research is that the researchers should bracket their pre-understanding of the topic, knowledge, beliefs, values and experience in order to describe participants' experience accurately (Smith & Smith, 2006). The objective stance of the researcher should also be maintained in the data collection and analysis process. Phenomenological interviews have their own specific characteristics compared with conventional in-depth interviews. When conducting a phenomenological interview, although an interview guide has been scheduled in advance, the researcher is actually free to follow interesting topics or the cues which arise from participants' answers or interests (The interview guide is prepared in advance for ethical purposes so that the sensitivity of the topics were exposed and checked. The researcher could deliver questions in a more flexible way in practice by taking the cue from the respondents). The researcher must be aware that s/he can ask focusing but not leading questions about the participants' situation and listen carefully to the responses to avoid restricting the data collection. The interview guide is there only to remind the researcher of the range of questions that need to be covered and not for scheduling the interview. The questions in the interview start with open-ended questions to encourage participants to express their opinions freely. When the participants raise issues or interests which the researcher had not anticipated,

the researcher will only ask questions for clarification or elaboration of what the participants are saying, or as prompts when they miss some important information.

In practical terms, there are three rules which a researcher should observe when conducting a phenomenological interview. The first is that the researcher should try to use an interviewee's vocabulary and language to ask questions during the interview. This approach can help the researcher to access a participant's perspective unhindered by theoretical terms, which can also appear to imply the form of phenomenological reduction (Banner, 1994). This approach can also help to bracket the researcher's own views and understandings when conducting an interview and avoid asking leading questions based on the researcher's pre-understanding of the topic. Second, it is important to ask contextual questions. When examining an interviewee's particular experience, the context in which that experience was gained needs to be considered. Contextualising questions are full of significant information which can help to reconstruct and describe a person's experience. Asking contextual questions can help the researcher to maintain a natural attitude and understand the context of the interviewee's life environment to identify the original phenomenon, and also to go back to the phenomenological centre as reduction. Third, it is important to ask descriptive questions. As mentioned before, the key point of phenomenological research is that the stance of the researcher is bracketed. Bracketing requires researchers to put aside their pre-understanding and knowledge of the topic so that they can faithfully gather the participants' own descriptions of their experience. Asking descriptive questions can help to clarify the phenomenon from the participants' perspectives and also help researchers to check reflectively whether they are maintaining their bracketed stance.

The interviews in this study were conducted followed the rules of a phenomenological interview described in the previous section. Each interview started with contextual warm-up questions to relax the participants. Since the researcher adopted a natural attitude towards the participants, there were no specific questions which must be asked because the topic guide was not intended to schedule the interview but to remind the researcher of the range of questions to be covered, so the interviewees could talk freely without pressure rather than being interrupted by the researcher to pull them back to the specific questions. Prompt questions were used to ask them to clarify their answers or any important information which they mentioned. This process meant that the length of the phenomenological interviews varied

from around one and a half hours to four hours.

4.2.5 Ethical considerations

McAuley (2003) stated that ethical considerations are necessary in social research in order to create a mutually respectful relationship between the participants and the researcher to reach a win-win consequence. As this study was designed to explore the experiences of *shi du* parents, it necessarily covered a highly sensitive topic so it was important to ensure a smooth process for the fieldwork and to consider in detail the ethical issues involved. Some expected ethical issues were prepared for in advance, other unexpected ones were resolved during the fieldwork. In this section, I shall discuss ethical issues and what it means to research sensitive topics and protect respondents, to maintain confidentiality and to protect the researcher from harm.

Researching sensitive topics and vulnerable people

There are many definitions of sensitive topics. De Laine (2000, p. 67) described sensitive areas as “back regions” which are “a private space where personal activities take place and only insiders participate”. Research in this private space needs to be sensitive to the confidences and intimacies of others because individuals may be unwilling to share or may even fear exposure. Lavrakas (2008) explained that topics can be sensitive in at least three ways. The first is intrusiveness, indicating that some questions around the topic may be inherently offensive to some participants. For example, some questions are impolite to ask participants about intimate details. The second is the risk that the information might fall into the wrong hands, some interested third party unknown to the participants. The third sensitivity involves the social desirability of the behaviour or the attitude which is the subject of the inquiry. This means questions which might ask respondents to admit that their behaviours have not lived up to some widely held standard or norm, which might put them at risk of embarrassing themselves. This was felt to be the main sensitivity inherent in the current topic. In this study, under the cultural conditions involved, the existing truth of having lost their only child is in the “back regions” of the *shi du* parents lives. The majority are likely to not want to talk about their deceased child to avoid embarrassing themselves as such an

inauspicious death is subject to stigma in traditional Chinese culture and leads *shi du* parents to be mistrustful of others (Liamputtong, 2006). Sensitive research might create stressful experiences or pose intrusive threats to the participants and given that the interviewees are vulnerable people in the situation of bereavement, they might also experience marginalization – so this research poses such threats (Liamputtong, 2006). It was therefore very important to build trust between the researcher and the participants to help them to feel comfortable enough to share their experiences and take part in the study.

The researcher therefore created strategies to build trust in the following ways. When the interviewees first showed their interest in the study, they were contacted by telephone and given an opportunity to ask any questions about what might be involved. Before the interviews, a reminder message was sent with information about the agreed time and location for the interview, the weather that day and the traffic situation in that area. Before the interview started, the researcher explained the research again and answered any questions to make sure that the interviewee was ready to take part. The interview took a conversational style to make the interviewee feel relaxed and the first five to ten minutes of the interview included some simple warm-up questions to help build trust. Before each specific section, some preamble was also provided to explain the topic and to help to prepare them for what questions were coming up next; this was important for building trust and gave the parents an opportunity to decide not to answer those questions if they wished. Eye contact was also important for showing sincerity and building trust.

The participants in this study were vulnerable people and although this research was not focused on discussing the children's cause of death, the parents might still recall this and find it distressing. However, Valentine (2007) believed that talking about bereavement can provide relief and reinforcement. She pointed out that in her professional experience and other scholars' experience (Handsley, 2001; Rowling, 1999), participants reported that telling their stories helped them to ease part of their burden. However, considering the cultural differences and the differences in type of bereavement, the ethical considerations for reducing harm to participants in this study were particularly important. It was essential for the researcher to respect participants' feelings throughout the whole study process (Valentine, 2007).

Beginning with recruitment, it was made clear that participation was entirely voluntary and no pressure was applied to people to take part. Once they decided to join in, participants were

given time to ask questions to ensure that they fully understand their rights and what would happen if they agreed to participate. They were also informed that during the interview, the researcher would make sure that everything could be fully understood, for example, that all the terminology would be explained in words which they could easily understand. It was explained they had the right not to answer any questions they did not like and that they could withdraw from the interview anytime they wished. Permission was sought to record the interviews and the participants could refuse to have this done if they wished. They could also halt the interview at any time for a break or refuse to continue to take part; this was important in principle ethically, but especially in this case as the participants might have become very distressed and might need time to recover. The consent form outlined all of their rights in detail and was explained to them and signed before the interview started.

For the sake of participants' protection, the researcher undertook training (the topic of the training was 'How to communicate with *shi du* parents') in Zhengzhou on 2 November 2017. Following the advice of Valentine (2007) from her study on bereavement, the researcher collected appropriate materials and provided advice to help participants to seek further support after the interview if they needed it (this included information about a local professional social worker whom they could go to). The participants could also bring a friend with them to the interview for support, which might help them to relax and feel safe. The interview could be stopped at any time and immediately if any participant became distressed or felt uncomfortable, giving them time to calm down or to choose another time for the interview. The participants could reflect and ask questions during or after the interview. The interviews took place in the interviewee's home if they wanted that; it was a familiar and comfortable place for them. Moreover, as some of the interview questions were related to continuing bonds with the deceased, the *shi du* parents might want to show some objects or pictures of their deceased child and tell their stories and explain their feelings. The second precaution taken to protect the interviewees was that the researcher explained clearly to them what they might face during the interview. A clear information sheet was provided giving the research details. The participants were made aware of the nature and purpose of the interview; what would happen during the interview, what their participation would involve, the benefits and risks of participating, what would happen after the interview, what would happen to the results and how they will be disseminated; how their anonymity and confidentiality would be guaranteed.

Confidentiality and anonymity

It was also necessary to ensure the confidentiality of data. The researcher was responsible for ensuring that none of the personal information of the interviewees would be revealed to other people. All documents such as recordings, fieldwork notes, transcripts, consent forms and anonymised data were securely protected during and after the fieldwork and until after the researcher's graduation. An encrypted device (my phone with password protection) was used to make the audio recordings. I stored the interview electronic data (interview audio recordings, transcriptions and interviewees' information) on the University's centrally managed network, in my personal file store, only accessible with my student ID and password. When I was conducting fieldwork away from the university, Pulse Secure was used to connect to my personal file store and upload these electronic files. Since I did not use a laptop during the interviews, the audio recordings were uploaded as soon as possible after finishing the interview on the same day. During and after the fieldwork, all the paper documents (signed consent forms, information sheets and fieldwork notes) were stored following the ethical protocols which had been approved by the SPSW ethics committee on 18 October 2017. The data protection plan for after my graduation will also follow these ethical protocols. The detailed ethics forms are added as an appendix.

In terms of anonymity, all the research participants' personal details were anonymized. The participants were given interview numbers, as 01, 02, 03, 04 Their real names were never shown in the audio record or the transcriptions. All personal information and other information which might link to any identification of the participants was eliminated. For example, during the interview, I avoided directly stating the interviewee's personal details such as their job title or any geographical information in order to protect them from being identified.

The protection of the researcher

I also took some actions to protect myself. If an interview was conducted in a participant's home with which I was not familiar, I made a call in advance (several days before the interview) to check that they were who they said they are and to check their address and set the route in advance. The buddy system was also used to minimize risks during the fieldwork.

I ensured that someone always knew where and when the interview was being conducted and the planned start and finish times. A code word system was also used, in which a safe code could be texted to the buddy when I arrived at and left the participant's home. The buddy was instructed to take further action (such as to go and find me or to contact the police) if something untoward did occur and I did not return or make contact as arranged.

Although the potential emotional harm for the researcher was low, it might have been possible that I would be emotionally affected by the information acquired during the interview. If I felt distressed, I could seek counselling from the local private psychological counselling services. Moreover, I was in regular contact with my supervisor to inform her of any challenges encountered during the fieldwork and to seek further advice if necessary.

4.2.6 Data analysis

Data analysis is important since data is not self-explanatory. All the interview data were fully transcribed by the researcher herself as soon as practicable. The first three were transcribed immediately post interview to check how the interview guide and questions had worked in practice in order to see what had been learnt and what still needed to be found out (Rubin and Rubin, 2011). In the transcripts, changes of mood (such as crying or laughing) were noted as were utterances of jokes, whispers and lengthy pauses. This was because these indicate features and the context which might help the researcher to enrich the findings since they were co-constructed by the interviewees (Flick, 2013).

The data gathered from the semi-structured interviews was raw data collected directly from the participants. Qualitative data analysis is not about counting or numbers as in quantitative research, the goals of qualitative analysis are to reflect the human interactions and make them understandable to others based on the words of the interviewees (Rubin and Rubin, 2011).

The data were analysed thematically as influenced by the social constructivist approach since the research used an abductive strategy and theory can be generated from the data. It is a process of interpreting and identifying themes in the raw data (Ross and Matthews, 2010).

The analysis is a process of "segmentation, categorization and relinking of the data" (Ross and Matthews, 2010, p.400). In this study, all 35 transcriptions were stored in Nvivo 11 and this software was used to code and support the analysis of the raw data. Before the analysis

could begin, the data had to be organized. In the stage of organising data, initial codes and summary charts of the initial codes are created. According to Rubin and Rubin (2011), the initial code can be concepts, themes, events and topical markers in the interview. The researcher should read the transcripts carefully and systematically examine each interview to determine these initial codes. This stage is trying to break open the data. After this initial coding, the researcher moved on to the analytical process of interpreting the data.

According to Ritchie and Lewis (2003), there are three stages in the process of interpreting data: conflating the initial codes into focus codes, expanding initial codes into focus codes with more abstract versions and developing the core categories. After categories have been identified, relationships with these codes/themes and categories should be identified. I started this step by relating these themes with the central issue. The main categories were added to each theme as well. Then, all the categories were checked to find the links of these themes. During this step, I constantly returned to the raw data to check the interpretations. The relationships found in this step were checked against the raw data as well. In the analysis, the interviewees' words were used as quotations providing evidence and explanations. This could help to strengthen the credibility of the findings since readers can see the original data and make their own judgements on the accuracy of the analysis.

Compared with phenomenological interview, there is not an obvious phenomenological perspective in thematic analysis. However, there are still some points on phenomenological thematic analysis slightly different from traditional thematic analysis. The aim of the research was to find out the distinctiveness of the phenomenon which was the experience of the participants. When the researcher tried to become familiar with the raw data, she needed to explore the experience expressed in the data and focus more on searching for the unique points in the data rather than the knowledge that is already known. When the researcher was coding the data, short notes and descriptive words were used to clarify the meanings of the codes. It helped the researcher to identify the similarities and differences of the meanings and to check whether she maintained the reflective mind in analysis process which is important for phenomenological thematic analysis.

4.3 Field work

This section provides a reflexive account of what happened in the field and during the analysis to consider what worked well and what did not work well, the possible implications of this for the quality of the data, and the limitations which it sets on the analysis. It is in three parts: the researcher’s reflection on the research plan, observations of the participants’ reactions and the researcher’s observation of herself and her own reactions.

The research plan worked well in the field. Only in one interview were there major problems; these will be discussed later. In total, 35 successful interviews were completed. Table 4.2 shows the basic characteristics of the participants.

Table 4.2: Personal and family characteristics of the 35 respondents, cause of death of the child and length of bereavement

Respondent characteristics	Numbers of respondents
Gender	
Male	19
Female	16
Age	
40-50	2
51-59	12
60-69	16
Over 70	5
Marital status	
Married	21
Divorced	8 (one lived with a new girlfriend)
Widowed	6 (one lived with a new girlfriend)
Parent’s employment status	
Employed	12
Unemployed	4
Retired	19

Parent's qualifications/occupational status	
Employed in a state-owned enterprise	16
Employed in a privately-owned enterprise	8
Part-time job	7
Unemployed	4
Child's Gender	
Son	26
Daughter	9
Child's age at death	
Below 10	2
11-19	5
21 – 29	21
Over 30	7
Length of bereavement	
Below 1 year	2
2-5 years	9
6-10 years	6
11-15 years	8
16-20 years	4
20-30 years	6
Cause of death	
Illness	22 (six were sudden illness)
Accident	9
Suicide	4

As shown in Table 4.2, there were roughly equal numbers of fathers (19) and mothers (16). This situation is a little different from previous research on bereaved parents which has indicated that mothers are more likely to take part in research studies. Some 80 per cent of the participants fell into the older age groups (between 51-59 and 61-69). More than one-third of the participants had experienced divorce or widowhood after the death of their child and among them, two had new partners whereas the others lived alone. The rest were married.

The gender of the deceased child was uneven in this study (26 sons and 9 daughters) since there was no criterion set for this characteristic. This might be a limitation for the analysis since the gender of the deceased child might affect *shi du* parents' experiences because a son is more important for a family than a daughter in Chinese culture. The ages of the deceased children were most commonly 21 or older (only seven were under nineteen years, two of whom were under ten) so they were mostly young adults when they died. This reflects the general situation of the *shi du* parents in China as a group, who by definition have no other child and were therefore not able to have a second child following their first child's death; because had they done so, they would no longer be classed as a *shi du* parent. The range of the length of bereavement varied considerably from two months to 30 years; no sample criterion was set for this characteristic in order to capture this diversity of experience to help understand the process of grief. More specifically, the current literature on theories of grief in Chinese *shi du* parents has commonly claimed that the process is a staged linear model, which seems counter to traditional cultural practices. The researcher therefore needed this large range of length of bereavement to find out whether there is a linear process of grief. Half of the participants had experienced more than ten years of bereavement; therefore their reactions and experiences might rely heavily on retrospective recall, which could mean that their accounts might contain bias because of the long time and memory distortion. However, Safer et al. (2001) found that participants' recall of grief was rather accurate even if they may have overestimated or underestimated their previous grief-related intrusive ideation based on their current level of grief. So the retrospective recall might not have affected the accuracy of the data in this study. The causes of death for the deceased child were diverse in this study. The most common cause of death in this sample was long-term illness (sixteen had died from this), but most of the *shi du* parent's children had a sudden death: six had died from a sudden illness (such as cardiac arrest, heart disease or cerebral hemorrhage), a further nine died from a road accident (eight) or murder (one), and four had committed suicide. This variety could help the researcher to understand how the cause of death might affect the grief and meaning-making processes and help to identify whether this distinction has any implications for policy considerations. Self-selection bias was not so obvious in the participants. The backgrounds and family conditions of the participants were diverse. Table 4.2 shows that sixteen were employees in state-owned enterprises (and thus had or would have stable pensions after retirement), eight of them were employed in privately-owned enterprises, seven had part-time jobs and four of them were unemployed. The economic circumstances of the participants

overall were therefore mixed.

The fieldwork and recruitment phase started in November 2017 and finished in February 2018. The recruitment strategy worked well, enabling access to 35 of these hard-to-reach *shi du* parents. Twenty-six were recruited from the *Shi du zhe zhi jia* forum website and chat group. These participants contacted me directly by telephone after seeing the advertisement and showed their willingness to take part. I answered their questions on the phone and they often spoke to me several times before a time and place was agreed for the interview. All of the participants looked nervous and a little bit vigilant before the interview started, even if it took place in their home. Some participants told me that before contacting me, they had checked my register profile on the forum and read all my posts to verify my identity. It is hard for parents like the participants to trust others easily. But after building trust, the majority of them told me that they would like to help and the snowballing opportunity was offered by them voluntarily. Nine participants were recruited by snowballing; two through a *shi du* mother who had handed out information sheets to five of her friends, and seven (four men and three women) were from a *shi du* father who had effectively acted as a gatekeeper to a private *shi du* online chat group which included twenty parents who lived in the same city and knew each other. He helped to recruit them by taking a photograph of the information sheet which he shared with the group, telling them that if they wanted to take part, they should contact me directly. He said he could not guarantee how many he had snowballed, but he had told the others his true feelings and thoughts if they asked him.

During the recruitment process, a further nine *shi du* parents contacted the researcher, but these did not meet the selection criteria and were turned down: four of them do not live in Henan province and five already had grandchildren. A further three *shi du* parents disappeared before the interview could take place. One *shi du* mother made several calls to the researcher to ask questions about the research and agreed to join in, then said she was too busy and would call back to set up a date for the interview, but then she just disappeared without replying to the researcher's phone calls. A similar thing happened with a *shi du* father; he changed the interview date twice the night before, and then disappeared. Another *shi du* mother did not show up at the agreed time and location.

In total, 34 in-depth interviews were conducted face-to-face and one was conducted by

WeChat facetime. The face-to-face interviewees communicated more smoothly than the facetime one. The facetime interview was suggested by the interviewee as she did not want to meet outside her home or have anyone in her home. She also felt unsafe if she could not see the interviewer's face because she needed to know who she was talking to, hence the facetime arrangement. However, this did not work well; there were technical problems, with a weak signal so some words or sentences were missing and needed to be repeated in a loud voice, which interrupted the flow of the interview. Moreover, the rapport between the researcher and interviewee was reduced by the screen interface; for example, when she started to cry the researcher could do nothing to help. Since this research topic is highly sensitive, the face-to-face interviews were better because if an interviewee cried or became distressed, the researcher could offer them a tissue and a sealed bottle of water to help them to calm down. Moreover, the researcher could adjust the order and the words of the interview schedule according to interviewee's facial expressions and gestures to ensure that the interview went smoothly.

Most of participants asked about the aims of the research and checked the identity of the researcher again, even though all of them had an information sheet. All the interviews were in conversational style and the warm-up questions worked well, allowing them to relax and they seemed happy when talking about their jobs. All except one interview went smoothly (this exceptional case is discussed in detail below). When I re-explained to the participants their rights and the confidential measures taken to protect their privacy, the majority of them said it did not matter, they promised that everything they said would be the truth. All except one came alone to the interview (one brought his wife) even though they were all told that they could bring a friend as support. The wife who came in support kept asking questions about the research before the interview started but kept silent while her husband was being interviewed. Almost all of the mothers burst into tears at some point in the interview when talking about their grief and their child, and six of the fathers wept as well. But they quickly recovered when the questions moved to other topics or after taking a break. The female participants preferred to tell more details about their child than the male participants. After the interview, half the interviewees expressed their gratitude to me for being concerned about this vulnerable group and for their thanks gifts. Two-thirds indicated that I could contact them again if I needed more information.

The particular problematic interview was the third one. The first and second interviews were successful so I kept the same interview style and schedule in the third one. The third interviewee was an elderly woman who was very kind at first and even told jokes before the interview started. When I explained her rights, the confidentiality measures and the information about the research, she said “Don’t worry, I have read your information sheet carefully and I understand because I graduated from the top university in China”. Everything was fine at first, but when the questions moved to her grief process, she suddenly became angry and started to shout at me. She became a totally different person. It was not helpful at all when I suggested that we take a break or just to skip this question if she preferred not to answer it. It seemed that she could not control herself and she started to abuse me verbally saying “Are you a spy? Are you human?”, “You want to know my feelings? Your parents will know when you have died”. I was shocked and said, “I can make apologies if my question hurt you”. But this did not stop her, she kept yelling for another ten minutes and then said that she could not answer this particular question but that the interview could go on because she had initially agreed. I reiterated her rights and indicated she did not need to force herself to finish it, she could quit the research if she wanted to. But she answered impatiently “I know, but I want to go on”. She subsequently calmed down but avoided having any eye contact with me. She answered the questions about her social life and future plans in detail and showed me pictures and a hand-written life plan. But after finishing the interview, the woman said “I don’t want to sign the consent form, I don’t want to leave my signature. You have my oral agreement. You should not blame me for my attitude; I know sometimes I cannot control myself. But this is me and I answered your other questions, you still should thank me, and now you can go”. She kept the thank-you gift and closed the door loudly. She had shocked me and I felt hurt and wronged after this interview and it stressed me thinking about the following interviews. I went to talk with my supervisor and my friend who is a social worker about my feelings and to get some support.

After calming down, I checked my notes (because that interviewee had changed her mind and asked me to stop and delete the audio recording). This may have been because she could not control herself sometimes, as she said, but I also needed to check whether my topic guide needed amendment. I discussed what had happened with my supervisor; she enlightened me and we amended my topic guide together. The order of the questions was changed so that less sensitive questions about social relationships and meaning-making would be asked before

exploring the grief process topic directly. These questions were less sensitive and the respondents might be willing to tell more, and trust could be built up more effectively at the start. After going back to check my interview questions, some sensitive questions about interviewees' grief process were replaced. My supervisor suggested that I add more preamble before the main questions to explain clearly again why these questions were being asked. The original and amended topic guides are in the appendix.

Reflecting on this experience, I think that a preamble is useful for interviewing vulnerable people on sensitive topics. I think that researchers cannot rely too much on an information sheet to help participants to understand the research or just tacitly accept that the participants completely understand when they say that they have no questions. Participants might change their mind in the context of the interview or might over-estimate their psychological endurance before the interview starts. A preamble and a full explanation of each major topic is a protection method for both the researcher and the participants to emphasize again for the participants what is going to happen in the following section. This would have been better applied in the third interview and might have helped to avoid the situation which I had faced as it might have built trust more effectively. The remainder of the interviews with the adjusted topic guide went smoothly. Only one thing surprised me: that there were so many dialects within a province. Not all the interviewees could speak Mandarin very well even though all of them could understand it. Some of them answered my questions using local dialects. I could understand most of those, but still some words confused me, and it was harder to understand when they sobbed or became distressed. I had to check the meaning of the word with the participants; "So you just said 'XXX'; do you mean XXXX?" If I was misunderstanding, they would explain to me using another word.

Language was not a big barrier in the research, nor was the culture because as a Chinese person I have insider knowledge of most of the customs and traditions mentioned by the participants. But for their particular experience, my role was definitely that of an outsider. It has been mentioned before that vulnerable people will likely refuse to cooperate with an outsider and during my fieldwork, I met three participants who asked me "Are you one of us? Are you a *shi du* parent?" When I answered no, they became alert and asked "So why are you interested in this group? Why do you want to interview *shi du* parents?" and they seemed to try to figure out whether I was a 'friend' or an 'enemy'. After I explained that one of my

relatives was a *shi du* mother and that I had started my interest in this group when I saw her change after she lost her son, they started to feel that I knew someone as an insider, so maybe then I was someone who was 'on their side'. They asked me to explain the aim of my study and my identity again before they agreed to take part in the research. During the interview, it seemed that my membership status was not an impediment. Those three interviews went smoothly and much meaningful information was shared. But one of them told me after his interview finished:

"I kept watching you when you explained your aims, and during the interview you kept eye contact with me and seemed friendly and peaceful. Then I believed that you are a friend and will not harm me. If you had tried to avoid my eyes or had said anything which had made me think that you had lied to me, I would have stopped the interview immediately and asked you to leave my house immediately, because you would not be one of us, and if you are not a friend, you are an enemy who just wants to know our miserable memories out of curiosity."

An insider role status can help researchers to acquire trust and acceptance rapidly and easily whereas an outsider one will raise doubts. But it is also possible for an outsider to acquire acceptance from the participants after building trust. During the interviews, some of the participants asked me "Do *you* have a child" when I asked them about their feelings. I always answered "No, I don't", and then they said "Then you cannot understand my feeling". Before the fieldwork started, I read Buckle's article about her experience as an outsider wanting to interview bereaved parents (Dwyer and Buckle, 2009). She suggested that researchers should not pretend to be an 'insider' and claim that they can 'understand' the experience of losing a child if they are not bereaved parents. So, I answered "Yes, I can't. But I know it must be painful. I would like to try to understand your feeling, do you mind telling me?" Then they went on to tell me about their feelings. This insider/outsider status was not a big barrier to acquiring data in this research. I had to work hard to build trust with the participants and not lie to them.

I planned many approaches to take to ensure the trustworthiness and authenticity of this research. It was also stated on the consent form that the researcher would seek member

validity, which means that a researcher will send a transcript of the interview back to each participant for him/her to make sure that the content is accurate. However, this technique might not have been appropriate for this highly sensitive topic. The participants indicated that they preferred not to review the transcripts. They said that they trusted me, so they did not need to do it. And, maybe more important, they did not want to become distressed again by reading a transcript of the interview. So the trustworthiness of this research mainly relied on the third-party scrutiny of the supervisor and the TAP member.

After finishing the data collection, I start to analyse the data. All of the data was organised in Nvivo 11 before being analysed. I read through all the transcriptions carefully and then coded up initial codes from the transcriptions. These initial codes were key words and key topics which the interviewees had talked about. After finding the initial codes, I unfortunately made a mistake in the next step. I tried to use research questions as guidance and to categorise the initial codes under the three research questions. For example, one of the initial codes was 'No contact with others', signifying that *shi du* parents had said that they had not wanted contact with other people after the death of their child. Since contact with others is related to social relationships, this code was put directly under the research question about social relationships. After initially categorising the data like this, the data were analysed again under each research question. However, the analysis became problematic after this as the whole logic of the analysis became deductive. All the initial codes were used to answer the research questions deductively rather than looking for codes and themes which emerged from the data inductively by looking for the codes and themes across the whole transcript. This meant that all the codes were deductively organised under the research questions, so it was hard to identify new codes and themes from the original data. I had to go back to check all the initial codes and make further data extractions and add more detailed explanations to each initial code. The explanations were actually useful for the data analysis as they helped me to identify the key information for the initial code. For example, the code 'No contact with others' seemed that they had been talking about the status of their social relationships and that they wanted to stop their social connections. But they were actually talking about their behaviour after the death of their child, as a reaction to their grief. So this code was re-categorised under the theme of reactions to grief. After redoing the data extraction and rechecking all the initial codes used before, I cross-referenced them with these new codes, clarifying and dealing with any repetition or confusion in the definitions of the codes. Then I made a long code list

including all the initial codes with descriptions and I organised them into common themes and sub-themes. These key themes helped to structure the findings chapters. As the analysis involved abductive reasoning, the research was guided by the explanatory framework and the research questions in which I had set out specifically to find out about the process of grief for *shi du* parents and the phenomenon of the changes in the social relationship of *shi du* parents, which was figured out but not explained. The cultural aspects which were found to be important arose more inductively from the analysis of the data: so not all possible cultural practices around grief and mourning practices reported in the literature review (such as ancestor worship) arose out of the data.

Summary

This chapter has explained the rationale for the choice of methodology for this research and has included the research questions, the explanatory framework, the research design and approach, the data collection methods, the analytical approach used and the researcher's reflection on the fieldwork. To summarise, the aim of the study was to explore the lived experience of *shi du* parents, their grief reactions, the meaning-making process and the impacts on their social relationships. An abductive logic was adopted and was based on the ontological and epistemological positions of interpretivism and constructivism. Data were collected by means of semi-structured interviews with 35 *shi du* parents. The data were thematically analysed following the stage of initial coding and focus coding. In the following three chapters, I shall describe and discuss the findings generated from the data.

Chapter 5: The grief of *shi du* parents

Introduction

This chapter presents an analysis of the data collected from all thirty-five interviewees to explore the grief reactions and the grieving processes of *shi du* parents. It addresses two of the main research questions: how parents' reactions to the death of their child affected the process of bereavement and how was that process affected by cultural beliefs. Determining the reactions and the grief process of *shi du* parents is important for understanding their experience and life after the death of their child. The key themes discussed in this chapter are initial grief reactions to the death of child (uncontrolled and controlled); spirit shift; comforting; avoidance; calmer and controlled behaviours; avoidance of social interactions; and avoiding social celebrations. This chapter is divided into four sections. It begins with a discussion of the parents' initial reaction to their loss. At that time, the major expression was losing control. Calmer behaviour emerged later when they adopted coping strategies to try to manage their grief. Three main coping strategies were identified: avoidance, spirit shift and comforting. The final section will provide a reflection on the grief process of the *shi du* parents.

5.1 Overwhelming loss of control

The initial grief reactions of the *shi du* parents varied; some showed extreme reactions such as feeling suicidal or even making actual suicide attempts, others displayed some embodied reactions such as eating nothing, insomnia, physical illnesses and general weakness. This section discusses the initial reactions of the *shi du* parents when they heard about the death of their child. The very first of these reactions was the feeling of loss of control. The most extreme grief reactions primarily appeared in the first few years after the death of the child and considering or attempting suicide was one of them.

Attempted Suicide (10)

Ten of the *shi du* parents in this study had seriously considered or had actually tried to commit suicide after the death of their child; six of them were mothers, four were fathers. This extreme action normally happened in the early period of their bereavement, such as a few days after their child had died or at particularly sensitive times such as an anniversary of the child's death. When they talked about suicide, the only reason they gave was that they felt that they had nothing to live for. Under the influence of China's OCP in which the single child is the centre of the whole family and represents the future and the hopes of older relatives, both parents and grandparents, they believed that the child was the only hope for their life. When that hope was destroyed, they did not want to live any more (the hopelessness of the *shi du* parents will be discussed in Chapter 8).

At that time, I almost committed suicide. I carried a knife with me. Several times I almost committed suicide. I didn't want to live at that time so I joined a private suicide chat group. I stayed in that group, talking with the other members several times. You know, people in that kind of group, the more you talk, the more depressed you feel. I wanted to be with my son. Several times, I almost committed suicide by cutting my wrist. (Y5, father)

Honestly, I tried to commit suicide but I failed. It was just a few days after my son had died. I went to buy some sleeping pills. Because sleeping pills are controlled, people cannot buy a lot at once and need a prescription. So I bought them many times in different places and saved them and planned to take all of them together. I couldn't think about other people at that time. I just

thought, 'My son has died, why am I still alive in this world?' I thought that all people live for their child. My child had died so I didn't need to live in this world. So I just needed to take them all and go with my child. When I started to take the pills, my husband found me. He asked me what I was doing, what pills I had taken. I didn't tell him they were sleeping pills, but he guessed. He threw the pills away and asked me to stop taking them. He cried and asked me if I died, how could he live on his own, without a child or a wife. He is a good man; now we just live for each other.

(L3, mother)

However, clearly these parents did not commit suicide and they had a common characteristic in that their own parents were still alive in old age or illness and needed their support. They managed to dissuade themselves from committing suicide by thinking of others and their duty to provide support. Filial piety duty is not just for one generation, it is between their child and them but also they need to obligate for their parents as well. They explained that as they knew the feelings of losing a child, so they could not imagine how their parents would be able to live on if they were to commit suicide. They needed to persuade themselves not to be so sad and not to fall so deeply into their grief as to take extreme action since they still have their duty to provide for their parents:

I have no choice. I have to persuade myself. If I take my own life, how will my parents feel? They are too old, they could not survive losing me. I need to adjust myself. I still have not told my mother the truth. Maybe she already knows how she could suffer losing her favourite grandson and losing her daughter too. I need to live for her, otherwise who can take care of her? (W11, mother)

Sometimes I need to persuade myself to keep healthy. I tried to commit suicide once after my son had died but I failed. My wife was so sad at that. She asked me if I had died, how could she live? I realised that I couldn't keep on doing that. I have my wife and also my parents. If I died, how could they live? Every time I felt really sad, I would think about this to cope with the grief and prevent myself from doing the wrong thing. (Y5, father)

Embodied reactions to grief (12)

Being unable to eat anything, locking themselves in at home, crying, feeling weak and ill were the main reactions these *shi du* parents had experienced. Four of them (two mothers and two fathers) stated that they could not eat after they heard about the death of their child. Four others (two fathers and two mothers) said that they had locked themselves in at home and cried all day long. Four mothers stated that they became ill after their child had died:

For the first few days after my child had died. I ate almost nothing. My father even begged me to eat something. This lasted about a year. I always just ate one meal every few days. I couldn't feel hungry or have other feelings. (W4, mother)

I locked myself in at home, cried every day, couldn't stop, didn't want to go out. Why should I go out? Except for buying food, I never went out. I couldn't stop crying. (L13, mother)

When I heard that my son had died, I felt that I

had no strength. I knelt down and found that my eyes couldn't see anything. I think that I had some awareness, I knew what was happening, but I couldn't think, and it seemed that my mind was fuzzy. I could hear voices but I couldn't see anything. After that, one of my eyes was almost blind. (L14, mother)

Crying secretly (35)

All the parents in this study admitted that they would cry when they thought about their child and felt sad. Both the mothers and the fathers explained their reaction to the death of their child in this way, but there was a difference in the way that they cried. The majority of the *shidu* parents (more fathers than mothers) emphasized that they would not let anybody know when they were crying, even their spouses or the other family members. They would cry secretly. They gave two reasons for this: first, they believed that when other family members saw them crying, they would feel sad as well. They did not want to make others feel sad. Second, they just wanted to find a release for their sadness by themselves rather than share their weakness with anyone else. They did not want other people's sympathy and comfort which they thought was unhelpful:

After my daughter died, I cried every day at home. Sometimes I cried out loud, sometimes I sobbed. I couldn't do anything else, just cry. This was the only way that I could vent my sadness, just by crying. (L13, mother)

I cry every day when I think of my child. When I feel really sad and feel that I can't handle it, I will cry. Normally, I close the door, hold a towel over my mouth and cry. I have no other choice. (L14, mother)

When I feel sad, I close my door and cry at home. Nobody will know that I am crying. Every time I think about my daughter, I just burst into tears immediately. I won't let anyone else know that I am crying, I just release my grief by myself. (Z5, father)

When I think of my son, I just start crying. I don't let anybody know. Crying by myself. I won't share my feelings with others, it is useless. Just crying. (K11, father)

Locking themselves in at home (8)

The *shi du* parents said they lost control of their emotions. They could not stop themselves from crying, feeling weak and all the other embodied reactions whenever they themselves or anybody else thought about or referred to their child. To avoid both losing control and the stimulators of their grief (which might remind them of their child or of times or situations which they used to spend together), they started to lock themselves at home. Unlike the initial reactions involving the loss of control, this reaction was actually controlled behaviour deliberately chosen by the parents. Eight of the participants (two fathers and six mothers) continued to behave in this way following the death of their child, staying at home and not going out, unless it was necessary. The situation had deteriorated even more for two of them (mother W4 and father K3):

I never leave my home, even when it is necessary, like shopping for food. (K3, father)

Besides not going out, I also leave the curtains closed the whole day. I don't want anyone to see me and I don't want to see anyone. (W4, mother)

No contact with others was another initial reaction for these parents. 'Others' here means people other than close family members, such as friends, neighbours and acquaintances. The *shi du* parents preferred to stay on their own and to refuse to have any contact with others. Among the participants, twenty-one (twelve fathers and nine mothers) said that after their child's death, they had reduced or stopped communicating with relatives, friends and neighbours. They said that they had no mood to talk or explain to others what had happened and why it had happened, and they were unwilling to do this as well. One mother said:

I reduced communication with my old friends and neighbours after my child died. I did this deliberately. I didn't want to talk to others, I had no motivation and no mood. It felt like we couldn't be as close as before, there was a barrier between us. Sometimes I did not answer their phone calls and refused to join in their events. I just didn't want to keep in touch with others.

(W11, mother)

5.2 Coping strategies

The *shi du* parents tended to display calmer and more controlled behaviour to cope with their grief after the initial grieving period. There were three particular strategies which the participants mentioned: avoidance, distraction (spirit shift) and comforting. Avoidance strategies were related to the parents' self-protection, they tried to avoid all the people, topics and situations which might make them feel sad and remind them of their loss. Distraction strategies were used to distract them from their feeling of loss and grief to other things in order to reduce their upset feelings. Comforting strategies focused on keeping in touch with the deceased (looking at their photos or talking to them) in order to reduce the feeling of grief. In this section, these three strategies will be analysed separately in detail.

5.2.1 Avoidance

Avoidance strategies were related to the self-protection of the *shi du* parents. They tried to avoid all the things which might recall their pain or make them feel uncomfortable or sad. There were four main things which the *shi du* parents tried to avoid: topics about children, crowded places, social interactions and social celebrations.

Avoidance of topics about children (35)

Topics about children included talking about other people's children and talking about the death of their own child. This is understandable as topics relating to the children of others might make them think of their own child and feel hurt, so they became unwilling to take part in a conversation because they had nothing to say. All of the participants also said that they did not wish to talk about the death of their child when others mentioned it. Some simply remained silent whilst others removed themselves from the situation immediately. One mother's words represent common feelings, she said:

I don't want to talk with others when they talk about this. I have to leave immediately in case I lose control. (L5, mother)

No matter what the occasion, if they ask or talk about child, I will avoid it. All topics about child are avoided. (W11, mother)

Almost all of the participants said that they were unable to stop crying and missing their child when they heard others talking about children. Thirty-three participants explained they were concerned about themselves in public because they had to try hard not to cry or engage in other out-of-control behaviour as they feared that people would pity them or laugh at them.

Avoidance of crowded places (35)

Crowded places were also avoided, both those with a large number of people, as well as other people's homes. In order to make sure that they would not come across a crowded environment, the *shi du* parents preferred to take longer routes to their destinations. L3, a *shi du* mother, said that after her daughter had died, she never went through the park in front of her home. Parks close to residential area are one of the most crowded places in China. People, especially retired people, spend most of their leisure time playing chess, working out and gathering together to chat with others. She preferred to take detours and to walk a long way around to avoid the park:

After my daughter died, I never [walked] across the park in front of my home. Every time I needed to go to the supermarket, I would walk a long distance to avoid it. (L3, mother)

A supermarket is also a crowded place which the *shi du* parents tried to avoid:

I tried to avoid crowded places. But I have to keep myself alive. I need to buy food. Working days are better, not many people. I need to choose a time when fewer people are there. The weekend and festivals are terrible. People all go to the supermarket with their child, their families. I feel really bad when I see them. I cannot control my crying. Actually when it [the death] had just happened, I wanted to move to somewhere with no people, as remote as possible, as few people as possible. (W4, mother)

Avoidance of social celebration (35)

Avoiding special celebrations such as festivals, weddings and other events was also common for the *shi du* parents. In Chinese culture, festivals, particularly the spring and mid-autumn festivals (*zhong qiu*) are times when families gather together. Children who live or work far away from home will return to be with their parents, and the entire family will visit friends and relatives. These happy circumstances and family visits tended to make the *shi du* parents feel lonely and upset. The majority of the participants (27) said that they turned off their phones and stayed at home during such festivals. One father even left home almost every festival, including the spring and autumn festivals, and went to different cities, and this escape action had gone on for more than ten years:

Festivals are people's happiest time each year. I had to avoid them. My situation was a huge contrast with other people's. I just turned off my phone, locked myself in at home and took sleeping pills. Someone asked me why I turned my phone off; I didn't tell them the truth, I just told them that my phone also needs to have a rest in the holidays. I must avoid these times. I have no choice. (Z17a, father)

In addition to occasions such as important family events, all unnecessary social activities were avoided. They would find an excuse to turn down invitations, such as not feeling well or having prior engagements. They would also take other actions such as turning off their phones at all times, and disconnecting the telephone wires in their homes to avoid receiving messages. Even so, there might still be some social activities which are difficult to refuse. In Chinese society, the notion of *ren qing* (reciprocity) emphasises the importance of giving and paying people back. There are always social activities which *shi du* parents will find difficult to refuse, for example, a big day involving family members, relatives or friends who have helped them before. When they did attend such events, they tended to act as bystanders or kept silent to show their avoidance. They did not and could not talk to anyone or smile much.

They generally sat in a corner, stayed silent, and quietly left at some point. One mother described her experience of taking part in her niece's wedding. Her niece had helped her and her husband significantly after their son had died, so they had to attend her wedding and bless her as a reciprocal act:

I attended the wedding, but I just sat in the corner quietly without talking to anyone. I have to say, happiness is less than tears for me to take part in these activities. I acted like a bystander, sitting there and seeing them laughing and being happy, but I could not feel the same. I could not help but think about my son. I pretended to play on my phone when someone came to talk to me or just smiled and said nothing if they asked me about myself. After blessing my niece, I left quietly and spent a few days recovering from my sadness. (W11, mother)

The participants not only acted as bystanders at these joyful events but also in other circumstances; for example, when others judged them or when they experienced unfair situations:

I used to be a person who fought injustice or unfair situations. I stopped doing this after my son died. One reason why I stopped was that I didn't want to be attacked because of the death of my son; another reason was that I really didn't want to talk to other people. (Z7, mother)

Avoidance of social interactions (35)

The *shi du* parents could turn down invitations to planned social celebrations in advance.

Even when they could not, they had to prepare themselves for what they would face at the celebrations. However, social interactions can happen at any time without allowing any preparation. 'Social interactions' in this study refers to everyday encounters between *shi du* parents and other people, such as meeting someone on the way back from the supermarket and during the after-dinner promenade. The child was always the main topic of conversation when they met other people in social interactions of this kind. This was the main reason why the *shi du* parents tried to avoid them by using strategies such as disguising themselves, reducing the time they spent outside and avoiding eye contact.

The *shi du* parents sometimes used disguises to prevent people from recognising them. The most frequently used form of disguise was dark glasses which they wore when they went out; they were used to avoid being recognised but also to hide their tears. One mother said:

I always wear dark glasses to avoid others recognising me. If they find me and talk to me about my son, the dark glasses can help me hide my tears. Dark glasses are very useful. But my first pair was too small so I bought two more.
(L5, mother)

In addition to disguises, the *shi du* parents also attempted to reduce the time they spent outside their homes in order to avoid engaging with society and getting involved in a conversation. One mother described how when she took her rubbish out in winter, she did not even put on a coat. She explained:

I will run fast when I feel cold, and this can reduce the time I spend outside. So, I do not wear a coat when I take out the rubbish in winter. My husband says if I keep doing this, I will get sick. But I don't care, I just want to shorten my time outside. I don't want people to see me and talk to me. (L18)

Another reason for them to shorten the time they spent outside can be understood as not wanting to be unintentionally harassed. Promenading is a tradition for Chinese people. Families go for a walk together after dinner and during the walk they talk about what has happened during the day. This is a good way in which to enhance relationships between family members. It is also a social performance, to show to other people how happy and close the members of the family are. However, this scenario can be upsetting and hurtful for *shi du* parents:

I know it is part of their normal life, I know they do not want to hurt me. When they meet me, they even ask their grandchild to call me granny.¹ But this really makes me feel upset. It reminds me of the happy life I used to have. So I have to avoid going out and I stay at home instead. (L14, mother)

5.2.2 Spirit shift

The term ‘spirit shift’ uses the original words used by the *shi du* parents themselves. It means that when they thought about their child and felt sad, they would force themselves to concentrate on other things in order to avoid thinking too much about the child. Twenty-six participants (ten mothers and sixteen fathers) stated that they used this strategy to cope with their grief. There were three specific methods which they used to help to shift their grief: feeding their pets; distractions (getting new hobbies and taking actions) and escaping.

Caring for pets (6)

Six of the parents (two mothers and four fathers) mentioned their dogs as being important in dealing with the death of their child. There are three meanings behind this strategy. First, the

¹ In Chinese culture, children calling their grandparents’ friends ‘granny’ or ‘grandpa’ with their family name, such as ‘granny Wang’ or ‘grandpa Li’, is just a normal greeting between the generations. It just represents respect for the elderly without any other connotations.

dogs gave them something to care for which is similar to 'caring for' a child. It also kept them busy (they had to walk the dog and take care of it) by acting as a distraction. Second, the pets were also a kind of spiritual comfort for them. Dogs can fulfil the role of being company and make their owners feel that someone is accompanying them. Third, the dogs took up the role of the younger generation to comfort them to some extent. Parents in this group described directly how they called their dogs their son or grandson. They took care of them and devoted to their dogs all the time and care which they used to give to their child:

I have been feeding two dogs in the years since my son died. They are a spiritual comfort for me. Just like my child or maybe my grandchildren, I can ask them if they are hungry, if they feel cold. This makes me feel like I am taking care of a child. (L5, mother)

Feeding a dog is good for me. I have to go out to walk him. It has given me something to do every day. And I can talk to him. My husband and I have nothing to communicate after the death of our son. But I can talk with my dog and he will listen to me and be company for me. (W11, mother)

The centre of my life now is feeding my dogs. My two dogs are my grandson and granddaughter. I will give all the things to my dogs which I want to give to my son. (X11, father)

Distractions (10): Hobby

Ten participants (three mothers and seven fathers) explained that they had taken up new hobbies after the death of their child to help to cope with the grief. This hobby is not the same

as a new naturally acquired hobby at first, it is actually that the *shi du* parents needed to do something as a reaction to the stress in order to distract themselves from the grief. Because they kept on doing the same things whenever they felt sad, this stress reaction behaviour became a new everyday hobby. Their new hobbies included embroidery, reading novels, outdoor sports such as cycling and climbing, self-driving, playing musical instruments, singing and becoming a volunteer:

I tried to find something to distract myself from my son's death. I focused on embroidery, I think young people like that. Not only for learning something new, just to try to make myself calm down. (L5, mother)

I started cycling after my daughter died. At first it was a kind of venting, I just went cycling when I felt sad. Then it became a regular exercise. I know it is good for my health. I have to do it and I can't stop doing it. (L17, father)

One father took distraction actions immediately when he thought about his child:

I keep busy during the daytime so that I can't think about my child. But I always lose control at night. Then I will watch TV to help myself to think about other things. (J-2, father)

One mother said that her method was to pretend that there was someone else around her, talking with her, so she developed a new habit of turning the television on while she was awake:

I switch on my TV every day all the time that I am awake. I can pretend that there is someone in my home and this helps me to think about others.

But I only watch TV series about wars. I can't watch comedy or entertainment programmes.
(L13, mother)

Escape (13)

Thirteen *shi du* parents (five mothers and eight fathers) adopted escaping as a strategy to cope with their grief. There were three main issues which the *shi du* parents escaped: simply stopping thinking in order to escape the feeling; going out and pretending to be someone else. Five parents (three fathers and two mothers) chose to force themselves to stop thinking in order to escape from the feeling every time they thought about their child and felt sad. The two fathers even took extreme methods, one by taking sleeping pills and the other by getting drunk, to force themselves to escape from the feeling:

It is easy, my way. I just take sleeping pills when I miss my child and feel sad. I force myself to fall asleep to stop thinking about it. I can't fall asleep without sleeping pills. For me, taking sleeping pills every day is just like having meals every day. (Z17a, father)

I can't, I can't think about my son. I have to force myself to stop thinking when I think about it. When the thoughts come, I force myself to run away. (Z7, mother)

Seven parents (four fathers and three mothers) chose to go out to escape their home (a familiar place for them, full of memories) when they felt upset. Sometimes, home was a place which made them feel depressed and they needed go outside to breathe. Most of them chose to go to a secluded place with no people or to find a lonely time to go out, such as very early in the morning or in the middle of the night:

I don't know what to do, I have no idea. The only thing I can do is that when I think about my son or when I find that I am so sad, I go out immediately to find a secluded place, with nobody there, and stay or walk around there. When I feel better, I come back home. (C1, mother)

I cannot stop thinking about him [her son]. I cannot sleep well. I get up very early, almost in the middle of the night. I will go out to find a quiet place to stay. I cannot stay at home at that time. (L3, mother)

I just go out when I feel sad. I find a place without other people. Sit there for a while. (W8, father)

One father used the technique of pretending to be someone else in order to escape the reality. He spent almost all his time reading novels and imagined that he was the key characters of the novels who has a totally different life from his own current life. He said that this could help him to feel better:

I read books, especially Kung Fu novels. You know, the Kung Fu novels are always set in an old dynasty, so there is nothing in common with things with my life. I just imagine myself being the leading character in the story. This makes me feel that I am not me in this situation and that I have another life. This helps me to cope with my grief. (Z30, father)

5.2.3 Comforting

Communicating with the deceased (28)

The third strategy used for coping with their grief was to keep on communicating with the deceased. Twenty-eight (seventeen fathers and eleven mothers) of the *shi du* parents said that they had used this strategy to cope with their grief. They believed that they still had a connection with their child and this belief comforted them. There were three main ways in which they tried to communicate with their deceased children: talking to them by talking to their photographs or ashes or on their social media account; keeping their child's belongings around them; and visiting their tomb.

Talking to the dead child (14)

Fourteen parents (seven mothers and seven fathers) stated that they chose talking with the deceased child. There were two ways in which this happened: leaving messages on the child's social media account and talking directly to their image or remains (photographs and ashes). Three participants (two fathers and one mother) chose to talk to their child by leaving messages on social media. The parents who left messages on their child's social media account actually repeated what they used to do before the child died. For example, mother W11's son had studied abroad for several years before he died. The only way in which the boy had communicated with his mother was on a social media platform called QQ (a popular instant messaging service in China). Because they had lived in different time zones, they always left messages for each other. After the boy died, his mother continued to leave messages on his QQ account in the belief that her son could receive them, and this made her feel that her son was still alive, studying abroad just as before:

I cannot imagine how I could live without the computer. I cannot talk to my son without the computer. I leave messages for him every day. I tell him what has happened during the day, just as I did when he was studying abroad. I greet him in

the morning and leave messages for him at night. I tell him things which have happened, why I am angry. Before I go to visit his grave, I also leave a message for him to ask him if there is anything that he wants, so that I can take it to him. This makes me feel better. (W11, mother)

A father who also used QQ to contact his son who was studying in another city said that:

I leave messages for my son every day. Every day I visit his QQ space and read the articles and photos there and press 'like'. I do this every day. Anything which I can't talk about with other people I will tell him. Even though I know that there will be no response, I still want to leave messages for him. Every day; there are no days that I stop talking to him. (Y5, father)

Eleven participants (six mothers and five fathers) said that they talked to their child's photograph (nine) or their child's ashes (two). For these parents, the photos and the child's ashes were not their child's belongings but represented the child. Talking to them made the parents feel that their child could definitely hear what they said. Moreover, their child's photos, especially photographs which they had taken together, not only represented the child but were also proof of the existence of the child or of a happy time which they had spent together previously. These parents felt comforted when they looked at these things:

I have kept all his things just as they were when he was alive. I look at his photos every day. Photos which he took with me. I put them in a frame, look at them every day and talk to them. (L14, mother)

I have to look at his photos, every day. I must

look at them. Before I go to bed, I have to look at it and think of him. If I can't sleep, I have to look at it. I've got a copy [of his photo] in my phone. I cannot think about anyone else, I just look at the photos to cope with my grief and comfort myself. I look at the photos, think about the previous time we spent together. I feel better. I cannot imagine not being able to look at his photos. They [family members] take his photos away. They think that is good for me. They believe that I feel sad when I see his photos. But I cannot live without them. They are wrong. I feel sad every second, no matter whether or not I am looking at the photos. The photos can actually help me feel better. So, I hid one secretly and look at it every day. (L3, mother)

Keeping the child's belongings (27)

Twenty-seven of the *shi du* parents (twelve mothers and fifteen fathers) said that they still kept their child's belongings around them. They believed that this could help them to feel better. Some of them pointed out that it could help them to recall their memories and in that way stay with their child, which could reduce their pain; others described how their child's belongings could help them to feel safe. These parents can be divided into three groups according to what they kept: 1) photographs; 21 parents (twelve mothers and nine fathers) still kept photographs of their child (as digital photos in their mobile phones, as framed photographs on the wall or in an album) and the majority of them looked at the photos regularly. As already discussed, photographs could have different significance for them as representing the deceased child and as proof of what they had done together before. This made them feel comfort. 2) Other articles regularly used by their child or their child's favourite things: three mothers kept their child's clothes, one mother kept her son's quilt, two mothers kept their child's electronic gadgets such as a mobile phone and an MP5 (an electronic device for listening to music and watching movies), one mother kept her child's

toy, two fathers kept their child's identity card. 3) Seven parents had kept all their child's things: four of them (two fathers and two mothers) kept their child's room and possessions exactly as they were before the child died, three fathers had kept everything but had stored it all in a safe place in their home and did not get any of it out regularly:

I kept the toys he played with when he was young. I kept his clothes as well. I kept his photos. I look at the photos every day. The photos we took together. I framed some of the photos and put them by my bed. I talked to his photos every day. (L14, mother)

I brought all his things back. There is a quilt, a pink one. That was his favourite quilt, I like it as well. I washed it and started to use it. After my son died, I felt permanently cold and couldn't sleep. Sometimes I could sleep for just three or four hours a day, sometimes I can't. It is already eleven years now but I still use it and keep it around me. This makes me feel safe and warm. I always feel that my son's breath is around me. (W11, mother)

I keep my son's room and everything in it as it was before he died. I have kept everything just as it was before to pretend that he is still here. I have kept his social media account, I didn't even cancel his ID. Seeing his pictures and possessions might help me to cope with my grief. (Y5, father)

I keep all my child's things. All of it. But I don't get any of it out very often. I keep it in a fixed

and safe place. I know everything is there. This gives me comfort. (Z30, father)

Visiting the child's grave (32)

As has already been explained, in Chinese culture the death of a child (*zao yao*) is unlucky and inauspicious, so their elders should not go to visit their graves to mourn them in order to avoid bringing bad luck to themselves. But 32 of the *shi du* parents (because two of them kept their child's ashes at home, and one mother arranged a ghost marriage for her daughter so she had no grave) all said that they visited their child's grave regularly, even though they all indicated that they knew that such visits are actually not allowed by their culture, and even though their child's grave was far away from their home or even in another city. All of them went to their child's grave on special festivals, such as the festival for mourning those who have died called the *qing ming* festival, and other local mourning festivals such as the first day of October. Six parents (three mothers and three fathers) stated that they visited their child's grave frequently, on each festival or even every week. The reason why the majority of the parents visited the grave was to talk to their child; they believed that their child is living there and would know that they have come to visit and to talk. Three mothers and one father said that they would take some food or their child's favourite things with them when they visited the grave. These *shi du* parents had different feelings when they went to visit their child. Thirteen (three mothers and ten fathers) said that when they visited their child's grave to communicate with their child, they just felt comforted. They believed that this could help them to relieve their grief and the feeling of missing the child. The other nineteen parents (twelve mothers and seven fathers) said that when they visited the grave, rather than feeling comfort, they felt sad and could not stop themselves from crying, but they still could not stop visiting the grave:

I go to visit his grave regularly, almost every two or three days. Since I am too poor, I can't afford to buy a specific cemetery plot for him, he is buried close to my house just ten minutes' walk away. I walk to see him every two or three days, to talk to him, to take some of his favourite food

to see him. (Y5, father)

The custom here is that the elders cannot mourn their offspring by visiting their graves. But every festival, *qing ming*, the spring festival, the day before every festival, I go to see him. If I can't, I will ask my wife to go. Someone must go. Must! I know the custom and I know I shouldn't. But I have to do this. (Z20, father)

I have no other thoughts for the whole year. I just think that I should go to see my son each festival. I don't want to miss any festival, especially his birthday. My husband and other family members can't understand me. They said I should only go there at the *qing ming* festival. But I can't! If I don't go there, I can't do anything, I would just feel anxious. So I go there secretly. I leave him a message on his social account on the day before I go to see him. I tell him what I have prepared for him. This gives me comfort. (W11, mother)

The local culture is that I cannot mourn him. I can mourn the elderly but I can't do it for my child. I accept that. I will not visit the grave on ordinary days. But I will go to visit him secretly at the *qing ming* festival and on the anniversary of his death. (Z22, father)

We went to S city every year to visit the grave. I have to see him. I will go this year as well. I don't know whether this year is the last time.

That city is too far away and I am too old to go there. But if I can, I will go. This is my personal belief, I cannot lose it. (L8, father)

As a result of keeping in touch with their child, four of the *shi du* parents (three mothers and one father) said that they still believed that their child never leaves them because they still feel that they have a connection with the child. The length of bereavement for these four parents was over ten years. Among them, two of the mothers said that they just cannot believe that their child has already died, they thought that their child is somewhere in a different time zone so that they cannot meet each other, but they can meet in their dreams. The other two parents continued to talk to their child in the way which they had used to contact their child before he/she died (using the popular instant messaging software QQ). This made them feel that nothing had changed in their life and gave them comfort:

For all these years, I have always felt that I still communicate with him. I keep leaving messages for him on QQ, like we did before when he was studying abroad. It feels like he is still there and this makes me feel comforted. (W10, mother)

I always think about him, I think I still haven't accepted the fact. I always think he is just travelling away, working away, not near me but still alive. (L18, mother)

However, even though these *shi du* parents explained how keeping their children's things (including photos) and continuing to communicate with them comforted them and could help them to cope with their grief, ten parents (seven mothers and three fathers) said that their close family members could not understand their behaviour. Five parents said that because their close relatives believed that the best way for them to cope with their grief and get back to normal was to forget the child and abandon all their emotional investment in the child, they had complied with their parents' wishes and thrown away almost all the possessions and photos of the deceased child. The other five parents were seriously advised not to go to visit

their child's grave again. These parents felt both angry and sad about this. Their response was to hide something (the child's things or photographs) from their family members and keep it secretly (as the L3 mother described how she hid one photo of her son and looked at it every day). Parents who were forbidden to visit the grave went to it on their own and in secret.

5.3 The grief process

The grief process of the *shi du* parents will be discussed in this section. There are two main phrases which the *shi du* parents put forward to describe their grief, the first one was 'it will never pass', and the second was 'walking out'.

'It will never pass' (26)

Twenty-six of the *shi du* parents (eleven mothers and fifteen fathers) stated that their grief over losing their only child would 'never pass'. Among these twenty-six parents, the length of their bereavement varied from two months to thirty years. Twelve of them had lost their child less than ten years earlier, and the length of bereavement of the other fourteen parents had lasted for more than ten years. Although their experiences and feelings were different, and although some of them still retained an extreme embodied reaction such as thoughts of suicide, locking themselves in at home or losing control in public, and others could control themselves better or have less extreme reactions, they all had a similar perception that it would never pass. For these parents, the 'it' represented three aspects: thoughts, memory and pain. The parents said that they could not stop thinking about their child. Even when they fell asleep, some of them dreamed about their child as well. All of the participants said that they could not and were unwilling to forget their child or stop thinking about the child. These continuing thoughts perpetually reminded them about the reality of the loss. The gap caused them great pain. The memories kept on coming back by the stimulation from familiar places, people and scenes. It is hardly possible and probably impossible to avoid all of these stimulations. As they described it, the pain of the loss was "written in their blood and bones" and will be with them their entire life. They believed that the thoughts, the memory and the pain can never pass. Some of the parents described the pain of the loss as being like a scar inside their hearts. Perhaps the surface will look better many years later, but the inside will be

different. This means that they might look normal and control themselves better years later, but their inner thoughts will all actually remain stuck and will be with them for their whole life.

I still feel pain at night. There is not a single night that I cannot stop thinking about my child. I cannot control that. I think the next several decades will be the same. My whole life will be the same. I cannot change that. It is like a scar, you know. You get a wound and have an operation, and it leaves you with a scar. The surface might look better, look as if it has recovered, years later, but only you know that the inside is totally different, it will never recover to what it was before. (L2, mother)

I don't think there will be any changes in the future. Things like this, my child dying, it will never pass. It is not an exaggeration to say that all day long, 24 hours, except when I fall asleep and cannot feel anything, there is not a minute that I stop thinking about my child. Every time I think about my child, I cry. If I could stop, if it can stop ... I cried myself sick. (W4, mother)

The grief of losing my son, how can I say it, never goes. Someone might say that it has been so long that it should have passed. But the pain is deep in my blood and my bones. Maybe in some circumstance, some place, the memory returns to remind me and my tears pour down my face. The amount of my tears in recent years is much more than in the previous 40 years of my life. Nothing

can stop that pain, it will never pass. (Y5, father)

People like us who have lost an only child feel sad every moment. Like me, I feel pain every night before I fall asleep. It is like I feel tired, I feel full of pain. Sleep can't help me. I feel like I can never escape from this feeling. I can't find any meaning for why I am still alive. It is already fourteen years and I still feel it. When my son had just died, I thought I should go with him. I still have the same thoughts now. It is like I have no hope. Every day I see people and things but I feel meaningless. Whatever you give me, money, food, I still feel meaningless. I have no child, my child died. Every day I stay at home I feel tired, full of pain. I always told my husband that I felt tired of living. Every spring festival, I stand at the window, where my son always used to stand, and I still feel the urge to open the window and jump out. (L14, mother)

I can't even talk about or think about my son. I would have given everything to save my son's life. But I had no money at that time, I couldn't save him. I miss him so much. I cried last night because I was thinking of him. But I can do nothing. I can't handle that. I cannot stop that. (Z20, father)

'Walking Out' (10)

The term 'walking out' was first used by father Z30. He explained it like this:

I think I am already walking out of the terrible situation now. I am already walking out. I can cope with my grief better. I won't lose control outside. But I can't forget my child. I know I can't and I don't want to forget my child. I seem to have become a man with two faces: one for the outside people, pretending that I am fine, I am OK, but [the other for] crying at home on my own. (Z30, father)

He suggested that the idea of 'walking out' means that he could now cope with his grief better, by which he meant having some control over his emotions in public, that he could adopt a public face and keep his emotions of crying private. This idea of 'walking out' was also used by nine other *shi du* parents (of the 26) in this study. Unlike this father, however, the other nine parents (five mothers and four fathers) believed that they were not able to walk out. In their view, the meaning of walking out was twofold. The first meaning of walking out was explained literally as an escape from not being able to walk out of their home but locking themselves in their room. Being able to walk out of the room really meant that it was a sign that they could cope well with the grief and move on from the extreme grief reactions such as thoughts of suicide or locking themselves away. Within this idea of walking out was a desire to be like a 'normal person' rather than losing control in public. The second meaning of walking out referred to the emotional level. Some parents used the word 'shadow' to describe it; they saw the negative emotion as being like a shadow over their head which they were unable to walk out of. Some of them hoped they could walk out of the emotion to go back into society and become normal, but others had conflicting thoughts. On the one hand, they thought that they had to walk out in order to have their own life, but on the other, they seemed to connect the emotion to the existence of their child. In their explanation, they believed that they could not walk out because they would not forget or think about their child. They believed that if they could have their own life, it would mean that they had left their child behind, and they did not want to leave their child behind.

I hope I can walk out. Maybe not immerse myself in the grief, locking myself in at home and crying

every day, but being just like a normal person. But this does not mean that I will forget my child. I shall never forget him, never stop missing him. (L5, mother)

I think I should walk out. By 'walking out', I mean that I should stop having extreme thoughts like suicide and going to join my child. I don't think I can stop thinking about my son. I don't even think I can stop grieving. I just hope that I can stop the extreme thoughts and that the grief can be reduced. (Y5, father)

I think I haven't [reached the stage of] walking out. I hope I can, but I still haven't. It is already eleven years. I still can't stop logging in to my son's social media account. But I want to walk out of this circle. I want to go back into society. By walking out I didn't mean to forget the child or the death of my son, I just want to get rid of the shadow and go back into society. But I must admit, I haven't succeeded in walking out, even a little bit. (X11, father)

Every time we think about him, talk about him, we will cry. Sometimes we try to avoid talking about him, sometimes we talk about him. We know we need to walk out from the shadow, have my own life. But I can't; how can I leave him behind? (L2, mother)

The first few years, our emotions were unstable. Every time we met our friends, we would break

down and be unable to stop crying. We are more stable now, but the pain inside we will never walk away from. It is inside, we will never walk out. The only thing we can do is to adjust our emotions to reduce the pain, the shadow. (L12, father)

Some of the *shi du* parents had tried to walk out and be normal in public. Some of them thought that they could control their feelings and their grief in public most of the time. However, when they encountered stimulators which reminded them of their child or of the times or situations which they had spent together, they would lose control of their emotions immediately. For example, they explained that they wanted to avoid particular environments because they might give rise to happy memories of their child. One mother said that she could not look at the bus stop sign near her home. Before her son had died, each time he returned home she used to wait for him at that bus stop. Now every time she passed the bus stop, she remembered her son, which upset her. Two of the *shi du* fathers who had experienced long bereavements and avoided all the stimulators which they could possibly think of believed that they could handle their emotions and would not easily lose control in public, but they did lose control immediately when they ran into a person who looked like their child. One father explained his feeling as follows:

When I realised, I cannot, I cannot suffer this. You know, in the hospital, I saw that girl, she passed in front of me. At that moment, my heart ... I cannot suffer this, I feel my heart can't stand this. I found that girl sitting in the reception. I stood behind the wall with my head down and couldn't stop crying. (Z17a, father)

The pain of losing my child, it was written in my bones. When you think it should be gone, I've almost walked out now, just one scene, one place, can make you cry uncontrollably. A year

ago, I walked past my son's university and I saw
a boy who looked like him. I should show you
the picture, my wife and I crying till we broke
down. (Y5, father)

Based on the analysis of the findings presented in this chapter, the grief process of the *shi du* parents can be understood as a magnet (shown as Figure 6.1). The centre of the magnet is the start of the grief and the magnetic field is the shadow of the grief. People in the shadow of the grief have different grief reactions: controlled, uncontrolled and calmer behaviour. The closer to the centre of the magnet they are, the more grief they have, and the easier it is for them to lose control. The further away from the centre of the magnet they are, the more stable the parents' status is, and the more difficult it is for them to lose control. Status out of the shadow is normal. The *shi du* parents tried to walk out of the shadow and pursue the aim of being normal. But when they encountered a stimulator (which could be people, articles, situations or events) which reminded them and caused them to think about their child, they would be snapped back quickly like the effect of a magnetic force between two magnets, they would be pulled back to the centre of their grief. Their emotions and behaviours will change correspondingly. In their words, "it (grief) will never pass". It seemed that only one father bereaved 30 years before (Z30) had managed to 'walk out'. This important finding could be a feature of the length of time since bereavement in that it takes a very long time to recover from the grief (if ever), or of the recruitment process in which parents self-selected and therefore the study could have attracted those parents who were still experiencing strong feelings of grief. Even so, the idea that parents can be snapped back into a deeper, more emotionally acute stage of grief still holds on the basis of this evidence.

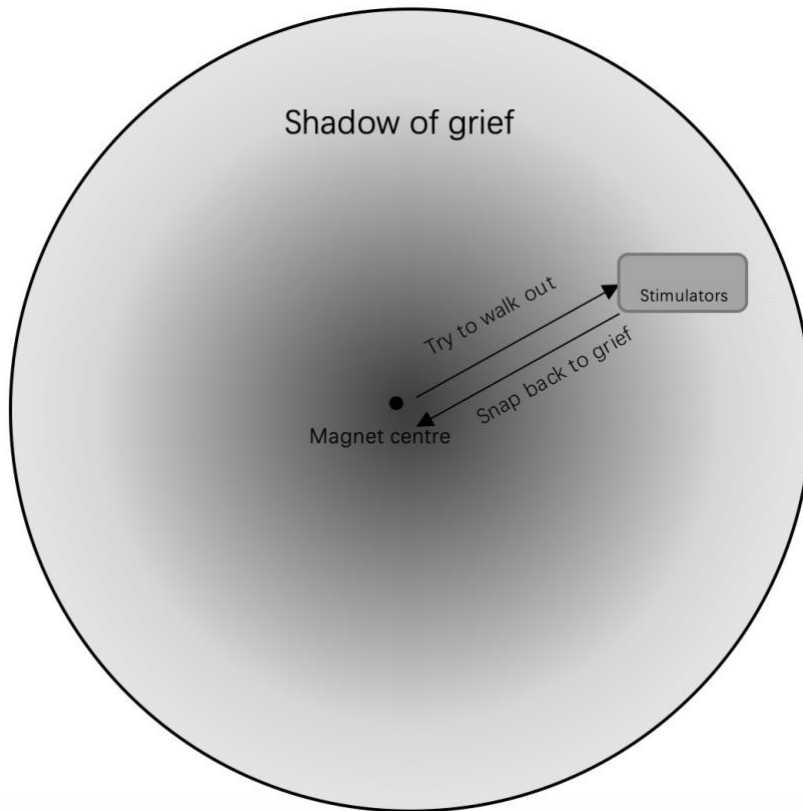


Figure 5.1. The magnetic process model of *shi du* parents' grief

Summary

In this chapter, I have analysed and described the grief reactions and the grieving processes of *shi du* parents under the influence of Chinese culture. The reactions of the *shi du* parents often appeared uncontrollable, such as suicidal thoughts, eating nothing and other extreme reactions. The majority of them chose to lock themselves at home and not have contact with other people in order to avoid losing control in public – crying is a very embodied reaction to grief and at times the parents described how they had to do this secretly. They did try to adopt some coping strategies to help manage their grief, including distracting themselves from the grief and their negative thoughts, comforting themselves by keeping in touch with their child (including visiting their child's grave even though the culture discourages them from doing so) and trying to avoid all the stimulators in order to be able to cope with their grief. The *shi du* parents also talked about trying to be normal and they described this in terms of trying to walk out of their grief. But for most, they remained under a shadow of grief on both the physical and the emotional level. It seems that the grief shadow has a magnetic element. No matter how hard *shi du* parents try to walk out, any stimulator could suddenly and

unexpectedly snap them back into to their grief. Therefore, it often creates uncontrollable embodied reactions such as crying in public. The majority of *shi du* parents in this study therefore believed that their grief will never pass; they will never walk out of the shadow completely. The next chapter explores the changes in *shi du* parents' social relationships following the death of their child.

Chapter 6: Changes in the social relationships of *shi*

du parents

Introduction

The previous chapter discussed the changes in the internal feelings and reactions of *shi du* parents after the death of their child. In this chapter, the changes in the external environment, which are changes in the social relationships of *shi du* parents after the death of their child, will be discussed based on the analysis of the data from all thirty-five interviewees. The extent to which the changes are the result of Chinese culture will be analysed as well. The purpose of the analysis in this chapter is to find answers to one of the main research questions: how are the social relationships of *shi du* parents affected by the cultural influence (from their perspective). It has been explained already that there are particular meanings attributed to death and especially the death of a child in Chinese culture. It is unknown how these cultural norms influence *shi du* parents' social relationships and their consequence. To explore the social life of *shi du* parents is important for understanding their life experiences and how their recovery from grief might be hampered by the lack of social support which is culturally influenced.

This chapter is divided into two sections. The first section focuses on general changes in the *shi du* parents' social relationships. It begins with a discussion of how the parents were treated by other people after the death of their child. This can be understood through the changes in other people's behaviour towards them. The changes mainly comprised blame, disregard and anger. Then it will consider how these behaviours in others actually change the nature of the *shi du* parents' social relationships. Some of these changes can be understood as creating an unbalanced reciprocity. The analysis in the second section focuses on the stigmatization of the *shi du* parents, which is the changes in their social relationships because the changes in *shi du* parents' identity are driven by Chinese culture. Being a *shi du* parent becomes a kind of stigma. The stigmatising of *shi du* parents can be understood from two perspectives. First, they are labelled as inauspicious by other people. Because of this label, some people (their

relatives and previous friends and acquaintances) break off their relationships with them (*shi du* parents). Second, they feel that others despise them and this in turn could lead to bad treatment from others. On the one hand, they feel disappointed by people who change their attitudes towards them (from positive to negative); on the other hand, the majority of them believe that as *shi du* parents they are actually lower in status than others and feel ashamed about that. These two understandings will be discussed separately in this chapter. The key themes discussed in this chapter are as follows: reciprocal relationships (behaviours); inauspiciousness; contempt (stigmatisation) and feeling lower than others; and being misunderstood by family members.

6.1 Changes in the social relationships of the *shi du* parents

6.1.1 The feeling of being misunderstood

The *shi du* parents believed that one of the main changes in their relationship with their relatives was that they were misunderstood. In the previous chapter there were hints of that in the ways parents talked about doing things in secret (for example looking at photographs or going to visit the grave). Being misunderstood can be divided into three parts: being disregarded, family members feeling angry with them, and being blamed by family members. Disregard can be understood as the *shi du* parents believing that their feelings of grief and their reactions after the death of their child were not being respected and were being disregarded. Family members' feelings of anger are a stronger feeling than disregard because the *shi du* parents felt that they were also being blamed in some way, and this made them feel very sad and disappointed. In the following section I shall discuss these three points in detail.

Being disregarded (5)

Three fathers and two mothers said that they felt isolated when their family members disregarded their feelings. They believed that family members are the “closest people to them”, and that when they stay with their relatives, they do not always need to “hide their feelings and pretend they are fine”. They expected their relatives to be able to tolerate them

more or to understand them more than other people. However, some of them said that contrary to their expectation, their relatives tried to force them to do things, such as take part in a family gathering, under the slogan of ‘it’s good for you’, rather than respect their feelings. More specifically, there was an expectation that their closest family members such as their parents and their siblings would show more patience and be more tolerant of a bereaved person’s feelings in the early days after losing a child. But the *shi du* parents’ grief experiences seemed to go on for much longer than others had expected. The parents had expected that their relatives would be more tolerant of their reactions, such as wanting to avoid social events like the spring festival gathering described in detail in the previous chapter, but they had found that their relatives did not do this. For example, one father stated that he had turned down his brother’s invitation to visit their relatives together during the spring festival. His brother was unhappy about this refusal and did not understand his reason for it. The father said,

I remember it clearly. My brother asked me to go to visit our relatives together during the spring festival. I couldn’t. It was too painful for me to stay together with them at the spring festival. I turned down his invitation. He felt unhappy and couldn’t understand; he said, ‘It has been so long ... three years since your daughter died, why are you still sad? Why can’t you just join in family activities to make us all happy?’ I will never forget this because it hurt me. They are my close relatives, why did they just disregard my feelings? It also helped me to realise that nobody can really understand me, even my brother who I believe understood me very well before, not to mention other people.
(Z5, father)

Family members' feelings of anger (2)

In addition to having their feelings disregarded, two of the parents (one mother and one father) said that their relatives had even felt angry about their behaviour. These angry feelings were not the same as being disregarded since the behaviour which had made the relatives angry was the *shi du* parents' everyday behaviour. For example, one *shi du* mother sometimes posted how she felt depressed or described how she missed her daughter in her Wechat Moment (Wechat is the most popular instant messaging app in China and a Wechat Moment is just like the timeline in Facebook and messages on it can be classified by, for instance, setting who can see the message). Her family members felt annoyed with what she posted and her father even felt so angry about it that he had had several serious talks with her to stop her posting. She felt upset and disappointed about this:

I almost locked myself in at home after my daughter died. The Internet was the only way in which I connected with others. Sometimes at night I felt very sad, so I posted photos and my thoughts on WeChat Moments. My WeChat Moment can only be seen by my close relatives. However, my family could not understand me posting this; they never even tried to understand my feelings. He [my father] even felt angry with me because he thought that I was always posting negative things without thinking about other people's feelings when they read what I have posted. They asked me to focus on more positive things and to stop thinking about my daughter because that would be good for me. I feel sad, why can't they try to understand my feelings?
(W4, mother)

It seemed that these *shi du* parents were explaining how they were being misunderstood by

close relatives who seem to be disregarding their continuing feelings of sadness and grief. Another *shi du* father had had a similar experience. His mother felt angry with him because he had changed his previous attitude and behaviour in his interactions with his family. He felt helpless and uncomfortable with this:

I feel helpless and sad. I have to keep the same attitude and behaviour as before when I meet my relatives. I have to meet my sister's and brother's child at a festival. I have to give them a red packet, you know I actually haven't cleared my debt. I need to pretend everything is the same as before when I meet them; if I don't, my mother will be angry with me. But my sister and brother and their child, they didn't come to see me, no extra help, but I have to keep the same; my mother was very angry with me last time when I told her I actually didn't want to do so.
(L8, father)

Being blamed (2)

Two *shi du* mothers said that they were misunderstood by other people because they were blamed or criticized for the death of their child or were blamed for their decisions which seemed to have resulted in the death of the child. Rather than being comforted by other people, these mothers themselves and their behaviour were blamed by others for being the cause of death of the child. In the mothers' perception, other people criticized their child's behaviour and their own actions on the basis of their own understanding and expressed the view that it was the deceased child and the parent who were the ones who should take responsibility for the death even though the child had died because of murder or illness. This made them feel that it was difficult to talk with others and they were afraid to share their feelings. It also made the mothers feel lonely and excluded. Blame such as this was hurtful because it came from relatives (and in-laws) or even close family members. Here is mother W11's example of the blame which came from her relatives and even from her husband. Her

son had been murdered while he was studying abroad:

It is like someone who doesn't know what exactly happened, they don't know that my son died because he was protecting his friend. They would criticize him, like 'Why did your child stir up trouble when he was studying abroad? Why couldn't he just focus on his studies?' I know they will think like this. Someone also asked me 'Why did you agree to let him study abroad? if you had stopped him from studying abroad in the first place, this would not have happened'. I know that people will think like this. I know. It makes me feel that nobody understands me and nobody cares what happened. I feel lonely. How could I stop him? and also, my husband, I don't know what happened to him; he quarreled with me every day after my son died. He disagreed with everything I did. He was unhappy if I showed any interest in something. We even didn't talk to each other for several days. The longest period was fifteen days. He blamed me for my disagreement over my child's death in Japan. He believed that this was a factor which influenced my child. (W11, mother)

6.1.2 Unbalanced reciprocal relationships

One of the most obvious changes in the *shi du* parents' social relationships with other people was that the *ren qing* (reciprocal) relationships between these parents and other people were disrupted and became unbalanced. The definition of *ren qing* needs to be clarified here. *Ren qing* is an accepted cultural custom in China. It can be understood as similar to reciprocity. When people receive benefits or help from others, they need to give something back. The

process of receiving and paying back or giving and taking back keeps the *ren qing* relationship balanced and promotes the development of the relationship for both sides. Sometimes, the pay back is not compulsory, it is very likely that the benefactor does not expect to be paid back immediately. But people still try to conform to this accepted custom in order to keep the relationship in balance.

Evidence from these *shi du* parents showed that they believed that their *ren qing* relationships changed after the death of their child. The people who made the parents feel the change in *ren qing* were mainly their immediate family members, relatives and close friends. They felt an imbalance in reciprocity which was indicated in four ways:

- 1) Not asking for help: The *shi du* parents did not take the initiative to ask for help, which can be understood as *shi du* parents not wanting to bother or to owe others.
- 2) Not taking the initiative to offer help: There was a change in who takes the initiative to offer help or to make contact. Some *shi du* parents believed that their family members and their friends might help them and would contact them in the same way as before based on their *ren qing*. However, more than half of the parents realised that even though some of their friends or relatives might respond to them if they did ask for help, they would never take the initiative to make contact with them first.
- 3) Receiving help and paying back: Some *shi du* parents were offered extra help by other people even when they did not ask for it, which made them feel pressure since they felt that they could not easily pay it back.
- 4) Receiving unwanted help and paying back: The *shi du* parents had to tolerate the complex feelings of the imbalance generated in *ren qing* relationships in circumstances in which their deceased child's friend had taken over the duty of filial piety.

These four changes represent an unbalanced *ren qing* relationship and will now be discussed separately.

Not asking for help (33)

The majority of the thirty-five *shi du* parents did not take the first step and ask for help from others after the death of their child (only four said they had asked for direct help). It seemed that for the majority, their *ren qing* relationships with others stopped at the first step; they didn't want to ask for help from others. One of the explanations for not asking was that they believed that other people have their own families so they did not want to bother them. They also did not want others to feel that they were a nuisance and therefore might begin to fear the *shi du* parents. So they did not want to 'make trouble for others', meaning that they believed that other people might feel that helping them would mean paying more but receiving less, which would be an imbalance and unfair. So the *shi du* parents stopped the process at the first step:

I will not ask others for help. If I can still walk or move, I will do everything by myself. I don't want to bother other people. They have their own families. I don't want others to feel that I am a nuisance, that I am the third wheel, or 'we have to help her because she is weak'. I don't want others to have this feeling, including my family members. If I meet problems, if I can solve them by myself, I'll sort it. If I can't, I'll just give up solving it or doing it. I don't want other people to fear me so I will not ask others for help. (L18, mother)

I will not ask others for help. I think they will have that kind of attitude, see me as a joke? Feel like I am a nuisance? I don't need others' help. If I still can move, I finish everything myself. If I can't finish within one day, then I will spend two days, three days, myself. I don't want to ask for

help. (C7, mother)

If I can move, I don't want ask others for help. I don't want them to feel I am a burden. (C1, mother)

Not taking the initiative to offer help (26)

The second imbalance was very closely related to the first and relates to the expectation that others should make first contact after the death of the child and help should be offered, rather than being asked for by the *shi du* parent. This can be understood as a gap between their expectations of others and the reality. The *shi du* parents explained that their normal expectation was that friends and family members would continue to help each other on the basis of *ren qing* just as they had before. When their friends or relatives know about the big change in their life from having lost their only child, the expectation was that they should take the initiative and do something to help them or comfort them and to show concern for each other regularly based on the *ren qing* which they used to have. However, twenty-six of the thirty-five *shi du* parents said that they had received no initiative of help from other people after the death of their child (the other nine who had received initial help from others will be discussed in the next section). Eighteen of the thirty-five *shi du* parents said that no-one took the initiative to make the first contact with them after the death of their child (of the other seventeen *shi du* parents, thirteen did receive contact after an initiative taken by their relatives, especially their parents, and four had received this from their friends or their child's friends).

The *shi du* parents who had experienced no initiative for contact from others indicated that the communication between them and other people was not in balance anymore but had become a passive type of interaction. It was up to the *shi du* parents to actively make contact and keep relationships going, which meant that the balance of receiving and paying back in the *ren qing* process had become a less active process with others taking a more passive role than before. But the people who had experienced these changes (even if some of them felt disappointed with the change) explained their attitude that this was 'understandable' and you 'cannot ask for more'.

Limited contact, I have to say. It is always like this. Actually, I can understand it; they have their families and their own businesses. You cannot ask for more. Sometimes you make a phone call. When they see you they might talk with you. But they will never take the initiative to come to see you and ask whether you need help. (C1, mother)

We moved here from another city after my daughter died. Nobody was familiar in this city except my niece. She is a doctor. We don't want to see other people but we want to stay close to her in case anything happens, like a sudden illness, and we need her help. She is very busy, I know, a doctor, and she has her own family. She told me that if I get any problems, I could contact her. She doesn't take the initiative to contact me. She is busy; I can understand. Every time I called her, she was working overtime. I also don't want to bother her much. So I made an emergency contacts board. If I have any urgent problems, if I can't contact her, I hope others can help me to contact her. (Q20, mother)

My previous friends and colleagues just stopped contacting me; for no reasons, after my daughter died, they just stopped contacting me. Most of them knew what had happened to me. They all knew. I thought they might make a phone call to comfort me or ask me if I needed any help or things like that because we were close before.

But they just stopped, no contact with me. But it is fine, I can understand. (W4, mother)

Receiving help and paying back (9)

Even though the majority of the parents expressed the idea that they should not ask for help or that other people should take the initiative to offer help following the death of the child, nine parents did receive help from others. This help can be divided into two elements: daily care and emergency help. Daily care means that the help was focused on everyday life, such as helping them with cooking, buying them food and clothes, and the support lasted for a long time and happened regularly. Emergency help means that the help was just for emergency situations such as illness or care after surgery, or for the first few weeks after the death of the child. This kind of support is not regular support. Of these nine parents, three had received both daily care and emergency support from their relatives (younger brother and daughter-in-law). The main common characteristic of these three parents was that they all lived very close to their relatives (in the same neighborhood), and one *shi du* father even lived with his own father after his son had died in order to take care of his father. The remaining six parents had received emergency support: five had received care after having surgery in hospital (three from their relatives and two from their friends). The other mother's neighbour cooked for her and accompanied her for the first week after her child had died.

Among the nine respondents, this type of imbalance was different as it had solved some of their practical problems. However, some of the parents (especially those who had received extra help from people who were not family members) felt pressure from it: they wanted to give something back but they had nothing which they could give back directly. The majority of them were not rich (so they could not pay back immediately on the material level) and had no strong resources (so they could not offer help now or in the future because since their child had died they would have no new resources which might have been provided by the child). A key element of this feeling of being unable to pay back also arose in the situation where parents had borrowed money from others to help pay for their child's medical expenses before the child died. Four parents who had had children with long-term illnesses needed this financial support and there was more pressure on them than the other *shi du* parents because it was hard for them to clear the debts immediately. So they believed that the best thing they

could do was to clear the debt as soon as possible and to make that happen they all took two or three part-time jobs (even though they were over fifty years of age) in order to earn as much money as possible. Two of them also gave up their plan to move away because they wanted their friends and neighbours to feel safe and not think that they would run away with their money.

I have to pay them back; they lent me money for my son's medical fees. I don't want to be in debt to them; I can't clear the debt now but I will clear it. This is the basic thing I need to do. I can't think about what else can I do for them, I have nothing. But I will try to keep healthy until I have cleared the debt. They helped me and I don't want to cheat them. It is like a joke; actually my debt is an important reason stopping me from committing suicide. I don't want to go to the underworld with an unpaid debt. (Y5, father)

The expectation of paying back for help received prior to the death of the child could also conflict with the apparent norm that they should not directly ask for help following the child's death. Mother L18 is an example of this conflicted situation. Her son had died because of a long-term illness (leukaemia). He had lived in hospital for more than a year which meant that he had to pay both for expensive medicines and the hospital costs. He was unable to work during that time so the medical fees depended entirely on his parents' support. His parents both worked in state-owned enterprises. Employees in state-owned enterprises have high social status but not a high salary. His parents spent all their savings and borrowed large amounts of money from their friends and neighbours to save his life. In order to maintain the *ren qing* relationships with her previous friends and neighbours and to make them feel that their money was safe, this *shi du* mother gave up moving away after her child died:

I actually had planned to move away. But you know, neighbours and friends lent me money

when my son got sick. I haven't paid all the money back. I can't move away. I can't pay the money back immediately. I can't do anything to pay back the *ren qing* as they lent me money in my darkest time. The only thing I can do for them is to make them feel safe. I want them to feel safe, like I am still here, you can find me any time and I will not run away with the debts.

(L18, mother)

But following her child's death, she said that she did not want to take the initiative to ask for help from other people for herself. It seems that when her child was alive, she thought that it was acceptable to ask for help with the costs but that after her child had died, it was not acceptable to ask for support for herself because the circumstance for asking for support had changed:

None of my sisters and brothers live in the same city as me. They can't help me. My niece told me that if I encountered any problems, I could ask her for help. But I never did that, I didn't want to disturb her life. She has her own family. But she never took the initiative to call me to ask me whether I needed help. That is fine, I can understand it, she has her own family. Once I took the initiative to call her just to ask whether she was all right currently, and her first reaction was 'Do you need any help from me?' After that, I stopped taking the initiative to contact her. I know her life is good, and that is fine for me.

(L18, mother)

Receiving unwanted help and paying back (6)

There was also another complicated situation in which parents felt difficulties over paying back and this occurred where they had received help which they had generally not asked for, but was freely given by the deceased child's friends. This was one of the most complex changes in *ren qing* faced by *shi du* parents. Six of the *shi du* parents described how their child's friends had started to take on part of the filial piety duty on behalf of the deceased child (five of them took their own initiative to do this and one had made a promise to the deceased child before he died). There were two main ways for these young people to express their extended filial piety to these *shi du* parents: making annual visits with gifts at the spring festivals and offering other help to the *shi du* parents, such as helping them to decorate a new home and providing financial support for the child's burial and grave fee. The *shi du* parents really appreciated this and were touched that someone still remembered them and their child and showed concern about them, which gave them great comfort. Even so, they really felt pressure and were sad after the annual visits. All six parents said that they actually did not want the friends to come to visit them. On the one hand, the visits actually reminded them about their child and also reminded them that their child will never come back, which was really painful. On the other hand, they truly did not know how they could repay the kindnesses reciprocally, not just on the material level of the visits and the gifts but also in other aspects of the filial piety shown to them. All six parents explained that they had tried to stop this by asking the friends not to visit or by telling them that they would not be at home, but their children's friends still came. Because of *ren qing* (the child's friends actually do this for their friend, even though the bereaved parents are the only beneficiary), the *shi du* parents could not stop them, but it was really difficult for them and they had to tolerate it.

We went to my son's university in Japan after it happened. We stayed for a few days and when we came back, my son's best friend picked us back from the airport. They knew we didn't have enough money so they insisted on paying the grave fee for my son. Moreover, one of them works for an interior decoration company. He

helped me a lot when I moved to a new house. It didn't cost me very much. They all helped me to finish it. I felt really grateful, but pressure as well. I didn't know what I could do for them in return. The only thing I can do is give them red packets when they get married, but it is not enough, but I can't do more. (W11, mother)

My son's friends come to see me every year. They told me they had promised my son that they would help us and take care of us after he died. They come to visit us every year at the spring festival, they buy us food and give us money. It's almost ten years now. I don't know how to repay them. I don't know how I can pay them back. They come every year. I try to stop them, it is hard. As *ren qing*, you can't stop them, they will not give up either. This is because of my son. Before he died, they promised him that they would take care of us. They still remember my son and their promise to him. I feel comfort, but every time they come, I will think about my son ... It is really sad, I feel really sad. It is hard for me to bear. (L8, father)

My son's friends come to see me every year. To be honest, I can't bear it. Every time they leave, I feel affected. I asked my husband, 'Can you find a way to stop this?' I was almost going mad. They told me that when they get married, they will invite me. I can't bear it. Seriously! I am not worried about the money for the red packet which I need to give. I am happy to give it as a

repayment for them still thinking about us. I just can't, I get emotional. So I try to avoid them. You know, they grew up together with my son, so of course I will think about my son. I can't control it. Sometimes they have called me before they come, but I always told them that I was not at home. But for the invitation to their weddings ... I'll never go but I'll give my red packet or gift to them. You know, they gave me a gift, they helped me, they came to see me, and for the *ren qing*, you need to pay them back.

(L14, mother)

Overall, the norms and expectations around social relationships regarding asking for and receiving help from others was quite complex. There was a difference in expectations in terms of seeking help for their sick child and seeking help for themselves after the death. It seemed to be less acceptable to seek help for oneself. At the same time however, there was an expectation that others should take the initiative and offer emotional support and at least show some concern for the *shi du* parents after the death, based on the nature of their social relationships and *ren qing*. However, in reality some relationships were broken off. Also, where help was given freely, especially by their child's friends, this was very hard to manage emotionally and on the basis of *ren qing*. It left parents with a difficult dilemma in which they felt trapped by the obligation of *ren qing*. Another challenging cultural effect that changed social relationships following the death of the child was related to the idea of *shi du* parents being inauspicious. This provides some more explanation as to why some relationships were broken off after the death of the child.

6.2 Stigmatization

6.2.1 Being labelled as inauspicious

Being labelled as inauspicious was one of the main changes to the identity of the *shi du* parents. In Chinese culture, except for a good death (death as a result of natural causes such as ageing, which is termed in Chinese literature *shou zhong zheng qin*), death is always regarded as a negative life event, it represents the end of all the best things, so it is unlucky and inauspicious. The death of a child, an unnatural death which disrupts the natural life span, is the most inauspicious event and this inauspiciousness is always related to moral behaviour. The family members of a deceased child, especially the parents, will be labelled as inauspicious. Some of the *shi du* parents said that they had been labelled as inauspicious by others and that the label led others to change their attitudes towards them, or to avoid them and sometimes even led to the complete breakdown of their relationships with others (including relatives). Moreover, because of being seen as inauspicious, some of the *shi du* parents had also experienced bad treatment from other people.

Being Avoided (12)

Twelve of the *shi du* parents (five fathers and seven mothers) felt that the label ‘inauspicious’ had been applied to them by others. They said that other people’s behaviour and attitudes made them feel that they were inauspicious and unwelcome. Six of these twelve parents said that they had been avoided by other people; ten of them spoke of breakdowns in their relationships with their relatives and close friends. This avoidance behaviour took two principal forms: 1) they were not invited to other people’s happy events; and 2) other people started to avoid them as well as circumstances and places relevant to them. In the first of these forms, two participants (one mother and one father) said that they were never invited to family gatherings or family events (such as relatives’ weddings or birthdays) after their child had died. They explained this to themselves as being because:

They did not want my bad luck to pollute their

happiness. (D7, father)

Four parents (two fathers and two mothers) said that other people had tried to avoid everything related to them, such as their important events (their child's funeral), their home and their possessions or even themselves. The others here even included their family members. This made them feel a little bit 'helpless and sad'. One mother said that her sister-in-law never came to her house or accepted festival gifts from her after the death of her daughter:

My sister-in-law must think that all my belongings and my house are unlucky, and therefore tries to avoid it all and me. We were very close before but after my daughter died, everything changed. Whenever we meet, she is still nice to me, but she never comes to my home and never accepts my gifts and never invites me to her home. (L13, mother)

Another mother (L18) said that some of her relatives (her cousin and her niece) had even been absent from her son's funeral, which caused significant issues for her. In traditional Chinese culture, during a funeral ceremony, the child of the deceased should keep holding a photo of the deceased when the latter is buried. This represents that the deceased will rest in peace. If the deceased has no child, a relative (who must be a child) should do this for them. The niece of this *shi du* parent had at first agreed to do this for the deceased child; but on the day before the funeral, she claimed that she was unable to attend the ceremony but gave no specific reason. The entire family had stayed away from the funeral and had stopped communicating with her.

Two fathers said that people avoided them just like avoiding a disease and being afraid of being infected by their bad luck:

People started to avoid me. I knew. It seemed like I was the god of plague. They needed to do

this. But it is fine, I understand. I accept it. I can't force anyone to see me as before. The death of the child is not a normal situation. I know. They believe I did something or [that he died] because of me. (J2, father)

This father's reactions represent the experience of all the parents who had been avoided by others. They all said that it is understandable that other people think or behave like that. They cannot control other people's thoughts and feelings; it was hurtful and uncomfortable, but they could accept it.

Breakdown in relationships: relatives, close family members and friends (10)

Two of the *shi du* mothers said that their in-laws had stopped contact with them after the death of their child because they (the mothers) were blamed as being inauspicious and unlucky, which had caused the death of the child. One mother (whose husband had died before her daughter died) said that her mother-in-law and all her relatives-in-law blamed her bad luck as the cause of her daughter's death, so they had cut off relationships with her and disappeared from her life after the death of her child.

After my daughter died, I locked myself in my home crying every day and could hardly think of anything else. About a week later, I wanted to discuss my daughter's funeral with my husband's family, so I decided to make contact with them. I discovered that I was unable to because they had changed their telephone number. I went to my mother-in-law's home and found that they had moved away. I asked their neighbour who told me they had moved ... three days previously. That was the third day after my daughter's death! Nobody knows where they

moved to. I can't find them. I can't believe it! I know that the family hates me ... because they believe I am an unlucky woman and they believe I was the one who caused my daughter's death. They just disappeared and never made contact with me again. I know their disappearance was not just because of my being unlucky, it also because they tried to avoid my daughter's funeral. Under Chinese culture, my daughter should be buried in their family vault. But because of the death of my daughter, they thought that it was inauspicious, so they didn't allow her to be buried in their family vault. They just disappeared and didn't attend their only granddaughter's funeral. My husband died one year before my daughter, so they just disappeared without consideration. (L13, mother)

The other mother (L14) had a similar experience with her in-laws. She was blamed as being inauspicious which had caused the death of her son. Her in-laws bullied her, stopped contact with her and kept persuading her husband to divorce her; part of this seemed to be related to the fact that the child's death had stopped the family line:

My son was the only hope [for the future] in my mother-in-law's family and their entire family depended on him. After my son died, my mother-in-law kept causing trouble for me. My brother in-law [her husband's sister's husband] even hit me when he became drunk. They blamed me, and called me inauspicious ... they said that they had lost the only hope in their family, which will now have no healthy

offspring ... They were desperate and I was the sinner in the family ... They stopped communicating with me and incited my husband to divorce me. (L14, mother).

The assumed inauspiciousness also brought some changes within the nuclear family. Two other *shi du* mothers (W4 and Z12) had divorced after their child's death because of this. They explained that their husbands had blamed the death of the child on their inauspiciousness:

My child died in September 2013 and he divorced me at the end of 2013. He said that it was because I was crying every day and upset every day and that he could not bear this. I think this was just an excuse. The more important thing is that he blamed the death on me, on my unlucky fate. (W4, mother)

I was divorced because of this. He blamed the failure of his life on me, I am inauspicious, maybe he thought. I don't care. (Z12, mother)

Five of the *shi du* parents said that some of their friends and acquaintances had stopped communicating with them because of this label. As they understood it, the communications had stopped because their friends felt that they were now unlucky and wanted to avoid meeting them so as not to get bad luck themselves. Their attitude towards this was that it was fine, they were not very close before so it was all right to accept it and they could understand it:

My previous friends? They had no contact with me. They just disappeared after my daughter died. We used to have phone calls and meet up before my daughter died. But they just stopped

contact with me now. This makes me feel that I am unlucky so they don't want my inauspiciousness to affect them. (W4, mother)

They just made me feel that I am inauspicious and they don't want to have any contact with me. (Y5, father)

Feeling despised by other people (17)

Seventeen parents (eight mothers and nine fathers) used stronger words to describe the changes in relationships. They believed that other people despised them, and whilst other people had not done anything to hurt them directly, they could feel that people's attitude had changed. Thirteen of them understood that this hatred was rooted in their culture; eight of them referred to the phrase *duan zi jue sun*, which means 'to die sonless'. As already explained, in Chinese culture, having more offspring means more happiness and the continuance and prosperity of the family. *Zi* means 'son' in Chinese, and *duan zi jue sun* is a kind of humiliation for people who have no son, which means that their family name cannot be passed to the next generation. In the *shi du* parents' understanding, this phrase meant 'no child' rather than just 'no son'. They believed that they were despised because they were *duan zi jue sun*:

I always feel that people despise me. *Duan zi jue sun*. You know, this sentence, like a curse, pressed down upon me. (L5, mother)

They never help me. It's like they, you know, let me feel that [exclusion]. I have no offspring; it makes other people despise me. You know, *duan zi jue sun*. It damages their reputations. (Z22, father)

Seven of the thirteen parents believed that they were despised because of the meaning of the

death of a child. As explained above, in Chinese culture the death of a child is linked to disrupting the natural process and is therefore immoral. These parents believed that people would understand the death of their child as being the result of them doing too many bad things in the past. For themselves, they did not actually want to refute this kind of understanding. They said that they felt shame for the death of their child and they did not disagree with the understanding that the death was related to them. They believed that maybe it was because it was their fate (this idea of fate will be analysed in detail in Chapter 8) and that perhaps they actually had done some bad things not in this life but in a previous life:

I can understand the contempt. Yes, it feels like I did very bad things which resulted in the death of my child ... Yes, I agree actually, so I feel shame and have no face for meeting other people. It is as if I am a thief (L5, mother).

You know in our culture, a family with no child, I mean the child has died, it means that people in this family did bad things. It is a punishment, they did very bad things and it is the consequence. Everyone knows this, it is an invisible feeling and pressure. I know this, other people know it too. For this, how can I say, I cannot disagree, it is our culture, but I don't care how they see me. (Z30, father)

Six of the thirteen parents believed that other people despised them because of their current bad lives. The contempt included a feeling of being laughed at. They believed that for people whose life is worse than their previous life, others will laugh at them and despise them because their current life is not as good as their life.

However, the negative reactions and attitudes of others were not always straightforward as three parents said that people looked at them “in the light of complexity”. This can be understood as others treating *shi du* parents differently and in a contradictory way. This

contradiction involved not only despising them but also feeling sympathy for them. This made these parents feel pressure and feel that they were being excluded. They explained that they could not bear or accept other people's sympathy. This can be understood as that the sympathy disturbed their normal life since it was a reversal of their previous life which they had never experienced before:

My neighbours look at me in the light of complexity. You know, not just despise me but also have some sympathy maybe; it's hard to describe. It makes me feel that I can't have a normal life and work here. Like a kind of exclusion. (X11, father)

'Dignity' was the key word used by these three *shi du* parents when they talked about their feelings about other people's sympathy:

I can't bear people adopting a sympathetic attitude towards me. I have my own dignity. Their attitude makes me feel ashamed and as if I am somehow less than them, and that they can look down on me. But I know this is true, I really am less than them. (Z17a, father)

Being treated badly (12)

Twelve of the participants said that they had experienced some bad behaviour or attitudes from other people. They believed that this bad treatment was mainly because they were lower than other people and that other people felt contempt for them. The parents' comments showed that there were three different types of this behaviour: 1) other people gossiping and talking about them and the death of their child behind their backs; 2) being attacked verbally by others and being laughed at or provoked face-to-face; and 3) being bullied.

Five participants (two fathers and three mothers) stated that people talked about the death of their child ‘behind their backs’. The people who judged them in this manner included neighbours and acquaintances. According to their descriptions, when they left their homes, people might point at them and whisper to others, “That’s her, the one whose child died”, and might add comments such as, “He is actually a good man, but I don’t know why he is so unlucky”, and some comments on their characters, such as, “After his child died, I think he became a bad-tempered man”. Not all of these comments were reported as being negative, but they always expressed a feeling of superiority. In some cases, people simply exchanged their opinions about the death of the child, but the *shi du* parents became upset on hearing these comments. For some, every time they had to deal with this, they said that they would isolate themselves in their homes for a few days after the event. Sometimes they also heard negative comments such as, “She has a sharp tongue, that’s why her son died” and when that happened, they reported feeling wronged.

In addition to being gossiped about behind their backs, four participants (two mothers and two fathers) said that they had been laughed at or physically provoked by someone face-to-face. People had approached them and said, “I heard your child died. That’s terrible, what happened?” At first, the participants had thought that people were concerned about them, told them what had happened, and thanked them for asking. However, they discovered that some people actually knew what had happened but still asked them, regardless. Furthermore, someone might start talking about how good their own child was immediately after the *shi du* parents told them of their tragedy. One father believed that:

They just want to laugh at me or revel in my
sadness to make them feel happier in their own
lives (Z30, father).

Beside been laughed at or physically provoked, the participants had sometimes experienced what they referred to as an “ill-disposed greeting” (Z30, L17, L18). The *shi du* mother L18 stated that she had met an acquaintance after returning from the supermarket with some vegetables. The acquaintance greeted her, saying, “Oh, you have bought a lot of food, but it is only you and your husband at home, will you be able to eat it all?” She said:

It seemed as if they were greeting you but, in fact, they were underlining the fact that your child had died. I don't know why they do this. I don't leave my home often ... just to go to the supermarket to buy food. Why do they say these things to me? Every time I experience this situation, I need to recover for several days.
(L18, mother)

Two fathers (Z30 and L17) said that the death of their child was used by their colleagues at work in arguments and that this became a weakness for them in terms of being attacked by competitors (their competitors were co-workers who were in the same company but in a different department). These fathers were administrators in state-owned enterprises. The death of their child was brought up several times whenever they had an argument with their co-workers, for example by being asked, "Why did your child die, you need to think about it, because you are very difficult to deal with". Statements such as these hurt the *shi du* fathers and made them consider quitting their jobs.

I met this situation several times. You know, as an administrator, sometimes your decision may hurt someone's interest or have competition with the other departments. They feel unsatisfied, they will try to attack me. They will use this as my biggest weakness to attack me. Like say something such as "Why did your child die, you need to think about it, because you are very difficult to deal with". They know which point is the sorest point. They will choose this to hurt you, to beat you. (Z30, father)

Two mothers had experienced being physically bullied. One mother (L14) said that her brother-in-law [her husband's sister's husband] hit her when he became drunk and blamed her and called her inauspicious. Another mother told of one incident about how following the death of her child she had begun feeding a stray dog. One day, the dog bit one of her

neighbours. She had apologized immediately and offered the neighbor RMB200 for medical fees. However, the neighbour hit her and her husband and also threatened them saying, “How dare your unlucky dog bite me, don’t let me see you again, every time I see you, I will hit you”. After that incident, each time the mother crossed paths with this neighbour, he abused her verbally:

Why ... does he do this to me? I know it is
because I don’t have a child. My son died.
Everyone can bully me and nobody will protect
me. (Z17b, mother)

6.2.2 Feeling lower than other people (23)

Another change in the social relationship between the *shi du* parents and other people was the change in their social status. On the one hand, the *shi du* parents believed that they were despised by other people and that because of the contempt and the inauspicious label, they were treated badly by others. On the other hand, most of the *shi du* parents actually felt that they were in a lower social status than other people and felt ashamed. They took various strategies to avoid the contempt and the feeling of being lower than other people.

Twenty-three participants (thirteen mothers and ten fathers) expressed similar feelings of *di ren yi deng*, which means that they felt that they were somehow lower than other people (in terms of social status) and experienced shame when they were confronted by other people. According to these *shi du* parents, there were four main reasons which made them feel lower than other people: 1) their current bad life had a huge gap compared with their previous life; 2) they felt self-abasement; 3) they had no future and no resources after the death of their child; and 4) they felt shame that they had caused the death of their child (this was discussed earlier).

Three participants of the twenty-three (two mothers and one father) believed that they were lower than other people because their current life was so bad and so far removed from their previous life. For example, one mother said:

Contempt, of course. You know, I had my own business before, I was rich and anxious to do better than other people. But now, how low my life is. You can see my life. People who rated me highly before will look down on me. Their life is better than mine now, they might fear that I will borrow money from them. (L3, mother)

Five of the *shi du* parents believed that their families were incomplete so it was impossible for their lives to be as happy as before again and they needed to face and resolve all the consequences of the death of their child (misunderstanding by spouse, illness, breakdown in relationships and being labelled as inauspicious). They felt that their life had become difficult and meaningless:

I just felt that my life was worse than those of other people; that I was in a lower position than others. You can think about it; my previous life was happy and peaceful, my child was excellent, all my friends admired my life and my child. My life was full of sunshine. I was full of energy. Suddenly, everything just went, no more sunshine, my family incomplete. Impossible to be happy ... And my husband, it was just as if he had changed into another person, he argued with me every day, every moment, and other people couldn't understand me. My life was full of darkness. I felt ashamed to see other people.
(W11, mother)

Another six parents (four fathers and two mothers) of these twenty-three said that they felt self-abasement when they faced other people. The feeling of self-abasement came from a sense of powerlessness that they could not do what other people in their age-group did, which meant that they were marginal people in that age group. More specifically, in Chinese culture,

having a complete family is a key factor for happiness, one of the plans for the future for Chinese people who have a complete family is that after bringing up their child, they can enjoy *tian lun zhi le*, which means ‘enjoy a happy life and care for their offspring’. Other people in their age-group (40-70) could give almost all their attention to their child or their grandchild. The offspring is always the centre of every conversation and every greeting. For elderly people, being invited by their child to take care of their grandchild is the most important thing in their aging life. However, the *shi du* parents could not take part in any of these activities. It felt to them as if they could not do the things which they might have expected to do at their age and some of them did not know what they should do. This made them feel powerless and lower than other people.

How can I explain it? I should say that I feel that I am lower than other people because of my self-abasement. At our age, you know, everything revolves around the child. Which university your child goes to, what job, who’s child is getting married, who’s child has a new baby. Everything. At my age, if my child were still alive, I would be going to take care of my grandchild. How happy I would be. What am I doing now? I don’t know what I am doing now. I have no common language with other people.
(Y5, father)

Seventeen of these twenty-three *shi du* parents felt lower than other people because they had no thoughts and no sense of security about the future. The missing filial piety from their child made them feel worried about care in their old age. People will feel secure and stable when they know that their child can support them and take care of them when they are getting old, even though not all parents expect their child to take full responsibility for taking care of them. Their status will continue after they have retired since they can share their child’s resources. However, the *shi du* parents could not look forward to any of this. They had no sense of security for their future life since they thought that they would have nobody to rely on. They had no further support or resources to help them to face any difficulties. They even

had no expectation about the future after the death of their child had ruined their plan for the future. This made the *shi du* parents feel that they were lower than other people:

I just feel that I am lower than other people. You know, my son was over twenty, and in my plan for the future, after graduation he would find a job, and then I would have no financial pressure. I could redecorate our home for him, then he could get married and then have a baby, then life would be better and better. All the family would get together and that would be happiness. Now I have no expectation for the future, and I don't know what my future will be, what will happen if I get ill or when I get old. I can't even think about it. (F2, mother)

We are not on the same level as other people. You know that people will despise you. In our culture, they say, in your earlier life, people respect you and it doesn't depend on who your father is, then in middle age, it depends on who you are, and in your later years, whether people show you their respect depends on who your child is. I have no hope for the future. I fear it. I just live from day to day. (D7, father)

The avoidance strategies used by the shi du parents

As a result of the parents feeling lower than others, some of the participants said that they tried to avoid eye contact with other people. There were two reasons for this. First, they felt ashamed so they thought that they had 'no face' (*mei lian jian ren*, 'to feel shame') to see other people because they believed they now had a lowered social status and second place because they wanted to avoid being asked about their child. Almost all 35 participants said

that when they saw someone they knew outside their home, if they were some distance from this person they would quickly turn round and go another way; if the person was close, they would look down immediately to act as if they had not seen them:

When I go to work, I just look down at the ground to avoid eye contact with other people. My colleagues all know what happened to me. I can't [face them]. I feel so ashamed, I have no face to meet other people. So I keep looking down to avoid eye contact. (W4, mother)

If I had to go out, I would look down at the ground, avoiding eye contact with other people. If I saw someone I knew, I would look away immediately. I didn't want them asking me about either myself or my child. (L3, mother)

Other ways of avoiding others was to move to another area. Nine of the parents (five fathers and four mothers) had moved away to a new place after their child had died. One father stated:

I moved away after the death of my child. I didn't want to meet people who knew me. Moving to a new place where nobody knew me made me feel comfortable. This is a common reaction for us, I think. I cannot live in the same place. Impossible. (L17, father)

The L17 father's feelings commonly represented those felt by the other eight parents who had moved to a new place. Moving to a place where nobody knew anything about them made them feel as if they could have a peaceful new life rather than facing the people who knew what had happened to them and having to endure their contempt. Of these nine parents, one father however had not managed to achieve the anonymity he wanted. A year after moving to

a new city, his new employer had got in touch with his previous employer. He discovered that his new colleagues had learned about his past. This meant he had to move away and change job again for a second time. And, as a result, he did move away and change his job again:

I could not work like that; these two cities are close to each other and some of the people knew everything. I changed jobs and moved to a distant city from northern to southern China to make sure that nobody knew me. (X11, father)

However, not everyone had the economic means to move away or change jobs immediately. Four participants (three fathers and one mother) stated that they would move away in the future. Two of them said that they were saving money and that once they were able to afford it, they would move away; the other two said that they had personal reasons for not being able to move (they had borrowed money from their neighbours and relatives), but that once these were no longer issues, they would move away immediately.

Summary

In this chapter, I have discussed the changes in the social relationships between the *shi du* parents and their surroundings. These can be summarized as misunderstandings, imbalance, inauspiciousness and feeling lower than others. The former two put more emphasis on changes in attitude towards *shi du* parents whereas the latter two put more emphasis on changes in relationships. The specific manifestation of being misunderstood is that they thought that they were being disregarded and were the targets for other peoples' anger and blame. They described their changed relationships in a way which pointed to an imbalance in what they expected from each other. The specific manifestations of the imbalance are as follows: neither the *shi du* parents nor other people took the initiative to make the first contact; the *shi du* parents chose not to ask for help and other people stopped offering help or trying to make contact; the *shi du* parents were unwilling to receive extra help even if it was freely offered. The *shi du* parents expressed how they felt unable to give back the help they had received and could not therefore maintain a balanced relationship to fulfil the obligations

of *ren qing*, which made both sides feel uncomfortable. In Chinese culture, the death of a child also changes the identity of *shi du* parents. Since the meaning of death and the specific meaning of the death of a child is a disruption of nature and is linked with immoral behaviour in Chinese culture, *shi du* parents are stigmatised. This view is not just held by other people but also by the *shi du* parents themselves. The stigmatization was expressed in two ways in the perception of the *shi du* parents: they were labelled as inauspicious by other people and they felt themselves to have a lower status than other people. They believed that because of the inauspicious label, other people avoided them, cut off contact with them or treated them badly. The parents also believed that they were lower than others. They felt the contempt and the 'light of complexity' from other people and, at the same time, they felt shame. Most of them adopted some strategies to avoid this by either moving away, changing jobs or avoiding eye contact with other people.

Chapter 7: Making sense of their life as *shi du* parents

Introduction

In the previous chapters, I discussed the internal and external changes of their feelings and relationships with others caused by the death of their child. For parents, the loss of a loved one often drives them to search for meaning in both their loss and their subsequent lives. As one of the biggest events in their life, the death of a child is significant to parents' meaning structures. It can change the way that parents understand the world and their lives. It changes their personality and behaviour as well. This chapter presents an exploration of how the *shi du* parents in this study made sense of their life as *shi du* parents. It is divided into two sections. The first section describes how the *shi du* parents themselves understood the loss. This discussion is in three parts: how they understood the death of the child; how they made sense of the death of the child for themselves; and the views of *shi du* parents who cannot make sense of the death of their child. The second section discusses the *shi du* parents' meaning making of their lives and world after the death of their child. This includes the changes in their understanding of the world and their beliefs about the changes in their personalities and their reconstruction of meaning. The following themes are discussed in this chapter: making sense of the death to themselves; changes of personality; and the transformation of their understanding of their life and the world.

7.1 *Shi du* parents' understanding of the loss

7.1.1 Understanding of the death

The meaning of a child

It is important to understand the meaning of their child in these parents' perception before exploring their understanding of their current life as *shi du* parents. Three main understandings were identified from twenty-eight parents about the meaning of the child: 1) heritage; 2) future and life aims; and 3) 'spiritual sustenance'. Ten parents (four mothers and

six fathers) said that the meaning of a child could be understood in terms of heritage. In their explanations, the meaning of heritage was twofold. On the one hand, under the influence of Chinese culture, they thought that the child was the continuation of their blood line. It is a kind of heritage of their genetic make-up and blood line. The life of the child means the continuation of their blood line. On the other hand, they believed that their child was a kind of *chuan cheng*, which means that their child could take over their inheritance, especially material inheritances such as their house and their savings. This made them feel that their hard work and their achievements would not be ‘wasted’, but fulfilled their sense of achievement in offering stable material support to their offspring with the continuation of their bloodline:

My child is the one who continues my blood line;
it is passed to next generation as an inheritance.
Also my heritable goods such as my house; I
worked hard throughout my whole life,
[amassing] my possessions; if my son can inherit
it, I am 100% satisfied, nothing is wasted. (L2, mother)

This belief is closely related to the second understanding of the meaning of a child for these parents. Thirteen parents (six mothers and seven fathers) believed that the child was for them the future and the focus of their aims. This can be understood by the fact that parents’ hard work is not only for themselves but also, or perhaps more importantly, for their child. The parents said that it is their responsibility that they should try their best to make their family’s life better under the importance which Chinese culture puts on family value. To bring up their only child successfully or make sure that his/her life is better than their own is the most important aim in a parent’s life. It is also the motivation for them to work hard.

I worked very hard to earn money to make sure
that my son could have a better life. No matter
how hard it was, I felt happy and satisfied. I
didn’t care how tired I was. I felt happy if my
son had a good life. I felt sweet in my heart no
matter how tired I was and how difficult it was. (L14, mother)

I can do anything, no matter how hard, for my daughter, if it is good for her. (Z5, father)

The third understanding was that parents treated their child as their 'spiritual sustenance'. Seventeen parents said that their child was the source of spiritual sustenance for them. Spiritual sustenance can be understood as a support or a sense of security for them in spiritual, that is non-material, terms. In some ways, spiritual sustenance can be understood as the baseline for them. One mother pointed out that she had never even imagined that she would have to rely only on her son for all her everyday care in old age. She and her husband could take care of themselves and support themselves. But her son would make her feel safe if anything were to occur which she could not handle; she would still have her son whom she could rely on. Her explanation represents the views of the majority of the participants who thought that their child was a spiritual sustenance for them. The existence and the success of their child not only made them proud but also offered them a feeling of stability and security.

It is actually not just elderly care. It is a spiritual sustenance. This is related to culture. Spiritually, I have a child, so I feel that I can stand upright. I've got someone behind me supporting me. I feel safe and not afraid of anything. At least I have my child who can help me. I feel proud and stable. (L5, mother)

A child is a spiritual sustenance I think, also a kind of company. Having a child makes me feel safe and to have hope. (Z7, mother)

7.1.2 Making sense of the death for themselves

Unfairness (35)

For these *shi du* parents, unfairness was their first reaction when they tried to answer the question of why this disaster had happened to them. The feeling of unfairness comes from the influence of Chinese culture. Chinese culture emphasizes retribution (*bao ying*) and people believe that good and evil will always be appropriately rewarded (*shan e zhong you bao*). As explained in Chapter 7, the death of a child (*zao yao*) is regarded as inauspicious and related to immoral behaviour. In the parents' understanding, the death of their child was retribution for them, their fate or their family. This made them feel the unfairness of what had happened to them. More specifically, before the death of their child, all of the *shi du* parents believed that they were very good people who worked hard to pursue good self-development, were kind to the people around them, were willing to offer help to strangers and never harmed other people. They believed that good people like this deserve completeness in their life with their family members. In their perception, the death was a kind of punishment, and ending the continuation of their blood line and taking away their source of spiritual sustenance were also very definitely punishments. Punishments like this are not normal punishments but are related to the meaning of immorality. It was therefore unfair for them, as good people, to suffer these punishments.

How can I put it? It is not fair. I still think that it is unfair, even now. In my perception, I am a kind person, I worked hard, I was a volunteer before, I helped elderly people. My life belief is that I must not do any harm to other people. I did so many good things. Finally, I have to face this. I never thought my life would be this ... You know, in our culture filial piety is very important. I did this for my parents, my child would do the same for me. It is a kind of heritage. Also, my son would inherit everything of mine. Now everything is gone. (L5,

mother)

I feel that it is unfair. I have had this feeling for such a long time. My daughter meant a kind of companionship, a spiritual ballast for me. Also, she was my hope. Now I have no hope, no future, no sense of security. (Z7, mother)

Because of this sense of unfairness, the *shi du* parents tried to make sense of the death of their child and to find out why it had happened to them. They tried to explain the event to themselves on the basis of their experience. There were seven parents who believed that they had failed to make sense of the death. They said that they could not find an explanation for the death of their child; one father said that he thought that it was pointless to think about the reason since death is the only truth; one father and one mother stated that they could not think about it because it was too painful, and the other twenty-eight parents had a variety of reasons to make sense of the death of their child. The findings showed that the various reasons which they had found can be summarised in two main aspects: because of people (themselves and other people) and because of things related to culture and religion.

Self-blame (5)

The first aspect was because of themselves. Five *shi du* parents (three mothers and two fathers) ascribed the death of their child to themselves as the parents. This does not mean that they were directly responsible for the death of the child but they still thought that they should accept some responsibility for it: they believed that it was because they had been too strict, too busy working and paying too little attention to their child, not taking care of their child; they had rationalized that they must have done too many bad things and that the death of the child was their punishment for that.

I might be a little bit superstitious, so I wanted a fortune-teller to tell me why; why my child died. I didn't want them to give me the exact answer, I just always thought that there was a strong

correlation between the death of my child and me. She was under a lot of pressure and I didn't pay enough attention. I hadn't sent her to school on the first day of the semester. If I had gone with her, the result would have been different. I just thought that I must have done lots of bad things so my child died. I feel ashamed, not only because my child died but also because I must have done lots of bad things which resulted in her death. I think so; I think it must be because I did lots of bad things, so I have bad luck, so my child died. This is not just about culture; you know in society, when someone quarrels with someone, they always say 'You did so many bad things and this is your punishment'. I think the death of my child is my punishment.

(W4, mother)

I really feel it is unfair; I have thought about why it happened for several years. I thought about it over and over again and still believed that it was because of me; I was not a good mother. I can't blame others, I should only blame myself. My capability was too small, I could not give her a better life. She was so sweet, she knew that we are a not rich family, so she never asked me to collect her from the university; she came back on her own by changing from trains to coach several times.

She didn't even tell me when she felt uncomfortable. (Z7, mother)

Blaming others(9)

Nine of the *shi du* parents (four mothers and five fathers) attributed the death of their child to

others rather than themselves, such as other family members, the child her/himself and people who they thought were directly connected to the death of the child. Of these nine parents, three (two fathers and one mother) tried to explain to themselves that it was their child's own behaviour and personality which had caused the death; for example the child had felt uncomfortable but chose to keep silent and pretend that nothing was wrong rather than see a doctor or tell the parents, which made the illness become serious. Four parents (three mothers and one father) believed that other family members should be blamed for the death of their child, such as because family members always quarreled with others which resulted in bad *feng shui* (a geomantic omen) and caused the death of the child. The other two fathers believed that it was the hospital and the doctors who should take responsibility for the death of their child because of their misdiagnosis of the child's condition.

I feel that it is unfair, it is really unfair. I have thought about it, and I know why. I think it is because his grandmother was always quarreling with other family members. You know, in Chinese culture we have a folk proverb: *Harmony brings wealth*. Every time I think about it I want to cry. My father-in-law married a new wife and they lived with us for several years. We shared the kitchen. Almost every time before cooking she would look for trouble. Almost every time before cooking she would argue with someone. This must have had a strong influence on my son's mind. My son and I felt constantly angry with her. If she had not been here living with us and keeping on making trouble, we might have felt relaxed and my son would not have died! (F2, mother)

Why is it like this? Why do I suffer like this? I have found the reason; I think it is the punishment or the retribution for my daughter's grandmother's behaviour. She did too many bad things; my

daughter suffered the punishment for her grandmother. (L13, mother)

I feel angry with my son. Yes, my son himself. He was old enough to know that it is dangerous to swim in the river. Why did he do it? It was his fault. He destroyed the whole family. (Z22, father)

It was the hospital's fault. They made mistakes and prolonged her condition. The doctors should be blamed. It was their fault which led to my daughter's death. If they had done the right thing, my daughter might still be alive. I hate them. (K3, father)

'Unlucky fate' (21)

Twenty-one of the *shi du* parents (nine mothers and twelve fathers) attributed the death of their child to other things. One father believed that it was because they lived in an unlucky place which had resulted in his son's death. Two fathers claimed that the one-child policy should be blamed for their situation. The remaining eighteen parents (nine mothers and nine fathers) all explained the death to themselves as that it was is their or their child's *ming*. 'Fate' in the Chinese context is *ming* ('destiny') and *yun* ('luck'). *Ming* is fixed for every individual before they are born; people's lives will follow the fixed *ming* like following a map. The more good things people have done, the better *ming* they will have in the next life. *Yun* is different from *ming*. *Yun* can be changed according to the situation. In their perception, if the death was written in their or their child's fate, it was inexorable and could not be changed.

I would like to move away. I think it was because this house or this place is unlucky. So, my son was unlucky and died. This is the only reason I can find. (K11, father)

How can I explain this? I know, it is fate. Our fate, my son's and mine. You know everyone in my family counts on me; my husband, my parents, my parents-in-law. They rely on me to solve everything. This is my fate; the fortune-teller already told me that my fate is that I can't rely on anyone else. My fate is like a blade of grass in a river, I can only float in the water and nothing can hold me. This means that I can't rely on anyone else. I can't rely on my son when I get old because my son died before me. I have to rely on myself. This is my fate. (L2, mother)

How can I put it? It was the policy, the [one-child] policy was what made me and my family like this. If I had not obeyed the policy, I would not be like this. (Z30, father)

There was an interesting case of one mother, in which the fate of her child was understood in a unique way, she had a completely different meaning from the others. Her daughter was born with a mental disorder and she had died because of it; she had run out of her home when her guard was not looking and she fell down into a deep pit and died. Her mother believed that both the illness and the death of her child were the child's fate: "Maybe she did something bad in her previous life". After the death of her child, the mother had arranged a *ming hun* (a ghost marriage) for her daughter. *Ming hun* is an old folk custom in China; it is a marriage in which one (or both) the participants are deceased. This was common practice in southern China (not including Henan province where the interviews were conducted) in circumstances when a child has died before getting married. The parents worry their child will feel lonely in the underworld so they arrange a marriage for their child to make sure that someone will take care of the child or accompany him or her. This participant mother believed that the death of her daughter meant that all her suffering and pain in this world had ended and that the girl could start her new life in the underworld after her death. She believed that:

My daughter will have a better life in the underworld. All her debts have been repaid in this life. She had an unhappy life. Now, she has got married, she has a husband. They will have a happy life in the underworld. I missed her, very much, and [I felt] great pain. But I shouldn't grieve so much actually. I should remember that she has got married and lives with her husband now. (J20, mother)

In some ways this mother reconciled her sense of failing her child by making sure she provided the best situation for the child in her after life where she could be happily married. It was not possible to tell from the data whether or not she shared this information with other people, but for the majority of the parents they found it difficult to make enough sense of what had happened to them to enable them to explain it to others. This inability was closely related however to the stigmatisation which they feared and so they tended to lie or withhold information from other people about what had happened to them.

7.1.3 Unable to make sense of the death for other people (29)

Making meaning of their child's death means not only explaining it to the parents themselves but also making sense to other people. However, the *shi du* parents' sense making for the death of their child was only for themselves rather than for others. Since the death of a child is related to moral behaviour in Chinese culture, they never tried to explain to others the death and the reasons which they found to make sense of it. 'I will lie to them' was the most frequent answer given by the *shi du* parents when they were asked whether they would tell the truth when people ask about their child. They explained that they did not tell the truth because they were afraid of being judged and being despised by other people for the death of their child because of the cultural influence. Twenty-nine of the parents (fourteen fathers and fifteen mothers) chose not to tell the truth when other people asked about their child's latest condition in order to avoid been judged. They tried to avoid telling others that their child had died. The majority of them (twenty-six, twelve mothers and fourteen fathers) gave a short explanation about the absence of their child, such as that the child was studying or working in another city a long way away.

The other three parents (two fathers and one mother) directly copied other young people's lives (usually a niece, nephew or a friend's child) for details about their child's life to tell to people who asked about their child. This was because they wanted to make sure that each time their story was consistent and did not keep changing:

Of course, I shall not tell them the truth. I met an acquaintance a few days ago. She asked about my son. I told her that we are all fine, better than before. I told her that my son has got married, that I have got a grand-daughter and how old my grand-daughter is. She asked me where they are. I told her that they are all in Shanghai. I always lie to people. The story I tell them is what I expected to be my future. They said, 'Your grand-daughter must be very beautiful because your son is so handsome'. I said 'Of course; the genes are very strong'. (L3, mother)

I got sick and lay in a hospital bed alone; someone came and asked me why I was alone, where my child was. All the people who came to see me were my relatives. I couldn't answer them. I just told them that my son was studying and working abroad and that he couldn't come back. I shall always stay in this city rather than my home town. When I go back to my home town, I shall tell them that my child works here, in this city, and I shall make the excuse that I am busy in order to avoid having to talk too much with them. Here, in this city, when people ask me about my child, I tell them that my child is working abroad. I won't tell them the truth. I know what they will think. (Z17, father)

Yesterday when I was in a supermarket, I met someone who asked me about my son. I told him that my son is 40 years old now and my grandson is fourteen years old, in junior school. I have to count before I tell them, you know. I have to think about how old the child should be if his parents are [old enough to be] my child. Finally, I thought that I could just copy my niece's life. This would help me to avoid making mistakes; for example, if I forget that I have already told someone that my son was 40 last year and still tell them that he is 40 this year. I am getting old so I might forget what I have told other people. But if I just copy my niece's life, I can remember clearly and tell them some details, like my grandson got first prize last month, or something like that. (L18, mother)

I will not tell them what happened. I always lie to them. I always said that my child works in another city, is married, is very busy and can't come back frequently. I never tell truth when I socialise with other people. We are all Chinese, I know what this means, I know what they will think. So, I will never tell them. No sense! It will do nothing good for me. (Z30, father)

Although the *shi du* parents who lied to others about the death of their child tried to pretend that nothing had changed in their life, they still realised that they needed to make sense of the changes caused by the death of their child to themselves. These changes are beliefs that their personalities had altered, but also so did their understandings of the world and their life.

7.2 Making sense of their lives and the world as *shi du* parents

Jacoby (2015) wrote that coping with grief needs change or transformation of the self and the development of the prior understanding of life and the world. This section focuses on the transformation of the *shi du* parents' understanding of their life and the world after their experience of loss. This section is divided into three parts. The first part focuses on the changes in their personalities, then the parents' understanding of their life after losing the child will be analysed and the changes in their behaviour caused by that feeling. The third part contains a discussion of the change in the focus of their identity of parents who start to accept and their corresponding behaviour.

Changes in their personalities (35)

The majority of the themes and the ways in which the *shi du* parents made sense of the death of their child were not positive. It seems that one of the three main causes (themselves, their fate or other people) needed to be blamed and should bear the responsibility for the death of the child. It was hard for the majority of them to find anything positive about the death of the child. This influenced the *shi du* parents' reconstruction of the self, a reconstruction which was embodied in the transformation of their personalities and behaviour. The findings showed that they believed their personality changes comprised two dimensions: the majority of them (twenty-eight parents: sixteen mothers and twelve fathers) reported that they had become more self-contained, quiet and cautious than before. The most frequently used way they described themselves was that they "don't want to talk to other people and don't care about other things".

My personality was very open and bright before my child died. You know, I was a businesswoman, so I liked to talk to other people and I was good at communicating with them. Now I don't want to talk to anyone else and I can't have long conversations with other people. I can't find anything to say. And I have no energy or

enthusiasm to carry on with my business. I just think that nothing is important for me. Money, career; no, nothing. (L3, mother)

I am more cautious than before. I will stay out of trouble and just mind my own business. Formerly, when other people such as my brother and his wife quarreled with each other, I would stop them and decide which side was right. They always accepted my decision about who was right and who was wrong. But now I don't do it anymore and I keep away from this kind of thing. I have no mood, no energy and no confidence to do it. If my son were still alive, I would be confident, but now, to be honest, I can't even respond if someone tries to argue with me about [what happened in] my son's case. (C7, mother)

It is hard to know how far these apparent changes in personality were actually also a response to the stigmatization which they experienced. Even so, the other dimension was just the opposite: seven parents had become more irascible and constantly argued with other people over small things. They believed that it was the consequence of their grief that they could hardly control themselves. However, one father (Y5) indicated directly that it was a response to the contempt of others. It is still unknown whether they suffered less from being stigmatized, but it made others pay attention to them:

My personality changes. On the one hand, I cannot control myself easily. I argue with others over small things ... small things may make me feel angry. I know, it is not good. On the other hand, I find I need to do this. Sometimes I talk with others politely or even humbly, their response is contempt or disregard. When I become irascible, they start listen to me. (Y5, father)

Making sense of their lives after the death of the child

In addition to personality changes, some of the parents said they had also changed their behaviour and their way of thinking about the world. These changes in behaviour were highly linked with their coping strategies discussed in the previous findings chapters, for example, some parents' grief reactions were also manifested as changes in their normal behaviour. In this section, I shall focus more on the changes in their thinking and their ways of understanding their whole life, rather than their reaction to grief.

Four of the *shi du* parents (all mothers) had religious beliefs and they all pointed out that because of this they could find an acceptable explanation for the death of their child and the consequences of it. These four mothers all believed in Buddhism and focused on the explanation of a previous life. In their explanations, they thought that the reason for the death of their child was that they had done some bad things. But they could not recall any bad things which they had done in their current life and all of them said that they were very kind and never did anything bad which might result in serious consequences, so they thought that the explanation of a previous life solved their problems and they consequently started to believe it.

I think that this is about *karma*; it might be related to my previous life, maybe I did bad things in a previous life. I read something after my son had gone, some articles on Buddhism. It was good, good for me, it made sense. It is as if I can't think that I am kind and if I focus too much on this, I am not kind. It's good. I believe it. (L5, *shi du* mother)

Twenty-seven parents explained that after the death of their child, they felt that there was no hope and no aim in their whole life. This can be understood as being related to the meaning of a child. Feelings of no hope and no aim were emotional reactions to losing their child who they believed was their future, their aims and their spiritual sustenance. According to their explanations, the feeling of no hope and no aims was threefold: 1) they had no idea about how

to spend the rest of their lives; 2) their life was meaningless and was a failure; and 3) they had no motivation and no need to strive. For the first feeling, the parents had no idea about what they could do to spend their time because they had previously used to consider their child before doing anything. All their future plans had their child as the central focus. They had never imagined how their life would be without a child, so they felt hopeless when they had no clue about what their future would be without a child.

Let me give you an example, like cooking. I cooked every day before, for my daughter. But now, one meal a day or one meal for two days for myself. I feel I don't know how to cook when I am not cooking for my daughter ... I just live like this. To be honest, I just live to repay the debt, otherwise I might already have committed suicide ... I don't care about a lot of things ... I feel that there is no meaning in living. No hope. If I didn't live for the debt, I wouldn't want to live anymore. I don't know what I shall live for after clearing the debt. (K3, father)

Some parents felt that their whole life was meaningless and a failure after the death of their child. In their perception, not just the future but everything became meaningless after the child's death; the life which they pursued should have included a happy and complete family, a successful career and children with a bright future. A complete family would be the foundation for everything else, but without the child, the family was no longer complete and their whole life was a failure.

I feel pain all the time, even when I fall asleep. It is like I will never be released. Life makes no sense, there is no hope. Every day I feel meaningless. Not matter what I have, what they give me, I don't care. My child has died; there is nothing hopeful in my life. I am constantly telling my husband that life is

meaningless and I feel pain. We have no road, no future. I cannot think about the future. I am afraid I will kill myself immediately if I think about the future. (L14, mother)

You know everyone is proud of their child, you can understand it. The child is their hope and their sustenance. If parents have lost their child, they have no hope. I feel no hope, nothing that I can rely on. I just feel that this is the way that it is. That's it. No looking back at the past; it is as if I don't care. I have no hope, no need of other people, no plan for the future, I just don't care about anything. I am not afraid of death. I just keep on living for nothing. (X11, father).

The other parents explained the feeling of hopelessness as having no motivation for striving. In their explanations of the meaning of a child, they believed that it is their responsibility to offer a better life for the child and their family and to bring up the child successfully. Losing their child made them feel that they did not need to strive because nobody would inherit the resources they had amassed. Moreover, the pain of losing the child made them have no interest in enjoying the happiness from material possessions. They had lost the motivation to strive.

After I got early retirement, I thought that I could operate my own business. I like clothes and fashion. I opened a small clothes shop myself. I was full of energy for my business and the development was great. My plan was to buy a new house for my son. Suddenly it happened; I felt no energy, no motivation to do anything. I didn't need to buy a new house for my son, I didn't need to save money for his wedding and for the education

fees for my grandson. I closed my business and sold the shop. (W11, mother)

After losing my child, I had no hope. I lost my hope so a career and other things meant nothing for me. I didn't want to pursue anything. All the things I wanted, money, house, possessions, were for my child. I was preparing for my child. Now I have lost the most important thing, and I have no motivation for anything else. (Z30, father)

The consequence of the parents feeling no hope and no expectation for the future was that they changed their attitude to their life. The current attitude which they had towards their lives was just living from day to day. Twenty-seven of the participants said that this was their attitude towards their current lives. This can be understood as that they had no new plans for their future. They just muddled along with no thought of tomorrow. Keeping on living for them meant nothing. They were not afraid of death and some of them even felt as if death would be a kind of release and relief:

It feels like this, weakness, nothing inside, no motivation, no hope, nothing at all. I feel like I am a vegetable. I don't need to think a lot. I can't think about others either. I just live from day to day. If I am healthy, I am alive, if not, I died. Death is not horrible for me. (L17, father)

I can't think about my previous life, I can't, the grief and pain might kill me. I can't think about the future either. No hope, no plan, nobody to support me. If I keep thinking about it, the fear and the worry will kill me. I just live from day to day. I can't think about anything. But every day is painful and confused. Every night I think, 'Why am I still

alive?’ I might feel better if I died. (L14, mother)

Whilst the majority made sense of their new lives after their child’s death in very negative and hopeless ways, eight parents however had opposite reactions.

Making new meanings – to live for others (8)

Eight of the *shi du* parents, however, showed opposite reactions, it seems that they had started to concentrate on the needs of others such as their parents, their spouses or their obligations to others. They explained that they had to keep healthy no matter how much pain and difficulty they felt. They needed to live for other people: their parents and their spouses; or for other things which they needed to finish, such as clearing their outstanding debts.

This can be understood as that these parents tried to change the focus of their life. Before the death of their child, they lived for their children, raised them and helped them to be successful. After their child died, they shifted their focus onto other people such as their parents and their spouse or onto other things in order to take responsibility for something else in their lives. This did not mean that they had already walked away from the grief. It just means that they transferred their understanding of their life and their position, that they realized that they were not just parents.

I am happy that I didn’t do that [commit suicide]. I controlled myself at the crucial time. If I had done it, how would my parents live? I know the pain of losing a child; if I died, what would happen to my parents? They are already 85 years old. I can’t even imagine that. And I have debts, huge debts because others lent me money to save my child’s life. They were so kind and I can’t make them have nothing. I don’t want to take the debts to the underworld. I have no plan for the future, just to take care of my parents and clear the debts first. The people who lent me money were kind, I can’t cheat them. (Y5,

father)

I have to keep healthy. If I have an accident, that's fine. Death is not fearful for me. If I were to die, I could see my son. But I don't want get a long-term illness. Nobody could take care of me and I don't want to be a burden for my husband. If I just live, I need to keep healthy. I still have my responsibility. I have my husband. My husband has an illness in his knees. He can't work a lot, he can't even walk if it rains. I have to take care of him. I have no hope, no future, I just keep healthy and take care of my husband. That's all. (C7, mother)

My husband is really a great man. After our son died, he tried his best to work to earn money to repay the debt. He takes care of me, looks after my feelings. My sisters suggested that I should move to their city and that they and their children would take care of me when my husband is working away. But I disagreed, I know he works so hard for the family and I have to be there for him and to be company for him. I realised that a child is a kind of companionship, and couples have companionship as well. After that, I thought that we must support each other and be company for one another. (L18, mother)

Some of the *shi du* participants tried to shift their concentration to the needs of others to include the *shi du* groups as well. This took two forms. The first was that some of them tried to help other parents who have had the same experience. A *shi du* group is actually a group which is hard to get in touch with and has high exclusivity. It is easy for them to trust other parents who have had the same experience as them, who they call 'same fate peers' (people

who have the same fate as noe another). They believe that only same fate peers can understand each other and help each other without any other aims. Ten *shi du* parents said that they tried to help others directly based on their own experience in their everyday life. For example, one *shi du* mother had set up a small group of *shi du* parents. The aim of the group was for the members to talk to each other and visit each other regularly to avoid thinking about suicide and shutting themselves away at home. They believed that only people who have had the same experience as them can understand their feelings and that outsiders cannot understand them. They also tried to build self-help groups to help each other on special occasions. For example, when some of them knew that a *shi du* mother was in hospital, they would go to the hospital together to visit her and take care of her if there was nobody to take care of her.

I always think that people like me need to support each other, so I tried to organise *shi du* parents around me into a group, to talk to them, give them suggestions, find out their problems and try my best to help them solve them. If someone in my group gets ill, the rest will go to visit him. [I want to] try to prevent them thinking about suicide or shutting themselves in at home. This is a way of distracting myself from my loss as well and makes me feel that I know I can help others. We need to help each other because we have the same fate.

(L5, mother)

Also, one *shi du* father had joined a volunteer group to help others (not only *shi du* parents) by offering his skills at repairing computers. He believed that he needed to help more people in order to be a better man:

I joined a volunteer group to help other people by mending their computers. I didn't think about others, I just thought that if I helped others then others would help me. It is simple. After my son

died, I never worked like I had before, it was as if I did not need to pursue a better life, so I just made myself slow down and help other people. I needed to become a better man, I think. (J2, father)

The second aspect was that some of the parents tried to improve their own and other *shi du* parents' situation by improving the support policies and the implementation of the policies by the local government. So they tried to defend their rights against the local authority. Almost one-fifth of the participants had taken action to defend their rights on a website or at events. In their perception, if they wanted to improve their living situation, they were the only one they could rely on:

I researched the current policies so that I knew what should be done and what actually happens; I am just a retired worker and I never did this before. I never paid attention to politics and policies before. But now I think we *shi du* parents need to figure out this for ourselves because we have nobody to rely on. The support implementation by the local government is not good enough to meet the rights of all the *shi du* people who suffer unfair treatment, so we need defend our rights ... I did this for the rights of all *shi du* people not just for myself. I know I have heart disease, I know I am at the end of my life ... maybe I shall already have died when any improvement comes. I haven't done this just for myself, but because I don't want other people to have to suffer like me or like this generation. (Z17a, father)

For these eight parents, they had found some renewed meaning in their lives and in some ways this could be considered that they had managed to transform their lives into something more positive.

Based on the analysis above, it can be seen that there are two main characteristics of the meaning-making process experienced by *shi du* parents which fit the theories on meaning-making discussed in Chapter 2. First, the experience of the majority of the *shi du* parents shows a similarity with the ‘accommodation process’ put forward by Joseph and Linley (2005). That is, the *shi du* parents seemed to change their global meanings or beliefs about the world to become consistent with their situational appraised meaning. As set out in the previous sections, twenty-seven *shi du* parents indicated that their understanding of their life changed because of the event. Their life became without hope and they felt that everything in their life was meaningless, which was different from their previous beliefs about their life. The death of their child and the serious stressors which reminded them of it totally changed their global belief system to this new appraised meaning. Take one *shi du* father Z30 as an example. Before his child died, he believed that the success in his life came from his successful career and the high position and the power which he had had in his workplace. However, he said in the interview:

From the day my child died, I use one word to define my whole life: failure. Only this word can describe my life. From that day, I totally changed what I believed before. My life is a total failure, no matter what I have achieved before. (Z30, father)

The second characteristic of some *shi du* parents’ experiences fits into the ‘deliberate meaning-making’ process (Lepore, 2001), which means they tried to deal with their grief by using coping strategies to reduce the discrepancies between their global belief and the appraised meaning. Some *shi du* parents changed their religious beliefs to help them achieve a better acceptance of the death and to find an acceptable explanation of the death of their child. Changing religious beliefs was the meaning-making coping strategy used to help them reduce the discrepancies and was different from the other copying strategies which they used. Some of the *shi du* parents also tried to help their ‘same fate peers’ based on their experience by setting up self-help groups to reduce the discrepancy and the feelings and behaviour caused by the discrepancy. For those who got involved in giving help to others, this might have helped them in recovering from their grief, but whether the meaning-making coping strategies

are helpful needs further research.

Supports they want

The way they made sense of their life is closely related to what they need in terms of policy support. Their comments on policy emphasize three points: elderly care, illness care and emotional/psychological care. The first two needs can be understood as that they want the government support to cover the missing responsibility of their child. According to their understanding, choosing to have only one child was not their personal choice but obedience to the OCPy. Therefore, the government has the responsibility to fulfil their missing rights of filial piety. Ten *shi du* parents (six mothers and four fathers) said that they were worried about their life in old age and hoped that the government would offer help in this part of their life. The majority of these ten parents said that they preferred “concentrated elderly care”, by which they meant specific nursing homes and services for only *shi du* parents. They preferred to stay with people who had had the same experiences as them.

The thing I worry about most is that one day I won't be able to move. What can I do then? No child to help me. I hope the government can help us with elderly care. Is it possible to set up specific elderly care homes for us, just for *shi du* parents? Even for everyone to have just a small room? We can't just wait to die in our home when we can't move. We have a pension so we can pay for it; we just want a specific *shi du* parents' nursing home. We are people who have made a contribution to the development of our country. The government should help us. (W11, mother)

I have no plan for my life, I just want the government to solve the elderly care problems for us. That is the only thing we can rely on. Since I

still can move, I can take care of myself now. I will donate my body after I have died. I am not afraid of death, I am only worried about my later life.
(L8, father)

Six *shi du* parents (four mothers and two fathers) mentioned illness care. Lacking family support, they were worried about the difficulties they would meet when they get sick, such as there being nobody to take care of them after surgery in hospital.

I am not afraid of death, but I am afraid of illness.
Lying in hospital, with nobody to take care of me.
If I can't move, I have nothing to eat. I can't afford a care worker for me. I hope the government can offer help for us on illness care. (Z17a, father)

Besides elderly care and illness care, fourteen parents indicated that they needed emotional/psychological care from others. The demand for emotional and psychological care was threefold. First, ten *shi du* parents pointed out that they hoped that the government can provide emotional/psychological consolation to help them to relieve their pain and pressures. Second, eight *shi du* parents said that they hoped that the government officers who have direct contact with them will respect them and protect their feelings when they provide support. Third, all fourteen parents expressed their hope that the government and society can show an attitude of care for them. More specifically, they believed that they had made a contribution by obeying the OCP to China's development. They did not want the government and the wider society just to ignore them or be forced to provide them with help. Eight parents said that the local government employees who provided them with help made it seem as if they had been forced to offer help to them just because the central government or the policy asked them to, but they actually did not want to provide them with help. The *shi du* parents described their actions as 'formalism'.

Psychological consolation, you know. Families like us feel like our life is meaningless. I think for *shi du* families, psychological consolation is the

most support we need. If the government can offer this for us, we will be happy because this means they care our feelings. (Y5, father)

There are just two people in my family, just me and my wife. We don't need other things, we don't need money, we just need them to show that they care for us, the government, its employees, to show their care to us. They [the local staff] can give us a call during the festival. Show they care for us. This is all I need. But the local staff didn't do that, even though the policy stated that we should have two liaison people and that they should contact us regularly. But they never do that. Once I meet one of my liaison people on the street, I asked him about this, he argued with me rudely. I hope the government can fix it. Show their care to us. (X11, father)

I don't think they actually care about us. I think it is formalism. It is like the support is something that the central government asks them to do, to help us, like come to visit us, give us consolation. They just have to come, visit us, bring something for us, stay one minute, take a picture as evidence to show that they came, then left. Do you think this means they care about us? It's just a mere formality, nothing to do with inner care. (Z30, father)

Summary

In this chapter, I have discussed the process of meaning making of the *shi du* parents after the death of their child. Unfairness was the first reaction for the parents when they knew about the death of their child. The majority of the *shi du* parents had tried to find the meaning of the

death of their child. In their explanation to themselves, they blamed themselves, other people and fate (both their fate and their child's) for the death of their child. They did not know how to explain the death of their child to other people, or they did not want to do that.

Consequently, eleven of them chose to lie to others about their child's status. The majority of the *shi du* parents believed that they had gone through a personality change after the death of the child. It seems as if their personalities had changed in two extreme ways: they either became very quiet (even closed-in) or more irascible than before. The death of their child also transformed their understanding of their life and of the world. Some parents changed their religion in order to help them to rebuild their worldview to understand the death and their current life. Most of the participants believed that their future has no hope and no aims; they were just living from day to day. Some of the parents had started trying to pay more attention to their new identity as *shi du* parents. They had tried to help each other based on their experiences and had tried to improve their situation by improving the support policies intended for them.

Chapter 8: Discussion

Introduction

This chapter presents a discussion of the key themes and findings arising from the analysis of the 35 interviews with *shi du* parents reported and discussed in the previous three chapters. The chapter is divided into four sections. In the first section, I shall discuss the comparison of the newly theorised magnet model arising from the data with other contemporary models of the grief process and of continuing bonds. In the second section, I shall explore how stigma theory explains *shi du* parents' stigmatisation in the context of Chinese culture and how it relates to the concept of disenfranchised grief. In the third section, I shall explain the meaning-making process of *shi du* parents. In the final section, I shall consider the original contribution to knowledge which this thesis makes to the relevant literature.

8.1 The grief process

The grief process models

As previously highlighted in Chapters 2 and 3, two competing theoretical models have developed to define the grief process: a linear staged model and a dynamic dual-process model. The first asserts that the grief will end after the linear stages (Parks, 1996) or the grief tasks (Worden, 1991) have been completed. This implies that when the grief process is over and the bereaved have recovered, there will be no further grief effect on their lives from the grief. The dual-process (DPM) model was developed originally by Stroebe and Schut (1999; 2008; 2010); it asserts that grief is a dynamic process and that bereaved people oscillate between two stressors: loss-oriented (LO) and restoration-oriented (RO). LO refers to the way in which people deal with the loss experience, such as uncontrolled crying. The emotional reactions to grief are involved in this stressor. Early on in bereavement, LO

dominates the process. RO coping, on the other hand, refers to the arrangements for reorganising life to fit the current new circumstances and developing a new identity; it focuses on dealing with the secondary consequences of loss. In this study of Chinese *shi du* parents, this could refer to the realisation and acceptance that the expected traditional filial piety of children can never be fulfilled, and that the parents who participated in this study (none of whom had grandchildren) could never follow the culture of leading a happy life (looking after grandchildren) and being cared for in their old age.

These competing theories were developed in the western context, but the influence of culture is also vital for grief. There has been little research on the grief experienced by bereaved people, especially bereaved parents, in China. According to the few previous studies of the process of grief in China (Tang et al., 2013; Xu, 2014; He, 2017; Pan, 2017), the majority of these Chinese scholars commonly believed that the grieving process of *shi du* parents follows the staged model involving three to five stages, and that the grief will end (Tang et al, 2013; Xu, 2014; Pan, 2017). The findings from the interviews with the 35 *shi du* parents in this current study show clear counter evidence from a staged model. The grief process of these *shi du* parents is dynamic. The experiences of these particular *shi du* parents with a wide range of lengths of bereavement (from two months to more than thirty years) show that none of them indicated that they had completely emerged from their grief. This is highlighted by the newly developed magnet model which I have theorized from their explanations of being ‘under a shadow’ and not being able to ‘walk out’ from their grief. This is very different from the assumption of the staged model that people will recover and go back to their normal life after going through all the stages.

Chow and her colleague’s findings (Fu et al., 2020) support some of the findings of this current study. In their findings, yearning was an important grief reaction in the bereaved mothers and they described the changes in yearning as the grief reactions of these bereaved mothers within the first two years after losing their child. They found that in the first stage (0-6 months after the loss), anything around them could remind them of their child and they could not stop thinking about their child. After this period, only specific reminders would remind them about their child. This finding shows similarity with the findings of the current study that reminders as stimulators in the magnet model would remind the bereaved parents of their child and when they encounter a stimulator, they will suffer involuntary yearning

from missing their child. Chow's finding implies one possibility which was not confirmed in the current study that the number of stimulators changes in different lengths of the period of bereavement. They found that within 0-6 months of the loss, anything can be a stimulator but that after that, only specific reminders are stimulators. This may imply that in different lengths of bereavement, the number of the stimulators is different and that the number can reduce as the length of the bereavement increases. This is beyond the scope of this thesis and needs further longitudinal and psychological methods to investigate it.

In the magnet model, the grief felt by *shi du* parents is like a shadow cast on them but with an invisible force at its heart which acts like a magnetic force. There is a central point in the shadow which represents the starting point of the loss: closer to that point, the grief is deeper. 'Walking out' was the term used by the *shi du* parents to describe their experience of coping; they tried to cope with the grief and walk out of the impact of the grief like walking out from under the shadow, but stimulators hindered their walking-out process and they were immediately snapped back into deep grief with a loss of control over their behaviour (for example, they could not stop crying or they locked themselves in at home). Actually, this process shares some similarities with the DPM. When the *shi du* parents tried to walk out, their behaviour and attitude were more affected by the RO stressor in DPM, but when they encountered any stimulators, they were more controlled by the LO stressor. They showed a process of going forward, but then could be snapped back suddenly into deep grief. This is similar to the idea of an oscillation between being in grief (more negative – which emphasises their grief experience and focuses on the deceased and the past) and trying to walk out (more positive – puts more emphasis on adjusting their current life and thinking about themselves and the others who they tried to live for). The magnet model also shares some similarity with the idea of a 'regression' phase as suggested by Tang et al. (2013). In Tang's three-stage model, the final stage was the regression stage, which suggest that the status of *shi du* parents shifts back towards to the deep grief because of an external stimulus. This process shows a forward and backward trend, which shows resemblance with the magnet model; they try to walk out and then are snapped back to the deeper grief. However, their study involved an interview with just one *shi du* mother, and there is no clear detailed analysis or discussion in their article to clarify this mother's reactions and feelings about her regression stage, so it is difficult to make a meaningful comparison with the data presented in this thesis.

However, there are some differences between the DPM and the magnet model. First, unlike the DPM, the magnet model suggests that their grief over their loss (the LO process in DPM) and adjusting to their current life (the RO process in DPM) are not totally separate processes, which means that bereaved people cannot just stay in completely the RO or the LO process in a moment. Since the *shi du* parents in this study could never walk out of their grief, there will be no moments when they are completely and only in the RO process. For example, even when they tried to rebuild their life such as by dealing with the loss of filial piety (having no child to look after them in old age or having grandchildren to care for), this became a stimulator when they met other people with children which recalled their memories of the deceased and their loss. Thereby they were still affected by the LO influence. This finding is consistent with the main findings of Fasse and Zech (2016) who tested the dual-process model on sixteen widowed persons and found that the LO and RO processes are sometimes interdependent rather than always distinct. Moreover, the type of elements in the two process (LO and RO) are interdependent sometimes as well. The different understanding of the 'avoidance' element from the *shi du* parents can be taken as the example to explain this.

In the LO process of the DPM, avoidance was conceptualised as a maladaptive coping strategy. In the findings of this study, however, avoidance was also a coping strategy or a kind of self-protection tactic for the *shi du* parents. More specifically, the object of the avoidance was the judgement of others which could act as a stimulus and might cause loss of control for the *shi du* parents. It seems that avoidance of others and social situations might reduce *shi du* parents' feeling of loss and other negative or extreme feelings. This is understandable in the context of Chinese culture by which these *shi du* parents were stigmatized and sometimes treated very badly as a result, or at least had their grief misunderstood by others, including by family members and those close to them. Whether avoidance should be conceptualised as a maladaptive or an effective coping strategy needs further research as clearly it could be strongly influenced by cultural attitudes as highlighted in this study. Similarly, it is questionable whether continuing bonds with the deceased should be stopped in order to end the grief.

In addition to the two points mentioned above, there is one more difference between the DPM and the magnet framework. Compared with the DPM which focuses more on changes in inner feelings, the magnet framework considers the external influences on the grief process. The

external factors which influence the grief process of *shi du* parents are the stimulators. In DPM, the effect of external factors on grief are not discussed, but stimulators in the magnet model are what prevent *shi du* parents from ‘walking out’ or cause the regression of their status to be unstable, such as the people, possessions and situations which were related to the deceased child, or which simply recall the memory of the child or make the parents miss their child. To some extent, the treatments (such as contempt from the others, being verbally attacked) *shi du* parents received because of the stigmatisation (the findings of chapter 6) can be stimulators as well because these treatments also prevent *shi du* parents’ walking out. The stimulators vary for *shi du* parents because of their different backgrounds and the different memories they have of their child. There are no fixed times or places that they might encounter stimulators; it will depend on the background of the *shi du* parents. According to the interview data, when *shi du* parents encountered a stimulator during their walking-out grief process, they would be snapped back into deep grief, but the point where they then repositioned themselves in the grief process is unclear. Whether the speed of their walking out or the distance they have covered from the initial point of bereavement changes after they have been snapped back was not revealed in the findings. Further research is needed to clarify these points.

Continuing bonds

Bowlby (1982) stated that working through grief is important in terms of rearranging representations of the lost person and of the self. Instead of the psychoanalytical suggestion that bereaved people should decathect from the deceased person in order to resolve their grief, Klass (1993; 2014; 2017) found that both bereaved children and bereaved adults struggled to find a way of maintaining a connection with the deceased. Chinese scholars who have focused on the grief process and the reactions of *shi du* parents also found the existence of the continuing bonds between *shi du* parents and their deceased child and identified five forms of continuing bonds between them and their deceased child (He et al., 2017; Liao et al., 2018).

The relationship between keeping continuing bonds and bereavement adaption is complex (Neimeyer, 2006). Klass (2014) believed that there is a potentially healthy role for maintaining continuing bonds with the deceased. Keeping the bonds is different from the maladaptive grief of perpetual rumination; continuing the bond is not a way for bereaved

parents to avoid accepting the reality of the loss by attempting to maintain a concrete tie in order to somehow retain physical proximity to the deceased. Rather continuing bonds can be understood as a way of accepting the reality of the loss and keeping an ongoing inner relationship with the deceased person (Stroebe and Schut, 2005; Hall, 2014). Stroebe and Schut (2005) stated that rather than concluding that continuing or relinquishing bonds will be better for all bereaved people, the focus should be on those who actually benefit from continuing or relinquishing their ties. The findings show that continuing bonds were used as a coping strategy by the *shi du* parents to provide comfort.

Keeping on communicating with their deceased child was one of the main coping strategies which these *shi du* parents had adopted to comfort themselves. According to their comments, maintaining a continuing bond with their child was not a way of refusing to accept the reality of the death of the child, but they believed that they had an inner connection with their child. The way in which they kept contact with their deceased children was by talking to them, keeping their possessions and visiting their graves regularly. They believed that the possessions, photographs and the grave all represent their child. According to the findings, using these strategies can help *shi du* parents to comfort themselves from the effects of maladaptive grief, such as insomnia. Actually, maintaining continuing bonds with the dead is strongly embedded in Chinese culture in the form of ancestor worship. People mourn their deceased relatives and friends at special festivals such as the *qing ming* festival and Mid-July day. However, *shi du* parents face pressures when they maintain continuing bonds with their child from both Chinese culture and the people around them. In Chinese culture, as already explained, the death of a child is related with immoral behaviour, and even though ancestor worship is an important aspect of Chinese culture, parents and family elders are still not permitted to visit the grave of a deceased child. But the parents ignored this prohibition against mourning as they tried to keep their continuing bonds and visited the grave in secret. This demonstrates how strong the desire was to continue with the bond; the parents were determined to do this even against the disapproval of others and stigmatization. This will be discussed next.

8.2 Stigmatisation and *lian mian*

Chow and her colleague's (Fu et al., 2020) findings shows some similarities with the finding of this research on the changes of social relationships of bereaved parents. They find that the bereaved parents cannot be understood by the others especially their families and feel additional pressures in social interactions when people keep encourage them to let it (the grief) go. This is similar with the finding in this research. Their findings also show that some of them also losing the stable of family like divorce with their spouse after the death of their only child, which is same with this research as well.

Stigmatisation is also been mentioned in Chow's finding. This is one of the important findings which emerged from the data which has less been previously covered in Chinese studies was the experience of stigmatisation. Scholars have mentioned its existence, but there has been no investigation into its impact on *shi du* parents. I shall relate this to the notion of *mian* and *lian* in Chinese culture. According to the findings of this current research mentioned in chapter three, *shi du* parents are by definition stigmatised in Chinese culture.

The *shi du* parents involved in the study had different backgrounds, but their common characteristic was the death of their child. This characteristic is at odds with the prevailing Chinese view of family value and the accepted standard for a complete life. The death of a child may not be a discrediting characteristic in other societies but in Chinese culture it is related to the notion of punishment for some kind of immorality. As already explained, except for a 'good' death (a death as a result of natural causes such as ageing, which is called *shou zhong zheng qin* in Chinese), death is always regarded as a negative life event because it represents the end of all the best things and is therefore unlucky and inauspicious (Xu, 2007). The death of a child, an unnatural death which disrupts the natural life span, is the most inauspicious event and this inauspiciousness is always assumed to relate to some lapse in moral behaviour. The family members of a deceased child, especially the parents, will therefore be labelled as inauspicious. The identity of a *shi du* parent thus becomes a kind of stigma and *shi du* parents are thereby stigmatised.

This stigmatisation is twofold: *shi du* parents are labelled as inauspicious by other people, and

they themselves also think that they now have a lower social status than they had before and are also now lower than other people. Being labelled as inauspicious was a key thing which the majority of the parents in this study had faced. No matter whether people laughed at them face-to-face or talked about them behind their backs, the core of the comments was always around the event of the death of *shi du* parents' children and the fact that they were being judged by the death. Goffman (1963) said that the normal response to the situation of becoming a stigmatised person is for the affected individual to make a direct attempt to correct what s/he sees as the objective basis of the perceived failing. However, this is not applicable in the case of *shi du* parents. What makes the case of the permanent loss experienced by the *shi du* parents in this study so special is that they will not have a new baby so their situation can never be changed or corrected.

The feeling of being lower than others felt by the *shi du* parents is deeply related to the Chinese cultural notion of *lian mian* ('face'). The participants mentioned several times that they felt that they had no *lian mian* to meet others or that they would do something which would make them lose face. *Lian mian* is an important phenomenon in Chinese culture although there is no precise definition for it. *Mian zi* is vital for the social life of Chinese people in both informal personal interactions and formal elements of organisational and institutional relationships (Qi, 2011). Hu (1944) first introduced *lian mian* to western society. She tried to explain it by separating *lian mian* into *lian* ('face') and *mian* (*mian zi*) into different dimensions. *Mian zi* represents the kind of prestige which is accumulated by means of personal effort or clever manoeuvring; it refers to a reputation which can be achieved by success and ostentation during life. *Lian* is a little different from *mian zi* in her explanation; it is a social sanction for enforcing moral standards and an internalised sanction which represents a moral reputation and social confidence in the integrity of the ego's moral character. For example, to 'lose face' refers to a person suffering condemnation by an individual or a group on the grounds of immoral or socially disagreeable behaviour. Western scholars' understanding of face (like Goffman) puts more emphasis on the dimension of *lian*. Goffman (1967) explained face as a common psychological phenomenon for each individual. He believed that 'face' refers to common rules and values in a particular society and the situations in which social interactions are embedded.

Some Chinese scholars, however, have criticised these definitions on the grounds that *lian*

and *mian* cannot be combined into one single concept and that they both contain moral and reputational implications; *mian* does not refer to moral standards because there is no general standard for losing *mian* or holding *mian* because the standard is flexible (Zhai, 2013). Zhai (2013) pointed out that the term *lian* is related more with the behaviour of identity; it represents the image and the performance of an individual. He defined *lian* as the psychology and behaviour of an individual to present an image which is agreeable to society. It can be understood, then, that the essential element of loss of *lian* is a stigma. For example, losing *lian* represents someone feeling a stigma from being criticised by the public for immoral or socially disagreeable behaviour. Shamelessness (*bu yao lian*) means having no sense of shame. The sense of stigma from *lian* coincides more with the effect on face from the stigma and represents the motivation of an individual to retain both the correct self-image and others' image of them during a social interaction. An individual's social status, personality and achievements are all indicators of *lian*. An increase in social status or achievement causes a gain in *lian* and a decrease causes a loss.

As explained above, a child is the most important achievement of her or his parents. A successful child and a happy family are an important way to gain *lian*, but even a successful career and high social status cannot fill the void left in a family broken by the death of a child. The loss of a child makes the parents feel as if they have lost *lian*. The *shi du* parents' feeling of the loss of *lian* comes not just from their sense of stigma and shame caused by the loss itself, but also from the inauspicious label which they acquire, and some of them also believed that the death of their child was because they themselves had done something immoral. So in their feelings, every time that they met others or heard others talking about the death of their child was equal to hearing people discuss the consequences of their fault or their immoral behaviour. The shame is so strong that the participants described it as that they felt shame and had no face for meeting other people just as if they were thieves.

Mian zi, on the other hand, puts more emphasis on social interaction; it represents the position of both sides of a social interaction. It also refers to a sense of self-worth which is rooted in social relationships and which can be changed through individual situations. Zhai (2013) regarded *mian zi* as a psychological process and the result of an individual's judgment on the consistency between the comments of others and his/her own self-expectation. The aim of *mian zi* is to acquire or retain one's own position or level in the perception of others. So *mian*

zi can be understood as containing two dimensions:

- 1) one which applies to everyone in a social interaction, which means the hierarchy of the participants in the social interaction and the sense of order of this hierarchy; and
- 2) the position of the individual or the group to which s/he belongs.

This hierarchy is the foundation of social interactions. To decide whether an individual's behaviour is proper means finding out whether the behaviour offends or breaks the order of the hierarchy. For *shi du* parents, the death of the child means that they no longer have a complete and harmonious family. They have also lost their futures; there is no family support or resources from their child which they might have had in the future. Based on this, others (and also they themselves) believe that their position has dropped down the hierarchy and that they now have a lower status. Compared with their old friends and their previous level, it is understandable that they feel as if they are now in a lower grade than them.

Shi du parents trying to avoid the pity and the stigmatization of others can be understood as saving *mian zi*. This avoidance occurs particularly among *shi du* parents who have high social status and significant career achievements which mean that they were previously on a higher level. The punishment imposed by the *mian zi* cultural system is humiliation. According to Zhao (2016), there are three types of humiliation:

- 1) humiliation for revenge: people in a lower position are not concerned about the *mian zi* felt by those in a higher position who might face this kind of humiliation;
- 2) humiliation for daily life: when life changes, individuals who find themselves in a new higher position will use this kind of humiliation to force those who have fallen to a new lower one to recognise their respective positions; and
- 3) humiliation for competition: if two people are on the same level, one will use this humiliation to force the other to recognise him/her as having a position of advantage.

The later two humiliation punishments had been encountered by the *shi du* participants in this research. After their child had died, some parents' acquaintances, neighbours or co-workers provoked them face-to-face by reminding them that they had a deceased child or showed off

the achievements of their own child. This can be understood as humiliation for daily life by someone in a new higher position to someone newly in a lower position. There were also incidents in which some parents faced direct physical abuse. Humiliation for competition also happened in some of the *shi du* parents' workplaces where colleagues provoked them in order to force them to recognise their disadvantaged position.

Perhaps not surprisingly, the *shi du* parents chose not to tell the true condition of their deceased child to other people and often preferred to lie in order to conceal their situation of being a *shi du* parent. This behaviour can also be understood under the stigma theory. *Shi du* parents' stigma attribute (being without a child) is not an immediately perceivable attribute, it cannot be identified instantly. So *shi du* parents are discreditable but not always discredited, especially by strangers. But if they tell others the truth, they will then immediately become discredited. To maintain their social identity and to save their *lian mian*, some parents told other people an imaginary story about their child which fits their social status. The tendency for *shi du* parents to lie to others (to convey a false impression of themselves) is also the main reason why this study was unable to determine any strong link between the cause of the death of the child and the treatment which the *shi du* parents had received from other people. Different causes of death have different meanings in Chinese culture, so the treatment which *shi du* parents receive may be different because of the cause of the death (for example if the child died of a sudden unexpected accident, this might be describe as *fei lai heng huo*, which would have been a highly inauspicious death). However, except for a death after a long-term illness during which relatives, friends and neighbours will visit the sick child in hospital, people who are not close to the family will generally not know the cause of the death of the child and *shi du* parents will lie to them about the child's situation in order to keep their social identity and status to maintain their relationships without facing a stigma.

People such as *shi du* parents whose stigmatisation is not natural but affects them later in life might have an uneasiness regarding their old friends since the post-stigma acquaintanceship is attached to a conception of what the parent once was (Goffman, 1963). Expectations of them can still remain the same as the conception of what they once were. However, the *shi du* parents had experienced changes in their relationships with other people because of the death of their child. In their perception, their relationships with others had become unbalanced and they were disregarded by others, especially by some members of their own family. This

feeling of imbalance came from the upsetting of their reciprocal relationship. It was also the gap between the reality which they faced and the ideal situation which they had lost. Their previous close relationships had disregarded the things which the *shi du* parents had thought that others should do based on their previous *ren qing* (reciprocity), such as taking the initiative to offer help or to maintain contact with each other.

Their relationships with their family members were also affected; their relatives could disregard their feelings of grief and loss and even blame them for the death of the child. Yet, whilst some relatives did comfort them at first and help them and forgive their ‘abnormal’ grieving behaviour, at the same time they believed that the grief will be dissipated eventually and that the *shi du* parents will recover and their behaviour will return to normal. However, the grief of *shi du* parents can be difficult, if not impossible, to recover from. The loss of a child is associated with a grief experience which is particularly severe and long-lasting (Lang et al., 2011). The tolerance of others can wear off and when that happens, conflicts can arise. The analysis of the responses showed that other people, and especially their relatives, could force them to do something which they do not want to do, such as take part in social activities, or stop them looking at the child’s photographs or keeping the child’s possessions. Some relatives would also blame them for their behaviour, such as when expressing their negative feelings of grief to others. This makes *shi du* parents feel that they are misunderstood by others and that they cannot fulfil the expectations of others. This mismatch in expectations between relatives and *shi du* parents about the pace and the ways by which they should have recovered from their grief highlights the importance of another related theoretical concept, that of disenfranchised grief.

Disenfranchised Grief

From the discussions above, it can be concluded that the *shi du* parents’ grief can be understood as disenfranchised grief as it was not openly acknowledged or socially validated, as defined by Doka (2002). The reasons for the grief of *shi du* parents are not openly acknowledged or socially sanctioned and are all related to the type of their bereavement. More specifically, the grief of *shi du* parents becomes disenfranchised grief not because of the relationship which is broken, who is the griever and how they grieve; it is actually because of

who has died and how the culture defines the death. What is disenfranchised in one social context may not be disenfranchised in another. This clearly recalls Doka's fundamental point that disenfranchised grief is always founded on a specific society's attitudes and values. Corr (1999) stated that the reason why a society or a culture is repelled by some types of death might be because some deaths are associated with a high degree of social stigma. This is one of the important reasons for *shi du* parents' experience of disenfranchised grief. As already explained, the death of a child (*yao zhe*) has unlucky and inauspicious implications in Chinese culture. *Shi du* parents feel the stigma and perceive themselves as lower than other people when they encounter others in their social life and would therefore prefer to lie to others about their child's death and their experience of grief than face being stigmatized. This becomes one of the reasons for the reduction of the potential social support which they can receive. On the other hand, *shi du* parents are labelled as inauspicious and because they are stigmatised, the less social support and understanding they can expect from others.

Disenfranchisement is not simply a matter of indifference to the experiences and efforts of the bereaved. It is more actively negative and destructive as it involves denial of entitlement, interference and even the imposition of sanctions. Showing understanding of someone's grief is not just a question of understanding their suffering but also requires respect for their continuing potential to thrive and live meaningfully in the aftermath of the loss. Obviously *shi du* parents cannot acquire that level of understanding. For *shi du* parents, it is not just their grief which is disenfranchised but also their grief reactions and their mourning practices. Under the influence of Chinese culture, they are not allowed to mourn in public, such as by visiting the child's grave, since the meaning of the death of a child is inauspicious and the older generation should not mourn for them. According to the participants in this current study, their grief reactions were actually disenfranchised since they could not be accepted by the people around them, even their close family members. For example, they had to hide their child's photograph secretly since keeping it was not allowed by their family members because they believed that stopping continuing bonds with their child is the best way for bereaved parents to recover. Apart from being prevented from visiting their child's grave by the cultural tradition, their everyday mourning behaviour was also being interfered with by other people. For example, when one bereaved mother posted her feeling of missing her deceased daughter and put photos of her up online on her private social account, her family members were angry and tried to stop her from behaving like that. The experiences of these *shi du* parents'

disenfranchised grief support the findings of Neimeyer and Jordan (2002) and Attig (2004) that disenfranchised grief is a failure of empathy. People (even close family members) around *shi du* parents fail to empathise with their feelings and suffering and they abuse the balance of power in their relationships (the power gap between normal and abnormal) in order to limit their behaviour and feelings in their fundamental belief that this is the right way for helping the *shi du* parents to recover. However, they were not always stigmatized by others, for example in the cases where the deceased children's friends continued to visit them. Perhaps the sense of obligation these friends had overrode the cultural stigma.

Given the stigmatisation faced by *shi du* parents, the misunderstandings which they experience from relatives, the well-meaning but unrequested help provided by their child's friends and the difficulty of disenfranchised grief, this raises the question of how the parents might manage to make any sense of what has happened to them.

8.3 The meaning-making process

The death of a child is a crisis of meaning for *shi du* parents. The death changes both their life and their previous understanding of the meaning of their life, which is their global meaning. The evidence showed that it is a big challenge for *shi du* parents to cover the discrepancy between their previous life and their new current life, and they need to re-learn and re-invest in the world without their deceased child. Meaning reconstruction is important in bereavement. Park (2010) described the meaning-making process as one in which people engage in order to reduce the discrepancy between their global meaning and the specific meaning appraised from a stressful event. People's global meaning refers to individuals' general orienting systems, including the beliefs, goals and sense of purpose by which they interpret their life experience (Pargament, 1997). Appraised meaning can be understood as the meaning which people assign to an event which they have faced. This is known as the integrated meaning-making model and the findings from this current study support this model.

For the *shi du* participants, the global meaning of their life was that they are good people so they deserve a complete life with a complete family, good health and a successful career.

Klass (2010) stated that the global meaning is the desired future state or the state which people want to maintain. It can be understood as that a complete life is the future which *shi du* parents expected to have or the situation which they were experiencing and wanted to maintain. When the death came, the first meaning which the *shi du* parents assigned to it was one of unfairness. The death of the child was given an appraised meaning of punishment and bad luck. They could not accept the consequence of such a loss, and this is actually the discrepancy between their ideal future and their current life. Their process of meaning-making starts to reduce this discrepancy.

All of the thirty-five participants believed in making sense of the death of their child. The key question for them to make sense of the death was why this had happened to them. They tried to determine the cause of the death of their child, not just the physiological reason, but the meaning behind it. Culture and custom had a very strong influence on their sense making. A few participants blamed the individual(s) most directly related with the death, such as the doctors. Some of them blamed themselves and their child's personality. The majority of them, however, made sense of the death by attributing it to a highly abstract notion, their fate. Even for one mother whose child had been murdered by his classmates, her first reaction to rationalise his death was to attribute it to the bad fate which both she and her son had, and not to the murder which had killed him. Fate is related to cultural circumstances. It contains both *ming* and *yun* and represents a fixed destiny and changes of luck. The fixed destiny (*ming*) is written before people are born and is based on a previous life. When the *shi du* parents said that it was because of a bad *ming*, it can be understood as that they believed that the death was a kind of punishment for things which they had done in their previous life. *Yun* (luck) can be changed based on what people have done in this life. However, the *shi du* parents believed that they had bad luck, or not enough good luck, to be able to change their *yun*. Fate (*ming yun*) as the answer also represents the attitude of these parents to the death of their child, which was an event which certainly happened, cannot be changed and just has to be accepted.

Unlike the meaning-making associated with other kinds of bereavement, unsurprisingly given the magnitude of the loss, finding a benefit seems not to have been a part in the meaning-making process of the majority of the *shi du* parents in this study. Meert et al. (2014) suggested that benefit finding is part of the meaning-making process, and refers to exploring the positive consequences of the death, including ways to help others. None of the *shi du*

parents indicated that they could find anything positive related to the death of their child, although some did find ways to help others. They felt offended by the idea of relating the word 'positive' to the death of their child. This represented their attitude to the death: it was negative and gave nothing valuable. Any notion of happiness or good meant the betrayal of the deceased. Although a small number of the *shi du* parents showed some opinions and behaviour which seemed to suggest that they had explored some positives, most of them did not realise that they had done so. For example, one *shi du* mother said that she had to admit that her husband was really a good man after their child had died. He was under pressure from his relatives to divorce her, but he had refused and had taken good care of her. She believed that she had to stop thinking about committing suicide and to be company for her husband in order to repay his kindness. But others had different explanations for similar behaviour. Another *shi du* mother who had had similar experiences with her husband said that she and her husband should support each other but explained this view in a negative way. She said that because they were both lonely and poor people and had no expectations of the future, they just had to put up with each other so that at least someone would know if she died.

The findings of the study showed that the two main parts of the meaning-making process of the *shi du* parents were making sense and reconstructing meaning. Making sense was the way in which the *shi du* parents made sense of the death to themselves (as discussed above, the *shi du* parents chose to lie to other people about the death of their child so that they did not need to explain it to them). Reconstructing meaning is the transformation of the parents' understanding of their life and their new identity. There is a strong cultural influence here too. In Chinese culture, the child is the centre and the most important person in the family. When their child is born, parents devote their lives to bringing the child up. All their resources and contacts are dedicated to their child. The child is the hope and the future for the family. It would not be the slightest overstatement to say that parents live for their child. It is therefore understandable that after their child died, almost all of the *shi du* parents redefined their life as a failure with no hope and no future.

These comments do not just negate their future life but also their past, but they also showed that in their perception, their identity was still that of a parent even after the death of their child. Because of the death of their child, all of the achievements which they had made became meaningless to them. No matter what achievements they used to have, without the

child they still believed that their life was a failure. Their attitude to their life changed, as was clearly shown by the comments which they made about how they defined their life. They simply lived from day to day in their 'failed' life because they had no motivation to work hard and no expectation of the future. They also felt confused about what they could do after losing their child since the child was everything that they had lived for for such a long time. Most of the *shi du* parents had actually got stuck on this point. However, a few of them had started to concentrate on their new identity by joining a group of *shi du* parents. It seems that even though they had no expectations of their future, they were still worried about their life in their old age. This is also the explanation for their feelings that death would be welcome but they were worried about illness. They could not find any meaning in living, but they still faced and needed to solve difficulties caused by being without the child before their own death. So some of them had put their energies into belonging to a new group and trying to improve their future life.

8.4 The contribution of the research to the theoretical literature

As has been discussed in this chapter, there are three contributions of this research to the theoretical literature.

First, this research has considered in great depth the grief process of *shi du* parents in the context of the Chinese cultural influence based on the empirical data acquired. The interview responses of these specific 35 *shi du* parents have shown that their grief process can be generalised as following the magnet model in that the grief of these *shi du* parents was a shadow which they could not walk out from. The magnet model shows evidence that the grief processes of *shi du* parents (who are just one group of bereaved parents) are dynamic rather than staged, which is different from the suggestions of previous Chinese scholars who believed that the grief process of *shi du* parents is staged, which actually ignores the cultural influence (such as encouraging mourning the dead during special festivals) on the grief of *shi du* parents. The findings of this study also show the existence of continuing bonds between the *shi du* parents and their deceased child. *Shi du* parents keep the continuing bonds as a comfort coping strategy.

Second, this research has explored the phenomenon of the changes in *shi du* parents' social relationships. This phenomenon has only been mentioned by previous scholars but no empirical research has been carried out to explore it. The findings of this study show that the reciprocal relationships between *shi du* parents and other people become imbalanced after the death of their child. The participants chose not to ask for help for themselves, they had often received no help as a result of anyone else's initiative, and they could not repay for any help which they might have previously or currently received, either wanted or unwanted. They were disregarded and blamed by their family members. Under the influence of Chinese culture, they were labelled as inauspicious by other people and at the same time they also felt lower than others. These findings on stigmatisation will help us to understand more about the very specific social situation of *shi du* parents, the nature of their social problems and their disenfranchised grief.

Third, this study has also explored *shi du* parents' meaning-making about the death of their child and their new life as *shi du* parents. This topic has not been addressed before. *Shi du* parents start with a sense of unfairness about the loss and they then try to make sense of their loss. They believed that their personalities changed and their worldview was rebuilt with their understanding of the apprised meaning. This process corresponds roughly with Park's view of the meaning-making process but virtually nobody has explored or reported on any benefits which parents can find from the death of their child. The participating *shi du* parents' meaning-making was entirely unidirectional; they just explained it to themselves and chose to lie to others rather than explain the death to them.

Summary

The aim of this study was to explore *shi du* parents' everyday life and experiences after the death of their child. Based on the review of the literature and the theoretical frameworks, the research addressed the issue from three dimensions: *shi du* parents' grief process, the changes in their social relationships and the ways in which they make sense of the loss and their life. In this chapter, I have discussed and analysed the findings in these three dimensions. The

grieving process for *shi du* parents is a dynamic process and from the findings I have theorised a new magnet model which is more in line with the dual-process model than the staged model. The whole grief process for *shi du* parents is a back-and-forth process. Because of the existence of stimuli and the culturally specific stigmatisation, these *shi du* parents will never fully walk out of the grief as they are snapped back into more highly emotional uncontrollable states under different stressors. In Chinese culture, the death of their child becomes an irreversible discredited attribute for these *shi du* parents. The very title '*shi du*' becomes a stigma for them and *shi du* parents feel lower than other people because of this. This lower position can be explained as having no *lian mian*, which can be understood as the shame of losing face and having no *mian zi* in their social interactions. The meaning-making process of *shi du* parents largely matches the integrated meaning-making model with the two main stages of making sense and reconstructing meaning, but without finding any benefit. This is related to the meaning appraised to the death of the child by *shi du* parents as negative and having nothing valuable. Based on these findings, policy implications for supporting *shi du* parents will be put forward in the next chapter. More psychological support is needed for *shi du* parents.

Chapter 9: Conclusion

Introduction

This aim of this research study was to explore the question of what impact the death of their only child has on the everyday life of *shi du* parents. A qualitative research method was adopted, comprising in-depth interviews with 35 *shi du* parents who lived in Henan province and who had no grandchildren. The purpose of this final chapter is to conclude the key findings of the study. The chapter is divided into three sections. In the first section, the conclusions from the findings will be discussed. Then the policy implications arising from the research findings will be set out. The limitations of this study will be discussed and suggested directions for further research on this topic will be offered in the final section.

9.1 Conclusions from the findings

In the relevant literature there is very little knowledge of the experience of *shi du* parents; current knowledge about *shi du* parents is restricted to the numbers of them (although those are far from precise) and the problems which they face. Little empirical research has been conducted to explore the life of *shi du* parents beyond the limited literature or textual analysis. Few research studies have explored the experience of *shi du* parents' everyday life, including their grief, their relationships with other people and how they make sense of their loss. There are serious gaps in the knowledge for understanding the conditions of their lives and their feelings. Unless these gaps in the knowledge are addressed, it is difficult to devise efficient policies which will solve *shi du* parents' problems. In this study, qualitative empirical research was carried out by interviewing 35 *shi du* parents, and a number of findings related to *shi du* parents' grief processes, their social relationships and their meaning-making processes have emerged from the data obtained and situated within the Chinese cultural context operating in Henan province.

The findings have shown that the grief process for *shi du* parents follows a dynamic model rather than the staged model which has been put forward by some Chinese scholars. A new magnet model has been generated from the data which shows their grief is like a shadow which the parents tried to walk out from and they adopted coping strategies in the attempt to shift their reactions and behaviours from uncontrolled to controllable, but the grief will never fade away because there are inevitable stimulators in their lives which snap them back to deep grief. This could also be related to a disenfranchised grief resulting from the stigmatisation which they received based on cultural beliefs. Also, rather than decathecting as a comfort strategy for them to cope with their grief, the parents carried on with continuing their bond with their deceased child and insisted on doing this even against the open disapproval of others. As well as seeking comfort for themselves through continuing bonds, they also changed their behaviour in order to try to avoid social stimulators which might snap them back into uncontrollable grief behaviour and they undertook a 'spirit shift' to help to cope with their grief. Their social relationships and their identity also changed after the death of their child. They often felt misunderstood by their family members and were unable to maintain a balanced reciprocal relationship with other people adding to their disenfranchised grief. It is hard for *shi du* parents to make sense of the loss of their child in their life; they blamed themselves, others and their unlucky fate for their loss and most of them chose to lie to other people about the death of their child. They believed their personalities changed and most of them defined their life as having no hope and no future after the death of their child. However, not all of them sustained these attitudes in their day-to-day lives; some of them tried to help others and improve their situation by seeking changes to the support policies which were intended to help them.

The grief experience of *shi du* parents is complex, since they need not only to handle their grief emotions, but also to resolve the practical problems caused by the death of the child (such as clearing a debt for medical treatment), and they have to deal with the culturally based stigmatisation and misunderstanding from others. This makes their life much harder. Chinese culture also attaches specific meaning to a child as representing the future of the family and the focus of the parents' life, which influences *shi du* parents' meaning-making of their life after the death of their only child. The majority of them felt no hope and saw no aim in their life and they adopted an attitude of merely living from day to day for their whole future. The life of *shi du* parents is more difficult than that of other kinds of bereaved parents because

these cultural influences mean that they face more pressures from society. The government created this double disadvantage by introducing the OCP because if bereaved parents could have had more children, they would not have to endure so much stigmatisation and would not need to worry about practical problems such as being cared for in their old age. The government should find solutions to these problems of lost filial piety and of elderly care and should offer more support in terms of care for the bereaved. In the next section, I shall discuss the policy implications for *shi du* parents based on the research findings.

9.2 Policy implications of the research findings

Three specific policy points will be discussed in this section: the consequences of the OCP, the influences of the policy and Chinese culture, and the implications for the provision of support policies for *shi du* parents.

The OCP was imposed in 1979 as a fundamental national policy and was rigorously implemented for three decades. It created 218 million one-child families, one million of which lost their only child and became *shi du* families. The lives of these *shi du* families are full of problems because of the influence of Chinese culture and the inadequacy of the support policies. When the OCP was introduced, there were no related policies for supporting the families which might lose their only child. As was discussed in detail in Chapter 1, Chinese culture puts great emphasis on the value of *xiao* (filial piety), and a child is expected to take responsibility for providing family support, including financial support, everyday care and end-of-life care, for the parents and for other elderly family members. So when *shi du* parents have lost their child, they have lost all their future family support. The government should not ignore this situation, but there were hardly any supportive structures or policies for families in this situation.

After 2007, the central and local governments, scholars and the general public started to recognise the plight of *shi du* parents and some support policies were introduced. The current support policies for *shi du* parents put more emphasis on providing financial support and trying to resolve their financial difficulties. Between 2007 and 2017, the financial support policy changed three times and the monthly subsidies for *shi du* parents increased from 100 yuan to 340 yuan. The most recent support policies introduced in 2017 after the publication of

the 13th five-year plan started to pay attention to health, nursing and patient care issues as well. The relevant policies stipulate that the local government should offer health and medical support and also psychological consolation to *shi du* parents. The current policies are improving constantly and indeed do solve the financial problems of *shi du* parents to some extent, and they also resolve some practical problems, such as that there is no-one, no child, who can sign for *shi du* parents to receive surgery. Even so, the findings from the interviews clearly showed that the current support policies are still problematic. First, the approaches to providing support are singular, they focus more on financial support and they disregard psychological problems. Second, the support for *shi du* parents is not targeted: there are very few support policies targeted specifically at *shi du* parents with particular recognition of their difficulties.

According to their interview responses, the *shi du* parents' life was difficult when there is an absence of family support because some of them had adopted strategies such as moving away to avoid other people's contempt and stigmatisation, they had to take part-time jobs to support themselves, some had to repay heavy medical debts and their life situation was poor. The everyday life of *shi du* parents is very problematic. As has been discussed, the obligation of filial piety is not only for later-life support but involves the entire responsibility for parents' welfare. Some of the *shi du* parents were getting older and their health was deteriorating, so family support was actually what they needed mostly to rely, not only financial support for medical fees but also emergency and hospital care. However, because of the cultural influence, they were stigmatised, with some family members severing relationships completely and the parents felt ashamed. Even if their relationships with family members were not broken off, their relatives were not capable of understanding them well or appreciating their feelings, reactions and behaviour in response to their grief. Most of them could not get proper support from their family members and other relatives. Without proper relevant guidance for relatives to help them to understand *shi du* parents' feelings and life, their life was full of difficulties. Taken together, because of stigmatisation and the lack of understanding, these parents appeared to experience disenfranchised grief. This could help explain their description of never 'walking out' from under the shadow of grief and how they could be quickly snapped back into difficult and uncontrollable grief behaviours when faced with particular stressors.

The structure of social and psychological support services for *shi du* parents is non-existent. As has already been stated, except for limited financial support, all other kinds of support are vague. The local government should offer health and medical support and also psychological consolation to *shi du* parents, but there is no structure for this provision and no guidance about access to the services. Currently, what support is available is supplied by the (local) government rather than involving any other sources of support. The people who offer these services are local government officers who have no training in communicating with bereaved people, rather than the properly trained staff of professional mental health services or social workers. According to the comments made by the *shi du* parents in the interviews, this does not work very well. In their opinion, the local government workers are not professional, so they cannot understand them and even hurt them during their communication. Moreover, a power relationship actually exists between the local staff and *shi du* parents. The local employees who visit them are the same people who allocate the subsidies and handle local communications. It is hard for *shi du* parents to refuse their requests (such as taking photographs of them and their home when they visit) which actually made them feel uncomfortable. Moreover, the majority of the *shi du* parents commented that the current psychological consolation is simply a formalistic gesture, just emphasising the form rather than the content.

There are volunteer groups, but they are not involved efficiently to be able to support *shi du* parents. The volunteer groups can be divided into two types: *shi du* parents' volunteer groups and volunteer groups formed by other people. Because of the lack of any efficient support mechanisms, *shi du* parents have tried to support themselves through self-organized volunteer groups. These groups are membership-based private groups, which means that they have no public interface and their ways of recruiting members rely on existing *shi du* parents in the group inviting other *shi du* parents to join the group. The findings showed that some of the *shi du* parents had established some small groups to help each other and to share useful information in the belief that only people who have undergone the same experience can understand their feelings. They had tried to make new friends within the group and had offered help to others. With no external support, all the costs within the group were self-funded by the *shi du* parents themselves. Such groups are usually in this situation because of the lack of funding, the slow pace of development and the inevitable small size. There are few

specific volunteer groups for *shi du* parents and even fewer which provide long-term stable support for *shi du* parents. For example, one of the *shi du* participants stated that an elderly care volunteer group had once called him and offered him a basic health check and psychological intervention because it was a cooperative project with the local community. He felt good about that, but it was the only one.

Specific support for the bereaved is almost non-existent in China. Volunteer groups can actually be good sources of professional support. In the UK, for example, there are volunteer groups which deal with this issue, such as The Compassionate Friends (TCF), Child Bereavement UK, the Bereaved Parent Support – Care for the Family, and the Lullaby Trust. These volunteer groups offer professional help to bereaved people to assist in their mental and physical welfare after suffering the death of a child and raise public awareness of the effects of child death. According to the information on the official TCF website, the support which they offer as a charity includes telephone help support, local support, grief companions and holiday apartments (The Compassionate Friends, 2019). More specifically, telephone help support provides help by telephone including listen-and-care, offers emotional support by encouraging bereaved people to talk about their feelings and helps them to find and make contact with local support groups. The grief companion scheme provides a volunteer bereaved parent who will provide one-to-one, face-to-face support to share feelings and help together. The holiday apartment scheme offers peaceful, free apartments throughout the UK for bereaved parents to have a break from what they have suffered. In addition to the absence of specific professional bereaved support, the understanding of death and grief and the life of bereaved are absent as well. The feelings and behaviours of bereaved parents who lose their only child are frequently misunderstood by others. In the UK, compassionate communities (which has been discussed in Chapter two) successfully raise the social awareness of death and bereavement. For example, in 2004/05, St Christopher's Hospice in London invited teachers and students of local school to visit the hospice and talk with staff and patients. The aim of these programmes is to normalise the experience of death and dying and help the public to create and sustain healthy relationships with the broader community. Kellehear (2014) believes that this knowledge can help not only to reduce the fear of death and but also to reduce harms related to fear, social distancing, isolation and stigma.

In this current study, a culture lag exists between support policies and traditional culture. This

can be understood as the implementation of the OCP causing social changes and creating new cultures which conflict with the traditional culture and in turn have caused new social problems. The Chinese central government introduced the OCP very suddenly and citizens were not only encouraged but even forced to obey it. The OCP was out of step with the traditional cultural belief about the family value that more children mean more happiness. Since a child became the only child in the family under the OCP, a new singleton child culture emerged in which the single child was the centre of the family and all the family's resources were invested in raising that one child. As well as representing the future and the source of future support, the only child was also the only hope of the whole family. Under the OCP, the reduction of the number of children in the family increased the possibility of a family losing a whole generation, which meant that the parents in the family lost all their family support, and their life became filled with difficulties. However, culture lag meant that the meaning of the death of a child, or the absence of a child in the family, remained the same as in the traditional culture. The resultant cultural stigmatisation put *shi du* parents in a unique position, making them simultaneously both the victims of the loss and the ones who were blamed for it. This raised problems in *shi du* parents' social communications and social relationships with others, even with close family members, and this influenced the ways in which they coped with their grief. The current situation of *shi du* parents shows clearly the problems which occur when a policy can take effect quickly but cultural practices and beliefs lag far behind the policy changes and take much longer to change. For the government, it is a very big policy challenge to change cultural beliefs.

9.3 The limitations of this study and suggestions for further research

This study has successfully fulfilled the aim of exploring the experience of *shi du* parents and determining the influence of culture on their grief experience. Even so, there are several limitations in this research. The sampling criteria for recruiting participants for the study were that the *shi du* parents had to have no grandchildren and had to live in Henan province. Because the participants came only from Henan province, they cannot represent all Chinese *shi du* parents. There might be some local customs which are different in the southern and northern parts of China. It also important to note that the participating parents were recruited from both the biggest *shi du* parents' gathering website (by poster) and by using the

snowballing strategy with the interviewees (by putting a poster in their private chat group), so this network of individuals may have attracted respondents who were more likely to have continuing problems with their grief and their current life. So because the research did not attempt to generate generalised findings which would hold good over a long period of time or across ranges of cultures, but was designed to cover gaps in the knowledge of the understanding of *shi du* parents' lives, the scope of the research can only be claimed as moderate, which can be understood as that the conduct of the research depended on cultural consistency (Fairweather, 2012). Moreover, because of the sample limitations (there were no specific criteria for participants' individual circumstances such as age, marital status, employment status and attachment relationship with their child), the influence of individual factors on grief have not been analysed or discussed. Since there was also no specific criterion for the gender of the deceased child, there might be gender effects of the deceased child on *shi du* parents' experience because the influence of *zhong nan qing nv* (a son is more important for a family than a daughter since the son can pass on the family name to the next generation). These can be areas for further research into the grief of *shi du* parents. There is another potential limitation in this particular sample. The participants in this study are vulnerable people so participation in the research was entirely voluntary. This might have caused self-selection bias. There is another potential limitation in that the participants were all living with complicated grief or prolonged grief. It would be understandable that the participant *shi du* parents fitted the categories of complicated grief put forward by Burke and Neimeyer (2012), that they had experienced low levels of social support, which make sense of their social isolation and exclusion, that the deceased was their child and that the causes of the death involved sudden death, murder and suicide. This implies that the magnet model may not be a universal theory and cover all *shi du* parents. Because of the lack of knowledge on complicated grief, which is a medical disorder and it was hard to know from the *shi du* participants whether they have it or not, further research is needed.

The findings of this study have enhanced our understanding of the theory of continuing bonds. They have shown evidence that the existence of continuing bonds in parental bereavement is a comfort strategy adopted by parents to cope with their grief. However, whether the continuing bonds are helpful or detrimental for the grief process is still unknown and should be an issue for further research. There are also other little-explored areas relating to *shi du* parents which need further qualitative and quantitative investigation, such as the

need for end-of-life support for *shi du* parents, the mourning practices which *shi du* parents adopt for their deceased child (this was an original interview question, but because the *shi du* parents' reactions such as being unable to stop crying showed that it was too painful for them to recall, very little data about this were gathered); and the cultural belief in the afterlife which was revealed in one exceptional case in which a ghost marriage was described. The afterlife is actually a common belief in some religions in China, which might affect the grief reactions, the grief process, disenfranchised grief and the continuing bonds of some *shi du* parents: there is therefore a need for further research to uncover more about this cultural aspect. There is also more research to be done on the comparison between different groups of *shi du* parents, such as whether the grief experience will be different between those who have grandchildren and those who do not.

Appendix one Information sheet

Study of *shi du* parents' experience



Are you a “*shi du*” parent living in Henan, China?

Would you like to take part in a research study talking about your experiences and about the support you feel you need?

If yes? I invite you to take part in my study.

- **About me & my research**

I am Fei Fang, a student doing my PhD in England at University of York. My research focus on the experience of *shi du* parents. The consequence of the one child policy means that there are more than a million *shi du* parents in China. The loss of their only child can be very painful for parents and there seems to be very little services available to support them through this unhappy situation. It is really important to find out about *shi du* parents' experiences. We need to understand more about the challenges they face to find out what kinds of support services they might need to improve their lives. That is the purpose of my research.

- **What is involved in participating?**

If you would like to take part in the research, it would mean to have a conversation with me in a private interview. I would like to ask you some questions about:

- Your experiences and how you cope with the loss of your child.
- How it has impacted on your everyday life and your relationships with others
- How it has affected your future plans?

The interview plan to last one and half hour (or maybe longer).

- **What do you need to do to take part?**

It simply involves two steps:

Step 1: check the list below to see if you meet these criteria:

- Are you a *shi du* parent without any grandchildren?
- Do you live in Henan?

Step 2: If all the answers are “Yes”, Please contact me.

What happens next?

If you would like to be a participant for this research, a consent form will be asked to be completed. Then, a face-to-face interview will be conducted at a mutually agreeable time and place between you and me. Each interview supposes to last about one and a half hour or longer. I will adopt a conversational style of the interview. I will ask some questions around your everyday life, your feeling and your future plan. Then you can share your experience with me. With your permission, the interview will be recorded (if you prefer not to record our conversation, I will take notes instead) and transcribed later so that I can acquire an accurate record of our conversation. After the interview, if you need, I will send you a copy of the transcript of your interview to enable you to check the accuracy and edit any information you provide.

- **Benefits & Risks of taking part**

I hope to use your experience to find out what kinds of services *shi du* parents need. Your opinion might contribute to improve the others understanding about *shi du* and improvement of the policies and services. It may cause emotional distress for you to take part in the research by remembering some sad events. But we can stop the interview at any time or take a break in the interview to help you calm down.

- **How are you going to be look after?**

If you are distressed:

You can bring a friend you trust with you to the interview to support you. If you feel uncomfortable during the interview, you can tell me immediately and stop and take a break or you can decide not to answer any questions you are unwilling to answer. If you need, we can stop the interview immediately, give you time for recovery or choose another time for interviewing. You can also decide to withdraw completely from the research at any time. I will bring some information about professional social worker or professional counsellor you can go to locally.

Protection of your personal information & anonymity

You will be anonymised;

All your personal information will be confidentiality;

All the information that may link to any identification of you or others you mentioned will be eliminated;

No one should be able to easily identify you from my outputs.

- **Usage of the data:**

Your ideas will be only used in my PhD thesis and associated research outputs such as journal articles, conference papers. If you say something really important, I may use as direct quotation. At the end of my PhD, all the interview audio recording and your personal information will be destroyed; the other documents will be stored with confidentiality in University of York (Research Data York services) and department of social policy and social work in University of York.

- **Thanks for your contribution!**

A thanks gift for the interviewing will be prepared for you as well. This will be a voucher (worth £5/¥ 50) for the supermarket or the gift with equal value.

- **Contact details:**

Fei Fang (Doctoral Researcher)

Address: University of York, Research Centre for social Science, Heslington, York

Email: ff583@york.ac.uk Mobile: +8613939023888

Professor Christine Skinner (Supervisor)

Address: Social Policy and Social Work, University of York, Heslington, York. YO10 5DD

Email: christine.skinner@york.ac.uk Telephone: +44 01904 32 1251

- If you have any concerns or complaints:

please contact the Head of the Ethics Committee, Social Policy and Social Work at the University of York on spsw-ethics@york.ac.uk or on +44 (0)1904 321480.

Appendix two Consent form

CONSENT FORM FOR EXPLORE *shi du* PARENTS' EXPERIENCE OF LOSING THEIR CHILD

Please answer the questions below by putting a tick in the box marked “yes” or “no”.

I agree to take part in the research. This means I will be interviewed.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
I agree to record me. (You can still take part without being recorded).	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
I understand that I do not have to take part in the research	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
I have been told what this research is about, who is doing it and why it's being done. I've been given an information sheet [dated XX/XX/XX].	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
I've been able to ask questions about the research.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
I can refuse to answer any question and can withdraw at any time.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
I will not be named in any research reports, and my personal information will remain confidential.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
I understand that if the researcher thinks that I or someone else might be at risk of harm, they will have to contact the relevant authorities. But they will try and talk to me first about the best thing to do.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
I give consent for you to use my words, may be use as direct quotations, in any research output, such as in your PhD thesis, a journal article, conference papers and report.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Participant signature: _____

Date: _____

Researcher signature: _____

Researcher name: _____

Appendix three Topic Guide

Introduction	<p>Thank you so much for taking part in the research my research, these is something I want to clarify again at the beginning:</p> <ul style="list-style-type: none"> • The purpose of my research is to explore the experience of <i>shi du</i> parents to find out the supporting you need and how to improve your life. The interview will take the conversation style, there is no right or wrong, you just share your experience with me. If these is anything you don't want to tell, it is fine, you can tell me and we can skip that; • Don't worry, all your personal information will be confidential, if you want, I can explain the details of the confidentiality and pseudonyms; • Do you have any questions about my research? if not, can we sign the consent form at first? before we start? • Sigh the consent form together 	
Topic Guide	Interview questions	Prompts
Personal Background	1. To start our interview, could you tell me something about you and your family?	<ul style="list-style-type: none"> • How old are you? And your wife/husband? • How many people are in your family? Are you living together? Here? • Are you still working? Retired? How about your spouse?
The event	2. Could you tell me something about your child? 3. What happened to him/her?	<ul style="list-style-type: none"> • What is the gender of your child? • How old is he/she? • What is the occupation of him/her? • Do you live together? • How close are you? • What happened to him/her? When? Accident?
Social relationships	4. After that, how your social relationship may be changes with your friends and families? 5. Do you think whether the others change the attitude to you after the event?	<ul style="list-style-type: none"> • Who do you talk with/meet mostly after the event (lost the child)? • Do you meet new people/make new friends after the event? • Do you start to avoid some people or avoid attending some special occasion? Why? Is this related with traditional culture? • Do you feel stigma when you meet others? Why? • How often your friends or relatives contact you (to hang out) after the event? Does it become more or less than before? • Is there any topics you think they try to avoid talking with you? • Do you think that anyone excludes you? Why you think so?
Meaning making	6. So, you think the exclusion exist/not exist, can you tell me, when the others ask, how do you tell the others about the loss? 7. Can you tell me how do you explain the event (lost the child) to yourself? 8. How do you think the loss affect your understanding of your life?	<ul style="list-style-type: none"> • If someone ask about your child, would you tell them what exactly happen? Why? Is this related with the traditional culture? • What do you think the child means to you? • What do you think losing the child means to you? • Do you feel unfair when things happen to

		<p>you child? Do you still have the same feeling now? (Do you try to find the answer why this happen in your life?)</p> <ul style="list-style-type: none"> • Do you think the loss changes your life attitude? How? • Do you think the loss changes your personalities/sense of self? How? • Do you think the loss changes the way you face problems in your life?
Continuing Bonds	<p>9. Do you think whether you still have a connection with your child?</p> <p>10. Could you tell me how you mourn you child?</p>	<ul style="list-style-type: none"> • Do you still have the actions like talking to the photo of your child? still keep the stuff that belongs to your child? Dreaming your child frequently? • Do you still mention your child with the others? • Do you mourn you child regularly? • Where do the mourning always happen? • Is there any tradition that has to follow during mourning? • What do you think about these traditions?
Grief Process	<p>11. I understand, that period for you is really pain, if you don't mind, could you tell me how do you feel at that time (loss your child)?</p> <p>12. How do you feel now?</p>	<ul style="list-style-type: none"> • How do you feel at that time (emotionally)? • What is your state at that time (behaviours)? • Any changes on your feeling? • Any changes on your behaviours?
Coping with the grief	<p>13. Could you tell me what kind of things you do to help you to coping your grief?</p>	<ul style="list-style-type: none"> • Do you change any habit/avoiding doing something after the event (lost the child) to release your grief? Why? • Do you have some new behaviours/ start doing something you never/seldom do before after the event (lost the child)? Do you think these changes are good for you?
Future plan	<p>14. Can you tell me what your future plan is resulting of losing your child?</p>	<ul style="list-style-type: none"> • Do you have any plan to give birth to another baby? • Do you have any plan to adopt a baby? • Do you have any plan to change your job? • Do you have any plan to move to a new city/community/place? • Do you set any new goals?

Is there anything about your experience you still want to tell me?

Many thanks again for your participants. Here is a small thanks gift for you.

If there is anything I can help, please let me know.

Appendix four Pen-portrait for interviewees

The general introduction shows the basic characteristics of all 35 participants but cannot give a complete picture of each participant and cannot grasp each individual's personality. Pen portraits can present something which can make a person come alive for a reader who does not have access to the raw data (Hollway and Jefferson, 2000). In this study, the participants' personal information is kept confidential in order that nobody else except the researcher can access it. However, their grieving process, meaning making and social relationships are related to their backgrounds, so it is important to provide a pen portrait of each participant for the reader to have a better understanding of their circumstances.

The following paragraphs are pen portraits of the 35 participants.

L5 is a *shi du* mother who is 65 years old. She retired from a state-owned enterprise. Before she retired, she was a middle-level cadre in her employment. She is a party member so she is a strong advocate of the policies issued by the government. She lives in Henan province with her husband. Her parents and sisters live in another city which is quite a distance from Henan and it takes her six hours by train when she goes to visit her relatives. Because of this long distance, she still has not told her parents about the death of her son, their grandson. Her son died in 2012 when he was 31. They did not live together because he worked in another city. He died after a sudden illness caused by a cerebral haemorrhage. He was single and had no girlfriends. He kept a dog, and after he died, his mother has kept the dog and treats it as her 'son' or 'grandson'. This *shi du* mother is a key member of a *shi du* parents' private chat group. She regularly tries to organise meetings for the people in her group because she believes that people like them should support each other since they have had the same experience and can help each other. She cried four times during the interview and asked for a ten minutes rest while we were talking. She is one of only four participants who were satisfied with the current support policies.

X11 is a *shi du* father who is 65 years old. He used to be a high-level cadre in a privately-owned enterprise but is retired now. His son died in an accident in 2006. After his son's death,

he moved to another city with his wife. He looks after two dogs and describes them as his grandsons. In his social contact pages, he talks about his grandsons but never mentions that they are dogs. He is well educated and does not argue with others even when he feels that they are being unfair. He is not satisfied with the current support policies or the way that they are implemented by the local government. He is a cautious man; before he contacted the researcher to state his willingness to take part in the research, he observed the researcher's social contact page for several days.

Q20 is a *shi du* mother who is 70 years old. She is well educated and has the highest qualification among all the participants. She worked in a research centre before she retired. She is very proud of this and continually mentioned it during the interview. After her daughter died, she moved to Henan province with her husband and relies on her niece. Her daughter committed suicide in America in 1999 because her husband was cheating on her. Because of this, she hates everyone connected with foreign countries. She described herself as a very kind woman but was the only participant who burst into a rage for no reason during the interview and then calmed down very quickly to go on with the interview. Her physical condition is not good and she needs to take medicine every day. She is a party member so she agrees with the support policy. She is one of the few participants who were satisfied with the current support policies.

Z22 is a *shi du* father who is 75 years old. He lives alone since his wife died of grief four years after the death of their son. He was a worker before he retired. His son died in a drowning accident in 1995 when he was thirteen. This *shi du* father is in good health so he is used to travelling to other places. He is not satisfied with the current support policies or the implementation of them by the local government.

L18 is a *shi du* mother who is 68 years old. She lives with her husband in Henan province but all her other family members (parents, sisters and brother) live in another city far away from Henan. She retired from a state-owned enterprise. Her son died after a long illness (leukaemia) in 1999 when he was eighteen. When he became ill, he was a newly recruited soldier and had not actually started work so he could not get any subsidies from his employment. The medical costs for their son were very high and even though the family is middle class, they still could not afford it, so she borrowed 500,000 yuan (which is fifty

thousand pounds) to pay for the treatment. After her son died, the parents worked hard and took on more than two jobs to repay the debt, and the debt was finally cleared ten years after her son died. She kept a dog after her son died and treated it as her son. She still hasn't told her parents about his death. She has never thought about suicide because she wants to live for her parents and her husband. She is not satisfied with the current support policies or the way that they are implemented by the local government.

D7 is a *shi du* father who is 64 years old. His wife abandoned him and their son five years after they were married. He is the elder brother in the family so he needs to take care of his parents and sisters. His son worked in another city a long way away from Henan. It was his son's girl friends who told him that his son had committed suicide by jumping into a river in 2011 at the age of 24. He feels so much grief that he cannot go to that city to find out what happened to his son. He still doubts that his son would have committed suicide. After his son died, he cried every day and cried one of his eyes almost blind. He lives with his parents now and didn't tell them about his son's death. His family is poor because of the lack of income. His sister supports them a lot. He is not satisfied with the current support policies or the way that they are implemented by the local government.

K11 is a *shi du* father who is 63 years old. His wife died several years ago so he lived with his son, but his son died in 2006 at the age of 25 because of a sudden cerebral haemorrhage. Now he lives alone. He is a very quiet man and the only hope which he has is to move away. He is not satisfied with the current support policies or the way that they are implemented by the local government.

K3 is a *shi du* father who is 52 years old. He is the elder son of his family so he has to support his parents. His parents live quite close to him and his wife. His daughter died of cancer in 2014 when she was 23. To try to save his daughter's life, he left his job, sold his house and borrowed 800,000 yuan (eighty thousand pounds) for her medical fees. After his daughter died, he has worked very hard to repay the debt. Since he is not in good health, he cannot do three or four part-time jobs at the same time. So he still has a heavy debt. He didn't tell his parents about his daughter's death. During the interview, he said several times that he wants to commit suicide but that he can't because he needs to take care of his parents and to repay the debt. His ultimate wish is to move to another city where nobody knows him after repaying

all the debt and after his parents have passed away. He is not satisfied with the current support policies or the way that they are implemented by the local government.

H10 is a *shi du* father who is 59 years old. He lives alone. He works at night as a security guard for a club. His son died suddenly of a heart condition in 2008 when he was twenty. His wife had poor health and died in the same year as their son. One year before the deaths of his son and wife, his mother and brother died. He suffered a lot in those two years. He said that he cannot even think about that period now. He works at night and sleeps during the day. In his free time, he plays chess on the internet. He said that he had not stepped out of his door during the first year; his sister always came to take care of him. Now his sister has helped him to meet a female friend and they meet once a week. He is not satisfied with the current support policies or the way that they are implemented by the local government.

W11 is a *shi du* mother who is 63 years old. She retired when she was 40 from a state-owned enterprise and started her own business. Her son was murdered while he was studying abroad in 2006 at the age of 24. Since the lawsuit is still not settled, she had stopped her business and focused on this. There are two main things left in her life, the lawsuit and mourning her son. She leaves a message to her son every day. She didn't tell her parents about his death. She keeps a dog and treats it as her child. She tried to adopt an orphan but her husband refused. After their son died, she and her husband were unable to maintain a very good relationship. They constantly quarrel with each other which make her think about divorce. She is not satisfied with the current support policies or the way that they are implemented by the local government.

C1 is a *shi du* mother who is 70 years old. She is a retired worker. Her son died of long-term liver cancer in 2016 at the age of 39. She threw herself into reading novels; she reads novels day and night. In her words, this is to experience another kind of life rather than her current life of pain. She changed her belief to Buddhism. Her physical condition is good. She is not satisfied with the current support policies or the way that they are implemented by the local government.

W8 is a *shi du* father who is 57 years old. He used to be a production team leader in his commune but he quit the job and moved to another city to resolve his son's lawsuit. His son

died in a car accident in 2009 at the age of 22. In the same year, this *shi du* father moved to that city with his wife to resolve their son's lawsuit. They took part-time jobs to cover their living costs. Seven years later, the lawsuit was settled and they returned to Henan province but moved to another city to restart their lives rather than stay in their home town. However, they are getting older and their health is deteriorating, so their life is not very good in the new city and they cannot find suitable jobs. He is not satisfied with the current support policies or the way that they are implemented by the local government.

Z11 is a *shi du* father who is 53 years old. He works part-time. The son who died was not his natural son but a step-son who had come into his family when he married his wife. They have a very good relationship. The son died in 2007 when he was 18 because of a long-term illness. He was out at work when the boy died, and when he came back home, the son had already been buried. He is not satisfied with the current support policies.

J20 is a *shi du* mother who is 60 years old. Her husband died young so her family had no work and no income, so they lived in poverty. She lived with her daughter and they supported each other, but her daughter died in an accident in 1997 when she was 24. The mother's grief was so great that she changed her belief in order to find explanations. She arranged a ghost marriage for her daughter (people believe that after someone has died, they can continue to live in a nether world. So rather than live with the belief that their relatives feel alone in the nether world, they find a woman or a man who has died to get married to the deceased relative. Since both partners are dead, this is called a 'ghost marriage'). She strongly believes that her daughter will have a better life with her ghost husband in the nether world. She now lives alone, but sometimes her niece comes to see her and help her. She is not satisfied with the current support policies or the way that they are implemented by the local government.

Z24 is a *shi du* father who is 53 years old. He is still working. His baby son died suddenly in 1994 when he was just two years old. After his son died, his wife divorced him, but their divorce process was not amicable since they had too many different opinions about dividing their money and property. He was very hurt by this and he believes that nobody would want to live with him, so he has lived alone since 1994. He is not satisfied with the current support policies or the way that they are implemented by the local government.

L4 is a *shi du* father who is 66 years old. His son died after a sudden illness in 2013 when he was 37 years old. He and his wife now live with his father and take full responsibility for taking care of his father. He didn't tell his father about the son's death. His younger brother regularly comes to help them and support them both financial and with their daily care. He is satisfied with the current support policies.

Y5 is a *shi du* father who is 49 years old. His son died in 2012 at the age of 21 because of long-term leukaemia. Both the parents have been laid-off so the whole family lives in poverty. The parents borrowed a large amount money to pay for their son's medical fees and after the boy died, the father took two part-time jobs at the same time to repay the debt. The father leaves a message to his son every day. Since he is not satisfied with the current support policies or the way that they are implemented by the local government, this father is a civil rights activist.

Z20 is a *shi du* father who is 76 years old. Since he married into his wife's family he has had none of his own family members around him. After his wife died when she was still quite young, he lived with his son and his daughter-in-law; they had no children. His son died in 1997 from a long-term illness when he was 34. After his son died, his daughter-in-law has taken care of him. His hobby is listening to radio programmes. He is in good physical condition so he still has some part-time jobs. He is not satisfied with the current support policies or the way that they are implemented by the local government.

Z17a is a *shi du* father who is 75 years old. He is a retired worker from a state-owned enterprise. He divorced his wife many years ago because she was unfaithful to him. Since his work is demanding, their daughter lived with his ex-wife, but committed suicide in 2000 when she was seventeen. He moved to another city after his daughter's death. He took sleeping pills after she died and this is the only effective way to make him fall asleep. Now he lives with a woman friend who is also a *shi du* mother. He thinks of this as a kind of mutual support. He has poor health and spends around one month each year in hospital. Because he is not satisfied with the current support policies or the way that they are implemented by the local government, this father is a civil rights activist.

W4 is a *shi du* mother who is 47 years old. She was laid-off from a state-owned enterprise and

now takes part-time jobs. Her daughter committed suicide in 2013 when she was fifteen. After her daughter's death, her husband divorced her. She has poor health so she spends a lot of money on medicine. She thinks that her relatives do not understand her because they are constantly criticising the ways that she mourns, such as posting articles about how she misses her daughter on her WeChat posts. She is considering selling her house to cover her medical fees and moving to another city. She is not satisfied with the current support policies or the ways that they are implemented by the local government.

J-2 is a *shi du* father who is 51 years old. He owns a small electronics store. His son died in a car accident in 2017 when he was 25. He took part in the research just two months after he lost his son, but he controlled his mood well and didn't break down during the interview. He has the habit of keeping a diary and he wrote down his feelings every day and posted some of it on his social website. He tries everything to keep himself busy and recently took part in a volunteer team. He is not satisfied with the current support policies or the ways that they are implemented by the local government.

L13 is a *shi du* mother who is 53 years old. She retired from a state-owned enterprise. Her husband was murdered one year before her daughter died. Her daughter died of a long-term illness (lupus erythematosus) in 2004 at the age of 21. Since her daughter died, she has lived alone. She has a bad relationship with her husband's family and they have no contact with each other. She has poor health because after her daughter died she cried day and night at home. Her brother and niece sometimes come to take care of her. Because of her poor physical condition, she has a large debt to cover her medical fees. After her daughter died, she never turns off the TV while she is awake and she still feels as if her daughter is still alive but that she just cannot see her. She is not satisfied with the current support policies or the ways that they are implemented by the local government.

F2 is a *shi du* mother who is 53 years old. She is a retired worker from a state-owned enterprise. Her husband is a coach driver so he is often away. She and her son lived with her father-in-law and his second wife. Her son died in her arms from a sudden illness in 2015 when he was 24. She still doesn't know why he died. She refused to live with her father-in-law and his second wife after her son died. She took a part-time job after he died in order to support her daily life. She is not satisfied with the current support policies or the way that

they are implemented by the local government.

L14 is a *shi du* mother who is 58 years old. She retired from a state-owned enterprise. Her son died after a sudden illness in 2003 when he was fifteen. She was out at work at that time and when she came home, her son was already dead. She was so deeply affected by this that she became almost blind in one eye. She tried several times to have another child but always miscarried because of her age. She tried to commit suicide several times but failed and ended up in hospital. She stopped communicating with her husband's family because they were treating her badly. She is not satisfied with the current support policies and has become a civil rights activist.

Z7 is a *shi du* mother who is 53 years old. She retired from a privately-own enterprise. She divorced her husband in the early years of their marriage and lived with her daughter, but her daughter died from a long-term illness in 2010 when she was 22. She retired after her daughter died and concentrated on taking care of her mother. Her mother knows about the death of the daughter since they live in the same city. Her daughter's last words were to ask her to live well so she never thinks about suicide and tries to live a normal life. Her sister sometimes comes to take care of her when she gets ill. She is not satisfied with the current support policies or the ways in which they are implemented by the local government.

L2 is a *shi du* mother who is 64 years old. She retired from a state-owned enterprise. Her son died in 2015 when he was 35 because of a long-term illness which he had contracted when he was in high school. She cried day and night so her eyes developed problems and she now cannot see things very clearly. Her husband is in poor health and can hardly move so she needs to keep healthy in order to look after him. But after their son died, she and her husband cannot maintain a very good relationship and almost every time they talk, they quarrel with each other. So she always keeps silent. She is not satisfied with the current support policies or the ways that they are implemented by the local government.

Z30 is a *shi du* father who is 69 years old. He was a middle-level cadre before retiring from a state-owned enterprise. When he and his wife decided to have a second child, the one-child policy was in force so they gave up the second child. Their first son became ill and died in 1987 when he was ten years old. He moved away and concentrated on work after his son's

death; his colleagues called him the 'machine'. He is not satisfied with the current support policies or the ways that they are implemented by the local government.

L17 is a *shi du* father who is 65 years old. He has retired from a state-owned enterprise. His daughter died after an illness in 2000 when she was twenty. He and his wife divorced and he moved away after his daughter died. Riding became his new hobby after his daughter died. He keeps his daughter's ashes at home so that he can see her every day. He is not satisfied with the current support policies or the ways that they are implemented by the local government.

C7 is a *shi du* mother who is 68 years old. She did not work before but after her son died she took a part-time job to support their daily life. Her son died in a car accident in 2011 when he was 27. Her daughter-in-law left them after her son died. Her husband is not healthy so she needs to keep healthy herself in order to look after him. She kept on crying during the interview when she talked about her son. She hopes that she can save enough money to move to another place. She is not satisfied with the current support policies or the ways that they are implemented by the local government.

Z5 is a *shi du* father who is 68 years old. He was a middle-level cadre in a state-owned enterprise before he retired. His wife died young so he lived with his daughter. His daughter contracted a long-term illness when she was young and because he was very busy working, he recruited two nannies take care of her. After he retired, he took care of his daughter himself. His daughter eventually died of the illness in 2012 when she was 30. His brother sometimes looks after him when he gets sick. He is not satisfied with the current support policies or the ways that they are implemented by the local government.

L12 is a *shi du* father who is 68 years old. He was a middle-level cadre in a state-owned enterprise but has now retired. His son died in a car accident in 2005 when he was 28. He has a dog and treats it as his son or grandson. He thinks that he cannot rely on anyone else except himself so he and his wife need to keep healthy to look after each other. His niece sometimes comes to visit them. He is not satisfied with the current support policies or the local government's implementation of them.

L3 is a *shi du* mother who is 55 years old. She was a business woman before her son died. Her son had skin cancer and she spent all their savings and sold their house to save his life but still failed. He died in 2015 at the age of 26. Her relatives threw out all her son's stuff but she keeps one photograph of him; she has copied it into her phone and looks at it all the time. She tried to commit suicide before but failed. She closed her business down and locks herself in at home every day. Her husband's health declined recently so she changed her concentration to looking after him. She is satisfied with the current support policies and way that the local government implements them.

Z12 is a *shi du* mother who is 65 years old. She is a retired worker from a privately-owned enterprise. Her husband divorced her after their son died after an illness in 2015 when he was 24. She lives alone and has stopped all communication with other people so nobody comes to take care of her. She lost control during the interview when talking about self-blame; she started shouting and crying loudly so the interview was suspended for about ten minutes to give her time to calm down. She is not satisfied with the current support policies the way that they are implemented by the local government.

Z17b is a *shi du* mother who is 58 years old. She is a laid-off worker from a state-owned enterprise. Her son died in a car accident in 2000 when he was sixteen. He was the only one who died in the accident so she cannot accept it. She tried to have a second child but she failed because the local staff didn't help her to submit her application so she didn't get the quota. She has a dog which she treats like a child. She is not satisfied at all with current support policy or way in which it is implemented by the local government.

L8 is a *shi du* father who is 65 years old. He retired from a state-own enterprise because of illness. His son worked in another city and didn't tell his parents that he had leukaemia. When they found out, their son was almost at the end of his life. He borrowed large amounts of money to pay his son's medical fees. He developed some problems with his eyes so he cannot take jobs to earn money and just uses his monthly pension to repay the debt. He keeps a dog and treats it as his son. He threw his son's ashes into the river close to his son's place of work in fulfilment of his son's last wish, and he visits that city every year. He is not satisfied with the current support policy or the way that it is implemented by the local government.

Appendix five Code and theme chart

The overwhelming loss of control

No.	Code	Descriptions	Theme
1	No contact with the others	The others refer people except close families. This is the status of <i>shi du</i> parents after the death of their child. As their description, the reason for this is because they are upset, feel meaningless, prefer to stay alone and quiet.	Grief initial reactions of the death of child (uncontrolled)
2	Attempt suicide	The first reactions for loss of their child	
3	Embodied reactions	The embodied reactions for loss of their child, include insomnia, refuse to eat, weakness, crying	
4	Locking themselves at home	First a few years (one to three) after the child died, strategies to avoid all the stimulating from the outside.	Grief initial reactions of the death of child (control)

Copying strategies

Spirit shift

No.	Codes	Description	Theme
1	Raise a pet	After the death of their child, some <i>shi du</i> parents choose to raise a pet to take the position of their child and fulfil their daily life to cope their grief (the feeling of loss).	Spirit shift
2	distractions	<i>Shi du</i> parents' new hobbies and daily behaviours to distracted from their grief (feeling of loss and sadness):	
3	Escape from feeling	Strategies they take to copy their grief, when they think they drop into grief, they do other things they can do to escape from that feeling: walking out, drinking alcohol, smoking, eating sleeping pills.	
4	Pretending to be someone else	Strategies they take to copy their grief, to pretend that they have different life rather than the current one.	
5	Crying (secretly)	This is a strategy for parents to vent their emotions, it is also a strategy to copy their grief	

Comforting

No.	Codes	Description	Theme
1	Talking to death child	Strategies they take to copy their grief, which makes them feel better. This also makes them feel like they still contact with their child and their child still can hear them.	Coping strategies as comforting
2	Keeping children's things/	Keep the memory = keep the stuff, recall the happy memory Someone don't want to or dare not to think about their child so they don't keep the stuff	
3	Visiting tomb	Keep communicate with the deceased, visiting tomb like visiting their home. A kind of copying strategy.	
4	photos	Photos with parents=memories looking at child's photo=looking at their child, it is a kind of copying strategies	
5	Still feel their child never leave them	They believe they still have connect with their child, their child never leave them, just they cannot meet again	

Avoidance

No.	Codes	Description	Theme
1	Avoiding topics of child	The most thing <i>shi du</i> try to avoid, which makes them feel harm and loss control immediately. As their description, the reason of this is because it is too painful, just like "rubbing salt in the wound" and it the painful effect will last for a few days to calm down.	Coping strategies: avoidance
2	Embodies of losing control	Cannot stop crying, angry, upset	
3	Fear of being hurt/losing control	The reason parents explained why they don't want to talk about child	
4	No crowded place	A change after the death of their child: feel upset in crowded place, want to stay alone in a quiet place.	

Calmer and controlled behaviours

No.	Codes	Description	Themes
1	See someone looks like their child	A stimulating for parents which may recall their child and cause their grief and they will lose control immediately	Calmer and controlled behaviours, but easily thrown back to grief
2	Memories	A stimulating for parents which may recall their child and cause their grief immediately, for example the familiar place, event they experience together	
3	It will never pass	This is original words from <i>shi du</i> parents when they describe their current feeling for their grief and the changes of the death of their child brings them. They believe the feeling; the memories and pain will never stop and past.	
4	Trying to walk out	This is original words from <i>shi du</i> parents when they describe the results of the copying of their grief on both emotional and behaviours level.	

Reactions to social interactions and celebrations

Avoidance of social interactions

No	Code	Description	Theme
1	Walk away	Distancing themselves from the interactions, physical distance	Avoidance of social interactions
2	No social interactions/situations	Avoid all the social interactions/situations with culture norm, such as promenade, visiting others home, greeting with others. The reason they give is don't want to meet the others and being asked about child and don't want to see the others' happy time.	
3	Disguise	Avoid being recognised by the others and asked about child	

Avoidance of social celebrations

No	Code	Description	Theme
1	formal social activities	Try to avoid all the social celebrations (such as wedding, birthday parties)	Avoiding social celebrations
2	By stander	Distancing themselves from it	
3	Keeping silent	Distancing themselves from it	

Imbalanced---Reciprocal relationship

No	Code	Description	Second theme	Theme
1	Not asking for help			Reciprocal relationships
2	No initiative help:	The changes on <i>shi du</i> parents' social relationships. The relationships become imbalance. No initiative help offered and	Different contact way with before	(Behaviours)
	No initiative contacts	No initiative contacts as before		
3	Daily care	The others offer daily care/help to <i>shi du</i> parents, such as cook for them.	Extra help (more than reciprocal)	
	Emergency supports:	The others offer emergency supports for <i>shi du</i> parents, such as take care them after the surgery.		
	Financial supports	The support they received from their child's friends. It is a kind of obligation.		
4	(Annual) Visiting: tolerate imbalance as part of filial piety	Supports offered by the others to help <i>shi du</i> parents cover their medical fees or expense.		
5	Don't want to meet or contact with familiar people	They do not want to meet familiar people because they don't want to answer their questions about their child or fear of being contempt and have no common language with them		

Stigmatization

No	Code	Description	Second theme	Theme
1	Breakdown in relationships	In laws: Divorced: Angry with their spouse who falling into grief; The husband wants to have another child		Inauspiciousness
2	Labelled as inauspicious	They blamed the death to themselves or they believe the death makes them inauspicious, so they have no face to meet the others.	Feel inauspicious	
	Stop contact with them	Hide from them and stop contact with them.		

No	Code	Description	Second theme	Theme
1	Being bullied	The others' actions on <i>shi du</i> parents, they are bullied because of the death of their child.	Being treated badly	Contempt- Lower than the others
	Being provoked	<i>Shi du</i> parents are provoked by the others because of the death of their child, like ask them about their child intentionally.		
	Gossip (fear of being judged)	The others' actions on <i>shi du</i> parents after the death of their child, gossip behind them about their life and the death of their child based on their understandings		
	Attacked verbally	The others take the death of the child as the weakness of <i>shi du</i> parents to attack them.		
2	Change jobs	They believe that they cannot work under a circumstance that everyone knew what happen to them.		
3	Avoid eye contact	Feel shame, dare not to have eye contact with the others and fear to being asked about their child	Feel shame- lower than the others	
	Move away	Try to avoid being asked about their child and avoid familiar people, fear of being judged		

4	Unwilling to be pitied	They believe they have dignity so they don't want the others to look down on them believe they are useless		
5	Lie to the others	The actions parents take when their face the questions about their child asked by the others.		

Being misunderstood by families (disregarding feelings)

No	Code	Description	Theme
1	Disregard	The changes on <i>shi du</i> parents' social relationships. The others disregard them and show no help to them after their child died.	Being misunderstood by families (disregarding feelings)
2	In the light of complexity	<i>Shi du</i> parents feel life their relationship changes with the others, the others take contradictory behaviours on them.	
3	Being misunderstood	Cannot be understood by the others	

Make sense of the death

No	Code	Description	Theme
1	Unfairness	The first reaction of sense-making of the death of the child	Make sense of the death to themselves
2	Self-blame	Parents blamed the death of the child to themselves.	
3	Anger and blaming others	Parents blamed the death of the child to the others' behaviours.	
4	Unlucky fate	Parents believe that they face the event of the death of their child is because their fate is unlucky.	

Changes of personalities

No	Code	Description	Theme
1	Self-contained, quiet and cautious than before	The changes of the personalities after the death of their child. It seems that they prefer to stay alone and quiet and keep a safe space with the others.	Changes of the personalities
2	Irascible and argued with the others	The changes of the personalities after the death of their child, hard to control their temper.	

Transformation of the understanding of their life and the world

No	Code	Description	Theme
1	Acceptable explanation from religious	The changes of the understanding of the world	Transformation of the understanding of their life and the world
2	No hope, no aim	Changes of their attitude for life after the death of their child, no hope no aim is because they have no motivation because they all live for child before.	
3	Living from day to day	Their current belief and attitude of their life, no thought of the future and the others, just focus on their current life.	
4	Not afraid death but afraid of illness	Their current belief and attitude of their life related with their dignity. They are not afraid of death, on the contrary, death is welcome to them, but they don't want to live in a helplessness situation.	
5	Child is the hope, future, sunshine and tie for them	The understanding of their life before the death of their child	
6	Help the others/ be volunteer	The changes of their understanding of their life after the death of their child.	
7	Right defence	The new core things for after the death of their child—this one is for themselves; they are fight for themselves' situation and right	
8	Peers	<i>Shi du</i> parents' new close relationship after the death of their child	

Abbreviations

Abbreviation	Explanation
OCP	One Child Policy
TFR	Total Fertility Rate
PRC	People's Republic of China
DPM	Dual-Process Model
LO	Loss-oriented in Dual-Process Model
RO	Restoration-oriented in Dual-Process Model
GHQ	Personality factor questionnaire
CNKI	China National Knowledge Infrastructure
PTSD	Post-Traumatic Stress Disorder
DSM	Diagnostic and Statistical Manual of Mental Disorder
DG	Disenfranchised Grief
TCF	The Compassionate Friends

Glossary

Term	Definition
4+2+1 family type	Two sets of grandparents and a couple of parents with one child in a family.
Little emperor	The only child is the centre of the family.
Xiao (filial piety)	Offspring should respect their parents by obeying them.
Yang Er Fang Lao	Children will offer financial support and daily care to their parents when they grow up into adults.
Ru Shi	Being alive is the best thing in the world. It emphasises the achievement of having the greatest wisdom when living and trying to expand the value of life and the achievement which being alive represents.
Duan Zi Jue Sun	All the offspring in the family are dead.
Shan Zhong	When a person is alive, s/he has a happy and successful life. When s/he dies, s/he dies naturally and peacefully. S/he is crowned by family members with blessings.

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